



Project to Improve Governance for Resilience, Food and Nutrition Security and Sustainable Agriculture in West Africa (PAGR-SANAD)

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GUIDE TO INTEGRATING NUTRITION INTO NUTRITION-SENSITIVE SECTORAL STRATEGIC DOCUMENTS IN THE SAHEL AND WEST AFRICA



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ABBREVIATIONS

AC : Antenatal care	ORS/ZINC : oral rehydration salts
ASPF : Agro-sylvo-pastoral and fisheries	PAGR/SANAD : Project to improve governance for resilience, food and nutrition security and sustainable agriculture in the Sahel and West Africa
CLTS : Community-led Total Sanitation	RAIPFNS : Regional agricultural investment programmes for food and nutritional security
BMI : Body Mass Index	RDP : Regional Development Plans
CEI/PREGECC : Crisis Prevention and Management Engagement and Challenge Framework	REACH : Renewed efforts against child hunger
CILSS : Permanent Inter-State Committee for Drought Control in the Sahel	ROPPA : Network of Farmers' Organisations and Agricultural Producers of West Africa
CNP : Community Nutritional Profile	RP : Resource persons
CPM : Crisis prevention and management	RPCU : Regional Project Coordination Unit
CSO : Civil Society Organisation	RPO : regional professional organisations
ECOWAS : Economic Community of West African States	RUFT : Ready-to-use therapeutic feed
EU : European Union	RWC : Restricted Working Committee
FAO : Food and Agriculture Organisation	SD : Sustainable Development
FMCG : Fast-moving consumer food	SDG : Sustainable Development Goal
GDP : Gross Domestic Product	SMART : specific, measurable, achievable and time-bound
HR : Human Resources	SMC : seasonal malaria Chemoprevention
IDD : Iodine deficiency disorders	SME/SMI : Small and medium-sized enterprises/small and medium-sized industries
IGO : inter-governmental organisation	SP CONACILSS : Permanent Secretariat of the National Commission for CILSS
IMCI : Integrated Management of Childhood Illness	ST NUT : Technical secretariat in charge of the multisectoral approach to nutrition
IMM : Integrated Management of Malnutrition	SUN : Scaling up nutrition
IPT : Intermittent Preventive Treatment	SWAC : Sahel and West Africa Club
IYC : Infant and young child	SWOT : Strength Weakness Opportunity Threat
IYCF : Infant and young child feeding	TFP : technical and financial partner
LDP : Plans communaux de développement (local development plans)	TWG : Technical Working Group
MH : Ministry of Health	UNICEF : United Nations Infant and Children Fund
MMS : Multiple micronutrient supplements	URCP : Regional Project Coordination Unit (Unité régionale de coordination du projet)
MNP : Micro Nutrient Powder	WAEMU : West African Economic and Monetary Union
MSHP : Burkina Faso Ministry of Health and Public Hygiene	WFP : World Food Programme
NAIPFNS : National Agricultural Investment Programmes for Food and Nutrition Security	WHO : World Health Organization
NAIPFNS FP : NAIPFNS focal point	
NGO : Non-governmental organisation	
NNIP : National Nutrition Information Platforms	
NPR : Nutritional profile of the region	
NTFP : Non-timber forest products	



The stakeholders involved in the project to Improve Food and Nutrition Governance and Sustainable Agriculture in the Sahel and West Africa (PAGR-SANAD), notably ECOWAS, UEMOA, CILSS and CEI/PREGEC region through ROPPA, have been heavily involved in improving the food and nutrition situation for many years. On an institutional level, nutrition has been considered, following the accession of all the countries in the Sahel and West Africa region to the Scaling Up Nutrition (SUN) movement. Almost all the countries have revised their nutrition policies and strategies in line with the multi-sectoral approach. However, the issues of nutrition-sensitive sustainable food security remain a major challenge.

This is why this guide is intended to be a regional and national reference for improving the integration of nutrition into all documents of policies, strategies, programmes and projects of the contributing sectors.

As a result of a consensus between Intergovernmental Organisations, Regional Farmers' Organisations and all nutrition stakeholders (national, sub-regional and international), the operationalisation of this guide and its success require the commitment of all stakeholders. For its part, the CILSS is committed to developing a regional tool to harmonise the assessment of the degree of integration of nutrition in all documents of policies, strategies, programmes and projects.

I would like to congratulate and thank all the experts who contributed to the production of this reference tool and the European Union which, through the PAGR-SANAD project, financed its development.

I invite national governments, inter-governmental organisations, regional farmers' organisations and technical and financial partners to continue their technical and financial support for the implementation of this guide, with a view to improving the nutrition situation in the Sahel and West Africa.

Dr Abdoulaye MOHAMADOU

Executive Secretary of CILSS

I. BACKGROUND TO AND JUSTIFICATION FOR THE GUIDE

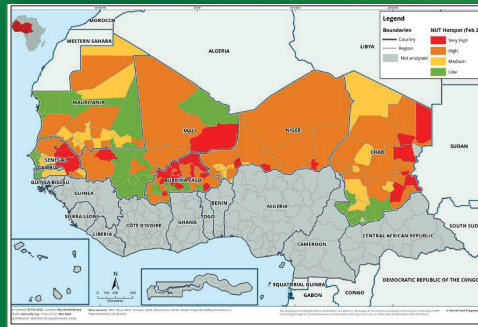
1. BACKGROUND

4,3 MILLIONS
GAM IN ONLY 6
COUNTRIES OF THE
SAHEL

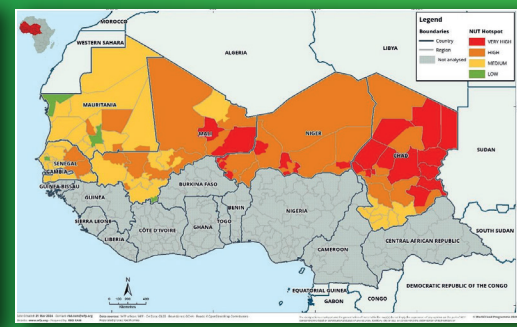
1,1 MILLIONS
SAM

MORE THAN
64%
OF SAM OCCURED IN
THE CENTER OF THE SAHEL

2023



2024



The commitment made to eliminate malnutrition in all its forms at the launch of the SUN movement and the achievement of Sustainable Development Goal 2 (SDG2), which is to improve nutrition by 2030, represent a major challenge for the countries of the Economic Community of West African States (ECOWAS) and the Sahel in particular, which is experiencing an unprecedented security crisis.

According to the results of the March 2024 Harmonised Framework analysis, the Sahel and West Africa region continues to face food insecurity, with 38.1 million people in need of immediate assistance (phases 3-5). From June 2024, this figure will rise to almost 52 million if nothing is done. The acute malnutrition situation remains alarming, with the number of malnourished children rising to an unprecedented level (estimated at around 16.7 million under-5s)¹.

Despite the efforts made, in terms of nutrition in the Sahel and Nigeria, the situation remains very a great source of concern. The prevalence of acute malnutrition in children under the age of 5 is on the rise, with rates above the emergency threshold (15%) in some areas of Senegal, Mauritania, Niger and north-eastern Nigeria. In other areas, prevalence is above the 10% alert threshold, particularly in the tri-border areas (Burkina Faso, Mali and Niger) and in the Lake Chad basin (Niger, Nigeria and Chad). In coastal countries, the situation is not a cause for concern (below 10% or even 5%), but in certain areas of Togo and Sierra Leone, prevalence is above the 10% alert threshold². As for chronic malnutrition, the results of diagnostic studies carried out by the CILSS and ECOWAS in 2021 revealed rates: (i) very high (over 30%) in 03 countries (Niger, Nigeria and Benin); (ii) high (between 20 and 30%) in 08 countries (Guinea, Guinea-Bissau, Liberia, Sierra Leone, Mali, Burkina Faso, Mauritania and Togo); moderate (between 10 and 20%) in 04 countries (Côte d'Ivoire, Senegal, Gambia and Ghana); low (less than 10%) in only 01 country (Cape Verde)³.

In addition, nearly 2 million children under the age of 5 are overweight⁴. One in two women of child-bearing age is affected by anaemia, and almost two in five women are obese⁵.

It is vital that nutrition is taken more fully into account in the policies, strategies, programmes and projects of the contributing sectors at all levels (countries and region), hence the importance of this guide.

1 CILSS, 2024: Opinion on the food and nutrition situation in the Sahel and West Africa.

2 CILSS, 2023: Fiche com Région SAO_Décembre_nov2023.

3 CILSS, ECOWAS, UEMOA, CEI/PREGEC- PAGR SANAD, 2022: Etude diagnostique/Situation de la nutrition dans les politiques et programmes SANAD et dans le secteur agricole au Sahel et en Afrique de l'Ouest; Evaluation de l'intégration de la nutrition dans les documents stratégiques nationaux des secteurs contributeurs dans les pays et dans la région: Rapport global, Bénin, Burkina Faso, Chad, Gambie, Ghana, Guinée, Niger and Togo.

4 FAO, 2022: The State of Food Security and Nutrition in the World 2022. Repurposing food and agricultural policies to make healthy diets more affordable.

5 Vanderkooy A., Verstraeten R., Dogui Diatta A., Diop L., and Touré M. 2019: Nutrition Policy in West Africa (Transform Nutrition West Africa, Evidence note 3). (August 2019). <https://westafrica.transformnutrition.org/output/nutrition-policy-in-west-africa/>

SAM INCREASED IN 2024 !

6,9 MILLIONS

GAM IN ONLY 6 COUNTRIES OF THE SAHEL

1,4 MILLIONS

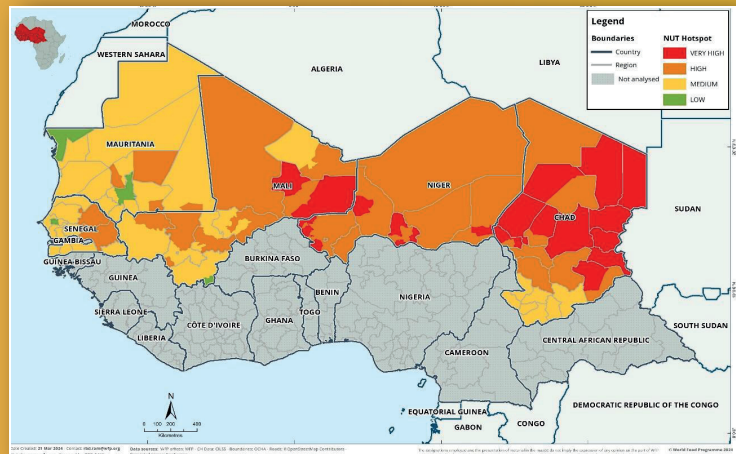
SAM

MORE THAN

58%

OF SAM OCCURED IN THE CENTER OF THE SAHEL

2024



2. JUSTIFICATION

Faced with these challenges, ECOWAS and CILSS, in collaboration with UEMOA, CEI-PREGEC (through ROPPA) and the Sahel and West Africa Club (SWAC), after several years of implementing policies and strategies revised by member countries, to integrate nutrition, have invested in diagnosing the level of integration of nutrition in the strategic documents of the contributing sectors, in particular the agricultural sector (NAIPFNS⁶ and RAIPFNS⁷).

A diagnostic study was therefore carried out to assess the effectiveness and level of integration of nutrition into all documents of policies, strategies, programmes and projects in the contributing sectors in the 17 countries of West Africa and the Sahel, as part of Component 3 of the Project to Improve Governance for Resilience, Food and Nutrition Security and Sustainable Agriculture in the Sahel and West Africa (PAGR-SANAD).

The results of this study revealed that nutrition is insufficiently or not at all considered by certain contributing sectors. The main reasons for this are the lack of capacity to integrate nutrition and the level of knowledge of those involved in the multisectoral approach, the inadequate funding of nutrition-sensitive interventions, and finally, the level of anchoring of nutrition, which does not encourage sustainable funding of nutrition.

To address these shortcomings, a regional nutrition agenda has been drawn up. To implement this agenda, national action plans and a regional action plan have been developed.

All 17 countries of the Sahel and West Africa have expressed the need for a methodological and consensual guide to better integrate nutrition into policy documents, strategies, programmes and projects. The development of this guide was therefore included in the regional action plan of the Nutrition Agenda for the Sahel and West Africa.

This guide is in two parts: Part I covers the context and rationale, objectives, methodology, scope and preconditions for putting the guide into practice. The second part deals with the various stages in the integration of nutrition at regional, national and territorial levels, the interventions and actions to be undertaken (without being exhaustive) by the contributing sector, practical advice and recommendations. It concludes with bibliographical references and appendices.

The development of this guide is not an end in itself; its dissemination, ownership and implementation at all levels (regional, national and sub-national) are essential if we want malnutrition to be a thing of the past in our troubled but resilient sub-region by 2030.

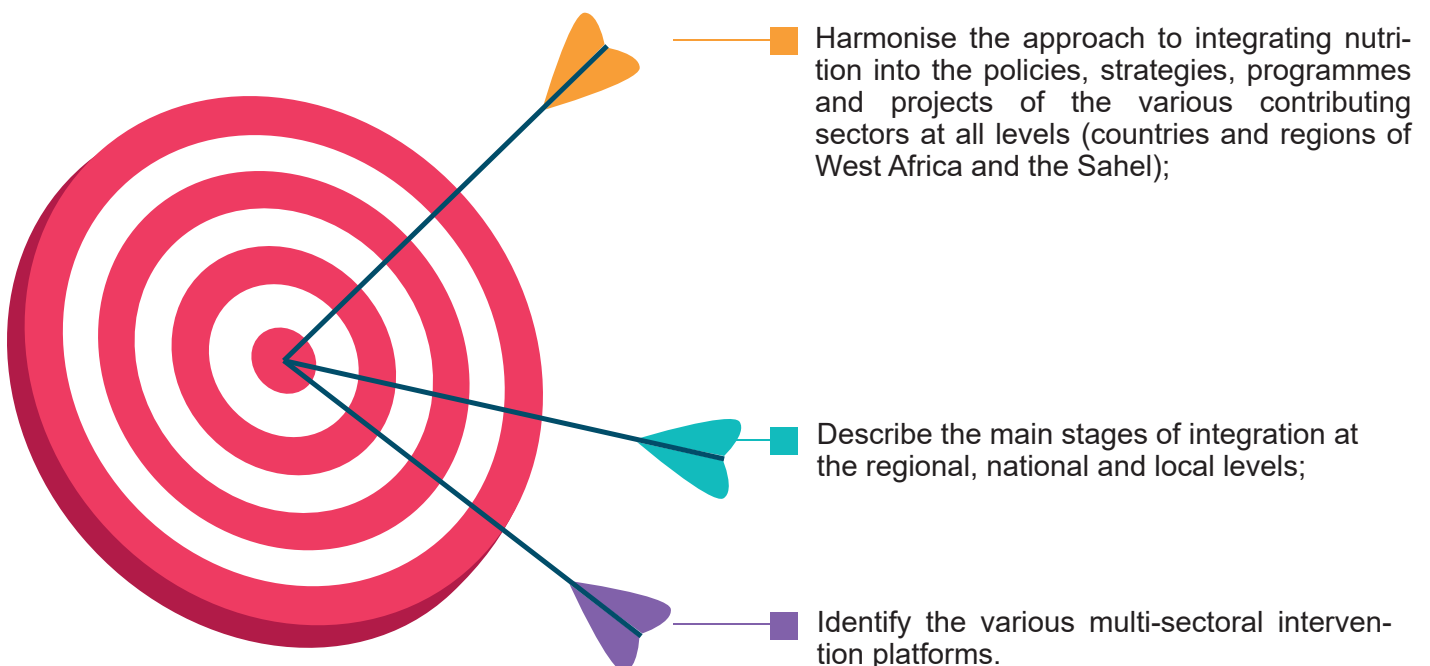
⁶ National agricultural investment programmes for food and nutritional security

⁷ Regional agricultural investment programmes for food and nutritional security



II. OBJECTIFS

The general objective of this guide (which is a consensual regional reference) is to better integrate nutrition into the policies, strategies, programmes and projects of the various contributing sectors at all levels (countries and regions of West Africa and the Sahel). Specifically, this involves:



III. METHODOLOGY FOR PRODUCING THE GUIDE

This process, which was inclusive and consensual, included the following stages:

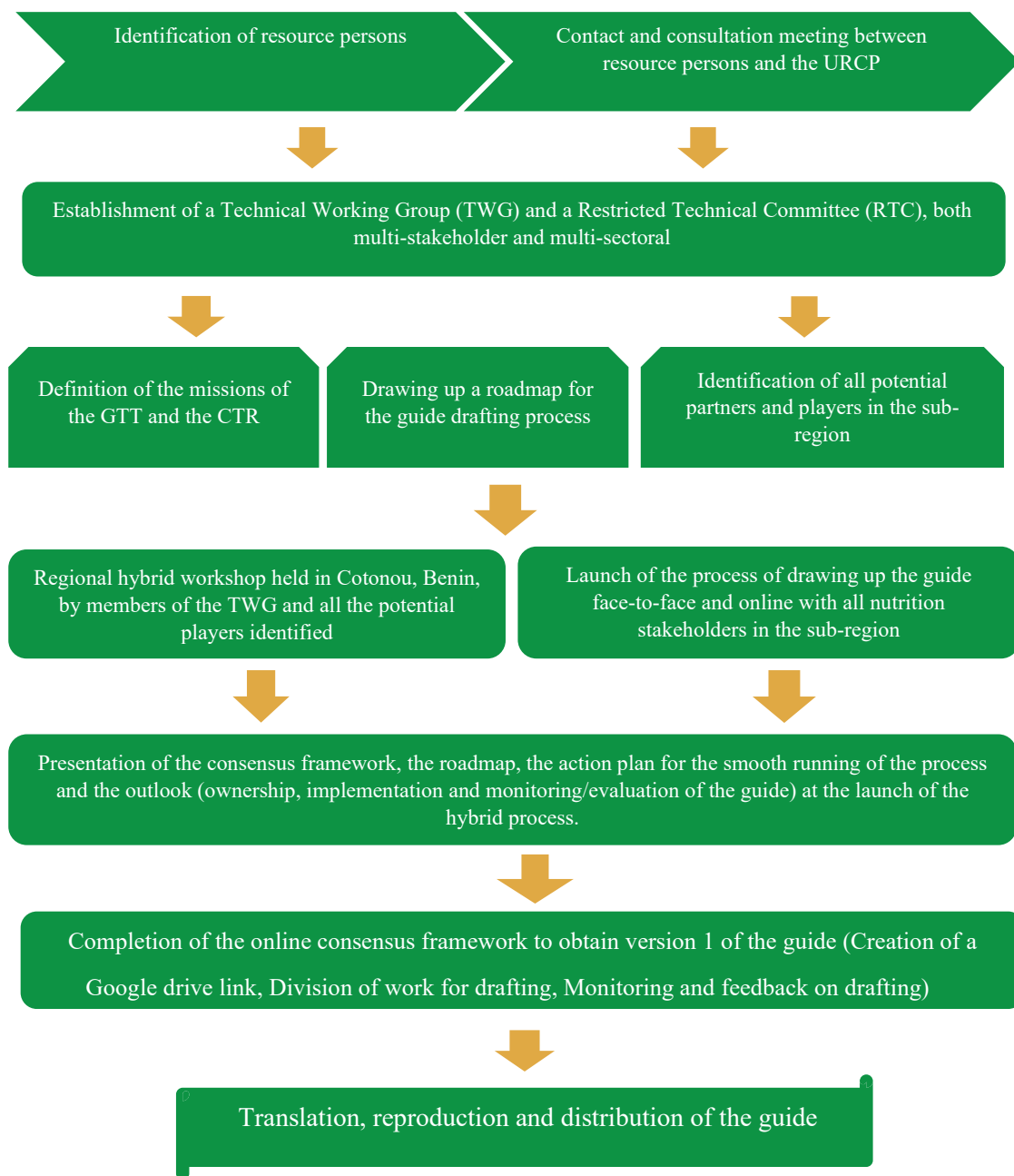


Figure 1: Stages in the development of the guide

IV. FIELDS OF APPLICATION

The various fields of application of this guide are:

- Regional and national policies, strategies, action plans, programmes and projects
 - Targets: IGOs, RPOs, Presidency; Government; Parliament; Civil society; Private sector.

- Local development plans:
 - Targets: Local authorities; Civil society; and Private sector.

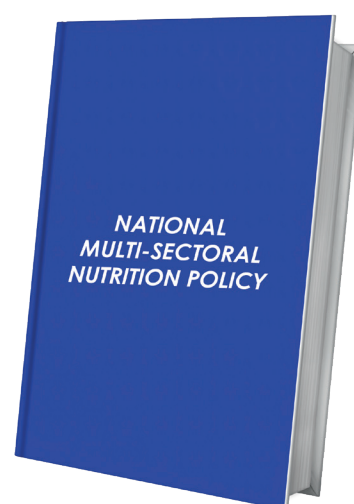
V. PREREQUISITES FOR IMPLEMENTING THE GUIDE



Effective integration of nutrition into the contributing sectors is essential to eliminate malnutrition and is a common challenge at regional, national and sub-national level.

As a result, the operationalisation of the guide and the success of its integration require several conditions, including

- A favourable nutrition governance environment: This type of nutrition governance environment requires the effective involvement of ministries, local authorities, communities (women, young people, the elderly, minorities) and all development stakeholders at all levels (decision-makers, diaspora, technical and financial partners (TFPs), associations, private sector, civil society, etc.) at all stages;
 - A coordinating body: that is an institutional structure/task force, with the task of steering actions aimed at integrating nutrition into the strategic documents of the contributing sectors and ensuring consultation between the various players. This will ensure the proper commitment and mobilisation of resources to plan and implement specific, measurable, achievable and time-bound (SMART) interventions;
 - An effective nutritional security policy based on multisectoral, inclusive and integrated approaches that takes into account the various factors contributing to malnutrition;
- An analysis of existing diagnostic and assessment reports on the nutritional situation, providing a better understanding of:



- The level of integration of nutrition into the policies, projects/programmes and plans of the contributing sectors;
- Geographical coverage of sensitive and specific nutrition interventions,
- Coverage of priority targets and distribution of stakeholders;
- The level of internal and external funding for nutrition by sector and type of intervention;
- The need for capacity building in the sectors to ensure effective implementation of interventions in each contributing sector;
- Local development issues, by capitalising on local experience to feed into national schemes and consider scaling up initiatives.

To facilitate the integration of nutrition into the contributing sectors, we need to:

- Strategic monitoring of policy, strategy, project/programme and plan review schedules;
- Application of the guide, with technical support where necessary;
- Drawing up summaries of the guide or practical technical sheets (brochures, leaflets) accessible to all sectors;
- The identification and support (material, financial and human resources) of a structure to disseminate and implement the guide;
- The identification of realistic and achievable actions through synergistic platforms is strongly recommended. Stakeholders (SUN and specific SP CONACILSS focal points, NAIPFNS FP, existing nutrition working groups, etc.) are a great help.
- Nutrition monitoring and evaluation indicators (gender-sensitive) predefined and included in existing sector information systems
- When selecting areas for intervention, take account of nutrition indicators in the vulnerability criteria.

Reinforcing and mobilising the financial resources needed to implement nutrition initiatives and strengthen the synergy between the various players requires:

- A solid communication and advocacy plan to ensure better integration of nutrition in revised documents and the implementation of specific nutrition-sensitive interventions.
- A plan to mobilise more structural human and financial resources for nutrition, with concrete actions to mobilise funding (domestic funds through the creation of budget lines) for nutrition

VI. DEFINITION OF CONCEPTS

Power supply

Nutrition is the ingestion of food to supply the body with all its nutritional needs, in order to ensure its vital functions (growth, reproduction, relationships).

Nutrition

Nutrition is the result of the consumption of food and the assimilation of nutrients by the body. It is the set of (metabolic) reactions by which the body transforms and uses food to obtain everything it needs to function properly and stay alive⁸.

Food safety

Food security exists when all people, at all times, have physical, social and economic access to sufficient, safe and nutritious food to meet their dietary needs and food preferences for an active and healthy life. (FAO, 2012, op cit.).

Nutritional security

Nutritional security exists when food security is combined with a satisfactory sanitary environment, adequate health services and appropriate care and feeding practices enabling all members of a household to lead a healthy life.

Food safety

Food safety refers to the protection of the food supply against microbial, chemical and physical hazards that may occur at any stage of the food chain⁹.

Malnutrition

Malnutrition is characterised by "a pathological state resulting from the deficiency, excess or imbalance of one or more nutrients, whether manifested clinically or detectable only by biochemical, anthropometric or physiological analyses"¹⁰.

Malnutrition takes three different forms: undernutrition, micronutrient deficiencies and overnutrition (WHO, 1982, op cite).

Multi-sectoral approach

It refers to an inclusive approach based on a collaborative synergy between all state, private and civil society actors and institutions involved in the fight against malnutrition in all its forms, at both central and community levels. It is based on the multifactorial nature of the determinants of malnutrition¹¹.

Strategy

A strategy is a set of guidelines and objectives for a sectoral policy. It is a medium-term reference framework for the development ambitions of a part of the sector or of a cross-sectoral nature (MSHP, 2022, Op cite).

Sectoral policy

Sector policy is the set of interventions by public administrations (the State and local authorities) in the activities of a sector. A sectoral policy consists of the pursuit of objectives over time, in one area, with resources, over a specific period and at specific stages. (MSHP-BF, 2022, Op cite).

Nutrition-sensitive interventions

These are interventions from different sectors, which do not necessarily have nutrition as their primary objective, but which are formulated in such a way as to address some of the underlying causes of malnutrition. Examples: promoting the production of plant products with a high nutritional value, promoting non-timber forest products (NTFPs), girls' education, food assistance, etc¹².

Specific nutrition interventions

This term refers to interventions that directly target the immediate causes of malnutrition (inadequate dietary intake or illness). Specific nutrition interventions identified in The Lancet series on maternal and child undernutrition include micronutrient supplementation, deworming, treatment of severe acute malnutrition and promotion of breastfeeding, which is strongly linked to dietary intake and infant illness (The Lancet 2008 and 2013 series, Op cite).

8 (FAO, 2012. Committee on World Food Security: agreeing on the terminology food security, nutritional security, food security and nutrition, food and nutritional security, 2012

9 FAO/WHO, 2003. Ensuring food safety and quality: guidelines for strengthening national food control systems, 88 pages.

10 WHO, 1982. Development of indicators for monitoring progress towards health for all by the year 2000.

11 MSHP-Burkina Faso, 2023. Guide d'intégration de la nutrition dans les politiques et plans sectoriels.

12 The Lancet 2008 and 2013 Maternal and child undernutrition series:

1- What works? Interventions for maternal and child undernutrition and survival. Zulfiqar A. Bhutta et al.

2- Maternal and child undernutrition: global and regional exposures and health consequences, Robert E. Black et al.

VII. THE DIFFERENT TYPES OF MALNUTRITION

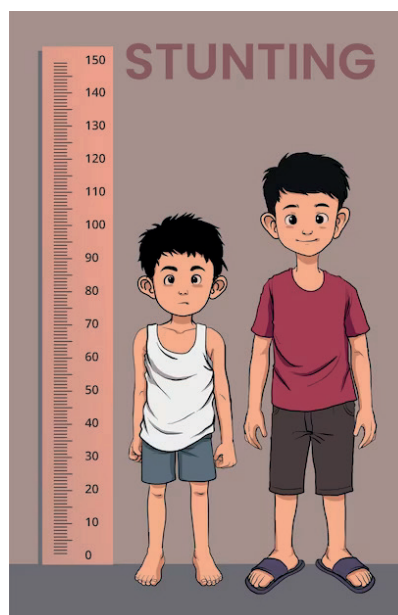
1. MULTIPLE DEFICIENCY MALNUTRITION

This type of malnutrition is characterised by insufficient food intake and/or a lack of specific nutrients. A distinction can be made between acute malnutrition, chronic malnutrition, underweight and undernutrition in the elderly.

A) Wasting or acute malnutrition or thinness is a low weight/height ratio, in other words, a weight that is too low for one's height. It is often the sign of a recent and serious weight loss due to the fact that a person has not ingested enough food and/or has suffered from an illness such as malaria, measles or diarrhoea, which has caused them to lose weight. Depending on its severity, it may be classified as Severe Acute Malnutrition or Moderate Acute Malnutrition. A young child suffering from moderate or severe wasting has an increased risk of death, but the condition is treatable.



B) Stunting or chronic malnutrition is characterised by a low height/age ratio, i.e. insufficient height for age. It is the result of chronic or recurrent undernutrition, which is usually associated with several factors: poor socio-economic conditions, poor health and nutrition in the mother, frequent illnesses and/or inadequate nutrition and care for infants and young children, an unhealthy environment, etc.



C) Underweight is characterised by a low weight/age ratio, i.e. a weight that is too low for the child's age. An underweight child may be stunted and/or suffer from wasting.

7.2. MALNUTRITION DUE TO MICRONUTRIENT DEFICIENCIES (SPECIFIC DEFICIENCIES)

This includes inadequate intakes of micronutrients such as vitamins and minerals. This form of malnutrition is also known as hidden hunger or silent malnutrition. People eat a lot of food, but most of it is low in micronutrients. Micronutrients enable the body to produce enzymes, hormones and other substances essential for proper growth and development. Iodine, vitamin A and iron are the most important for public health worldwide¹³. Deficiencies in these areas represent a major threat to the health and development of people around the world, particularly children and pregnant women in low-income countries.

Iodine deficiency can lead to serious mental or physical disorders: (<http://fao.org/3/W0073E>. opt cite) goitre (enlarged thyroid gland), speech disorders, deafness, cretinism, reproductive disorders. It is the leading preventable cause of mental retardation worldwide. The most harmful effects are on the brains of fetuses and young children. It also increases the risk of infant mortality and miscarriage.



Iron and folic acid deficiency can lead to anaemia, causing a series of symptoms including fatigue, paleness, irritability, shortness of breath and dizziness. If aggravated, it can lead to reduced resistance to infection (<http://fao.org/3/W0073E>. opt cite), a high risk of maternal and infant mortality, and low birth weight. It can also affect appetite, mental development (confusion, dementia), and lower productivity at work and school.



Vitamin A deficiency can lead to eye problems, blindness and a weakened immune system. More than 100 million children suffer from this, and cannot be protected from diseases such as measles, diarrhoea or respiratory infections.

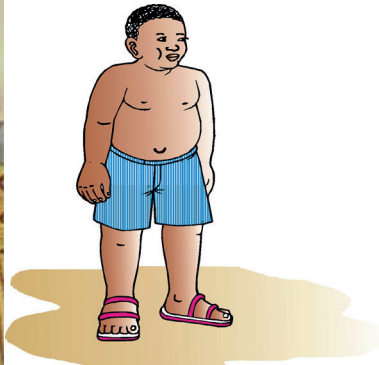


¹³ <http://fao.org/3/W0073F/w0073f40> visited on 04 March 2024

7.3. MALNUTRITION DUE TO EXCESS OR OVERNUTRITION

Overweight and obesity

A person is overweight and/or obese when their weight is too high for their height. This reflects excess body fat. Overweight and obesity result from an imbalance between the energy consumed and the energy expended. This means that food intake exceeds the body's needs. Obesity increases the risk of non-communicable diseases such as diabetes, high blood pressure and cardiovascular disease.



The body mass index (BMI) is the most widely used indicator of obesity, calculated as weight in kilograms divided by height in metres squared (kg/m^2). For adults, overweight is defined as a BMI of between 25 and 30, while obesity is defined as a BMI of over 30.

Links between mother and child nutrition

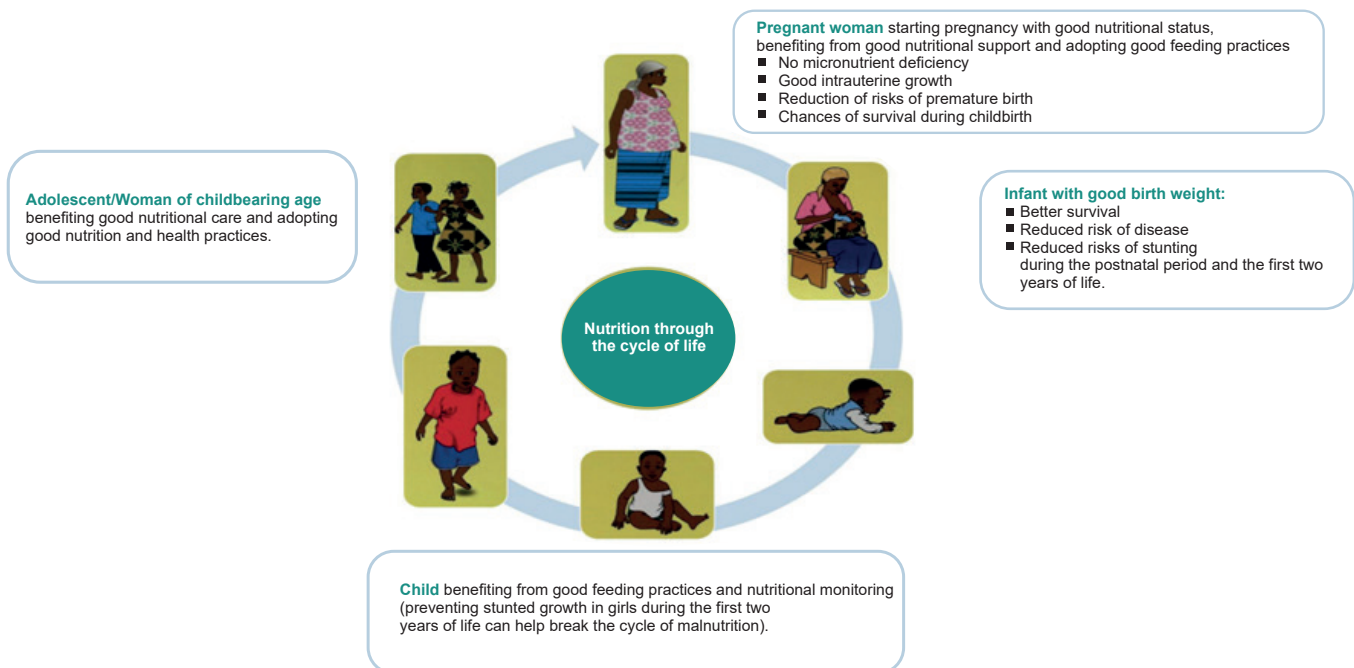


Figure 2 : Links between mother and child nutrition

Ensuring good nutrition throughout the life cycle will enable us to combat malnutrition in all its forms in a sustainable and equitable way. To achieve this, a multi-sectoral approach to combating malnutrition is essential.



VIII. CAUSES OF MALNUTRITION

The causes of malnutrition are based on the conceptual framework adapted from UNICEF (1990). This model identifies the different levels of causality, the interconnected factors that influence the nutritional status of the population and give rise to malnutrition and its short- and long-term consequences, as well as the intergenerational consequences in developing countries.

The direct or immediate causes at individual level are inadequate dietary intake and infectious diseases. Children are exposed to a high risk of diarrhoeal diseases, acute respiratory infections and malaria, which weaken their immune systems and expose them to an increased risk of undernutrition.

The underlying causes at household and community level and are grouped into 3 categories: 1) household food insecurity; 2) poor care and feeding practices (social environment); and 3) unhealthy environment and inaccessibility to health services (water, hygiene and sanitation, physical environment, and health care).

The fundamental or structural causes affect society as a whole. They refer to the socio-economic and political context, and to the risks associated with an inequitable distribution of resources and financial capital. Poverty is one of the major causes of a household's inability to access quality healthcare, the necessary purchasing power, and an adequate and sufficiently diversified diet. Poverty exposes the most vulnerable individuals to an increased risk of inadequate dietary intake and disease. The economic, social, political, and ideological environment has an impact on the use of resources, and on how the income generated by these resources is distributed.

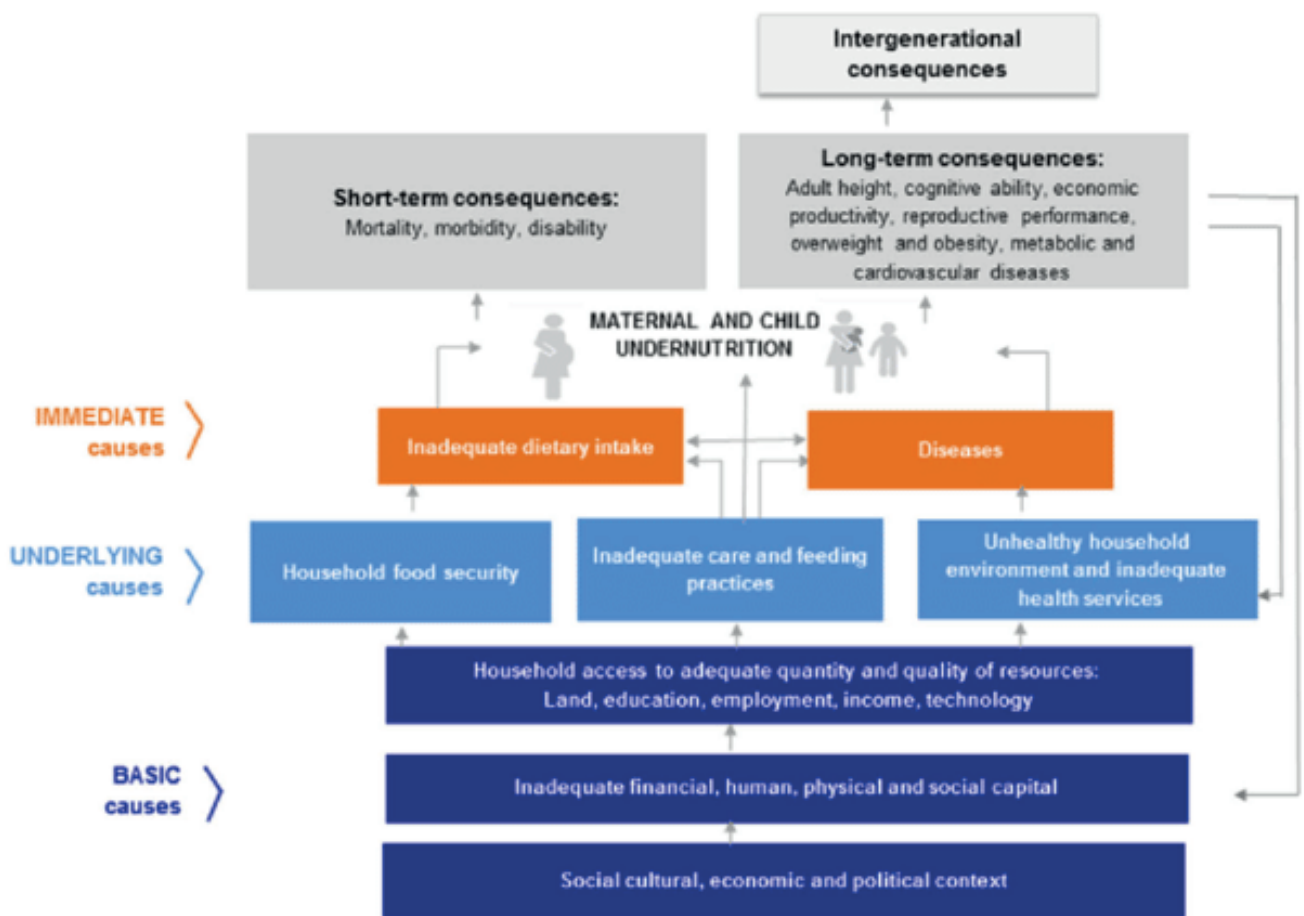


Figure 3 : Conceptual framework of malnutrition, UNICEF 2013



IX. EFFECTS OF MALNUTRITION

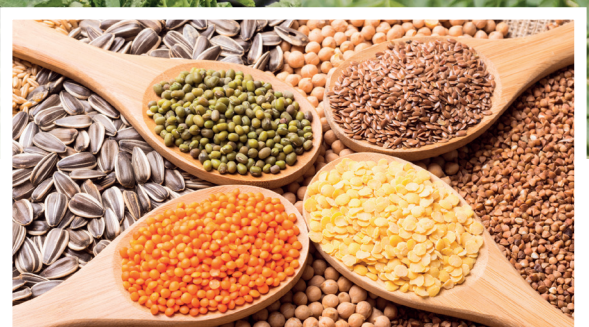
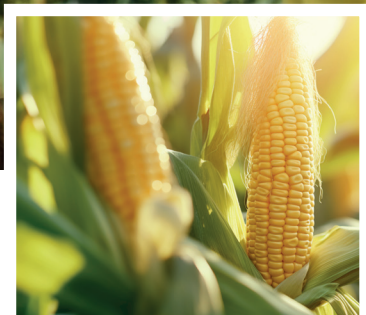
Malnutrition, whether due to a lack of essential nutrients or an unbalanced diet, has devastating effects on human health. These consequences extend far beyond simple caloric insufficiency, affecting growth, cognitive development, and resistance to disease.

First of all, child malnutrition is a scourge that seriously compromises children's physical and mental development. Protein, iron, and vitamin deficiencies can lead to stunted growth, weak bones, and neurological disorders. These early changes can have long-term repercussions, compromising individuals' educational and professional prospects.

In cognitive terms, malnutrition can lead to intellectual deficits and impair learning ability. Malnutrition also weakens the immune system, making people more vulnerable to infection and disease.

Malnutrition also has significant economic repercussions, as malnourished individuals are often less productive and more prone to absenteeism at work, due to recurring health problems. According to the study on the cost of hunger, malnutrition costs African countries between 1.9% and 16.5% of their GDP .

In conclusion, the effects of malnutrition go far beyond simple nutritional deficiencies. They profoundly affect the physical and mental health of men, women, and children, limit educational and professional opportunities and hamper social and economic development. Comprehensive strategies to eliminate malnutrition in children and adults are imperative to ensure a healthier and more prosperous future for present and future generations.



X. MULTISECTORAL APPROACH TO NUTRITION

The multisectoral approach to combating malnutrition consists of simultaneous and concerted action on the immediate, and underlying determinants of malnutrition, through nutrition-specific and/or nutrition-sensitive interventions. Interventions are said to be specific when they tackle the immediate determinants of malnutrition; they are sensitive when they address the underlying and underlying causes of malnutrition.

The multifactorial nature of the causes of malnutrition requires a coherent and coordinated multisectoral response (figure 4).

Horizontal and vertical coherence as illustrated in figure 5 should be assured

Synergistic key nutrition actions need to be implemented by sectors and stakeholders to tackle the various causes of malnutrition (figure 5).

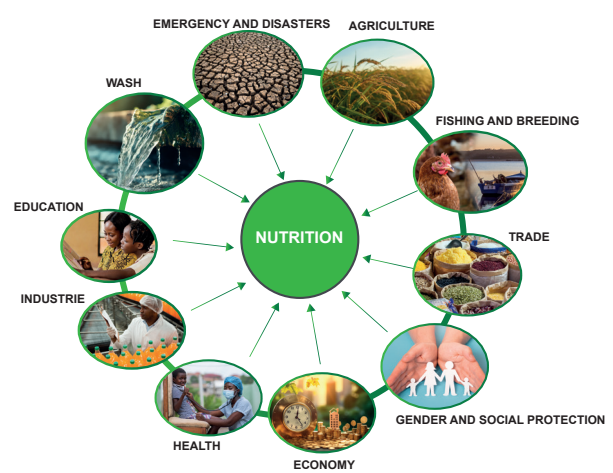


Figure 4: Illustrative diagram of the multisectoral nature of nutrition

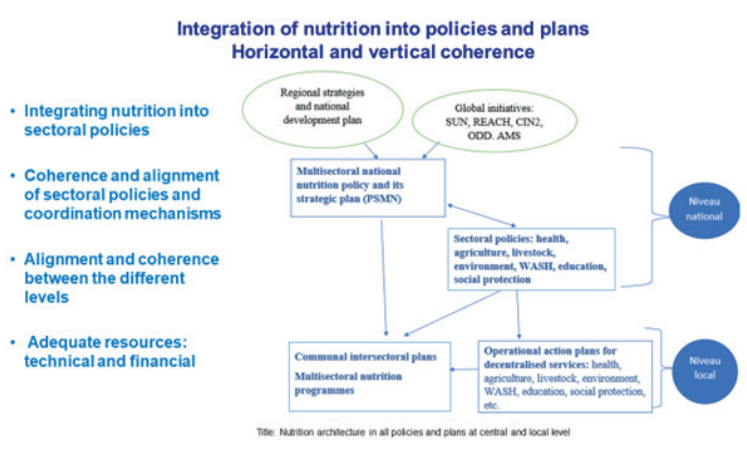


Figure 5: Integration of nutrition into policies and plans horizontal and vertical coherence

The key interventions by contributing sector are set out in the tables below.

◆ AGRICULTURE (FARMING, LIVESTOCK, FISHERIES, ENVIRONMENT, FORESTRY)

The agriculture sector plays an important role in the fight against malnutrition, by supplying and covering people's food and nutritional needs.

Plant foods (agriculture, forestry), including cereals, pulses, oilseeds, horticultural crops (market gardening and fruit trees), tuberous plants and non-wood forest products, have the potential to improve dietary and nutritional intake (energy, micronutrients). Households therefore need to be encouraged to produce them throughout the year, with good water management for irrigation.

Foods of animal origin (livestock, fish, forestry) play a key role in preventing certain micronutrient deficiencies and improving nutritional status. They increase the energy and nutrient value of supplementary foods for children.

This diversity of food products must be accompanied by a concerted and consensual communication strategy (with all stakeholders: State, TFPs, NGOs, CSOs, private sector) and under the lead of the structure that should have it. This will facilitate multi-sectoral dialogue with all stakeholders and bring about a change in social behaviour at community level, as well as the adoption of good food and nutritional practices in all links of the value chain (production, preservation, processing, consumption, marketing).

The following interventions and activities should be implemented (Table 1).

Table 1 : Examples of Agriculture interventions (agriculture, livestock, fisheries, environment, forestry)

Key interventions	Activities
Strengthening the nutrition skills of players and stakeholders in the agricultural sector	Train agricultural workers in the concepts of nutrition, the causes and consequences of malnutrition and their role in preventing malnutrition.
Diversification and sustainable intensification of agricultural production	Producing and making available nutrient-rich crops Promoting the use of crops and varieties better adapted to local conditions Building the capacity of city dwellers in urban agriculture for diversified urban food production and consumption, Adopting policies to support urban and peri-urban agriculture Developing individual vegetable gardens and backyard livestock farming in and around cities Promote the multi-sector approach, which aims to strengthen several value chains simultaneously Set up mechanisms to facilitate access to finance for agricultural producers and businesses Protect biodiversity and give priority to foods with high nutritional value
Development of fisheries and aquaculture to improve the availability of fish and aquaculture products with a high nutritional value	Developing fishing to improve the availability of fish products Promote practices that do not deplete fish stocks to ensure sustainable fishing Promoting farming systems that combine agriculture and aquaculture
Protecting, monitoring and preserving forest and wildlife resources	Developing non-timber products Promoting and developing non-timber forest products

Table 1 : Examples of Agriculture interventions (agriculture, livestock, fisheries, environment, forestry)

Key interventions	Activities
Promoting the bio-fortification of foodstuffs	<p>Promoting agronomic bio-fortification</p> <p>Building farmers' capacity to select nutrient-rich varieties using a traditional plant breeding process</p>
Improving production, conservation, storage and processing techniques for agro-sylvo-pastoral and fishery products (ASPF)	<p>Strengthen the capacity of smallholders, entrepreneurs and households to produce, store, preserve, process and package ASPF foodstuffs.</p> <p>Making funding available to support players in the ASPF value chain</p>
Nutrition promotion and education	<p>Promote the consumption of food of animal origin (livestock, NTFPs) and plant origin (fruit, vegetables, NTFPs)</p> <p>Promote the consumption of foods with high nutritional value (fresh fruit and vegetables, minimally processed foods, etc.)</p> <p>Promoting the use of income from the sale of agricultural products for good nutrition</p> <p>Ensure communication for social behaviour change in favour of the consumption of nutrient-rich foods (taboos, gender restrictions, distribution of meals within the household, etc.);</p> <p>Drawing up national and regional food recommendations based on local produce</p> <p>Involve women and adolescent girls in all activities (production, processing, conservation, promotion of consumption, income-generating activities, etc.).</p>
Strengthening food safety ASPF	<p>Develop/update food safety standards;</p> <p>Implement measures to restrict the natural presence, accidental release or deliberate use of chemical, biological or radio-nuclear materials affecting health</p> <p>Developing surveillance systems for food-borne diseases and food contamination</p> <p>Reinforcing emergency response in the field of food safety;</p> <p>Strengthening border controls, product traceability and building the capacity of surveillance and control laboratories at all levels</p>

HEALTH

Access to appropriate health care and practices has a direct impact on the nutritional status of individuals and households. Taking nutrition into account in health sector interventions is essential to achieving health sector objectives and, beyond this, the Sustainable Development Goals relating to the reduction of morbidity and mortality throughout the life cycle. The following interventions and activities should be implemented (Table 2).

Table 2: Examples of health interventions

Key interventions	Activities
Strengthening the nutrition skills of players and stakeholders in the health sector	Train health sector workers on the concepts of nutrition, the causes and consequences of malnutrition and their role in preventing malnutrition
Tougher regulations on the marketing code for breast-milk substitutes	<p>To disseminate the International Code of Marketing of Breast-milk Substitutes in accordance with national guidelines;</p> <p>Build the capacity of stakeholders (countries and NGOs) in infant and young child feeding in emergency situations;</p> <p>Take the necessary action at all levels (communication and other) to prevent donations and supplies of breast-milk substitutes in emergency situations.</p> <p>Build the capacity of stakeholders to ensure regular monitoring and evaluation of the regulations relating to the marketing code for breast-milk substitutes at all levels (industry, trade including importers and distributors, health workers including community health workers, community, media, academics, etc.) via a NetCode system.</p>
Promoting early breastfeeding, exclusive breastfeeding and good complementary feeding	<p>Organise orientation sessions for volunteer resource persons on (Infant and young child feeding) IYCF</p> <p>Organising community dialogues to help remove barriers to the adoption of best practice in IYCF</p> <p>Provide Vitamin A and iron/folic acid supplements to children under 5 in accordance with national guidelines on a routine basis or through regular campaigns</p> <p>Provide children under 5 with dewormers in accordance with national guidelines;</p> <p>Zinc supplementation and management of diarrhoea with ORS/ZINC in children according to national guidelines;</p> <p>To provide annual support for the reproduction of practical tools for training community players in food production techniques, including the foods needed for dietary diversification for children under the age of 2 and for the nutrition of pregnant and breast-feeding women;</p> <p>Produce and make available and accessible adequate complementary foods based on local foods for children under 2 years of age</p>

Table 2: Examples of health interventions

Key interventions	Activities
Promoting food and nutrition for women of childbearing age	<p>Raising women's awareness of good eating practices at contact events</p> <p>Providing deworming products to pregnant women</p> <p>Raising women's awareness of methods for preventing overweight and obesity</p> <p>Vaccinating women</p> <p>Zinc supplementation and management of diarrhoea with ORS/ZINC in women</p> <p>Supplementing females of reproductive age with iron/folic acid</p> <p>Supplement pregnant women with other nutrients in accordance with national guidelines (such as calcium, etc.)</p> <p>Encourage pregnant and breast-feeding women and women of childbearing age to eat foods fortified with iron/folic acid, iodine and vitamin A, etc.</p> <p>Organise nutrition education sessions on the diet of pregnant and breastfeeding women and infants and young children (IYCF) in accordance with national guidelines derived from WHO guidelines.</p>
Vaccination of children and women of childbearing age	Vaccinate children and women of childbearing age in accordance with each country's vaccination programme and seize every opportunity for contacts to ensure catch-up vaccination.
Prevention and management of chronic diseases (diabetes, hypertension, cancer)	<p>Strengthening the technical platform (HR, equipment, medicines and consumables) for the management of chronic diseases</p> <p>Reinforcing nutritional education for populations to prevent these diseases</p> <p>Ensure greater involvement of communities in supporting households and patients (private sector, civil society organisations (CSOs), etc.).</p> <p>Organise prevention activities (physical education, communication via the media, etc.).</p>
Prevention and management of malaria	Implement the malaria control programme (intermittent preventive treatment (IPT), seasonal malaria chemoprevention (SMC), larval treatment by spraying or destruction of larval breeding sites, etc.).
Management of acute malnutrition	Strengthen the technical platform (HR, nutritional inputs, medicines and equipment) for the management of malnutrition in line with national guidelines.
Prevention and management of low-birth-weight babies	<p>Providing antenatal care (free of charge if available): vaccinations, pregnancy monitoring, health and nutrition advice, home visits,</p> <p>Implement newborn care and growth monitoring for infants to prevent the risk of poor growth and development, in line with national guidelines.</p>
Food fortification at home	<p>Supporting women in the production of adequately enriched food supplements</p> <p>Conduct cooking demonstrations with enriched porridges</p> <p>Making food supplements available for children and women of childbearing age</p>
Strengthening sentinel sites to monitor malnutrition in children aged 0-5 and mothers	<p>Strengthen maternal and child healthcare (growth monitoring, vaccinations, micronutrient supplements, deworming, etc.)</p> <p>Strengthen the information system for the production, analysis and use of data to improve interventions (routine, surveys, etc.)</p>

◆ WATER SANITATION AND HYGIENE

The lack of hygiene, latrines and limited access to drinking water encourage the development of intestinal pathologies and diarrhoea, with harmful consequences for the nutritional status of communities, particularly vulnerable people (children under 5, pregnant and breast-feeding women, etc.).

The following interventions and activities should be implemented (Table 3).

Table 3: Examples of water, hygiene and sanitation projects

Key interventions	Activities
Strengthening the nutrition skills of players and stakeholders in the water and sanitation sector	Train water and sanitation workers on the concepts of nutrition, the causes and consequences of malnutrition and their role in preventing malnutrition.
Improving access to drinking water	Equipping basic structures (schools, health centres, community centres, etc.) with drinking water facilities Increasing drinking water production and storage capacity (boreholes, water towers) in towns and rural areas Ensuring continuous quality control of water for human and animal consumption and for irrigation purposes
Promoting sanitation	Equipping basic structures (schools, health centres, public places with sanitation facilities) Supporting/promoting the Community-Led Total Sanitation (CLTS) approach Ensure communication to change social behaviour in favour of abandoning open defecation Implement a mechanism for extending the sewerage network on an equitable basis Building improved sanitation facilities in rural areas (family latrines and public buildings) Ensuring sustainable management of solid and liquid waste to prevent contamination of food and the environment Promoting systems for capturing wastewater and rainwater for agricultural use
Promoting individual and collective hygiene	Build the capacity of the population to make hand-washing equipment Strengthening the population's hand-washing skills at key moments Improving hygiene in public places and at home

◆ TRADE AND PROMOTION OF LOCAL PRODUCTS, INDUSTRY AND SMALL AND MEDIUM-SIZE ENTERPRISES OR SMALL AND MEDIUM-SIZE INDUSTRIES (SMES/SMIS)

Trade facilitates access to food through economic regulation, appropriate pricing of foodstuffs and guaranteeing access to food for disadvantaged groups. It is responsible for monitoring the application of the regulations in force and guaranteeing consumer safety. It also contributes to improving the micronutrient status of the population (iron, iodine and vitamin A) through the regulation and official control of fortified industrial and local products and the availability of fortified products that meet the required standards and are intended to improve the nutritional status of the population.

The processing of harvested produce reduces post-harvest losses and enables produce to be stored for a long period, enabling households to protect themselves during the lean season and in the event of shocks.

The industry sector contributes to the resilience of communities but also to the maintenance of an adequate nutritional status by ensuring optimal processing techniques to preserve the quality and nutrient content of foodstuffs and increase shelf life. The following interventions and activities should be implemented (Table 4).

Table 4 : Examples of trade and industry interventions

Key interventions	Activities
Strengthening the nutrition skills of players and stakeholders in the trade and industry/SME-SMI sector	Train trade and industry agents on the concepts of nutrition, the causes and consequences of malnutrition and their role in preventing malnutrition.
Promotion of commercial actions in favour of nutrition (improving the availability of food supplies and access to food)	<p>Reduce obstacles/barriers/disincentives (taxes) affecting trade in fruit and vegetables as well as products for fortification (vitamin and mineral pre-mixes) and production (legumes, animal or plant product powders, etc.) of nutritional inputs (ready-to-use therapeutic feed (RUTF) .</p> <p>Promoting distribution networks in rural areas, commercial franchising referencing</p> <p>Regulating prices and supplies of essential foodstuffs</p> <p>Increase the supply of nutritious food at affordable prices (legislate) on the markets</p> <p>Control the marketing (legislate to ban advertising for these products, draw up standards for their salt, sugar and fat content) of products high in fat, sugar and salt to children (young people and school-age children).</p> <p>Increase taxes to discourage imports or the production of food that is harmful to health</p>

Table 4 : Examples of trade and industry interventions

Key interventions	Activities
Industrial fortification of convenience foods	<p>Draw up clear standards for supplementary foods and for the compulsory fortification of foods;</p> <p>Drawing up regulations for monitoring fortified foods and supplementary foods;</p> <p>Promote the fortification of staple foods (edible oils, wheat flour, corn flour, salt) with vitamin A, iron/folic acid, iodine and micronutrients in infant formulas</p> <p>Put in place mechanisms to monitor and control the quality of enriched products and the truthfulness of nutritional claims.</p> <p>Put in place mechanisms to facilitate access by companies/manufacturers to the required pre-mixes</p> <p>Information and social marketing campaigns to promote the consumption of food of good nutritional and health quality</p> <p>Ban the inappropriate promotion of ultra-processed foods that are too fatty, too salty and/or too sweet for young children and the general population.</p> <p>Promoting and supporting the local production of nutritious food for the whole population and complementary foods.</p>
Promoting local products with high nutritional value	<p>Supporting stakeholders in the production of nutritious food based on local produce for the entire population, including children under the age of 2:</p> <ul style="list-style-type: none"> - Nutritious and healthy marketed products containing more than two food groups, such as cereal-based infant flours or purées. - Nutritious and healthy ingredients: lightly processed products from a single food group to be added to the carer's home diet to improve dietary diversity (egg and fish powder, dried fruit, peanut paste, etc.). - Nutritious, healthy snacks between meals. <p>Ensure behaviour change communication to increase consumer demand for nutritious food;</p>
Promoting retail sales of nutrient-rich foods	<p>Encourage the use of small packs and even individual portions for certain nutritious products, in order to reach all households, including the poorest.</p>

◆ EDUCATION, RESEARCH AND TRAINING

Good nutrition improves the physical and cognitive performance of learners, with a positive impact on school performance, learning capacity and endurance. In addition, the level of education improves nutritional status by encouraging the adoption of adequate feeding practices and appropriate care for children and helps to reduce the cycle of morbidity and malnutrition. These observations underpin the importance of using the education sector as a lever to disseminate good practice and thus contribute to preventing and effectively combating malnutrition.

Research into improving the productivity and quality of nutrient-rich foods, as well as policies that facilitate access to approved, good-quality inputs and encourage extension services to produce nutritious, healthy foods, are essential to create an environment conducive to diversification and sustainable intensification.

The following interventions and activities should be implemented (Table 5).

Table 5 : Examples of interventions in the education, research and training sector

Key interventions	Activities
Integrating nutrition into training curricula	Integrate nutrition into the curricula of schools and training centres (initial and vocational) and universities
Strengthening the nutrition skills of players and stakeholders in the education and research system	Train teachers and researchers in the concepts of nutrition and the causes and consequences of malnutrition
Promoting health/hygiene/nutrition activities in schools	<ul style="list-style-type: none"> Setting up hand-washing facilities in schools Support nutrition-focused literacy training for mothers/fathers of schoolchildren and teenage girls; Ensuring regular deworming of pupils Ensure that pupils receive regular vitamin A and iron/folic acid supplements Promoting early childhood development (stimulation and stimulation) Promote nutrition education in schools and educational and training establishments, Promoting nutritional education from an early age Organising sports competitions in schools Providing schools with sports facilities
Getting girls into school and keeping them there	<ul style="list-style-type: none"> Supporting the enrolment and retention of girls in school through scholarships and other initiatives Providing girls with hygiene kits to manage menstruation
Promotion of gardens/gardens and school canteens with nutritional objectives	<ul style="list-style-type: none"> Providing schools with gardens, orchards, livestock and canteens Make the school canteen sensitive to nutrition involving the community (involvement ranging from the production to the use of food produced for the school structure)
Promoting and exploiting the results of nutrition research	Implementing and coordinating nutrition research and innovation programmes, projects and operations
	Promote research into the safety and quality of traditional foods through specific funds (encourage structural funding for this research)
	Carrying out studies on the association between food-borne risks and acute and chronic diseases, in order to support the application of evidence-based strategies to combat food-borne and zoonotic diseases.
	Identify species and varieties, taking into account not only yields but also nutrient content, to combat malnutrition problems specific to each country
	Find ways to improve processing, packaging and preservation techniques, and particularly, those for extracting fish oil or egg powder, etc., taking into account their nutritional value.
	Draw up composition tables for local foods and dishes to assess the impact of culinary methods;
	Collect and analyse data on food composition

◆ CULTURE AND SPORT

Regular exercise eliminates the excess calories ingested in the diet (food rich in fats or sugars). This helps to prevent chronic diseases such as high blood pressure and diabetes. Sporting activity combined with a balanced diet improves health and reduces the risk of disease.

The following interventions and activities should be implemented (Table 6).

Table 6 : Examples of nutrition-sensitive cultural and sporting activities

Key interventions	Activities
Promoting team sport in communities and professional environments	Creating or promoting gender-sensitive sports facilities Plan individual or group sports activities taking gender into account
Preventing overweight and obesity	Organise awareness-raising activities aimed at education authorities to ban sponsorship of sporting events in schools or elsewhere by companies whose products encourage excess weight (video games, promotion of unhealthy foods such as cigarettes, sweets, alcohol, etc).
Promotion of cultural activities	Organise culinary art days and promote local dishes with high nutritional value Draw up and distribute documents on good practices for processing and preserving local products and booklets on local dishes for specific groups (children, young people, women, the elderly, chronic illnesses, etc.). Organise awareness-raising activities on social and cultural perceptions that are harmful to health (overweight and obesity) Conveying key messages on optimal nutrition practices to a variety of target audiences via various popular channels (theatres, series, forums, etc.) and media (films, social networks) Organise sporting activities to motivate the population to engage in acceptable physical exercise in an urban environment

◆ SOCIAL PROTECTION AND GENDER

Social protection refers to (i) psychosocial care, (ii) access for vulnerable people to basic services (health, education, water/sanitation) and (iii) financial support for vulnerable people to carry out income-generating activities.

Gender inequality is both a cause and a consequence of malnutrition. For example, women, girls and children are generally subject to social, cultural and political norms in terms of nutrition, and therefore suffer more from malnutrition.

The following interventions and activities should be implemented (Table 7).

Table 7 : Examples of social protection interventions and gender

Key interventions	Activities
Strengthening the nutrition skills of players and stakeholders in the social protection sector	Train social protection workers in the concepts of nutrition and the causes and consequences of malnutrition
Improving access to healthcare for vulnerable people	<p>Waiver of healthcare costs for children under 5 and pregnant women (if available)</p> <p>Set up social insurance schemes, including health insurance, agricultural insurance, maternity protection and employment insurance, to help protect nutrition-friendly assets against shocks and crises.</p> <p>Promoting the introduction of health insurance schemes that take nutrition into account</p>
Improving access to nutrient-rich food for vulnerable people	<p>Distribute vouchers to vulnerable people for the purchase of fresh products rich in micronutrients</p> <p>Putting in place mechanisms to reduce the cost of a healthy, balanced and nutritious meal for vulnerable people (women of childbearing age, young children, the elderly or people living with a disability, refugees, displaced persons, etc.).</p> <p>Organise well-designed, well-targeted consumer information campaigns to stimulate demand for nutritious food.</p> <p>Encouraging local purchases for social assistance programmes, such as school meals or food distribution programmes, can improve the nutrition of both consumers and poor producers.</p>

Table 7 : Examples of social protection interventions and gender

Key interventions	Activities
Conditional or unconditional monetary and non-monetary transfers	<p>Make unconditional cash transfers to vulnerable people</p> <p>Make conditional cash transfers to vulnerable people (participation in malnutrition prevention services)</p> <p>Ensure free food distribution to vulnerable people</p> <p>Ensuring the general distribution of food or the targeted distribution of specialised food for women and children</p> <p>Ensuring transfers of production goods, particularly "nutritionally interesting" goods such as dairy cows, small ruminants, poultry or nutrient-rich seeds</p>
Promotion of food sales at subsidised prices	Set up healthy, diversified and nutritious food banks for sale at subsidised prices to vulnerable people
Promoting income-generating activities for vulnerable people	<p>Supporting vulnerable people in the production of cash crops with a high nutritional value to increase income and reduce poverty</p> <p>Ensuring equal access to employment for men and women</p> <p>Put in place legal frameworks to support decent jobs in the formal sector</p> <p>Implement innovative approaches to facilitate employment in the informal sector</p> <p>Ensure that targeting strategies take into account the specific needs of the most vulnerable population groups and family members</p> <p>Empowering women through programmes that promote decision-making in purchasing and feeding nutritious food for women and children under 5 years of age</p>
Promotion of agricultural input subsidies for vulnerable households	Better targeting of vulnerable households for agricultural inputs to improve access;
Strengthen the community environment so that women can play a more active role as key players in the interventions.	<ul style="list-style-type: none"> - Strengthen women's capacity to occupy key positions in community activities - Conduct awareness-raising sessions to encourage families to contribute to household chores to relieve the burden on women and girls - Prioritising women and girls in community initiatives

◆ COMMUNICATION

Communication contributes to raising awareness and promoting good practice in the field of nutrition and in all sectors contributing to nutrition via the media and new information technologies.

In this way, it reinforces education for social and behavioural change in all specific and nutrition-sensitive sectors.

It will also help to build knowledge of the multi-sectoral approach used by communication professionals to raise awareness via the media, forums, caravans, etc.

The following interventions and activities should be implemented (Table 8).

Table 8 : Examples of communication campaigns to promote nutrition

Key interventions	Activities
Strengthening the nutrition skills of players and stakeholders in the communication sector	Train communication workers on the concepts of nutrition and the causes and consequences of malnutrition
Production and dissemination of information on good food and nutritional practices	Produce and distribute posters/kakemonos on social behaviour change in favour of good food and nutrition in local languages
	Produce and disseminate video/audio clips on social behaviour change in favour of healthy eating and nutrition in local languages
	Organise communication caravans (theatre-forum, animation, etc.) on important food and nutrition issues in local languages.
	Reduce the cost of disseminating good food and nutrition practices in the media
	Create and encourage the broadcasting of programmes on important food and nutrition issues in local languages through the media
	Set up a mechanism to motivate the media to promote good food and nutrition practices in local languages

◆ ADMINISTRATION AND LOCAL AUTHORITIES

They are the main actors in grassroots development in the context of decentralisation. Their contribution to the fight against all forms of malnutrition is crucial.

Given the role of good nutrition in human development, there is an urgent need to mobilise the administration and local authorities around nutrition issues, and to equip them to play an effective role in developing local actions that are consistent with the national framework and regional nutrition priorities.

They have many advantages when it comes to taking action in the field of nutrition. Their status as public bodies are a guarantee of the general interest that characterises their work. What's more, they are in close contact with the local population (men and women) and the many professionals involved in agriculture, livestock farming, fishing, health, social action, education and economic life.

The following interventions and activities should be implemented (Table 9).

Table 9 : Examples of interventions to support nutrition in government and local authorities

Key interventions	Activities
Strengthening the nutrition skills of players and stakeholders in government and local authorities	Train civil servants and local authorities on the concepts of nutrition and the causes and consequences of malnutrition.
Technical support for local authorities	Set up a mechanism to support local authorities in developing projects that integrate nutrition Lobby the authorities, the diaspora and TFPs to mobilise resources for the integration of nutrition into local development plans (LDPs), implementation and monitoring and evaluation.

◆ OTHER CONTRIBUTING SECTORS

The Mining and Geology sector and the Housing and Urban Planning sector can compromise the effects of the other contributing sectors through groundwater and air pollution (chemical substances, dust laden with dangerous debris, toxic gases, etc.).

The Energy, Security and Transport sectors can promote food security by improving availability (processing and storage), accessibility (controlling food prices) and stability (ensuring the free movement of goods and services).

The following interventions and activities should be implemented (Table 10).

Table 10 : Examples of interventions by other contributing sectors

Key interventions	Activities
Facilitating the transport of food products	Building and electrifying roads to facilitate the transport of food products, particularly the most perishable and nutrient-rich foods Promoting the use of suitable equipment for transporting food products
Construction of fruit and vegetable distribution points in rural and urban areas	Building and electrifying fruit and vegetable markets in rural and urban areas Building and electrifying fruit and vegetable warehouses in rural and urban areas
Promoting a healthy living environment (air pollution)	Organise activities to promote behaviour conducive to improving the living environment
Environmental pollution prevention	Regular monitoring of waste processing in the mining and geology, agriculture and transport sectors Ensuring compliance with environmental and social plans

In Appendix 1, a table of existing or potential platforms by contributing sectors for synergy of action between sensitive and specific nutrition interventions is proposed.

In Annex 2, a table for monitoring and evaluation gives some examples of interventions by contributing sector.

It is understood that these appendices need to be adapted to each context to ensure that the regional guide is properly implemented and that nutrition is better integrated at all levels.

Here is your guide to improve nutrition integration!



PART II

II. DIFFERENT STAGES IN THE INTEGRATION OF NUTRITION

1. Regional level: incorporating nutrition into regional guidelines

The process for drawing up strategic documents at regional level should involve the following key stages (Figure 5):

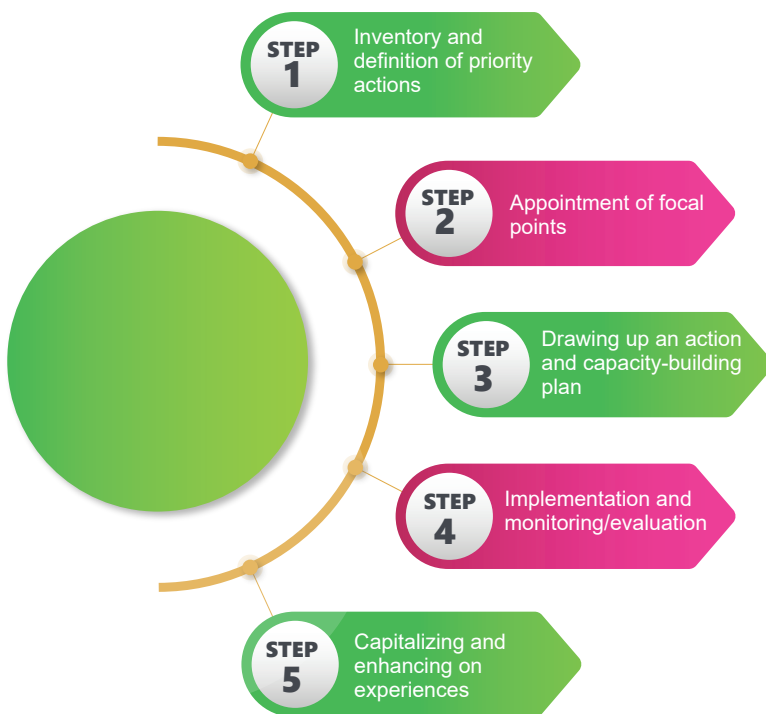


Figure 5: Stages in the integration of nutrition into strategic documents at regional level

STEP 1

INVENTORY, ADVOCACY AND DEFINITION OF PRIORITY ACTIONS

- Carry out a participatory diagnosis or inventory of the level of integration of nutrition in IGO policy and strategy documents;
- Define priority actions in the field of nutrition and make synergistic choices to address the issue of FNS (food and nutritional security) for sustainable development;
- Draw up an aide-memoire for high-level advocacy to raise awareness and mobilise decision-makers or officials from IGOs (CILSS, ECOWAS, UEMOA, etc.), the African Union, RFOs, regional organisations of parliamentarians and mayors, etc., on the multi-sectoral approach to combating malnutrition (to better integrate nutrition into all strategic documents and programmes and projects).

STEP 2

APPOINTMENT OF FOCAL POINTS AND IDENTIFICATION OF KEY PLAYERS

- Designate a focal point within each structure responsible for identifying existing opportunities at entity level for revising strategic documents or drawing up projects and programmes (choice of countries, performance indicators taking nutrition into account);
- Identify the key players involved within each structure, in the development and monitoring-evaluation of policies, strategies, programmes/projects.

STEP 3

CAPACITY BUILDING

- Organise orientation and training sessions to build the capacity and knowledge of decision-makers and stakeholders in the multisectoral approach to nutrition development;
- Build the capacity of stakeholders to ensure that nutrition is taken into account efficiently, in accordance with the guide (integration, planning, financing, implementation, monitoring-evaluation and capitalising on experience).

STEP 4

IMPLEMENTATION AND MONITORING/EVALUATION

- Draw up a participatory, inclusive and iterative implementation and monitoring-evaluation plan for member countries;
- Identify SMART (gender-sensitive) performance indicators and include them in the existing system;
- To facilitate regular data collection, the digitised system should be preferred.
- Put in place incentive mechanisms to motivate IGOs and countries to achieve performance and even excellence in integrating nutrition.

STEP 5

CAPITALISING ON AND MAKING THE MOST OF WHAT HAS BEEN LEARNT

■ Capitalising on, disseminating and promoting the knowledge acquired.

2. National level: integrating nutrition into policies, strategies, plans, programmes and projects

In order to ensure that nutrition is taken into account in these documents, the actors of the multisectoral nutrition platform must be involved throughout the process.

The process for developing sector strategy documents must take account of the following key stages: (Figure 6).

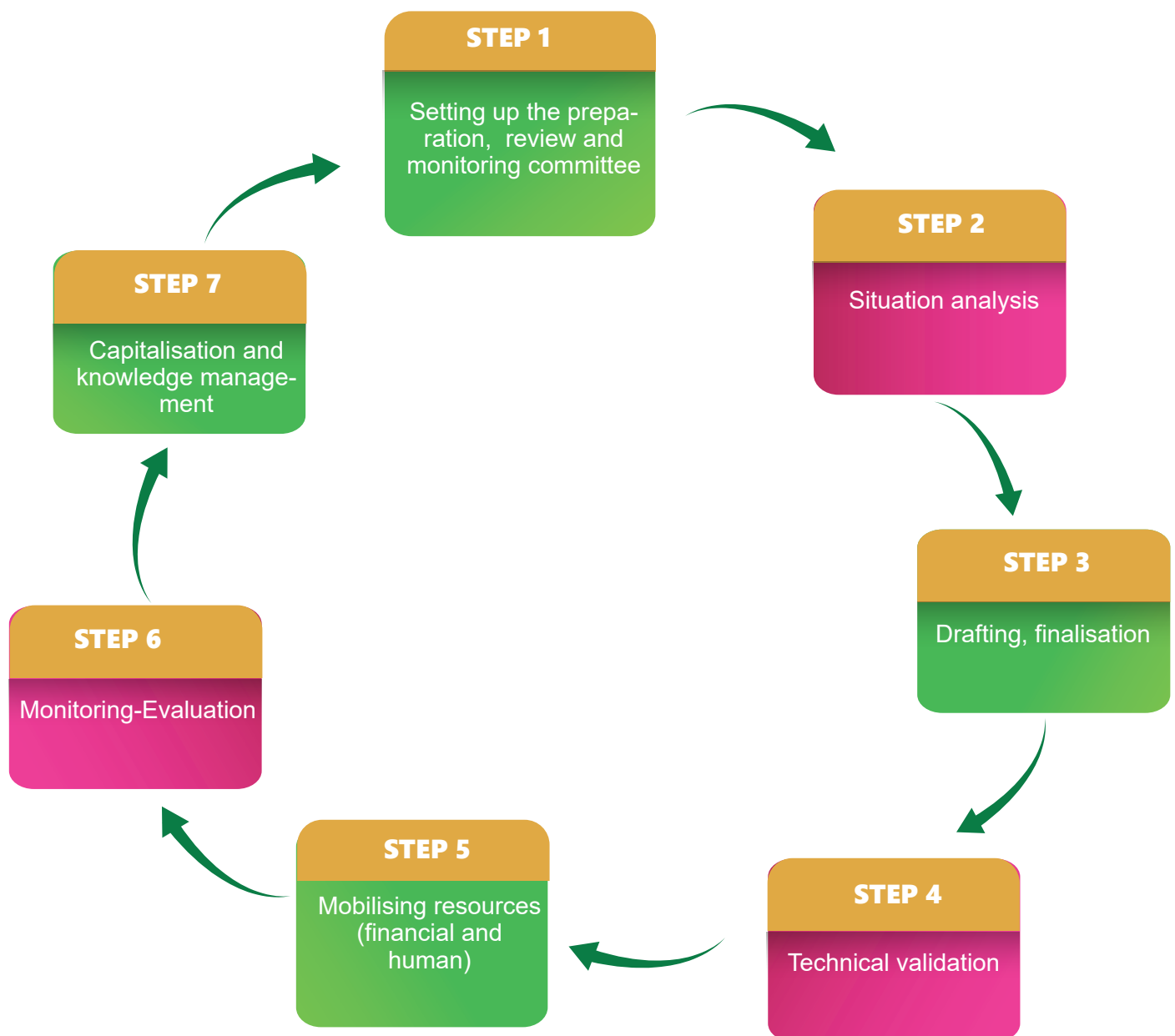


Figure 6 : Steps in the integration of nutrition into strategic documents at country level

STEP 1

SETTING UP THE PREPARATION, REVIEW AND MONITORING COMMITTEE

This stage involves setting up a committee to draw up and monitor the strategic document. The table below sets out the priority actions to be carried out during this stage (Table 11).

Table 11: Different actions to be taken during the first stage

Process integration	Actions to be taken	Actors/ managers	Results
Setting up a committee to develop and monitor the integration of nutrition in the contributing sector	Taking account of nutrition and gender in the terms of reference for drawing up sectoral policies and plans	Representatives of the ministerial departments responsible for drawing up the policy, strategy or sectoral plan, technical and social partners	The terms of reference for the development of the policy, strategy, plan/programme or project take account of nutrition
	Inclusion of a nutrition specialist in the technical committee responsible for drawing up the policy, strategy, plan/programme or project.		A specialist in Nutrition is registered in the decree setting up the technical committee
	Capacity-building for the technical committee on the multi-sectoral approach and the guide	Members of the Technical Committee	The members of the technical committee are made aware of the multi-sectoral approach and the guide. The nutrition themes to be taken into account are identified.

STEP 2

SITUATION ANALYSIS

We need to take stock of the extent to which previous or current policies, strategies, plans/programmes or projects have taken into account and implemented sensitive and specific nutrition interventions.

Next, it is important to describe the nutritional situation and the determinants of malnutrition, and to analyse the underlying and fundamental factors of malnutrition that can contribute to an environment favourable to nutrition. To do this, certain activities need to be implemented (Table 12).

Table 12 : Diagnosis or situational analysis

Process integration	Actions to be taken	Actors/ managers	Results
Diagnosis or situational analysis	Document review of sector policies, strategies, and plans	Technical committee	Review is effective
	Diagnosis of how nutrition is taken into account in previous or current policies, strategies, plans/programmes or projects in the sector: situational analysis, interventions, indicators, budgets, etc.		Diagnosis is effective
	Identify synergistic sectors for collaboration		Synergistic sectors and collaborative platforms are identified
	Identify advisory and financial support partners		Advisory and financial support partners have been identified
	Drafting the diagnostic report		Final diagnostic report is available

STEP 3

DRAFTING AND FINALISATION

At this stage of the process, the document must be drafted taking into account the key nutrition issues identified in the analysis of the situation.

The nutrition specialist will have to ensure that the key themes identified in the strategic areas are taken into account, prioritising multi-sectoral interventions that have proved their worth in helping to combat malnutrition (Table 13).

Table 13: Drafting

Integration process	Actions to be taken	Players	Results
Editorial	Taking into account identified nutrition-sensitive and nutrition-specific key interventions and actions in the formulation of the contributing sector's strategic orientations	Technical Committee development	Strategic document integrating nutrition available
	Prioritising actions		
	Planning of priority actions taking into account key nutrition themes with relevant nutrition indicators and budget allocations		
	Drafting the strategy paper		

STEP 4

TECHNICAL VALIDATION

At this stage, the technical committee responsible for drafting the document will:

- A check of the extent to which nutrition is taken into account in the document by referring to the elements making up the diagnostic table;
- Additional contributions based on items not taken into account.

STEP 5

MOBILISING RESOURCES (FINANCIAL AND HUMAN)

The integration and implementation of nutrition-sensitive and nutrition-specific actions will require financial and human resources.

If the strategic document is to be successfully implemented, resources must be mobilised from technical and financial partners, while at the same time increasing domestic funding. A substantial budget must therefore be earmarked for the implementation of key nutrition interventions in the various sectors concerned.

STEP 6

MONITORING AND EVALUATION

The monitoring and evaluation system must be integrated into the existing system of each contributing sector. The authorised structures in each sector responsible for implementing the system of regular data collection (if possible, disaggregated by sex and age) at all levels (national, decentralised), will have to ensure specific monitoring of their sector's interventions.

To facilitate regular data collection, the digitised system should be preferred.

Countries using the common results framework, multi-sector strategic plans or specific monitoring and evaluation systems must ensure that the indicators are consistent.

To guarantee accountability, the mechanisms and frameworks for consultation must be described, revitalised and used at both regional and national level.

At the level of multi-sector coordination, the implementation of interventions can be monitored using effective tools:

- Mapping of interventions and stakeholders:
- Scorecards:
- Dashboard:

The results need to be published through several communication channels, to generate greater commitment from stakeholders.

Incentive mechanisms need to be put in place to motivate IGOs and countries to perform and even excel in integrating nutrition.

STEP 7

CAPITALISING ON, DISSEMINATING AND MANAGING KNOWLEDGE

This stage should enable those involved to identify, capitalise on, update, preserve and share the knowledge acquired throughout the process with all stakeholders.

The technical committee must put in place mechanisms and methods to record and share the knowledge acquired, through documentation, the information system, messaging, the forum, etc. These mechanisms and methods must be holistic and inclusive. These mechanisms and methods must be holistic and inclusive.

3. At territorial level: integrating nutrition into local development plans

The integration of nutrition into local development plans (LDPs) must comply with the process of drawing up these plans according to the methodology adopted in each country and the national guidelines received.

It is structured around the following phases (Figure 7).



Figure 7: Integration of nutrition into local development plans

STEP 1

SETTING UP THE PREPARATION/REVIEW AND MONITORING COMMITTEE

This stage involves setting up an inclusive (gender-sensitive) committee to draw up and monitor the local development plan (LDP) or programme/project.

The table below sets out the priority actions to be carried out by the development team to ensure that nutrition is taken into account. A number of activities are to be carried out during this stage (Table 14).

Table 14: Different actions to be taken during this stage

Process integration	Actions to be taken	Players	Results
Setting up the development and monitoring committee	-Taking nutrition into account in the terms of reference for the preparation of the local development plan (LDP) or the Programme/project -Guidance for the consultant on integrating nutrition (should this be the case)	- Head of region or municipality -Department of the region/commune responsible for drawing up the local development plan (LDP)	The terms of reference for the preparation of the local development plan (LDP), programme or project take account of nutrition
	Inclusion of a nutrition specialist in the technical committee for drawing up the local development plan (LDP) or programme/project (or involvement of the regional nutrition focal point).	- Development agents (NGOs, associations, etc.) - The Consultant recruited	A specialist in Nutrition is registered in the decree setting up the technical committee or recruited
	Capacity-building for the technical committee and the consultant on the multi-sectoral approach and the guide	Members of the Technical Committee	The members of the technical committee are made aware of the multi-sectoral approach and the guide. The nutrition themes to be taken into account are identified.

STEP 2

IDENTIFICATION OF ASSOCIATIONS, LOCAL ELECTED REPRESENTATIVES AND LOCAL LEADERS, AS WELL AS LOCAL CONSULTATION FRAMEWORKS AT EACH LEVEL (REGION AND COMMUNE)

The local development approach is based on a number of principles, including the participation and full responsibility of local people, sustainability and a shared vision of community development, consultation between local players who drive development, and support from partners in the form of technical assistance, consultancy and financial support.

Depending on the context, these include.

The local chief administrative officers :

- The local authority's top administrative official;
- The head of each local government technical service; Local councillors, including traditional and religious councillors.

Agents at local authority level :

- Regional Councillor;
- Regional councillors;
- The Mayor of the municipalities;
- Local councillors;
- Local authority administrative staff (Regional Council and Communes)
- Other village development advisers (rural sector, health, education, social protection, water/sanitation, etc.).

Agents of decentralised state technical services :

- Agriculture/Livestock agents;
- Health workers;
- Environmental officers (forestry and fisheries);
- Water and sanitation agents;
- Research department staff;
- Welfare officers;
- Education officers;
- Communication agents;
- Energy agents (including solar and gas);
- Security officers;
- Local government officials (region, province, department, village);
- Planning, economic and financial officers
- And so on.

Development support players from:

- Local associations;
- Non-governmental organisations operating in the locality;
- Projects and programmes implemented in the locality;
- Development associations.

STEP 3

DIAGNOSTIC ANALYSIS AND DEFINITION OF PRIORITIES

Diagnosis consists of carrying out an assessment and analysis of the locality's potential, constraints and needs, taking nutrition into account, in order to identify concrete elements that will serve as a basis for planning. This assessment requires the use of tools such as the Nutritional Profile of the locality, the Strength Weakness Opportunity Threat (SWOT) approach, the stakeholder analysis matrix, the problem analysis matrix and the capacity assessment tool, among others.

A number of actions can be envisaged based on documentary research and interviews:

- Analysis of the diversity and level of disaggregation of data collected by the sector (collection of data on contributing sectors);
- The results of previous capitalisations are taken into account;
- Establishing the Nutritional Profile of the Region (NPR) and Communes (CNP);
- Mobilising and consulting local stakeholders (Village Development Councillors, Community-based Organisations, Civil Society Organisations, Community Leaders, agricultural extension workers, etc.) on the situation in specific nutrition-sensitive sectors;
- Drawing up a map of stakeholders in specific sectors sensitive to nutrition in the region and in the municipalities (stakeholders, type of intervention, type of activity, funding, beneficiaries, area of intervention, etc.);
- Evaluation of the level of integration of nutrition in the region's strategic documents (regional development plans (RDP), communal development plans (CDP), programmes/projects) to address shortcomings;
- Evaluating the level of integration of nutrition in the programmes and projects of the region's Technical and Financial Partners (TFPs) and of the communes, in order to ensure that nutrition is taken into account;
- Assessing the availability of trained nutrition resources in specific nutrition-sensitive services (health, agriculture, livestock, environment, education, social protection, etc.) and logistics (inputs) in the region and local authorities to support the expansion of specific nutrition-sensitive interventions;
- Assessing the level of coverage and accessibility of services for vulnerable groups;
- Strengths, Weaknesses, Opportunities and Threats (SWOT) assessment;
- Drawing up the diagnostic report in an inclusive, participatory, iterative and consensual manner

This diagnostic analysis can be carried out by technical department managers and/or by a consultant under the supervision of the technical committee.

STEP 4

DRAFTING (INTEGRATION OF NUTRITION INCLUDING DEFINITION OF MONITORING INDICATORS)

At this stage of the process, the draft local development plan document is drawn up, taking into account the sectors contributing to nutrition identified in the diagnostic analysis. This draft must include the components of the local development plan, defined according to the country. The results of coherent planning may include: analysis of the physical and socio-economic situation of the territorial entity concerned; the vision; strategic orientations; implementation, monitoring and evaluation provisions; risk analysis and management, etc.

The following actions can be carried out:

- Lobbying local leaders to take account of nutrition-related activities;
- Formulation of development guidelines (vision, objectives and strategies);
- Prioritising actions;
- Planning development actions at local authority level (Region and Communes), taking into account the sectors that contribute to nutrition;
- Drawing up a (regional or local) development plan.

In addition to these actions in sectors that contribute to nutrition, it is important to ensure that accountability and communication with communities are taken into account.

STEP 5

ADVOCACY FOR EFFECTIVE IMPLEMENTATION WITH DEDICATED RESOURCES (FINANCIAL AND HUMAN)

Implementing a local development plan (LDP), such as a RDP or LDP, requires financial, human and material resources that need to be mobilised.

Depending on the context, implementation consists of putting into practice the actions of the sectors contributing to nutrition, as set out in the local development plan. It must be placed under the responsibility of the local community, overseeing local development. This entity sets up an implementation system that includes key players such as all the components of the communities (women, young people, diaspora, elderly people, minorities), technical services, support projects and programmes, development associations, NGOs, decentralised cooperation and donors.

Mobilising resources involves identifying all the contributors to the local budget, as well as advocacy activities.

The following actions can be carried out:

- Drawing up annual investment plans that take into account the actions of sectors that contribute to nutrition;
- An inventory of all sources of funding (drawing rights to the permanent fund for the development of local authorities, specialised intervention windows, contributions from TFPs, State allocations, resources transferred for the exercise of powers, local authorities' own resources, contributions from communities, NGOs, development associations, decentralised cooperation, donations and legacies, fundraising and the diaspora);
- Conducting advocacy activities to encourage the mobilisation of resources from the various sources of funding;
- The identification and integration of interventions by sectors contributing to nutrition and their budgeting;
- Ongoing accountability to make the results of the use of resources accessible.

STEP 6

MONITORING AND EVALUATION

The monitoring and evaluation of interventions in sectors contributing to nutrition is part of the overall monitoring and evaluation plan for the LDP.

To facilitate the regular collection of (disaggregated) data, the digitised system should be preferred. The Government and TFPs should support this option.

However, the players in these contributing sectors will have to ensure specific monitoring of their sector's interventions by integrating them into their current system.

The overall aim of monitoring and evaluation must be to ensure that the various players respect the obligation of accountability.

The following actions can be carried out:

- Integrating nutrition indicators into the existing monitoring and evaluation system;
- Ensuring that key nutrition indicators are monitored and reported by those responsible for collecting them at local level within the existing system;
- Drawing up periodic reports (quarterly, half-yearly and annual) on the implementation of the annual investment plan.

STEP 7

CAPITALISING ON AND MANAGING KNOWLEDGE

The committee must ensure the development of a mechanism for capitalising on, sharing and disseminating good practice and lessons learned, using appropriate channels and tools (good documentation, digitisation of the information system, messaging systems, forums, etc.).

This stage will enable the players and stakeholders to be better informed about the process, the evolution of the indicators, and to have feedback on the experiences and lessons learned to better guide future actions in the medium and long term.

Provisions for local programmes and projects

As the mechanism for drawing up projects and programmes is different from that for drawing up local development plans, it is essential to ensure that nutrition is also properly integrated. The development actors in charge of these projects must therefore take into account the nutrition indicators in the areas where the projects/programmes are being implemented when analysing the situation. During the drafting of the project, in support with the nutrition experts, it is important to plan specific activities that are sensitive to nutrition.

III. PRACTICAL ADVICE

To ensure that nutrition is effectively integrated into strategic documents, it is necessary to :

Country level: national and local :

- Set up/strengthen multi-sectoral consultation frameworks in the country with all contributing sectors (Agriculture, Livestock, Fisheries, Forestry, Health, Social Protection, Water, Hygiene and Sanitation, Environment, Research, Education Industries, Trade, Crafts, Transport, Sport, Communication, Security, Territorial Administration, etc.) and all stakeholders (civil society, private sector, academics/researchers, donors, United Nations, etc.);
- Ensure that multi-sectoral consultation frameworks are operational to monitor the revision/development of strategic documents (policies, strategies, programmes/projects, plans) by all contributing sectors;
- Organise meetings to share experiences within and between sectors and countries to strengthen understanding of the multi-sectoral approach;
- Develop/integrate the communication/advocacy plan for the integration of nutrition into strategic documents (policies, strategies, programmes/projects, plans) by all contributing sectors;
- Draw up/integrate the monitoring and evaluation plan for the implementation of operational documents incorporating nutrition, and document the progress made (or failures) at each stage of the process to ensure that it is properly capitalised on (so that adjustments can be made if necessary).

IV. RECOMMENDATIONS

All IGOs, CEI-PREGEC and CSOs in the sub-region involved

This plan should include an event to launch the guide and share the key messages, the guide's objectives and the expected results;

- At the launch, involve all the key players in the contributing sectors, local authorities, parliamentarians, the private sector, CSOs and TFPs, in order to encourage their involvement and commitment to the dissemination, appropriation and implementation of the consensual regional guide to more successful integration of nutrition.
- Set up a support plan for using the guide developed
- Draw up and implement a plan to mobilise funding for nutrition;
- Supporting countries to build the capacity of stakeholders (PR Pool)
- Monitor and evaluate the implementation of the regional guide

◆ ECOWAS

- Undertake to support countries in implementing the guide to integrating nutrition into policies, plans and strategies
- Use the guide as a basis for further integrating nutrition-sensitive interventions into regional agricultural policies.

◆ UEMOA

- Undertake to support countries in implementing the guide to integrating nutrition into policies, plans and strategies
- Use the guide as a basis for further integrating nutrition-sensitive interventions into regional agricultural policies.

◆ CILSS

- Develop a communication/advocacy, dissemination, ownership and implementation plan for the regional guide in the countries and the sub-region. This plan will make it possible to reach the priority targets (resource persons: decision-makers, experts, planners, etc.) of the stakeholders and to secure their commitment and support;
- Disseminate the regional guide (translate, reproduce and make available in the sub-region and in the countries);
- Conduct a pilot phase in three (3) countries;
- Regularly review the nutrition integration guide to take account of new guidelines and lessons learned;
- Plan to evaluate the guide every 2 or 3 years and revise it every 5 years or according to new guidelines beyond the PAGR/SANAD;
- Review the CILSS Strategic Plan and Strategic Framework for Food Security and Nutrition to better integrate nutrition and take account of nutrition-sensitive interventions in the five-year implementation plans.
- Prepare notes for decision-makers and advocacy notes;
- Develop a regional tool similar to this regional guide to harmonise the assessment of the level of integration of nutrition in policy documents, strategies, programmes and projects in the sub-region on the basis of documents summarising existing approaches;
- Take account of the guide "in the capitalisation of existing experience and knowledge management".
- Capitalising on experience and lessons learned

- Framework for engagement and questioning of the crisis prevention and management mechanism (CEI-PREGEC), civil society organisations (CSOs), the network of parliamentarians and the network of member local authorities.
- Build the capacity of FBOs, CSOs, parliamentarians and local authorities on nutrition and the multi-sectoral approach to better advocate for increased domestic budgets in countries;
- Advocate for the inclusion of nutrition in country and IGO/RPO strategy documents;
- To ensure that nutrition is effectively integrated into the strategic documents of countries and IGOs/RPOs.

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1. INTERVENTIONS AND PLATFORMS FOR SYNERGY OF ACTION BETWEEN CONTRIBUTING SECTORS AND SPECIFIC INTERVENTIONS

Sectors	Synergies with specific nutrition	Platforms
Social protection	Targeting mothers of children under the age of two IYCF counselling with the introduction of IYCF practice support group	Social safety nets Cash transfers
	Screening for malnutrition	During the distribution of food and support measures for Cash
Education	Deworming campaign, iron/folic acid supplementation	Schools/High schools/Colleges
	Use of Micro Nutrient Powder (MNP) sachets in school canteens	Youth literacy centres
	Vitamin A supplementation	in consultation with health workers
	Nutritional education for pupils and young people	
Food safety	Screening for malnutrition	Food distribution
	Setting up GASPA groups	Nutritious gardens
	Access to varied and nutritious food (economic and physical access)	Traders of agri-food products and fortified foods
	Diversification of agri-food production Drawing up norms and standards Fortification of convenience foods	Farmers' organisations or agricultural producers' associations (farmers, breeders, fishermen, processors) Surveillance services
	Food safety	Regulatory surveillance at checkpoints, restaurants, markets, schools, health centres, etc.
Health	Screening for malnutrition Iron and folic acid supplementation/ (Multiple micronutrient supplements MMS)	Preventive chemotherapy for seasonal malaria Prenatal care, community talks, etc.
	Vitamin A supplementation and deworming	Vaccination campaign
	Integrated Management of Malnutrition (IMN)	Clinical and Community IMCI
	Iron/folic acid supplementation and deworming of out-of-school adolescent girls	Community activities
WASH	Capacity building for health and social action/community workers on the Wash nutrition strategy	Health training Schools Community centres
	Access to drinking water	
	Water treatment	
	Sanitation	

2. Key interventions by sector and indicators for MONITORING-ASSESSMENT

Interventions	Indicators	Calculation method	Manager	Collection source
Food safety				
Diversification and sustainable intensification of agricultural production	Proportion of households with an acceptable food consumption score (%)	Number of households with a food consumption score over 35/total number of households	Structure responsible for agricultural statistics	Statistical directories Agricultural surveys
Development of fisheries and aquaculture to improve the availability of fish and aquaculture products with a high nutritional value	Proportion of households accompanied for fishing (%)	Number of fishing households/total number of households	Structure responsible for fishery product statistics	Statistical directories Fisheries surveys
	Proportion of households supported to practise aquaculture (%)	Number of households practising aquaculture / total number of households		
Industry and Commerce				
Industrial fortification of most consumed foods	Quantity of fortified adequately produced	Quantity of fortified adequately produced/total quantity of fortified foods produced	Structure in charge of Trade Statistics	Statistical directories Commercial surveys
Promotion of complementary foods	Quantity of adequate supplementary feed produced adequately produced	Quantity of suitable supplementary feed produced/total quantity of supplementary feed produced	Structure responsible for trade and association statistics	Statistical directories Commercial surveys
Health				
Malaria prevention and treatment	of children under 5 suffering from uncomplicated malaria receiving anti-malarial drugs in the health facility	Number of children under 5 with uncomplicated malaria receiving anti-malarial drugs in the health facility/total number of children under 5 with malaria receiving anti-malarial drugs in the health facility.	Structure responsible for health statistics	Statistical directories Health surveys
	of children under 5 suffering from uncomplicated malaria receiving anti-malarial drugs at community level	Number of children under 5 with uncomplicated malaria receiving anti-malarial drugs at community level / Total number of children under 5 with malaria seen at community level s		
Vaccination	Number of children aged 12-23 months vaccinated/total number of children aged 12-23 months	Number of children aged 12-23 months vaccinated/total number of children aged 12-23 months	Structure responsible for health statistics	Statistical directories Health surveys

Social protection				
Promotion of food sales at subsidised prices	Proportion of households receiving food at subsidised prices	Number of households receiving food at subsidised prices/ Number of households in need	Structure in charge of social statistics	Statistical directories Social Protection Surveys
Education				
Getting girls into school and keeping them there	Gross enrolment rate for girls (%) at: Preschool Primary Secondary	Ratio between the number of girls in pre-school, primary or secondary education/total number of girls of pre-school, primary or secondary age.	Structure in charge of education statistics	Statistical directories Education surveys
	Completion rate (%) as at: Primary Secondary	Ratio between the number of girls enrolled in the last class of primary or secondary school/total number of girls of primary or secondary school age	Structure in charge of education statistics	Statistical directories Education surveys
Water, Hygiene and Sanitation				
Improving access to drinking water	Rate of access to drinking water	Proportion of population served according to defined standards and criteria/total population (%)	Structure in charge of drinking water statistics	Statistical directories Drinking water supply surveys

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