

HIGH-LEVEL ADVOCACY PLAN FOR MAMPRUGU MOAGDURI DISTRICT IN THE NORTH EAST REGION

FRAMEWORK FOR DISTRICT ADVOCACY TO INCREASE FUNDING FOR NUTRITION

1. **Title:** Advocating for increased funding for improved nutrition outcomes in the districts
2. **Objective:** To influence and collaborate with stakeholders at the district level to increase funding for nutrition-specific and nutrition-sensitive interventions in District.

3. **Audience:**

- Chief Executives of District Assemblies, District Finance, Budget and Planning Officers, District Nutrition coordinating committee, Directors, Budget and Planning Officers of the various departments (e.g., health, agriculture, education), District planning coordinating unit (DPCU), District Assembly sub-committees (e.g., health, and social services), executive committee, the general assembly, Traditional Authorities Community Members etc.

These actors are influential in decision making in general which includes; Mobilization of resources and allocation of funds for activity e.g., nutrition interventions.

- **Development partners in the districts** e.g., USAID, CRS, UNICEF, NGOs, private sector,
- **Nutrition champions/influencers.** Eg; MTMSG, FTFSG, CHV, VSLA Groups and other WASH groups, school health clubs, (smart schools):

These actors have nutrition-related interests and can influence positively social and behavior change communication around nutrition.

4. **Key Messages:**

1. Improved Nutrition is key component of human capital development and an important goal in the MTDP of the district.

2. To ensure optimal nutrition/health of all people living in the Mamprugu Moagduri district throughout their life cycle.
3. At least 10% of development partners' funding to Agriculture should be allocated for nutrition sensitive activities in the district
4. The records that 50.5% of ANC Registrants and 39.5% of ANC clients respectively are anemic at 36 weeks in the district be reduce by 40% by the close of 2025.
5. The records that only 9.5% and 21.6% of the district budget is allocated to nutrition specific and nutrition sensitive interventions respectively, be increase by 10%.
6. Allocate at least 16% of health budget for nutrition -specific and 30 % for nutrition sensitive activities
7. Nutrition interventions allocation of at least 16 % should be tied to the common fund and 10% to IGF respectively strictly be enforced like the disability fund.
8. Prioritize financing for nutrition in the quarterly release of funds in the district
9. Ensure the MMDA's plan and budget for nutrition are align with and contribute significantly to regional and national development objectives
10. Implementation of the districts' nutrition and food security content of the Medium-Term Development Plan is cost-effective and has a high-impact on nutrition outcomes

5. Tone/Style:

1. Town hall meetings, DNCC meetings, general assembly meetings
2. Field visits, to nutrition rehabilitation sit, CMAM OPC sits to see severe acute malnourished children, use of pictures and
3. The health belief model to get their attention (anemia complication including death rate or death associated with anemia and malnutrition)
4. Be Brief, use simple language and focused on what to achieve
5. Partnership with local civil society organizations interested in nutrition activity such as savana signatures, Catholic Relief Service, World Vision International

6. Media, radio and print
7. Tied nutrition intervention indicators to District performance assessment tool (DPAT)

6. Call to Action:

- The need for very high commitment of the DCE, DCD and the DFO in the release of fund for nutrition activities
- At least 16% of health budget should be channeled into nutrition specific interventions and 30% of the district budgets be allocated for nutrition interventions.
- Implementation of the district's nutrition and food security content of the Medium-Term Development Plan is cost-effective and has a high-impact on nutrition outcomes, hence need for it to be implemented.
- Use various medium and advocacy tools to disseminate the nutrition situation in the district to all key actors and solicit for more funding.

7. Dissemination:

- DNCC meet with key stakeholders and also hold town hall meeting to highlight the gaps and to support the districts develop action plans to improve their district's nutrition situation.
 - Legislative meetings with active follow-ups.
 - On-site advocacy visits
- Media round tables with radio, TV, and social media.
- Media campaigns
- Leveraging existing nutrition events and convenings

Funding Options

1.IGF

2.Leveraging on other programs

3. proposal writing to source funds from development partners, CRS, Global communities etc

4.private individuals, churches, influential communities' members Eg MP A

8. Success Criteria

1. The number of nutrition-specific interventions included in the MTDP budgets
2. The number of nutrition-sensitive interventions included in the MDTP budgets
3. The percentage increase in nutrition funding as a proportion to the overall district budget

