



Public Finance for Nutrition Report: SADC Member States

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About SADC

The Southern African Development Community is an organisation founded and maintained by countries in Southern Africa that aims to further socio-economic, political, and security cooperation among its Member States and foster regional integration, in order to achieve peace, stability, and wealth. The Member States are: Angola, Botswana, Union of the Comoros, Democratic Republic of the Congo, Eswatini, Lesotho, Madagascar, Malawi, Mauritius, Mozambique, Namibia, Seychelles, South Africa, United Republic of Tanzania, Zambia, and Zimbabwe.

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Front Cover Image

Diana Mrazikova (n.d.). Available online: <https://www.unicef.org/en/healthy-nutrition>



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Abbreviations

Abbrev.	Meaning
SADC	South African Development Community
WASH	Water, Sanitation and Hygiene
WHA	World Health Assembly
GDP	Gross Domestic Product

Definitions

Term	Meaning
Child food poverty	Percentage of children 6–23 months of age consuming foods and beverages from three or four out of eight defined food groups ¹ during the previous day. It is a proxy of the nutrient-density of a child's diet.
Overweight	Defined as a child's weight being too high for their height.
Stunting	Defined as a child's height being too low for their age and is an indication of chronic malnutrition.
Wasting	Defined as a child's weight being too low for their height and is an indication of acute malnutrition.

¹ The eight food groups are: (i) breastmilk; (ii) grains, roots, tubers and plantains; (iii) pulses (beans, peas, lentils), nuts and seeds; (iv) dairy products (infant formula, milk, yogurt, cheese); (v) flesh foods (meat, fish, poultry, organ meats); (vi) eggs; (vii) vitamin-A rich fruits and vegetables; (viii) other fruits and vegetables.

1 | Executive Summary

Background

The Southern African Development Community (SADC) is a body of 16 Member States, striving for regional integration and poverty eradication.

In the Region, child malnutrition remains a concern, with stunting rates surpassing 25% in most Member States. The Region's 19 million stunted children represent a third of all cases in Africa. Additionally, six SADC countries have child-wasting rates exceeding 5%.

Stunting and wasting are closely linked to compromised brain development and result in negative macroeconomic implications. Evidence shows that across 95 low- and middle-income countries stunting's long-lasting effects result in reduced income earning potential for individuals and costs to the private sector of up to USD 135.4 million annually, equating to 0.01 to 1.2% of GDP. In the case of SADC Member States, as a general trend, a higher prevalence of stunting correlates with a lower per capita GDP in 2021.

Given the significant impact of malnutrition on child development and its macroeconomic implications, mobilising adequate resources should be a policy priority. However, without routine tracking of nutrition expenditure, it is not possible to discern *which* programmes are being allocated funding, nor *how much* is being spent on these multi-sectoral programmes.

Methodology:

This report estimates expenditures on nutrition by SADC Member States. Publicly available budget books of Member States for the period 2019 until 2022 were analysed to identify expenditures relating to key nutrition-responsive programmes within each of the five systems that influence maternal and child nutrition, namely, education, health, social protection, food, and water, sanitation and hygiene (WASH).

Findings:

The visibility of nutrition-responsive programmes within SADC Member States budget books varied significantly between the different countries. The most commonly identified programme was 'food security' from the Food system, present in 9 countries' budgets and 'school meals' within the Education system (6 countries). The least commonly identified programmes include 'early childhood nutrition' (2 countries) and 'health promotion' (2 countries) in the Health system, 'food fortification' within the Food system and 'hygiene promotion' (1 country) in the WASH system.

In terms of the absolute level of spending, in 2022, nutrition-responsive budget allocations per capita of SADC Member States varied between \$0.01 and \$84.43, with a median of \$2.94. In general, the countries that had a higher per capita allocation were either upper-middle-income or high-income countries, however, some middle-income countries still allocated less than low-income countries. Therefore, the income level of the country did not influence the absolute allocations of all countries.

In terms of the relative level of spending, in 2022, total nutrition-responsive budget allocations as a percentage of GDP varied between 0.001% and 6.50%, with a median of 0.06%. Only three countries allocated greater than 1% of GDP towards nutrition-responsive programmes all of which were upper-middle-income and high-income countries. Aside from these, there is little difference seen between the different income-level countries

Recommendations:

The visibility of nutrition programmes' in each of the five subsystems within government budgets facilitates the routine tracking of nutrition expenditures, increasing the traceability of financing between programmes and systems, and the monitoring of trends over time. This is a critical component of facilitating the strengthening of public finance for nutrition within the SADC Region. It is

advised that the findings of this analysis, such as expenditure per capita, as a percentage of GDP, and expenditures per subsystem, serve as a benchmark for each Member State to compare in subsequent years to ensure sustained and increased investment in nutrition as a means of supporting human and economic development in the Region.

2 | Introduction

2.1 Context

The Southern African Development Community (SADC) is an economic coalition of 16 Member States, striving for sustainable economic growth and socio-economic development in the region. By emphasising efficiency, deeper cooperation, good governance, and peace, SADC aims to make the region a formidable player in global relations.² In a ministerial meeting for ministers responsible for health and HIV held in the Democratic Republic of Congo (DRC) in November 2022, SADC Member States showcased a strong commitment to invest more in nutrition. This study seeks to respond to the request made by Ministers in their meeting of 2022 where they requested the SADC secretariat to generate a synthesized report on the level of public financing for nutrition and present it in the next meeting on November 2023. The Ministers also requested the Secretariat with support from International Cooperation partners to develop a public financing for nutrition tracking tool to bolster the capacity of the SADC Secretariat and Member States in engaging public finance processes, assess funds dedicated to nutrition initiatives in various systems, and utilise the tracking tool for monitoring the financial contributions towards nutrition efforts.

SADC emphasises nutrition in its two key documents: the Regional Indicative Strategic Development Plan (RISDP 2020-2030) and the SADC Food and Nutrition Security Strategy 2015-2025.³ These foundational commitments underscore the significance the SADC secretariat places on the interplay between nutrition and human capital development. Despite this commitment, child malnutrition remains a concern, with stunting rates surpassing 25% in most Member States.⁴ The Region's 19 million stunted children represent a third of all cases in Africa.⁵ Additionally, six SADC countries, including DRC and Zimbabwe, have child-wasting rates exceeding 5%.⁶ Further, iron deficiency anaemia is prevalent among women of reproductive age, ranging from 22% in Seychelles to 51% in Mozambique.⁷ This highlights the pressing need for strategic interventions to improve the Region's nutrition outcomes.

² SADC (n.d.). Member States. Available [online](#).

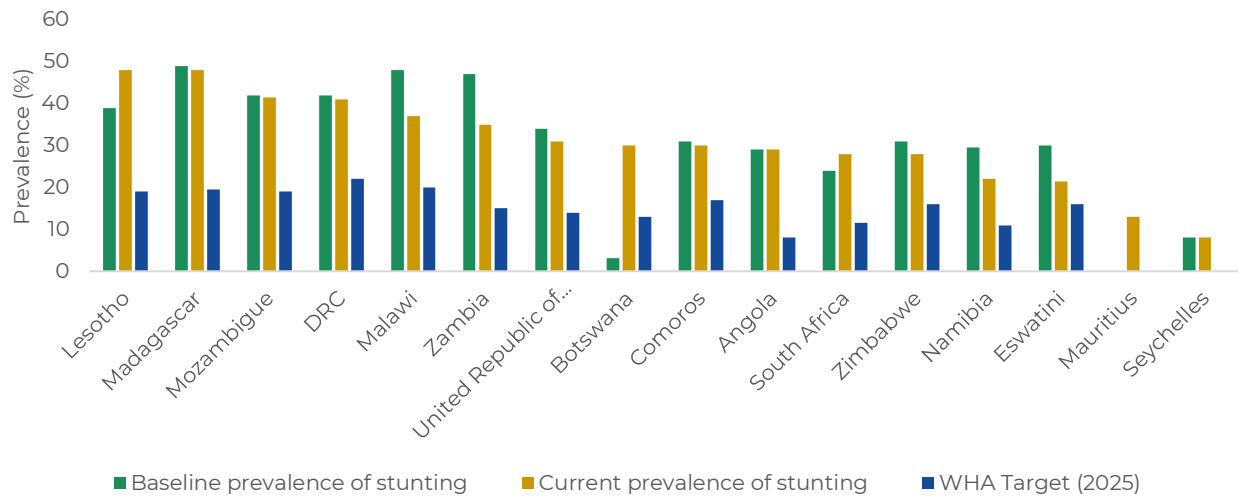
³ SADC. (2020). SADC Regional Indicative Strategic Development Plan 2020–2030. Available [online](#). Accessed: 28/10/2023 | SADC. (2014). Food and Nutrition Security Strategy 2015 - 2025. Available [online](#). Accessed: 28/10/2023

⁴ Ibid

⁵ Ibid

⁶ Ibid

⁷ Ibid

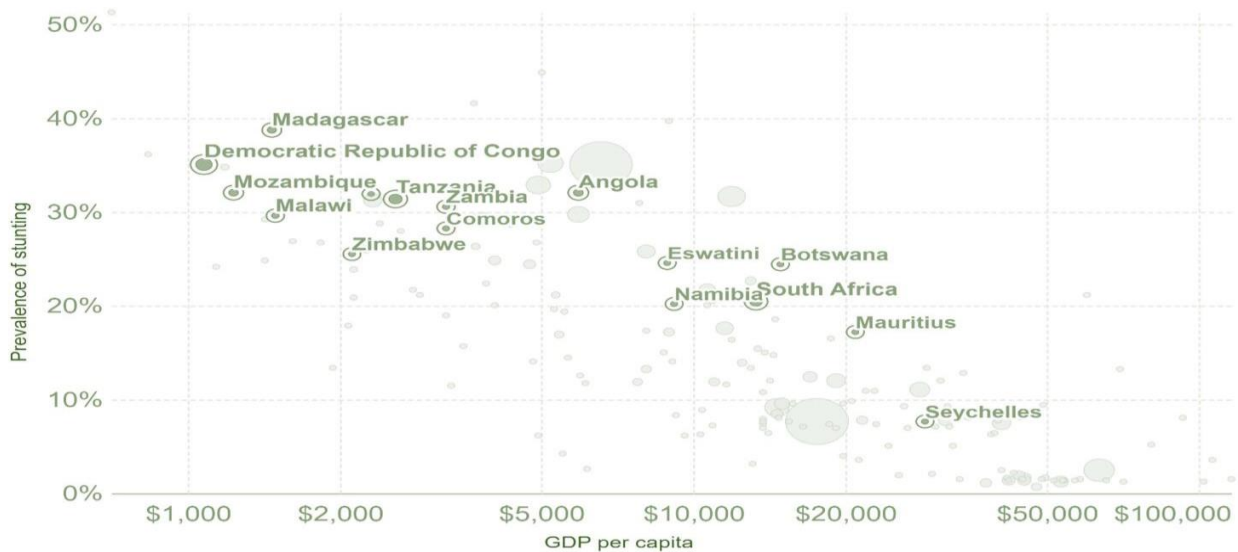
Figure 1: Prevalence of Stunting against WHA 2025 Targets⁸

Stunting and wasting are closely linked to compromised brain development and result in negative macroeconomic implications. Both compromise a child's cognitive growth, educational attainment, and future productivity, ultimately influencing a nation's developmental potential. Stunting costs both the private and public sector. Evidence shows that across 95 low- and middle-income countries stunting's long-lasting effects result in reduced income earning potential for individuals and costs to the private sector of up to USD 135.4 million annually, equating to 0.01 to 1.2% of GDP.⁹ This cost is because of reduced firm productivity and resulting losses in annual revenue. A clear association exists between the prevalence of stunting and a country's GDP per capita. In the case of SADC Member States, as a general trend, a higher prevalence of stunting correlates with a lower per capita GDP in 2021 (Figure 2). Furthermore, addressing malnutrition has a high return. For every \$1 invested in nutrition there is an associated return of \$16, making it highly competitive with investments in roads, irrigation and health.¹⁰ For these reasons, it is critical that malnutrition and its determinants are addressed within the Region.

⁸ Ibid

⁹ N. Akseer, H. Tasic, M.N. Onah et al. (2022). 'Economic costs of childhood stunting to the private sector in low- and middle-income countries', *eClinicalMedicine*, 45.

¹⁰ International Food Policy Research Institute (2014). *Global Nutrition report 2014: Actions and Accountability to Accelerate the World's Progress on Nutrition*. Available online: <https://globalnutritionreport.org/reports/2014-global-nutrition-report/>. Accessed: 14/11/2023

Figure 2: Prevalence of stunting versus GDP per capita, log-scale, 2021¹¹

2.2 Nutrition Financing in the SADC Region

Given the significant impact of malnutrition on child development and its macroeconomic implications, investments in nutrition should be a spending priority. Current efforts in the region have involved advocating for public financing through platforms like the Africa Leaders for Nutrition, alongside policy development to address human resource constraints in the nutrition sector.¹² A notable strategy is the emphasis on multi-sectoral approaches, including tracking the Comprehensive African Agricultural Development Programme indicators, which encourage allocating at least 10% of national budgets to agriculture.¹³ Further, strategies such as the Regional Indicative Strategic Development Plan and the SADC Regional Agricultural Policy are frameworks guiding the financing of nutrition within broader regional integration.

In the Region, as in many others, nutrition financing encounters substantial challenges primarily due to its multi-sectoral nature. This characteristic means that the effectiveness of nutrition efforts is significantly influenced by the performance of various sectors, including food, health, education, water and sanitation, and social protection. However, funding for nutrition is often fragmented, with resources allocated across vertical ministries, making it difficult to monitor. As a result, public finance management systems are rarely equipped to effectively address these complexities. This results in the weak articulation of nutrition in government budgets, as evidence by previous budget analyses conducted in the Region.¹⁴

Another substantial obstacle to the financing of nutrition is limited public funding and competing resource demands. This has therefore necessitated the reliance on external funding like foreign aid and grants for nutrition programmes, but this external support, while crucial, often proves unpredictable and unsustainable for the long term. In some Member States donor on-budget support constitutes up to 90% of visible on-budget nutrition programme resources.¹⁵ Closure of donor-funded programmes can have

¹¹ Our World in Data (2021). Share of children who are stunted vs. GDP per capita 2021. Data from IHME database. Available online. Accessed: 29/09/2023. Accessed: 28/10/2023

¹² SADC (n.d.). SADC Food and Nutrition Security Committee seeks to improve food security and nutrition in the Region. Available here.

¹³ Ibid

¹⁴ UNICEF. (2022). Nutrition budget brief: Uncovering national spending on nutrition. Available online: <https://www.unicef.org/esa/media/11341/file/UNICEF-Zambia-Nutrition-Budget-Brief-2022.pdf>. Accessed: 28/10/2023

¹⁵ UNICEF. (2022). Nutrition & ECD budget brief. Available online: <https://www.unicef.org/esa/media/11826/file/UNICEF-Malawi-Nutrition-Budget-Brief-2022-23.pdf>. Accessed: 28/10/2023

negative repercussions on improving nutrition outcomes, resulting in added pressure on governments to increase funding.¹⁶ Because of these challenges, resources that are spent on nutrition are to be done with efficiency and accountability, and without routine tracking of nutrition expenditure, we can neither understand how much is being spent on nutrition, nor what it is being spent on.

This report aims to support a baseline assessment of the level of public financing for nutrition programmes in the Region. The significance of addressing these challenges is clear; malnutrition's profound impact on child development and the macroeconomic implications at stake necessitate not only a priority but an imperative need for mobilising resources. In an environment where external funding plays a substantial role, there is a pressing demand to establish sound mechanisms to monitor expenditure in nutrition over time, helping to ensure that resources spent are contributing to meaningful progress.

2.3 Objectives

This report seeks to address the requests made by the Ministers of Health in 2022, for the Secretariat to establish, the level of financing for nutrition in the region as well as to development a tracking tool to facilitate this goal within Member States.

The primary purpose of this assignment is to contribute to building the capacity of SADC Member States to be able to measure and monitor nutrition expenditure. It will do this by identifying and consolidating baseline data on budgetary allocations for nutrition, as a proxy for expenditure, across the five systems that influence maternal and child nutrition. The collected data will offer an overview of total nutrition expenditure across the region, providing a benchmark with which to compare future years' expenditures.

Specifically, this entails:

1. Identifying nutrition-related expenditure across the health, education, food, social protection, and WASH systems by examining the publicly available budgets of (15) countries in SADC¹⁷
2. Developing an Excel tool that will enable SADC countries to track expenditure in nutrition using budgetary data - the SADC Nutrition Financing Tracking Tool, which is based on the following design principles: User-friendly interface to promote wide adoption, utilises three robust approaches to classify data, broad categories as a result of precision and relevance trade-off, creates a shared sense of ownership and accountability, promotes traceability, visibility, and prioritisation, and uses publicly available budget and nutrition data.
3. Documenting the size of nutrition spending, and other relevant findings, in a regional report

¹⁶ Ibid.

¹⁷ Analysis includes Angola, Botswana, Democratic Republic of Congo, Eswatini, Madagascar, Malawi, Mauritius, Mozambique, Namibia, Seychelles, South Africa, Tanzania, Zambia, and Zimbabwe. Comoros was not included due to a lack of publicly available budgetary data. Lesotho was not included due to input-based budgeting that prevented identification of nutrition-responsive programmes.

Structure of the Report

The remainder of this report is structured as follows:

- **Section 3** describes the underlying conceptual frameworks, methodology and limitations of the analysis.
- **Section 4** provides a regional overview of public nutrition financing.
- **Section 5** provides country-specific fact sheets on nutrition financing.
- **Section 6** concludes the report with recommendations and limitations.

3 | Approach

3.1 Conceptual Frameworks

This analysis relies on three established frameworks to guide the identification and categorisation of budget line items and their impact on maternal and child nutrition outcomes.

UNICEF's Systems Approach to Maternal and Child Nutrition details five systems that play an instrumental role in making the right to nutrition a reality.¹⁸ This approach calls for a shared responsibility amongst sectors to tackle the multiple determinants of mother and child malnutrition. These systems include Education, WASH, Food, Social Protection, and Health. This systems approach corresponds naturally with the organisation of government ministries, therefore, during this analysis it determined the initial classification of budget line items. In other words, it facilitated the classification of line items based on which of the five systems the programme belonged.

The Lancet's revised framework for interventions to address maternal and child undernutrition identifies high-impact, evidence-based interventions across the systems.¹⁹ This was used to develop an initial list of programmes to include in the analysis, for example, micronutrient supplementation, school meal programmes, water and sanitation and others. Additionally, this framework distinguishes between programmes with a direct²⁰ (e.g. nutrition supplements) or indirect²¹ (e.g. improved access to drinking water) impact on maternal and child nutrition, which was used to further classify budget line items.

¹⁸ UNICEF (n.d.). Making Systems Work for Nutrition. Available <https://www.unicef.org/nutrition/strengthening-nutrition-systems>. Accessed: 12/09/2023

¹⁹ E.C. Keats, J.K. Das, R.A. Salam, et al. (2021). 'Effective interventions to address maternal and child malnutrition: an update of the evidence', *Lancet Child and Adolescent Health*, 5, 367-38

²⁰ Direct interventions are actions or programmes specifically designed to address and improve nutrition outcomes.

²¹ Indirect interventions are actions or programmes that may not primarily target nutrition but have a positive impact on nutritional status by addressing broader determinants such as poverty, education, or food security.

The SADC Action Framework to Improve the Diets of Young Children (6-23 months) in the Southern Africa Region was used to ensure that the programmes included in the analysis were aligned with regional priorities.²²

3.2 Methodology

The approach used for this study is an adaption of UNICEF's Nutrition Budget Brief Guideline, the Scaling Up Nutrition's Budget Analysis approach and the World Bank's Nutrition Public Expenditure Review methodology.²³ The methodology behind this assignment and its accompanying tracking tool differs from these methods in that it:

1. Is closely aligned to public governance systems, that is its systems are aligned with government departments (health, food/agriculture, WASH, social protection and education);
2. It maintains the integrity of budget items by not apportioning;
3. It facilitates the capacity to compare between Member States by selecting a few key nutrition-responsive programmes per system; and
4. Lastly, it is set up for routine updating as new budgets are released.

What follows is a step-by-step description of this methodology and the intended uses for the SADC Nutrition Financing Tracking Tool.

Step 1: Data collection

In the initial phase of the nutrition budget analysis, data was collected, and data gaps were identified. The budget books of the 16 SADC countries, which were publicly accessible online, along with their most recent multisectoral nutrition plans, when available were collated in a [repository](#).²⁴ The budget books contained detailed information about the allocated funds of the respective governments, while the multisectoral nutrition plans offered a comprehensive insight into the strategies and actions outlined by each country to address malnutrition.

Step 2: Determine programmes to be included in the analysis

Considering the multisectoral and expansive nature of nutrition an established framework was used to identify and classify evidence-based interventions across the five systems (health, social protection, WASH, health and food) that influence maternal and child nutrition. The Lancet's revised framework for interventions to address maternal and child undernutrition formed this basis. Then using this evidence-base, and in collaboration with the SADC secretariat and UNICEF, up to 4 key programmes were identified across the five systems, detailed in [Annex 1](#).

²² SADC (2019). Action Framework to Improve the Diets of Young Children (6-23 months) in the Southern Africa Region. Available https://www.sadc.int/sites/default/files/2022-10/Action_framework_to_improve_diets_of_young_children_%28003%29.pdf. Accessed: 12/09/2023

²³ UNICEF (2021). Guideline: developing a Nutrition Budget Brief. Available online: <https://www.unicef.org/esa/media/8811/file/Guidelines-Developing-a-Nutrition-Budget-Brief-April-2021.pdf>. Accessed: 14/11/2023 | P. Fracassi, C. Picanyol, W. Knechtel et al. (2020). Budget Analysis for Nutrition: Guidance for countries. Available <https://scalingupnutrition.org/resource-library/technical-guidance-and-reports/budget-analysis-nutrition>. Accessed: 07/06/2023 | H. Wang, K.S. Okamura, A.W. Subandoro et al. (2022). A Guiding Framework for Nutrition Public Expenditure Reviews (World Bank: Washing, DC). Available <https://elibrary.acbfpact.org/acbf/collect/acbf/index/assoc/HASH22d7/efbe9b98/ac1f08f/35.dir/A%20Guiding%20Framework.pdf>. Accessed: 07/06/2023

²⁴ For non-English-speaking countries, the budget documents were translated into English. Budgetary data was not available for every Member State for each year between 2018 to 2022. These data gaps are specified within each country's fact sheet.

Step 3: Create a list of keywords

Once the list of interventions was validated, a list of keywords based on the selected programmes was developed to facilitate an approach to tracking expenditure called “tag-and-track”.²⁵ This is a systematic approach that utilises keywords to categorise and monitor expenditures within a budget. This list of keywords was derived from previous budget analyses and can be found in [Annex 2](#).²⁶

Step 4: Extract data

Data was extracted from the budget books using this list of keywords using proprietary coding methods in Excel. This approach ensured a methodical and streamlined data retrieval process. To ensure the thorough inclusion of relevant budgetary items, a meticulous manual examination of the budget books was undertaken. Furthermore, a subsequent assessment of the extracted budget line items was conducted to validate their alignment with the nutrition programmes listed above. All “on-budget” expenditure was captured, including on-budget donor funding, however, this was clearly noted as such.

Step 5: Categorise and analyse data

Once data was extracted from the budget books, it was categorised by system and programme as detailed in Annex 1. Furthermore, it was categorised by the programme’s impact on nutrition outcomes. Specifically as indirect²⁷ (e.g., improved sanitation), or direct²⁸ (e.g., nutrition supplements). This nuanced approach allowed for the capturing of the entire spectrum of nutrition-related expenditures and facilitated the determination of how much governments were spending on programmes intended to impact nutrition outcomes. To ensure consistency in classification, the Lancet’s framework was to classify direct and indirect expenditure. It was decided to not apportion any line items to allow for monitoring over time and to avoid any bias introduced by subjective apportionment rates. Data compilation includes nutrition expenditure displayed in local currency units, USD at current rates, and USD at 2019 constant prices. This allows for comparison between member states, as well as year-on-year trends within countries, taking into account currency appreciation/depreciation and inflationary pressures.

Step 6: Validation

In the concluding phase, the extracted data, its classification, and the ensuing analysis underwent validation by both SADC representatives and UNICEF, a crucial step taken to ensure the utmost accuracy and reliability of the findings.

Step 7: Development of tracking tool and visualisation dashboard

The analysis concluded with the development of a user-friendly Excel tool to facilitate continual tracking of nutrition budgetary allocations and expenditure in the SADC region. Additionally, a visually appealing data visualisation [dashboard](#) was developed. These were both used in the

²⁵ The same keywords were used for English, Portuguese and French budgets, as non-English budgets had been translated.

²⁶ P. Fracassi, C. Picanyol, W. Knechtel et al. (2020). Budget Analysis for Nutrition: Guidance for countries. Available [online](#). Accessed: 07/06/2023

²⁷ Indirect interventions are actions or programmes that may not primarily target nutrition but have a positive impact on nutritional status by addressing broader determinants such as poverty, education, or food security.

²⁸ Direct interventions are actions or programmes specifically designed to address and improve nutrition outcomes.

4 | Regional synthesis

From the analysis conducted bounded by feasibility and the transparency within the publicly available budget books, lessons learned included:

Visibility and Accessibility:

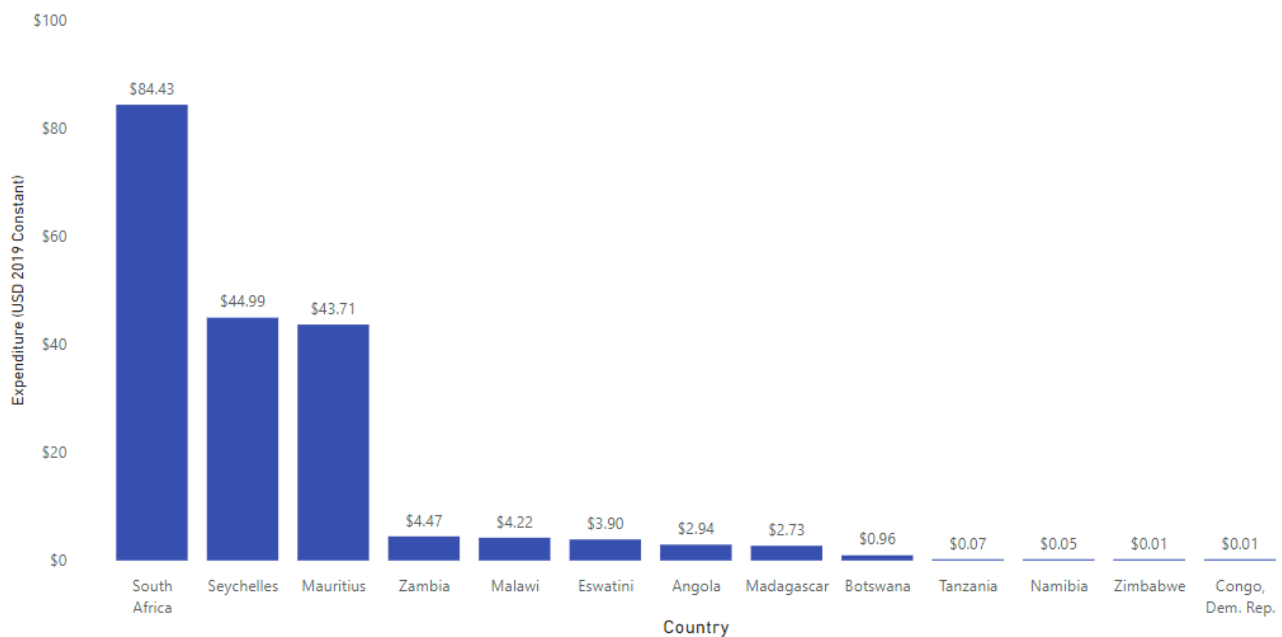
- The visibility of nutrition-responsive programmes within the SADC Member States budget books varied significantly between the different countries.
- The visibility of nutrition-responsive programmes was best when they were clearly labelled with “nutrition” in the budget line item or if they clearly aligned with the programmes specified in [Annex 1](#). Specifically, programme-based budget types allowed for easier identification. Further, the visibility of nutrition-related allocations was worst in budgets that followed an input-based type of budgeting with costs allocated by ministries or cost centres, making it nearly impossible to discern nutrition-responsive programmes.
- Budget books provided as PDF or as scanned documents added layers of complexity to data extraction and analysis. To promote the visibility of nutrition-responsive programmes, and generally social sector programmes, public provision of budget data annually and as a time series in Excel Format is strongly recommended.
- The most commonly identified programme was ‘food security’ from the Food system, present in 9 countries’ budgets. Other commonly identified programmes include ‘school meals’ in the Education system and ‘nutrition coordination and governance’ in the Enabling Environment (6 countries each).
- The least commonly identified programmes include ‘early childhood nutrition’ (2 countries) and ‘health promotion’ (2 countries) in the Health system, and ‘hygiene promotion’ (1 country) in the WASH system.
- The programmes that were not identified at all include ‘women’s and adolescent’s nutrition’ in the Health system, ‘production and processing of nutrient-dense foods’ in the Food system, ‘deworming and micronutrient supplements’ and ‘promotion of healthy adolescents in schools’ in the Education system, and core human resources in the Enabling Environment.
- In 2022, countries with nutrition visible in their budget books across the most number of systems include Malawi (WASH, Education, Health, and the Food systems and the Enabling Environment) and South Africa (Social Protection, Education, Food and Health Systems).
- In 2022, countries with nutrition visible in the least amount of systems include Lesotho²⁹ (not visible in any systems), Zimbabwe (only Education), Tanzania (only Food), Seychelles (only Education), Namibia (only Food), and DRC (only Education).

²⁹ Input-based budgeting type meant nutrition expenditure was not identifiable at all and was therefore not included in the analysis.

Level of spending ³⁰

- Absolute:
 - In 2022, nutrition-responsive budget allocations per capita of SADC Member States varied between \$0.01 and \$84.43, with a median of \$2.94 (Figure 3).

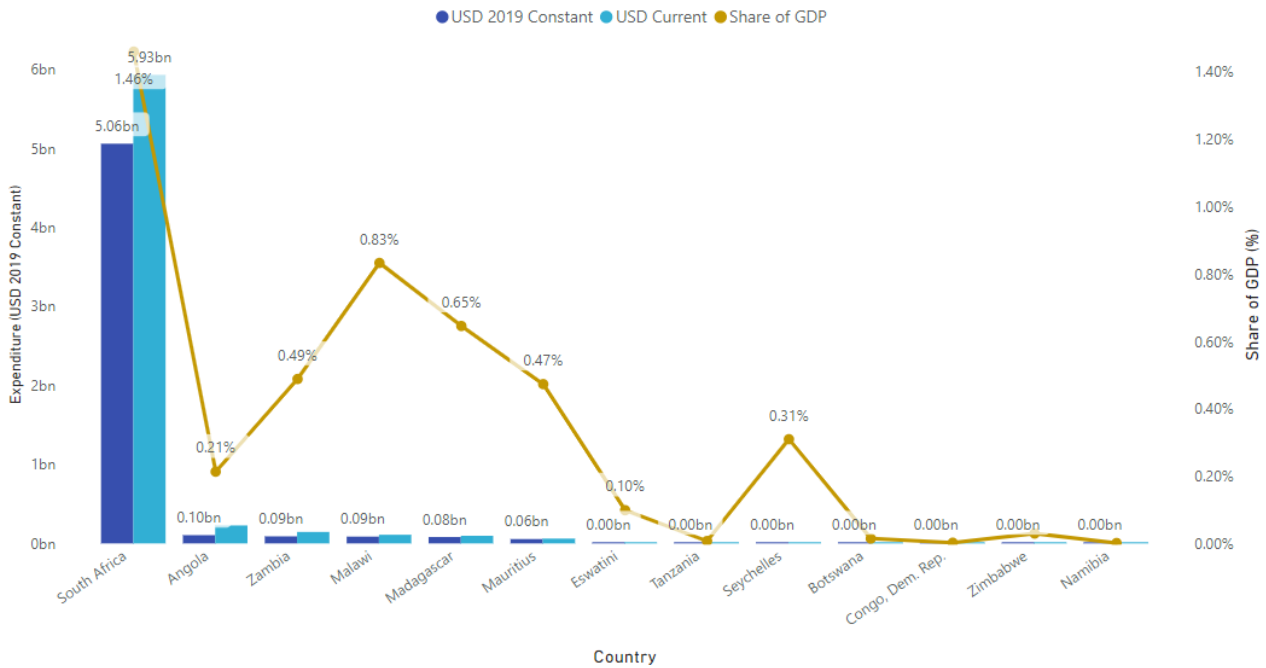
Figure 3: Total nutrition-responsive budget allocations per capita of SADC Member States in 2019 USD constant values, 2022



- In general, the countries that had a higher per capita allocation were either upper-middle-income or high-income countries, however, some middle-income countries still allocated less than low-income countries. Therefore, the income level of the country did not influence the absolute allocations of all countries.
- The programmes resulting in higher per capita allocations for Figure 3 above are social assistance programmes within the Social Protection systems in South Africa and Mauritius and early childhood development programme within the Education system in Seychelles. Of note, all of these programme are considered to have indirect impact on maternal and child nutrition outcomes.
- Relative:
 - In 2022, total nutrition-responsive budget allocations as a percentage of GDP varied between 0.001% and 1.46%, with a median of 0.21% and a mean of 0.35%.
 - The size of an economy plays large role in the ability to allocate to nutrition expenditure. Though USD contributions in absolute terms can seem low, countries spend close to and above 0.5% of GDP are making relatively large contributions with regards to their economy size.

³⁰ See [Annex 4](#) for summary table

Figure 4: Total nutrition-responsive budget allocations in USD 2019 constant, USD current, and as a share of GDP, 2022

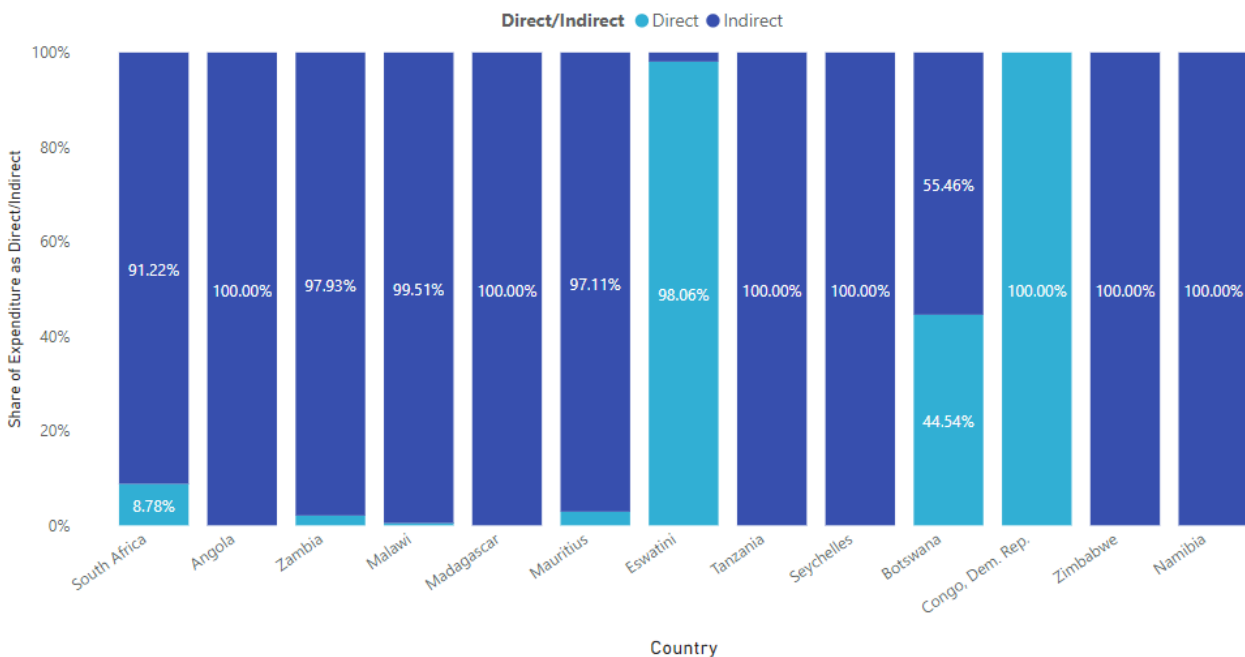


- Despite increased nutritional spending efforts by countries, economies experiencing high inflation receive dampened benefits for increased spending. Comparisons between 2022 nominal spending and 2022 real spending in 2019 prices show inflationary effects range from 2% to 2,940%, with a median of 17% as seen in [Annex 5](#).

Composition of spending:

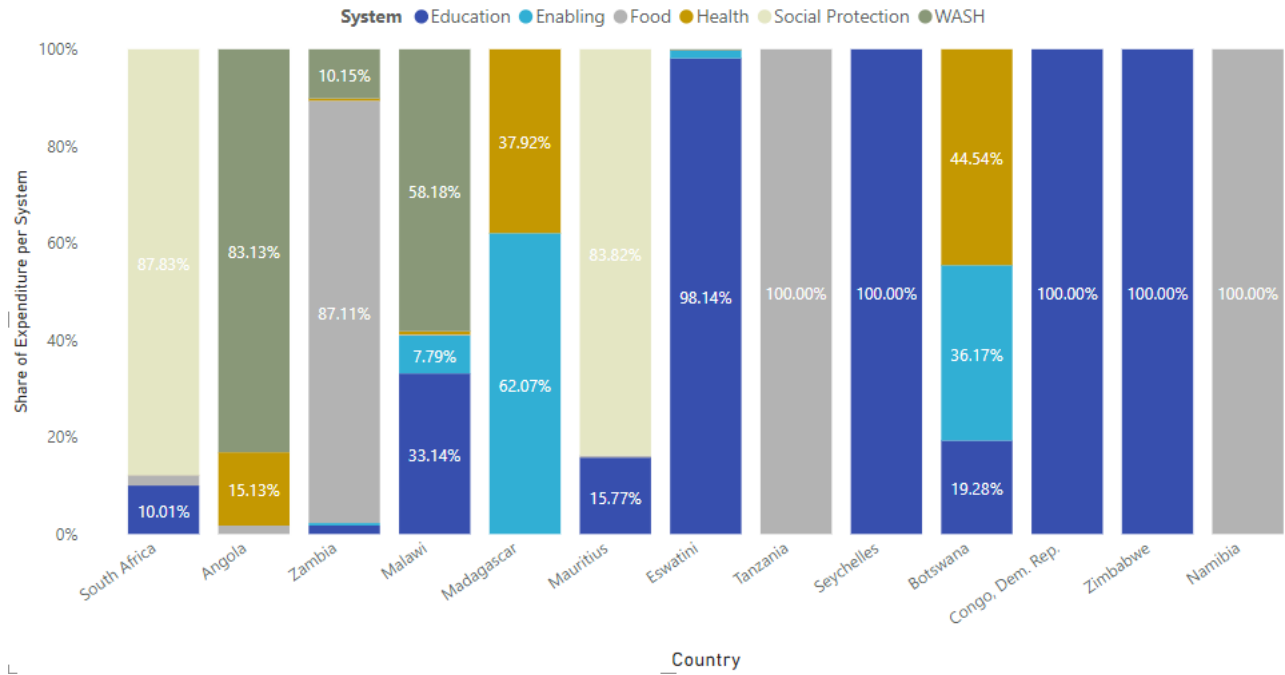
- The majority of all nutrition-responsive allocations in the Region in 2022 went towards indirect programmes (92%). Country spending allocations into direct and indirect programmes vary widely with some countries allocating 100% to either direct or indirect programmes, and a few finding a mix between the two.

Figure 5: Total nutrition-responsive budget allocations as shares towards direct and indirect programmes, 2022



- In 2022, total nutrition-responsive budget allocations in the Region are split across the systems in these proportions: 81.7% in Social Protection, 10.1% in Education, 3.5% in Food, 2.7% in WASH, 1.1% in the Enabling Environment, and 0.90% in the Health System. Contributions to Social Protection has particularly higher due to South Africa relative GDP size and nutrition composition. Across most member states, there is a wide variety of allocations to the five systems, with a few countries spending in a single system.

Figure 6: Total nutrition-responsive budget allocations as shares towards each system per country, 2022



5 | Member State Findings ³¹



Angola

Key Findings

1. Nutrition-responsive programmes are visible in only three of the five systems - WASH, Food and Health.
2. In 2022, the WASH system comprised over 80% of the allocations to nutrition-responsive programmes, as a result of spending in this system, allocation per capita increased from \$1.12 to \$6.39 between 2019 and 2022.
3. Allocations towards the Food and Health system programmes have decreased between 2019 and 2022.

Nutrition Context

Multisectoral action plan	National Food and Nutrition Strategy 2010 - 2025 ³²
Number of budget lines (2022)	3
Systems	Health, Food, WASH
Stunting	43.6% ³³
Wasting	4.9% ³⁴
Anaemia in women of reproductive age	48.3% ³⁵
Children living in food poverty	29.9% ³⁶
World Health Assembly (WHA) targets	On course: wasting. Off course: stunting, overweight & anaemia ³⁷

Between 2019 and 2022, Angola's nutrition-responsive allocations were towards the WASH, Food and Health Systems. Three line items were included in the analysis and these remained consistent throughout the period. Angola has a Multisectoral Action Plan for Nutrition. It is a lower-middle-income country.

Aggregate Trends

Angola's budget for nutrition-responsive programmes increased from 2019 to 2022, with a doubling of funds from 2021 to 2022. Per capita allocations increased from \$1.12 to \$6.39, and total nutrition-responsive allocations as a percentage of GDP rose from 0.05% to 0.21% (Figure 7). This increase primarily results from substantial investments in improved sanitation via the WASH system, while allocations for the Health and Food systems have declined.

³¹ All absolute values quoted per member state are in USD 2019 Constant values unless stated otherwise. This allows for year-on-year and regional comparisons adjusted for currency fluctuations and inflationary pressure.

³² Angola government (2009). National Strategy on Food and Nutrition Security 2010 - 2025. Available online: https://climate-laws.org/document/national-strategy-on-food-and-nutrition-security-2010-2025_9086

³³ UNICEF/WHO/World Bank Group (2022). Joint Child Malnutrition Estimates. Available online: https://data.unicef.org/wp-content/uploads/2019/04/JME_Country_Estimates_May_2023.xlsx. Accessed: 28/10/2023.

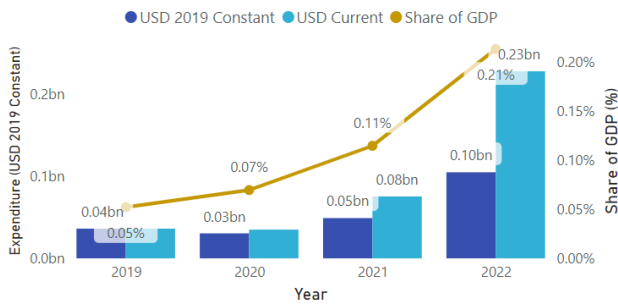
³⁴ Ibid.

³⁵ UNICEF (2022). Prevalence of anaemia in pregnant women (aged 15-49). Available online: <https://data.unicef.org/topic/nutrition/womens-nutrition/>. Accessed: 28/10/2023.

³⁶ UNICEF. (2022). Child Food Poverty (6-23 months): A Nutrition Crisis in Early Childhood. Available online: https://data.unicef.org/wp-content/uploads/2022/10/UNICEF_Expanded_Global_Databases_child_food_poverty_2022.xlsx. Accessed: 28/10/2023.

³⁷ Angola (2023). Global Nutrition Report. Available: <https://globalnutritionreport.org/resources/nutrition-profiles/africa/middle-africa/angola/>. Accessed 28/10/23.

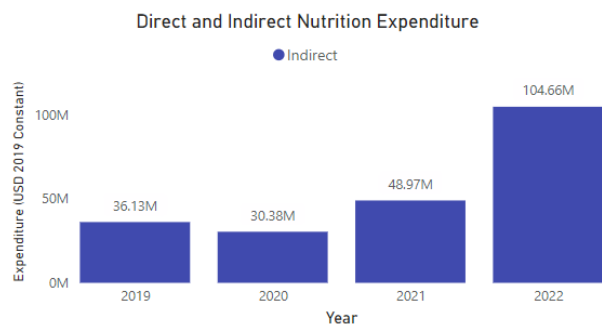
Figure 7: USD 2019 constant and USD current annual expenditure total, and as a percentage of GDP in Angola



By System and Programme

Angola's budget allocations for nutrition-responsive programmes are divided into three systems: WASH, food, and health. Each system has only one line item attributable to a nutrition-responsive programme. These programmes within the three systems are categorised as solely indirect (Figure 8). From 2019 to 2022, allocations to the WASH system increased significantly, rising from 26% to 83% of the total nutrition-responsive allocations (Figure 8). Allocations to the Health system programme, categorised as "other" because of its aggregation with maternal and child health, decreased from \$27 million to \$15.8 million between 2021 and 2022. The Food system programme, specifically food security, also experienced a decrease in allocations between this period.

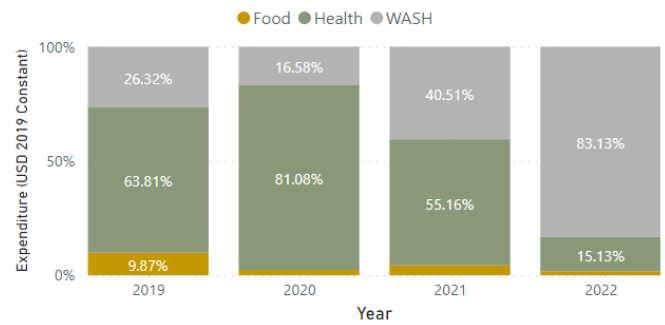
Figure 8: Direct versus indirect annual nutrition expenditure in Angola



Angola's budget Lines

Ministry	Budgetary line item	System	Programme
Health	Improvement of food and nutritional security	Food	Food security

Figure 9: Nutrition expenditure by system in Angola



Nutrition Outcome Trends

Angola's most recent nutrition outcome data is from 2016. Between 2007 and 2016, the prevalence of stunting increased from 29.2% to 37.6%, wasting decreased from 8.3% to 4.9%. In 2016, the prevalence of overweight was 3.4% with no recent comparator.³⁸ The prevalence of overweight and wasting are below the averages of the Sub-Saharan Africa region, while stunting is higher.³⁹ Anaemia in pregnant women has decreased slightly between 2008 and 2019 at 52.4% and 48.3%, respectively. Angola is only on course to the wasting World Health Assembly targets while it is apparent that no progress has been made in anaemia.⁴⁰ There is no recent data for the percentage of children living in food poverty and no comparator.

³⁸ UNICEF/WHO/World Bank Group (2022). Joint Child Malnutrition Estimates

³⁹ Sub-Saharan Africa wasting: 6%, stunting 32.8% and overweight:3.6%. UNICEF/WHO/World Bank Group (2022). Joint Child Malnutrition Estimates.

⁴⁰ UNICEF (2022). Prevalence of anaemia in pregnant women

Health	Improving maternal and child health and nutrition	Health	Other
Energy & Water	Improvement of basic sanitation	WASH	Improved sanitation



Botswana

Key Findings

1. Budgetary allocations towards nutrition-responsive programmes are visible only in the Health and Education systems, and the Enabling Environment.
2. Between 2019 and 2022, total allocations towards nutrition-responsive programmes increased from \$0.55 to \$0.96 but allocations as a percentage of GDP remained at 0.01%.
3. There was a significant increase in contributions towards the early childhood nutrition programme between 2021 and 2022, from \$52,418 to \$904,973.

Nutrition Context

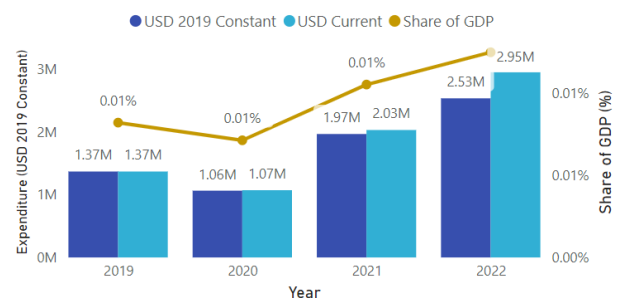
Multisectoral action plan	Not available
Number of budget lines (2022)	5
Systems	Health, Enabling, Education
Stunting (2012)	28.9% ⁴¹
Wasting (2012)	7.3% ⁴²
Anaemia in pregnant women (2019)	31.4% ⁴³
Children living in food poverty	No data
WHA targets	<p>On course: overweight.</p> <p>Some progress: stunting & low birthweight</p> <p>No progress: anaemia</p> <p>No Data: wasting⁴⁴</p>

An analysis of Botswana's publicly available budget data indicated allocations towards the health and education systems, as well as the enabling environment. Five line items were identified and these remained consistent during the period. Botswana does not have a Multisectoral Action Plan for nutrition. It is an upper-middle-income country.

Aggregate Trends

Botswana's annual nutrition-responsive budget allocations increased from \$1.4 to \$2.5 million between 2019 and 2022. Per capita, nutrition allocations increased from \$0.55 in 2019 to \$0.96 in 2022, while allocations as a percentage of GDP have remained consistent at 0.1% (Figure 10). Over the period, all three systems saw an increase in allocations.

Figure 10: USD 2019 constant and USD current annual expenditure total, and as a percentage of GDP in Botswana



By System and Programme

⁴¹ UNICEF/WHO/World Bank Group. (2022). Joint Child Malnutrition Estimates

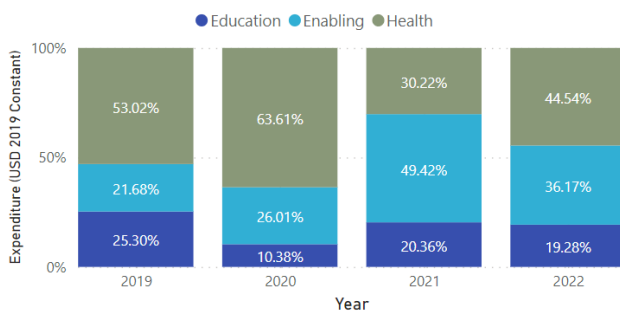
⁴² UNICEF/WHO/World Bank Group. (2022). Joint Child Malnutrition Estimates.

⁴³ UNICEF (2022). Prevalence of anaemia in pregnant women (aged 15-49).

⁴⁴ Botswana (2023). Global Nutrition Report. Available: <https://globalnutritionreport.org/resources/nutrition-profiles/africa/southern-africa/botswana/>. Accessed: 29/10/23.

The Education and Health system, and the Enabling Environment each have two budget line items attached to them. Of the three, the Health system has contributed to the largest proportion of nutrition expenditure in 2022 at 44.5% (Figure 11). While allocations towards early detection and treatment of childhood wasting have decreased between 2021 and 2022, allocations towards early childhood nutrition have increased substantially, resulting in the total allocations towards the health system almost doubling in this period. Similar to the early childhood nutrition programme, the early childhood development programme has seen an increase from \$400,000 to \$488,000 between 2021 and 2022 with both the Ministry of Health and Wellness and the Ministry of Basic Education contributing to this programme. Botswana has a specific line item relating to the Enabling Environment with 36.17% of allocations going towards their National Plan of Action on Nutrition. In 2022, expenditure between direct and indirect programmes was similar (Figure 12).

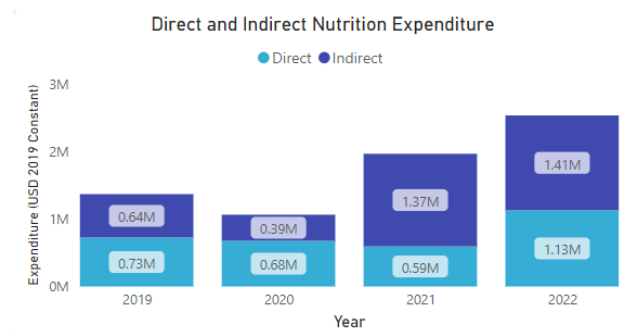
Figure 11: Nutrition expenditure by system in Botswana



Botswana’s budget Lines

Ministry	Budget line item	System	Programme
Basic Education	Day Care Centre Programme	Education	Early Childhood Development
Health and Wellness	Early Childhood Development Program	Education	Early Childhood Development
	Infant and youth child feeding	Health	Early childhood nutrition
	National Plan of Action on Nutrition	Enabling	Nutrition coordination and governance
	CMAM Therapeutic (Nutritional) Products	Health	Early detection and treatment of child wasting

Figure 12: Direct versus indirect annual nutrition expenditure in Botswana



Nutrition Outcome Trends

There is little nutrition outcome data for Seychelles. The most recent data is from 2008. In 2008, the prevalence of stunting was 28.9%, wasting was 7.3%, and overweight was 10%.⁴⁵ The prevalence of stunting is below the average of the Sub-Saharan Africa region, while overweight and stunting are higher.⁴⁶ Anaemia in pregnant women has remained fairly constant between 2008 and 2019 at approximately 30%. Seychelles is on course to meet childhood overweight targets while no progress has been made in anaemia or low birthweight.⁴⁷ There is no recent data for the percentage of children living in food poverty and no comparator.

⁴⁵ UNICEF/WHO/World Bank Group (2022). Joint Child Malnutrition Estimates

⁴⁶ Sub-Saharan Africa wasting: 6%, stunting 32.8% and overweight:3.6%. UNICEF/WHO/World Bank Group (2022). Joint Child Malnutrition Estimates.

⁴⁷ UNICEF (2022). Prevalence of anaemia in pregnant women



Democratic Republic of Congo

Key Findings

1. DRC's nutrition-responsive budgetary allocations have decreased from \$0.23 to \$0.01 per capita and 0.04% to 0.002% between 2020 and 2022.
2. In 2020 and 2021, programmes classified as direct took up the greatest share of allocations.
3. By 2022, only allocations toward the school meals programme were identifiable.

Nutrition Context

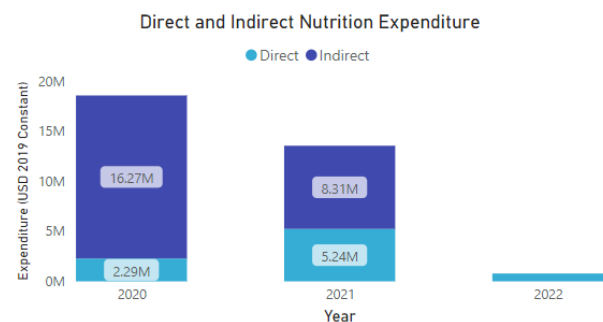
Multisectoral action plan	Cadre Stratégique de Lutte Contre la Malnutrition au Congo horizon 2025 ⁴⁸
Number of budget lines (2022)	1
Systems	WASH, Food, Health, Education, Enabling
Stunting (2018)	40% ⁴⁹
Wasting (2018)	6.4% ⁵⁰
Anaemia in pregnant women (2019)	46.5% ⁵¹
Children living in food poverty (2018)	30.1% ⁵²
WHA targets	On course: overweight & exclusive breastfeeding. Some progress: stunting, wasting, anaemia & low birth weight. ⁵³

An analysis of the DRC's publicly available budget data indicated allocations towards the **WASH, Food, Health and Education systems. Multiple line items were identified in 2019 to 2021 budget books, however, in 2022 only one line item was identified. The DRC has a Multisectoral Action Plan for Nutrition. It is a low income country.**

Aggregate Trends

DRC's nutrition-responsive budgetary allocations have decreased from \$0.23 to \$0.01 per capita and 0.04% to 0.002% between 2020 and 2022 (Figure 13). Over the period, all three systems have seen a decrease in allocations.

Figure 14: Direct versus indirect annual nutrition expenditure in DRC



⁴⁸ Republic of Congo Government (2015). Cadre Stratégique de Lutte Contre la Malnutrition au Congo horizon 2025. Available [online](#).

⁴⁹ UNICEF/WHO/World Bank Group (2022). Joint Child Malnutrition Estimates.

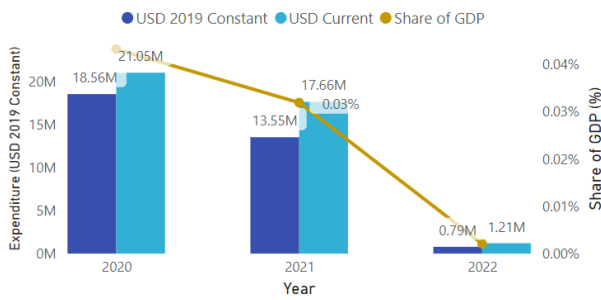
⁵⁰ UNICEF/WHO/World Bank Group (2022). Joint Child Malnutrition Estimates.

⁵¹ UNICEF (2022). Prevalence of anaemia in pregnant women

⁵² UNICEF. (2022) Child Food Poverty:

⁵³ Democratic Republic of Congo (2023). Global Nutrition Report. Available: <https://globalnutritionreport.org/resources/nutrition-profiles/africa/middle-africa/democratic-republic-congo/>. Accessed: 29/10/2023.

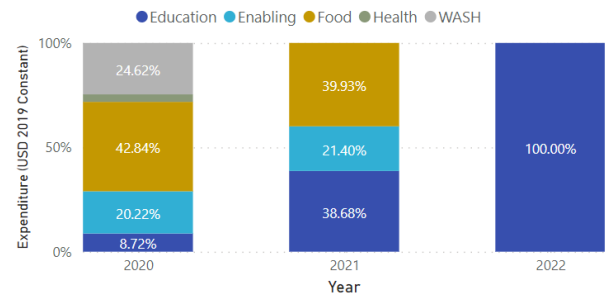
Figure 13: USD 2019 constant and USD current annual expenditure total, and as a percentage of GDP in D.R.C.



By System and Programme

In 2022, only allocations made to school meals were visible. Prior to that, DRC had allocations towards multiple programmes across different systems, including improved drinking water supply, early detection and treatment of child wasting, food security, and food production, preservation, and livelihoods programmes. The only line item related to the Health system was for the early detection and treatment of childhood wasting where the DRC invested in the purchasing of maternity and growth monitoring equipment (2020). In 2020 and 2021, programmes classified as indirect took up the greatest share of allocations, predominantly related to food security programmes within the Food system (Figure 15). In 2022, only allocations towards direct programmes were identifiable (Figure 14).

Figure 15: Annual nutrition expenditure by system in D.R.C.



Nutrition Outcome Trends

The DRC’s most recent nutrition outcome data is from 2018. Between 2010 and 2018, stunting reduced from 43.4 to 41.8%, wasting reduced from 8.5% to 6.4%, and overweight reduced from 4.9% to 3.8%.⁵⁴ All three outcomes are above the averages of the Sub-Saharan Africa region.⁵⁵ Anaemia in pregnant women decreased between 2008 and 2019 at 53% and 46.5%, respectively. DRC is on course to meet overweight and exclusive breastfeeding targets, and is making some progress towards stunting and wasting.⁵⁶ Between 2013 and 2018, the most recent data, the prevalence of children living in food poverty, stayed consistent at over 50%.

DRC’s budget Lines

Ministry	Budget line item	System	Programme
Water and Electricity Resources	Construction of drinking water supply systems for the towns of Gungu, Mukedi and Kandale	WASH	Drinking water supply
Rural Development	Support for vegetable and market garden production, distribution and supply	Food	Food security
Agriculture, Livestock and Fisheries	Support for the distribution of food and basic necessities	Food	Food security
	Striving for food security through small-scale livestock farming	Food	Food production, preservation, and livelihoods
Primary, Secondary and Technical education	School canteen support project	Education	School meals
Health	Maternity and growth monitoring equipment to support SRMNEM-Nutrition packages	Health	Early detection and treatment of child wasting

⁵⁴ UNICEF/WHO/World Bank Group (2022). Joint Child Malnutrition Estimates

⁵⁵ Sub-Saharan Africa wasting: 6%, stunting 32.8% and overweight:3.6%. UNICEF/WHO/World Bank Group (2022). Joint Child Malnutrition Estimates.

⁵⁶ UNICEF (2022). Prevalence of anaemia in pregnant women



Kingdom of Eswatini

Key Findings

1. The total budget for allocations towards nutrition-responsive programmes in Eswatini substantially increase between 2020 and 2022, with funding doubling from \$2.3 million to \$4.7 million.
2. In 2020, all programme allocations significantly decreased, and by 2022, none of them had fully recovered to their pre-2020 levels.
3. Total allocations as a percentage of GDP decreased during the period, from 0.02% to 0.01%.

Nutrition Context

Multisectoral action plan	Not available
Number of budget lines (2022)	7
Systems	Education, WASH, Enabling
Stunting (2014)	25.5% ⁵⁷
Wasting (2014)	2.0% ⁵⁸
Anaemia in pregnant women (2019)	32.2% ⁵⁹
Children living in food poverty (2014)	18.4% ⁶⁰
WHA targets	<p>On course: stunting, wasting, overweight, & exclusive breastfeeding.</p> <p>Some progress: low birth weight.</p> <p>No progress: anaemia.⁶¹</p>

An analysis of Eswatini's publicly available budget demonstrates allocations towards the Education and WASH systems, and the Enabling Environment. Most line items remained consistent throughout the period, with seven identified in 2022. Eswatini does not have a Multisectoral Action Plan for nutrition. It is a lower-middle-income country.

Aggregate Trends

Eswatini's budget for nutrition-responsive programmes have decreased between 2019 and 2022, from \$4.99 million to \$4.69 million (Figure 16). There was a significant decline in all allocations in 2020, and by 2022 no programmes had regained their pre-2020 allocations. Over the period per capita allocations have decreased from \$4.27 to \$3.90, and total allocations as a percentage of GDP have declined from 0.02% to 0.01%.

⁵⁷ UNICEF/WHO/World Bank Group (2022). Joint Child Malnutrition Estimates.

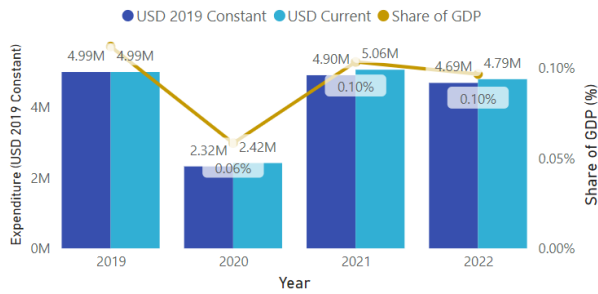
⁵⁸ UNICEF/WHO/World Bank Group (2022). Joint Child Malnutrition Estimates

⁵⁹ UNICEF (2022). Prevalence of anaemia in pregnant women

⁶⁰ UNICEF (2022). Child Food Poverty

⁶¹ Eswatini (2023). Global Nutrition Report. Available: <https://globalnutritionreport.org/resources/nutrition-profiles/africa/southern-africa/eswatini/>. Accessed: 29/10/23.

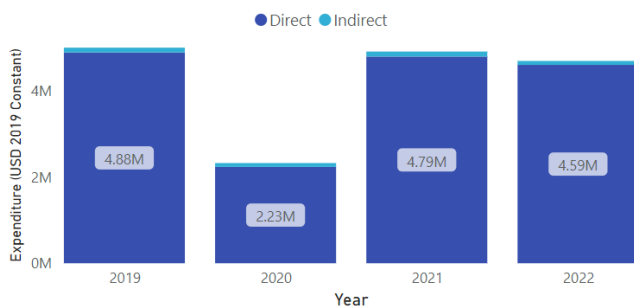
Figure 16: USD 2019 constant and USD current annual expenditure total, and as a percentage of GDP in Eswatini



By System and Programme

The Education system, specifically the school meals programme, consumes the greatest proportion of allocations at over 95% within each year. Because of this, for each year, direct programmes have taken the majority of allocations (Figure 17). Of note, early childhood development had no line item attached to it in 2019 and 2020, but in 2021 and 2022 it was identifiable in Eswatini’s budget books with allocations of \$3,911 and \$3,754, respectively. Allocations towards WASH programmes varied over the period, with alternative years (2020 and 2022), seeing increases in allocations. Unlike some other Member States, these programmes did not take up the majority of allocations. The majority of nutrition expenditure consistently occurs within the Education system (Figure 18).

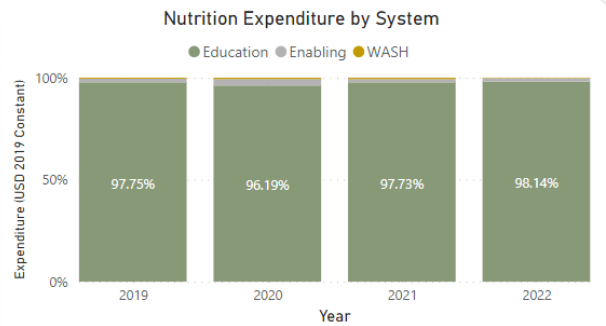
Figure 17: Direct versus indirect annual nutrition expenditure in Eswatini



Eswatini’s budget Lines

Ministry	Budget line item	System	Programme
Education and Training	Water Supply to Schools VII	WASH	Drinking water supply
Natural resources and Energy	Manzini Region Water and Sanitation	WASH	Improved sanitation

Figure 18: Annual nutrition expenditure by system in Eswatini



Nutrition Outcome Trends

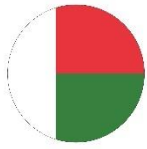
Eswatini’s most recent nutrition outcome data is from 2014. Between 2008 and 2014, stunting reduced from 40.4% to 25.5%, while wasting increased from 1.1% to 2%. Overweight decreased slightly between 2010 and 2014 from 10.7% to 9%.⁶² The prevalence of stunting and wasting is below the averages of the Sub-Saharan Africa region, while overweight is almost double the average.⁶³ Anaemia in pregnant women has decreased slightly between 2008 and 2019 at 33.6% and 32.2%, respectively. Eswatini is on course to meet stunting, wasting and overweight targets while it is apparent that no progress has been made in anaemia. Additionally, the percentage of children living in food poverty has remained at 40% from 2006 to 2014.⁶⁴

⁶² UNICEF/WHO/World Bank Group (2022). Joint Child Malnutrition Estimates.

⁶³ Sub-Saharan Africa wasting: 6%, stunting 32.8% and overweight:3.6%. UNICEF/WHO/World Bank Group (2022). Joint Child Malnutrition Estimates

⁶⁴ UNICEF (2022). Child Food Poverty

Health	National Nutritional Council of Swaziland	Enabling	Nutrition coordination and governance
Labour and Social Security	Student meals	Education	School meals
Education & Training	Grants to nurseries	Education	Early childhood development



Madagascar

Key Findings

1. Madagascar's nutrition-responsive programmes are visible in three systems: education, health and WASH systems, and the enabling environment, with the majority of expenditure occurring in the enabling environment and health system.
2. Nutrition expenditure has steadily increased more than threefold, from \$0.85 in 2019 to \$3.26 in 2022.
3. WASH is the only system that experienced a decline in allocations over the period.

Nutrition Context

Multisectoral action plan	Plan National D'Action Multisectorielle Pour La Nutrition 2022 - 2026 ⁶⁵
Number of budget lines (2022)	9
Systems	Education, Enabling, Health, WASH
Stunting (2021)	39.8% ⁶⁶
Wasting (2021)	7.2% ⁶⁷
Anaemia in pregnant women (2019)	39.3% ⁶⁸
Children living in food poverty (2021)	49.6% ⁶⁹
WHA targets	On course: overweight Some progress: stunting, wasting, and low birth weight No progress: anaemia or exclusive breastfeeding. ⁷⁰

In Madagascar, the analysis of expenditure on nutrition-responsive programmes from 2019-2022 shows investment across three different systems: Education, Health, and WASH, and the Enabling Environment. Line items varied during the period. Madagascar has a Multisectoral Action Plan for nutrition. It is a low-income country.

Aggregate Trends

From 2019 to 2022, Madagascar increased its annual nutrition-responsive budget allocations, with the greatest increase occurring between 2021 and 2022 as absolute total allocations almost doubled. Per capita allocations increased substantially from \$0.85 (2019) to \$2.73 (2022) and as a percent of GDP from 0.04% to 0.07% (Figure 19). This is a result of substantial increases in both the Health system and the Enabling Environment.

⁶⁵ Office National de Nutrition (2022). Plan National D'Action Multisectorielle pour la Nutrition. Available online: https://scalingupnutrition.org/sites/default/files/2023-07/PNAMN_2022_2026_FINAL_002_070822.pdf. Accessed: 05/11/

⁶⁶ UNICEF/WHO/World Bank Group (2022). Joint Child Malnutrition Estimates.

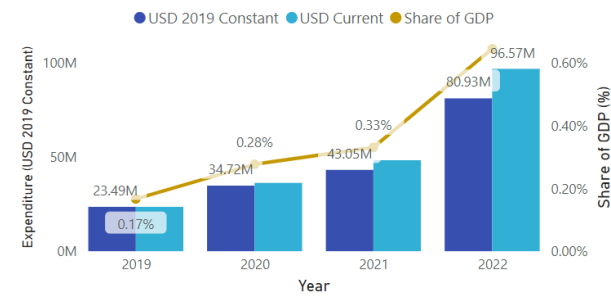
⁶⁷ UNICEF/WHO/World Bank Group (2022). Joint Child Malnutrition Estimates.

⁶⁸ UNICEF (2022). Prevalence of anaemia in pregnant women.

⁶⁹ UNICEF. Child Food Poverty.

⁷⁰ Madagascar (2023). Global Nutrition Report. Available <https://globalnutritionreport.org/resources/nutrition-profiles/africa/eastern-africa/madagascar/>. Accessed 29/10/23.

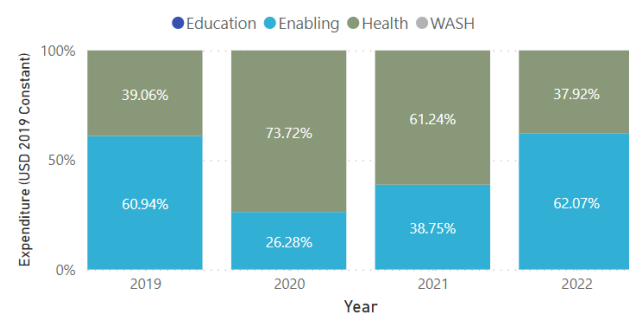
Figure 19: USD 2019 constant and USD current annual expenditure total, and as a percentage of GDP in Madagascar



By System and Programme

Since 2019, allocations towards the Health system and Enabling environment have almost tripled. In 2022, the Enabling Environment had the greatest proportion of allocations at 62% (Figure 20). The Health System one line attributable to a nutrition-responsive programme, for which the programme is categorised as other. Nutrition coordination and governance was the only programme in the Enabling System. As a key contributor to nutritional spending, it had a total of \$50 million allocated to it in 2022. The Education system only received allocations in the year 2022. Within the WASH system, there was investment in three programmes: drinking water supply, hygiene promotion, and improved sanitation. All of the nutrition-responsive programmes within the four systems are classified as indirect (Figure 21).

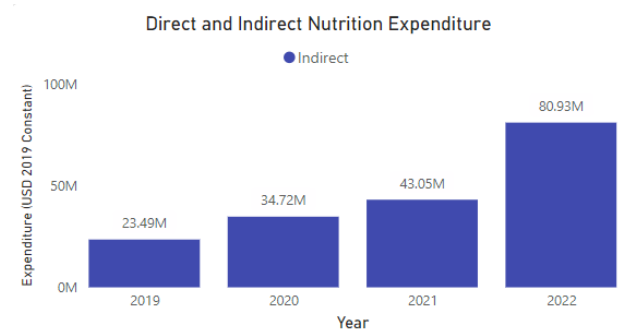
Figure 20: Annual nutrition expenditure by system in Madagascar



Madagascar's budget Lines

Ministry	Budget line item	System	Programme
Water, Sanitation and	Drinking Water Supply Service (SAEP)	WASH	Drinking water supply

Figure 21: Direct versus indirect annual nutrition expenditure in Madagascar



Nutrition Outcome Trends

Madagascar's most recent nutrition outcome data is from 2021. Between 2008 and 2021, stunting reduced from 49.4% to 39.8%, while wasting stayed constant at over 7%. Overweight increased slightly between from 1.1% to 1.9%.⁷¹ The prevalence of stunting and wasting is above the averages of the Sub-Saharan Africa region, while overweight is below.⁷² Anaemia in pregnant women has decreased slightly between 2008 and 2019 at 40.7% and 39.3%, respectively. Madagascar is only on course to meet the WHA's childhood overweight target, while only some progress has been made in wasting and stunting. However, the percentage of children living in food poverty has decreased between 2009 and 2021 from 61.2% to 49.6%.⁷³

⁷¹ UNICEF/WHO/World Bank Group (2022). Joint Child Malnutrition Estimates.

⁷² Sub-Saharan Africa wasting: 6%, stunting 32.8% and overweight:3.6%. UNICEF/WHO/World Bank Group (2022). Joint Child Malnutrition Estimates

⁷³ UNICEF (2022). Child Food Poverty

Hygiene	Rural Sanitation Service	WASH	Improved sanitation
	Hygiene promotion service	WASH	Hygiene promotion
Prime Minister	National Office for Community Nutrition (Ex: Seecaline)	Enabling	Nutrition coordination and governance
Agriculture and Livestock	Department of Food Security and Nutrition		
Public Health	Nutrition Service (SNUT)	Health	Other
National Education	Health and school food service	Education	Other



Malawi ⁷⁴

Key Findings

1. Nutrition-responsive allocations as a percentage of GDP remained fairly constant between 0.06% in 2019 and 0.07% in 2022.
2. The per capita allocations increased from \$3.08 to \$4.22, with a spike of \$13.61 per capita in 2020.
3. During 2020, more than 90% of budget allocations for nutrition-responsive programs were channelled into the Food system. However, in 2021, this figure dropped to around 40% of the total allocations

Nutrition Context

Multisectoral action plan	Malawi National Multi-sector Nutrition Strategic Plan (2018-2022) ⁷⁵
Number of budget lines (2022)	7
Systems	Education, Food, Health, WASH, Enabling
Stunting (2020)	34.9% ⁷⁶
Wasting (2020)	2.1% ⁷⁷
Anaemia in pregnant women (2019)	39.3% ⁷⁸
Children living in food poverty (2020)	57.2% ⁷⁹
WHA targets	<p>On course: wasting and overweight.</p> <p>Some progress: stunting and low birth weight.</p> <p>No progress: anaemia and exclusive breastfeeding.⁸⁰</p>

Malawi's 2019-2022 indicates allocations towards multiple systems, including Education, Food, Health and WASH as well as the Enabling Environment. Malawi has a Multisectoral Action Plan for Nutrition, however, it concluded in 2022. It is a low-income country.

Aggregate Trends

Malawi's budget allocations for nutrition-responsive programmes varied over the period with the highest figure in 2020. Between 2019 and 2022, allocations increased slightly from \$60 to \$90 million (Figure 22). This increase in expenditure in 2020 was primarily due to investment in the Food system. Per capita allocations also increased between 2019 to 2022 from \$3.08 to \$4.22, with allocations in 2020 totalling \$13.61 per capita. Total nutrition-responsive budget allocations as a percentage of GDP stayed relatively constant at 0.06% (2019) and 0.07% (2020).

⁷⁴ Malawi's budget books for 2019, 2020, and 2022 were not publicly available online, therefore, the data was provided by UNICEF Malawi, following their most recent budget analysis

⁷⁵ Government of Malawi (2018). Malawi National Multi-sector Nutrition Strategic Plan 2018 - 2022. Available:

<https://www.fantaproject.org/sites/default/files/resources/Malawi-National-Nutrition-Strategic%20Plan-2018-2022.pdf>. Accessed: 29/10/23.

⁷⁶ UNICEF/WHO/World Bank Group. (2022). Joint Child Malnutrition Estimates.

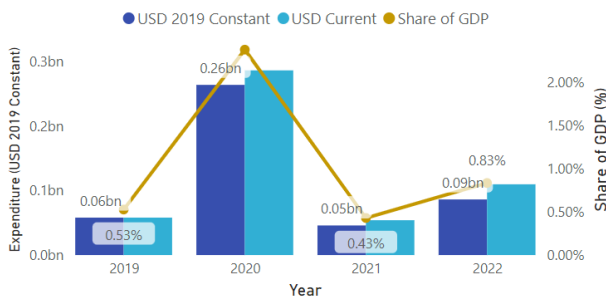
⁷⁷ UNICEF/WHO/World Bank Group. (2022). Joint Child Malnutrition Estimates.

⁷⁸ UNICEF (2022). Prevalence of anaemia in pregnant women.

⁷⁹ UNICEF. Child Food Poverty

⁸⁰ Malawi (2023). Global Nutrition Report. Available: <https://globalnutritionreport.org/resources/nutrition-profiles/africa/eastern-africa/malawi/>. Accessed: 29/10/23.

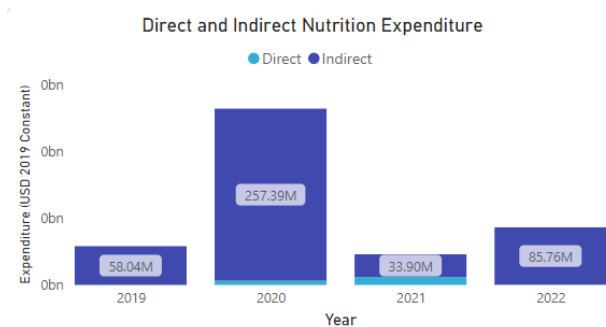
Figure 22: USD 2019 constant and USD current annual expenditure total, and as a percentage of GDP in Malawi



By System and Programme

The majority of Malawi’s spending on nutrition falls within indirect programmes within the Food and WASH systems (Figure 23). During 2020, allocations towards food production, preservation, and livelihoods programmes increased substantially to \$239 million, before reducing to \$41,802 in 2021. Allocations to the WASH system increased from \$1.3 to \$50 million between 2020 and 2022, resulting in it taking 58.18% of allocations (Figure 24). In the Health system, allocations towards early childhood nutrition programmes decreased from \$6.5 million in 2021 to \$0.5 million in 2022, whereas over the same period allocations to early childhood development more than doubled.

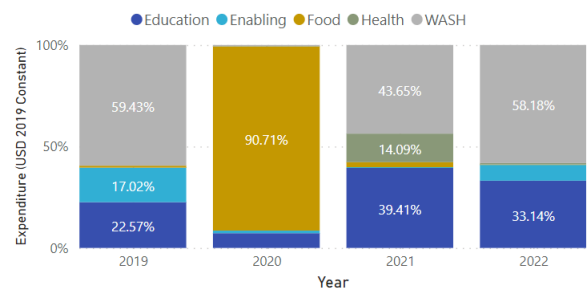
Figure 23: Direct versus indirect annual nutrition expenditure in Malawi



Malawi’s budget Lines

Ministry	Budgetary line item	System	Programme
Gender, Community Development & Social Welfare	Investing in early years for growth and productivity in Malawi	Education	Early childhood development
Education	Nutrition and access to primary education	Education	School meals

Figure 24: Annual nutrition expenditure by system in Malawi



Nutrition Outcome Trends

Malawi’s most recent nutrition outcome data is from 2020. Between 2010 and 2020, stunting decreased from 47.3% to 34.9%, wasting decreased from 4% to 2.1%, and overweight decreased from 9% to 1.4%.⁸¹ The prevalence of overweight and wasting is below the averages of the Sub-Saharan Africa region, while stunting is above.⁸² Anaemia in pregnant women has decreased slightly between 2008 and 2019 at 41.1% and 39.3%, respectively. Malawi is on course to meet the WHA’s childhood wasting and overweight targets, while only some progress has been made in stunting. Importantly, the percentage of children living in food poverty has increased between 2010 and 2020 from 51.9% to 57.2%.⁸³

⁸¹ UNICEF/WHO/World Bank Group (2022). Joint Child Malnutrition Estimates.

⁸² Sub-Saharan Africa wasting: 6%, stunting 32.8% and overweight:3.6%. UNICEF/WHO/World Bank Group (2022). Joint Child Malnutrition Estimates

⁸³ UNICEF (2022). Child Food Poverty

Health	Family Nutrition and HIV	Health	Other
	Multi-sectoral nutrition programme- reduce stunting in Malawi	health	Early childhood nutrition
	Health promotion	Health	Health promotion
Agriculture	Resilience, Livelihoods and Nutrition	Food	Food production, preservation, and livelihoods
	Afikepo Nutrition Program	Enabling	Nutrition coordination and governance
Health	Department of Nutrition, HIV and AIDs		
Water and Sanitation	Sustainable Rural Water Supply and Sanitation	WASH	Improved sanitation



Mauritius

Key Findings

1. Between 2019 and 2022, nutrition-responsive allocations per capita increased from \$12.97 to \$43.71.
2. In 2022, the Social Protection system covered over 80% of the nutrition-responsive programme allocations.
3. Allocations towards other programmes such as food security in the Food system and school meals and early childhood development in the Education system have seen an absolute decline in allocations.

Nutrition Context

Multisectoral action plan	None
Number of budget lines (2022)	8
Systems	Education, Food, Social Protection
Stunting	No data
Wasting	No data
Anaemia in pregnant women (2019)	27.7%
Children living in food poverty	No data
WHA targets	<p>On course: overweight.</p> <p>No progress: stunting, anaemia, low birth weight.</p> <p>No data available: wasting or exclusive breastfeeding.⁸⁴</p>

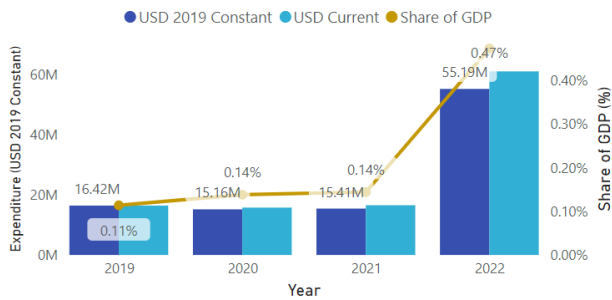
Between 2019 and 2022, Mauritius allocated towards three of the five systems, namely Education, Food, and Social Protection. Eight line items were identified and stayed mostly consistent during the period. Mauritius' Multisectoral Action Plan for Nutrition concluded in 2020. It is an upper-middle-income country.

Aggregate Trends

Nutrition-responsive allocations remained fairly constant between 2019 and 2021, with maximum allocations of \$16.42 million in 2019. In 2022, allocations tripled to \$55.19 million, with a maximum per capita allocation of \$43.71 (Figure 25). This was due to a substantial increase in funding towards the Social Protection system. Total nutrition-responsive allocations as a proportion of GDP also increased, from 0.02% (2019) to 0.06% (2022).

⁸⁴ Mauritius (2023). Global Nutrition Report. Available: <https://globalnutritionreport.org/resources/nutrition-profiles/africa/eastern-africa/mauritius/>. Accessed 29/10/23.

Figure 25: USD 2019 constant and USD current annual expenditure total, and as a percentage of GDP in Mauritius



By System and Programme

The Social Protection system takes up the majority of allocations in 2022, at 83.82% (Figure 26). This is due to a significant increase in allocations towards social assistance programmes targeting children. Because of this, the majority of Mauritius’ spending in nutrition takes place in indirect programmes (Figure 27). Over the period allocations towards particular programmes have declined, specifically food security (Food system), school meals (Education system) and early childhood development (Education system). There are no allocations towards programmes within the Health system.

Figure 26: Annual nutrition expenditure by system in Mauritius

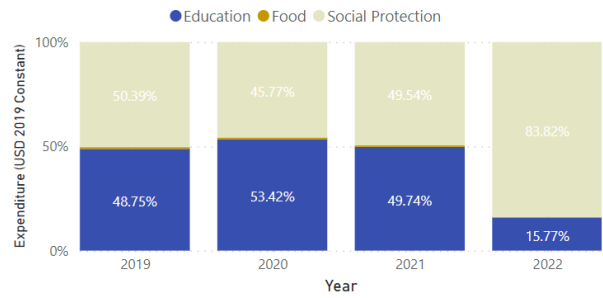
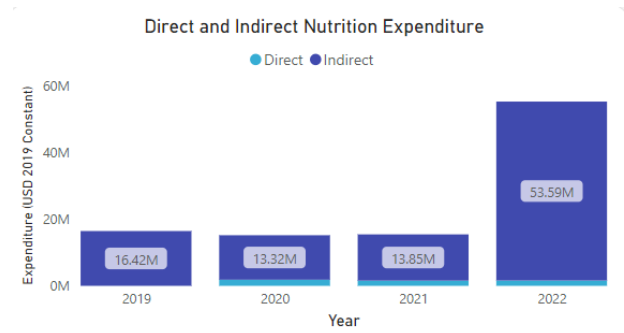


Figure 27: Direct versus indirect annual nutrition expenditure in Mauritius



Nutrition Outcome Trends

There is no data available to discuss nutrition outcome trends in Mauritius. Anaemia in pregnant women has decreased slightly between 2008 and 2019 at 30.6% and 27.7%, respectively. According to the Global Nutrition Report, Mauritius is only on course target for childhood overweight, while no progress has been made in anaemia and stunting.

Mauritius’ budget Lines

Ministry	Budget line item	System	Programme
Social Security and National Solidarity	CSG Benefits (Social Benefits)	Social Protection	Social assistance
	Child Allowance		
	Basic orphans pension		
	Assistance to parents of disabled children`		
Education, Tertiary Education, Science and Technology	Early Childhood Care and Education Authority	Education	Early childhood development
	Primary School Supplementary Feeding project		School meals
Agro-Industry and Food Security	Supporting Sustainable Agriculture for Improved Food Security and Safety	Food	Food production, preservation, and livelihoods
	Development of household micro gardens		Food security



Mozambique

Key Findings

1. In Mozambique, there was a significant decrease in total allocations in nutrition-responsive programmes, from \$15.46 to \$0.42 million.
2. Nutrition responsive programmes are visible in only two systems: Food and WASH, and both had a reduction in allocations over the period.
3. Total nutrition-responsive allocations as a percentage of GDP declined from 0.1% (2019) to 0.003% (2020).

Nutrition Context

Multisectoral action plan	None
Number of budget lines (2020)	6
Systems	Food and WASH
Stunting (2020)	37.5% ⁸⁵
Wasting (2020)	3.9% ⁸⁶
Anaemia in pregnant women (2019)	45.8% ⁸⁷
Children living in food poverty (2011)	42.9% ⁸⁸
WHA targets	<p>On course: wasting and overweight.</p> <p>Some progress: low birth weight, exclusive breastfeeding and stunting.</p> <p>No progress: anaemia.⁸⁹</p>

Mozambique's budget data is only available for 2019 and 2020. The analysis shows allocations towards the Food and WASH systems, with 6 line items. Mozambique does not have a Multisectoral Action Plan for nutrition. It is a low-income country.

Aggregate Trends

For the data that is available, total nutrition-responsive allocations decreased from \$15.46 million (2019) to \$0.41 million (2020) (Figure 28). As a result, per capita allocations decreased from \$0.51 to \$0.01. This was due to significant reductions in allocations towards both the WASH and Food system.

Figure 28: USD 2019 constant and USD current annual expenditure total, and as a percentage of GDP in Mozambique

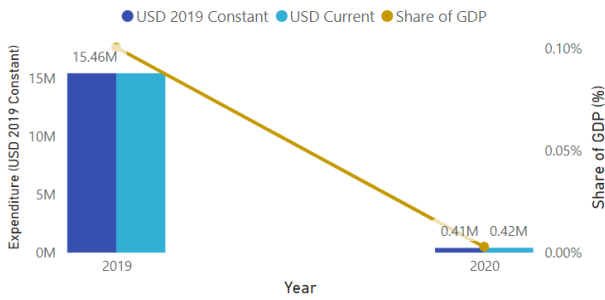
⁸⁵ UNICEF/WHO/World Bank Group (2022). Joint Child Malnutrition Estimates.

⁸⁶ UNICEF/WHO/World Bank Group (2022). Joint Child Malnutrition Estimates.

⁸⁷ UNICEF (2022). Prevalence of anaemia in pregnant women.

⁸⁸ UNICEF. Child Food Poverty:

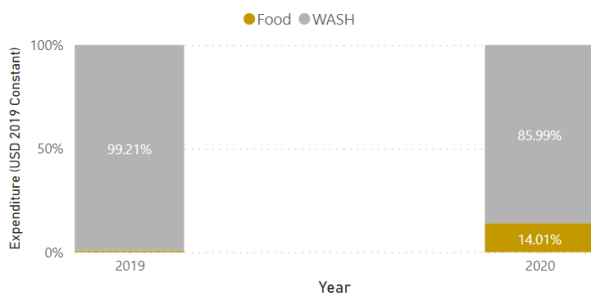
⁸⁹ Mozambique (2023). Global Nutrition Report. Available: <https://globalnutritionreport.org/resources/nutrition-profiles/africa/eastern-africa/mozambique/>. Accessed 29/10/23.



By System and Programme

Both the Food and WASH system saw reductions in allocations in within the available budget books. In both 2019 and 2020, allocations wards the WASH system took up the greatest proportion of nutrition-responsive allocations, at 99.21% and 85.99%, respectively (Figure 29). The WASH system’s allocations were dedicated to improved sanitation programmes. In the Food system, programmes include food security, food production, and food fortification. The greatest allocations with the Food system go towards food security, however, between 2019 and 2020, there was a reduction in allocations. All nutrition-responsive programme allocations are classified as indirect (Figure 30).

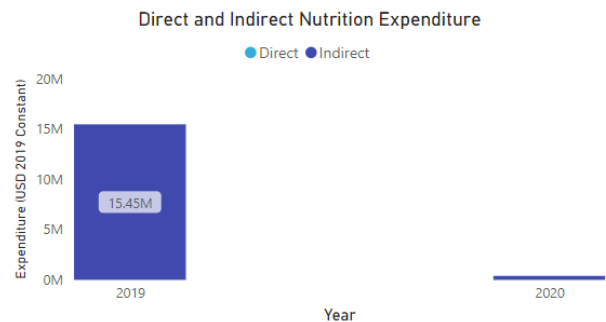
Figure 29: Annual Nutrition Expenditure by System in Mozambique



Mozambique’s budget Lines

Ministry	Budget line item	System	Programme
Industry and Trade	Food fortification project	Food	Food fortification
Public Works and Housing and Water Resources	Integrated Sanitation Project	WASH	Improved sanitation
	National program for water supply and rural sanitation		
	Sewerage and urban drainage project		

Figure 30: Direct versus indirect annual nutrition expenditure in Mozambique



Nutrition Outcome Trends

Mozambique’s most recent nutrition outcome data is from 2020. Between 2008 and 2020, stunting decreased from 43.5% to 37.5%, wasting decreased from 4.2% to 3.9%, and overweight increased from 3.6% to 4.6%.⁹⁰ The prevalence of childhood overweight and stunting is above the averages of the Sub-Saharan Africa region, while wasting is below.⁹¹ Anaemia in pregnant women has decreased between 2008 and 2019 at 50.7% and 45.8%, respectively. Mozambique is on course to meet the WHA’s childhood wasting and overweight targets, while only some progress has been made in stunting and no progress in anaemia. Further, the percentage of children living in food poverty was 42.9% in 2011, with no recent data.⁹²

⁹⁰ UNICEF/WHO/World Bank Group (2022). Joint Child Malnutrition Estimates.

⁹¹ Sub-Saharan Africa wasting: 6%, stunting 32.8% and overweight:3.6%. UNICEF/WHO/World Bank Group (2022). Joint Child Malnutrition Estimates

⁹² UNICEF (2022). Child Food Poverty

	Water supply in support of food security	Food	Food production, preservation and livelihoods
Land Environment and Rural Development	Promotion of food and nutrition security	Food	Food security
Sea, Inland Waters and Fisheries	Fund for innovation and entrepreneurship of women		Food production, preservation and livelihoods



Namibia

Key Findings

1. Almost all of the nutrition allocations from 2019 to 2021 were within the Social Protection system. In 2022, 100% of the expenditure was within the Food system.
2. Allocations towards social assistance programmes for children were not identifiable in the 2022 budget book, leading to a significant decline in per capita allocations.

Nutrition Context

Multisectoral action plan	Revised National Food & Nutrition Security Policy ⁹³
Number of budget lines (2022)	2
Systems	Food and Social Protection
Stunting (2013)	22.7% ⁹⁴
Wasting (2013)	7.1% ⁹⁵
Anaemia in pregnant women (2019)	29% ⁹⁶
Children living in food poverty (2013)	34.6%
WHA targets	<p>Some progress: stunting.</p> <p>No progress: anaemia & low birth weight.</p> <p>Off course: overweight.</p>

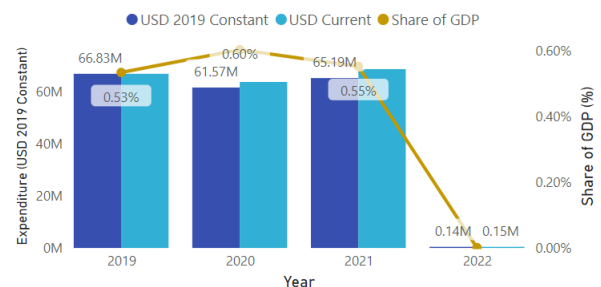
Figure 31: USD 2019 constant and USD current annual expenditure total, and as a percentage of GDP in Namibia

No data: wasting or exclusive breastfeeding. ⁹⁷

For the period 2019 to 2022, nutrition-responsive budget allocations can be found in the Food and Social Protection systems. Namibia has a Multisectoral Action Plan for Nutrition. It is an upper-middle-income country.

Aggregate Trends

Between 2019 and 2022, allocations towards nutrition-responsive programmes decreased substantially from \$66.83 million to \$0.14 million (Figure 31). This reduction is due to line items not being identifiable within the 2022 budget book. This led to allocations per capita declining from \$27.32 to \$0.05. In between 2019 and 2021, allocations towards the different systems remained fairly constant.



By System and Programme

⁹³ Republic of Namibia (2020). Revised National Food & Nutrition Security Policy. Available online: <https://scalingupnutrition.org/sites/default/files/2022-06/national-nutrition-plan-namibia.pdf>. Accessed: 04/11/2023

⁹⁴ UNICEF/WHO/World Bank Group. (2022). Joint Child Malnutrition Estimates.

⁹⁵ Ibid.

⁹⁶ UNICEF (2022). Prevalence of anaemia in pregnant women..

⁹⁷ Namibia (2023). Global Nutrition Report. Available online: <https://globalnutritionreport.org/resources/nutrition-profiles/africa/southern-africa/namibia/>. Accessed online: 29/10/23.

Between 2019 and 2021, the majority (over 99%) of nutrition-responsive allocations were directed towards the Social Protection system, specifically social assistance. Whereas in 2022, only allocations towards food security programmes within the Food system were identifiable. Nutrition-responsive budget allocations are classified solely as indirect (Figure 33).

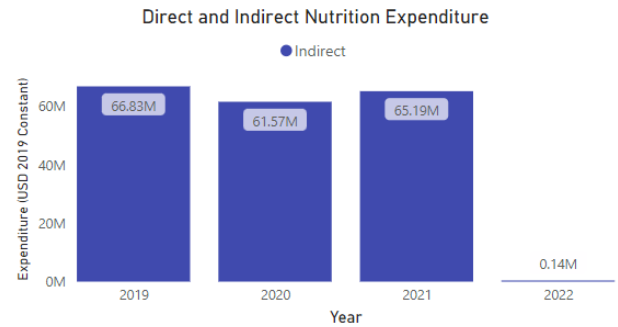


Figure 32: Annual nutrition expenditure by system in Namibia

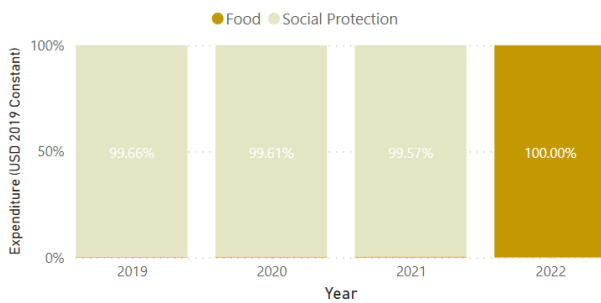


Figure 33: Direct versus indirect annual nutrition expenditure in Namibia

Nutrition Outcome Trends

There is little recent nutrition outcome data for Namibia. The most recent data is from 2012 and there is no comparator. In 2012, the prevalence of stunting was 7.9%, wasting was 4.3%, and overweight was 10.2%.⁹⁸ The prevalence of stunting and wasting is below the averages of the Sub-Saharan Africa region, while overweight is almost triple the average.⁹⁹ Anaemia in pregnant women has remained consistent between 2008 and 2019 at approximately 27%. Seychelles is on course to meet childhood overweight targets while no progress has been made in anaemia or low birthweight.¹⁰⁰ There is no recent data for the percentage of children living in food poverty and no comparator.

Namibia's budget Lines

Ministry	Budget line item	System	Programme
Urban and Rural Development	Regional (Food Security Plan)	Food	Food Security
Gender Equality, Poverty Eradication and Social Welfare	Foster Parent Grants	Social Protection	Social assistance
Prime Minister	National Food Security and Nutrition	Food	Food Security

⁹⁸ UNICEF/WHO/World Bank Group (2022). Joint Child Malnutrition Estimates

⁹⁹ Sub-Saharan Africa wasting: 6%, stunting 32.8% and overweight:3.6%. UNICEF/WHO/World Bank Group (2022). Joint Child Malnutrition Estimates.

¹⁰⁰ UNICEF (2022). Prevalence of anaemia in pregnant women



Seychelles

Key Findings

1. Nutrition-responsive programmes are visible in only one system: Education. Specifically, the early childhood development programme.
2. Apart from 2020, there has been a steady increase in per capita allocations from \$33.56 in 2019 to \$44.99 in 2022.
3. All allocations are on indirect programmes.

Nutrition Context

Multisectoral action plan	Not found
Number of budget lines (2022)	1
Systems	Education
Stunting (2012)	7.9% ¹⁰¹
Wasting (2012)	4.3% ¹⁰²
Anaemia in women (2019)	27.5% ¹⁰³
Children living in food poverty	No data
WHA targets	<p>On course: overweight.</p> <p>Some progress: stunting.</p> <p>No progress: anaemia, low birthweight.</p> <p>No data: wasting, exclusive breastfeeding. ¹⁰⁴</p>

In analysing the budget data for the Seychelles, it is apparent that the entire allocation of resources is focused on the Education system. It is unknown whether it has a Multisectoral Action Plan for Nutrition. It is a high income country.

Aggregate Trends

Between 2019 and 2022, nutrition-responsive allocations per capita increased from \$33.56 to \$44.9. Additionally, total allocations as a percentage of GDP increased from 0.20% to 0.31% (Figure 34).

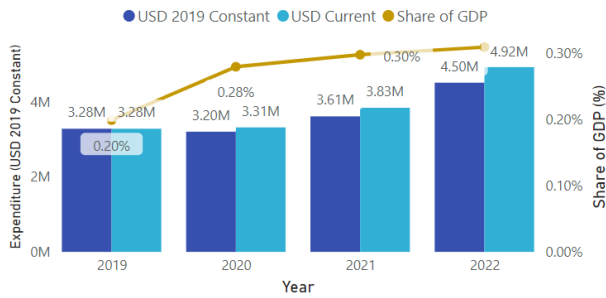
¹⁰¹ UNICEF/WHO/World Bank Group. (2022). Joint Child Malnutrition Estimates.

¹⁰² UNICEF/WHO/World Bank Group. (2022). Joint Child Malnutrition Estimates.

¹⁰³ UNICEF (2022). Prevalence of anaemia in pregnant women..

¹⁰⁴ Seychelles (2023). Global Nutrition Report. Available online: <https://globalnutritionreport.org/resources/nutrition-profiles/africa/eastern-africa/seychelles/>. Accessed online: 29/10/23.

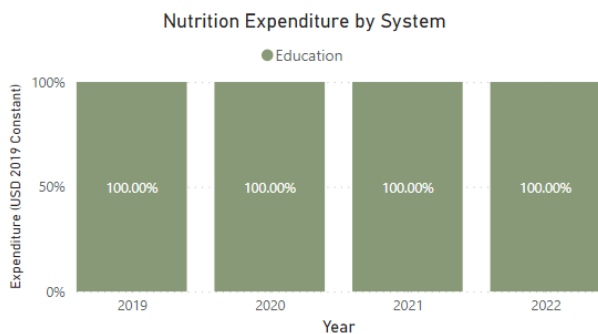
Figure 34: USD 2019 constant and USD current annual expenditure total, and as a percentage of GDP in Seychelles



By System and Programme

The Seychelles' nutrition expenditure from 2019 to 2022 is exclusively allocated to the Education system (Figure 35), with only one line item identifiable, specifically related to early childhood development. This programme is classified as indirect (Figure 36). Total allocations increased from \$3.28 million in 2019 to \$4.5 million in 2022.

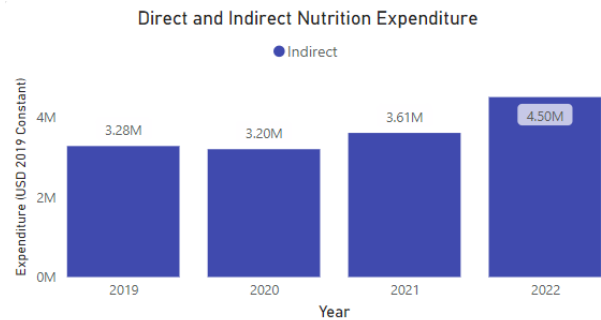
Figure 35: Annual nutrition expenditure by system in Seychelles



Seychelles' budget Lines

Ministry	Budget line item	System	Programme
Education and Human Resources Development	Formal Early Childhood Care and Education	Education	Early childhood development

Figure 36: Direct versus indirect annual nutrition expenditure in Seychelles



Nutrition Outcome Trends

There is little nutrition outcome data for Seychelles. The most recent data is from 2012 and there is no comparator. In 2012, the prevalence of stunting was 7.9%, wasting was 4.3%, and overweight was 10.2%.¹⁰⁵ The prevalence of stunting and wasting is below the averages of the Sub-Saharan Africa region, while overweight is almost triple the average.¹⁰⁶ Anaemia in pregnant women has remained consistent between 2008 and 2019 at approximately 27%. Seychelles is on course to meet childhood overweight targets while no progress has been made in anaemia or low birthweight.¹⁰⁷ There is no recent data for the percentage of children living in food poverty and no comparator.

¹⁰⁵ UNICEF/WHO/World Bank Group (2022). Joint Child Malnutrition Estimates

¹⁰⁶ Sub-Saharan Africa wasting: 6%, stunting 32.8% and overweight:3.6%. UNICEF/WHO/World Bank Group (2022). Joint Child Malnutrition Estimates.

¹⁰⁷ UNICEF (2022). Prevalence of anaemia in pregnant women



South Africa

Key Findings

1. Nutrition-responsive programmes are found in four systems - Education, Health, Food, and Social Protection.
2. The Social Protection system consistently takes almost 90% of allocations in each year due to the multiple social assistance programmes targeted at children.
3. All systems had decreased absolute allocations during the period of review, despite this total allocations as a percentage of GDP stayed constant at 0.2%.

Nutrition Context

Multisectoral action plan	National Food and Nutrition Security Plan for South Africa 2018-2023 ¹⁰⁸
Number of budget lines (2022)	7
Systems with budget line items	Education, Food, Health, Social Protection
Stunting (2017)	22.8% ¹⁰⁹
Wasting (2017)	3.8% ¹¹⁰
Anaemia in pregnant women (2019)	30.8% ¹¹¹
Children living in food poverty (2016)	37.3% ¹¹²
WHA targets	<p>On course: overweight and wasting.</p> <p>No progress: stunting and anaemia.</p> <p>No data: exclusive breastfeeding. ¹¹³</p>

The analysis of South Africa's nutrition expenditure and programmes from 2019 to 2022 demonstrates allocations across four of the five systems, including Education, Health, Food, and Social Protection. South Africa has a Multisectoral Action Plan for nutrition that concludes this year. It is an upper-middle-income country.

Aggregate Trends

Between 2019 and 2022, total nutrition-responsive allocations decreased from \$6.2 billion to \$5 billion (Figure 37). Additionally, per capita allocations decreased from \$106.57 to \$84.43. Despite these reductions, total nutrition-responsive allocations as a share of GDP stayed relatively constant over the period at approximately 0.2%. Therefore, although the absolute allocations have decreased substantially, they have stayed the same relative to GDP. The absolute reductions are seen across all systems over the period.

¹⁰⁸ The Government of The Republic of South Africa. (2018) National Food and Nutrition Security Plan for South Africa 2018-2023. Available <https://www.nutritionociety.co.za/wp-content/uploads/2021/02/National-Food-and-Nutrition-Security-Plan-2018-2023.pdf>. Accessed: 04/11/2023

¹⁰⁹ UNICEF/WHO/World Bank Group. (2022). Joint Child Malnutrition Estimates.

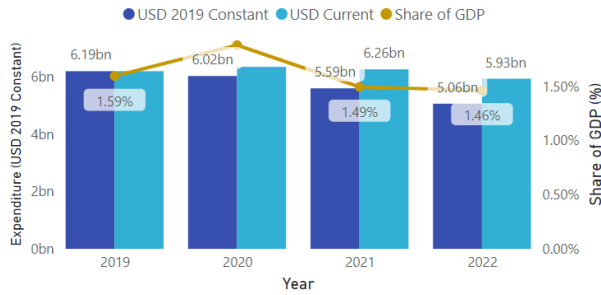
¹¹⁰ UNICEF/WHO/World Bank Group. (2022). Joint Child Malnutrition Estimates.

¹¹¹ UNICEF (2022). Prevalence of anaemia in pregnant women..

¹¹² UNICEF (2022). Child Food Poverty: A Nutrition Crisis in Early Childhood.

¹¹³ South Africa (2023). Global Nutrition Report. Available online: <https://globalnutritionreport.org/resources/nutrition-profiles/africa/southern-africa/south-africa/>. Accessed on: 29/10/23.

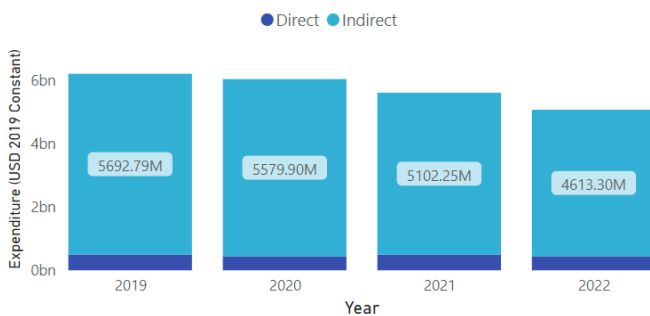
Figure 37: USD 2019 constant and USD current annual expenditure total, and as a percentage of GDP in South Africa



By System and Programme

The Social Protection system consistently takes up the greatest proportion of allocations, at almost 90% in each year (Figure 39). This is due to the multiple social assistance programmes targeted at children. This is why the majority of allocations are classified as indirect (Figure 38). These programmes have collectively seen over \$1 million in reductions between 2019 and 2022. The system that takes up the second biggest proportion is the Education system, owing to the school meals programme. South Africa is the only country which specifies health promotion within its budgets, making up the only nutrition-responsive programme within its Health system. The Food system takes up the third largest proportion, specifically food security.

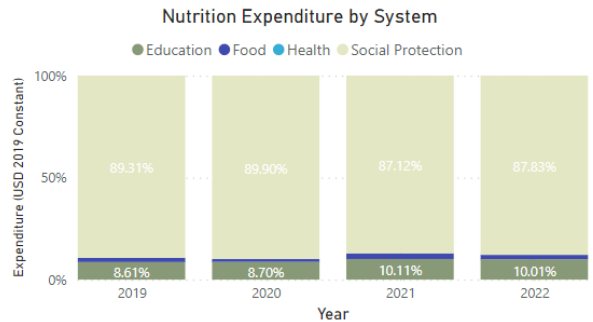
Figure 38: Direct versus indirect annual nutrition expenditure in South Africa



South Africa's budget lines

Ministry	Budget line item	System	Programme
Health	Health Promotion and Nutrition	Health	Health promotion
Social Development	Food relief	Food	Food security

Figure 39: Annual nutrition expenditure by system in South Africa



Nutrition Outcome Trends

South Africa's most recent nutrition outcome data is from 2017. Between 2008 and 2017, stunting reduced from 24.9% to 21.4%, wasting reduced from 5.1% to 3.8%, and overweight reduced from 13.2% to 11.6%.¹¹⁴ The prevalence of stunting and wasting is below the averages of the Sub-Saharan Africa region, while overweight is almost triple the average.¹¹⁵ Anaemia in pregnant women has remained consistent between 2008 and 2019 at 30.4% and 30.8%, respectively. South Africa is on course to meet stunting and overweight targets while it is apparent that no progress has been made in anaemia.¹¹⁶ There is no recent data for the percentage of children living in food poverty and no comparator.

¹¹⁴ UNICEF/WHO/World Bank Group (2022). Joint Child Malnutrition Estimates

¹¹⁵ Sub-Saharan Africa wasting: 6%, stunting 32.8% and overweight:3.6%. UNICEF/WHO/World Bank Group (2022). Joint Child Malnutrition Estimates.

¹¹⁶ UNICEF (2022). Prevalence of anaemia in pregnant women

	Child support; Foster care; Care dependency	Social protection	Social assistance
	Early childhood development grant	Education	Early childhood development
Basic Education	National school nutrition programme	Education	School meals
Agriculture, Land Reform and Rural Development	Food Security	Food	Food Security



United Republic of Tanzania

Key Findings

1. Nutrition-responsive budget allocations remained consistent between 2019 and 2021, before doubling in 2022.
2. The only system receiving allocations towards nutrition-responsive programmes was the Food system, specifically the food security programme.
3. There were no allocations towards direct programmes.

Nutrition Context

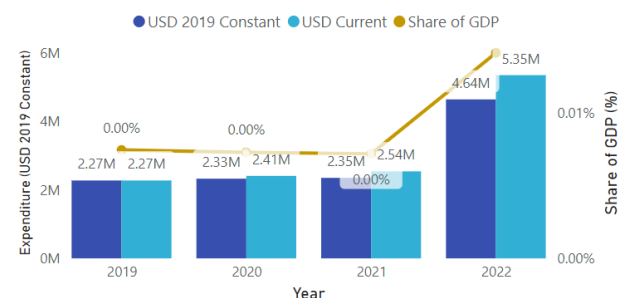
Multisectoral action plan	National Multisectoral Nutrition Action Plan (NMNAP) 2016 - 2021 ¹¹⁷
Number of budget lines (2022)	1
Systems	Food
Stunting (2022)	30% ¹¹⁸
Wasting (2022)	3.2% ¹¹⁹
Anaemia in pregnant women (2019)	48.1% ¹²⁰
Children living in food poverty (2016)	59.1% ¹²¹
WHA targets	<p>On course: wasting and exclusive breastfeeding.</p> <p>Some progress: stunting, anaemia and low birth weight.</p> <p>Off course: overweight.¹²²</p>

The analysis of Tanzania's budget books for the period 2019 to 2022 resulted in the identification of allocations only towards the Food system. Tanzania has a Multisectoral Action Plan for Nutrition, however, it concluded in 2021. It is a lower-middle income country.

Aggregate Trends

Tanzania's budget allocations towards nutrition-responsive programmes remained relatively consistent between 2019 and 2021, before doubling in 2022. Despite this increase, the nutrition allocations as a share of GDP increased only slightly, from 0.004% to 0.007% for the same period (Figure 40). Per capita spending increased from \$0.04 to \$0.08.

Figure 40: USD 2019 constant and USD current annual expenditure total, and as a percentage of GDP in Tanzania



¹¹⁷ United Republic of Tanzania (2016): National Multisectoral Nutrition Action Plan (NMNAP) for the period July 2016 – June 2021. Available at: https://extranet.who.int/nutrition/gina/sites/default/filesstore/1_TZA%202016%20NMNAP.pdf. Accessed: 04/11/2023

¹¹⁸ UNICEF/WHO/World Bank Group (2022). Joint Child Malnutrition Estimates.

¹¹⁹ UNICEF/WHO/World Bank Group (2022). Joint Child Malnutrition Estimates. Available online: JME-2023-United-Nations-regions.pdf. Accessed: 28/10/2023.

¹²⁰ UNICEF (2022). Prevalence of anaemia in pregnant women.

¹²¹ UNICEF. Child Food Poverty: A Nutrition Crisis in Early Childhood. Available [online](#). Accessed: 28/10/2023.

¹²² Tanzania (2023). Global Nutrition Report. Available [online](#). Accessed on: 29/10/23.

By System and Programme

As mentioned, the only system that received funding was the food system, receiving consistent allocations from 2019 to 2021 of approximately \$2.3 million per annum (Figure 42). In 2022, this allocation increased to \$4.64 million. The programme this was allocated to was food security through the Ministry of Agriculture. No other nutrition-responsive line items were identified across the other systems. Therefore, all expenditure is classified as indirect (Figure 42).

Figure 41: Annual Nutrition Expenditure by System in Tanzania

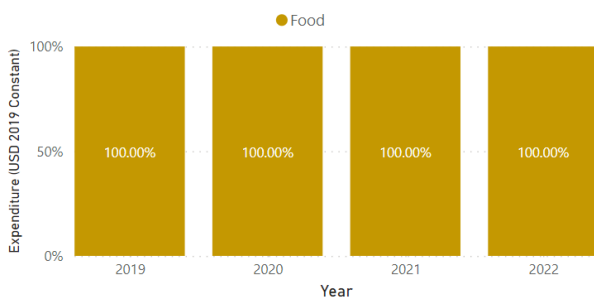
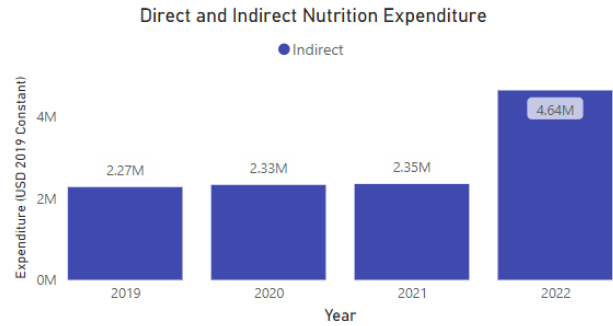


Figure 42: Direct versus indirect annual nutrition expenditure in Tanzania



Nutrition Outcome Trends

Tanzania’s most recent nutrition outcome data is from 2022 DHS. Between 2010 and 2022, stunting reduced from 35% to 30%, wasting reduced from 6.2% to 3.2%, and overweight reduced from 5.1% to 3.5%.¹²³ These are below the averages of the Sub-Saharan Africa region.¹²⁴ Anaemia in pregnant women has decreased only slightly from 51.1% to 48.1% between 2010 and 2019. Tanzania is on course to meet the wasting WHA target, while only some progress has been seen in stunting and anaemia.¹²⁵ However, despite making progress in some outcomes, the percentage of children living in food poverty increased to 59.1% in 2016, which is the most recent data

Tanzania’s budget Lines

Ministry	Budget line item	System	Programme
Agriculture	Food Security	Food	Food Security

¹²³ UNICEF/WHO/World Bank Group (2022). Joint Child Malnutrition Estimates

¹²⁴ Sub-Saharan Africa wasting: 6%, stunting 32.8% and overweight:3.6%. UNICEF/WHO/World Bank Group (2022). Joint Child Malnutrition Estimates.

¹²⁵ UNICEF (2022). Prevalence of anaemia in pregnant women



Zambia

Key Findings

1. Nutrition-responsive programmes are visible in almost all systems, including the Education, Health, Food, and WASH systems and the Enabling Environment.
2. Nutrition-responsive budget allocations per capita increased from \$0.64 in 2019 to \$7.27 in 2022
3. The major share of nutrition allocations in 2022 was on indirect spending, specifically on food security programmes.

Nutrition Context

Multisectoral action plan	None
Number of budget lines (2022)	8
Systems	Education, Food, Health, WASH, Enabling
Stunting (2019)	34.6% ¹²⁶
Wasting (2019)	4.2% ¹²⁷
Anaemia in pregnant women	39.3% ¹²⁸
Children living in food poverty	53.2% ¹²⁹
WHA targets	<p>On course: wasting and overweight.</p> <p>Some progress: low birth weight and stunting.</p> <p>No progress: anaemia or exclusive breastfeeding.¹³⁰</p>

In Zambia, the analysis of nutrition-responsive allocations from the 2019 to 2022 budget data shows spending across multiple systems, namely Education, Health, Food, and WASH, as well as the Enabling Environment. Zambia does not have a Multisectoral Action Plan for Nutrition. It is a low-income country.

Aggregate Trends

Between 2019 and 2022, Zambia's per capita and total nutrition-responsive budget allocations as a percentage of GDP increased from \$0.64 to \$4.47, and 0.05% to 0.49%, respectively (Figure 43). This is predominantly due to consistent and significant allocations towards the Food system.

¹²⁶ UNICEF/WHO/World Bank Group (2022). Joint Child Malnutrition Estimates.

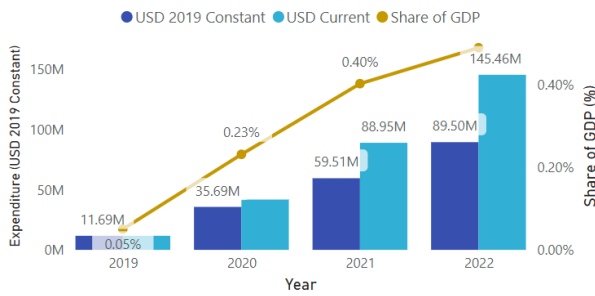
¹²⁷ UNICEF/WHO/World Bank Group (2022). Joint Child Malnutrition Estimates. Available online: JME-2023-United-Nations-regions.pdf. Accessed: 28/10/2023.

¹²⁸ World Health Organization. Prevalence of anaemia in pregnant women (aged 15-49) (%). Available [online](#). Accessed: 28/10/2023.

¹²⁹ UNICEF. Child Food Poverty: A Nutrition Crisis in Early Childhood. Available [online](#). Accessed: 28/10/2023.

¹³⁰ Zambia (2023). Global Nutrition Report. Available [online](#). Accessed online: 29/10/23.

Figure 43: USD 2019 constant and USD current annual expenditure total, and as a percentage of GDP in Zambia



By System and Programme

For most years, the system with the greatest allocations is Food, specifically in food security, which contributed 87.1% of the total in 2022 (Figure 44), all of which is indirect. This trend was consistent from 2019 to 2022. Allocations towards the Education system have decreased from \$3.7 million to \$1.6 million, with reductions towards the school meals and early childhood development programmes. Within the Health system, allocations towards the early detection and treatment of child wasting, specifically the procurement of nutrition supplements. Allocations towards the WASH system have varied over the period, with the greatest amount being in 2020. This was towards improved sanitation. The majority of Zambia’s nutrition expenditure is classified as indirect (Figure 45).

Figure 44: Annual Nutrition Expenditure by System in Zambia

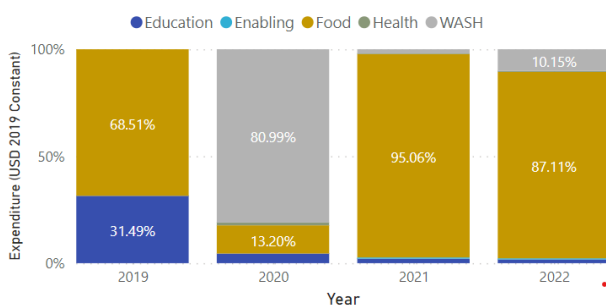
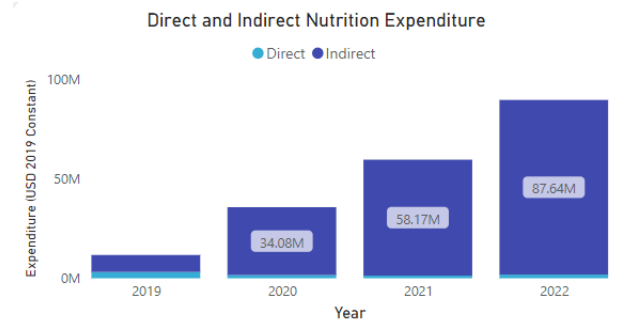


Figure 45: Direct versus indirect annual nutrition expenditure in Zambia



Nutrition Outcome Trends

Zambia’s most recent nutrition outcome data is from 2019 DHS. Between 2007 and 2019, stunting reduced from 45.8% to 34.6%, wasting reduced from 5.6% to 4.2%, and overweight reduced from 8.4% to 5.2%.¹³¹ These are above the averages of the Sub-Saharan Africa region.¹³² Zambia is on course to meet the WHA targets related to wasting and overweight, however, only some progress has been made towards stunting. Anaemia in pregnant women has decreased only slightly from 40.9% to 39.3%, no progress has been made towards this target.¹³³ Further, the percentage of children living in food poverty, and therefore consuming fewer food groups than required for a nutrient-dense diet, increased in this period from 46.2% to 53.2%

¹³¹ UNICEF/WHO/World Bank Group (2022). Joint Child Malnutrition Estimates

¹³² Sub-Saharan Africa wasting: 6%, stunting 32.8% and overweight:3.6%. UNICEF/WHO/World Bank Group (2022). Joint Child Malnutrition Estimates.

¹³³ UNICEF (2022). Prevalence of anaemia in pregnant women

Zambia's budget Lines

Ministry	Budget line item	System	Programme
Community Development and Social Services	Food Security Pack	Food	Food Security
Agriculture	National Food Reserves Management	Food	Food Security
Youth, Sport and Child Development	Child Development	Education	Early Childhood Development
Education	Primary School Meals Programme	Education	School Meals
	School Meals Programme for ECE	Education	School Meals
Health	Nutrition Supplements	Health	Early detection and treatment of child wasting
	National food and nutrition commission	Enabling	Nutrition coordination and governance
Water Development, Sanitation and Environmental Protection	Lusaka Water Supply, Sanitation and Drainage	WASH	Improved Sanitation



Zimbabwe

Key Findings

1. Per capita nutrition-responsive budget allocations decreased from \$1.07 to \$0.37 between 2019 and 2022.
2. Nutrition-responsive budget allocations as a percentage of GDP peaked in 2020 at 0.12%, before declining to 0.03% in 2022.
3. The Education system encompassed 100% of the nutrition-responsive programme spending and this was categorised as indirect and did not specify nutrition.

Nutrition Context

Multisectoral action plan	None
Number of budget lines (2022)	1
Systems	Education
Stunting (2019)	23.5% ¹³⁴
Wasting (2019)	2.9% ¹³⁵
Anaemia in pregnant women (2019)	31.7% ¹³⁶
Children living in food poverty	58.2% ¹³⁷
WHA targets	<p>On course: stunting, wasting, and overweight.</p> <p>Some progress: anaemia and exclusive breastfeeding.</p> <p>No progress: low birth weight.¹³⁸</p>

For Zimbabwe, the analysis of budget data from 2019 to 2022 indicates nutrition-responsive allocations solely towards the Education system. The existence of a parallel currency added further complexities in appropriate budgetary tracking and conversion to USD 2019. Zimbabwe does not currently have a Multisectoral Action Plan for Nutrition. It is a lower-middle income country.

Aggregate Trends

In Zimbabwe, budget data indicates that despite increased spending in local currency units, overall spending on nutrition has decreased from \$16.4 million to \$200,000 in constant USD over the period (Figure 46). The expenditure as a share of GDP peaked in 2020 at a high of 0.12% and steadily declined to 0.03% in 2022.

¹³⁴ UNICEF/WHO/World Bank Group (2022). Joint Child Malnutrition Estimates. Available online: https://data.unicef.org/wp-content/uploads/2019/04/JME_Country_Estimates_May_2023.xlsx. Accessed: 28/10/2023.

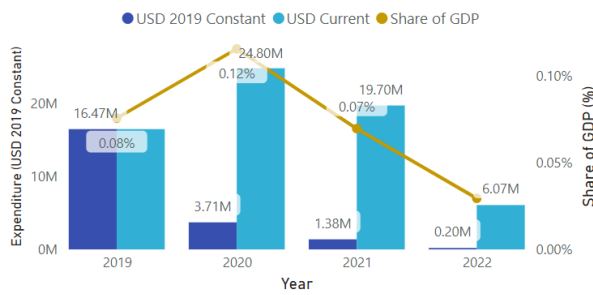
¹³⁵ Ibid.

¹³⁶ UNICEF (2022). Prevalence of anaemia in pregnant women (aged 15-49). Available online: <https://data.unicef.org/topic/nutrition/womens-nutrition/>. Accessed: 28/10/2023.

¹³⁷ UNICEF. (2022). Child Food Poverty (6-23 months): A Nutrition Crisis in Early Childhood. Available online: https://data.unicef.org/wp-content/uploads/2022/10/UNICEF_Expanded_Global_Databases_child_food_poverty_2022.xlsx. Accessed: 28/10/2023.

¹³⁸ Zimbabwe (2023). Global Nutrition Report. Available online: <https://globalnutritionreport.org/resources/nutrition-profiles/africa/eastern-africa/zimbabwe/>. Accessed: 29/10/23.

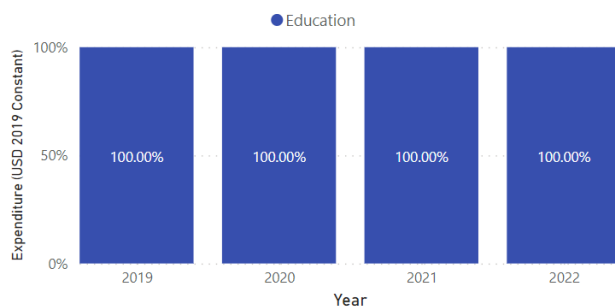
Figure 46: USD 2019 constant and USD current annual expenditure total, and as a percentage of GDP in Zimbabwe



By System and Programme

Zimbabwe's nutrition expenditure over the period was solely allocated to the education system (Figure 47). The programme identified was classified as “other”, which falls into the indirect category (Figure 48). This budget allocation includes funding towards the school meals programme, however, due to the aggregated nature it is not possible to determine the proportion going to the programme. There are no allocations to health, food, WASH, or social protection systems, or towards the enabling environment.

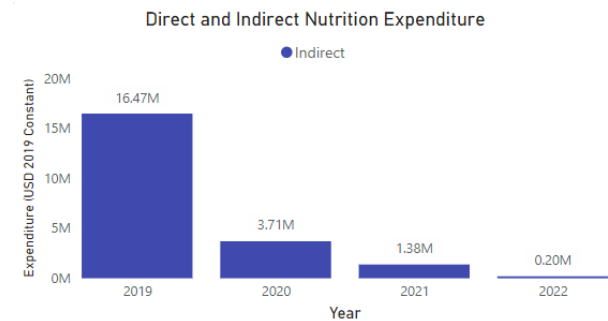
Figure 47: Annual Nutrition Expenditure by System in Zimbabwe



Zimbabwe's budget Lines

Ministry	Budget line item	System	Programme
Education	Learner support services: Learner welfare services	Education	Other

Figure 48: Direct versus indirect annual nutrition expenditure in Zimbabwe



Nutrition outcome Trends

Zimbabwe's most recent nutrition outcome data is from the 2019 MICS. Between 2010 and 2019m Zimbabwe had a reduction in stunting from 32.2% to 23.5%, in wasting from 3.2% to 2.9%, and in overweight from 5.8 to 2.5%.¹³⁹ These are below the averages of the Sub-Saharan Africa region.¹⁴⁰ Zimbabwe is on course to meet the WHA targets related to these outcomes. However, the country has only made some progress towards anaemia in pregnant women, with it decreasing from 33.9% to 31.7%.¹⁴¹ Further, the percentage of children living in food poverty, and therefore consuming fewer food groups than required for a nutrient-dense diet, increased in this period from 49.2% to 58.2%.

¹³⁹ UNICEF/WHO/World Bank Group (2022). Joint Child Malnutrition Estimates

¹⁴⁰ Sub-Saharan Africa wasting: 6%, stunting 32.8% and overweight:3.6%. UNICEF/WHO/World Bank Group (2022). Joint Child Malnutrition Estimates. Available online:

<https://data.unicef.org/wp-content/uploads/2019/04/Joint-Malnutrition-Estimates-Regional-and-Global-Estimates-May-2023.xlsx>. Accessed: 04/11/2023

¹⁴¹ UNICEF (2022). Prevalence of anaemia in pregnant women

6 | Recommendations and limitations

6.1 Recommendations

Visibility

The visibility of nutrition programmes' in each of the five subsystems within government budgets facilitates the routine tracking of nutrition expenditures, increasing the traceability of financing between programmes and systems, and the monitoring of trends over time.

- Member States with limited visibility of nutrition within their budgets should work towards increasing this across the five systems and enabling environment, and between the nutrition-responsive programmes within each of them ([Annex 1](#)). This is a critical component of facilitating the strengthening of public finance for nutrition within the SADC Region.

Level of spending

In order to continue supporting human and economic development in the Region, Member States should use this report as a basis for benchmarking future expenditure in nutrition.

- It is advised that the findings of this analysis, such as the indicators of nutrition expenditure per capita, as a percentage of GDP, and expenditures per subsystem, are used as a means of benchmarking future expenditure in order to sustain and increase allocations towards nutrition in the Region.

6.2 Limitations

- Budget allocations have been used as a proxy for expenditure, however, due to differing execution rates, this may have overestimated nutrition expenditure.
- Classification of nutrition-related expenditure is done on the basis of budget line item descriptions, therefore, if a line item did not explicitly mention it was one of the programmes or "nutrition", it was excluded. This may have resulted in over- or under-estimating nutrition-related expenditure.
- This analysis was based on publicly available budget data, not all countries had budget books available online for the entire period ([Annex 3](#)).

Annexures

Annex 1

Table 2: Selected programmes for identifying nutrition-responsive budget allocations by system

System	Programme (Direct / indirect)	Explanation
Health	Early detection and treatment of child wasting (Direct)	Management of Moderate Acute Malnutrition involves nutritional prevention and rehabilitation through supplementary feeding programmes, while treatment of Severe Acute Malnutrition typically requires specialised therapeutic care both inpatient and outpatient, and medical intervention. This classification also includes community-based management of acute malnutrition through outpatient facilities and by community health workers.
	Early childhood nutrition (Direct)	Includes: (1) Infant and young child feeding relates to supporting the nutritional needs of infants and young children between birth and 2 years old in order to prevent acute and chronic malnutrition. This classification includes programmes that protect and promote breastfeeding and complementary feeding including programmes that specify the 'first 1000 days' or the prevention of stunting. (2) Micronutrient supplementation: The provision of micronutrient supplements through the health system, for example, vitamin A to those under five years old, MNPs, deworming, etc
	Women's and adolescent's nutrition (Direct)	Provision of iron and folic acid or multiple micronutrient supplements to pregnant women, and adolescents. This does not include fortification of staples with micronutrients, which falls under the food system.
	Health promotion (Indirect)	Health promotion includes programmes that referring to social and behaviour change communication, and nutrition education and awareness.
	Other (Indirect)	All other programmes delivered through the health system that either directly or indirectly impact maternal and child nutrition outcomes and do not fall into the above categories, or are not disaggregated enough to fall within the above categories. However, the line items must specifically mention nutrition.

WASH	Hygiene promotion (Indirect)	This refers to programmes that specify hygiene promotion, assumed to refer to education relating to safe hygiene awareness and practices, including behavioural change components.
	Improved sanitation (Indirect)	This includes any line items that refer to improved provision or access to safe sanitation services in households, communities, schools and health facilities. This includes all line items specifying sanitation and sewerage. If a line item refers to water supply and sanitation, it is classified as improved sanitation as it is not specifying "drinking water".
	Drinking water supply (indirect)	Programmes that specify improved provision or access to drinking water in households, communities, schools and health facilities.
Education	Promotion of healthy adolescents in schools (Indirect)	Relating to nutrition or education programmes about awareness of healthy eating habits and physical activity.
	School meals (Direct)	All line items referring to the provision of meals in schools. Including local food production for school meals.
	Early childhood development (Indirect)	Early childhood development includes all programmes referring to daycare centres or early childhood development, excluding early childhood education as this does not include a nutrition component.
	Deworming and micronutrient supplements (Direct)	Deworming and micronutrient supplements delivered through schools or ECD centres.
	Other (Indirect)	All other programmes delivered through the education system that either directly or indirectly impact maternal and child nutrition outcomes and do not fall into the above categories, or are not disaggregated enough to fall within the above categories. However, the line items must specifically mention nutrition.
Food	Food security (Indirect)	Food security refers to any programme(s) that increase access to sufficient quantities of nutritious foods at a household level.
	Food fortification (Direct)	This refers to the fortification salt (iodine), wheat and maize flour (vitamin A, iron zinc, folic acid, B12), edible oil (vitamin A), and sugar (vitamin A).
	Food production, preservation, and livelihoods (Indirect)	Activities to increase food reserves and preservation of that food, including research and development specifically related to food security. Including livelihood activities targeting women and agriculture extension services. This includes expenditure related to supporting the livelihood activities of women in the agricultural/food system and the provision of agricultural knowledge, information, and support to farmers, and rural communities, to increase production of nutrient-dense foods.

	Food environment (Indirect)	Public sector policies that help to support women's and children's nutrition outcomes (e.g. regulations for marketing of unhealthy foods, sugar taxes, subsidies, tariffs, front-of-pack labels, implementation of Code, promotion of healthy school environments).
	Production and processing of nutrient-dense foods (Direct)	This refers to programmes that support the production and processing of nutrient-dense foods (especially protein-rich sources) such as protein bars and egg powders to support complementary feeding of children 6-23 months and pregnant women.
	Other (Indirect)	All other programmes delivered through the food system that either directly or indirectly impact maternal and child nutrition outcomes and do not fall into the above categories, or are not disaggregated enough to fall within the above categories. However, the line items must specifically mention nutrition.
Social protection	Social assistance (Indirect)	Social assistance programmes (social transfers in the form of cash, in-kind food) targeting pregnant women and children < 2 years and/or < 5, including foster parent or orphan grants.
	Other (Indirect)	All other programmes delivered through the social protection system that either directly or indirectly impact maternal and child nutrition outcomes and do not fall into the above categories, or are not disaggregated enough to fall within the above categories. However, the line items must specifically mention nutrition.
Enabling	Core human resources (Indirect)	Cross-cutting category including expenditure related to human resources directly involved in delivering nutrition interventions. For example, nutritionists.
	Nutrition coordination and governance (Indirect)	Cross-cutting category including expenditure related to the coordination and governance of nutrition policies and programmes. For example, the Food Security and Nutrition Commission or Council

Annex 2

Table 3: Keywords used in the analysis by system

System	Keywords
Health	maternal, neonatal, child health, adolescent health, overweight, obesity, non-communicable diseases, hygiene, micronutrients, feeding practices, malnutrition, family planning, reproductive health, HIV, TB, sanitation, child immunization, education, food safety, baby-friendly, breastfeeding, lactation, growth, complementary
Food	ready-to-use therapeutic food, fortification, fortified, capacity building, women, staples, grain, root, cereal, legume, pulse, nuts, fruit, vegetable, animal source, livestock, fishery source, fishery, extension service, cooperative, smallholder, food aid, relief, family farming, food, food security, hunger, agriculture, production, rural development, biofortification, food safety, food quality, trade, food fortification, market, nutrition, food label, breastmilk substitute, sugar-sweetened beverage, food-based dietary guideline
Education	female education, rural education, female secondary education, school meals, school feeding early child education, early child development, hand washing, adult literacy, education equity

Social protection	women, children, safety net program, cash transfer, orphan and vulnerable children, orphan, vulnerable children, OVC, pension, insurance, welfare service, emergency, humanitarian, relief, maternity leave, pro-poor
WaSH	drinking water, environment, sanitation, sewage, rural, hygiene, latrine, community-led total sanitation

Annex 3

Table 4: Publicly available budget data used in the analysis¹⁴²

Country	Year			
	2019	2020	2021	2022
Angola	✓	✓	✓	✓
Botswana	✓	✓	✓	✓
Democratic Republic of the Congo		✓	✓	✓
Eswatini	✓	✓	✓	✓
Madagascar	✓	✓	✓	✓
Malawi ¹⁴³	✓	✓	✓	✓
Mauritius	✓	✓	✓	✓
Mozambique	✓	✓		
Namibia	✓	✓	✓	✓
Seychelles	✓	✓	✓	✓
South Africa	✓	✓	✓	✓
United Republic of Tanzania	✓	✓	✓	✓
Zambia	✓	✓	✓	✓
Zimbabwe	✓	✓	✓	✓

¹⁴² Comoros was not included due to a lack of publicly available budgetary data. Lesotho was not included due to input-based budgeting that prevented identification of nutrition-responsive programmes.

¹⁴³ Data provided by UNICEF Malawi from most recent Budget Brief, budget books not sourced online.

Annex 4

Table 5: Summary of total per capita (PC) allocations in USD constant 2019 and as a percentage of GDP (%GDP) per country

Country	Year							
	2019		2020		2021		2022	
	PC	%GDP	PC	%GDP	PC	%GDP	PC	%GDP
High income								
Seychelles	33.56	0.20	32.48	0.28	36.32	0.30	44.99	0.31
Upper-middle income								
Botswana	0.55	0.008	0.42	0.007	0.76	0.01	0.96	0.01
Mauritius	12.97	0.02	11.97	0.02	12.17	0.02	43.71	6.50
Namibia	27.32	0.18	24.74	0.20	25.77	0.18	0.05	0.001
South Africa	106.57	1.59	102.42	1.88	94.19	1.49	84.43	1.46
Lower-middle income								
Angola	1.12	0.02	0.91	0.02	1.42	0.04	2.94	0.07
Eswatini	4.27	0.02	1.97	0.01	4.11	0.01	3.90	0.01
Tanzania	0.04	0.004	0.04	0.004	0.04	0.004	0.07	0.007
Zimbabwe	1.07	0.08	0.24	0.12	0.09	0.07	2.28	0.03
Zambia	0.64	0.05	1.89	0.23	3.06	0.40	4.47	0.49
Low income								
DRC	No data		0.23	0.04	0.14	0.01	0.01	0.002
Madagascar	0.85	0.04	1.23	0.07	1.49	0.07	2.73	0.07
Malawi	3.08	0.06	13.61	0.18	2.31	0.04	4.22	0.07
Mozambique	0.51	0.01	0.01	0.003	No data			

Annex 5

Table 6: Summary of 2022 USD constant 2019 Real and USD Nominal Nutritional data, and percentage of inflationary impact on spending per country¹⁴⁴

Country	2022 Real Nutrition Spending (USD Constant 2019)	2022 Nominal Nutrition Spending (USD Current)	Inflationary Impact
Angola	104,657,285	227,420,076	117%
Botswana	2,533,989	2,948,394	16%
Democratic Republic of the Congo	788,652	1,207,502	53%
Eswatini	4,685,500	4,790,593	2%
Madagascar	80,926,078	96,565,675	19%
Malawi ¹⁴⁵	86,184,635	109,666,245	27%
Mauritius	55,186,538	61,017,287	11%
Namibia	137,034	146,736	7%
Seychelles	4,501,859	4,916,136	9%
South Africa	5,057,103,874	5,927,661,622	17%
United Republic of Tanzania	4,640,047	5,348,489	15%
Zambia	89,495,787	145,455,007	63%
Zimbabwe	199,718	6,070,483	2,940%

¹⁴⁴ Mozambique has been excluded due to lack of publicly available 2022 data.¹⁴⁵ Data provided by UNICEF Malawi from most recent Budget Brief, budget books not sourced online.