



# **INTEGRATION OF NUTRITION INTO CONTRIBUTING SECTOR PROGRAMS AND POLICIES**

Synthesis report of a West Africa regional Study

**JUNE 2015**

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**Impression :** Juin 2015

*This document is produced by the Regional Office Action contre la Faim in West Africa, with financial support from Agence Française de Développement (AFD).*



## EXECUTIVE SUMMARY

Action contre la Faim works in 11 West African countries, including Senegal, Mauritania, Guinea, Sierra Leone, Liberia, Ivory Coast, Nigeria, Niger, Burkina Faso, Mali and Chad.

In these countries, over 18 million under-five children are affected by chronic malnutrition (stunting) and around 8 million people suffer from acute malnutrition (wasting)<sup>1</sup> and <sup>2</sup>. Nutritional deficiencies are numerous and marked. 170 million women and children are affected by anaemia<sup>3</sup>. Moreover, the phenomenon of nutritional transition is increasing in West African countries where more than 30% of women in Nigeria, Ivory Coast, Sierra Leone, Senegal and Mauritania<sup>4</sup> are overweight and so more likely to develop associated chronic diseases. Malnutrition is detrimental to individuals and is dragging down sub regional economic development.

To fast-track efforts to curb malnutrition, it is now widely accepted that it is appropriate to develop strategies centred on both:

1. the immediate causes of malnutrition, through the conduct of **nutrition-specific actions**,
2. the underlying causes, through the adoption of nutrition sensitive initiatives. Such actions are implemented in sectors referred to as “**contributing**”. These are agriculture, education, social protection, potable water supply and sanitation<sup>5</sup>.

This study seeks to assess the commitment in terms

of nutrition sensitive action programming in each ACF intervention country of the West Africa region, through an analysis of the full range of policies within contributing sectors. The study also seeks to understand the difficulties likely to hamper the implementation of these guidelines in a bid to assess support needs.

This study also draws on an analysis of the sectorial policies of 11 countries of the region and two case studies (Mali and Mauritania). Compilation of the two case studies involved visits to target-countries and meetings with stakeholders in each relevant contributing sector.

### REVIEWING SECTORIAL COMMITMENTS FOR NUTRITION

**With respect to the commitments of contributing sectors**, sectorial policies are increasingly incorporating malnutrition as a sector-specific problem. However, the causal link between sectorial interventions and malnutrition are not always clearly defined.

**Regarding nutrition sensitive objectives, sectorial policies** are more easily supportive of efforts to reduce the prevalence of child malnutrition and mortality (nutrition-oriented objectives and indicators) than acting directly on the causal factors related to their areas of intervention (nutrition-oriented objectives and indicators). Nutrition-specific indicators are standardized, regularly collected and easy to

1- 2014 Global Nutrition Report Dataset. Washington, DC: International Food Policy Research Institute (IFPRI). <http://dx.doi.org/10.7910/DVN/27857>

2 - Nigeria is home to more than 60% of them.

3- Worldwide prevalence of anaemia, 1993–2005, WHO Global Database on Anaemia [http://whqlibdoc.who.int/publications/2008/9789241596657\\_eng.pdf?ua=1](http://whqlibdoc.who.int/publications/2008/9789241596657_eng.pdf?ua=1)

4- 2014 Global Nutrition Report Dataset. Washington, DC: International Food Policy Research Institute (IFPRI). <http://dx.doi.org/10.7910/DVN/27857>

5- Ruel, Marie T et al 2013, Nutrition-sensitive interventions and programmes: how can they help to accelerate progress in improving maternal and child nutrition? *The Lancet*, Volume 382, Issue 9891, 536 – 551.



mobilise. Nutrition-sensitive indicators are less standardized and often scant. In particular, behaviour change goals and associated indicators are rarely factored into the policies of contributing sectors.

**Gender-responsiveness and mainstreaming** is often reflected in sectorial policies. Generally, instead of being grounded on nutritional concerns, these strategies are driven by social and geographical equity alongside efforts to stamp out malnutrition.

**The analysis of policy monitoring mechanisms** is difficult, as they are rarely encompassed in the analysed documents. National monitoring tools are limited in their ability to identify the impact of locally implemented actions..

Some sectorial characteristics are noteworthy. **The health sector**, which is usually the line ministry for nutrition, supports most nutrition-specific actions. It may also employ nutrition sensitive indicators and objectives. The health ministry tends to receive demands from other sectors in the implementation of or monitoring of nutrition sensitive interventions. **The agriculture sector**, has remained relatively unresponsive to nutrition despite efforts to integrate a nutrition sensitive focus into **agricultural policies**. Their focus primarily rests on increasing productivity. The lack of reliable data on food consumption is a constraint that hinders commitment of the agriculture sector in general to the improvement of the people's food consumption. **Education and Water and Sanitation** policies include nutrition sensitive actions and are sometimes very supportive of nutrition without the need to adopt nutrition-specific targets or indicators. **Food security and social protection** documents reflect sensitive but of-

ten redundant orientations which overlap with cross-sector nutrition and food documents.

## **MOBILIZATION OF CONTRIBUTING SECTORS THROUGH MULTISECTORAL NUTRITION POLICIES**

Through their involvement in the SUN movement, West African countries have begun to formulate **multisectoral nutrition policies and action plans** in response to the need to facilitate the integration of nutrition sensitive actions into sectorial priorities. This involves defining goals, actions and "nutrition indicators" for each sector, mainstreaming them into contributing sectorial policy and devising mechanisms to monitor them.

In spite of **tangible achievements in terms of mobilization** around nutritional issues, multisectoral nutritional initiatives frequently neither embrace all contributing sectors, or do not include all nutrition specific and nutrition-sensitive actions which are reflected in sectorial documents. While multi-sectorial nutrition publications cover a wide range of nutrition-specific and sensitive interventions, budget items associated with these documents reveal a number of discrepancies stemming from specific interventions upheld by **the health sector**, which often seems to maintain a **dominant position**. If such imbalances persist or worsen it is feared that other contributing sectors may back-track on nutritional initiatives.

**The actual increase in the number of multi-sectoral strategic frameworks** (Social Protection, Food Security, Nutrition, etc.) has prompted strong international community support. Coordination and operationalization of these frameworks alongside existing institutional arrangements requires significant coordination

capacities at both central and local levels. This is a major weakness in the study countries.

A number of multisectoral programming experiments have **already been conducted**. Yet, the momentum observed does not appear to be reflective of the lessons drawn from these experiments.

## **IMPLEMENTING NUTRITIONAL SECTORIAL COMMITMENTS**

Despite the inclusion of nutrition as a cross-cutting priority to contributing sectors, **the capacity to implement this guideline remains a major obstacle to the achievement of sectorial commitments**. Technical services entrusted with the implementation of sectorial policies often lack capacity, particularly at a local level. Population growth often exacerbates this. Sectorial capacity issues constitute a challenge for nutrition:

(1) on the one hand, interventions which naturally contribute to nutrition are not implemented; failures in service provision are one of the underlying causes of malnutrition;

(2) on the other hand, sectors are reluctant to get involved in nutrition-sensitive interventions, as they are deemed to be on the sidelines of their core mission.

**The operationalization of multisectoral plans is yet to start and thus remains a moot point.** The task of translating national commitments into concrete actions at the local level calls into question the ability of decentralized technical services and local authorities to implement guidelines enshrined in national plans. There is a disconnect incapacity at central and peripheral levels. **Initiatives meant to bolster such efforts to implement guidelines at the local level are still nascent. The modalities needed to scale up multisectoral plans are yet to be devised.**



Burkina Faso. Cooking demonstrations

# KEY FINDINGS OF THE STUDY AND RECOMMENDATIONS

## FINDING 1: THE DIALOGUE BETWEEN THE NUTRITION SECTOR AND OTHER CONTRIBUTING SECTORS IS STILL DOMINATED BY A HEALTH FOCUS.

Consultation frameworks that have been implemented facilitate intersectoral dialogue on nutrition. These are important tools for mobilizing contributing sectors. However, these frameworks are fragile and may no longer function if support to them diminishes.

The major risk facing national consultation frameworks lies in the imbalance between different sectors within the system. Consultation frameworks remain dominated by the health sector. If this imbalance persists or worsens, it will give strong reason to fear a withering of the commitment of other contributing sectors in respect to nutrition initiatives.

**Recommendation 1: Ensure balance between sectors within multisectoral frameworks for nutrition in order to ensure effective and sustained mobilization of all contributing sectors.**

## FINDING 2: THE OPERATIONAL CAPACITY OF CONTRIBUTING SECTORS CONSTITUTES A LIMITING FACTOR IN THE IMPLEMENTATION OF NUTRITION SENSITIVE INTERVENTIONS.

The shortcomings of technical services tasked with the implementation of public policies constitutes a major hindrance that limits sectoral capacity to support nutrition initiatives. Against this backdrop, services may be reluctant to get involved in nutrition-oriented interventions that they deem on the side-lines of their core mission and therefore not a priority. Instead, out of opportunistic drive, they may provide ad-hoc support to initiatives that they are not necessarily fully committed to.

**Recommendation 2: Recognize sectoral priorities and consider the implementation capacity of contributing sectors.**

## FINDING 3: CURRENTLY, DECENTRALIZED COORDINATION IS INSUFFICIENT TO ENSURE LOCAL IMPLEMENTATION OF NUTRITION ACTION PLANS.

The operational implementation of sector nutrition action plans calls for coordination mechanisms at a decentralized level. Many existing challenges affect the ability to adopt decentralised coordination, such as: lack of human resources within different stakeholder groups, lack of stakeholders' interest in nutrition, sectors operating in silos there may be a culture of working in silos with sector-specific visions, inconsistent capacity between services at local level. Yet, decentralized coordination is key to achieving adequate implementation and moni-

toring of complementary and concerted actions for the prevention of and management of malnutrition.

**Recommendation 3: Strengthen dialogue and coordination between stakeholders at a decentralized level.**

## FINDING 4: NUTRITION IS BARELY REFLECTED IN LOCAL DEVELOPMENT OBJECTIVES.

So far, local governments (municipalities) have not been very actively involved in nutrition-supportive programmes. Elected officials have little awareness of nutrition and municipal development plans hardly give room to nutrition. Cross-sector nutrition promotion plans advocate for the involvement of local authorities, but little or no resources have been earmarked to boost efforts locally. Initiatives have been developed to encourage local implementation of nutrition action plans but such initiatives are still limited in number and conducted small scale.

**Recommendation 4: Position nutrition within local development issues and leverage local experience to inform national mechanisms leading to the scale up of solutions**

## FINDING 5: NUTRITION SENSITIVE AWARENESS IS REFLECTED IN SECTORIAL POLICY DOCUMENTS, BUT IT COULD STILL BE IMPROVED.

Malnutrition is often reflected in sectorial policy documents: it is underscored as a constraint that must be addressed, and some sectors frequently commit to help reduce malnutrition prevalence. However, the causal links between sectorial intervention and nutrition are yet to be established; mid-term objectives and indicators that could reflect the direct effects of sectorial interventions are often non-existent. In particular, one weakness of agricultural policies is the lack of commitment to improving the quality of food.

**Recommendations 5: Enhance the nutrition sensitive nature sensitive-ness of sectorial policies, interventions and monitoring frameworks.**

Three specific guidelines are proposed to enable this:

- Take the opportunity in policy reviews to clarify and improve the tools designed to manage nutrition initiatives that are included in sectorial policies
- Disseminate knowledge thus enabling links to be established between nutrition and contributing sectors.
- Support institutional approaches to reducing vulnerability



