

BUDGET REVIEW

- **Background:** Malnutrition is problematic in the 9 Afikepo districts reviewed (see table 5). The review analysed budget allocation in key sectors where nutrition is mainstreamed and Ministries, Departments and Agencies (MDAs) have clear nutrition mandates from MGDS III and MNNSP. District focus is mainly on budgetary allocations in the 3 key sectors of education, health and agriculture for the last 2-3 years. National budgetary allocation towards nutrition was explored for the last 4 years (2016/17, 2017/18, 2018/19, 2019/20).
- **Limitations:** Unavailability of detailed work plans and other budget data for sectors, making it difficult to track resource allocation to specific activities (including nutrition). Also unavailability of key personnel from sectors and time limitations.

General national budget (see tables 1 & 2):

- **National budget:** The 2019/2020 national budget is estimated at MK 1.7 trillion and represents a nominal increase of 20% from 2018/19 and is 27.6% of GDP, slightly above the recommended threshold of 25%. Education has for the third consecutive year the largest share of the budget (11%), followed by agriculture and then health.
- **Low nutrition allocation:** National budget over the past 4 years shows some increases proportionally in allocations to nutrition. However, overall nutrition allocation remains persistently low (0.6 %, 0.5%, 0.9% , 0.5% of total national budget between FY2016/17 to FY2019/20 respectively). Significantly lower than the prevailing global average of General Government Expenditure on nutrition (1.7%).
- **Nutrition financing gap:** FY2019/20 aggregate nutrition budget, measured at around MK 9 bn, is substantially lower (only 26%) than the recommended MK 35.3 bn for FY2019/20 as per MGDS III costing. The MGDS III projected 3% share of national Budget for nutrition in FY2019/20. This implies a serious nutrition financing gap (74%). A financing gap is reflected in other strategies related to nutrition, including NMNSP, HSSP II and NAIP. There is also a recurrent concern of overdependence on tax revenues and external funding for the budget.
- **Overdependence on external funders:** Much development support in Malawi comes from NGOs and IGOs. USAID, Irish Aid, WB, EU and other UN Agencies are the key financiers in nutrition. Key support areas include: maternal nutrition, infant and child nutrition; Food security and agriculture and food safety; and Malnutrition treatment.
- **PBB:** Since FY2017/18, all District Councils have started rolling out programme based budgeting (PBB). However, there is no connection between financial allocation and nutritional outcome targets. Hence nutrition targets are not directly visible.
- **Misalignment of nutrition outcomes and difficulties in tracking:** Nutrition outcomes in the MGDS III, MNNSP and 2019/20 PBB are not well aligned. PBB 19/20 has 14 Output level indicators that correspond to only 3 of the MGDS III 9 Outcome level indicators. These missing indicators mean that MDAs have very limited yardsticks for tracking and verifying nutrition performance. The annual budgets mostly contain broader allocations to nutrition rather than specific interventions as outlined in MGDS III or NMNP. Some budget performance targets are too low to achieve meaningful nutrition outcomes.

Sectoral specific national budget (see table 2):

- **Nutrition funding gaps compared to projected MGDS III budget in all major ministries (agriculture, education, health, gender, industry, information).** This has been the case for the last 4 years.
- **Reduction in Ministry of agriculture nutrition budget and lack of targets:** Reduction in MoAIWD budget targeting nutrition between 2018/19 and 2019/20 (from MK 8 billion to MK 7.5 Billion). Although there is an allocation to nutrition, the budget is not very clear on which of its targets are accomplishing nutrition interventions.
- **Insufficient health budget:** Health Sector (including DNHA) has the highest number of nutrition interventions in MGDS III, with a FY2019/20 projected budget of over MK 10 billion. However, the allocated PBB budget is much lower (at only 10%). Although the allocated budget increased between FY2017/18 and FY2018/19 (MK 2.5 billion to 2.8 billion), it reduced significantly between FY2018/19 and FY2019/20 from MK 2.8 billion to MK 1.1 billion.
- **No allocations to school feeding in FY2019/20:** MoEST nutrition interventions are mostly aimed at school going children in primary schools. It is estimated at MK 1 billion in the 2019/20 MGDS III costing framework. However, there has not been any allocation in FY2019/20, despite a significant allocation in FY2018/19.
- **Lack of funding in gender:** The ministry of Gender was supposed to contribute to a nutrition outcome on reduced prevalence of Stunting, Wasting and Underweight, with projected costings of MK 2.3 billion in FY2019/20. However, they only allocated MK 26 million (1%) in FY2019/20 (a doubling from FY2018/19).
- **Improvement in Ministry of industry nutrition allocation but funding gap:** The MoITT allocated over MK 287 million (18% of required provision) to nutrition interventions in FY2019/20 implying a large financing gap. Although this is an improvement from the two previous years where no funding was allocated.
- **No nutrition allocations in Ministry of Communication or Department of Disaster:** The MoICECT is clearly mandated in the MGDS III with promoting awareness among Malawians of various nutrition issues. But no funding has been allocated to these activities in FY2019/20. The DoDMA has not allocated any funds towards nutrition in FY2019/20 despite MGDS III projection of MK 1 billion. A trend analysis from 2017/18 to 2019/20 indicates that the department has no clear targets for nutrition.
- **Prison services has nutrition allocations despite no mandate:** Despite having no clear mandate on nutrition in the MGDS III, the Malawian Prison Service has maintained allocation to a nutrition intervention over the past 4 years.

District Level budget (see tables 3 & 4):

- **Summary:** On paper, sectors are prioritising nutrition in their budgets in most districts. The challenge however is that the resources are not always disbursed as per their plans and are proportionally inadequate to cater for larger populations and to effectively address nutrition issues. Importantly there are no dedicated nutrition budget lines for district councils, thereby making it difficult for the district nutrition officers to formulate and coordinate nutrition programs or to trace resource distribution. There are coordination structures at all levels such as District Nutrition Coordination Committees (DNCCs), Area and Village Nutrition Coordination Committees, Area Community Led Action in Nutrition, and Care groups. These

structures are key in nutrition response, but are not always active. The lack of a nutrition budget results in heavy dependence on donor support for programs.

- **Lack of data and disaggregation challenging:** Unavailability of detailed and costed work plans and other budget data was the main challenge for comprehensive analysis, making it difficult to trace resource distribution among various programs including nutrition. E.g. Chiradzulu, Mulanje and Nkhotakota district councils do not have detailed annual work plans. Dedza and Salima lack detail on current and previous budgets. Lack of disaggregation makes it difficult to undertake equity analysis of budgets. It is not clear where exactly nutrition resources will be spent as the budgets do not distinguish between beneficiaries by age, gender, location.
- **Council budget allocations:** In general, government continues to conform to (and exceed) the 5% transfer of national revenue (excluding grants) to district councils as proposed in the decentralization policy (1998). The allocation has slightly decreased from 18% (2018/19) to 16% (2019/20). Although commendable, this is inadequate to cater for growing number of devolved functions at council level, including nutrition. The district budgets (as well as the overall councils' budget) show that Education, Health and Agriculture are dominating the total council budgets.
- **ORT budgets increased but PE dominates:** Other Recurrent Transaction/Operations budget (ORT) for total council budget has increased by 10% (from MK 29.7 bn to MK 32.9 bn) which translates to an average increase of MK 100 mn per district or city council, or about MK 6.5 mn increase to each sector budget at council level (thus 15 sectors). Personal Emoluments (PE) dominates overall sector budget in all districts.
- **Funding allocation formulae:** Following devolution of sectors to councils, some sectors have defined formulae to determine resource allocations (i.e. for nutrition), e.g. education (2% to School Health and Nutrition/school feeding (SHN)). This provides a yardstick against which to measure adequacy of funds going to nutrition. The challenge however has been conformity to such formulas largely on account of inadequate and erratic funding. Furthermore, even where district education budgets consistently conform to the proposed share for nutrition, in real terms the resources are generally inadequate. Resulting in e.g. schools only feeding learners during growing season, or relying on support from communities (Chiradzulu; Mulanje).
- **Some increases in nutrition allocations but these are minimal and insufficient:** Where there has been a slight increase in the allocation towards nutrition in the sector budgets, this is often minimal (e.g. 0.1% increase from FY2018/19 in the education sector budget and 0.2% in the agriculture sector budget in Dedza).
- **Minor sectors no or little allocation to nutrition:** Minor sectors such as youth, community development and social welfare are all mandated to implement nutrition programs but have either minimal or non-existent allocations (e.g. Balaka district).
- **Over-reliance on external partners and funding:** There's heavy dependence on other development partners to implement nutrition related interventions in all analysed sectors in the districts (e.g. Chiradzulu, Salima, Mulanje, Nkhotakota). This questions the ability of the councils to prioritise nutrition in the event that development partners pull out. E.g. in Mzimba/M'mbelwa the health sector plans to allocate MK45 million towards nutrition interventions in their 2019/20 District Implementation Plan. MK18 million was funded by ORT with about MK 27 million (67%) to be financed by (unsecured) partners.

Table 1: % of national budget for direct nutrition-related costings (% of total national budget)

National budget	Direct costings (% of total budget)			
	FY2016/17	FY2017/18	FY2018/19	FY2019/20
Nutrition allocation	0.6%	0.5%	0.9%	0.5%

Source: Ppt on Budget Analysis Presentation, 2020

Table 2: National sectoral aggregate budgetary provisions (in MK billions) related to MGDS III nutrition interventions costings

National budget	Sectoral costings (in MK and as % of total projected required MGDS III nutrition intervention costs for that FY)		
	FY2017/18	FY2018/19	FY2019/20
Ministry of Agriculture, Irrigation and Water Development (MoAIWD)	MK 2.40 bn (36%)	MK 7.89 bn (35%)	MK 7.44 bn (34%)
Ministry of Health and Population (MoHP)	MK 2.50 bn (24%)	MK 2.76 bn (26%)	MK 1.09 bn (10.5%)
Ministry of Education, Science and Technology (MoEST)*	MK 0 (0%)	MK 1.45 bn (132%)	MK 0 (0%)
Ministry of Gender, Children, Disability and Social Welfare (MoGCDSW)	MK 0 (0%)	MK 0.013 bn (0.6%)	MK 0.026 bn (1%)
Ministry of Industry, Trade and Tourism (MoITT)	MK 0 (?%)	MK 0 (0%)	MK 0.29 bn (18%)
Ministry of Information, Civic Education and Communication Technology (MoICECT)	MK 0.047 bn (?%)	MK 0.040 bn (4%)	MK 0 (0%)
Malawian Prison Service**	MK 0.24 bn (% n/a)	MK 0.27 bn (% n/a)	MK 0.20 bn (% n/a)

* The source data table for MoEST is not clear and so it is hard to interpret/use the data here. The written information in the ppt describes MoEST as not making any allocations to nutrition interventions in FY2019/20.

** Does not have mandate for nutrition interventions in the MGDS III but has made efforts to include budget for nutrition interventions

Table 3: Allocations to nutrition priority sectors (agriculture, education, health) in national and district councils' budgets. (- indicates no information given)

District	Overall Budget			Agriculture			Education			Health		
	FY 2017/18	FY 2018/19	FY 2019/20	FY 2017/18	FY 2018/19	FY 2019/20	FY 2017/18	FY 2018/19	FY 2019/20	FY 2017/18	FY 2018/19	FY 2019/20
National Land: 94,552 km² Pop: 17.6 million	MK 1.3 tn Recurrent Exp: MK 966 bn Dev Exp: MK 352 bn	c. MK 1.42 tn Recurrent Exp: MK 1.1 trillion Dev Exp: MK 392 bn	MK 1.7 tn (nominal increase of 20% from FY 2018/19) Recurrent Exp: MK 1.2 trillion (up 14.9% from FY 2018/19) Dev Exp: MK 438 bn	15%	10%	10%	18%	18%	11%	10%	6%	6%
Central Government Fiscal Transfers to councils	MK 180 bn	MK 220 bn Dev budget (part II): MK 16.3 bn	MK 256 bn (16% increase from FY 2018/19) Dev budget (part II): MK 8.5 bn	-	-	5% (of total operations budget - same as last year)	-	-	30% (of total operations budget - down 2% on FY 2018/19)	-	-	27% (of total operations budget - down 2% on FY 2018/19)
Balaka (Southern)	-	MK 5 bn	MK 7 bn	-	MK 52.8 mn	MK 55.4 mn	-	MK 264.1 mn	MK 277.3 mn	-	MK 235.1 mn	MK 130.0 mn

<p>Land: 2,142 km2</p> <p>Pop: 438,379</p>		<p>ORT: MK 789 mn</p> <p>Dev budget (part II): MK 168 mn</p>	<p>ORT: MK 892 mn</p> <p>Dev budget (part II): MK 168 mn</p>		<p>MK 11 mn towards nutrition sensitive agriculture interventions through Sustainable Agriculture Production Programme (SAPP)</p>	<p>Nutrition interventions: MK 6 mn (8.9 % increase from FY2018/19)</p> <p>MK 12 mn (of MK 140 mn) towards nutrition sensitive agriculture interventions through SAPP</p>		<p>SHN: MK 6.19 mn</p>	<p>SHN: MK 5.79 mn</p>			<p>Nutrition interventions: MK 34.5 mn</p>
<p>Chiradzulu (Southern)</p> <p>Land: 761 km2</p> <p>Pop: 356,875</p>	<p>MK 4.6 bn</p> <p>ORT: MK 678 mn</p> <p>Dev budget</p>	<p>MK 6.1 bn</p> <p>ORT: MK 731 mn</p> <p>Dev budget (part II):</p>	<p>MK 7.2 bn (15% increase from FY 2018/19)</p> <p>ORT: MK 806 mn</p>	<p>MK 41.0 mn</p> <p>Nutrition office: MK 920,000 (19%</p>	<p>MK 43.1 mn</p> <p>Nutrition office: MK 990,000 (19%</p>	<p>MK 45.2 mn</p> <p>Nutrition office: MK 1 mn (19% share of</p>	<p>MK 168 mn</p> <p>SHN: MK 4.2 mn</p>	<p>MK 176 mn</p> <p>SHN: MK 4.3 mn</p>	<p>MK 185 mn (5% increase from FY2018/19)</p>	<p>-</p>	<p>MK 235 mn</p>	<p>MK 248 mn (5.1% increase from FY2018/19)</p>

	(part II): MK 200 mn	MK 148 mn	Dev budget (part II): MK 148 mn	share of extension sub- program budget)	share of extension sub- program budget)	extension sub- program budget)			SHN: MK 6.4 mn			No budget allocatio n for nutrition programs
Chitipa (northern) Land: 4,334 km2 Pop: 234,927	MK 3.5 bn ORT: MK 679 mn Dev budget (part II): MK 196 mn	MK 4.2 bn ORT: MK 732 mn Dev budget (part II): MK 145 mn	MK 4.9 bn (14.2% increase from FY 2018/19) ORT: MK 811 mn (9% increase from FY 2018/19) Dev budget (part II): MK 145 mn	MK 46.8 mn	MK 49.1 mn	MK 51.5 mn No detailed budget to specific interventi ons (incl. nutrition) provided	MK 228.8 mn	MK 240.2 mn	MK 252.3 mn No detailed budget to specific interventi ons (incl. nutrition) provided	MK 177.4 mn	MK 186.3 mn	MK 195.6 mn No detailed budget to specific interventi ons (incl. nutrition) provided
Dedza (central) Land: 3,754 Km2 Pop: 830,512	-	-	MK 10.48 bn ORT: MK 1.38 bn Dev budget	-	-	MK 59 mn Nutrition budget: MK 3.4 million (5.8% of	-	-	MK 438 mn SHN: MK 9 mn (c. 2.1%)	-	-	-

			(part II): MK 254 mn			total agricultur e budget, up by 0.2% from FY 2018/19)			Crosscut ting issues (incl. nutrition) : MK 617,000			
Mulanje (southern) Land: 2,005 km2 Pop: 684,107	MK 7 bn ORT: MK 1.1 bn Dev budget (part II): MK 313 mn	MK 8.2 bn ORT: MK 1.1 bn Dev budget (part II): MK 244 mn	MK 12.3 bn (33% increase from FY 2018/19) ORT: MK 1.3 bn (15% increase) Dev budget (part II): MK 244 mn	-	MK 48.9 mn Food and nutrition departm ent: MK 1.07 mn	MK 51.3 mn (5% increase from FY2018/1 9) Food and nutrition departm ent: MK 450,000 2018/19	MK 389 mn** **Higher due to inclusion of leave grants for teachers	MK 339.5 mn	MK 356.5 mn SHN: MK 8.5 mn (of this, Home grown school Meals Program me got MK4.5 mn (52.9%))	MK 334.2 mn Nutrition: MK 105,000 (0.03% share of health budget)	MK 332.3 mn Nutrition: MK 95,000 (0.03% share of health budget)	MK 348. 9 mn (5% annual increase) Nutrition: MK 53,000 (0.02% share of health budget)
Mzimba/ M'mbelwa (northern) Land: 10,473 km2	-	MK 16.3 bn ORT: MK 1.88 bn Dev budget (part II):	MK 19.5 bn (19% increase from FY 2018/19) ORT: MK 2.06 bn	MK 45.9 mn Nutrition services (FNO): MK 656,000	MK 48.2 mn Nutrition services (FNO): MK 556,000	MK 50.6 mn (4% increase from FY2018/1 9) Nutrition services	-	-	MK 460 mn SHN: MK 8 mn (1.74% share of sector budget)	-	MK 296 mn	MK 310 mn (5% increase from FY2018/1 9)

Pop: 940,184		MK 286 mn	Dev budget (part II): MK 286 mn			(FNO): MK 681,000						Nutrition: MK 18 mn
Nkhotakot a(central) Land: 4,338 km2 Pop: 393,077	MK 5.4 bn ORT: MK 892 mn Dev budget (part II: MK 145 mn	MK 6.3 bn ORT: MK 846 mn Dev budget (part II): MK 94 mn	MK 6.5 bn (5% increase from FY 2018/19) ORT: MK 989 mn Dev budget (part II): MK 145 mn	MK 55 mn	MK 57 mn	MK 58 mn (4% increase from FY 2018/19) Nutrition office (FNO): MK 1.3 mn	MK 252 mn	MK 265 mn SHN: MK 6.4 Million	MK 278 mn (7.6% increase from FY 2018/19) SHN: MK 10.2 mn (3.6% share of sector budget)	-	MK 288 mn	MK 303 mn (5% increase from FY 2018/19) Nutrition sub- sector: MK 31.1 mn
Salima (central) Land: 2,151, km2 Pop: 478,346	-	-	MK 7 bn (20% increase from FY 2018/19) ORT: MK 948 mn (13% increase from FY 2018/19)	-	-	MK 67 mn (5% increase from FY2018/1 9)	-	-	MK 249 mn (5% increase from FY2018/1 9) SHN: MK 4.9 mn (1.98% share of sector budget)	-	-	-

			Dev budget (part II): MK 167 mn									
Nkhata Bay* (northern) Land: 4,182 km2 Pop: 284,681	-	MK 5.3 bn ORT: MK 856 mn Dev budget: MK 225 mn	-	-	MK 47.8 mn	-	-	MK 295 mn	-	-	MK 292 mn Nutrition: MK 831,000 (20% share of extension sub budget)	-

Source: Save the Children budget reviews 2019/2020. (Land and population data from [here](#))

* Nkhata Bay information is only for FY2018/19.

Table 4: Information on possible factors, barriers and enablers for differences in district budget allocations

Area/District	Barriers/ enablers to change	Possible factors for differences
National	<ul style="list-style-type: none"> • Over-dependency on donor aid: Estimated 70% of the development budget will be financed through foreign aid. • Over-dependence on tax revenues: MK1.3 trillion (96%) of domestic finances from tax revenue, whereas MK56 billion (4%) is from non-tax revenue. The government has put in place new tax policy measures on how it will collect tax in FY2019/20 and has included some measures of benefit to nutrition (especially aimed at fishing industry; imported food surcharges; recruitment of people with disabilities). 	
Balaka	<ul style="list-style-type: none"> • Funding formula: The education sector is required to allocate its resources according to a set formula. Balaka district council has 	<ul style="list-style-type: none"> • Background: Traditional Authorities: 179 gazetted Group Village Headmen (GVHs) covering all villages.

	<p>followed the allocation formula to a degree, by allocating the recommended % to SHN. However, this allocation is not able to cater for school feeding in all schools, with 70 of the 166 schools not supported. Furthermore, there was not complete conformity to budget guidelines with some programs allocated more funds than recommended.</p> <ul style="list-style-type: none"> • Decrease in health funds: Concerning to note the decrease in the health sector’s current allocation since FY2018/19, as this allocation was also inadequate. The health sector saw their operational budget reduced by 50% in FY 2019/20. • Reliance on external funding: All health nutrition programs were funded by development partners. Only 8 health facilities out of 17 provide Nutrition care support and treatment (NCST) putting pressure on these facilities. • Underperformance of agriculture nutrition funding: The Agriculture sector under-performed in terms of allocations towards nutrition, only allocating around 1.5% of total operational budget towards the FNO (the focal point in implementing nutrition programs in the agriculture sector). Also nutrition funding through Sustainable Agriculture Production Programme (SAPP). 	<ul style="list-style-type: none"> • Factors contributing to high rate of malnutrition include: persistent dry spells, poor maternal health and nutrition at conception and pregnancy and lactation, inappropriate infant and young child feeding practices. There is also a downward trend in agricultural production and productivity due to dry spells, floods, pests and diseases. • Coordination: Balaka district council in collaboration with its partners has established nutrition coordination structures at all levels. • Lack of capacity: The low number of Agricultural Extension Development Officers (AEDOs) (44) in Balaka puts the ratio of AEDO to farmer at 1:3000 against a recommended ratio of 1:750. The shortage of AEDOs is heavily affecting delivery of nutrition sensitive interventions since only a few farmers are reached.
Chiradzulu	<ul style="list-style-type: none"> • Decline in agriculture budget: The agriculture sector budget as a share of the ORT council budget has for the past 3 years been declining i.e. from 5% in 2017/18 to 4.5% in 2019/20 implying that the sector is slowly losing its prominence. The Food & Nutrition Officer’s (FNO) budget has also remained stagnant at 19% for the last 3 years regardless of new initiatives, population growth and rising nutritional needs. • Increase in education budget: The education sector budget has consistently increased in the last 3 years but is yet to hit the 2016/17 high of MK 212 million. 	<ul style="list-style-type: none"> • Agriculture challenges: Impacts of climate change and variability; poor management of land, water and soils; pests; low adoption of agricultural technologies; low access to finance and farm inputs; low mechanization; weak linkages to markets; and limited irrigation systems. • Nutrition coordination: Nutrition interventions at both district and community level are coordinated by District Nutrition Coordinating committee (DNCC) which meets every quarter. Every NGO interested to implement nutrition interventions is required to brief DNCC before District Executive Committee authorization. DNCC facilitated the

- **Increase in SHN budget related to school enrolment:** The percentage share of SHN budget for FY2019/ 2020 is the highest from the last 4 years at 3.5%. The increase can be attributed to the sudden 2.7% increase in enrolment compared to the other years where it was stable. The analysis shows that there is a direct relationship between funding to SHN and enrolment; i.e. an increase in funding towards the SHN program increases school enrolment and vice versa. School meals also plays a role to reduce gender disparities between boys and girls.
- **Home grown feeding program support:** A total of 17 primary schools in the district are supported in the Government of Malawi home grown feeding program, but 30 primary schools are not. Feeding is not done during all school calendar days due to shortages, and is prioritised in the lean season. Some schools are being innovative by engaging the community to fill the gap created due to funding inadequacies.
- **Issues in health sector fund dispersal:** The MK 235 million allocated in FY2018/19 was not fully disbursed as a bigger portion was used by the council to service loans for accumulated utility bills. This has suffocated operations for the sector as a whole and nutrition in particular.
- **Reliance on external funding:** There is no budget allocation for nutrition programmes in the **health** sector, all planned nutrition activities are funded by the partners.
- **Issues with Social Welfare Services funding:** The Social Welfare Services are aligned to the Malawi Growth and Development Strategy (MGDS-III) Nutrition is covered under the Early Childhood Development Services, which is facing a lot of challenges, with the central government failing to transfer resources for the past two years. The sector therefore relies on partners who rarely prioritize ECD activities. The sector is banking on the new 5-year program funded by the World Bank

formation of community nutrition structures including Area Nutrition Coordinating Committee (ANCC), Village Nutrition Coordinating Committee (VNCC), Area Community Leaders Action on Nutrition (ACLAN) and Community Leaders Action on Nutrition (CLAN). As of 2017, there were 6 ANCCs, 74 VNCCs, 6 ACLAN's and 93 CLAN's. Very good linkages in coordination of nutrition issues from the central government, district, down to the community level. The DNCC utilises the care group model to channel all necessary communication to the households. Care groups are peer-based health promotion programs that can quickly and effectively improve health behaviours.

- **Community gardens:** Social Welfare supports Community Based Child Care Centres (CBCCs) towards the realization of nutrition to children aged 2-5. Community members source food for these children; for sustainability sake communities around CBCC centres in Chiradzulu are moving from the idea of monthly contributions to opening of communal gardens to enhance micronutrient intake. But these gardens remain limited.
- **Agriculture coordination mechanisms:** District Agriculture Extension Coordination Committee (DAECC) has been mandated to coordinate, uphold standards and resource track for extension service delivery (which includes some nutrition sensitive activities) in the district.
- **CSO coordination and dialogue mechanism:** District Civil Society Organization Network to deepen dialogue, advocacy and cooperation with regards to Agriculture, Nutrition and Food Security, Health, Education and other key developmental sectors.

	that the government of Malawi is to implement in the district called Investing in Early Years.	
Chitipa	<ul style="list-style-type: none"> • Lack of further sectoral budget information: All the sectors failed to provide detailed budgets for specific interventions, making tracking nutrition spending difficult. • Reliance on external funding: Heavy dependence on development partners to implement nutrition interventions in the district, especially in health sector where over 100% of nutrition resources are sourced from other partners. • Inadequate nutrition funding: Generally, resources going to nutrition interventions are inadequate in all sectors when compared to the magnitude of work to be covered. 	<ul style="list-style-type: none"> • Volatile political situation: The volatile political situation in the district at the time the research team was conducting analysis was a key challenge for analysis. With a lack of clear costed plans to analyse. • No costed annual workplans or nutrition budget lines: The district council budget has no specific budget line for nutrition programs thereby making it difficult for the district nutrition officer to formulate and coordinate nutrition specific programs. There is also no costed district council annual work plan to guide implementation and making it difficult to trace resource distribution.
Dedza	<ul style="list-style-type: none"> • No nutrition data in health sector: The health sector in Dedza which is at the core of implementing nutrition programs had no conclusive data to support budget analysis. • Positive SHN allocations but still inadequate: Total allocation under SHNA has surpassed the minimum 2% standard allocation, but it still falls short of the required amount to reach all schools. • Increase in agriculture allocation: Slight increase in budgetary allocation to the agriculture sector in FY2019/20 as compared to 2018/19. Positive that the livestock department has allocated some resources to nutrition specific interventions, but the increase is not substantial. 	<ul style="list-style-type: none"> • Background: Has 8 Traditional Authorities. Soils are relatively fertile but soil erosion due to poor farming practices is high. • High malnutrition: The district is registering high malnutrition rate as farmers sell the best quality produce. Under-nutrition mainly occurs in the first 1,000 days of life.
Mulanje	<ul style="list-style-type: none"> • Partner and government support for SHN but still inadequate: By 2018, SHN, through partner support, was providing meals to 77.7% of schools in Mulanje. Resources from government were meant to cover 9 out of 46 schools that are not being supported by any other partners. Despite the increase in resources allocated, they are not enough to mitigate some of the challenges faced by the sector e.g. practicing feeding in lean period only. 	<ul style="list-style-type: none"> • High rate of stunting and implementation of SUN: Higher levels of stunting than average (43% vs national average 37%), so Mulanje is implementing the Scaling Up Nutrition (SUN) initiative through different partners. Causes of stunting include: poor maternal health and nutrition before and during pregnancy, inappropriate infant and young child feeding practices and frequent child illnesses.

	<ul style="list-style-type: none"> • Reduction in nutrition allocation in agriculture: Encouraging that the agriculture sector budget has been increasing over the last 3 years. But, in the FY2019/20 extension budget, the food and nutrition department was allocated MK 450,000 (13.63% share) while in 2018/19 it was allocated MK 1.1 million (22.48% share), and the same percentage share in FY 2017/2018. • Inadequate nutrition financing in health: Despite being at the core of implementing preventive and curative nutrition related interventions, the health sector failed to adequately finance nutrition since FY2017/18. Nutrition resources in the health sector budget are inadequate even if compared to the 0.4% threshold as spelt out in the National Multi-Sector Nutrition Policy and MGDS III. Nearly all nutrition interventions in the district are funded by other partners. 	<ul style="list-style-type: none"> • Prioritisation of nutrition but committees not active due to lack of information or coordination: Nutrition is prioritised as one of the important areas reflected in the Mulanje District Reform Areas. Nutrition interventions in the district are coordinated by District Nutrition Coordinating Committee (DNCC) which is a sub-committee of District Executive Committee (DEC). At community level, there are Area Nutrition Coordinating Committees (ANCC) (9) and Village Nutrition Coordinating Committees (VNCC) (91). However, these committees are not active since they have not been oriented on their roles and responsibilities. Nutrition interventions at community level are implemented through care group model (422 care groups with 59 health promoters).
<p>Mzimba/ M'mbelwa</p>	<ul style="list-style-type: none"> • SHN funding below funding allocation formula share: As of February 2020, 58 out of 316 schools (16%) are providing meals to school going children. Of these, 36 schools are being supported by the district council and 22 by partners. The school feeding program has improved enrolment and attendance in the targeted schools. The SHN share is lower than the funding allocation formula. This poses problems to an already underfunded item as evidenced by the small number of schools (36 out of 316) being supported. • Decrease in value of agriculture allocations: In FY2017/2018, Nutrition Services was allocated MK 656,000 from the agriculture budget, in FY2018/2019 the program got MK 556,000, while in FY2019/2020 it was allocated MK 680,000. The allocation may have increased nominally over the years but in real terms the ceiling provisions have been decreasing in value. • Inadequate health nutrition funding and reliance on partners: The health sector District Investment Plan (DIP) showed that the district has allocated MK45 million towards nutrition 	<ul style="list-style-type: none"> • Background: Mzimba is the largest district by size in Malawi. Shares an international boundary with Zambia so benefits from cross-border trade in commodities such as food items etc. • Importance and coordination of agriculture: Chronic malnutrition remains high in Mzimba District. Agriculture is the main source of livelihoods. The district relies on the District Agricultural Extension Services System (DAESS) for effective coordination and harmonization of service delivery in the agriculture sector. 1 District Agricultural Extension Coordinating Committee (DAECC), 24 Area Stakeholder Panels (ASPs), and 301 Village Agriculture Committees (VACs).

	<p>interventions of which, only about MK 18 million was to be funded from ORT while the remaining MK 27.4 mn (67%) was to be funded by (unsecured) partners. But the planned MK45 mn is not enough to effectively implement nutrition interventions.</p> <ul style="list-style-type: none"> • Other sectors do not prioritise nutrition: Minor sectors such as; youth development, social welfare and community development receive inadequate funding as such fail to allocate significant resources towards nutrition interventions. 	
<p>Nkhotakota</p>	<ul style="list-style-type: none"> • Health sector prioritised: Health sector has for the past 2 years enjoyed the highest share of Nkhotakota council budget followed by education sector. However, although the allocation to health over the years may have increased nominally but in real terms the ceiling provisions have been decreasing in value. • SHN coverage and increased funding: The education sector has over the last 4 years enjoyed a nominal increase of resources. By 2017, 21.3% of schools in Nkhotakota were providing meals to school going children. 113 primary schools out of 159 are not being supported by ORT or any other partners. For FY2019/2020, 12 schools will be assisted by Government ORT (Home Grown school Meals programme (HGSMP) – which parents in various communities are encouraged to practice). • SHN budget allocation formula surpassed but still insufficient: SHN budget for FY2019/20 surpassed the funding allocation formula (of 2%) at 3.6%; this is also up 37% from MK 6.4 Million in FY2018/19. The increase is largely on account of addition 6 schools that are earmarked for the program. Despite the increase in resources, they are not enough to mitigate some of the programme challenges e.g. the schools in HGSMP practicing feeding in lean period only. • Allocation formula of agriculture budget not adhered to: In FY2019/20, MK 8.8 million of the agriculture sector’s budget was allocated to the extension department. Nutrition is 	<ul style="list-style-type: none"> • Background: Lakeshore district. 6 traditional authorities. • Chronic malnutrition: Chronic malnutrition, which is mostly present in the form of stunting poses a big challenge. The district has in recent years registered an increase in prevalence of underweight. Malnutrition cases are largely attributed to poor feeding practices among the under-five children.

	<p>supposed to get 17% of this extension budget. However, in FY2019/20 the food and nutrition department was only allocated MK 1.3 million (15.3%) while in 2018/19 it was allocated MK1.7 million (16.8%). The funds are not enough to make meaningful impact.</p> <ul style="list-style-type: none"> • Dependence on external partners funding for health nutrition: In FY2019/20 District Implementation Plan, MK 93.4 mn allocated for nutrition expenditure is expected from other partners. The amount is not enough to cover all nutrition activities. Reliance on partners and the inadequacy of the budget will affect service delivery sustainability. • Social Welfare departments nutrition funding: Department of Gender is implementing the Early Childhood Program (ECD) got an allocation of MK 3.7 million in FY2019/20 (same as 2018/19). Of this, nutrition sub-program under ECD was allocated MK 950,000 (26%). The Community Development program implements the Childhood Development and Care sub-program where nutrition interventions fall. In FY2019/20, allocation to nutrition is MK 221,100 (2.8%, down from 3.4% allocated in FY2018/19). The decrease in resources is a concern as the department is already facing a number of cash flow challenges. 	
<p>Salima</p>	<ul style="list-style-type: none"> • No budget information from health: The health sector (core of implementing nutrition programs) did not provide any data. • SHN funding not sufficient: Salima has a total of 158 government primary schools. Government funded school feeding is done in only 11 schools (7%). Development partners (e.g. WFP, Red Cross) complement government efforts in an additional 65 schools (48% of schools in total). • Distribution of agriculture funding: Distributed to 10 sub-sectors. Food and Nutrition is a sub program in the extension sub-sector (6% of sub-sector budget). This 6% allocation is lower compared to other sub programs, indicating nutrition is not a 	<ul style="list-style-type: none"> • Increase in ORT budget since last FY: Increase in ORT budget can be attributed to the addition of the Disaster Risk Management Program which has an allocation of MK 47 mn.

	<p>high priority in agriculture here. Nutrition resources have also previously been reallocated to other programs in the sector. Other programs that complement the FNO such as livestock management and crop production did not clearly allocate for nutrition in FY2019/20.</p> <ul style="list-style-type: none"> • Lack of funding in Social Welfare Office: The social welfare office which is tasked to implement nutrition interventions under the ECD program does not have sufficient resources as such did not allocate resources towards nutrition interventions, but rather towards administration. 	
Nkhata Bay*	<ul style="list-style-type: none"> • SHN funding allocation formula share not met: The education sector only allocated 1.5% of the required 2% to SHN, implying that nutrition interventions were grossly underfunded. Whereas some programmes were overfunded as per the council education budget allocation formula. The SHN programme faces challenges, with schools advised to provide porridge to learners in the January to March school term when food is scarce in most communities so as to attract learners to continue attending. • Reliance on external funding in health: MK 263 mn of the health budget was used for administrative purposes (food for patients, fuel, stationery etc). Implying that the Health sector is heavily reliant on partners for funding (this surpassed Government funding by 300% (MK 1.02 Billion) in FY2018/19). • Allocation formula of agriculture budget: Agriculture sector uses an allocation formula. Consistently finances the sub-sectors as per the guidelines, making it one of the most organized sectors as far as conforming to council stipulated guidelines. Nutrition budget is within the extension sub-sector budget and is supposed to get 20% of the sub-sector budget, a trend which has been maintained over the last 4 years. Despite consistent allocation, the funds are too low to make meaningful impact. 	No background given

* Nkhata Bay information is only for FY2018/19

Table 5: Nutrition indicators in children under 5 at national and district levels

Area/District	Stunting		Wasting		Underweight	
	2010	2015-16	2010	2015-16	2010	2015-16
National	47.1%	37.1%	4.0%	2.7%	12.8%	11.7%
Balaka (southern)	44.8%	32.6%	5.7%	0.6%	7.4%	12.9%
Chiradzulu (southern)	56.6%	33.2%	3.4%	6.2%	15.1%	12.1%
Chitipa (northern)	46.6%	33.0%	3.7%	1.2%	13.8%	14.1%
Dedza (central)	51.1%	42.8%	3.7%	2.6%	16.4%	15.3%
Mulanje (southern)	52.2%	36.5%	6.0%	4.1%	13.4%	16.7%
Mzimba/ M'mbelwa (northern)	47.7%	38.9%	2.2%	2.7%	10.3%	11.5%
Nkhata Bay* (northern)	-	32.5%	-	0.1%	-	4.9%
Nkhotakota (central)	42.9%	33.2%	2.4%	1.8%	11.8%	13.5%
Salima (central)	39.6%	34.5%	3.3%	1.4%	13.2%	12.8%

Original source: The Malawi Demographic and Healthy Survey 2015-16 (2017) (<https://dhsprogram.com/pubs/pdf/FR319/FR319.pdf>); The Malawi Demographic and Healthy Survey 2010 (2011) (<https://dhsprogram.com/pubs/pdf/FR247/FR247.pdf>).

* In the 2010 DHS Nkhata Bay is taken as Nhkarta Bay and Likoma, making comparison between years not possible.