Working regionally to drive change in nutrition

Nutrition-Relevant Policy in West Africa: A Comprehensive Review

REGIONAL REPORT

Recommended citation:

Casu, Laura, Ampa Dogui Diatta, Irina Uzhova, Mariame Dramé, Judith Kaboré, Fanta Touré, Elodie Becquey, and Roos Verstraeten. 2022. "Nutrition-Relevant Policy in West Africa: A Comprehensive Review." Report. Dakar, Senegal: Transform Nutrition West Africa; Washington, DC: International Food Policy Research Institute.

TABLE OF CONTENTS

LIST OF TABLES

LIST OF FIGURES

LIST OF BOXES

FOREWORD

Recent years have witnessed a growing political commitment to addressing West Africa's high rates of maternal and child malnutrition. Despite this commitment, West Africa is not on track to achieve World Health Assembly (WHA) targets. There is a need for appropriate policy choices and program actions to generate sustained change at scale.

This report contributes to the evidence base by examining what malnutrition issues current nutrition-relevant policies in the West Africa region are addressing. This synthesis, informed by qualitative analytical work, sheds light on the gaps and opportunities in current nutrition-relevant and nutrition-oriented policy. It identifies some of the changes that are needed for the improvement of policies within and across sectors throughout West Africa; it also offers insights into the ways in which both existing and future policies can create and sustain an environment that is conducive to addressing these issues and achieving key nutrition targets.

We hope that these results will support transformation at the country and regional level by contributing to national- and local-level policy discussions and reforms.

ACKNOWLEDGEMENTS

This report on nutrition-relevant policy in West Africa was prepared under the leadership of Transform Nutrition West Africa, a project funded by the Bill & Melinda Gates Foundation and led by the International Food Policy Research Institute. It was achieved in close collaboration with a core team from the West and Central Africa offices of Action Against Hunger who received funds by UNICEF to perform this work. Synthesis and finalisation of the report were supported by the European Commission - Joint Research Center.

Laura Casu and Roos Verstraeten led the writing. Ampa Dogui Diatta, Irina Uzhova, Elodie Becquey, Mariame Dramé, Judith Kaboré, and Fanta Touré contributed text and data. Afua Atuobi-Yeboah, Blanche Mattern, Christelle Huré, Augustin Flory, Fanta Touré, Irina Uzhova, Mariame Dramé, Ampa Dogui Diatta, Laura Casu, and Roos Verstraeten were involved in data extraction and supported the research process.

We would like to thank the various stakeholders from ECOWAS countries who contributed to identifying and collecting policy documents; these included advocacy coordinators from the ECOWAS countries and West Africa 'SUN Civil Society Network chairs'.

ABOUT TRANSFORM NUTRITION WEST AFRICA

Recent years have witnessed a growing political commitment to addressing West Africa's high rates of maternal and child malnutrition. This commitment must be translated into appropriate policy choices and programmatic actions if it is to generate sustained change at scale. Transform Nutrition West Africa (TNWA) is a regional platform for enabling effective policy and programmatic action on nutrition. The project is funded by the Bill & Melinda Gates Foundation and led by the International Food Policy Research Institute (IFPRI). It supports decisions and actions to improve maternal and child nutrition throughout the region through an inclusive process of knowledge generation and mobilization. Beginning in 2017, the project assessed and analyzed nutrition-relevant data, programs, and policies in order to build up knowledge on optimal approaches. TNWA then mobilized this knowledge to strengthen enabling environments and inform nutrition-relevant decision-making. This work was anchored in the context of West Africa, particularly in the four focal countries of Nigeria, Burkina Faso, Ghana, and Senegal. The project ended in 2021.

ABOUT ACTION AGAINST HUNGER REGIONAL OFFICE FOR WEST AND CENTRAL AFRICA

Action Against Hunger (AAH) is an international NGO that was founded in 1979 with the aim of fighting hunger across the world. Its mission is to save lives by eradicating hunger through the prevention, detection, and treatment of malnutrition. Its focus is on both causes and effects, including those that occur during and after emergencies that are caused by conflicts and natural disasters. Between 2013 and 2020, Action Against Hunger and its Regional Office for West and Central Africa (AAH–ROWCA) have been engaged in a number of studies that have contributed to building up expertise in nutrition-sensitive policy analysis across the West and Central Africa region and beyond. These studies have provided the basis for a comprehensive review of nutrition-relevant policy in West Africa and for the potential extension of these policies to the Central African region. This research was undertaken in collaboration with TNWA and with input from other international and regional partners. Its presence in the region, existing capabilities, and extensive network provided the scope for a systematic mapping of nutrition-relevant policies and the validation of findings within the countries of interest; this data will inform its ongoing advocacy and cooperation activities.

1. BACKGROUND

Malnutrition continues to be a major health burden in low- and middle-income countries (LMICs) and is one of the predominant risk factors for ill health and death, with women and children being most vulnerable. Most countries in the region show variable, little, or no progress in meeting most of the global nutrition goals (Development Initiatives 2020); therefore, stunting and wasting among children under five (U5s), low birth weight, anemia among women of reproductive age (WRA), and the epidemic of overweight/obesity remain priorities for West African policymakers. None of the countries in the region are on track to meet the targets for low birth weight (LBW), anemia among WRA (Development Initiatives 2020), or overweight/obesity; and nutrition-related noncommunicable diseases (NR-NCDs) are on the rise (Verstraeten and Diop 2018; Development Initiatives 2020; Popkin, Corvalan, Grummer-Strawn 2020). With the COVID-19 pandemic aggravating the pre-existing malnutrition burden (Osendarp et al. 2021), and the 2030 deadline for reaching the Sustainable Development Goals (SDGs) fast approaching, it is a critical time for action. The region's unequal and limited progress has been attributed to, among other things, political instability and lack of resources (Development Initiatives 2020). Suggestions for ways to achieve SDG Target 17.14 (Enhance policy coherence for sustainable development) have included better implementation of policies and actions in response to specific identified needs and priorities; a further suggested approach is increased coherence and coordination across nutrition-relevant sectors (Pelletier et al. 2012; Gillespie et al. 2013; Hawkes 2016). Policy coherence analysis also promises to be an important tool for improving the efficiency and effectiveness of food policy and practice (Parsons and Hawkes 2019).

A recent survey-based food policy report by the World Health Organization (WHO 2018) highlights the global-level results of a comprehensive analysis of policies, strategies, and plans relevant to nutrition; it focuses on coordination mechanisms for nutrition and on the actions taken to tackle various forms of malnutrition, and it includes a review of nutrition capacity. The report confirms significant improvement in policies with regard to inclusion of nutrition goals/targets and relevant actions over time, however a number of challenges still exist. These include: lack of recognition of the importance of optimal nutrition early in life for prevention of obesity and diet-related NCDs; lack of coordination mechanisms; limited numbers of staff trained in nutrition; and overall lack of progress toward meeting global nutrition targets (WHO 2018). There is ample research on cross-sector policy coherence for nutrition. Previous studies have shown that coherence in planning and action within and across nutrition-relevant sectors is a key enabler of significant progress in reducing undernutrition (Heidkamp et al. 2021). However, very few studies have conducted the kind of assessment of the full nutrition-relevant policy landscape that would allow advancement of the understanding of the current direction, strengths, weaknesses, and gaps in nutrition-relevant policy or a better understanding of key nutrition challenges and their implications at the country and regional level.

1.1 Nutrition-relevant policy review in West Africa[1]

The Action Against Hunger Regional Office for West and Central Africa (AAH–ROWCA) published a study in 2015 which assessed the integration of nutrition into contributing sector programs and policies. The study sought to assess the commitment of each of the AAH intervention countries of the West Africa region in terms of its nutrition-sensitive action programming. At the time, this included 11 countries: Burkina Faso, Senegal, Mauritania, Mali, Niger, Chad, Côte d'Ivoire, Liberia, Sierra Leone, Guinea, and Nigeria). In an effort to assess support needs, the study conducted an analysis of the full range of policies within contributing sectors to understand better the difficulties likely to hamper the implementation of these policies. Another study conducted by Transform Nutrition West Africa assessed nutrition-relevant policies in Nigeria, Burkina Faso, and at the regional level; this resulted in three briefs[2], which examined (1) nutrition context, policy objectives, indicators, budget, and activities; (2) key beneficiaries, actors, and coordination; (3) monitoring, evaluation, and accountability; and (4) the extent to which current policies are aligned with WHA targets.

In the course of various regional-level engagements between UNICEF WCARO (the RISING project), IFPRI (TNWA), AAH–ROWCA, Alive and thrive (A&T), and the West African Health Organization (WAHO), an interest was expressed in the extension of the TNWA study to the whole West African and potentially Central African region. As a result, in 2019, TNWA and AAH–ROWCA established a collaborative research project that involved policy landscape analysis for the West Africa region; its aim was to strengthen understanding of the current nutrition-relevant policy landscape and its implications within West African countries and across the region, (Appendix 1 provides an overview of the policy mapping produced through this effort). In an effort to support WAHO and other regional partners in policy development, it drew on the evidence generated to provide guidelines on the development of nutrition-relevant policy at the country level.

[1] "Nutrition-relevant" is defined as having relevance to addressing the immediate, underlying, or basic determinants and/or consequences of malnutrition, including both prevention and treatment of chronic and acute manifestations of malnutrition issues.

[2] For the purpose of this study, West African countries are countries of the Economic Community of West African States (ECOWAS)—Benin, Burkina Faso, Cabo Verde, Côte d'Ivoire, The Gambia, Ghana, Guinea, Guinea Bissau, Liberia, Mali, Niger, Nigeria, Senegal, Sierra Leone and Togo—and Mauritania.

2. METHODOLOGY

2.1 Objectives

The objectives of this study were:

1. To identify and summarize the current nutrition landscape of nutrition-relevant policy in order to highlight strengths, weaknesses, and gaps in nutrition-relevant policy at country and regional level. Coherence within and across policies will be assessed to determine:
   - If key nutrition challenges are being identified as priorities and whether existing policies effectively address these challenges;
   - If current policies support key global nutrition targets; this is determined through an analysis of the indicators covered and of the problems of effective focus, as well as an examination of policy characteristics, stakeholder involvement, and available data;
   - If current policies are supporting the identified target audiences (with a focus on adolescent, maternal, infant, and young child nutrition).

2. To develop guidelines for the development of nutrition-relevant policies in the West Africa region; this includes:
   - Providing guidance on how to use the currently available data more effectively in the development of national policies and programs;
   - Providing guidance on how countries can address the identified weaknesses and gaps.

2.2 Study design

To understand the current nutrition-relevant policy landscape in West Africa better, we conducted a comprehensive review of nutrition-sensitive and nutrition-specific policy documents. Box 1 provides an overview of the definitions used throughout the study.

Box 1. Definitions

"Nutrition-relevant*"* means that the policy and/or program can be *nutrition-specific* (addressing immediate determinants of nutrition) or *nutrition-sensitive* (addressing underlying causes of undernutrition). For a policy to be nutrition-sensitive it was not sufficient for it to contain a single "Improve supply of potable water and sanitation" objective; the policy's objectives also needed to indicate that the positive impact on nutrition would be fostered, or at least explicitly recognized as necessary. Policies covered nutrition and nutrition-relevant sectors including agriculture; food systems; Water, Sanitation, and Hygiene (WASH); health (antenatal care); social protection; early childhood development (ECD); and education.

"Policy documents" refers to all documents regarding nutrition-relevant government policies, strategies, and/or action plans (which are hereafter referred to as "policies"). These documents generally guide future programming/project decisions according to the principles they set out, and they outline outcomes, goals, and targets. They present a coherent set of decisions, usually with long-term objectives of at least five years but often not time-limited. While they may have a time horizon and budget, they do not present sufficiently detailed information for direct activity implementation.

"Program documents" are documents that elaborate on implementation of nutrition-relevant strategies. They can include operational/implementation plans, strategic plans, program or action plans, and interventions (hereafter referred to as "programs"). These documents can be seen as tools for strategy/action plan operationalization or delivery. They generally have specific objectives (often linked to policy) and outline

desired outputs and outcomes. They tend to have detailed, well-defined procedures (management, monitoring, evaluation) with detailed activity information regarding budget, timing (for example, calendars of activities), and target populations.

"Policy and program documents" refers to cases where documents present characteristics of both policies and programs as defined above.

2.3 Search approach

The following complementary search approaches were used to identify policy documents at the country and regional level: (1) targeted website search (for example, relevant national government ministries, United Nations agencies, and nongovernmental organizations); (2) a Google search; (3) consultation with in-country or regional content experts via email or phone; and (4) a reference search for peer-reviewed publications (**Table 1**). Targeted consultations with regional and in-country experts were used to access documents not available online and for validation. Initial searches were completed in December 2018 for Burkina Faso, Nigeria, and at the regional level; these were updated in September 2020, and searches were also carried out at that point for all other West African countries. Any documents released or updated after these dates were not included in this review. The detailed search strategy is presented in the table below. All results were logged in standardized and pretested Excel matrices by country.

Table 1. Search approach

Search approach	Policies
1. Google search	We searched Google for policies in each country using the search string below. The first 100 hits were screened for relevance and included if they met the inclusion criteria. *[name of country/region]* AND *[policy* OR *policies* OR *"action plan"* OR *strategy]* AND *[nutrition]*; The following French terms were added to the search string regarding type of document: *[politique** OR *"plan d'action"* OR *stratégie]*; For example: *["West Africa"* OR *"Afrique de l'Ouest"]* AND *[policy* OR *policies* OR *"action plan"* OR *strategy* OR *politique** OR *"plan d'action"* OR *stratégie]* AND *[nutrition].*
2. Targeted website search	Specific websites (online databases and resources) were searched to find relevant policies at the country and regional level, including: • Government (at country level); • Scaling Up Nutrition (SUN) and UN Network REACH; • UN including Food and Agriculture Organization (FAO), UNICEF, and WHO (regional + country offices); • Regional agencies websites including WAHO, Economic Community of West African States (ECOWAS), and West Africa Nutrition Capacity Development Initiative (WANCDI); • NGOs active in policy-making in the region, including Action Against Hunger (AAH), Save the Children, and the Alliance for International Medical Action (ALIMA).
3. Consultation with in-country content experts via email	Targeted consultations with regional and in-country experts were used to access documents not available online: • Governments (different Ministries + Scaling Up Nutrition focal points) • UN partners (for example, UNICEF and FAO) • NGOs and civil society organizations (Scaling Up Nutrition civil society networks at the country level) • DataDENT • WAHO (regional level)

	• Stories of Change partners A standard email for each country/region was drafted which listed our inclusion criteria and the documents that had been retrieved up to the time of consultation.
4. Reference search	When it was a peer-reviewed publication, we searched the reference list. The snowballing technique was also used to scour the included policy documents for additional policies, for example, when the sectoral policy landscape was presented, or when alignment with one or more policies was mentioned in a policy document.

2.4 Inclusion criteria and screening

We identified relevant policies using the inclusion criteria as detailed in **Table 2**. We included all nutrition-relevant policies, strategies, and action plans that were currently in use or that were in the advanced drafting stage as of September 2020.

Policy documents were included if they: (1) were either nutrition-specific (that is, addressing immediate determinants of nutrition) or nutrition-sensitive (addressing underlying determinants of nutrition); (2) had a nutrition-sensitive or nutrition-specific objective aimed at addressing at least one nutrition outcome; (3) included a budget for a nutrition activity/intervention; (4) contained a nutrition indicator related to nutrition outcomes or nutrition behavior such as dietary diversity; (5) addressed the coverage of nutrition interventions; and/or (6) were implemented at the national level, or drafted at the national level and implemented only at the subnational level.

Policies were not included in our analysis when: (1) we did not have access to the policy documents; (2) they were released or updated after expert consultation (September 2020), (3) they were program and project documents (operational/implementation plans, strategy programs or action plans, and interventions that served as a policy operationalization or delivery tool), and (4) they had not been endorsed at the national or federal level by the government.

All retrieved documents from the various sources were entered into Excel pages and duplicates were removed before screening against the eligibility criteria. The source of each policy document was indicated in the screening file.

Table 2. Inclusion criteria

Item	Inclusion criteria	Specification
Policy document	Documents that are a policy, action plan, or strategy (including strategic plans); the definitions outlined above were used to determine the type of document; in some cases, documents may have characteristics of both policies and programs/projects, if so, content was assessed to determine inclusion or exclusion.	Inclusion specifications: policy, strategy (including strategic plan), or action plan. These documents: (1) guide future decisions (for example, programming/project decisions) according to the principles they set out; (2) outline outcomes/goals/targets to achieve; and (3) present a coherent set of decisions, with common long-term objectives (generally at least five years, though often not time-limited). The documents may have a time horizon and budget, but may not necessarily present sufficiently detailed information for direct activity implementation. Exclusion specifications: program or project document. These documents can be a policy, strategy, or action plan, operationalization, or delivery tool. They will generally have specific objectives (often linked to policy) and will outline desired outputs and outcomes. They tend to have detailed, well-defined procedures (management, monitoring, evaluation) with detailed activity information regarding budget, timing (calendars of activities), and target populations. These types of documents were excluded from the policy landscaping.
Level	Policy implemented at the national/federal level. Policy implemented at the West Africa regional level.	Policies at the African or global level were included if they zoomed in on the regional or national focus or if it is expected that regions (such as West Africa) or nations must adhere to them.
Timeline	Policy document currently in use or in the advanced drafting stage as of January 2020; must be adhered to by the government.	Policy documents by NGOs and international organizations were not included unless government(s) had adopted these documents for their own implementation.
Nutrition-relevant sector	Policy documents belonging to, or related to, the following sectors (and others as relevant): nutrition; agriculture; food systems/food security; Water, Sanitation, and Hygiene (WASH); health; social protection; early childhood development/education; development; environment, climate change, and/or resource management. Other sectors and cross-sectional documents are included as relevant, especially if cited in nutrition policies	

	(such as antenatal care, gender, family, and youth).	
Nutrition-oriented	Policy was included by evidence of the following: • A nutrition-relevant objective AND/OR • A budget for nutrition AND/OR • Indicator(s) of nutrition including nutrition-status prevalence (for example, stunting), behavior that impacts nutrition status (such as dietary diversity), and coverage of interventions to address malnutrition (for example, vitamin A supplementation)	A nutrition-relevant objective can be *nutrition-specific* (addressing immediate determinants of nutrition such as: promoting child growth; exclusive breastfeeding till 4 to 6 months of age; administering of vitamin A, iron and other supplements), or it can be *nutrition sensitive* (addressing the underlying causes of undernutrition). These examples should not be interpreted too broadly; for example, the inclusion of a single objective of "improving the supply of potable water and sanitation" is not enough to say that a policy is nutrition sensitive. The policy's objectives must contain other indications that the potential impact of this improvement on nutrition will be fostered or that it is at least recognized. There should be objectives such as, for example: (1) reorganizing and reinforcing the institutional framework for management of nutrition programs; (2) improving the system of collection, analysis, and diffusion of data on nutrition; (3) improving the supply of potable water and sanitation; (4) developing income-generating activities; (5) empowering women; (6) education; (7) increasing access to basic social services; (8) reinforcing social protection and management of risks (improved maternal and juvenile health and the nutritional situation of women and children); and (9)reinforcing food security through agricultural production. "Budget for nutrition" means that the document has to be screened as either: Policy has an overall budget and a specific budget for nutrition, or policy has an overall budget which incorporates nutrition (note: a policy that includes a budget for nutrition does not guarantee actual allocation or spending but may rather be seen as a first step). "Budget for nutrition" means that the document has to be screened as either "Policy has an overall budget and a specific budget for nutrition", or "Policy has an overall budget which incorporates nutrition". It should be noted that the inclusion in a policy of a budget for nutrition does not guarantee the actual allocation of funds or spending; it may, however, be seen as a first step. "Indicator(s) of nutrition" include nutrition-status prevalence (such as stunting), behavior that impacts nutrition status (such as dietary diversity), and coverage of interventions to address malnutrition (such as vitamin A supplementation). Rather than describing nutrition indicator data in the document's introduction—as merely country context—indicators must be measured during policy implementation in the form of targets and measures of performance.

2.5 Analytical framework

To guide the data coding and extraction, we used the 5PD cycle (Problem, Policy, Program, People, Priorities, and Data and knowledge) as developed by Transform Nutrition West Africa as an analytical framework (**Figure 1**). This approach assumes that nutrition issues are the product of a cycle of interacting domains, and that these domains include: the nutrition problem, the related policies and programs that exist to address this problem, the key people and organizations responsible for these policies and programs, their priorities, and the data and knowledge available to inform implementation of nutrition policies and programs.

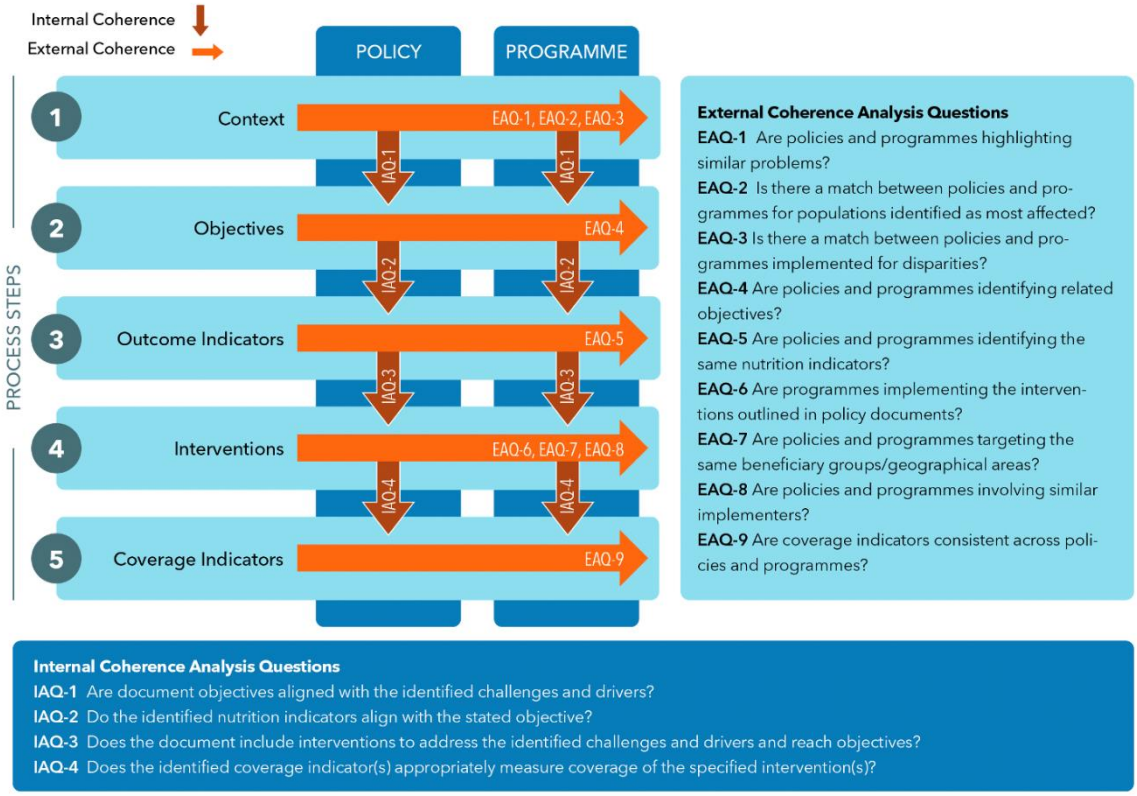
Figure 1. The 5PD cycle: From knowledge to action

Source: Transform Nutrition West Africa.

We evaluated internal coherence as the alignment of context analysis, objectives, interventions, and indicators within a given policy. To assess this, we used a policy coherence framework (Billings et al. 2021) (**Figure 2**). The framework includes five process steps that follow an impact pathway structure: (1) identification of key nutrition challenges in a landscape or context analysis, (2) specification of priority nutrition objectives to address the identified challenges, (3) identification of outcome indicators (nutrition status or nutrition drivers) to measure progress toward the stated objectives, (4)

identification of relevant nutrition interventions to address nutrition challenges and reach objectives, and (5) identification of relevant indicators to measure intervention coverage and track service delivery (**Figure 2**).

Figure 2. Policy coherence framework



Source: Billings et al. 2021

2.6 Coding and extraction

Themes were defined using the 5PD Cycle framework. Coding nodes organized under the 5PD key themes captured the following: contextual/nutritional situation; general objectives; specific objectives; nutrition indicators; budget for nutrition; planned nutrition activities; targeting of beneficiaries; actors and multisectoral coordination; community involvement; scale-up; and monitoring, evaluation, and accountability. Additional coding nodes on implementation were included to inform potential later stages of research and analysis on programs. This served the purpose of identifying whether, and to what extent, policies are translated into nutrition programs and interventions, with particular attention to the targeting of specific age groups. The coding tree was tested and revised following discussion and agreement within the research team. Each policy document that met the inclusion criteria was coded using the standardized coding template (see Appendix 2). All selected documents were read by two researchers and key sections were encoded. Double coding was done by the research team for 9 out of the 16 countries, and served as a quality check. Coding, data extraction, and content analysis for these documents were carried out with NVivo qualitative analysis software and Excel.

The coded data was extracted into a standardized data extraction spreadsheet that included descriptive characteristics of each policy document as well as the more detailed themes identified in the coding tree. Descriptive characteristics included: title; sector (nutrition, health, WASH, food security, environment, and multisectoral); organs responsible for supervision; implementation status (for example, currently in use, advanced drafting stage); type of document; and the policy's start and end date. Themes included: context (forms of malnutrition, drivers, consequences, populations affected, disparities, whether the situational analysis was evidence-based or not); objectives (general and nutrition objectives); nutrition indicators; interventions (type and content, population coverage, implementers, financing/funding/costing, coordination mechanisms); and coverage indicators.

2.7 Analysis and synthesis

Drawing on results collected under the 5PD Cycle categories, a thematic synthesis was undertaken in which insights were mapped in relation to the analytical themes that were deemed necessary by the team for answering the three research questions. The first phase of this study entailed learning about the nutrition-relevant policy landscape within each country, which informed country-specific evidence notes that can be found here. Inductive reasoning was applied to analyze data and identify patterns and gaps, as well as for mapping how different policies and sectors address the issues at hand, to identify "best practice", and/or the potential to transfer policy solutions across contexts. The second phase, presented in this report, entailed learning from the aggregate insights gained through cross-country analysis of the nutrition-relevant policy landscape. Given the report's aim of providing a basis for producing policy guidance and mapping existing policy responses, we applied deductive reasoning for the identification of additional policy options for action on multiple forms of malnutrition.

Rather than being interested in identifying the similarities and differences between countries as macrosocial units and policy systems, we used cross-country analysis to go beyond the descriptive level in order to inform policy learning across policy systems. Comparator countries are therefore seen as providing experiences that are drawn upon to develop policy and system solutions for policy challenges that are common across the region. This informed the choice of using cross-cutting themes to analyze and synthesize data. A cross-cutting overview of the nutrition-relevant policy landscape in West Africa around the key themes of this investigation—namely WHA nutrition targets and other forms of malnutrition—leads to a number of key observations and lessons learned.

Our analytical themes are as follows:

- Key nutrition challenges (WHA targets, other forms of malnutrition, drivers, and consequences)
- Integration of nutrition into policies
- Internal coherence of policies
- Targeting of beneficiaries
- Disaggregation of data, monitoring and evaluation
- Scaling up
- Coordination and accountability

The significance of the results derived from these thematic analyses and the implications for policy are reported in separate sections following the descriptive presentation of results.

3. RESULTS

The nutrition-relevant policy landscape review retrieved a total of 916 policy documents identified across the 16 countries covered in this report (**Figure 3**).

Figure 3. Policy review countries of focus

Source: Transform Nutrition West Africa.

Following the exclusion of duplicates from the first round of title screening, 877 documents were screened by full text against the inclusion criteria specified in the review protocol. A total of 732 documents did not meet our inclusion criteria. Of the excluded documents, 190 were no longer in use; 143 were not characterized as a policy, strategy, or action plan; 181 did not meet the set criteria for being classified as nutrition-oriented (that is, they did not present explicit nutrition objectives, nutrition indicators, or a budget for nutrition); and 218 were excluded for other reasons. Reasons for exclusion included: the jurisdictional level of the policy was other than national; the type of nutrition being referred to was outside the scope of our review (for example, nutrients for specific types of fish or plants rather than for humans); or the document was found to be a duplicate of one that was already included (in, for example, a different language). A total of 145 policy documents satisfied our inclusion criteria and underwent data extraction, analysis, and synthesis. **Table 3** tabulates this sifting process.

Table 3. Sifting of included and excluded policy documents

Country	Documents identified online and through targeted consultations (n)	Documents screened (n)	Reasons for exclusion				Total excluded (n)	No access to documents post expert consultation (n)	Documents included in policy brief (n)
			No longer in use (n)	Not nutrition-oriented (n)*	Not a policy, strategy, or action plan (n)	Other reason (for example, duplicate, not national-level) (n)			
Benin	26	24	4	6	7	1	18	2	6
Burkina Faso	101	101	36	34	12	3	85	-	16
Cape Verde	72	64	16	5	9	29	59	8	5
Côte d'Ivoire	23	23	1	4	8	2	15	-	8
Gambia	28	28	8	4	7	0	19	-	9
Ghana	81	81	19	33	7	5	64	-	17
Guinea	21	20	2	4	4	3	13	1	7
Guinea Bissau	54	54	4	3	8	36	51	-	3
Liberia	27	27	6	6	6	2	20	-	7
Mali	54	50	10	6	25	3	44	4	6
Mauritania	34	34	9	6	8	3	26	-	8
Niger	21	20	2	4	8	0	14	1	6
Nigeria	71	66	9	30	8	0	47	5	19
Senegal	180	180	45	22	13	84	164	-	16
Sierra Leone	22	20	5	5	4	0	14	2	6
Togo	101	85	14	9	9	47	79	16	6
TOTAL	**916**	**877**	**190**	**181**	**143**	**218**	**732**	**39**	**145**

Source: Nutrition-Relevant Policy in West Africa: A Comprehensive Review.

Note: * = not nutrition-oriented, that is, no nutrition objectives, budget, or indicators and thus not satisfying key inclusion criteria.

3.1 General characteristics of included policies

Of the total n = 145 policies included in this synthesis, most policies span the areas of health (n = 47), nutrition (n = 33), agriculture, food security, and/or livestock (n = 27), and economic and social policy (n = 21). There are significantly fewer policies in the areas of environment, climate, and natural resources (n = 5), WASH (n = 2), and cross-cutting areas such as gender, education, and research, governance, or other cross-sectional focuses (n = 10) (**Table 4**).

Table 4. Distribution of nutrition-oriented policies across policy areas

	Benin	Burkina Faso	Cape Verde	Côte d'Ivoire	Gambia	Ghana	Guinea	Guinea Bissau	Liberia	Mali	Mauritania	Niger	Nigeria	Senegal	Sierra Leone	Togo	Total
Nutrition	2	3	2	2	1	2	2	1	1	2	2	2	4	4	1	2	**33**
Agriculture/livestock/food security	1	4	1	1	2	0	2	2	2	1	1	1	3	5	1	0	**27**
Health	0	5	0	3	2	13	3	0	2	2	2	1	7	2	3	2	**47**
Economic/social	2	2	1	1	2	1	0	0	1	1	3	2	1	2	1	1	**21**
WASH	0	0	0	0	0	0	0	0	1	0	0	0	1	0	0	0	**2**
Environment/climate/resource management	1	1	1	0	0	0	0	0	0	0	0	0	1	0	0	1	**5**
Education/research	0	0	0	1	1	0	0	0	0	0	0	0	2	1	0	0	**5**
Cross-cutting	0	1	0	0	1	1	0	0	0	0	0	0	0	2	0	0	**5**
TOTAL	**6**	**16**	**5**	**8**	**9**	**17**	**7**	**3**	**7**	**6**	**8**	**6**	**19**	**16**	**6**	**6**	**145**

Source: Nutrition-Relevant Policy in West Africa: A Comprehensive Review.

Note: WASH = Water, Sanitation, and Hygiene.

3.2 Integration of nutrition into policies

3.2.1 Nutrition-specific policy

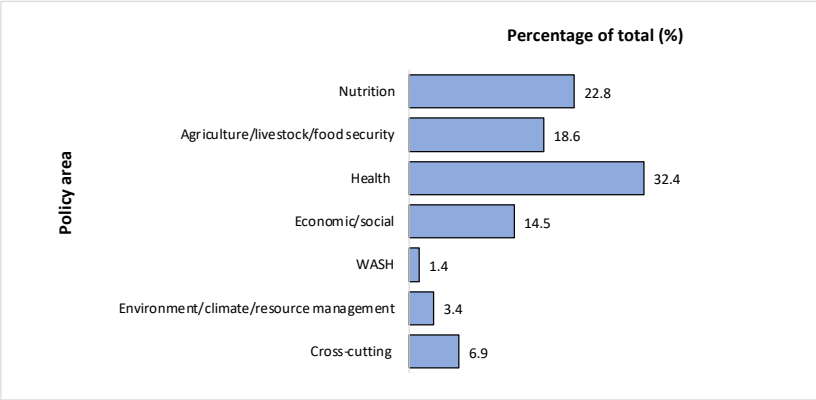
Of the policies included in this synthesis, 22.8 percent are from the nutrition policy area. Some policies from the health policy area were also considered nutrition-specific rather than nutrition-sensitive. Apart from those policies that specifically address nutrition issues in health delivery platforms (for example, maternal micronutrient supplementation, infant and young child feeding, treatment of moderate and severe acute malnutrition), several health policies have a wider scope and cover a variety of issues related to health. These were classified by policy area and they appear in aggregate percentages in the chart below (**Figure 4**).

3.2.2 Nutrition-sensitive policy

Data on the integration of nutrition within nutrition-sensitive policy areas (**Figure 4**) shows that the highest percentage of nutrition-oriented policies is found in health (32.4 percent), followed by agriculture/livestock/food security (18.6%), and economic/social policy (14.5 percent). Considerably

fewer policies are in the policy areas of environment/climate/resource management (3.4 percent) and WASH (1.4 percent), and in cross-cutting policies such as education, gender, and governance (6.9 percent).

Figure 4. Nutrition-oriented policies by policy area (percentage of total)



Source: Nutrition-Relevant Policy in West Africa: A Comprehensive Review.

Note: WASH = Water, Sanitation and Hygiene.

3.2.3 Missed opportunities: Nutrition-relevant sectors and policies excluded from the report

A total of 181 policies were screened as nutrition-relevant but then had to be excluded as they did not contain nutrition objectives or indicators or a budget for nutrition, and therefore did not satisfy the criteria of being sufficiently nutrition-oriented. Following screening, these policies did not go through to the further stages of data extraction and they are excluded from the synthesis of results derived from the analysis. These excluded policies nevertheless constitute a finding in and of themselves, as they shed light on where some of the missed opportunities in the nutrition-relevant landscape in West Africa may lie.

Figure 5 shows that the majority of policies excluded on the basis of their lack of nutrition focus is predominantly from the environment/climate/resource management policy area (21.5 percent) and health policy area (21.5 percent). Another significant number of excluded policies are in the WASH (15.5 percent), economic/social (13.8 percent), and agriculture/food security (10.5 percent) policy areas. A smaller number of excluded policies are in the areas of education (6.1 percent), gender/family (4.4 percent), and other cross-sectional policies (5.5 percent). A small but important number of excluded policies are found in the areas of food safety (0.6 percent) and nutrition (0.6 percent), which would be expected to have a clear nutrition focus reflected in their objectives, indicators, and budgets.

Some of the excluded policies are from areas that are closely linked to nutrition outcomes. It is important to note that their exclusion is informed by the inclusion criteria specified in the review protocol. These criteria are not explicitly and coherently linked with the nutrition components required for inclusion and with measurable impacts on nutrition outcomes; it does not necessarily follow, however, that they have no impact on the nutrition status of the population in our 16 focus countries.

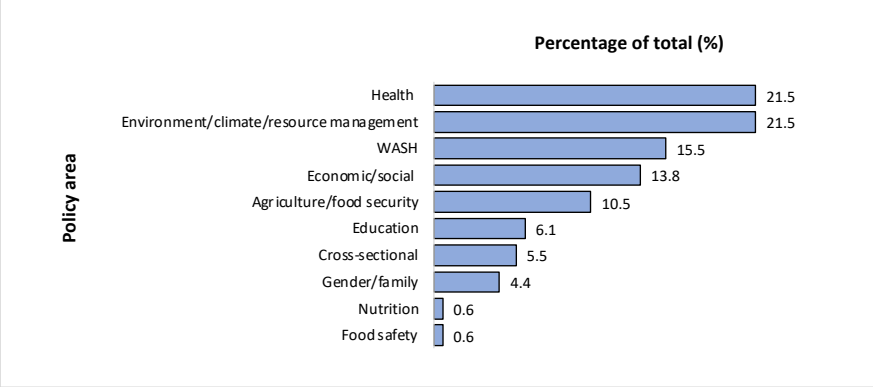
Among the excluded policies are:

- Documents that have a general focus on malnutrition in their situational analysis but no objectives/indicators/budget for nutrition; and

- Policies that do not acknowledge malnutrition (in its general or specific forms) but which are considered to be inherently conducive to improvements in the nutritional status of the population, or of segments of the population, in relation to, for example:
  - Nutrition in general; this can include WASH, environment, mother-to-child HIV-AIDS transmission, a more generic focus on malnutrition or micronutrient deficiencies, and the nutrition and health status of the population;
  - Double-duty action as characterized by the World Health Organization (2017b), including policies which address: new-born and child health, breastfeeding, complementary feeding, school feeding, adolescent/WRA health, sedentary lifestyles, and the built environment.

Percentages of excluded policies disaggregated by country and policy area are specified in **Figure 6**. Disaggregated figures highlight some of the areas that may be relevant for a country-specific assessment of how nutrition can be mainstreamed in existing policies across sectors. The institutional remit under which the policies fall is also a consideration that is relevant at the country level, given that the ministries and other governmental bodies responsible for policy development, planning, funding, implementation, and monitoring and evaluation are aggregated differently in different contexts. Environmental policies, for example, may or may not be integrated within the same ministry which oversees agriculture and food security, and nutrition and WASH divisions may present different degrees of integration depending on institutional arrangements such as whether integration falls under the responsibility of the Ministries of Health, Agriculture, or Environment and Natural Resource management.

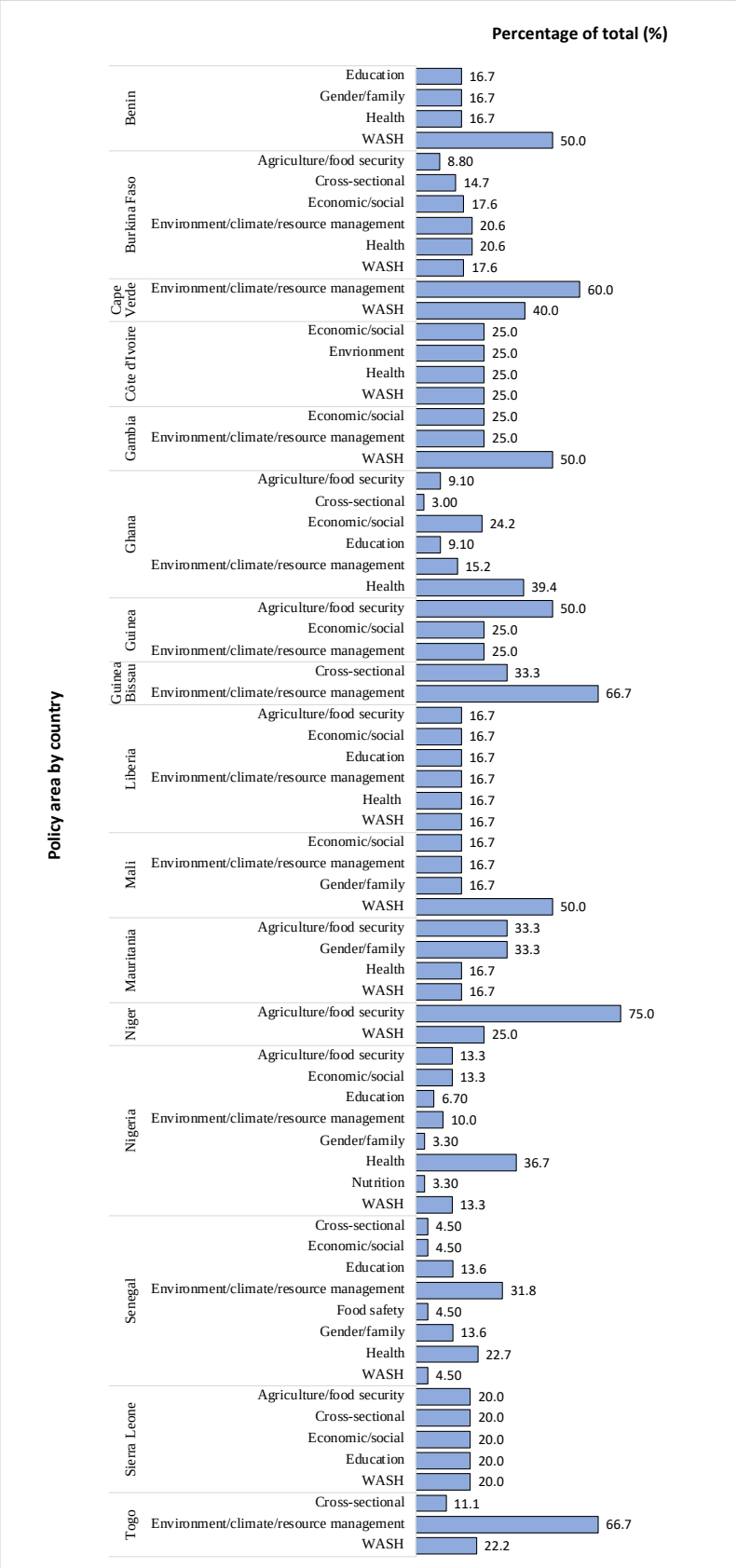
Figure 5. Excluded nutrition-relevant policies (percentage of total)



Source: Nutrition-Relevant Policy in West Africa: A Comprehensive Review.

Note: WASH = Water, Sanitation and Hygiene.

Figure 6. Excluded nutrition-relevant policies by country (percentage of total)



Source: Nutrition-Relevant Policy in West Africa: A Comprehensive Review.

Note: WASH = Water, Sanitation, and Hygiene.

3.3 Key nutrition challenges

We examined the key nutrition challenges highlighted in the policies' situational analyses in order to identify which nutrition issues are given prominence across countries and whether they focus on single or multiple forms of malnutrition, with attention to any patterns across nutrition-relevant sectors. The framing of the drivers and consequences of malnutrition is also taken into account as it sheds light on the understanding of malnutrition across policy areas and countries, with specific policy content devised to address these issues. Finally, we examined whether national policies align with key global targets and/or address other malnutrition issues reported to be national priorities.

Data extrapolated from nutrition-relevant policy documents was analyzed to assess whether information was available on WHA targets specifically and on other forms of malnutrition more generally. Where malnutrition is acknowledged, we report on whether this is limited to background data (for example, is it mentioned as part of the policies' contextual analysis and framed in terms of prevalence, drivers, consequences, and distribution); to what extent it features in policy objectives, planned activities and indicators (such as input, output, outcome, and coverage indicators); and whether this is backed by financial commitment through budget allocation.

3.3.1 WHA targets

We assessed the positioning of current policies with relation to the six WHA targets. The WHA target indicators for key targeted groups (**Box 2**) are specified as follows: (1) infants and young children: under 5 (U5) stunting, U5 wasting, U5 overweight, low birth weight, and exclusive breastfeeding; and (2) anemia among WRA.

Box 2. World Health Assembly target indicators

1. U5 stunting
2. WRA anemia
3. Low birth weight
4. U5 overweight
5. Exclusive breastfeeding
6. U5 wasting

Source: Nutrition-Relevant Policy in West Africa: A Comprehensive Review.

Note: U5 = children under five years of age, WRA = women of reproductive age.

3.3.1.1 WHA target analysis: Overall prevalence

With regard to alignment of policies with WHA nutrition targets, most nutrition-oriented policies (68.3 percent) include at least one WHA target in their analysis of the nutrition context, as compared to the 47.6 percent of policies that include WHA targets among the policy's indicators (**Figure 7**).

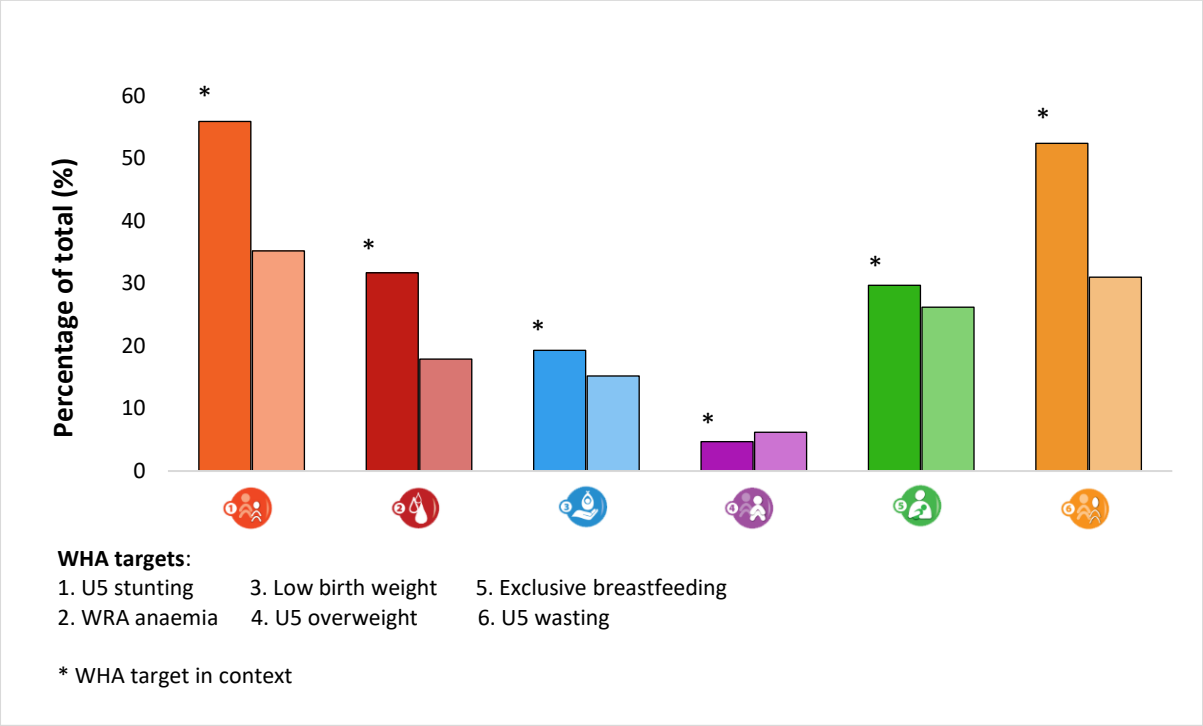
With regard to the presence of WHA targets in specific policy areas (with percentages based on total figures within a given policy area), our findings indicate that: (1) U5 stunting was mentioned by 84.8 percent (nutrition), 59.3 percent (agriculture/food security), 57.1 percent (economic/social), 50.0

percent (WASH), 44.7 percent (health), and 30.0 percent (education/research/cross-sectional) of policies; (2) WRA anemia was mentioned by 78.8 percent (nutrition), 50.0 percent (WASH), 27.7 percent (health), 14.8 percent (agriculture/food security) and 9.50 percent (economic/social) of policies; (3) low birth weight (LBW) was mentioned by 51.5 percent (nutrition), 17.0 percent (health), 9.50 percent (economic/social), and 3.70 percent (agriculture/food security) of policies; (4) U5 overweight was mentioned by 27.3 percent (nutrition), 6.40 percent (health), and 3.70 percent (agriculture/food security) of policies; (5) exclusive breastfeeding (EBF) was mentioned by 72.7 percent (nutrition), 34.0 percent (health), and 11.1 percent (agriculture/food security) of policies; (6) U5 wasting was mentioned by 84.8 percent (nutrition), 61.9 percent (economic/social), 50.0 percent (WASH), 44.7 percent (health), 40.7 percent (agriculture/food security), and 20.0 percent (education/research/cross-sectional) of policies within those respective areas.

Specific indicators on WHA targets within the policy area are found with the following prevalence across policy areas: (1) U5 stunting was mentioned by 51.5 percent (nutrition), 50.0 percent (WASH), 34.0 percent (health), 33.3 percent (agriculture/food security), 33.3 percent (economic/social), and 10 percent (education/research/cross-sectional) of policies; (2) WRA anemia was mentioned by 51.5 percent (nutrition), 14.8 percent (agriculture/food security), 8.50 percent (health), and 4.80 percent (economic/social) of policies; (3) LBW was mentioned by 33.3 percent (nutrition), 17.0 percent (health), 7.40 percent (agriculture/food security), and 4.80 percent (economic/social) of policies; (4) U5 overweight was mentioned by 21.2 percent (nutrition), 3.70 percent (agriculture/food security), and 2.10 percent (health) of policies; (5) EBF was mentioned by 63.6 percent (nutrition), 29.8 percent (health), 7.40 percent (agriculture/food security), and 4.80 percent (economic/social) of policies; (6) U5 wasting was mentioned by 51.5 percent (nutrition), 42.9 percent (economic/social), 29.6 percent (agriculture/food security), 21.3 percent (health), and 10.0 percent (education/research/cross-sectional) of policies, within those respective areas. No WHA targets in context/indicators were mentioned by the environment/climate/resource management area.

All countries present at least one policy that addresses nutrition issues aligning with WHA targets in both the background information on the nutrition status of the country's population and in the policy's specific indicators (albeit with uneven coverage across policy areas and countries).

Figure 7. WHA targets in the policies' context vs indicators (percentage of total policies)



Source: Nutrition-Relevant Policy in West Africa: A Comprehensive Review.

Note: U5 = children under five years of age; WRA = women of reproductive age; WHA = World Health Assembly.

Raw numbers for the acknowledgement of WHA targets within the nutrition-oriented policies' nutrition context analysis and indicators are as follows: within the policies' situational analysis of the nutrition context, U5 stunting (n = 81) and U5 wasting (n = 76) prevail, followed by WRA anemia (n = 47), exclusive breastfeeding (n = 43), low birth weight (n = 28), and U5 overweight (n = 13). With regard to the policies' indicators, U5 stunting (n = 51) and U5 wasting (n = 45) again prevail, followed by exclusive breastfeeding (n = 37), WRA anemia (n = 26), low birth weight (n = 22), and U5 overweight (n = 9).

3.3.1.2. WHA target analysis: Recurring patterns

There are considerable discrepancies between the inclusion of WHA target indicators in the policies' situational analysis (with relation to prevalence, drivers, consequences, and distribution; see **Table 5**, Column 4) and those that are expected to be measured with specified input, output, outcome, and/or coverage indicators, reflecting the policy's commitment to addressing these acknowledged nutrition issues (**Table 5**, Column 5).

Comparison of the WHA target indicators mentioned in the contextual and implementation sections of policy documents across our 16 countries of interest show a number of patterns, which are visible in **Table 5** and reported in detail below. This section provides details of the specific policies relevant for each country, in order to aid the identification of entry points for action on WHA targets. The full list of nutrition-oriented national policies included in the synthesis report and mentioned in this section is provided in Appendix 1.

A total of 43 policy documents do not feature WHA targets either in their situational analysis or in the policy's own indicators. These policies are from the areas of nutrition (n = 1) (Senegal_4); health (n =

16) (Benin_4, Burkina Faso_5, Burkina Faso_6, Côte d'Ivoire_4, Ghana_7, Ghana_9, Ghana_10, Ghana_12, Ghana_13, Ghana_15, Guinea_5, Liberia_3, Nigeria_7, Nigeria_9, Senegal_6, Sierra Leone_4); agriculture/livestock/food security (n = 10) (Cape Verde_3, Côte d'Ivoire_6, Gambia_4, Guinea_7, Guinea Bissau_3, Niger_4, Senegal_8, Senegal_9, Senegal_10, Sierra Leone_5); environment/climate/natural resources (n = 5) (Benin_4, Burkina Faso_13, Cape Verde_5, Nigeria_16, Togo_6), economic/social (n = 4) (Cape Verde_4, Gambia_7, Nigeria_19, Sierra Leone_6), cross-cutting (n = 2) (Burkina Faso_14, Ghana_16), and education/research (n = 5) (Côte d'Ivoire_8, Gambia_9, Nigeria_17, Nigeria_18, Senegal_12).

A few policies (n = 7) include all WHA targets in their context: (Benin_1, Côte d'Ivoire_3, Ghana_1, Guinea_1, Niger_1, Senegal_2, Togo_1, Togo_2). Of these, several (n = 3) also feature all WHA targets among their policy indicators (Senegal_2, Togo_1, Togo_2). Benin_1, specifically, includes all WHA targets in its situational analysis, but only includes U5 stunting, U5 wasting, and exclusive breastfeeding among the policy's indicators; Ghana_1, on the other hand, includes almost all the WHA indicators except U5 overweight, while the remaining two documents (Guinea_1 and Niger_1) do not include any WHA targets in their indicators. Two additional policies include all six WHA targets among their indicators (Nigeria_2, Sierra Leone_1), resulting in a total of n = 5 policies including all WHA targets among their indicators, namely Nigeria_2, Senegal_2, Sierra Leone_1, Togo_1, Togo_2). All of these are nutrition-specific policies that are identified in the nutrition policy area. Of the two additional policies that feature all WHA targets among their indicators, in their situational analysis both mention U5 stunting and wasting and exclusive breastfeeding, and neither mentions U5 overweight.

A total of 6 policies mention all WHA targets except U5 overweight in their situational analysis (Burkina Faso_1, Burkina Faso_2, Gambia_1, Guinea Bissau_1, Nigeria_14, Senegal_3). All of these policies except one (Nigeria_14)—which is an agriculture/food security policy—are in the nutrition policy area. Two policies (Gambia_1, Senegal_3) do not include any of the WHA targets mentioned in their contextual analysis section. Two policies include fewer indicators, with Burkina Faso_1 only addressing WRA anemia and Guinea Bissau_1 reporting on all the acknowledged indicators except exclusive breastfeeding. Another two policies report on the same number of WHA targets but not the same WHA target indicators, both reporting on U5 overweight (in place of low birth weight for Burkina Faso_2, and of exclusive breastfeeding for Nigeria_14). Three policies which mention fewer WHA targets in their situational analysis include all except U5 overweight among their indicators (Côte d'Ivoire_2, Nigeria_6, Senegal_11).

A recurring pattern that emerges from the cross-country analysis of data is the targeting of U5 stunting and U5 wasting as the primary issue of concern both in the policy's situational analysis and in its chosen indicators. A total 6 policies report on U5 stunting and U5 wasting in their indicators in a way that is consistent with the key issues and WHA targets that are identified in their situational analysis. These include one nutrition policy (Mali_2), three economic/social policies (Benin_5, Burkina Faso_15, Ghana_17), and one cross-cutting policy (Senegal_14). A total of n = 11 policies also focus on U5 stunting and wasting in their situational analysis but fail to reflect these in the policy document's indicators. These include policies from across a range of policy areas. Specifically, there are n = 5 agriculture/livestock/food security policies (Burkina Faso_9, Burkina Faso_11, Mauritania_6, Nigeria_12, Senegal_7), n = 2 health policies (Gambia_2 and Liberia_2), and n = 4 economic/social policies (Benin_6, Gambia_8, Mali_5, Senegal_15). Only one agriculture/food security policy

(Guinea_4) mentions U5 stunting and wasting among the policy's indicators, despite not mentioning any of the WHA targets in its analysis of the nutritional context. Some policies (n = 3) present a focus on U5 stunting and wasting in their contextual information, but refer only to U5 stunting as their WHA target-related indicator. These include one health (Nigeria_8), one agriculture/livestock/food security (Benin_3), and two economic/social policies (Senegal_16 and Togo_4). One economic/social policy (Mauritania_6) also focuses on U5 wasting and stunting in its background assessment of the country's nutritional situation, but it does not match this with specific indicators. In contrast, one agriculture/food security policy (Liberia_5) contains U5 stunting and wasting indicators despite focusing on U5 stunting and WRA anemia in the context.

A few policies (n = 7) only report on U5 stunting. Of these, n = 2 (Burkina Faso_12, Ghana_5)— an agriculture/food security and a health policy, respectively—present U5 stunting in their context and then among indicators. Another n = 2 agriculture/food security policies (Nigeria_13 and Senegal_13) mention U5 stunting only in their context, and do not include any WHA target indicators; one health policy (Nigeria_5), meanwhile, also focuses on U5 stunting prevalence, but uses low birth weight as a WHA target indicator. One health policy (Mali_4) and one WASH policy (Nigeria_15) include U5 stunting in their indicators despite not covering the issue in the situational analysis. Five other policies report only on U5 wasting. These include n = 3 economic/social policies which focus on U5 wasting in both their situational analysis and indicators (Mali_6, Mauritania 8, and Togo_5); they further include one health policy (Mauritania_4) and one economic/social policy (Mauritania_7) which feature U5 wasting, the former as part of the contextual information and the latter as policy indicator.

Another prevailing pattern observed across countries, mainly in the nutrition and health policy areas, is the focus on combined U5 stunting, U5 wasting, and exclusive breastfeeding. A total of 8 policies combine U5 stunting, U5 wasting and exclusive breastfeeding as priority issues in their situational analysis with regard to WHA global targets, but do not present the same pattern in their specification of policy indicators. These include policies in the areas of food security (Guinea Bissau_2 and Mauritania_5), nutrition (Mauritania_2 and Nigeria_1), health (Nigeria_10, Nigeria_11, and Senegal_5) and WASH (Liberia_6). Of the policies that acknowledge these nutrition issues in their situational analysis, 6 do not include any related indicators (Liberia_6, Mauritania_5, and Senegal_5), 3 include fewer/different indicators (Guinea Bissau_2, Mauritania_2, and Nigeria_1), and 2 include more WHA targets among their indicators than in their presentation of contextual information on the nutrition status of the population (Nigeria_10 and Nigeria_11). Benin_1 and Guinea_2 (nutrition) and Burkina Faso_8, Guinea_4, and Togo_3 (health), include all three as their chosen indicators.

A total of n = 6 policies report explicitly on WRA anemia in combination with U5 stunting and U5 wasting. This refers specifically to Burkina Faso_8 and Burkina Faso_16, but these policies then limit the actual measurement of indicators to U5 stunting and U5 wasting, and exclusive breastfeeding (Burkina Faso_8) or low birth weight (Burkina Faso_16). Mali_1 is a nutrition policy which has indicators on U5 stunting, WRA anemia, and exclusive breastfeeding). One policy (Côte d'Ivoire_5) considers these three issues in its context but does not include any indicators. One additional health policy (Ghana_6) reports this pattern among its selected indicators with relation to WHA targets, in alignment with its context which includes these as well as low birth weight; one agriculture/food security policy (Gambia_5) presents these three indicators without a specific focus on anemia in the context analysis.

In their analysis of the nutrition context and/or among their indicators, a total of n = 12 policies report on WHA targets combined as U5 stunting and wasting, exclusive breastfeeding, and WRA anemia (Burkina Faso_3, Burkina Faso_10, Gambia_6, Guinea_2, Liberia_1, Mali_3, Niger_2, Niger_3, Nigeria_2, Nigeria_3, Senegal_1, and Sierra Leone_2). Of these, two nutrition policies (Nigeria_2 and Nigeria_3) and one health policy (Niger_3) reflect this pattern in both their contextual information and indicators. Four nutrition policies (Burkina Faso_3, Guinea_2, Liberia_1, and Senegal_1) and two health policies (Mali_3 and Sierra Leone_2) report this pattern only in their situational analysis. Of these, four policies (Burkina Faso_3, Liberia_1, Mali_3, and Senegal_1) do not contain any WHA targets among their indicators. The remaining three policies (Burkina Faso_10, Gambia_6, and Niger_2) present these in the indicator section, with different degrees of alignment with the nutrition situational analysis.

A few policies target the same key groups—namely infants, WRA, pregnant and lactating women (PLW), and mothers of U2 children—but focus on fewer indicators. These include n = 3 policies which emphasize U5 stunting and WRA anemia, namely Burkina Faso_10 and Côte d'Ivoire_7—both in the agriculture/food security area—and one health policy (Ghana_8) which focuses on U5 stunting, WRA anemia, and exclusive breastfeeding in the context analysis. In the case of the latter two policies (Côte d'Ivoire_7 and Ghana_8), these issues are not linked with any policy indicators. One nutrition/health policy specifically targets women (as WRA/PLW/mothers of U2 children) by covering the issues of WRA anemia and exclusive breastfeeding, without a specific focus on other WHA targets relevant for infants and young children (Cape Verde_1). One health policy only mentions WRA anemia in its situational analysis (Togo_3), and one nutrition-specific policy covers WRA anemia as its only WHA target-related indicator (Burkina Faso_1).

A number of policies address low birth weight. In one health policy's situational analysis (Burkina_Faso_4), this is listed as the only WHA target indicator. In policies other than those that include all or most WHA targets, the addressing of low birth weight follows various targeting patterns both in the situational analysis and in the policy indicators. Low birth weight is specifically addressed: (1) in conjunction with WRA anemia in both the situational analysis and policy indicators of one nutrition policy (Ghana_2), with the addition of exclusive breastfeeding in the latter; (2) in conjunction with exclusive breastfeeding in two health policies (Ghana_4 and Ghana_11), again reflecting WHA targets, which are identified in the context section of the policy, among its indicators; (3) in conjunction with WRA anemia and exclusive breastfeeding in both the context and indicators of one health policy (Ghana_14); (4) together with U5 stunting and/or wasting in two economic/social policies (Niger_5 and Niger_6); (5) together with U5 stunting and wasting and WRA anemia in two nutrition policies (Côte d'Ivoire_1 and Côte d'Ivoire_2) and one health policy (Ghana_6); in the latter, however, low birth weight is then dropped in the choice of indicators; and (6) in one policy (Burkina Faso_7) that acknowledges low birth weight in connection with U5 wasting and WRA anemia, then drops all three and instead uses indicators for U5 stunting and exclusive breastfeeding. Additional policies that feature low birth weight among their indicators are Nigeria_5, which is a health policy wherein LBW features as the only WHA target indicator; and two other health policies (Nigeria_10 and Sierra Leone_2) which, in the indicators, report on low birth weight in conjunction with exclusive breastfeeding, U5 stunting, and U5 wasting.

In policies other than those that include all WHA targets, a relatively small number of policies (n = 8) covers U5 overweight; all of these include four to five WHA target indicators (Benin_2, Burkina Faso_2,

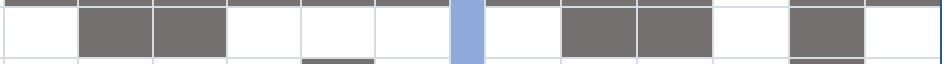
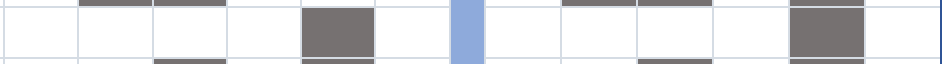
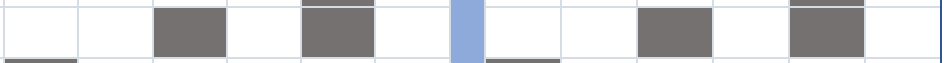
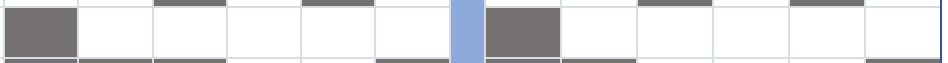
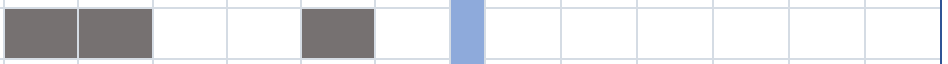
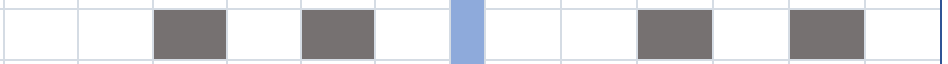
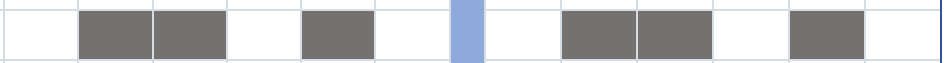
Mauritania_1, Mauritania_3, Nigeria_11, Nigeria_14, Senegal_11 and Sierra Leone_3). U5 overweight is only acknowledged as part of a wider range of malnutrition issues and potential high-impact solutions addressing multiple forms of malnutrition. None of the policies focus on U5 overweight alone, instead always combining it with undernutrition. Of the policies that include U5 overweight in the nutrition context analysis, only two (Burkina Faso_2 and Mauritania_1) also include it in their indicators. Interestingly, two policies (Nigeria_11 and Nigeria_14) present U5 overweight as one of the policies' own indicators, despite not focusing on this issue in their analysis of the nutrition context.

A number of policies only feature exclusive breastfeeding. Despite EBF being important in simultaneously addressing multiple forms of malnutrition, these policies do not explicitly acknowledge clear impact pathways between infant and young child feeding (IYCF) practices and the specific forms of malnutrition that IYCF practices are expected to impactin the short or long term. Of these policies, two from nutrition (Cape Verde_1 and Cape Verde_2) and one from health (Ghana_3) feature exclusive breastfeeding in both their context and indicators, while one policy (Gambia_3) features this target in the nutrition context analysis.

Table 5. WHA targets distribution in the policies' situational analysis and indicators sections across countries

Country	Policy acronym	Policy area	WHA target indicators in context						WHA targets in policy indicators					
			1	2	3	4	5	6	1	2	3	4	5	6
Benin	PANAR/PSDAN	Nutrition	■	■	■	■	■	■	■				■	■
	PSDSA-PNIASAN	Nutrition	■	■		■		■	■					
	SNAN	Agriculture/livestock/food security	■					■	■					
	SDFIC	Environment/climate/resource management												
	PND	Economic/social	■					■	■					■
	PHPS	Economic/social	■					■						
Burkina Faso	PNN	Nutrition	■	■	■		■	■		■				
	PSMN	Nutrition	■	■	■		■	■	■	■		■	■	■
	SNNBF	Nutrition	■	■			■	■						
	PNDS	Health			■				■					
	PSSPA	Health												
	PSLMNT	Health												
	SRMNIA-PA	Health		■	■			■	■				■	
	PSS	Health	■	■				■	■				■	■
	PNSAN	Agriculture/livestock/food security	■					■						
	PRP-AGIR	Agriculture/livestock/food security	■	■					■	■			■	■
	SDR-2025	Agriculture/livestock/food security	■					■						
	PS-PASP	Agriculture/livestock/food security	■						■					
	PNA	Environment/climate/resource management												

	PSRI	Cross-cutting															
	PNDES	Economic/social	■					■		■							■
	SNDIPE	Economic/social	■	■				■		■		■					■
Cape Verde	PNAN	Nutrition		■			■				■				■		
	ENSAN	Nutrition					■								■		
	PE-SNIA	Agriculture/livestock/food security															
	PEDS	Economic/social															
	ENRRD	Environment/climate/resource management															
Côte d'Ivoire	PNN	Nutrition	■	■	■			■		■	■	■		■	■		
	PNMN	Nutrition	■	■	■			■		■	■	■		■	■		
	PNDS	Health	■	■	■	■	■	■									
	SRPF	Health															
	PNSAJ	Health	■	■				■									
	PNIA	Agriculture/livestock/food security															
	SNPS	Economic/social	■	■													
	PSEF	Education/research															
Gambia	NNP	Nutrition	■	■	■		■	■									
	NHP	Health	■					■									
	NPHIV	Health					■										
	ANR	Agriculture/livestock/food security															
	GNAIP II / FNS	Agriculture/livestock/food security	■					■		■	■						■
	NDP	Economic/social								■	■				■		■
	GNSPP/ NSPIP	Economic/social															

	GNGP	Cross-cutting	
	ESP	Education/research	
Ghana	NNP	Nutrition	
	IACS	Nutrition	
	NBP	Health	
	NNCHACS	Health	
	GNHQS	Health	
	HSGP	Health	
	CHPS	Health	
	NHPP	Health	
	NFSP	Health	
	NHP	Health	
	GNNHSAP	Health	
	NTHSSP	Health	
	NAPPHIVS	Health	
	RHSP	Health	
	QASP	Health	
	NSFP	Cross-cutting	
	MTNDPF	Economic/social	
Guinea	PNMN	Nutrition	
	PSMAN	Nutrition	
	PNS	Health	
	PNDS	Health	

	PNSC	Health																
	PNDA	Agriculture/livestock/food security																
	PDAIG - PGP	Agriculture/livestock/food security																
Guinea Bissau	PNN	Nutrition																
	PRP/AGIR	Food security																
	LPDE	Livestock																
Liberia	NNP	Nutrition																
	NHSWP	Health																
	NSRHP	Health																
	FAPS	Agriculture/livestock/food security																
	LASIP II	Agriculture/livestock/food security																
	WASHSSP	WASH																
	NSPPS	Economic/social																
Mali	PNN	Nutrition																
	PoINSAN	Nutrition																
	PDDSS	Health																
	PNSSR	Health																
	PNISA	Agriculture/livestock/food security																
	PNPS	Economic/social																
Mauritania	PSMN	Nutrition																
	PPEPPO-ANJE	Nutrition																
	PNDS	Health																
	PNS2030	Health																

	SNSA	Agriculture/livestock/food security															
	SNPS	Economic/social															
	SCAPP_I	Economic/social															
	SCAPP_II	Economic/social															
Niger	PNSN	Nutrition															
	I3N	Nutrition															
	PDS	Health															
	PA	Agriculture/livestock/food security															
	PNPS	Economic/social															
	PDES	Economic/social															
Nigeria	NPIYCF	Nutrition															
	NSPAN	Nutrition															
	NPFN	Nutrition															
	NSBCCS	Nutrition															
	NHPP	Health															
	IMNCHS	Health															
	TSTS	Health															
	NHP	Health															
	NSPANCD	Health															
	NCHP	Health															
	NSHDP II	Health															
	NAIP	Agriculture/livestock/food security															
	APP	Agriculture/livestock/food security															

	ASFSNS	Agriculture/livestock/food security																
	PEWASH	WASH																
	NFP	Environment/climate/resource management																
	NSHP	Education/research																
	STIP	Education/research																
	NSPP	Economic/social																
Senegal	PNDN	Nutrition																
	PSMNS	Nutrition																
	LPN	Nutrition																
	PS-COSFAM	Nutrition																
	PNDSS	Health																
	PNSC	Health																
	SNSAR	Agriculture/livestock/food security																
	LPSDA	Agriculture/livestock/food security																
	LPDE	Agriculture/livestock/food security																
	PNDE	Agriculture/livestock/food security																
	PRP-SN	Agriculture/livestock/food security																
	PSNESE	Education/research																
	PSE	Cross-cutting																
	PSE-PAP	Cross-cutting																
	PNDIPE	Social protection																
	SNPS	Social protection																
Sierra Leone	MSSPRM	Nutrition																

	RMNCAH	Health	■	■			■	■		■		■		■		■	■	
	NHSSP	Health	■			■	■	■		■							■	
	NCHWP	Health																
	NSADP	Agriculture/livestock/food security																
	NSPP	Economic/social																
Togo	PNMN	Nutrition	■	■	■	■	■	■		■	■	■	■	■	■			
	PSNMN	Nutrition	■	■	■	■	■	■		■	■	■	■	■	■			
	PNDS III	Health		■						■				■	■			
	PNS	Health	■					■		■								
	PND	Economic/social						■									■	
	PNACC	Environment/climate/resource management																

Source: Nutrition-Relevant Policy in West Africa: A Comprehensive Review.

Note: WASH = Water, Sanitation, and Hygiene.

3.3.2 Other forms of malnutrition

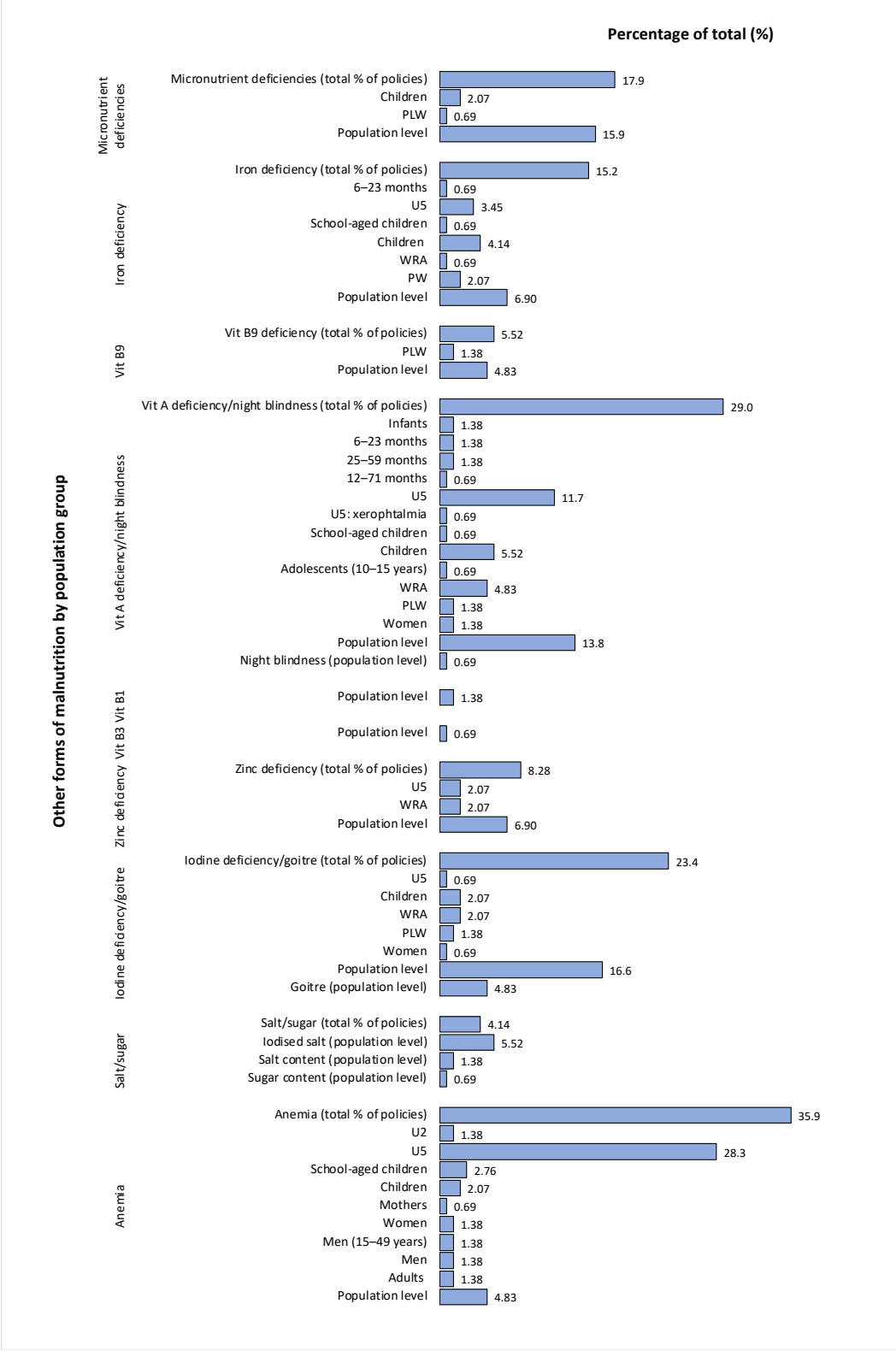
In addition to the WHA targets, we examined other nutrition priorities of interest across the region. We extended our analysis to additional forms of malnutrition and related comorbidities, and thereby to the targeting of other population groups based on recognized environmental exposure to risk throughout the life cycle.

Other forms of malnutrition mentioned in the situational analysis across policy documents cover various types of micronutrient deficiencies; predominant among these is vitamin A deficiency, iron deficiency and other types of anemia, and deficiencies in iodine, zinc, and vitamin B. Macronutrient deficiencies are also mentioned in some of the policies. These are sometimes referred to explicitly in the context of energy deficiencies; at other times, they are implied by the acknowledgement that minimum dietary requirements are not being met in terms of both macronutrient and micronutrient intake and absorption. Unbalanced intake of nutrients includes excessive salt and sugar intake. Both communicable and non-communicable diet-related diseases are also mentioned; these are generally specified across policy documents and countries. Attention is also given to synergistic epidemics which, albeit not necessarily determined by undernutrition, are exacerbated by, or exacerbate, existing malnutrition problems; this adds to the vulnerability of individuals, households, communities, and the overall population, resulting in decreased capacity for resilience. A number of policies refer to malnutrition in general terms; at times, this means all forms of malnutrition, at other times it uses the terms malnutrition and undernutrition interchangeably. Given that undernutrition and underweight are often implied in generic mentions of malnutrition these terms are generally more commonly used than overweight and obesity, both at the population level and in relation to specific age groups. Overweight and obesity, and their link to noncommunicable diseases and rates of morbidity and mortality, are also acknowledged to be a growing problem in the region; however, it is not yet the default strategy to include all forms of malnutrition under that general term. This is confirmed by the considerably lower number of policies that include overweight and obesity among their indicators, beyond the policies' situational analysis. Impact pathways among inputs, outputs, coverage, and outcomes—as indicated by data on the nutrition situation—are generally found to be better spelled out for undernutrition than for overweight and obesity; on the other hand, knowledge on impact pathways related to particular micronutrient deficiencies appears, despite gaps in coverage, to benefit from more direct links with related health outcomes that inform more conscious and focused knowledge-based action.

The percentages for other forms of malnutrition beyond those addressed by the WHA targets are specified in **Figures 8a to 9c**, below. Importantly, a considerable number of policies did not provide any data on other forms of malnutrition, either in their situational analysis (24.8 percent of policies) or among their indicators (45.5 percent of policies).

Figure 8. Forms of malnutrition

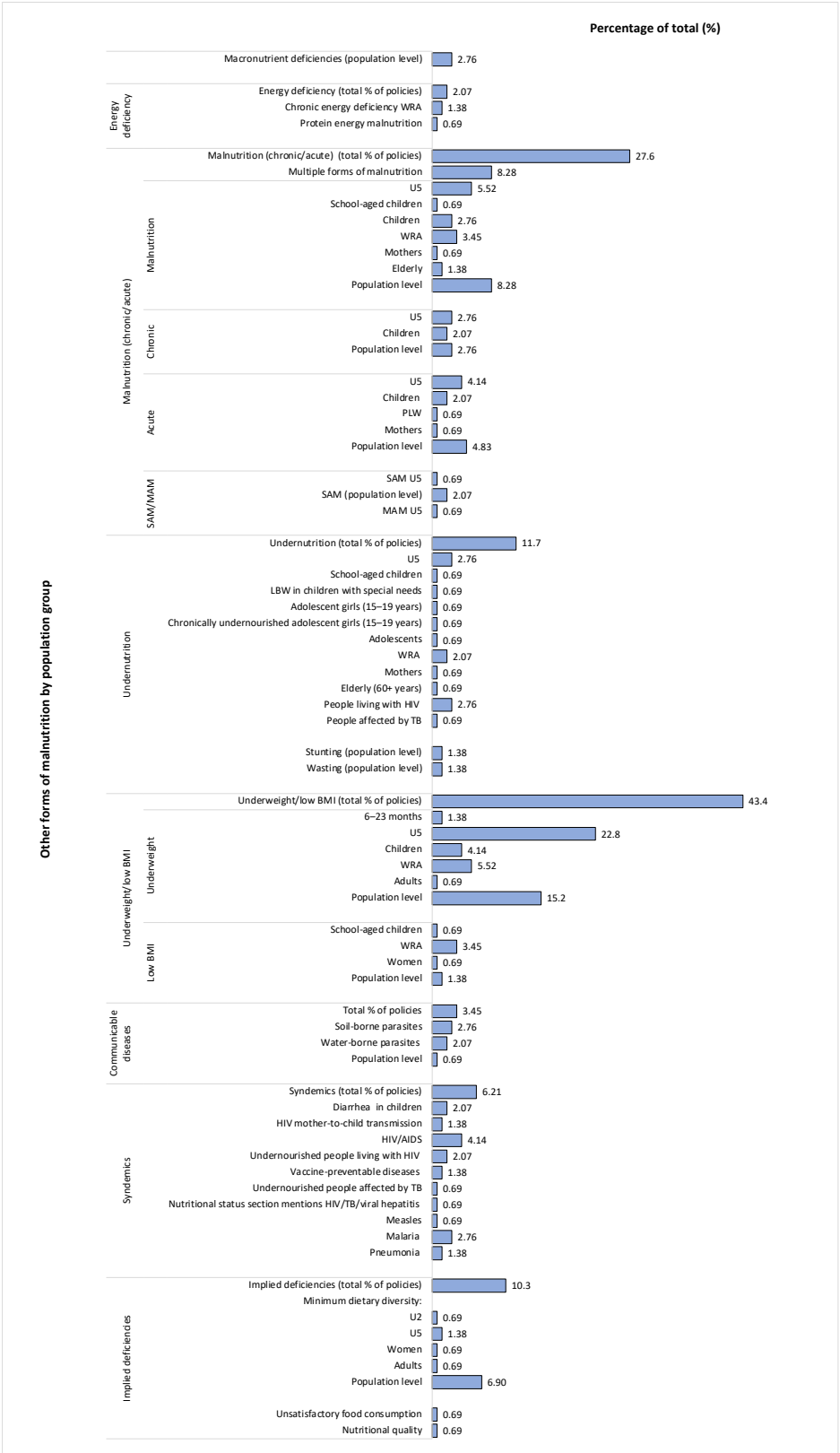
Figure 8a. Other forms of malnutrition in the policies' nutrition context, by population group



Source: Nutrition-Relevant Policy in West Africa: A Comprehensive Review.

Note: PLW = pregnant and lactating women; U5 = children under five years of age; U2 = children under two years of age; WRA = women of reproductive age; PW = pregnant women.

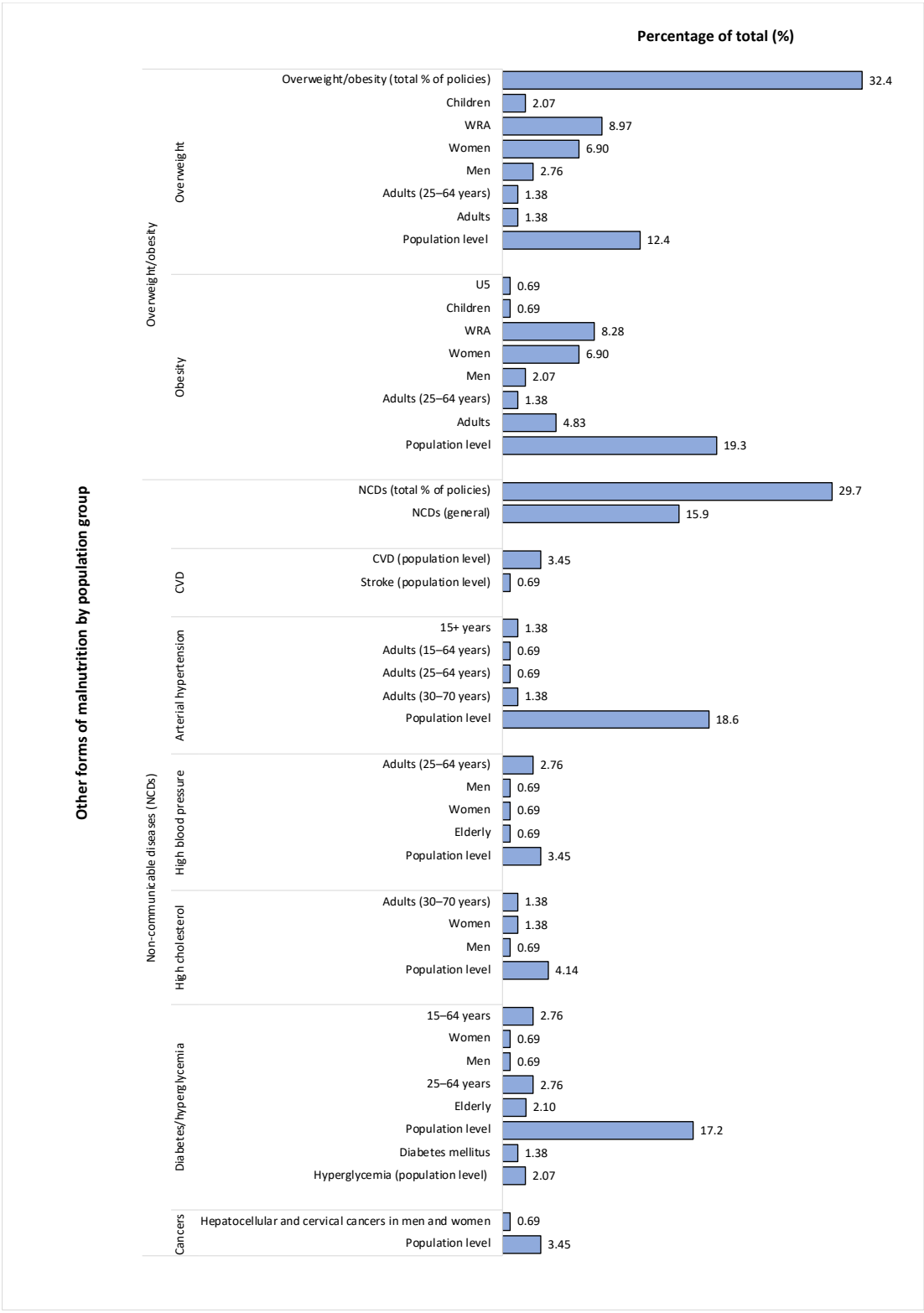
Figure 8b. Other forms of malnutrition in the policies' nutrition context, by population group



Source: Nutrition-Relevant Policy in West Africa: A Comprehensive Review.

Note: PLW = pregnant and lactating women; U5 = children under five years of age; U2 = children under two years of age; WRA = women of reproductive age; PW = pregnant women; SAM = severe acute malnutrition; MAM = moderate acute malnutrition; LBW = low birth weight.

Figure 8c. Overweight/obesity and diet-related noncommunicable diseases in the policies' nutrition context, by population group

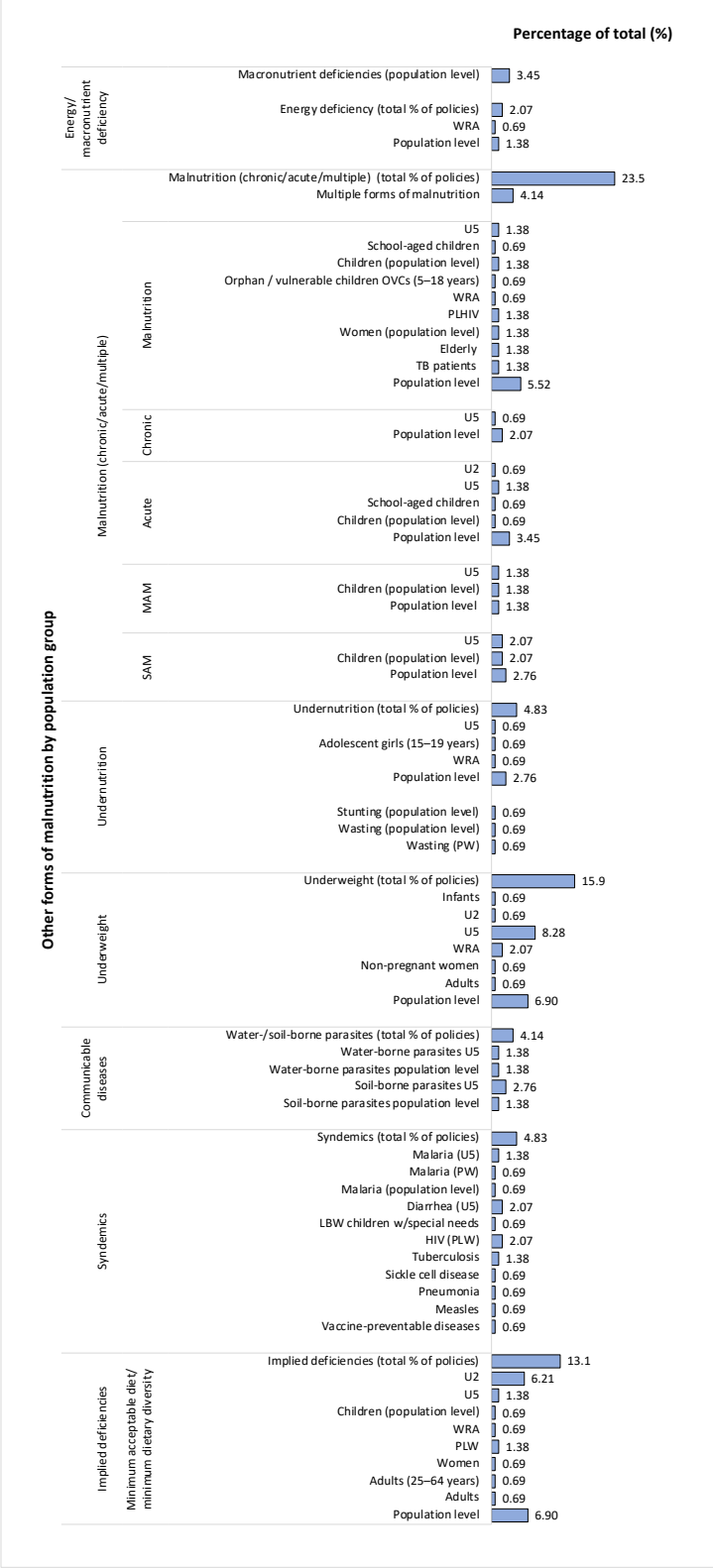


Source: Nutrition-Relevant Policy in West Africa: A Comprehensive Review.

Note: U5 = children under five years of age; NCD = noncommunicable disease; CVD = cardiovascular disease; WRA = women of reproductive age.

Figure 9. Other forms of malnutrition

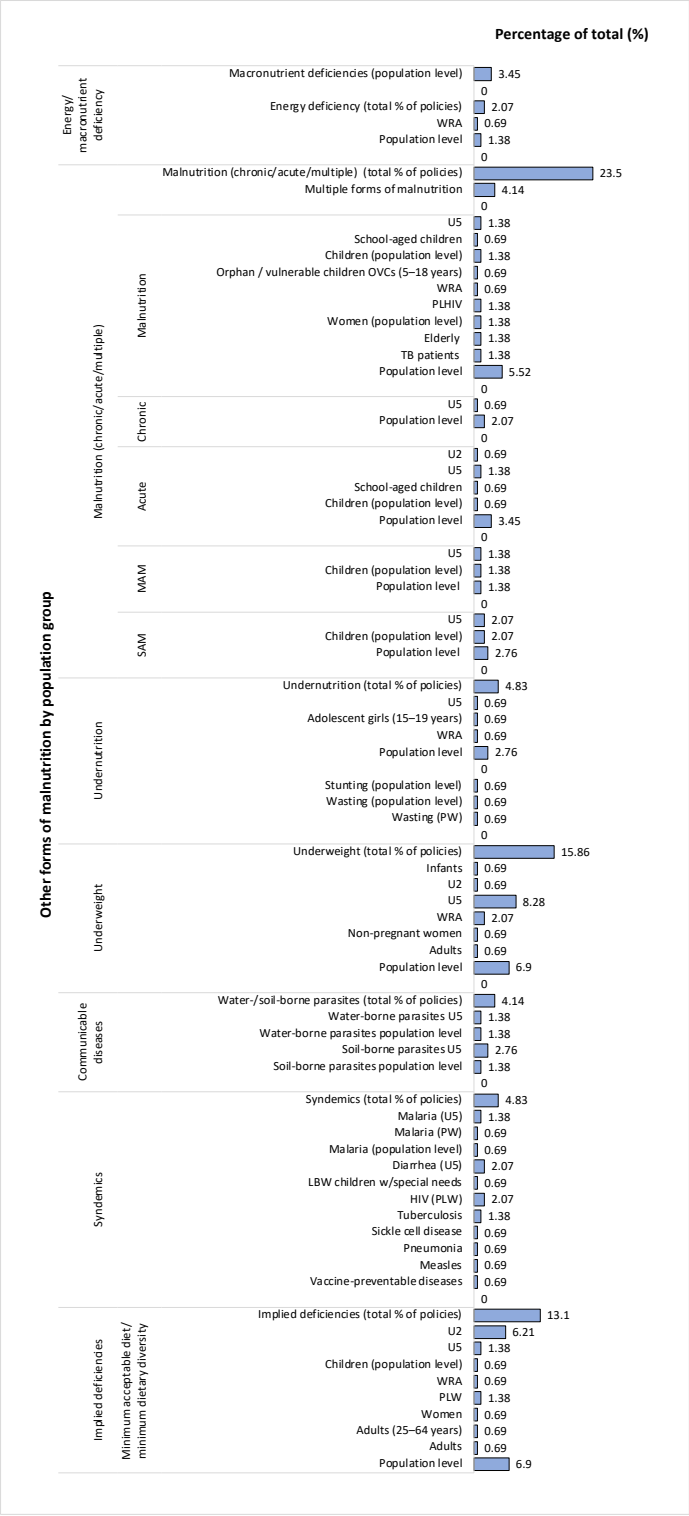
Figure 9a. Other forms of malnutrition in the policies' nutrition indicators, by population group



Source: Nutrition-Relevant Policy in West Africa: A Comprehensive Review.

Note: PLW = pregnant and lactating women; U5 = children under five years of age; U2 = children under two years of age; WRA = women of reproductive age.

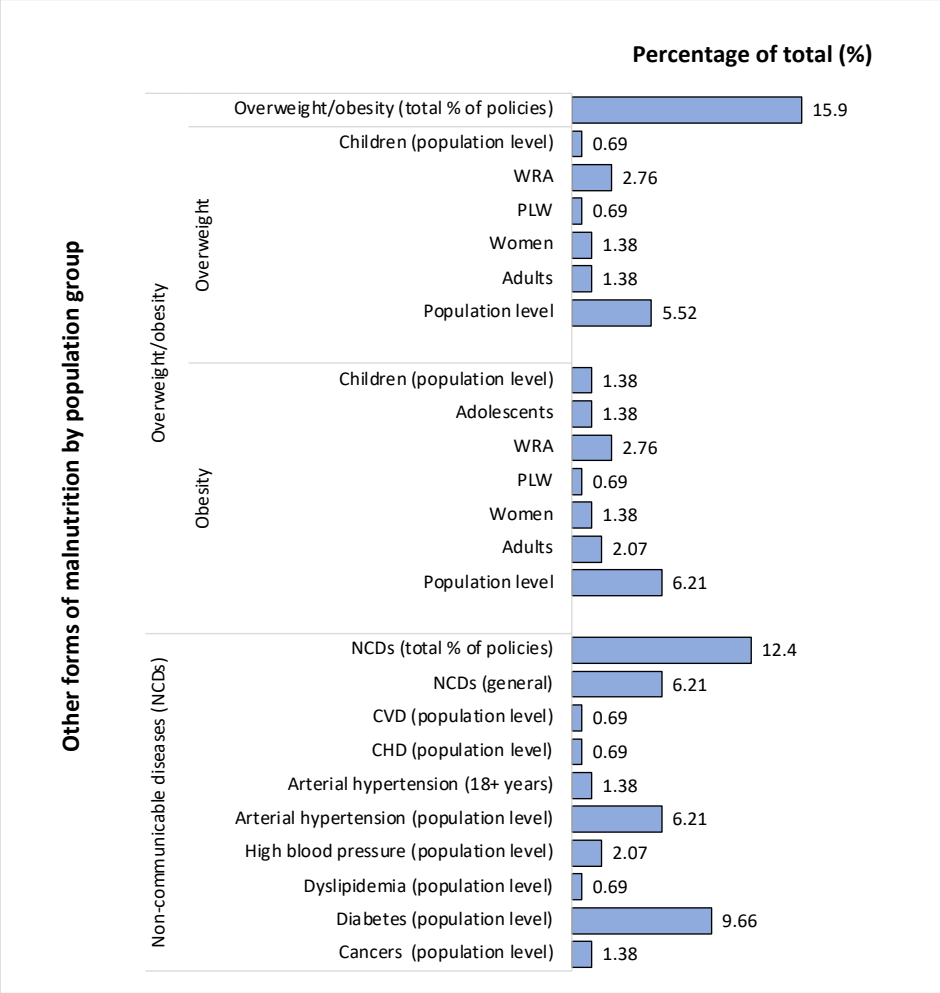
Figure 9b. Other forms of malnutrition in the policies' nutrition indicators, by population group



Source: Nutrition-Relevant Policy in West Africa: A Comprehensive Review.

Note: PLW = pregnant and lactating women; U5 = children under five years of age; U2 = children under two years of age; PLHIV = people living with HIV; WRA = women of reproductive age; PW = pregnant women; LBW = low birth weight.

Figure 9c. Overweight/obesity and diet-related noncommunicable diseases in the policies' nutrition indicators, by population group



Source: Nutrition-Relevant Policy in West Africa: A Comprehensive Review.

Note: NCD = noncommunicable disease; CVD = cardiovascular disease; CHD = coronary heart disease; WRA = women of reproductive age; PLW = pregnant and lactating women; WRA = women of reproductive age.

3.3.3 Framing of key nutrition challenges

Despite the framing of malnutrition in generic terms across a relatively high number of policies, as observed in the disaggregated data reported in the previous section there is both breadth and depth in the outlining of determinants of malnutrition across countries. The drivers are generally common across contexts, with some examples of context-specific determinants; these can include geographical location and characteristics, weaknesses in a given country's governance and policy environment, and challenges in service delivery systems. Consequences are framed in terms of health, with particular emphasis on high rates of morbidity and mortality, impaired physical and cognitive development, reduced productivity and livelihoods, lower life chances, poorer social and economic outcomes, greater intra- and intergenerational inequalities, and reduced future competitiveness, resilience, and development.

3.3.3.1 Determinants of malnutrition

The mutually reinforcing issues that are identified throughout the policy landscape map clearly onto commonly used frameworks that outline determinants and consequences of malnutrition (see, for example, UNICEF 1990; Harris and Nisbett 2020); however, they provide more granularity through an emphasis on drivers that are of particular relevance for the context in which the policies are situated. The comprehensive list of determinants reported below allows for an overview of how multiple issues of malnutrition are being understood and how effective solutions to pressing problems might be enabled or hindered by particular framings. A clear understanding of the interconnections and synergies between determinants at various levels—specifically at the individual, household, and wider social and environmental levels—can inform clear impact pathways. An examination of the impact pathways identified by nutrition-relevant policies points to a way forward. Understanding impact pathways enables one to question whether and to what extent there is potential for internal coherence among the components of these pathways; it also allows for a better understanding of the connections between the policies that constitute a country's strategy for addressing malnutrition and the consequences of these policies. An understanding of the potential synergies can shed light on the entry points for action on multiple forms of malnutrition and can inform the rationale for choosing strategies that are most appropriate in the West Africa context.

Box 3-5 includes the full list of determinants of malnutrition that have been identified across countries, following the UNICEF framework.

Box 3. Immediate determinants of malnutrition

Individual level

- Poor dietary intake (quality and/or quantity)
- Health status, disease burden, disability (HIV/AIDS, TB, malaria, pneumonia, diarrhea, infections, sickle cell disease, thalassemia, soil and waterborne parasites, untreated oral diseases, loss of appetite)
- Impaired absorption of nutrients
- Physical inactivity
- Other lifestyle factors (consumption of alcohol, tobacco, drugs)
- Biology/genetics

Box 4. Underlying determinants of malnutrition

Household level

- Food insecurity
- Nutrition insecurity (insufficient access to healthy foods)
- Pre-, intra-, and postpartum practices
- Inadequate care and feeding practices (infant and young child feeding practices such as exclusive breastfeeding, complementary feeding, and early and abrupt weaning)
- Poor Water, Sanitation, and Hygiene (WASH) practices

- Poor food safety
- Sedentary lifestyle and behavior
- Household disease burden, disability
- Inadequate utilization of health services for prevention and treatment
- Heavy workload, lack of support to lighten workload (especially for women)
- General well-being, household environment

Box 5. Basic determinants of malnutrition

Overarching

- Poverty
- Inequality

Cultural and social environment

- Low literacy levels, poor access to education
- Lack of awareness of risk factors, lack of appropriate nutrition-relevant knowledge and practices
- Weak social networks, unsupportive social environment
- Cultural and social beliefs and norms (including nutrition-related taboos; resistance to feeding with colostrum; feeding newborns with water, glucose water, infant formula, herbal concoctions, and other foods before the first breastfeeding; early supplementation of infant's diet with breastmilk substitutes and porridge)
- Gender imbalances, lack of women's empowerment
- Early marriage, early first pregnancy, short intervals between pregnancies, unplanned or unwanted pregnancies
- Growing population
- Aging population
- Lack of access to basic social services such as social protection, education, water and sanitation, health services
- Weak coverage of basic social services, both geographical and target group-based
- Low social status or position of certain groups within the community (elderly, women, children, adolescents)

Natural environment

- Constraining geographical characteristics or location at the national/subnational level
- Environmental risks
- Climate change, precarious climate conditions
- Natural disasters such as cyclic droughts, floods, locust invasions, edaphic (soil-related) factors or changes, desertification, sea level rise
- Natural resource degradation or overexploitation
- Environmental degradation
- Ecosystem vulnerability
- Pollution

Food system environment

- Access to, or control over, natural capital including land (private/public), water, forests, and fisheries
- Access to physical capital or the means of production
- Access to financial capital
- Access to commercialisation, conservation, and transformation of food products
- Insecure livelihoods, lack of livelihood diversification, income vulnerability
- Lack of crop diversification (for example, monoculture)
- Low agricultural crop yields
- Losses in agricultural production or harvest mismanagement (for example, bad storage practices, poor processing facilities, pests and diseases, humidity)
- Loss of livelihood sources in coastal areas that are being affected by sea level rise
- Limited capacity of local fisheries
- Food insecurity
- Nutrition insecurity
- Urbanisation
- Low performance of production systems
- Poor access to markets
- Characteristics of markets
- Lack of economic systems for local development
- Poor infrastructure and transportation
- Employment
- Income
- Household livelihood-related assets
- Weak and inappropriate technologies, lack of access
- Lack of entrepreneurial or technical skills
- Market prices
- Price fluctuations in space or time
- Low purchasing power
- Market failures
- Economic shocks, financial crises
- High dependence on imports for food and nutrition security
- High dependence on nondiversified food exports such as monocultures
- Existence of monopoly in food import system
- Speculation by some market actors
- Disruption of agricultural production and/or trade due to conflict
- Globalization
- Commercial crises in relation to, for example, specific crops trades
- Nonexistent or suboptimal early warning systems
- Lack of integration into the economic system

Health system environment

- Lack of access to health services
- Lack of health infrastructure (for example, facilities destroyed during conflict)
- Inadequate health services
- Weak leadership capacity in the health sector
- Lack of training or competence of professionals or service providers
- Inadequate screening or care for prevention and treatment
- Cost of treatment for malnutrition
- Cost of health services
- Unavailability of services for specific vulnerable groups
- Lack of preventive services for certain groups
- Suboptimal staff mix
- Inequitable distribution of existing staff
- Concentration of nutrition specialists at the national level, resulting in insufficient capacities at the subnational or operational level
- Referral of lab work, diagnoses, and treatment to higher-up clinics
- Lack of appropriate infrastructure, medication, equipment
- Lack of integration of different services for the same target groups
- Lack of focus on life cycle approach

Information/communication systems, and training and research

- Lack of routine data collection
- Lack of nutrition indicators in policies or strategies
- Lack of other nutrition-relevant indicators and proxy indicators
- Lack of smart data that would allow rapid response and prevention
- Outdated information or guidelines on nutrition and/or health practices
- Lack of training and/or research structures
- Lack of capacity or impactful action of civil society associations or organizations
- Low interest of research community in nutrition policy
- Poorly integrated monitoring systems
- Poor communication strategies and/or tools

Governance and political environment

- Economic context and fiscal and trade policies not conducive to adequate livelihoods
- Poor implementation of existing legislation and regulations
- Political instability and insecurity (including past crises)
- Difficulties in interdisciplinary planning (absence of the versatile frameworks that allow for multidisciplinary collaboration)
- Lack of, or suboptimally, transparent prioritization mechanisms
- Lack of institutional anchoring
- Lack of clear institutional responsibilities or actors' roles
- Lack of institutional capacity
- Weak coordination, lack of concerted action mechanisms

- Low functionality of coordination bodies
- Low engagement of decisionmakers on multisectoral aspects of nutrition (for example, the predominance of a health vision of nutrition versus a multisectoral approach)
- Low engagement of multisectoral actors
- Difficulty of integrating nutrition into other nutrition-relevant sectors, that is, of making the multisectoral approach concrete
- Policy fragmentation
- Low prioritization of nutrition, poor understanding of its importance
- Low integration of nutrition into policies or programs at the subnational level
- Low accounting for nutrition indicators in policies or strategies
- Low state and private financing for nutrition
- High dependence on donors and on technical and financial partners
- Low involvement of traditional or religious leaders
- Low investment in implementation or scaling up of high-impact nutrition interventions; prioritization of emergencies (that is, focus on malnutrition care rather than prevention and on acute care rather than chronic malnutrition)

3.3.3.2 Consequences of malnutrition

The consequences of malnutrition that are acknowledged in the policies are fewer in number and less complex in their interconnectedness. They are framed either in terms of outcomes at the individual, household, and population level, or in terms of costs.

The consequences of malnutrition that are identified by the policies are shown in **Box 6 and 7**.

Box 6. Intragenerational consequences

Intragenerational consequences

- Mortality (infant, child, maternal, disease-related, across the life cycle)
- Morbidity from infectious diseases
- Morbidity from noncommunicable diseases
- Exacerbation of coexisting epidemics
- Physical development (suboptimal adult height, poor reproductive health)
- Cognitive development (impaired cognitive ability)
- Reduced psychomotor abilities
- Learning disabilities/poor academic performance
- Reduced work productivity
- Lower income
- Disabilities
- Vulnerability
- Social isolation
- Limited resilience
- Burden on the health system
- Burden on the social protection system
- Limited results from investment in education system, poor human capital

- Burden on the economic system (productivity, competitiveness)
- Low economic development
- Poor social development
- Poverty
- Inequality

Box 7. Intergenerational consequences

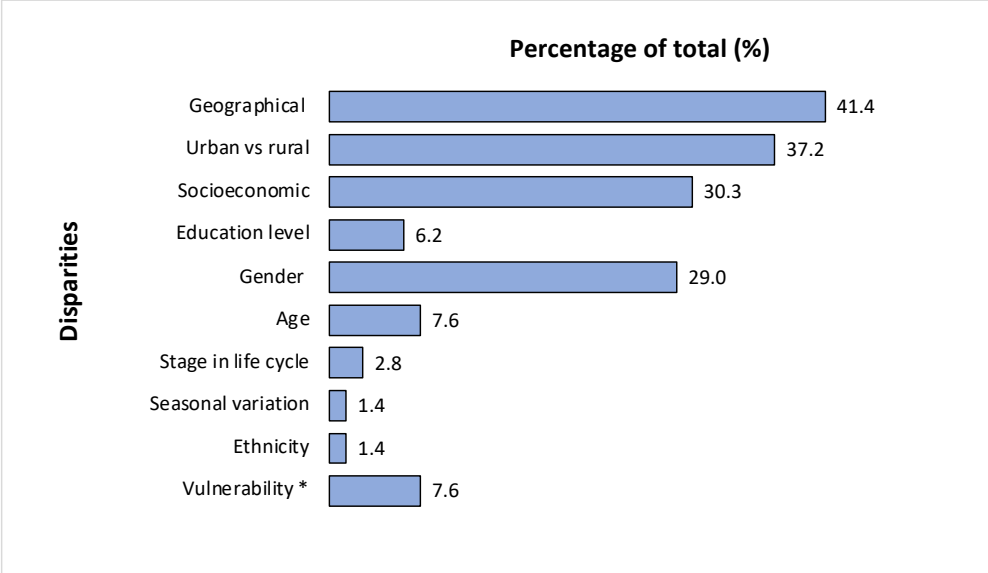
Intergenerational consequences

- Next generation household malnutrition and disease burden
- Social disadvantage
- Economic disadvantage
- Development
- Poverty
- Inequality

The knowledge base in the West African policy landscape appears overall to be appropriately spelled out through the explicit acknowledgement of key drivers, nuances, complexities, and interdependencies between drivers and consequences. The strategies to address key determinants of malnutrition, however, are not always clearly aligned with nutrition outcomes. While nutrition-specific policies provide more detailed information on the immediate determinants of malnutrition, nutrition-sensitive policies show an overall comprehensive understanding of underlying and basic causes of malnutrition and their consequences.

Despite acknowledging multidimensional poverty and inequality as being both the determinants and the consequences of malnutrition, the policies often present aggregated data with regard to the nutrition status of the population**. Figure 10** shows the extent of data disaggregation in the policies' situational analysis across the region. In order to address overlapping vulnerabilities, there is a need for data that captures not only overall incidence but also distribution across disadvantaged groups, in consideration of the multiple inequalities that give rise to a weak capacity for resilience in the face of chronic vulnerability and sudden shocks. Insufficient mechanisms for routine collection and sharing of disaggregated smart data at the national, subnational, and regional levels constitute a crucial gap.

Figure 10. Disaggregation of data in the policies' nutrition context (percentage of total)



Source: Nutrition-Relevant Policy in West Africa: A Comprehensive Review.

Note: * = includes socially, environmentally, and economically determined inequalities.

3.4 Internal coherence of policies

The internal coherence of policies was examined in order to provide an insight into the extent to which there is alignment between a policy's context, objectives, activities, indicators, and budget. This evaluation was carried out independently of whether the focus of policies was on WHA targets or other indicators. This enabled a more in-depth examination of any discrepancies between the priorities declared in a policy's objectives and its planned activities, indicators, and budget allocations; this, in turn, informed the identification of gaps and recommendations.

It is important to keep in mind that this review does not include programs or projects. Additional and more detailed nutrition components and indicators found in program documents from governmental and nongovernmental bodies are likely to complement the picture drawn from policies alone. Coherence within policy documents should be considered in light of the policy's qualitative richness. Analysis of coherence should extend beyond the reporting of quantitative scoring, which is used here solely for the purpose of identifying gaps in the current policy landscape. The intent is to identify entry points for strengthening internal policy coherence and impact pathways in such as way as to support improved nutrition and health outcomes.

All 145 documents were analyzed for internal coherence at the document level across five process steps: context, objectives, nutrition indicators, interventions, and coverage indicators. Documents were classified into categories of coherence: none (0), partial (1), and complete (2). Composite scores were used to organize findings on internal policy coherence and to visualize any missing links (**Figure 11);** however, an in-depth interpretation of the ratings obtained—rather than relying on mere quantitative scores—was informed by the rich qualitative information gathered from this analysis.

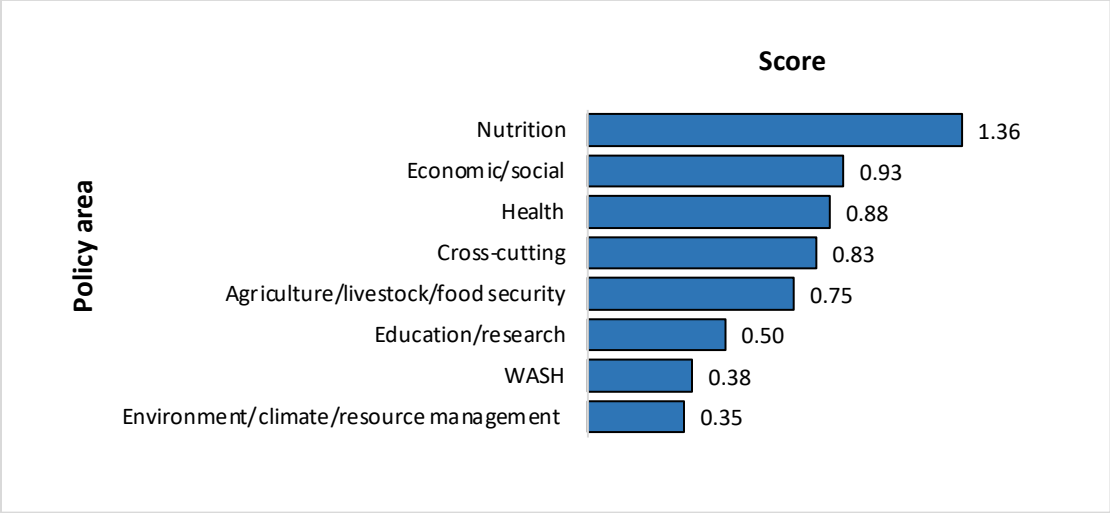
The four main questions which guided our analysis were: (1) Are policy objectives aligned with the identified challenges and drivers? (Process Step 1); (2) Do the identified nutrition indicators align with the stated objective? (Process Step 2); (3) Does the policy include interventions to address the identified challenges and drivers and to reach objectives? (Process Step 3); and (4) Do the identified

coverage indicators appropriately measure coverage of the specified intervention(s)? (Process Step 4). For each process step, we then rated the level of coherence (none/0, partial/1, or complete/2).

A score of 2 (complete coherence) was assigned if all elements were reflected across process steps, that is, if there were objectives that sought to address all of the nutrition challenges identified in the policy's situational analysis. If that was not the case, a score of 1 (partial) was assigned. If no alignment existed within a given process steps, a score of 0 was assigned. We calculated a composite score for each policy document; this was expanded upon through qualitative synthesis of the coded data. A score of 0 on the guiding analysis questions does not directly translate into the policy being incomplete or poor; lower scores are intended to illustrate, rather than assess, the strengths and weaknesses of links within policies. Any gaps might be explained in detail within the policy document itself or they may be appropriately addressed in programmatic documents outside the scope of this review.

Composite scores organized by policy area show that the highest coherence is found in nutrition policies (composite score of 1.36) and economic/social policies (0.93); this is followed by health policies (0.88), cross-cutting policies (0.83), and agriculture/livestock/food security policies (0.75). Lower composite scores are found in the areas of education/research (0.50), WASH (0.38), and environment/climate/resource management (0.35) (**Figure 11**).

Figure 11. Composite index score for policies' internal coherence, by policy area



Source: Nutrition-Relevant Policy in West Africa: A Comprehensive Review.

Note: WASH = Water, Sanitation, and Hygiene.

Table 6 illustrates whether a policy: (1) identifies key nutrition challenges and states the nutrition objectives aimed at addressing the identified challenges; (2) identifies outcome indicators (nutrition status or nutrition drivers) to measure progress toward the stated objectives; (3) identifies relevant nutrition interventions to address nutrition challenges and reach objectives; (4) identifies relevant indicators to measure intervention coverage and track service delivery; and (5) includes a budget for nutrition.

Table 6. Internal coherence of policies, by country

Internal coherence of policies, by country							
Country	**Policy area**	**Policy acronym**	**Objectives to context**	**Indicators to objectives**	**Planned activities to objectives**	**Coverage indicators to planned activities**	**Budget for nutrition**
Benin	Nutrition	PANAR/PSDAN	1	2	2	0	Y
	Nutrition	PSDSA-PNIASAN	1	1	2	2	Y
	Agriculture/livestock/food security	SNAN	1	1	2	0	N
	Environment/climate/resource management	SDFIC	0	1	0	0	N
	Cross-cutting	PND	1	1	2	2	N
	Economic/social	PHPS	1	0	2	0	N
Burkina Faso	Nutrition	PNN	2	0	1	0	N
	Nutrition	PSMN	2	2	1	0	N
	Nutrition	SNNBF	2	0	0	0	N
	Health	PNDS	0	0	0	0	N
	Health	PSSPA	2	2	2	0	Y
	Health	PSLMNT	2	2	2	0	N
	Health	SRMNIA-PA	1	1	0	0	N
	Health	PSS	2	1	2	0	N
	Agriculture/livestock/food security	PNSAN	2	0	0	0	Y
	Agriculture/livestock/food security	PRP-AGIR	1	1	1	0	Y
	Agriculture/livestock/food security	SDR-2025	1	2	1	0	N
	Agriculture/livestock/food security	PS-PASP	0	1	2	0	Y
	Environment/climate/resource management	PNA	2	0	2	0	N
	Cross-cutting	PSRI	0	0	0	0	Y
	Economic/social	PNDES	1	1	1	0	GENERIC
	Economic/social	SNDIPE	2	2	2	0	Y
Cape Verde	Nutrition	PNAN	2	2	1	0	Y
	Nutrition	ENSAN	2	2	1	0	N
	Agriculture/livestock/food security	PE-SNIA	1	1	0	1	N
	Economic/social	PEDS	0	1	1	0	GENERIC
	Environment/climate/resource management	ENRRD	1	1	0	0	N
Côte d'Ivoire	Nutrition	PNN	2	2	0	1	N
	Nutrition	PNMN	2	2	2	2	N

	Health	PNDS	2	1	0	0	Y
	Health	SRPF	0	0	0	0	N
	Health	PNSAJ	0	0	0	0	N
	Agriculture/livestock/food security	PNIA	1	0	1	0	Y
	Economic/social	SNPS	0	0	2	0	N
	Education/research	PSEF	0	0	0	2	N
Gambia	Nutrition	NNP	2	1	2	0	N
	Health	NHP	0	0	1	0	N
	Health	NPHIV	2	0	2	0	N
	Agriculture/livestock/food security	ANR	1	0	2	0	N
	Agriculture/livestock/food security	GNAIP II/FNS	1	2	2	2	Y
	Economic/social	NDP	1	1	1	2	Y
	Economic/social	GNSPP/NSPIP	1	0	1	0	Y
	Cross-cutting	GNGP	1	0	2	1	N
	Education/research	ESP	0	0	1	0	N
Ghana	Nutrition	NNP	2	2	2	0	N
	Nutrition	IACS	2	2	2	2	N
	Health	NBP	2	2	2	2	N
	Health	NNCHACS	2	2	2	2	Y
	Health	GNHQS	1	2	2	2	N
	Health	HSGP	1	0	0	0	N
	Health	CHPS	1	0	2	0	N
	Health	NHPP	1	1	2	0	N
	Health	NFSP	2	0	2	0	N
	Health	NHP	2	2	2	2	N
	Health	GNNHSAP	2	2	2	2	N
	Health	NTHSSP	2	0	2	2	Y
	Health	NAPPHIVS	0	0	0	0	N
	Health	RHSP	2	2	2	1	Y
	Health	QASP	1	0	2	1	N
	Cross-cutting	NSFP	0	1	2	0	N
	Economic/social	MTNDPF	2	2	2	1	N
Guinea	Nutrition	PNMN	2	0	0	0	N
	Nutrition	PSMAN	2	2	2	2	N
	Health	PNS	0	0	0	0	N
	Health	PNDS	0	1	2	2	N

	Health	PNSC	0	0	1	0	N
	Agriculture/livestock/food security	PNDA	1	1	1	1	N
	Agriculture/livestock/food security	PDAIG - PGP	1	0	0	0	N
Guinea Bissau	Nutrition	PNN	2	2	2	0	N
	Agriculture/livestock/food security	PRP/AGIR	1	2	2	1	Y
	Agriculture/livestock/food security	LPDE	0	0	0	0	N
Liberia	Nutrition	NNP	2	0	1	0	Y
	Health	NHSWP	1	0	2	0	N
	Health	NSRHP	0	0	0	0	N
	Agriculture/livestock/food security	FAPS	1	0	1	0	N
	Agriculture/livestock/food security	LASIP II	1	1	2	0	Y
	WASH	WASHSSP	0	0	1	2	N
	Economic/social	NSPPS	1	0	2	0	N
Mali	Nutrition	PNN	2	2	1	1	N
	Nutrition	PoINSAN	1	2	1	0	Y
	Health	PDDSS	1	1	2	0	N
	Health	PNSSR	0	1	1	0	N
	Agriculture/livestock/food security	PNISA	1	1	1	1	Y
	Economic/social	PNPS	2	0	2	0	N
Mauritania	Nutrition	PSMN	2	2	2	0	Y
	Nutrition	PPEPPO-ANJE	2	1	2	2	Y
	Health	PNDS	2	2	2	1	N
	Health	PNS2030	0	0	2	0	N
	Agriculture/livestock/food security	SNSA	1	0	2	0	N
	Economic/social	SNPS	1	0	1	0	Y
	Economic/social	SCAPP_I	0	1	2	0	N
	Economic/social	SCAPP_II	2	2	2	0	N
Niger	Nutrition	PNSN	2	0	1	0	N
	Nutrition	I3N	2	2	2	0	Y
	Health	PDS	1	2	2	0	Y
	Agriculture/livestock/food security	PA	0	0	0	0	N
	Economic/social	PNPS	1	0	1	0	N
	Economic/social	PDES	2	2	2	0	Y
Nigeria	Nutrition	NPIYCF	2	2	2	0	GENERIC
	Nutrition	NSPAN	1	2	2	2	N
	Nutrition	NPFN	1	2	2	0	Y

	Nutrition	NSBCCS	2	1	2	2	N
	Health	NHPP	0	0	0	0	N
	Health	IMNCHS	0	0	2	0	N
	Health	TSTS	2	0	2	0	N
	Health	NHP	1	1	0	0	N
	Health	NSPANCD	0	0	1	0	GENERIC
	Health	NCHP	1	2	1	1	N
	Health	NSHDP II	1	1	2	0	Y
	Agriculture/livestock/food security	NAIP	0	0	1	0	N
	Agriculture/livestock/food security	APP	2	0	2	0	N
	Agriculture/livestock/food security	ASFSNS	2	1	2	0	N
	WASH	PEWASH	0	0	0	0	N
	Environment/climate/resource management	NFP	0	0	0	0	N
	Education/research	NSHP	2	0	2	0	N
	Education/research	STIP	0	0	0	0	N
	Economic/social	NSPP	2	0	2	0	Y
Senegal	Nutrition	PNDN	2	0	1	0	N
	Nutrition	PSMNS	2	2	2	0	Y
	Nutrition	LPN	1	0	2	0	N
	Nutrition	PS-COSFAM	2	2	2	2	Y
	Health	PNDSS	0	0	2	1	GENERIC
	Health	PNSC	0	0	1	0	N
	Agriculture/livestock/food security	SNSAR	1	0	2	1	Y
	Agriculture/livestock/food security	LPSDA	2	0	0	0	N
	Agriculture/livestock/food security	LPDE	1	0	1	0	N
	Agriculture/livestock/food security	PNDE	1	0	1	0	Y
	Agriculture/livestock/food security	PRP-SN	1	2	2	1	Y
	Education/research	PSNESE	1	0	2	0	N
	Cross-cutting	PSE	1	1	0	1	N
	Cross-cutting	PSE-PAP	1	1	0	1	Y
	Economic/social	PNDIPE	2	0	2	0	N
	Economic/social	SNPS	1	2	1	2	N
Sierra Leone	Nutrition	MSSPRM	2	2	2	2	Y
	Health	RMNCAH	2	2	2	0	Y
	Health	NHSSP	0	1	1	1	Y

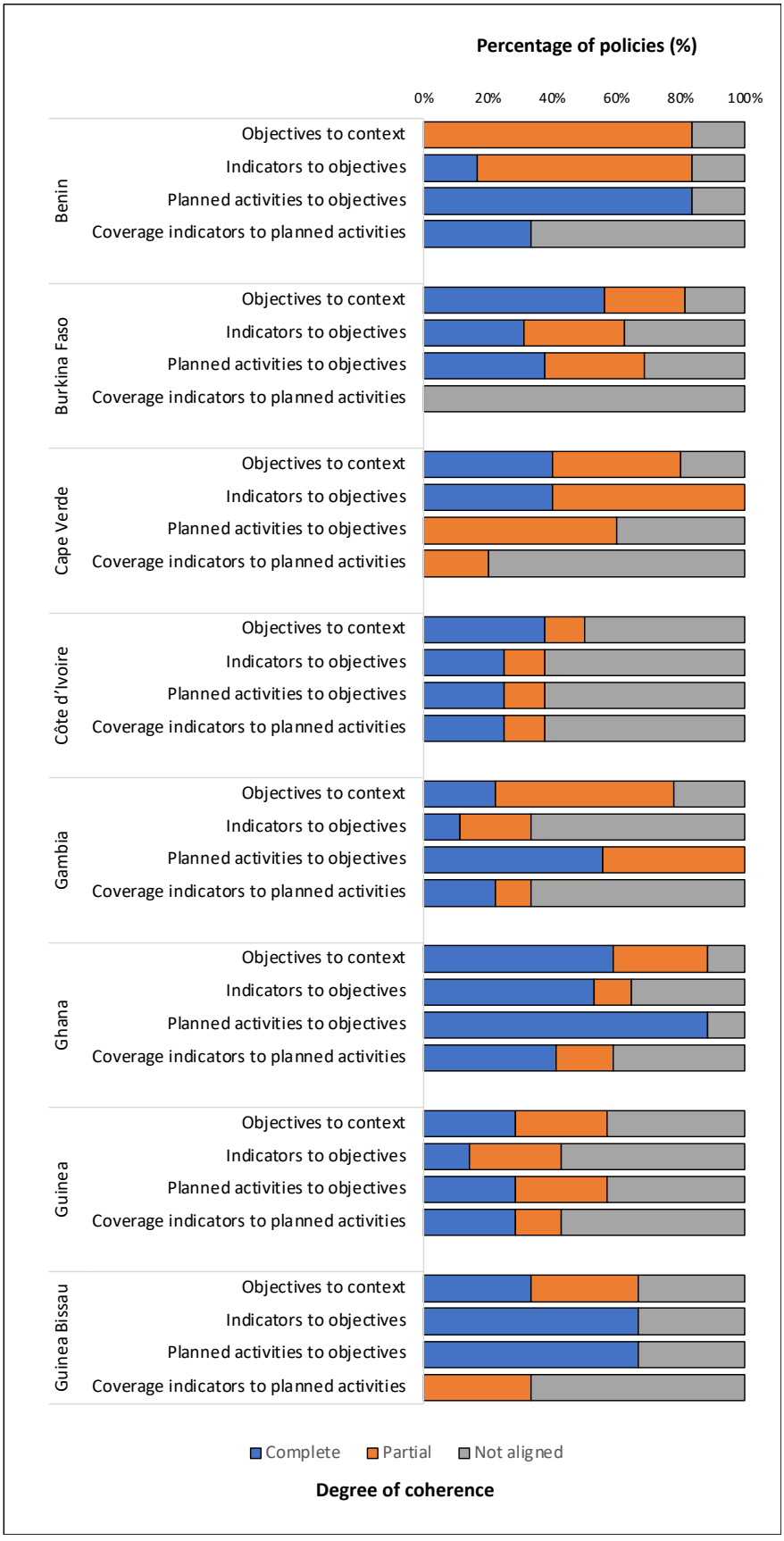
	Health	NCHWP	0	0	0	0	N
	Agriculture/livestock/food security	NSADP	0	0	0	0	N
	Economic/social	NSPP	2	0	1	0	N
Togo	Nutrition	PNMN	2	2	2	0	N
	Nutrition	PSNMN	2	2	2	0	N
	Health	PNDS III	2	1	2	1	N
	Health	PNS	1	1	2	0	N
	Economic/social	PND	1	1	0	0	N
	Environment/climate/resource management	PNACC	0	0	0	0	N

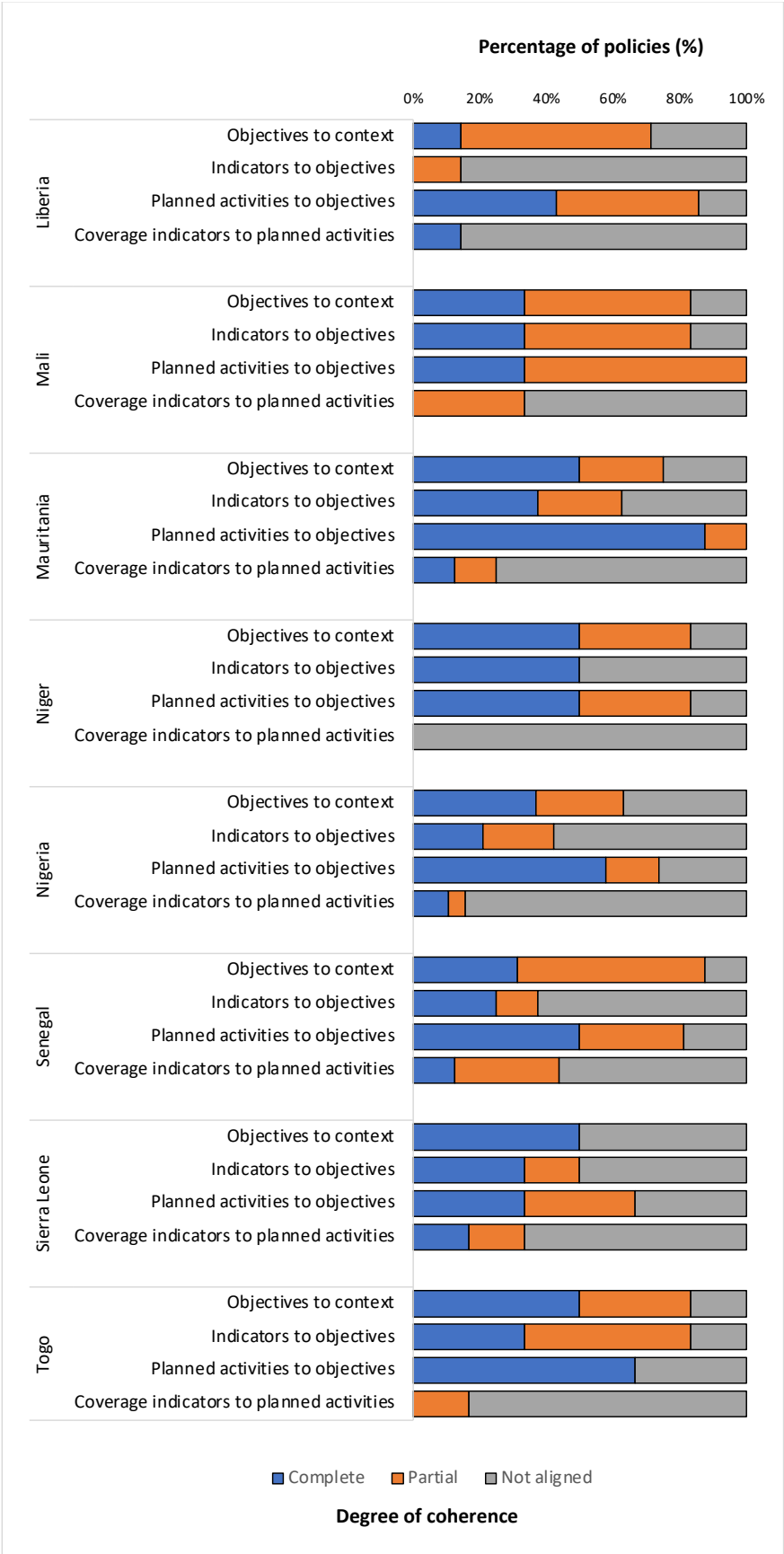
Source: Nutrition-Relevant Policy in West Africa: A Comprehensive Review.

Note: WASH = Water, Sanitation, and Hygiene; categories of coherence: 0 = none, 1 = partial and 2 = complete.

Figure 12 presents a country-by-country overview of coherence for each of the process steps. These are, namely: (1) policy objectives are aligned with identified challenges and drivers (context); (2) identified nutrition indicators align with stated objectives; (3) policy includes interventions to address the identified challenges and drivers; and (4) identified coverage indicator(s) appropriately measure coverage of the specified intervention(s). The degree of coherence (complete, partial, or not aligned) that is identified for each of the process steps within individual policy documents is aggregated to identify strengths or gaps in coherence across policies within each country.

Figure 12. Internal coherence of policies by country (percentage)





Source: Nutrition-Relevant Policy in West Africa: A Comprehensive Review

3.5 Targeting of beneficiaries

The beneficiaries covered across policies indicate a variety of strategies to address different forms of malnutrition. These span the life cycle and cover all age groups from the pediatric to the geriatric population. Other types of targeting that are found in a smaller number of policies take into account additional vulnerabilities, in connection with disease burden.

Although the policies do not always include a detailed explanation of the rationale which informs their targeting approach, there is often an indication that they are based on a number of sensible strategies. The targeting approaches identified across policies are:

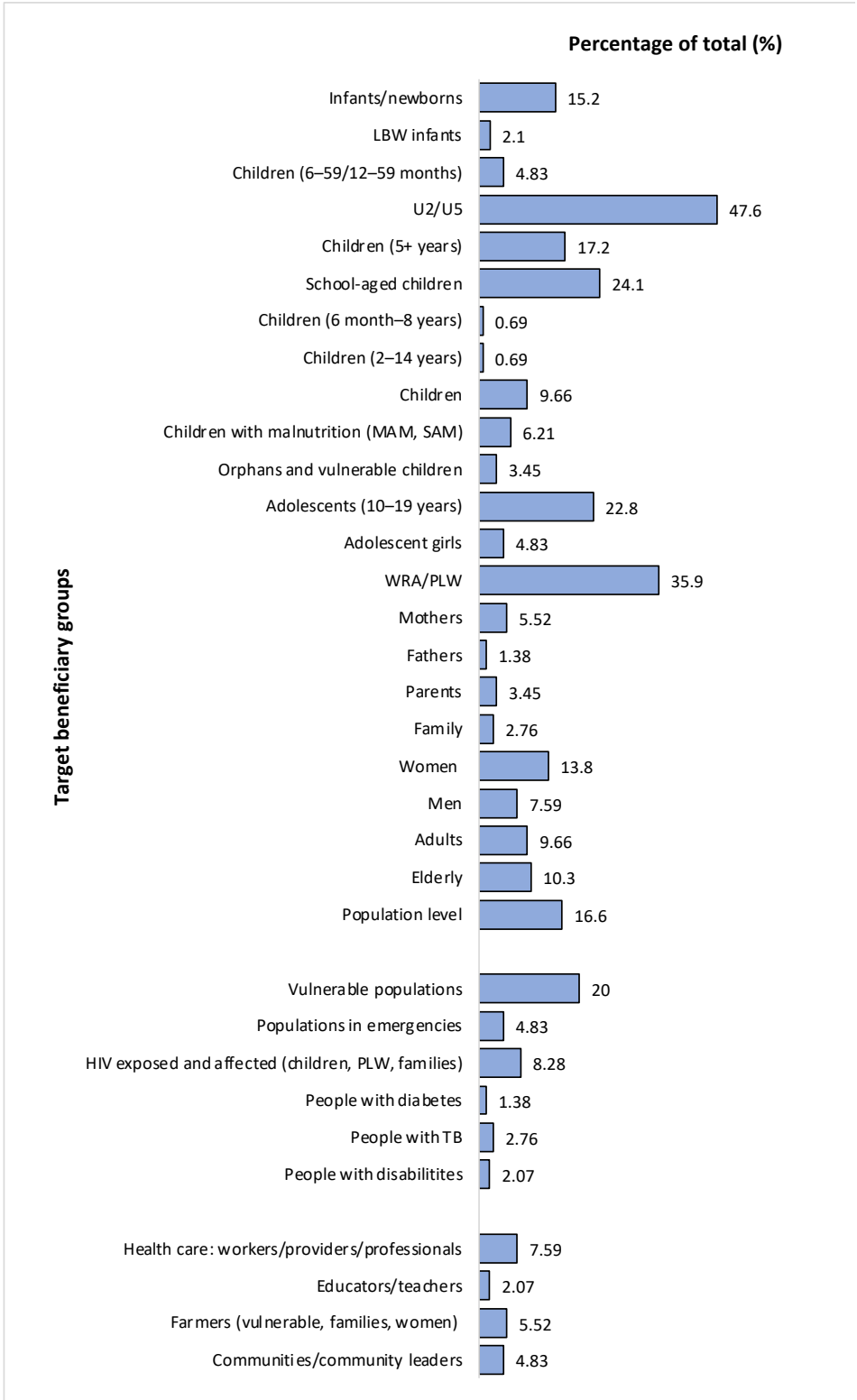
- high-risk such as severe acute malnutrition (SAM), moderate acute malnutrition (MAM), or disease burden
- acute vs chronic malnutrition (treatment/prevention)
- evidence-based high-impact interventions (such as during the first 1,000 days)
- broadest coverage achievable (including blanket coverage at the population level)
- subpopulation group (such as all school-aged children)
- long-term return on investment
- regional distribution of problem, and targeting accordingly
- issue-based (specific forms of malnutrition)
- issue-based (multiple forms of malnutrition)
- life cycle approach
- targeting not based on age group (for example, farmers)

3.5.1 Targeting by age group throughout the life cycle

The most commonly recurring targeting strategy refers to intended beneficiaries by age group. There is a particular emphasis on interventions that target children under two and children under five. Over a quarter of the policies also cover the population over five years of age. Less than a quarter of the policies explicitly target adolescents, although the figure increases when we consider policies targeting women of reproductive age. Adults and the elderly also feature across policies, including both men and women.

Beyond the groups defined by the WHA targets (namely U5 children and WRAs of 15 to 49 years) and within the aggregated age group categories presented in **Figure 13**, **Box 8** shows the additional following groupings are found within policies, including in the situational analysis, planned activities, and indicators sections.

Figure 13. Target beneficiaries for nutrition-related activities (percentage of total policies)



Source: Nutrition-Relevant Policy in West Africa: A Comprehensive Review

Note: LBW = low birth weight; U2 = children under two years of age: U5 = children under five years of age; WRA = women of reproductive age; PLW = pregnant and lactating women; SAM = severe acute malnutrition; MAM = moderate acute malnutrition.

Box 8. Multiple definitions and overlap of age groups

- No age group/population level
- Infants
- Infants (0–6 months)
- Under 1, 0–1 year
- Under 2, 6–23 months, 6–24 months
- Under 5 (all ages)
- Under 5 (2–5 years)
- Under 6, preschool-aged children (12–71 months)
- Children (5–14 years)
- School-aged children
- Children (general)
- Adolescents (general)
- Adolescents (10–15 years)
- Adolescent girls (15–19 years)
- Women of reproductive age (WRA) (general)
- WRA (15–49 years)
- Pregnant women
- Lactating women
- Pregnant and lactating women (PLW)
- Mothers
- Non-pregnant women
- Women (general)
- Men (general)
- Men (15–49 years)
- Adults (general)
- Adults (15+ years)
- Adults (18+ years)
- Adults (15–64 years)
- Adults (25–64 years)
- Adults (30–70 years)
- Elderly (general)
- Elderly (60+ years)

3.5.1.1. Planned activities by age group

Table 7 presents an overview of key planned nutrition-related activities across the life cycle (Gillespie et al. 2019; TNWA 2020), which were identified across policy documents in the region.

3.5.2 Equity-sensitive targeting

Some of the targeting strategies feature groupings based on profession or livelihood. These include healthcare professionals (7.59 percent), educators/teachers (2.07 percent), farmers (5.52 percent), and communities/community leaders (4.83 percent).

Other groups targeted through planned activities include the following: Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) (0.69 percent); mothers of LBW children (1.38 percent); women who require assistance (0.69 percent); infants with certain congenital anomalies (0.69 percent); premature infants (0.69 percent); girls in school (0.69 percent); children with diarrhea (0.69 percent); sick mothers (0.69 percent); infants at risk of transmission of communicable diseases (0.69 percent); staff of government ministries (0.69 percent); civil society organizations (1.4 percent); legislators, policymakers, and the public (0.69 percent); state services and structures at central and local levels (0.69 percent); technical staff (0.69 percent); workplaces (0.69 percent); people with other chronic diseases (0.69 percent); people with special needs (0.69 percent); socially/economically deprived (0.69 percent); the poorest children and adolescents (0.69 percent); actors in the production chain (0.69 percent); and consumers and consumer associations (0.69 percent).

Some policy documents place an emphasis on synergistic epidemics. Additional groups that appear in their situational analysis and indicators are those which are affected by comorbidities of diseases beyond diet-related issues, namely HIV/AIDS (4.14 percent), tuberculosis (1.38 percent), viral hepatitis (0.69 percent), malaria (2.76 percent), pneumonia (0.69 percent), diarrhea (2.07 percent), measles and other vaccine-preventable diseases (0.69 percent), children at risk of mother-to-child HIV transmission (1.38 percent), and orphan/adopted children including those with special needs in connection with disease burden (0.69 percent).

3.5.3 Targeting at population level

Policies targeting the whole population without disaggregating for highly vulnerable groups are also crucial. A stress on environmental factors has the potential to impact multiple drivers and to facilitate broader changes conducive to improved nutrition status at the population level, using more extensive coverage than focused targeting.

Due to the overlap of targeting strategies within the same policies, in relation to different components (including both blanket coverage and more focused targeting within the same policy strategy/implementation plan), percentages for targeting at the population level would not provide an accurate indication of the situation across the regional policy landscape. It is important, however, to recognize targeting at the population level as an additional and sensible strategy utilized for bringing out improvements to the nutrition status of the population. This is also found as a stand-alone strategy across policy areas, particularly within policies that deal with the food systems in which nutrition and health outcomes are produced; these include the natural environment, food security, fisheries, forestry, land and water management, and markets. Such strategies span from broad interventions that are aimed at addressing the underlying, structural, and other basic determinants of malnutrition (such as climate change adaptation, land tenure and food security policies, and food labeling), to a narrower focus on immediate determinants such as food fortification, and salt and sugar intake.

Table 7. Planned nutrition-related activities by life cycle stage

	Life cycle stage	Childhood														Adolescence		Pre-conception		Pregnancy								Around delivery /postnatal			Across life cycle		
	Intervention	Breastfeeding	U6 months nutrition interventions	Support for exclusive and continued breastfeeding	Counselling for exclusive and continued breastfeeding	Counselling for complementary feeding	Food supplementation for complementary feeding in food-insecure populations	Iron supplementation	Vitamin A supplementation	Multiple micronutrient powders	Zinc supplementation	Management of severe acute malnutrition (SAM)	Management of moderate acute malnutrition (MAM)	Zinc supplementation with oral rehydration salts (ORS) for children with diarrhea	Food supplementation	Counseling on health and nutrition	Iron supplementation	Folic acid supplementation	Any nutrition counselling during pregnancy	Nutrition counselling during pregnancy (specific content *)	Balanced energy protein supplementation	Iron–folic acid supplementation (IFA)	Anemia in pregnancy	Multiple micronutrient (MMN) supplementation	Calcium supplementation for pregnant women with low calcium intakes	Vitamin A supplementation	Deworming	Delayed cord clamping	Support for early initiation of breastfeeding	Iron supplementation (lactating women)	Food fortification	Maternal nutrition	Protein energy supplementation
Benin	PANAR/PSDAN	■	■	■	■		■		■																	■					■		
	PSDSA-PNIASAN																													■			
	SNAN																													■			
	SDFIC																																
	PND																																
	PHPS											■	■																				
Burkina Faso	PNN	■	■	■	■	■		■	■			■	■				■	■				■								■			
	PSMN	■																															
	SNNBF																																
	PNDS																																
	PSSPA																																
	PSLMNT																																
	SRMNIA-PA																																
	PSS	■	■	■	■	■																							■		■		
	PNSAN																																
	PRP-AGIR	■	■	■	■	■						■	■																■				
	SDR-2025																																
	PS-PASP																																
	PNA																																
	PSRI																																
	PNDES											■	■																				
	SNDIPE	■	■	■	■	■			■													■							■	■		■	
Cape Verde	PNAN	■	■	■	■	■		■														■								■		
	ENSAN	■	■		■	■		■	■	■						■	■	■		■	■	■		■	■	■				■			
	PE-SNIA																																
	PEDS																																
	ENRRD																																
Côte d'Ivoire	PNN																																
	PNMN	■	■	■			■	■	■			■	■			■		■				■				■	■			■	■	■	
	PNDS																																
	SRPF																																
	PNSAJ																																
	PNIA																																
	SNPS											■	■																			■	
	PSEF																																
Gambia	NNP	■	■	■	■	■						■																		■	■		
	NHP																															■	
	NPHIV		■	■	■				■																								
	ANR																																
	GNAIP II/FNS	■	■	■	■	■	■	■	■	■							■	■				■	■	■	■	■				■	■	■	
	NDP	■	■	■	■	■																											
	GNSPP/NSPIP	■																															
	GNGP	■	■	■	■			■	■								■	■				■				■				■	■		
	ESP																																
Ghana	NNP	■	■	■	■							■					■	■				■								■			
	IACS							■											■			■	■				■				■		
	NBP	■		■	■	■														■									■				
	NNCHACS																																
	GNHQS																																
	HSGP																																
	CHPS																			■													
	NHPP																																
	NFSP																																
	NHP																																
	GNNHSAP	■																		■									■				
	NTHSSP																																
	NAPPHIVS															■																	
	RHSP	■		■	■																	■	■			■			■	■	■	■	
	QASP																																
	NSFP																																
	MTNDPF															■																	
Guinea	PNMN																																
	PSMAN	■	■				■	■	■	■	■				■		■	■				■		■	■	■			■	■		■	
	PNS																																
	PNDS	■	■	■	■	■			■			■	■	■															■				
	PNSC						■	■	■	■		■	■																				
	PNDA																																
	PDAIG-PGP																																
Guinea Bissau	PNN	■	■	■	■	■			■	■		■	■	■		■	■	■		■		■		■		■			■		■	■	
	PRP/AGIR	■	■	■	■	■			■			■	■	■																		■	
	LPDE																																
Liberia	NNP	■	■	■	■	■	■		■			■	■	■		■			■				■			■				■	■		
	NHSWP	■	■	■	■	■		■	■			■	■				■					■				■			■	■	■		
	NSRHP	■	■	■	■		■																						■			■	
	FAPS						■																										
	LASIP II																														■		
	WASHSSP								■																								
	NSPPS																														■		

	Life cycle stage	Childhood															Adolescence		Pre-conception		Pregnancy									Around delivery /postnatal			Across life cycle		
	Intervention	Breastfeeding	U6 months nutrition interventions	Support for exclusive and continued breastfeeding	Counselling for exclusive and continued breastfeeding	Counselling for complementary feeding	Food supplementation for complementary feeding in food-insecure populations	Iron supplementation	Vitamin A supplementation	Multiple micronutrient powders	Zinc supplementation	Management of severe acute malnutrition (SAM)	Management of moderate acute malnutrition (MAM)	Zinc supplementation with oral rehydration salts (ORS) for children with diarrhea	Food supplementation	Counseling on health and nutrition	Iron supplementation	Folic acid supplementation	Any nutrition counselling during pregnancy	Nutrition counselling during pregnancy (specific content *)	Balanced energy protein supplementation	Iron- folic acid supplementation (IFA)	Anemia in pregnancy	Multiple micronutrient (MMN) supplementation	Calcium supplementation for pregnant women with low calcium intakes	Vitamin A supplementation	Deworming	Delayed cord clamping	Support for early initiation of breastfeeding	Iron supplementation (lactating women)	Food fortification	Maternal nutrition	Protein energy supplementation
Liberia	NNP	■	■	■	■	■	■		■			■	■	■		■			■				■			■						■	■	
	NHSWP	■	■	■	■	■		■	■			■	■				■					■				■			■	■	■	■	■	
	NSRHP	■	■	■	■		■																						■		■	■	■	
	FAPS						■																											
	LASIP II																															■		
	WASHSSP								■																									
	NSPPS																															■		
Mali	PNN																																	
	PoINSAN																																	
	PDDSS											■	■						■													■		
	PNSSR																																	
	PNISA																																	
	PNPS																																	
Mauritania	PSMN	■			■	■	■		■	■	■	■							■	■	■	■							■	■	■		
	PPEPPO-ANJE	■	■	■	■	■						■	■						■										■		■		
	PNDS	■		■				■	■	■	■	■	■		■		■	■				■		■	■	■			■			■	
	PNS2030											■	■																					
	SNSA																																	
	SNPS	■	■	■			■	■	■	■	■	■	■	■																	■	■	
	SCAPP_I						■		■			■	■																					
	SCAPP_II											■	■																					
Niger	PNSN																																	
	I3N																																	
	PDS								■			■	■																					
	PA																																	
	PNPS											■	■										■									■		
	PDES																																	
Nigeria	NPIYCF	■	■	■	■	■		■	■	■	■									■										■		■		
	NSPAN	■	■	■	■	■		■	■	■	■	■	■							■										■	■	■		
	NPFN	■	■	■	■	■		■	■	■	■	■	■			■		■	■	■		■								■		■		
	NSBCCS	■	■	■	■	■														■										■				
	NHPP																																	
	IMNCHS	■	■	■	■	■		■	■			■											■							■				
	TSTS	■	■	■	■	■						■	■							■			■							■		■		
	NHP																																	
	NSPANCD																																	
	NCHP							■	■		■																				■				
	NSHDP II	■	■	■	■	■			■	■	■	■	■			■			■			■	■			■				■				
	NAIP																															■		
	APP																															■		
	ASFSNS																															■		
	PEWASH																																	
	NFP																																	
	NSHP																															■		
	STIP																																	
	NSPP	■																																
Senegal	PNDN																																	
	PSMNS	■	■	■	■	■	■	■				■					■	■				■								■	■	■		
	LPN	■	■	■	■	■		■	■													■									■			
	PS-COSFAM																															■		
	PNDSS																																	
	PNSC																																	
	SNSAR																															■		
	LPSDA																																	
	LPDE																																	
	PNDE																																	
	PRP-SN	■		■	■	■			■			■	■							■									■			■		
	PSNESE																																	
	PSE																																	
	PSE-PAP																																	
	PNDIPE	■	■	■	■	■	■	■	■																			■		■				
	SNPS																																	
Sierra Leone	MSSPRM	■	■	■	■	■	■	■	■			■	■		■	■	■	■	■	■		■		■	■	■			■	■	■	■		
	RMNCAH	■	■	■	■	■	■	■	■		■	■	■			■	■	■	■	■	■	■	■	■	■			■	■			■		
	NHSSP																																	
	NCHWP	■	■	■	■		■		■			■	■																■			■		
	NSADP																																	
	NSPP																																	
Togo	PNMN											■	■			■																			
	PSNMN																																	
	PNDS III	■	■	■	■	■		■	■	■	■	■	■			■	■	■				■		■	■	■			■			■		
	PNS																																	
	PND																																	
	PNACC																																	

Source: Nutrition-Relevant Policy in West Africa: A Comprehensive Review

N**ote:** * = information on the following topics during pregnancy: physical activity, diet (quality and quantity), micronutrients, breastfeeding, other; U6 = children under six years of age.

3.5.4 Shared drivers and delivery platforms

Combined data on multiple forms of malnutrition, targeting strategies, and framings of nutrition issues along the lines of immediate, underlying, and basic determinants, as well as their intra- and intergenerational consequences, point at the acknowledgement of shared drivers of malnutrition. Despite this acknowledgement across countries and the distribution of planned activities across the life cycle, it is rare that common delivery platforms are explicitly linked with the stated determination to simultaneously address multiple forms of malnutrition. Data gaps in this domain warrant attention; these gaps are highlighted across policies by the infrequency of explicit mentions of the double burden of malnutrition or of coexisting and mutually reinforcing forms of malnutrition.

Actions that are beneficial to all forms of malnutrition are often framed in terms of actions to address undernutrition; this suggests that there may be untapped potential or unclaimed credit in policies that may simultaneously address overweight, obesity, and macro- and micronutrient deficiencies, depending on the scope and remit of sectoral policies and delivery platforms.

Effective targeting through shared platforms common to multiple forms of malnutrition can address multiple concomitant issues. **Table 8** reports examples of shared platforms identified across policies in West Africa.

Table 8. Delivery platforms

PLATFORM	EXAMPLES
Nutrition-specific and nutrition-sensitive sectoral and multisectoral systems	Food, nutrition, health, WASH, environment/climate/resource management, social protection systems, multisectoral systems and policies
Facilities/premises	Local health facilities, hospitals, schools, canteens, sports facilities, child-friendly spaces, adolescent safe spaces, girls' and boys' clubs
Home visits	Pre-/intra-/postpartum services, IYCF, etc.
One-to-one or group counseling	Adolescent girls, WRA, PLW, other caregivers
Community outreach	SBCC in local communities, village squares, house-to-house, and outdoor billboards
Other premises outreach	Orphanages or religious schools
Market-based outreach	Markets, commercial outlets, shops, stores, pharmacies, street food vendors, etc.
Communication and media platforms	Mobile technology; social media; radios; cell phone messages; community announcements; posting of information in essential outlets (such as supermarkets and food shops); TV
Community leaders	Community, religious, and other advocacy leaders who influence behavior
Feeding and dietary guidelines	Posters in health facilities, pharmacies, or schools

Fiscal/monetary/social protection responses	Measures in response to food price volatility, bad harvests, pests, drought, floods, or social protection responses in emergencies; national food reserves for the prevention and management of food and nutrition cyclical crises
Other platforms relevant to the delivery of legislation on nutrient content	Iodized salt distribution; ban on sugar-sweetened beverages, high saturated fats or ultra-processed foods in vending machines or outlets in the vicinity of schools; fortified flour distribution or incentives; associations linked with mandatory or voluntary regulation (for example, National Salt Producers Association)
Food labeling and marketing	Mandatory or voluntary regulation on food labeling, marketing
Donations of healthy/unhealthy foods	Through NGOs, civil society organizations, companies that produce unhealthy foods or promote nutritious foods/seeds
Local community cooperative systems	Committee-run shared warehouse for grains through which fortified seeds are delivered to households/smallholder farmers; training of households on climate-smart agriculture; provision of equipment and other inputs for households to adopt climate-smart agricultural practices; field visits (for example, farmer field schools for strengthening farmer-based organizations at the village level)
Other livelihood-related bodies	(1) unions advocating against a negative policy bias toward small and medium-sized enterprises and supporting small businesses that are disadvantaged by incentives to large enterprises; such biases and incentives affect the food security of smallholder farmers and family-run small businesses and reduce their market competitiveness; (2) government, nongovernment and private sector agents facilitating reduction of food losses, market access, etc., at all levels of the food system
Capacity-building platforms	Nutrition-specific leadership such as nutrition counselors and health staff; capacity-building courses; training facilities; online courses; nutrition-sensitive professional/sectoral training; advocacy; demonstrations on, for example, technology transfer, fortified crops, climate-smart crops, and micronutrient delivery
Political platforms	Policymakers in relevant sectors and multisectoral platforms
Research platforms	Food labs, centers for excellence, universities, etc.

Note: WASH = Water, Sanitation and Hygiene; WRA = women of reproductive age; PLW = pregnant and lactating women; IYCF = infant and young child feeding; SBCC = social and behavior change communication.

3.6 Disaggregation of data, monitoring, and evaluation

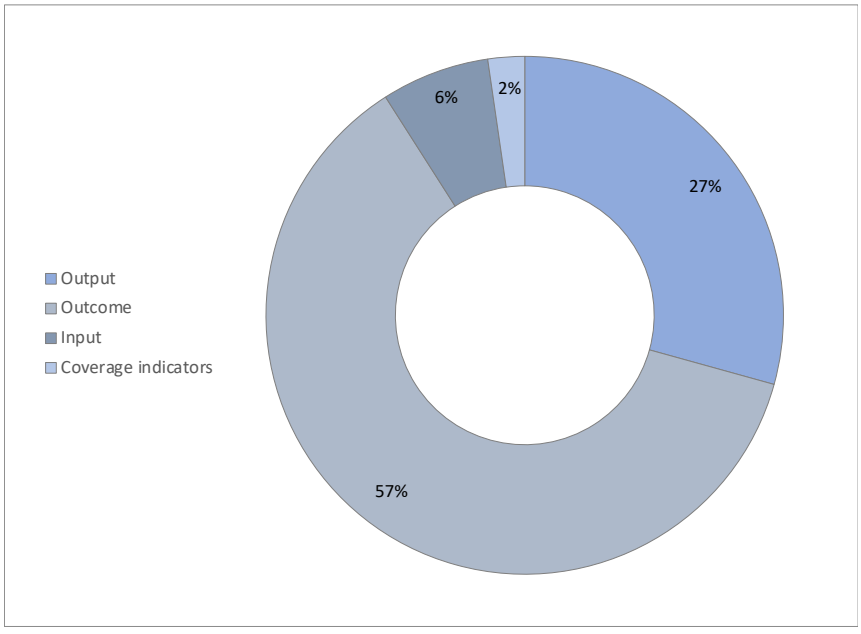
Particular attention is paid to the disaggregation of data. Demographic and socioeconomic factors associated with malnutrition are important markers of whether policies are appropriately designed to tackle multiple forms of malnutrition, whether or not coexisting issues are intended to be approached simultaneously. These elements encompass multiple vulnerabilities determined by underlying and structural determinants of malnutrition. Known links between demographic characteristics, socioeconomic position, and nutrition/health status, as well as resulting differences in productivity

and life expectancy, imply that a focus on differences in endowments of individuals, households, and communities within policies provides a more solid base for effective theories of change and impact pathways for tackling different forms of malnutrition. On this basis, we also looked at the extent to which policies rely on disaggregated data, which account for disparities and vulnerable segments of the population.

3.6.1 Disaggregation by type of indicator

Figure 14 shows the prevalence of different types of indicators mentioned in the policies. It is important to keep in mind that this refers to the policy landscape as defined in this review, which does not include programs or projects. Additional indicators found in program documents from governmental and nongovernmental bodies are likely to complement the picture drawn from policies alone. Based on policy data, outcome indicators are most frequently mentioned (56.6 percent), followed by output (26.9 percent), input (6.20 percent) and coverage (2.10 percent) indicators. The percentage of disaggregated data remains low, with input and outcome indicators presenting the highest percentages of disaggregated data (11.1 percent and 9.76 percent, respectively). Age group is the most commonly used factor for disaggregation with 11.1, 5.12, and 2.44 percent of disaggregation presented in input, output, and outcome, respectively. Some outcome indicators (7.32 percent) are also disaggregated by sex, rural/urban setting, and socioeconomic status. The comparatively low availability of disaggregated data points at important data gaps, given that more detailed information would inform more accurate assessments of what achievements can be expected through the implementation of policies. Disaggregated data is key for acknowledging, measuring, projecting, and tackling intra- and intergenerational inequalities and addressing all forms of malnutrition.

Figure 14. Prevalence of policies' nutrition indicators (percentage of policies)



Source: Nutrition-Relevant Policy in West Africa: A Comprehensive Review

3.6.2 Monitoring and evaluation

Most policies contain a dedicate monitoring and evaluation (M&E) section or framework and provide very detailed information on processes and actors, having transparency mechanisms in place. Many

partners tend to be involved in M&E, although policies generally designate a lead actor that is commonly the government, or a mixed team of governmental and nongovernmental bodies. M&E mechanisms identified across policies in West Africa are summarized in Box 9.

Box 9. Monitoring and evaluation mechanisms

- Establishment of databases and information systems
- Data collection and monitoring of specified policy indicators
- Data collection on set targets
- Strengthening of existing M&E systems
- Formative evaluations
- Process evaluations for the refinement of strategic orientations
- Regular reporting (performance and activities reports)
- Joint mandates for concomitant multisector quarterly and annual M&E
- Results-based delivery approaches for timely implementation of government priorities
- National statistics systems
- Information management for the production of more consistent and regular statistics
- Use of technology for more effective collection of up-to-date information
- Implementation of centralized databases
- Review, peer-review, and joint-review mechanisms
- Mid-term and final evaluations
- Transparent dissemination and learning systems

3.7 Scaling up

Scaling-up mechanisms are included in most of the policies, across policy areas and across countries. **Table 9** provides detailed information on scaling up principles and tools, with the purpose of capitalizing on complementarities either in the retrofitting of existing policies through the integration of additional scaling-up mechanisms, or in the development of new policies. This is meant as a way to foster mutual learning across policy areas and across countries, with the aim of avoiding the duplication of work and maximizing returns on investment of resources across the region.

Table 9. Key scaling-up mechanisms, by country

Country	ID	Policy acronym	Key scaling-up mechanisms
Benin	1	PANAR/PSDAN	Focus on the challenges of scaling up at the national level, such as risks and constraints to the implementation of best practices
	2	PSDSA-PNIASAN	No data
	3	SNAN	No data
	4	SDFIC	Focus on challenges to scaling up of the strategy; a SWOT analysis (Strength, Weakness, Opportunity and Threat) is carried out
	5	PND	Focus on risk analysis and challenges to scaling up (for example, low level of capacity development, gender inequalities, funding); key reforms needed are identified (that is, political and democratic governance, sector reforms, planning, and scheduling system)

	6	PHPS	A SWOT analysis of the scaling up of the policy is carried out, as is a risk and vulnerability diagnosis (economic, health, social, cultural, and environmental risks); guiding principles for implementation at scale include: universal human rights approach, including right to social protection and equity; priority is given to most significant risks and most vulnerable populations; a "3 Ps" approach (prevention, protection, promotion) is used to strengthen household- and community-oriented frameworks for social protection; a gender-sensitive approach is integrated
Burkina Faso	1	PNN	Governance, legislation
	2	PSMN	Use of existing organs and structures for implementation; it is the mission of the Conseil National de Concertation en Nutrition (CNCN) to guide and monitor the national nutrition policy (PNN) as well as the coordination between ministerial departments, actors and partners involved.
	3	SNNBF	Dissemination of good practices, multisectoral implementation
	4	PNDS	Dissemination of good practices
	5	PSSPA	Legislation, regulation, data production, and use
	6	PSLMNT	Governance, improved monitoring and coordination, strong engagement of actors
	7	SRMNIA-PA	Guiding principles for implementation at scale, governance, multisectoral collaboration and integrated approach, data production and use
	8	PSS	Integrated approach, legislation, regulation
	9	PNSAN	Focus on risks to scale-up (governance, lack of adherence)
	10	PRP-AGIR	Guiding principles for implementation at scale; use of existing organs, structures, and frameworks for implementation
	11	SDR-2025	Guiding principles for implementation at scale, implementation of national programs, use of five-year phases
	12	PS-PASP	Guiding principles for implementation at scale, instruments (for example, operational action plans), sectoral dialogue bodies, governance
	13	PNA	Capacity building, communications, dissemination of good practices
	14	PSRI	Guiding principles for implementation at scale, organs for implementation, instruments (for example, matrices and action plans)
	15	PNDES	Mass communication, leadership, risks to scale-up
	16	SNDIPE	Guiding principles for implementation at scale, program-specific action plans, integration of policy into existing programs, mobilization and resource management mechanisms
	1	PNAN	Strengthening public, private and civil society partnerships in themes related to nutrition, promoting intersectoral actions for improving

Cape Verde			nutrition, joining the Scaling Up Nutrition (SUN) movement, strengthening of nutritional surveillance and integration in the National Health and Food & Nutrition Security Information System.
	2	ENSAN	Transformation of Directorate of Food Security Services (DSSA) into the Permanent Executive Secretariat of the National Council for Food and Nutritional Security (CNSAN).
	3	PE-SNIA	Reinforcement of national system of agricultural research (focus of this policy)
	4	PEDS	Not nutrition-related (implementation related to large-scale macroeconomic environment)
	5	ENRRD	Not nutrition-related (gradual implementation of management of risks of disasters according to political, historical, and socioeconomic factors and based on deadlines and targets that update continuously)
Côte d'Ivoire	1	PNN	No data
	2	PNMN	Scaling up implemented gradually based on needs-based choice of interventions and geographic areas to be targeted
	3	PNDS	Not applicable
	4	SRPF	Definition of roles and responsibilities within the policy's institutional framework.
	5	PNSAJ	Guiding principles for implementation at scale (equity, accountability, integration, and decentralization); scaling up implementation through strategic policy orientations such as advocacy, ensuring availability of human resources, and good communications strategy
	6	PNIA	Focus on key challenges and priorities (institutional challenges such as sectoral structural challenges, capacity building, access to goods and services, access to financing); emphasis on key success factors for the effectiveness of the governance mechanism of a national agricultural strategy
	7	SNPS	No data
	8	PSEF	No data
Gambia	1	NNP	With the involvement of all stakeholders, extending data surveillance to include additional age groups and indicators; scaling up through research, mobilization, and capacity strengthening
	2	NHP	Scaling up of activities related to noncommunicable diseases at all jurisdictional levels; guiding principles including equity, gender equity, ethics and standards, client satisfaction, cultural identity, health system reforms, skilled staff retention and circulation, partnerships, evidence-based healthcare, patient bill of rights, information disclosure; scaling up through partnership: strengthening intersectoral collaboration, introducing and promoting a sector-wide approach in health, strengthening the implementation of the memorandum of

			understanding (MoU) between the Ministry of Health and the partners involved in healthcare delivery
	3	NPHIV	Focus on challenges; scaling up by increasing provision of, and access to, counseling, testing, and other behavior change communication (BCC) related services; capacity strengthening/building; increasing government policy funding; improving funding mechanisms; strengthening health and community systems in order to scale up health services; community engagement and advocacy; giving enabling support to community networks, linkages, partnerships, and coordination; resource mobilization; monitoring and evaluation, and planning, including M&E systems, situational assessment, evidence building and research, learning, and planning and knowledge management; improved access to research findings; institutional capacity building; decentralization; scaling up based on strategic area: surveillance and research; epidemiological surveillance; second-generation surveillance; surveillance and monitoring; research and publications; advocacy; institutional framework
	4	ANR	Focus on constraints; scaling up through policy strategies: optimizing resource use; accelerated development of agro-based industries; enhancing R&D efforts and technology diffusion; greater role of the private sector; reformed marketing strategy; expanded food production; human resource development; development of viable and self-reliant farmer' and fishers' institutions; scaling up based on strategic area: supportive infrastructure; incentive schemes; research and development; extension services policy; agricultural credit and finance policy; marketing policy
	5	GNAIP II/FNS	Scaling up of ongoing development programs and initiatives: strengthening governance capacity; support of infrastructure and facilities; promoting private sector participation
	6	NDP	Decentralization; gender mainstreaming and women's empowerment; capacity development of women entrepreneurs; establishment of a fund to improve access to finance; legislative reforms and advocacy for enhanced representation and participation in decision-making; gender-based violence reduction programs; abolishment of harmful traditional practices such as female genital mutilation (FGM) and early marriage; strengthening evidence-based policy, planning, and decision-making; scaling up through strategic priorities
	7	GNSPP/NSPIP	Prioritization of new programs (for example, cash transfers and livelihood promotion schemes, health insurance schemes) and scaling up of effective interventions (for example, school feeding), as well as strengthening of governance, coordination, monitoring and evaluation, and administrative arrangements; focus on expansion of coverage for contributory and non-contributory measures, as well as ongoing improvements in the design, coordination, and integration of various schemes, moving toward an integrated package of support as allowed by capacity and resources; establishment and expansion of unconditional cash transfers and in-kind transfers to assist people in

			extreme poverty and multidimensional deprivation; scale-up of coverage of priority schemes
	8	GNGP	No data
	9	ESP	Scaling up of nutrition interventions delivered through education platforms and strategies, including coverage of underserved and unreached out-of-school groups; expansion of coverage of current school feeding programs to all regions and other levels; establishment of canteens; support for school farms and garden programs; guiding principles: nondiscriminatory and all-inclusive provision of education, in particular gender equity and targeting of poor and disadvantaged groups; respect for the rights of the individual and cultural diversity, and of indigenous languages and knowledge; promotion of ethical norms and values and a culture of peace; development of science and technology competencies for the desired quantum leap; scaling up through capacity building, decentralization and good governance, research, and financing of education
Ghana	1	NNP	Advocacy strategies, scale up of nutrition-specific and nutrition-sensitive interventions with strong evidence, coordination, donor/UN support (UNICEF, WHO protocol, and feasible delivery mechanisms); capacity building; resource mobilization; tools (for example, protocols)
	2	IACS	Resource mobilization; information, education, and communication (IEC); behavior change communication (BCC); advocacy, research, and capacity building
	3	NBP	Capacity building of health staff; curriculum and training of preservice staff; health education of mothers; advocacy and communication; research, and monitoring and evaluation; promotion of exclusive breastfeeding
	4	NNCHACS	Partnership, leadership, and coordination; advocacy, communication, BCC, and media campaigns; institutional and sectoral collaboration; community engagement; partnership building
	5	GNHQS	Adaptation and scale up of effective interventions based on evidence, scale up of implementation policy, tools and resources, capacity building, research, leadership and governance, resource mobilization
	6	HSGP	Advocacy, IEC and BCC, research
	7	CHPS	Scale up of community health planning and services (CHPS) infrastructure in less-deprived areas, resource mobilization, communication
	8	NHPP	BCC (health communication, development and dissemination of health messages and educational materials, health promotion); capacity building (skills improvement)
	9	NFSP	Research, communication, policy dissemination and advocacy strategy, resource mobilization
	10	NHP	Coordination, collaboration, and harmonization; determination of policy targets; preparation of multisectoral/sectoral policy

			implementation plans and budgets; resource mobilization; research; capacity building; community ownership and participation; health and nutrition promotion; BCC; monitoring and evaluation
	11	GNNHSAP	Scale up of interventions including nutrition components, tools including job aids and a manual, promotion and support of exclusive breastfeeding and continued breastfeeding, adherence to WHO International Code of Marketing of Breastmilk Substitutes, exploration of accreditation processes, prioritization of recordkeeping on maternal and neonatal information
	12	NTHSSP	Resource mobilization, capacity strengthening, multisectoral coordination, superior screening and algorithm and diagnostic tools, WHO evidence-based protocol for prioritization and planning
	13	NAPPHIVS	Capacity building, coordination, resource mobilization, evidence-based planning, service delivery and promotion of innovative models, advocacy, expansion of technical working group and services
	14	RHSP	Integration and coordination of management information systems, research, monitoring and evaluation, capacity building, scale-up of neonatal facilities with special care in districts
	15	QASP	Capacity building, monitoring and supervision, resource mobilization, coordination and collaboration, record-keeping and documentation
	16	NSFP	Scale up of school feeding program; social accountability, communication, and vertical and horizontal information dissemination throughout the program; resource mobilization; transparency and accountability
	17	MTNDPF	Resource mobilization, research and development, scale up of nutrition-specific and nutrition-sensitive interventions, dissemination and communication of M&E
Guinea	1	PNMN	Focus on challenges to scaling up (insufficient financial resources for nutrition, lack of qualified human resources, insufficient coordination of interventions, low coverage of high-impact interventions at community level, insufficient operational research in the field of nutrition, lack of processing, promotion of local products for food diversification); guiding principles for implementation at scale (state commitment, existence of public engagement structures for sectoral ministries, control of government/parliamentary action, awareness of the importance of nutrition in the fight against infant morbidity and mortality by high-level authorities, and need to raise the issue at higher levels of the administrative hierarchy)
	2	PSMAN	Scaling up through implementation of different activities such as high-impact activities, good dietary practices, and canteens in areas where the population is suffering from food insecurity
	3	PNS	Guiding principles for implementation at scale: efficiency, results-based management, decentralization, and partnership; scaling up of high-

			impact activities such as vaccination programs, nutrition, mass treatments, oral rehydration, and breastfeeding
	4	PNDS	Scaling up of several activities, with particular focus on evidence-based high-impact activities
	5	PNSC	Guiding principles for policy implementation: leadership and local governance, community accountability, multisectoral involvement, equity, improved quality of care and services, multidisciplinary and accountability
	6	PNDA	Focus on challenges to scale up, including challenges of the policy implementation framework; focus on SWOT analysis
	7	PDAIG - PGP	Focus on challenges (weakness of the institutional mechanism, insufficient human resources and quality, lack of coordination, insufficient financial resources); carrying out of a SWOT analysis and an analysis of the institutional and legal framework
Guinea Bissau	1	PNN	Guiding principles for implementation at scale, multisectoral approach at national and decentralized levels, Institutional coordination framework, focus on challenges for accelerating progress
	2	PRP/AGIR	Inclusive country dialogues; multisectoral coordination approach; institutional coordination framework at central, regional and community levels; advocacy for nutrition financing; capacity strengthening; strengthening of resilience information system; focus on risk analysis (including financing mobilization; institutional instability resulting from political instability; insufficient human resources, coordination, and management mechanisms; climate change and natural disasters)
	3	LPDE	Focus on opportunities and challenges for scaling up (including land management and grazing issues, management of the sector, poor public investment and funding, insufficient staffing, inadequate legislation, lack of coordination, political instability); promotion of good governance; revival of veterinary and zootechnical research; capacity building; institutionalization of the private practice of the veterinary profession
Liberia	1	NNP	Integration of nutrition into policies for economic growth, development, and poverty reduction; mechanisms to promote effective intersectoral cooperation and coordination; reinforcement of existing national intersectoral coordination mechanisms; capacity development, and capacity building; upgrading of institutional capacity in line with sectoral reforms in order to give greater visibility for nutrition; evidence-based approach to planning; “Essential Nutrition Actions Approach”.
	2	NHSWP	Wide array of guiding principles for implementation: equity-sensitive approach with a gender and poverty focus; sustainable quality, accountability, and transparency; decentralization; legislation; law enforcement; institutional capacity development; focus on risks and challenges; community empowerment and partnership; development

			of local and systemic capacities; optimization of the allocation of resources; large-scale training programs to upgrade the skills of active, professional workers; coordination of ongoing, vertical in-service training activities integrated into comprehensive, institutionalized in-service training programs; use of evidence-based research; multisectoral and multidisciplinary approach to health promotion development and implementation
	3	NSRHP	Guiding principles for implementation at scale: equity and accessibility, community participation, complementarity, coordination, stewardship, appropriateness, transparency and accountability, sustainability, scaling up of sexual and reproductive health (SRH) services
	4	FAPS	Macroeconomic stability, pluralism and clarity of roles, enhanced private sector involvement and competition, self-reliance, maximization of comparative advantages, value addition, sustainable development management, education and training, research, mobilization of resources, appropriate regulations, enhanced human and institutional capacities, decentralization of key support services, strengthened capacities of public sector, mechanisms for harmonization within sectors and for interministerial coordination, scaling up and replication of training programs and initiatives
	5	LASIP II	Improved government capacity; building a strong coalition among public and private industry players through shared vision; alignment of public and private sector investments; focus on tangible results; public–private partnerships; capacity development; innovations; research, knowledge, and skills transfer; scaling up through funding strategies; focus on challenges
	6	WASHSSP	Applying common fiduciary/safeguard standards throughout implementation; scaling up of hygiene promotion; communication and advocacy framework for hygiene promotion; funding, equipment, and capacity building; social marketing; community ownership; scaling up of financial support and budgetary allocation at training institutions; policy-making frameworks; ownership, service provision, and governance frameworks; coordination; institutional capacity development; sector communication and advocacy; sector-wide approach (SWAp)
	7	NSPPS	Scaling up of interventions with emphasis on family preservation, social cohesion, and protection for groups such as the elderly, children, and people with disabilities; rights- and responsibilities-based implementation; equality in access to benefits and services; social inclusion; complementarity; integration; leadership; needs- and evidence-based actions; coordination; participation; accountability and transparency; sustainable and long-term funding; evidence-based expansion of school feeding programs
Mali	1	PNN	Documentation of pilot nutrition interventions by a multidisciplinary team from various research and teaching institutions with a view to their scaling up

	2	PoINSAN	No data
	3	PDDSS	Guiding principles of the policy intended to guide scaling up of actions
	4	PNSSR	No data
	5	PNISA	No data
	6	PNPS	The policy itself is designed for broad coverage and national-scale implementation
Mauritania	1	PSMN	No data
	2	PPEPPO-ANJE	The policy itself is aimed at the gradual scaling up of infant and young child feeding (IYCF) practices at the national level, with a planned schedule for extending coverage included in the timeline table; provision of a detailed rollout plan for the gradual extension of coverage, divided into three main phases: (1) test phase, (2) extension phase, and (3) consolidation phase; M&E is integrated into this plan to guide rollout and evaluation
	3	PNDS	Scaling up of free care and follow-up services for severe acute malnutrition cases
	4	PNS2030	Analysis of risks and focus on challenges; also focus on constraints in the implementation of the Politique Nationale de Santé à l'horizon 2030 (PNS2030)
	5	SNSA	Guiding principles for the implementation of the policy include the need to: (1) take into account the multidimensional and multisectoral nature of food security; (2) differentiate responses, priorities, and intervention instruments; (3) call for interventions and coordination of actions on relevant territorial scales; (4) promote the power of initiative and decision-making of actors; (5) institutionalize the rule of permanent multi-actor and inter-institutional consultations; (6) ensure fairness and objectivity in decision-making; (7) adapt the functions of the state; (8) strengthen the capacities of local actors; (9) ensure the consistency of the actions and strategies of subregional actors; and (10) coordinate the actions and investments of the state as well as of development partners; analyze risks and focus on strengths, weaknesses, challenges, and opportunities
	6	SNPS	No data
	7	SCAPP_I	No data
	8	SCAPP_II	Recognition that the achievement of sectoral objectives requires: scaling up of high-impact health interventions, structural reforms, and development of a health-financing strategy that has the goal of establishing universal health coverage
Niger	1	PNSN	Multisectoral approach supported by political commitment, good coordination, strong involvement of all development actors with synergy of actions (for example, Program for the Integrated Management of Acute Malnutrition, or PCIMA).

	2	I3N	Improvement of the institutional environment, governance and multisectoral coordination, synergy of actions, orientations and political decisions, and Multisectoral Strategic Steering Committee (CMPS), to ensure implementation, monitoring, supervision, coordination, and consultation between actors
	3	PDS	National scale-up plan under development at the time of policy publication; details not included in the document
	4	PA	No data
	5	PNPS	Establishment of an organizational and institutional coordination framework
	6	PDES	No data
Nigeria	1	NPIYCF	Capacity building, advocacy, resource mobilization, multisectoral and multilevel implementation and involvement
	2	NSPAN	Scale up of interventions with strong evidence, WHO protocol, and feasible delivery mechanisms; models impact of different scale-up scenarios, advocacy, resource mobilization, tools (for example, protocols)
	3	NPFN	Guiding principles for implementation at scale, national nutrition network; Scaling Up Nutrition (SUN) movement, activity coordination system, mainstreaming of nutrition at all government levels
	4	NSBCCS	Piloting in selected states to allow for adjustments and scaling up of best practices; advocacy; increased technical and financial support
	5	NHPP	Guiding principles for implementation at scale, advocacy, dissemination, participation in global movements
	6	IMNCHS	Guiding principles for implementation at scale, advocacy, dissemination, scale up of high-impact interventions, state-specific operational plans, phases for scaling up
	7	TSTS	Enabling environment for policy implementation, legislation, regulation, capacity building, incentives, comprehensive government plan
	8	NHP	Guiding principles for implementation at scale, tools (for example, implementation framework, operational plans), dissemination, multisectoral and multilevel implementation
	9	NSPANCD	Guiding principles for implementation at scale, multisectoral approaches, piloting and scaling up
	10	NCHP	Guiding principles for implementation at scale; partnership for maternal, newborn, and child health; capacity building; advocacy; research and development
	11	NSHDP II	Guiding principles for implementation at scale, tools (for example, M&E framework), institutionalization of policies and practices, modeling of impact of different scale-up scenarios

	12	NAIP	Focus on risks to scale up (fiscal and political uncertainty)
	13	APP	No data
	14	ASFSNS	Advocacy, capacity building
	15	PEWASH	Tools (for example, standards and guidelines); participation of states
	16	NFP	No data
	17	NSHP	No data
	18	STIP	No data
	19	NSPP	Guiding principles for implementation at scale, phases for scaling up, institutional frameworks, sustainable funding mechanisms
Senegal	1	PNDN	Institutionalization of multisectoral approach, governance, decentralization, resource mobilization, challenges to scale-up (funding and governance), capacity building, advocacy, institutional communication, operational research and action research, nutrition mainstreaming in all relevant sectors, political dialogue around nutrition, community approach (engage communities)
	2	PSMNS	Guiding principles for implementation at scale, institutional positioning, governance, nutrition mainstreaming in all relevant sectors, resource mobilization, capacity building, risks and challenges to scale up (institutional risks, sustainable funding, organizational and operational risks, exogenous political or natural risks), multisectoral approach, decentralization, engage community, nutrition research and innovation, sectoral dialogue, institutional communication, advocacy, global and regional commitments (for example, SUN Movement, WHA 2025 targets, Global Nutrition for Growth Compact; Second International Conference on Nutrition [ICN2] in 2014, Malabo Declaration of 2014, REACH initiative, SDG2), and tools (for example, M&E framework)
	3	LPN	Guiding principles for implementation at scale, institutionalization of multisectoral approach, decentralization, engage community/appropriation, capacity building, promotion of research in nutrition
	4	PS-COSFAM	Guiding principles for implementation at scale; sharing best practices, governance, resource mobilization, multisectoral coordination, standardization and legislation, mass communication
	5	PNDSS	Guiding principles for implementation at scale, standardization and legislation, governance, institutional communication, decentralization, capacity building, community involvement through mutual health insurance, strengthening of advanced strategies, resource mobilization
	6	PNSC	Focus on challenges to scaling up: institutional frameworks/insufficient consideration of the community level in health system, insufficient engagement of health professionals in community health, need for improved management and leadership at the community level, need for improved harmonization of interventions, need for improved

			coordination mechanisms, need for improved governance of community health, lack of mechanisms for sustainability of achievements; guiding principles for implementation at scale, advocacy, enhancement of community participation, capacity building for community actors, promotion of multisectoral collaboration, funding, motivation of community health actors
	7	SNSAR	Focus on challenges to scaling up: governance, decentralization, institutional frameworks for consultation and management, improved monitoring, strong adhesion of local communities; institutional coordination mechanisms, leadership, sectoral dialogue bodies, resource mobilization mechanisms, mass and proximity communication through all levels and across all actors
	8	LPSDA	Focus on challenges to scaling up: actors' capacity building, improved access to adapted innovative funding using digital technologies, managing agricultural risks, improved access to infrastructure, establishing a reasoned and sustainable mechanization policy, and need for research and innovation; increasing budget, improved institutional governance
	9	LPDE	Strengthening of the institutional framework for intervention, enabling environment for sustainable development of animal production systems, multisectoral coordination approach, program-specific action plans, risks to scaling up
	10	PNDE	Strengthening of the institutional framework for intervention, enabling environment for sustainable development of animal production systems, multisectoral coordination approach, program-specific action plans, risks to scaling up
	11	PRP-SN	Guiding principles for implementation at scale, inclusive country dialogues, multisectoral coordination approach, focus on challenges for scaling up (institutional governance, resources mobilization, information systems, and communication)
	12	PSNESE	Focus on key challenges and priorities (improve the quality of educational offers; educational offer uninclusive, insufficient, or inappropriate; poorly performing governance of education and training); decentralization, operational research/action research, strengthening of the institutional structures, resource mobilization
	13	PSE	Guiding principles for implementation at scale, focus on challenges and risks for policy success (insufficient resource mobilization, institutional and political uncertainties, disturbances in international environment)
	14	PSE-PAP	Guiding principles for implementation at scale, challenges, opportunities to strengthen the process, focus on risks to scaling up (governance, insufficient resource mobilization, lack of adherence, security threat, global political uncertainty)
	15	PNDIPE	Guiding principles for implementation at scale, establishment of an institutional framework and funding mechanism, capacity building, advocacy, social mobilization, decentralization, operational

			research/action research, focus on challenges/issues (ambiguous perception of the care of young children, insufficient support for toddlers, poor integration of interventions for young children, low involvement of parents and families, poor protection of children); other institutional aspects related to main sources of dysfunction (predominance of sectoral approaches, breakdown of decision-making and action centers, lack of harmonized management of interventions, scattering of resources)
	16	SNPS	Legislation, regulation, improve institutional governance, decentralization, leadership, sustainable funding mechanisms, scaling up existing programs, risks to scaling up
Sierra Leone	1	MSSPRM	Scaling up of nutrition-specific and nutrition-sensitive interventions; the policy itself is a scaling-up tool (through logical framework, plans, review, and mapping)
	2	RMNCAH	Scaling up of the model, including multisectoral adolescent health and education program (package of interventions covering school feeding programs, cash transfers to ensure retention of girls in school, comprehensive sexual education, prevention and management of gender-based violence)
	3	NHSSP	Strengthening of governance, leadership, and management; supporting resource mobilization and advocacy efforts; establishment and promotion of partnerships; training
	4	NCHWP	Planned extension of coverage to national scale for ensuring the provision of a basic but comprehensive package of services to hard-to-reach communities
	5	NSADP	Training; capacity building; strengthening of sectoral policy formulation, planning, monitoring and evaluation, and resource management; advocacy
	6	NSPP	Temporary relief interventions to be scaled up or expanded in the long run to engender universal coverage within the context of state priority interventions; capacity building; training; research; guiding principles including universal basic needs and human rights, redistribution, citizenship, social participation, inclusiveness; institutional development; institutional support; gap assessment; knowledge-based decision-making, qualitative and quantitative data for evidence-based decision-making, effective policy design, implementation and reforms; media communication and influencing strategy; effective and sustained social protection delivery through annual budget and appropriate allocation financed with public and private resources
Togo	1	PNMN	Scaling up of evidence-based high-impact interventions and promoting enabling systems; guiding principles for implementation (consultation and coordination, decentralization, integration, multisectoral collaboration, partnership, community involvement, results-based management); strengthening multisectoral collaboration

			(operationalize multisectoral coordination and strengthen technical coordination); focus on main constraints and challenges for scaling up (including increase coverage of interventions, resource mobilization, community participation, capacity building, monitoring and information management system and governance); strengthening training, communication and information systems; promoting human rights and the empowerment of women; strengthening enforcement measures for legislative texts; increasing mobilization of resources; promoting health practices
	2	PSNMN	Focus on main constraints and challenges for scaling up; scaling up through strategic axis: improved services access; improved knowledge, attitudes and practices; increase food access; strengthen the resilience of vulnerable populations; improve the information system; strengthen and promote nutrition training and research; strengthening of governance and multisectoral coordination; implementation of cross-cutting interventions; analysis of risks and mitigation measures; institutional anchoring and institutionalization of multisectoral approach; guiding principles (consultation and coordination; decentralization, integration, multisectoral collaboration, partnership, community involvement, results-based management); legislation
	3	PNDS III	Acceleration of the scaling up of the implementation of the Integrated Management of Newborn and Childhood Illnesses (Prise en Charge Intégrée des Maladies du Nouveau-né et de l'Enfant, or PCIMNE); guiding principles for policy implementation (intersectoral collaboration involving the institutionalization of intersectoral actions, harmonization and alignment with policy priorities, mutual accountability for results through the strengthening of joint frameworks for monitoring and evaluating plan results, effective administrative and financial decentralization, sufficient resource mobilization/allocation and their efficient use); strengthening the health system towards universal health coverage (UHC) including community health; focus on major issues and challenges of the sector; communication and information (including public communication and advocacy); risk analysis and management; focus on main dysfunctions of the health system (including inadequate governance and management, insufficient human resources, insufficient public funding, and poor National Health Information System (SNIS) limiting decision-making
	4	PNS	Focus on challenges to scale up (including poor decentralization, planning, and mobilization of financial and human resources; poor health information system; limited services access; weak regulation and control); guiding principles for implementation at scale; scaling up mechanism through the accessibility and quality of healthcare and services (increasing coverage; scaling up of high-impact interventions; strengthening primary healthcare; strengthening of public–public and public–private partnerships; development and promotion of quality assurance; better emergency management); improving governance; health information; human resources; and funding mechanism;

			conditions for policy success include adhesion and accountability of all actors and partners, national commitment at the highest level, intra- and multisectoral coordination
	5	PND	Analysis of opportunities and challenges; scaling up through the policy's funding strategy (including improved national tax systems, mobilization of national savings, mobilization of resources from Togolese abroad, strengthening of public–private partnerships, strengthening of the banking system, scaling up of microfinance and mesofinance, application of a new debt approach, leveraging on the contracting-out strategy); guiding principles to drive policy implementation (including leadership and ownership; partnership and mutual accountability; results-oriented management and sustainability; and equity, gender and inclusion); risk analysis and success factors; communication; capacity building
	6	PNACC	Guiding principles for implementation at scale; gap analysis to identify needs for policy success; scaling up through awareness and communication, capacity strengthening, advocacy, and lobbying

3.8 Coordination and accountability mechanisms

Across countries and in most policies, we find mention of coordination and accountability mechanisms, whether as guiding principles or as a set of mechanisms set up for more effective implementation. In both cases, these are linked to the specification of actors' roles and responsibilities in relation to policy development, financing, implementation, monitoring, and evaluation of nutrition-relevant policies.

3.8.1 Actors' roles and responsibilities

Overall, the policies included mention actors' roles and responsibilities and multisectoral coordination mechanisms with varying degrees of detail. Mainly national and local government actors are involved in policy development, management and coordination, financing, implementation, and monitoring and evaluation. Other actors include stakeholders from the community, civil society, and private sector; these actors, however, generally have a much more marginal role and show only a narrow spectrum of involvement in decision-making and in implementation of nutrition-relevant policies outside the government sphere. **Table 10** details the roles covered by different stakeholders.

Table 10. Distribution of roles across actors

Country	No.	Area	Policy acronym	Actors' roles				
				National government	Local government	Communities	Private sector	Civil society; NGOs; technical and financial partners
Benin	1	Nutrition	PANAR/PSDAN	1,2,3,4	1,3,4	1,2	X	1,4
	2	Nutrition	PSDSA-PNIASAN	1,2,3,4	X	X	X	X
	3	Agriculture/livestock/food security	SNAN	2,3	1	2	1	1,2
	4	Environment/climate/resource management	SDFIC	1,2,3,4	1,3	X	1,3,4	1,3,4
	5	Cross-cutting	PND	1,2,3,4	1	X	1,4	1,3,4
	6	Economic/social	PHPS	1,2,3,4	1	X	1,4	1,4
Burkina Faso	1	Nutrition	PNN	1,2,3,4	1,2,4	4	1,4	1,2,4
	2	Nutrition	PSMN	1,2	1	X	1	1,2
	3	Nutrition	SNNBF	1	1,4	1,4	4	1,4
	4	Health	PNDS	1,2,3,4	1,2,3,4	4	1,4	1,2,3,4
	5	Health	PSSPA	1,2,3,4	X	X	X	1
	6	Health	PSLMNT	1,2,4	4	4	1	1,2,4
	7	Health	SRMNIA-PA	1,2,3	X	X	X	1
	8	Health	PSS	1,2,4	1,2,4	4	1,2,4	1,2,4
	9	Agriculture/livestock/food security	PNSAN	1,2,3,4	1,2,4	1,2,4	1,2,4	2,3,4
	10	Agriculture/livestock/food security	PRP-AGIR	1,2,3,4	1,2,3,4	1,2,4	1,2,3,4	1,2,3,4
	11	Agriculture/livestock/food security	SDR-2025	1,2,3,4	1,2,4	1,2,3,4	1,2,4	1,2,4
	12	Agriculture/livestock/food security	PS-PASP	1,2,3,4	1,2,4	X	1,2,4	1,2,4

	13	Environment/climate/resource management	PNA	1,2,3,4	X	X	1,4	1,4
	14	Cross-cutting	PSRI	1,4	1,4	X	1,4	1,4
	15	Economic/social	PNDES	1,2,3,4	1,2	1,2	1,2,4	1,2,4
	16	Economic/social	SNDIPE	1,2,3,4	2,3,4	1,2,4	1,4	1,2,3,4
Cape Verde	1	Nutrition	PNAN	1,2,3,4	1,3	X	1	1,4
	2	Nutrition	ENSAN	1,3,4	1,2,3	1	X	1,3
	3	Agriculture/livestock/food security	PE-SNIA	1,2,3,4	1	X	X	1,2
	4	Economic/social	PEDS	1,2,3,4	X	X	X	X
	5	Environment/climate/resource management	ENRRD	1,2,3,4	X	X	X	X
Côte d'Ivoire	1	Nutrition	PNN	1,2,3,4	1,2,3	X	X	X
	2	Nutrition	PNMN	1,2,3,4	1,2,3	1	X	X
	3	Health	PNDS	1,2,3,4	1,3	1	X	X
	4	Health	SRPF	1,2,3,4	1	1	1,4	1,4
	5	Health	PNSAJ	1,2,3,4	1,4	X	1,4	1,4
	6	Agriculture/livestock/food security	PNIA	1,2,3,4	1,2,3	X	1,2,3,4	1,2,3,4
	7	Economic/social	SNPS	1,2	X	X	X	X
	8	Education/research	PSEF	1,2,3,4	4	X	1,4	1,2,3,4
Gambia	1	Nutrition	NNP	1,2,3	X	1	1	1,4
	2	Health	NHP	1,2,3,4	4	1	1,4	1,4
	3	Health	NPHIV	1,2,3,4	X	1,2,3	1,2,3,4	1,2,3,4
	4	Agriculture/livestock/food security	ANR	1,3,4	X	1	1,4	1,4
	5	Agriculture/livestock/food security	GNAIP II / FNS	1,3	1	1	1	1

	6	Economic/social	NDP	1,2,3,4	X	1	1,4	1,4
	7	Economic/social	GNSPP/ NSPIP	1,2,3,4	1,2	X	X	1,4
	8	Cross-cutting	GNGP	1,2,3,4	X	X	X	1,2,4
	9	Education/research	ESP	1,2,3,4	1,4	X	1,4	1,4
Ghana	1	Nutrition	NNP	1,2,3,4	1,2,3	X	X	X
	2	Nutrition	IACS	1,2,3	1,2,3	1,3	1,3	1,3,4
	3	Health	NBP	1,2,3	1,2,3	1	X	X
	4	Health	NNCHACS	1,2,3,4	1,2,3	1	2,4	4
	5	Health	GNHQS	1,2,3,4	1,2,3	1,2	1	1,4
	6	Health	HSGP	1,2,3	1,2,3	1	1	1
	7	Health	CHPS	4	1,2,3,4	1,2,3	4	4
	8	Health	NHPP	1,2,3,4	1	1	1,4	1,4
	9	Health	NFSP	1,2,3,4	1	1	2,4	2,4
	10	Health	NHP	1,2,3	1,2,3	1	1	1,4
	11	Health	GNNHSAP	1,2,3,4	1,2,3	X	X	X
	12	Health	NTHSSP	1,2,3,4	1,2,3	1,2,3	1,2,3,	1,2,3,4
	13	Health	NAPPHIVS	1,2,3,4	1,2,3	1	4	3
	14	Health	RHSP	1,2,3,4	1,2,3,4	3	1	2
	15	Health	QASP	1,2,3	1,2,3	1,3	1,3	X
	16	Cross-cutting	NSFP	1,2,3,4	1,2,3,4	1,2	1	1,2
	17	Economic/social	MTNDPF	1,2,3,4	1,2,3	X	1	1
Guinea	1	Nutrition	PNMN	1,2,3,4	X	3	2,4	1,2,4

	2	Nutrition	PSMAN	X	X	1	X	X
	3	Health	PNS	1,2,3,4	1,3,4	X	1,4	1,3,4
	4	Health	PNDS	1,2,3,4	1,2,4	X	1,4	4
	5	Health	PNSC	1,2,3,4	1,2,3,4	X	1	1,2,4
	6	Agriculture/livestock/food security	PNDA	1,2,3,4	1	X	1	1,2,4
	7	Agriculture/livestock/food security	PDAIG - PGP	1,2,3,4	1	X	1	1,2,4
Guinea Bissau	1	Nutrition	PNN	1,2,3,4	1	1	1,4	1,2,3,4
	2	Agriculture/livestock/food security	PRP/AGIR	1,2,3,4	1,2,3	1,2	1,2,3,4	1,2,4
	3	Agriculture/livestock/food security	LPDE	1,2,3,4	1	1,2,3,4	1,4	1,4
Liberia	1	Nutrition	NNP	1,2,3,4	X	1,2,3	X	3
	2	Health	NHSWP	1,2,4	X	1,4	X	4
	3	Health	NSRHP	1,2,3,4	X	1,2	1	1,2,3,4
	4	Agriculture/livestock/food security	FAPS	1,2,3	1,2,3	X	1,3,4	1,2,3,4
	5	Agriculture/livestock/food security	LASIP II	1,2,3,4	X	1,3	1,3,4	1,2,3,4
	6	WASH	WASHSSP	1,2,3,4	X	1	1,4	1,2,3,4
	7	Economic/social	NSPPS	1,2,3,4	X	1	1,4	1,2,3,4
Mali	1	Nutrition	PNN	1,2,3	1	1	X	X
	2	Nutrition	PoINSAN	1,2,3,4	1,2,4	1	1,4	1,2,4
	3	Health	PDDSS	1,2,3,4	1,4	X	1,2	1,2,4
	4	Health	PNSSR	X	1	X	X	X
	5	Agriculture/livestock/food security	PNISA	X	X	X	X	X
	6	Economic/social	PNPS	2	X	X	X	1

Mauritania	1	Nutrition	PSMN	1,2,3,4	4	1	1,2,3,4	1,2,3,4
	2	Nutrition	PPEPPO-ANJE	1,2,3,4	1,2	1	1,4	1,2,3,4
	3	Health	PNDS	1,2,4	1,2	1	X	X
	4	Health	PNS2030	X	1,2,3	1,2,3	X	1
	5	Agriculture/livestock/food security	SNSA	1,2,3,4	1,2,3	X	X	1,2,3,4
	6	Economic/social	SNPS	1,4	1	1	X	X
	7	Economic/social	SCAPP_I	X	X	1	X	X
	8	Economic/social	SCAPP_II	1,2,3,4	X	X	1,2	1,2,4
Niger	1	Nutrition	PNSN	2,3,4	1,2	X	X	X
	2	Nutrition	I3N	1,2,3,4	1	X	1,4	1,4
	3	Health	PDS	X	X	X	X	2
	4	Agriculture/livestock/food security	PA	X	X	X	4	X
	5	Economic/social	PNPS	1	X	X	X	1,4
	6	Economic/social	PDES	1,2,3	1,2	X	1,2	1,2,3,4
Nigeria	1	Nutrition	NPIYCF	1,3,4	1,2,3,4	X	1	1,4
	2	Nutrition	NSPAN	1,2,3,4	1	1	1,4	1,2,4
	3	Nutrition	NPFN	1,2,3,4	1,2,4	1	1,4	1,2,4
	4	Nutrition	NSBCCS	1,2,3,4	1,2	1,2	1	4
	5	Health	NHPP	1,2,3,4	1,2,4	1,2,4	1,2,4	1,2,4
	6	Health	IMNCHS	1,2,3,4	1,2,3,4	1,2,3,4	1,4	1,4
	7	Health	TSTS	1,3,4	X	1	X	1
	8	Health	NHP	1,2,3,4	1,2,4	1	1,4	1

	9	Health	NSPANCD	1,2,3,4	1,2,3	1	1,4	1,2,4
	10	Health	NCHP	1,2,3,4	1,2,4	1,2	1,2	1,2,4
	11	Health	NSHDP II	1,3,4	1,4	1,2,4	1,4	1,4
	12	Agriculture/livestock/food security	NAIP	1,4	1	1	1,4	1,4
	13	Agriculture/livestock/food security	APP	1	X	X	1,4	1
	14	Agriculture/livestock/food security	ASFSNS	1,2,3	1	1	1	1
	15	WASH	PEWASH	1,2,3,4	1,2,4	1,2	1,4	1,4
	16	Environment/climate/resource management	NFP	1,2,3,4	1,2,3,4	1,3 (local activities)	1,4	1,4
	17	Education/research	NSHP	1,2,3,4	1,2,3 (local activities) 4	1,2,3 (local activities) 4	1	1,4
	18	Education/research	STIP	1,2,3,4	X	X	1,2,3,4	2,3,4
	19	Economic/social	NSPP	1,2,3,4	1,2	2	1,2,3 (through the National Social protection Council)	1,2,3 (through the National Social protection Council) 4
Senegal	1	Nutrition	PNDN	1,2,3,4	1,4	1	1,4	1,4
	2	Nutrition	PSMNS	1,2,3,4	1,4	1	1,4	1,4
	3	Nutrition	LPN	1,2,3,4	1,4	1,4	1	1,4
	4	Nutrition	PS-COSFAM	1,2,3,4	X	1	1,2,3,4	1,2,3,4
	5	Health	PNDSS	1,2,3,4	1,4	1,4	1,4	1,4
	6	Health	PNSC	1,2,3,4	1,2,3,4	1,2,3,4	1,4	1,4
	7	Agriculture/livestock/food security	SNSAR	1,2,3,4	1,4	2	1,4	1
	8	Agriculture/livestock/food security	LPSDA	1,2,3,4	X	X	1	1,3,4

	9	Agriculture/livestock/food security	LPDE	1,2,3,4	1,4	1	1,2	1,2,4
	10	Agriculture/livestock/food security	PNDE	1,2,3,4	1,4	1	1	1,3,4
	11	Agriculture/livestock/food security	PRP-SN	1,2,3,4	1,2	2,3	1,2	1,2,4
	12	Education/research	PSNESE	1,2,3,4	1,3,4	1,2,3,4	4	1,4
	13	Cross-cutting	PSE	1,2,3,4	1,2,3,4	4	1,4	1,4
	14	Cross-cutting	PSE-PAP	1,2,3,4	1,2,3,4	1	1,2,4	1,2,4
	15	Economic/social	PNDIPE	1,2,3,4	1,2,3,4	4	1	1,3,4
	16	Economic/social	SNPS	1,2,3,4	1,4	2,4	1,2	1,2,4
Sierra Leone	1	Nutrition	MSSPRM	1,2,3,4	✗	1,3	1	1,2,3,4
	2	Health	RMNCAH	1,2,3,4	1,3	✗	1	3,4
	3	Health	NHSSP	1,2,3	✗	1	1	✗
	4	Health	NCHWP	1,2,3,4	1,4	1	✗	1,4
	5	Agriculture/livestock/food security	NSADP	1,2,3,4	✗	2	1	1,2,4
	6	Economic/social	NSPP	1,2,3,4	✗	1,3,4	1,3,4	1,2,3,4
Togo	1	Nutrition	PNMN	1,2,3,4	1,2,3	1	1	1
	2	Nutrition	PSNMN	1,2,3,4	✗	1	1	1,2,3
	3	Health	PNDS III	1,2,3,4	1,2,3	1	1,2,3,4	1,2,3,4
	4	Health	PNS	1,2,3,4	1	1	1	1,4
	5	Economic/social	PND	1,2,3,4	1,2	1,2	1,2,4	1,2,4
	6	Environment/climate/resource management	PNACC	1,2,3,4	1,2	1,2	1,2,4	1,2,4

Source: Nutrition-Relevant Policy in West Africa: A Comprehensive Review.

Note: * Roles: 1 = implementation; 2 = monitoring and evaluation; 3 = management/coordination; 4 = financing; ✗ = no data; WASH = Water, Sanitation and Hygiene.

3.8.2 Multisectoral coordination

Most policies highlight multisectoral coordination as a guiding principle for policy effectiveness. Commitment to establishing and sustaining effective coordination mechanisms is emphasized across all countries, including those that are yet to develop a comprehensive multisectoral nutrition plan. A range of existing coordination mechanisms identified in the West African nutrition-relevant policy landscape is reported below. Several challenges to effective multisectoral coordination are stressed across countries; however, overall there is a call for a unity of purpose of all nutrition stakeholders through a common vision and set of priorities in order to establish and/or sustain collaboration and coordination that is conducive to better integration of nutrition within the cross-sectoral policy landscape.

Existing multisectoral coordination mechanisms:

- Government leadership to ensure coherent action
- Enabling an institutional setup; this can be, for example: a national nutrition council (NNC) led by one or more ministries; an intersectoral technical committee on nutrition; a technical secretariat to lead the activities of the intersectoral technical committee on nutrition and those of the NNC; a technical committee to lead the implementation of nutrition components, with support from an intersectoral technical committee and implementing agencies; and the establishment of regional, local, and communal committees
- Multisectoral taskforce for facilitating multisectoral policy development and implementation
- Multi-actor, multistakeholder, and intersectoral committees and groups
- Multisectoral collaboration platforms to ensure coordination between actors at national, subnational, community, and regional or supra-national levels
- Bodies for dialogue between actors and sectors, for example, multisectoral working groups and joint planning or technical committees
- Workshops and events
- Documents and tools to coordinate and harmonize approaches
- Inclusive and consultative processes
- Joint implementation of some interventions across policies
- Alignment of sectoral policies
- Alignment with international conventions, principles, guidelines, and targets
- Relations with international organizations and states for the provision of technical support and the mobilization of resources for strengthening national capacities and policy frameworks
- Participation in the Scaling Up Nutrition (SUN) movement
- Mainstreaming nutrition and health within other sectors to ensure a multisectoral approach
- Gradual construction and harmonization of a system-wide approach
- Partnerships between state and non-state actors for the delivery and monitoring of sectoral policies
- Technical cooperation
- Development of human resources, capacity building
- Use of technology
- Communication strategy
- Clear roles of the actors and stakeholders involved
- Clear lines of accountability
- Coordination of decentralized actors

- Communication between state and local counterparts
- Lessons learned from past policies
- Lessons learned from other settings with analogous challenges

The importance of multisectoral mechanisms for effective codesign and implementation of policies is highlighted within most policies and policy areas; however, a number of challenges to multisectoral coordination are outlined across policies:

- Predominance of sectoral approaches
- Inadequate use of existing information
- Inadequate logical framework
- Multiple policy frameworks and priorities
- Lack of leadership
- High number of actors
- Shortcomings caused by the dispersion of responsibility
- Lack of synergy between actors and stakeholders
- Political engagement
- Ineffective collaboration, including between different levels of government
- Inadequate attribution of responsibilities among implementing stakeholders
- Lack of synergy between sectoral interventions and programs
- Resource constraints
- Lack of rationalization in the use of human and financial resources
- Lack of transparency in the allocation of resources
- Lack of coordinated mobilization of resources
- Unrealistic expectations
- Weak collaboration between public sector institutions
- Weak involvement of certain actors, for example private sector actors, women's groups, parliamentarians, and civil society organizations
- Insufficient empowerment of subnational managers
- Community mobilization
- Inadequate risk mitigation measures

3.8.3 Accountability mechanisms

Most policies cite accountability as a guiding principle; however, they contain varying degrees of detail in support of whether commitment to accountability remains nominal or whether the level of commitment is factually supported by concrete efforts to make it an integral part of policy development, implementation, financing, monitoring and evaluation.

Some policies provide detailed specifications on actors' roles and responsibilities at different jurisdictional levels, but do not always specify clear lines of accountability and mechanisms for holding them to account. Most policies, however, do cite accountability mechanisms; these are often integrated into plans for monitoring and evaluation during and after implementation, with a lower number of policies also citing mechanisms to ensure transparency transparency and participatory decision-making at earlier stages of policy development. Details for each country are available in country-specific evidence notes and are accessible through regional database (links provided at the end of this report). **Box 10** provides a summary of accountability mechanisms included across policies.

Box 10. Accountability mechanisms

- Accountability as a guiding principle
- Use of M&E to identify progress and needed improvements, for example, results-based management as part of the M&E system
- Technical committees and dialogue frameworks to propose course corrections and monitor progress toward action plans
- Monitoring of performance
- Regular progress reviews
- Audits and quality control
- Review of supervisory reports
- Publicly available updates, results, and evaluations
- Inclusive sectoral, multisectoral, and multistakeholder policy dialogues
- Transparent feedback systems
- Due process in procurement and independent verification
- Internal mechanisms to handle disputes, complaints, and fraud
- Tightening the sanctions regime in public accountability mechanisms
- Coherence with the mechanisms of global policies and national multisectoral strategies
- Decentralization and strengthening of organizational arrangements for the provision of accountability mechanisms at all jurisdictional levels; for example, use of an M&E framework based on the national M&E system, which requires that all subnational levels develop M&E plans and reports for transparency
- Evidence-based approaches to planning, which enable the public to understand how decisions are taken, how resources are allocated, and how results and achievements are monitored
- Participatory budgeting
- Revenue and expenditure tracking at all levels
- Feedback mechanisms in public service delivery
- Strengthening of systems and structures for transparency and public accountability
- Satisfaction surveys
- Promoting public interest in performance monitoring reports of public institutions; expanding opportunities and structures for public/community ownership of information
- Accelerating the enactment of broadcasting law
- Further strengthening of partnerships with the media to enhance cohesion on national issues
- Encouraging participation of communities and civil society organizations in holding government to account

4. IMPLICATIONS FOR POLICY

The gaps and opportunities that arise from the different layers of analysis reported above guide the identification of gaps and potential pathways conducive to tackling malnutrition in all its forms. Some of the implications of these for evidence-based policy are outlined below:

1. The distribution of nutrition-oriented policies across policy areas points to gaps that are not filled appropriately by current arrangements for multisectoral coordination.

2. Missed opportunities are highlighted by the exclusion of all but a few policies from nutrition-relevant sectors (for example, WASH and gender); this points at the need to enable accelerators for the recognition and integration of nutrition as a cross-cutting theme.

3. Key nutrition challenges are often framed and addressed as single discrete forms of malnutrition, suggesting that opportunities for better framing of problems and potential solutions, and potential funding streams for simultaneous action on all forms of malnutrition, may be missed.

4. Comprehensive understanding of the immediate, underlying, and basic determinants of malnutrition is not always reflected in policy components beyond the situational analysis; this suggests that greater disaggregation of data would enhance policy potential.

5. The internal coherence of policies with regard to nutrition components across the five analyzed process steps reveals a higher coherence within nutrition and social protection policies and lower coherence in other nutrition-sensitive sectors. This can be addressed through improved linearity across process steps.

6. The rationale for targeting is not always made explicit, making it difficult to pinpoint the contribution of a single policy or group of policies to the covering of gaps in the delivery of services for improved nutrition and health. The inherent value of a number of strategies identified across policies is not always spelled out clearly.

The choice of WHA targets entails a focus on:

- High-risk beneficiary groups (in that nutrition status in childhood determines nutrition status/health status later in life)
- Evidence-based high-impact double-duty interventions
- Practice-oriented policy (through common delivery platforms); indicators to look out for in indicator columns include coverage and distribution, service delivery, training, supervision, availability, access, communication, behavior change, and uptake
- Broad-coverage delivery platforms (reaching as many of the target beneficiaries as possible)
- Long-term returns on budget allocation (future mothers/caregivers and future generations)

What it leaves out:

- Other population groups such as age- and gender-based groups and others
- Other forms of malnutrition
- Related comorbidities
- Gain in equity from the improved access achieved by targeting low-income socioeconomic groups; this depends on the availability of disaggregated data and on whether policies target a country's entire population (this is not to be assumed on the basis of input indicators, rather on the cross-country analysis of what type of indicators are being measured)
- Other broad-coverage delivery platforms that are reaching as much of the population as possible through, for example, local clinics, schools, and community organizations; this depends on the type of intervention, for example, school feeding, SBCC, and social protection

7. While the differences in age-based subgroupings across policies or policy components may create issues of overlap and difficulties in data comparability, tweaking these groupings based on context-relevant information can provide opportunities for action that are more flexible and relevant to the issues at hand. This may depend, for example, on what type of micronutrient is being administered; which NCD is being considered; and on gender norms and context-specific patterns of early marriage,

first pregnancy, and intervals between pregnancies. Specification of the rationale behind the choice of targeted groups and their definition is therefore key.

8. The lack of an explicit framing of some policies as conducive to improved nutrition does not allow for a more thorough analysis of individual policy components, objectives, indicators, and planned activities. They are nevertheless crucial to the simultaneous addressing of shared drivers of multiple forms of malnutrition; moreover, they are implemented in shared delivery platforms that enable large-scale coverage of target populations across age groups.

9. The exclusion of relevant policies of the basis of a lack of data on the multiple forms of malnutrition within policy documents indicates some important shortcomings. In the worst-case scenario, there are potential missed opportunities in the policy landscape for acting to tackle multiple nutrition issues simultaneously, including focusing on specific WHA target groups and carrying out population-level double-duty interventions. In the best-case scenario, double-duty benefits are already being gained through policy and program implementation, but these are overlooked.

10. Given the disproportionately large contribution of women to labor in food security (including agriculture) and their role as caregivers, several policies call for factoring in the competing demands on women's time; they reveal a need to lighten their workload, tackle occupational and sectoral segregation, adopt gender-equitable inclusive growth, provide long-term care support (for example, health, education, and safety nets), encourage access to more and better jobs for women, and include empowerment accelerators.

11. Access to policy documents is not granted in all countries and sectors. This can hinder the work of many stakeholders who could contribute to policy effectiveness.

12. Intra- and intersectoral accountability and social accountability mechanisms are not always clearly defined and promoted. Mechanisms that foster the participation of multiple stakeholders including civil society organizations, professional bodies, and communities, can lighten the workload of policy implementers in the delivery of policy components. Rather than constituting a challenge to policymakers, in the long run functioning social accountability mechanisms can result in capacities being spread; this can result in tasks being less demanding on the time and other resources available to government officials and service providers, as citizens and CSOs themselves would do the work and do it well, it being in their interest as direct beneficiaries to be a better-functioning cog in the effective implementation of policy. Some of the participatory approaches mentioned by a few policies could be replicated to foster inclusive growth.

5. KEY MESSAGES

Box 11 summarizes key messages. They are informed by the gaps and opportunities identified across the nutrition-relevant landscape in West Africa and by the implications for policy as outlined above.

Box 11. Key messages

- Clearly outline the scope of policy documents and sectoral/multisectoral strategies in terms of key nutrition challenges. This will enable the breadth and depth of planned interventions to be mapped; it will also identify any gaps that need to be addressed either in future

policies or through programs and projects that can complement existing policies where they are constrained by limitations.

- Where there are limited resources and/or where it is appropriate based on sector, target high-risk groups with high-impact interventions as per, for example, WHA targets.
- Where possible, adopt a life cycle approach to nutrition and health. Nutrition-sensitive interventions, for example, can target other population groups for extensive coverage and benefits over the life span of their members (implying the need for disaggregated data); this can be done by tackling malnutrition and health disparities, thereby addressing intragenerational inequalities.
- Contribute to creating and sustaining a conducive environment through mainstreaming of nutrition within policies across nutrition-relevant sectors and through multisectoral coordination, even if initially there is no capacity for factually implementing good policies.
- Identify knowledge gaps and needs for future policy design, implementation, evaluation, and coordination for effective double-duty action (DDA).
- When designing data-based tailored activities, ensure that disaggregated data is used in the development of situational information on the immediate, underlying, and basic determinants of malnutrition. Employ disaggregated, standard, and comparable policy indicators and proxy indicators for monitoring and evaluation of those activities.
- With the support of experts, address missed opportunities in terms of nutrition-relevant sectors where nutrition-oriented action can be integrated (that is, policies excluded from the evidence notes/report).
- With the support of technical partners, reframe and reorient all the missed opportunities resulting from DDAs that are already in place but which are not claiming any credit for action on the double burden of malnutrition.
- Use disaggregation/disparities/equity to address intra- and intergenerational inequality through better data collection, monitoring, use, and dissemination for improved equity of policies.
- Adopt gender-equal inclusive growth; provide long-term support (for example, health, education, and safety nets) and include empowerment accelerators. Given women's disproportionate contribution to labor in food security (including agriculture) and their role as caregivers, several policies call for factoring in competing demands on women’s time, revealing a need to lighten their workload, tackle occupational and sectoral segregation, and encourage access to more and better jobs for women.
- In order to encourage a sense of collective ownership and participatory monitoring of service delivery, add accountability/social accountability (that is, accessibility to, for example, communities and CSOs) which exceeds the nominal right to sufficient and adequate food and basic healthcare. It should be an explicit duty of government officials and service providers to make provisions within policies for clear social accountability mechanisms in M&E components and during dissemination.
- Strengthen the use of available data in the policy process and promote knowledge and data sharing across the region.
- Consider policy accelerators that support internal and external coherence in the development of new policies linking to a unified nutrition agenda.

- Improve internal coherence by ensuring alignment between process steps within a policy. This requires direct logical pathways between a policy's situational analysis, stated objectives, planned activities, and chosen indicators. Both the components that are included and those that cannot be included should be clearly defined and differentiated.
- Improve external coherence by seeking alignment between objectives and activities of nutrition-relevant policies. Improving coherence between policies within a sector or a group of closely linked sectors, and across all nutrition-relevant sectors, is key, as supportive policies in one sector can be derailed by policies or practices in other sectors. Achieving coherence entails ensuring and coordinating dialogue across sectors at the planning, monitoring, and review stages of policy, as well as ensuring that each sector implements the outlined activities.
- Where discrepancies or incoherence between sectoral agendas arise, these should be clearly identified regardless of sectoral readiness to immediately address any conflicting priorities or resolve discrepancies in the overall policy landscape.
- Make all policy documents publicly accessible throughout the region to encourage complementary input into policy from a wide range of actors and to foster nutrition-oriented policy cooperation across sectors and countries through the establishment of an online repository.
- Strengthen process and impact M&E systems and multisectoral coordination for the effective management of policy components, for the implementation at scale of what works, and for the sharing of lessons learned with regard to what does not work and why.
- Outline clear impact pathways in policy development, implementation, and monitoring and evaluation documents, for example through the involvement of policymakers, implementers, evaluators, and researchers for evidence-based policy analysis, forward-thinking technical advice, and capacity strengthening.
- Encourage knowledge sharing across contexts and at all levels, so that policy efforts can be taken up by actors at the national and subnational levels, depending on circumstances and capacities.
- Whichever targeting strategy is employed by a given policy, spelling out the rationale behind this strategy and the expected impact pathway would be beneficial to the implementation stage and to the monitoring and evaluation stages that follow the formulation of a national policy document.

6. GUIDANCE FOR FUTURE NUTRITION-RELEVANT POLICY

The key messages extrapolated from our analysis of the nutrition-relevant policy landscape in West Africa have informed the development of guidelines for improving nutrition-relevant policy in the region. The published guidance note is available here. This draws on best practices (and gaps) identified across policies, which constitute key steps in the processes of nutrition-relevant policy planning, implementation, and monitoring and evaluation. Alongside this report, they serve to guide future development and updates of policies relevant to nutrition.

7. CONCLUSIONS

The current nutrition landscape demands that institutions that address and prevent malnutrition implement integrated approaches that account for malnutrition in all its forms. Against the backdrop

of a mounting burden of overweight and obesity and a persisting burden of undernutrition, addressing shared determinants with integrated approaches that create and sustain synergistic and mutually reinforcing mechanisms is crucial to the amplification of simultaneous progress on multiple forms of malnutrition. We have aimed to strengthen the understanding of the current landscape of nutrition-relevant policy and its implications within West African countries and across the region. Drawing on the evidence generated in this report, we provide guidance for ongoing and future policy development at the country level in support of the West African Health Organization and other regional partners.

Across countries, our findings showed that great progress has been made in terms of developing national policies relevant to nutrition, with all 16 West African countries having a comprehensive or specific nutrition policy, strategy, or action plan. Most of these were developed in or after 2016/2017. Nutrition governance is also prevalent, with most policies across countries reporting on multisectoral nutrition coordination mechanisms; the majority of these are placed in high government offices, reflecting the growing importance of the nutrition agenda. Each country, according to its own context, prioritizes effective coordination between institutions, sectors, levels (for example, regional and country), and stakeholders (such as government and non-state actors). In its own way, each country addresses coordination challenges that are highlighted in policies, considers policy gaps, and looks at the potential of increased synergies for effective policy action at the regional and national level. Nutrition policy will also be greatly improved by leveraging coordination and alignment at, and between, the regional and country levels in order to efficiently address human and financial resource constraints and to improve efficiency and synergy related to accountability frameworks and monitoring and evaluation.

We find that across the region, the content of policies focuses most on U5 stunting and wasting targets and their indicators, while serious progress needs to be made on the remaining WHA target indicators. Better alignment with these targets is therefore needed, and any opportunity to do so should be taken—in alignment with the country's needs and priorities—in order to achieve the WHA targets. Current trends and progress toward achieving the global nutrition and diet-related NCD targets are not sufficient, and these global targets are unlikely to be achieved unless accelerated actions are implemented in the region. The cited evidence base is also generally limited to population-based or administrative surveys, with very few policies using disaggregated data. Very few interventions or proposed activities are supported by recent evidence of cost-effectiveness and/or efficiency. Ensuring that nutrition context analysis data and indicators are disaggregated and that activities are evidence-based will enable identification and monitoring of any gaps between groups and a more focused targeting of policy efforts.

We also note that internal coherence remains low outside of the nutrition and health sector and that there is a need to reinforce coherence for nutrition within different sectors. This would entail ensuring that the nutrition context analysis, objectives, indicators, and activities align, both in terms of nutrition problems and targeting of populations. There is ample opportunity to increase coherence for nutrition within nutrition-relevant policies and programs to support a unified nutrition agenda.

The results of this report should be regarded as suggestions and not prescriptions, particularly as there are no widely accepted international standards on the packaging of nutrition policies, plans, and strategies, and as multiple considerations inform policy formulation and implementation. While alignment with the six WHA indicators and targets is important, policies will also have different strategic focuses in line with their objectives and with the mandate of their institution. We encourage

in-country stakeholders to access the accompanying outputs of this report. These include country policy notes which outline the current landscape of nutrition-relevant policy; a database that is available for download here, and a guidance note for future and ongoing policy development. The data provides a comprehensive picture of the nutrition landscape to inform WAHO's Nutrition Observatory.

8. LIMITATIONS OF THIS STUDY

The results presented in this report rely on a robust, in-depth, and systematic analysis of nutrition-oriented policy documents at the country level. The approach adopted presents some limitations, namely: (1) this study was limited to a desk review complemented by expert consultation for each country of interest; (2) as we applied a documentary analysis, we were not able to capture the viewpoint of actors; (3) some policies that are inherently relevant to nutrition but do not present a nutrition focus were excluded based on set inclusion criteria which defined this review (for example, inclusion based on a tight definition of "nutrition oriented" rather than on a more vague interpretation of "nutrition relevant" and "nutrition sensitive"); (4) the scope of this review did not allow for the inclusion of programs and projects, and results do not reflect actual implementation on the ground; (5) the assessment of policies was limited by document availability and comparability, and the analysis is based on what is present in the documents available at the time of the search; (6) it is beyond the scope of this study to determine whether policy coherence has any effect on nutrition outcomes; and (7) there were limitations in terms of cross-country comparisons, including allowances that were made for differences in capacity.

GLOSSARY OF TERMS

Anemia in women of reproductive age: women of reproductive age (15–49 years), both pregnant and non-pregnant, having hemoglobin levels below 12g/dl for non-pregnant women and below 11g/dl for pregnant women

Child and adolescent obesity: children and adolescents aged 5–19 years who are more than two standard deviations above the median body mass index for age (BMI-for-age) of the WHO growth reference for school-aged children

Child and adolescent overweight: children and adolescents aged 5–19 years who are more than one standard deviation above the median BMI-for-age of the WHO growth reference for school-aged children and adolescents

Child and adolescent underweight: children and adolescents aged 5–19 years who are more than one standard deviation below the median BMI-for-age of the WHO growth reference for school-aged children and adolescents

Continued breastfeeding at 1 year: children aged 12–15 months who are fed breast milk

Continued breastfeeding at 2 years: children aged 20–23 months who are fed breast milk

Early initiation of breastfeeding: children born in the last 24 months who were put to the breast within one hour of birth

Exclusive breastfeeding: infants aged 0–5 months who only receive breast milk, not any other foods or liquids (including infant formula or water), except for medications or vitamin and mineral supplements

Introduction of solid, semi-solid, or soft foods: infants 6+ months of age who receive solid, semi-solid, or soft foods

Low birth weight: infants who weigh less than 2,500 grams (less than 5.51 pounds) at the time of birth

Macronutrient deficiency: lack of energy providing macronutrients (fats, proteins, and carbohydrates)

Micronutrient deficiencies: lack of the essential vitamins and minerals required in small amounts by the body for proper growth and development

Minimum acceptable diet: a combination of the minimum dietary diversity and minimum meal frequency. Breastfed children aged 6–23 months who had been given at least the minimum dietary diversity and the minimum meal frequency on the previous day; breastfed children aged 6–23 months who had received at least two milk feedings the previous day and had been given at least the minimum dietary diversity (not including milk feeds) and the minimum meal frequency.

Minimum dietary diversity: children aged 6–23 months who receive foods from five or more food groups during the previous day.

Minimum meal frequency: children 6–23 months of age who receives solid, semi-solid, or soft foods (but also includes milk for non-breastfed children) the minimum number of times or more over the previous day. The minimum meal frequency is twice for breastfed infants aged 6-8 months, three times for breastfed children aged 9-23 months, four times for non-breastfed children aged 6-23 months

Nutrition-oriented policies: policies that present key nutrition aspects set in this review as basic inclusion criteria, namely the inclusion of nutrition objective(s), indicator(s), or a budget for nutrition

Nutrition-relevant policies: policies relevant to addressing the immediate, underlying, or basic determinants and/or consequences of malnutrition, including both prevention and treatment of chronic and acute manifestations of malnutrition issues

Nutrition-sensitive: strategies that address underlying determinants of malnutrition

Nutrition-specific: strategies that address immediate causes of malnutrition

Obesity: adults aged 18 and older with a BMI of 30 kg/m^2 or higher

Overweight: adults aged 18 and older with a BMI of 25 kg/m^2 or higher

Under-five overweight: children under five years old who are more than two standard deviations above the median weight-for-height of the WHO Child Growth Standards.

Under-five stunting: children aged 0–59 months who are more than two standard deviations below median height-for-age of the WHO Child Growth Standards.

Under-five wasting: children aged 0–59 months who are more than two (moderate and severe) standard deviations below median weight-for-height of the WHO Child Growth Standards

BIBLIOGRAPHY

Billings, L., R. Pradeilles, S. Gillespie, A. Vanderkooy, D. Diatta, M. Toure, A. D. Diatta, and R. Verstraeten. 2021. "Coherence for Nutrition: Insights from Nutrition-Relevant Policies and Programs in Burkina Faso and Nigeria." *Health Policy and Planning* 36 (10): 1574–1592. https://doi.org/10.1093/heapol/czab108.

Development Initiatives. 2020. *The Global Nutrition Report: Action on Equity to End Malnutrition*. Bristol, UK. https://globalnutritionreport.org/0fb38d

Gillespie, S., L. Haddad, V. Mannar, P. Menon, and N. Nisbett. 2013. "The Politics of Reducing Malnutrition: Building Commitment and Accelerating Progress." *The Lancet* 382: 552–69.

Gillespie, S., P. Menon, R. Heidkamp, E. Piwoz, R. Rawat, M. Munos, R. Black, C. Hayashi, K. Kumar Saha, and J. Requejo. 2019. *"*Measuring the Coverage of Nutrition Interventions Along the Continuum of Care: Time to Act at Scale.*" BMJ Global Health* 4: i133–i142. DOI:10.1136/ bmjgh-2018-001290.

Harris, J., and N. Nisbett. 2020. "The Basic Determinants of Malnutrition: Resources, Structures, Ideas and Power." *International Journal of Health Policy and Management* 10 (Special Issue): 817–827. DOI:10.34172/ijhpm.2020.259.

Hawkes, C. 2016. *Enhancing Coherence Between Trade Policy and Nutrition Action: Implementing the Framework for Action of the Second International Conference on Nutrition*. Discussion paper 1. Geneva: United Nations System Standing Committee on Nutrition.

Heidkamp, R. A., E. Piwoz, S. Gillespie, E. Keats, M. D'Alimonte, P. Menon, J. K. Das, A. Flory, J. Clift, M. Ruel, S. Vosti, J. K. Akuoku, and Z. A. Bhutta. 2021. "Mobilising Evidence, Data, and Resources to Achieve Global Maternal and Child Undernutrition Targets and the Sustainable Development Goals: An Agenda for Action." *The Lancet* 397: 1400–18.

Osendarp, S., J. K. Akuoku, R. E. Black, D. Headey, M. Ruel, N. Scott, M. Shekar, N. Walker, A. Flory, L. Haddad, D. Laborde, A. Stegmuller, M. Thomas, and R. Heidkamp. 2021. "The COVID-19 Crisis Will Exacerbate Maternal and Child Undernutrition and Child Mortality in Low- and Middle-Income Countries." *Nature Food* 2**:** 476–484. https://doi.org/10.1038/s43016-021-00319-4.

Parsons, K., and C. Hawkes. 2019. "Policy Coherence in Food Systems." In *Rethinking Food Policy: A Fresh Approach to Policy and Practice*. London: Centre for Food Policy, City University of London.

Pelletier, D. L., E. A. Frongillo, S. Gervais, L. Hoey, P. Menon, T. Ngo, R. J. Stoltzfus, A. M. Shamsir Ahmed, and T. Ahmed. 2012. "Nutrition Agenda Setting, Policy Formulation and Implementation: Lessons From the Mainstreaming Nutrition Initiative." *Health Policy and Planning* 27: 19–31.

Popkin, B. M., C. Corvalan, L. M. Grummer-Strawn. 2020. "Dynamics of the Double Burden of Malnutrition and the Changing Nutrition Reality." *The Lancet* 395: 65–74.

TNWA (Transform Nutrition West Africa) 2020. *Country Data Profiles*. Transform Nutrition West Africa—Focal Countries. https://westafrica.transformnutrition.org/assessment-of-nutrition-data-in-west-africa/

UNICEF (United Nations Children's Fund). 1990. *Strategy for Improved Nutrition of Children and Women in Developing Countries*. New York: United Nations Children's Fund.

Verstraeten, R., and L. Diop. 2018. Multiple Malnutrition Burdens in Children Under 5 and Women of Reproductive Age in West Africa. Presentation given by Roos Verstraeten and Loty Diop at the 8th Africa Nutritional Epidemiology Conference (ANEC VIII 2018), Ethiopia, October 1–5.

WHO (World Health Organization). 2017a. *The Double Burden of Malnutrition*. Policy brief WHO/NMH/NHD/17.3. Geneva: World Health Organization.

WHO (World Health Organization). 2017b. *Double-Duty Actions for Nutrition*. Policy brief WHO/NMH/NHD/17.2. Geneva: World Health Organization.

WHO (World Health Organization). 2018. *Global Nutrition Policy Review 2016–2017: Country Progress in Creating Enabling Policy Environments for Promoting Healthy Diets and Nutrition*. Geneva: World Health Organization.

APPENDIXES

APPENDIX 1. List of nutrition-oriented national policies included in the synthesis report

BENIN

NR	Area	Policy name	Policy acronym	Start	End
1	Nutrition	Plan Stratégique de Développement de l'Alimentation et de la Nutrition	PANAR/PSDAN	2010	2020
2		Plan stratégique de Développement du Secteur Agricole 2025 Plan National d' Investissement Agricole et de la Sécurité Alimentaire et Nutritionnelle 2017 - 2021	PSDSA-PNIASAN	2017	2025
3	Agriculture/food security	Stratégie Nationale d'une Agriculture Sensible à la Nutrition	SNAN	2020	2024
4	Environment/climate/resource management	Stratégie de Développement à Faible Intensité de Carbone et Résilient aux Changements Climatiques 2016 – 2025	SDFIC	2016	2025
5	Economic/social	Plan National de Développement	PND	2018	2025
6		Politique Holistique de Protection Sociale au Bénin	PHPS	2014	2024

BURKINA FASO

NR	Area	Policy name	Polcy acronym	Start	End
1	Nutrition	Politique Nationale de Nutrition	PNN	2016	Not Applicable
2		Plan Stratégique Multisectoriel de Nutrition	PSMN	2017	2020
3		Stratégie Nationale de plaidoyer, mobilisation sociale, et communication pour le changement social et de comportement en faveur de la Nutrition au Burkina Faso	SNNBF	2017	2021
4	Health	Plan National de Développement Sanitaire	PNDS	2011	2020
5		Plan Stratégique de Santé des Personnes Agées	PSSPA	2016	2020
6		Plan Stratégique intégré de Lutte contre les Maladies Non Transmissibles	PSLMNT	2016	2020
7		Plan stratégique intégré de la Santé Reproductive, Maternelle, Néonatale, Infantile, des Adolescents, des Jeunes et de la Personne Âgée	SRMNIA-PA	2017	2020
8		Politique Sectorielle Santé	PSS	2017	2026
9	Agriculture/food security	Politique Nationale de Sécurité Alimentaire et Nutritionnelle	PNSAN	2013	2025
10		Priorités Résiliences Pays	PRP-AGIR	2016	2020
11		Stratégie de Développement Rural	SDR-2025	2016	2025
12		Politique Sectorielle Production Agro-Sylvo-Pastorale	PS-PASP	2017	2026

13	Environment	Plan National d'Adaptation aux changements climatiques	PNA	2015	Not Applicable
14	Research/innovation	Politique Sectorielle de la Recherche et de l'innovation	PSRI	2017	2026
15	Economic/social	Plan National de Développement Économique et Social	PNDES	2016	2020
16		Stratégie Nationale de Développement Intégré de la Petite Enfance	SNDIPE	2007	Not Applicable

CAPE VERDE

NR	Area	Policy name	Policy acronym	Start	End
1	Nutrition/health	Plano Nacional de Alimentação e Nutrição	PNAN	2015	2020
2	Nutrition	Estratégia Nacional de Segurança Alimentar e Nutricional	ENSAN	2015	2020
3	Agriculture/food security	Plano Estratégico do Sistema Nacional de Investigação Agrária	PE-SNIA	2017	2024
4	Economic/social	Plano Estratégico do Desenvolvimento Sustentável	PEDS	2017	2021
5	Environment/climate/resource management	Estratégia Nacional de Redução de Riscos de Desastres	ENRRD	2018	2030

CÔTE D' IVOIRE

NR	Area	Policy name	Policy acronym	Start	End
1	Nutrition	Politique Nationale de Nutrition	PNN	2016	2020
2		Plan National Multisectoriel de Nutrition	PNMN	2016	2020
3	Health	Plan National de Développement Sanitaire	PNDS	2016	2020
4		Politique Nationale de Délégation des Tâches en Santé de la Reproduction / Planification Familiale	SRPF	2019	Not Applicable
5		Politique Nationale de Santé des Adolescentes et des Jeunes	PNSAJ	2016	2020
6	Agriculture/food security	Programme National d'Investissement Agricole	PNIA	2017	2025
7	Economic/social	Stratégie Nationale de Protection Sociale	SNPS	2013	2020
8	Education/research	Plan Sectoriel Education/Formation	PSEF	2016	2025

GAMBIA

NR	Area	Policy name	Policy acronym	Start	End
1	Nutrition	National Nutrition Policy	NNP	2010	2020
2	Health	National Health Policy "Health is Wealth"	NHP	2012	2020
3		National Policy Guidelines on HIV and AIDS	NPHIV	2014	2020
4	Agriculture/food security	Agriculture and Natural Resources Policy	ANR	2017	2026
5		The Gambia Second Generation National Agricultural Investment Plan	GNAIP II / FNS	2019	2026
6	Economic/social	The Gambia National Development Plan (2018-2021)	NDP	2018	2021
7		The Gambia National Social Protection Policy 2015–2025/ National Social Policy Implementation Plan 2015-2020	GNSPP/ NSPIP	2015	2025
8	Cross-cutting	The Gambia National Gender Policy 2010–2020	GNGP	2010	2020
9	Education	Education Sector Policy 2016–2030	ESP	2016	2030

GHANA

NR	Area	Policy name	Policy acronym	Start	End
1	Nutrition	National Nutrition Policy	NNP	2016	2021
2		Ghana Integrated Anaemia Control Strategy	IACS	2003	Not Applicable
3	Health	National Breastfeeding Policy	NBP	1995	Not Applicable
4		Ghana National Newborn and Child Health Advocacy and Communication Strategy and Year One Work Plan	NNCHACS	2015	2019
5		Ghana National Healthcare Quality Strategy	GNHQS	2016	2021
6		Health Sector Gender Policy	HSGP	2009	2014
7		National Community Health Planning and Services Policy	CHPS	2016	2021
8		Revised National Health Promotion Policy	NHPP	2016	2020
9		National Food Safety Policy	NFSP	2019	2024
10		National Health Policy: Ensuring Healthy Lives for All; Revised Edition	NHP	2020	Not Applicable
11		Ghana National Newborn Health Strategy and Action Plan	GNNHSAP	2019	2023
12		National Tuberculosis Health Sector Strategic Plan for Ghana	NTHSSP	2015	2020
13		National Acceleration Plan for Paediatric HIV Services Ghana	NAPPHIVS	2016	2020

14		Reproductive Health Strategic Plan	RHSP	2007	2011
15		Ghana Health Service Quality Assurance Strategic Plan	QASP	2007	2011
16	Economic/social/education	National School Feeding Policy	NSFP	2015	2020
17		Medium-Term National Development Policy Framework: An Agenda for Jobs: Creating Prosperity and Equal Opportunity for All 2018–2021	MTNDPF	2018	2021

GUINEA

NR	Area	Policy name	Policy acronym	Start	End
1	Nutrition	Politique Nationale Multisectorielle de Nutrition	PNMN	2019	2030
2		Plan Stratégique Multisectoriel d'Alimentation et de Nutrition	PSMAN	2019	2024
3	Health	Politique Nationale de Santé	PNS	2015	2024
4		Plan National de Développement Sanitaire	PNDS	2015	2024
5		Politique Nationale de Santé Communautaire	PNSC	2017	Not Applicable
6	Agriculture/food security	Politique Nationale de Développement Agricole	PNDA	2018	2025
7		Projet de Développemet Agricole Intégré de la Guinée - Plan de Gestion des Pestes	PDAIG - PGP	2018	Not Applicable

GUINEA BISSAU

NR	Area	Policy name	Policy acronym	Start	End
1	Nutrition	Politique Nationale de Nutrition	PNN	2014	2025
2	Food security	Priorités Résilience Pays de la Guinée-Bissau – PRP/AGIR	PRP/AGIR	2016	2020
3	Livestock	Lettre de Politique de Developpement de l'Élevage de la Guinée-Bissau	LPDE	2011	Not Applicable

LIBERIA

NR	Area	Policy name	Policy acronym	Start	End
1	Nutrition	National Nutrition Policy	NNP	2008	2024
2	Health	National Health and Social Welfare Policy	NHSWP	2011	2021
3		National Sexual and Reproductive Health Policy	NSRHP	2010	2021
4	Agriculture/food security	Food and Agriculture Policy and Strategy	FAPS	2008	2011
5		Liberia Agriculture Sector Investment Program	LASIP II	2018	2022
6	WASH	WASH Sector Strategic Plan	WASHSSP	2011	2017
7	Economic/social	National Social Protection Policy and Strategy	NSPPS	2013	2018

MALI

NR	Area	Policy name	Policy acronym	Start	End
1	Nutrition	Politique Nationale de Nutirition	PNN	2010	2021
2		Politique Nationale de Sécurité Alimentaire et Nutritionelle	PoINSAN	2017	2025
3	Health	Plan Décennal de Développement Sanitaire et Social	PDDSS	2014	2023
4		Politique et Normes des Services de Santé de la Reproduction	PNSSR	2019	2023
5	Agriculture/food security	Plan National d'Investissement dans le Secteur Agricole	PNISA	2015	2024
6	Economic/social	Politique Nationale de Protection Sociale	PNPS	2015	Not Applicable

MAURITANIA

NR	Area	Policy name	Policy acronym	Start	End
1	Nutrition	Plan Stratégique Multisectoriel de Nutrition	PSMN	2016	2025
2		Plan de Passage a l'Echelle de la Promotion des Pratiques Optimales d'alimentation du Nourisson et du Jeune Enfant	PPEPPO-ANJE	2017	2026
3	Health	Plan National de Développement Sanitaire	PNDS	2017	2020
4		Politique Nationale de Santé à l'horizon 2030	PNS2030	2017	2030

5	Agriculture/food security	Stratégie Nationale de Sécurité Alimentaire pour la Mauritanie aux horizons 2015 et vision 2030	SNSA	2015	2030
6	Economic/social	Stratégie Nationale de Protection Sociale	SNPS	2012	2015
7		Stratégie Nationale de Croissance Accélérée et de Prospérité Partagée Volume I	SCAPP_I	2016	2030
8		Stratégie Nationale de Croissance Accélérée et de Prospérité Partagée Volume II	SCAPP_II	2016	2030

NIGER

NR	Area	Policy name	Policy acronym	Start	End
1	Nutrition	Politique Nationale de Sécurité Nutritionnelle au Niger	PNSN	2016	2025
2		Plan d'Action 2016-2020 Initiative 3N	I3N	2016	2020
3	Health	Plan de Développement Sanitaire	PDS	2017	2021
4	Agriculture/food security	Politique Agricole	PA	2016	Not Applicable
5	Economic/social	Politique Nationale de Protection Sociale	PNPS	2011	Not Applicable
6		Plan de Développement Économique et Social	PDES	2017	2021

NIGERIA

NR	Area	Policy name	Policy acronym	Start	End
1	Nutrition	National Policy on Infant and Young Child Feeding in Nigeria	NPIYCF	2010	Not Applicable
2		National Strategic Plan of Action for Nutrition – Health Sector Component	NSPAN	2014	2019
3		National Policy on Food and Nutrition	NPFN	2016	2025
4		National Social and Behavioral Change Communication Strategy for Infant and Young Child Feeding in Nigeria	NSBCCS	2017	2020
5	Health	National Health Promotion Policy	NHPP	2006	Not Applicable
6		Integrated Maternal, Newborn and Child Health Strategy	IMNCHS	2007	2015 (but still in use)
7		Task-shifting and task-sharing policy for essential healthcare services in Nigeria	TSTS	2014	Not Applicable
8		National Health Policy3	NHP	2016	Not Applicable
9		National Strategic Plan of Action on Prevention and Control of Noncommunicable Diseases	NSPANCD	2016	2020
10		National Child Health Policy4	NCHP	2017	Not Applicable
11		Second National Strategic Health Development Plan5	NSHDP II	2018	2022
12	Agriculture	National Agricultural Investment Plan6	NAIP	2011	2014
13		Agriculture Promotion Policy	APP	2016	2020

14		Agricultural Sector Food Security and Nutrition Strategy	ASFSNS	2016	2025
15	WASH	Partnership for Expanded Water Supply, Sanitation, and Hygiene Strategy	PEWASH	2016	2030
16	Environment	National Forest Policy	NFP	2006	Not Applicable
17	Education/research	National School Health Policy	NSHP	2006	Not Applicable
18		Science, Technology, and Innovation Policy	STIP	2011	Not Applicable
19	Economic/social	National Social Protection Policy	NSPP	2017	Not Applicable

SENEGAL

NR	Area	Policy name	Policy acronym	Start	End
1	Nutrition	Document de Politique Nationale de Développement de la Nutrition	PNDN	2015	2025
2		Plan Stratégique Multisectoriel de la Nutrition du Sénégal	PSMNS	2018	2022
3		Lettre de politique de Nutrition	LPN	2001	Not Applicable
4		Plan stratégique COSFAM	PS-COSFAM	2017	2021
5	Health	Plan National de Développement Sanitaire et Social	PNDSS	2019	2028
6		Politique Nationale de Santé Communautaire	PNSC	2014	Not Applicable
7		Stratégie Nationale de Sécurité Alimentaire et de Résilience	SNSAR	2015	2035

8	Agriculture/livestock/food security	Lettre de Politique Sectorielle de Développement de l'Agriculture	LPSDA	2019	2023
9		Lettre de Politique de Développement de L'Elevage	LPDE	2017	2021
10		Plan National de Développement de l'Elevage	PNDE	2016	Not Applicable
11		Priorités Résilience Pays-Sénégal	PRP-SN	2016	2025
12	Education	Document de politique de santé/nutrition/environnement dans le système éducatif	PSNESE	2015	Not Applicable
13	Cross-cutting	Plan Sénégal Emergent	PSE	2014	2035
14		Plan Sénégal Emergent-Plan d'Actions Prioritaires	PSE-PAP	2019	2023
15	Protection sociale	Document de Politique Nationale de Développement Intégré de la Petite Enfance au Sénégal	PNDIPE	2007	Not Applicable
16		Stratégie Nationale de Protection Sociale du Sénégal	SNPS	2015	2035

SIERRA LEONE

NR	Area	Policy name	Policy acronym	Start	End
1	Nutrition	Multisector Strategic Plan to Reduce Malnutrition in Sierra Leone	MSSPRM	2019	2025
2	Health	Reproductive, Newborn and Child Health Strategy	RMNCAH	2017	2021
3		National Health Sector Strategic Plan	NHSSP	2017	2021
4		National Community Health Worker Policy	NCHWP	2016	2020

5	Agriculture/food security	National Sustainable Agriculture Development Plan	NSADP	2010	2030
6	Economic/social	National Social Protection Policy	NSPP	2017	2022

TOGO

NR	Area	Policy name	Policy acronym	Start	End
1	Nutrition	Politique Nationale Multisectorielle de Nutrition	PNMN	2019	2030
2		Plan Stratégique National Multisectoriel de la Nutrition au Togo	PSNMN	2019	2023
3	Health	Plan National de Développement Sanitaire	PNDS III	2017	2022
4		Politique Nationale de la Santé	PNS	2011	2021
5	Economic/social	Plan National de Développement	PND	2018	2022
6	Environment/climate/resource management	Plan National d'Adaptation aux Changements Climatiques du Togo	PNACC	2017	2021

APPENDIX 2. Coding template for policy review

Coding tree

General coding principles:

- If the same content comes up several times, code each time for each node to get an idea of magnitude, except for nodes where magnitude is not important (for example, general objectives and specific objectives).
- When having trouble deciding whether or not to code content, think about if the text is likely to contribute to the paragraph you will write on the node.

Nodes	Child nodes	Coding question(s)	Codes, examples	Analysis Question(s)
Descriptive characteristics				
ID		Assign ID identifier (initial + number)	Free textInitial(s) of search type + numbe For example: Google search: G1, G2, G3, G4, etc. Targeted search: T1, T2, T3, T4, etc. Expert consultation: EC1, EC2, EC3, etc. Reference search: R1, R2, R3, R4, etc. [The **ID: country_initial + number** will be used to name full text policy documents on Dropbox so that they are easily retrievable, for example, Benin_T42].	Technical
Policy name		What is the name of this policy?	Free text For example, National Integrated Food and Nutrition Security Strategy	Descriptive attributes
Policy acronym		What is the acronym of the policy name?	Free text For example, NIFNSS	Descriptive attributes
Type of document		What is the type of policy document?	Free text For example, directional policy or vision, integrated strategy, strategic plan, operational policy, or action plan	Descriptive attributes
Sector		Which main sector is this policy from?	Dropdown Nutrition; health; food security/agriculture; environment/climate change/resource management; economic/social; WASH; education/early childhood development; cross-sectional (that is, cutting across different domains or sectors, such as, for example, gender/family) If Other, specify in Dropdown Menus Inventory worksheet > Dropdown Menu > T_Sector table	Descriptive attributes
Start year		When was this policy approved?	Free text Year (date in document)	Descriptive attributes

Nodes	Child nodes	Coding question(s)	Codes, examples	Analysis Question(s)
			(If available within document or specified through expert consultation, differentiate between year of approval and year of factual endorsement/lack of factual endorsement of policy) (When the policy is still in draft form, if available within document or specified through expert consultation, specify year of expected production)	
End year		When did/will this policy be withdrawn?	Free text Year (date in document) (if applicable) If available within document or specified through expert consultation, differentiate between year of end and year of expected revision of policy)	Descriptive attributes
Supervising ministry		Which ministry (or other body) is responsible for supervision of this policy?	Dropdown Ministry of Health Ministry of Agriculture Ministry of Agriculture, Farming, Forests, or Fisheries Ministry of Rural Development Ministry of Environment, Climate, or Resource Management (including water for agriculture) Ministry of Economic, Financial, or Social Policies Ministry of WASH Ministry of Education Ministry of Gender Equity Promotion/Family (for example, M. de la Promotion des Femmes) Ministry of Youth promotion/Livelihoods (for example, M. de la Promotion de la jeunesse et de l'emploi) Inter-ministerial Coordination World Bank World Bank + Gov FAO WHO If Other, specify in Dropdown Menus Inventory worksheet > Dropdown Menu > T_RespSupervision table	Descriptive attributes
Status of implementation		What is the implementation status of this policy?	Dropdown Ongoing Ended Being revised Being validated Advanced drafting stage Not specified	Descriptive attributes

Nodes	Child nodes	Coding question(s)	Codes, examples	Analysis Question(s)
Search		Through which search was this policy retrieved?	Dropdown Google search Targeted search Expert consultation Reference search	Technical
Dropbox		Is the full text of this policy available on Dropbox?	Dropdown Yes No	Technical
5PD process				
Problem				**What context and problems do the policies highlight and focus on?**
Context/nutritional situation	Nutritional context	Is there a description of the **nutritional** context? Is data disaggregated?	Free text **DO CODE:** This will generally be retrievable in the introductory or context portion of the document. Only code text that has an **explicit link with nutrition-relevant indicators** (even if no explicit link to nutrition is made in the document). Examples of **nutrition-relevant indicators**: stunting; wasting; low birth weight; exclusive breastfeeding; minimum acceptable diet; minimum dietary diversity; early initiation of breastfeeding; anemia; overweight/obesity; sodium intake; hypertension; diabetes. **EXAMPLES:** • Overweight in the country is linked to poor dietary diversity… • The government is part of the SUN movement. As such, this policy… • Improved WASH practices across the country, especially in urban areas, have had a positive impact on rates of stunting... • Diabetes is a serious issue in Burkina Faso… (NOTE: even though the policy might not explicitly link to nutrition, it makes reference to one of the nutrition-relevant indicators) **DO NOT CODE (EXAMPLES):** Text that describes the policy context in the country, without a nutrition focus, is *not* to be coded. • Nigeria has poor agricultural yields… • Agricultural policy in the country has contributed to reductions in food insecurity and poverty… • Current rates of food insecurity are…	• Is the **nutritional** context at country level described? • At what level(s) is the nutrition context defined (regional or global)? Is it multisectoral? Is data disaggregated?
	Forms of malnutrition (WHA targets)	What are the forms of malnutrition identified by the	Free text **DO CODE**: The WHA targets are as follows:	What forms of malnutrition do the policies identify in alignment with WHA targets?

Nodes	Child nodes	Coding question(s)	Codes, examples	Analysis Question(s)
		policy in relation to the six WHA targets?	a) **infants and young children:** U5 stunting, U5 wasting, U5 overweight, low birth weight, and exclusive breastfeeding; b) **WRA:** anemia.	
	Forms of malnutrition (other)	What are the forms of malnutrition identified by the policy beyond the six WHA targets?	Free text **DO CODE**: All other forms of malnutrition that do not fit under WHA targets **EXAMPLES**: adolescent overweight and obesity; adult overweight and obesity, sodium intake, hypertension, diabetes, minimum acceptable diet; minimum dietary diversity; early initiation of breastfeeding; U5 anemia; hypercholesterolemia)	What forms of malnutrition are identified in the policies beyond the WHA targets (underweight/overweight/micronutrient deficiency)?
	Drivers/determinants	What are the causes of malnutrition referred to in the policy?	Free text **DO CODE**: Determinants of malnutrition stressed by this policy (including biological, social, cultural, economic, and morbidity factors). (These might be retrievable in the introductory or context portion of the document or in specific nutrition-relevant sections, depending on policy). **EXAMPLES**: inadequate availability of sufficient, high-quality, and diverse food; household poverty; livelihoods; gender of household head; household purchasing power; lack of access to social protection; entrenched poverty of historically disadvantaged groups; housing type, poor hygiene and sanitation; high incidence of diarrhea and cough; frequent or chronic illness; education of mother and father; child caregiver; age; disadvantaged position of women (including inadequate care of mothers and young children, high levels of early marriage and pregnancy leading to intergenerational cycles of malnutrition); lack of availability or access to health/nutrition services; cultural and social norms preventing uptake of practices that lead to improved nutrition; economic and other shocks or crises; climate change; environmental factors; challenging agroecological conditions; population growth; food systems; etc.)	What are the main drivers of nutrition-related issues in the policies?
	Consequences of nutrition situation		Free text **DO CODE:** Consequences of poor nutritional status of the population or segments of the population **EXAMPLES:** mortality, morbidity, negative cognitive impacts, reduced productivity, dependency on social protection or social nets for survival/ending cycle of poverty/thriving, negative impacts on economic growth in the country, intragenerational inequality, intergenerational poverty and inequality, etc.	What are the main consequences of malnutrition acknowledged by the policies?

Nodes	Child nodes	Coding question(s)	Codes, examples	Analysis Question(s)
	Populations	What populations are most affected?	Free text **DO CODE:** Segments of the population that are recognized by this policy to be most affected **EXAMPLES:** gender, age groups, rural/urban population, geographical regions, communities with high prevalence of disease burden, particular ethnic groups, specific livelihoods/socioeconomic status households, etc.	What populations are most affected?
	Disparities ○ Gender ○ Geographical ○ Urban/rural ○ Other	What population disparities are taken into account by the policy?	Free text **DO CODE:** Disparities that are taken into account by this policy (for example, in terms of targets and key nutrition issues to be considered) **EXAMPLES:** gender, geographical disparities, policy addresses problem in rural and/or urban areas, high incidence of HIV-AIDS taken into account by HIV-specific breastfeeding guidelines, historically disadvantaged ethnic groups given precedence, etc.	To what extent is the policy holistic (for example, in terms of targets, key nutrition issues to be considered) and to what extent is it disaggregated to take into account disparities?
	Evidence base	Was evidence (including, for example, data, expert opinion, surveys, or research) utilized to present the forms of malnutrition, drivers, consequences of the nutrition situation?	Free text (Summary in Excel + Highlight text in PDF where needed) **DO CODE:** Evidence-based (that is, whether figures/evidence provided to support the situational analysis include drivers/consequences, etc.) • Situational analysis not evidence-based • Situational analysis evidence-based with no references • Situational analysis evidence-based with references (for example, incidence of particular forms of malnutrition well referenced, determinants or consequences not referenced…) Note: When not coded, this means no referencing.	• Is the nutrition context in the policies evidence-based? • Is the evidence base referenced?
Policy and program				**What is included in the relevant policies to address the highlighted problems?**
Objectives	General objective	What is the general objective/vision of this policy? Code the general objective(s), regardless of whether it is/they are related to nutrition.	Free text Keywords could include « vision », « goal » **EXAMPLES:** Reduce poverty, improve food security	What are the general objectives/visions of the policies? Are there differences across attributes?
	Nutrition general objectives	Within the general objective of this policy, is there a nutrition-specific or -sensitive objective?	Free text If it's nutrition sensitive, only code the text if it is **clearly linked to nutrition** *or* is clearly linked to one of the nutrition-relevant indicators (even if no explicit link to nutrition is made in the document).	Within the general objectives of the policies, are there nutrition objectives? What are they? Are they nutrition specific or sensitive?

Nodes	Child nodes	Coding question(s)	Codes, examples	Analysis Question(s)
			DO CODE (EXAMPLES): • Promoting child growth • Supplementation with vitamin A or iron • Improving supply of potable water and sanitation in order to eliminate U5 malnutrition • Developing income-generating activities for women to enhance food and nutrition security • Reorganizing and reinforcing the institutional framework for management of nutrition programs **DO NOT CODE (EXAMPLES):** • Develop income-generating activities for women to enhance food security (*do not code because the text refers to food security rather than to food and nutrition security*) • Improving supply of potable water and sanitation • Developing income-generating activities, empowerment of women, education • Increasing access to basic social services • Reinforcing food security through agricultural production	Are there differences across attributes?
	Specific objectives	What are the specific objectives of this policy? (These can generally be found below the general objectives.)	Free text Code the specific objective(s), regardless of whether they are related to nutrition. Note: Sometimes policies have different components ("volets"). If each component has its own specific objectives, *do* code these as they can still be considered specific objectives at the policy level. However, *do not* code specific objectives at the activity level.	What are the specific objectives of the policies? Are there differences across attributes?
	Nutrition-specific objectives	Within the specific objectives of this policy, are there nutrition-specific or -sensitive objectives?	Free text If it is nutrition sensitive, only code the text if it is **clearly linked to nutrition** *or* is clearly linked to one of the nutrition-relevant indicators (even if no explicit link to nutrition is made in the document). See examples for Nutrition General Objectives	Within the specific objectives of the policies, are there nutrition objectives? What are they? Are they nutrition specific or nutrition sensitive? Are there differences across attributes?
Indicators	Nutrition Indicators (WHA target indicators)	Are there nutrition indicators listed in this policy for measuring success/implementation in relation to the WHA targets?	Free text Only code the text if it is **clearly linked to WHA target** indicators. Indicators can be at any level: input, output, outcome… Keywords could include « targets », « performance indicators », « evaluation », "measurement" The WHA targets are as follows: a) **infants and young children:** U5 stunting, U5 wasting, U5 overweight, low birth weight, and exclusive breastfeeding b) **WRA:** anemia	What nutrition indicators to measure success/implementation are most common in the policy documents (especially with regard to the six WHA targets)? • Are there targets for indicators? If so, what are the target values and the start and end dates?

Nodes	Child nodes	Coding question(s)	Codes, examples	Analysis Question(s)
			DO CODE (EXAMPLES): • Percent undernutrition • Percent of women with improved nutrition • Percent of women who can list foods rich in iron • Percent of children screened who are malnourished • Minimum dietary diversity • Stunting, wasting, underweight • Nutrition knowledge • Diet quality • Anemia of children and WRA • Number of children who have received vitamin A supplementation	• What kinds of indicators are there (input, output, outcome…)? • Are they disaggregated? Is there a coherence between the documents' objectives and the nutrition indicators used (for example, if there is a specific objective on stunting, is there an indicator on stunting)? Are there differences across attributes?
	Nutrition Indicators (other)	Are there any other nutrition indicators listed in this policy for measuring success/implementation?	Free text (Detailed summary in Excel + Highlight text in PDF) Only code the text if it is **clearly linked to nutrition** *beyond* the WHA targets, including, but not limited to, the 18 nutrition indicators. Indicators can be at any level: input, output, outcome… Keywords could include « targets », « performance indicators », « evaluation », "measurement" **DO CODE (EXAMPLES):** • Percent undernutrition at community/household level • Minimum dietary diversity (for example, household level, without disaggregation of data for children and women) • Stunting, wasting, underweight • Diabetes • Overweight • Nutrition knowledge • Diet quality • Anemia • Number of children who have received vitamin A supplementation • Indicator related to food and **nutrition** security • Percent overweight/obesity among adolescents (without distinction/disaggregation for female adolescents) **DO NOT CODE (EXAMPLES):** • Number of people washing hands with soap • Reduction in food insecurity • Amount of food production saved for food and nutrition security (NOTE: this is a food security indicator) Effet attendu 2: L'état nutritionnel de la population, en particulier des femmes et des enfants, est amélioré; il est attendu notamment	What nutrition indicators to measure success/implementation are most common in the policy documents (other indicators)? • Are there targets for indicators? If so, what are the target values and the start and end dates? • What kinds of indicators are there (input, output, outcome…)? • Are they disaggregated? Is there a coherence between the documents' objectives and the nutrition indicators used (for example, if there is a specific objective on stunting, is there an indicator on stunting)?

Nodes	Child nodes	Coding question(s)	Codes, examples	Analysis Question(s)
			l'amélioration des pratiques d'alimentation du nourrisson et des jeunes enfants, le renforcement des interventions de sécurités alimentaires sensibles à la nutrition, le renforcement des interventions d'éducation, d'eau, d'hygiène et assainissement sensibles à la nutrition. (NOTE: this is not specific enough to be considered an indicator).	
Budget	Budget (general)	Is there a budget?	Free text Yes/No	Do the documents provide details on budget?
	Budget for nutrition	If there is a budget, does it have a line for a nutrition activity/outcome?	Free text Only code the nutrition part of the budget, including anything about one of the nutrition-relevant indicators (even if no explicit link to nutrition is made in the document).	Do the documents provide details on budget for nutrition?
Activities	Planned nutrition activities listed	What nutrition-specific activities (or nutrition-sensitive activities *if clearly linked to nutrition*) are planned within this policy?	Free text Code nutrition specific activities if clearly linked to one of the nutrition-relevant indicators (even if no explicit link to nutrition is made in the document). List all activities and related age group. **DO CODE (EXAMPLES):** • Growth monitoring and promotion (GMP) • Maternal nutrition and IYCF services • Behavior change communication (BCC) related to nutrition • Vitamin A supplementation • Iron-folic acid (IFA) supplementation of pregnant and lactating women and adolescent girls • Prevention and control of anemia • Deworming • Other micronutrient supplementation of public health importance • Management of severe and moderate acute malnutrition • Promotion of iodized salt • Training and capacity building related to nutrition • M&E and nutrition surveillance • Mainstreaming gender to achieve nutrition outcomes (for example, related to breastfeeding, maternal nutrition) • Nutrition during emergencies **DO NOT CODE (EXAMPLES):** • Diversification of agricultural production • Mainstreaming gender • Training and capacity building	What are the types of planned nutrition activities in the documents? Are there differences across attributes?

Nodes	Child nodes	Coding question(s)	Codes, examples	Analysis Question(s)
Scaling up	Scaling up	What are the scaling up and documentation mechanisms described in this policy for the various components?	Free text By scaling up, we mean text describing mechanisms of **implementation at scale of the policy** (*not* program implementation or implementation of activities). This includes *anything* that identifies/analyses/clarifies etc. knowledge generated during implementation so that others can learn about/from it, use it, and/or adapt it. Code regardless of whether related to nutrition. Include text that refers to challenges in scaling up. In general, DO NOT code planned activities as scale up (capacity building; research; advocacy…). For example, if research and advocacy are direct activities, do not code them as scale up. ONLY code activities as scale up when they include **a clear description of a process of scaling up the specific activity or the plan/policy itself**… Keywords in English could include: pilot, expansion, dissemination, scaling up, scale up, capitalization, communication, advocacy, research (but see coding instructions—some of these keywords alone are not enough to code content as scaling up) **DO CODE (EXAMPLES):** Legislation; regulation; use of existing organs/structures for implementation at scale; participation in SUN movement's mission to drive scale up; dissemination of good practices; data production, sharing and use; capacity building and dissemination for scale up; sectoral dialogue bodies; guiding principles for implementation at scale, use of five-year phases; instruments (for example, operational action plans, matrices, frameworks); mass communication; leadership; mobilization and resource management mechanisms; assessment of risks to scale-up.	What are the scaling up and documentation mechanisms described in policies for the various components? Are they well detailed and how does nutrition feature? Are there differences in content and approaches across attributes?
People				**Who are the key people and organizations targeted by, and responsible for, these policies?**
Beneficiaries	Targeting of beneficiaries (general)	What beneficiaries are targeted by this policy?	Free text Code all mentioned targeted groups. Try to classify into primary and secondary beneficiaries, if possible. Code regardless of whether related to nutrition. Targeting relates to *activities* and *processes* only, not to indicators. **EXAMPLES**: Targeting of individuals, households, communities with relation to specific livelihoods (for example, farmers and fishers), disadvantaged groups (for example, based on ethnicity or land ownership), whether specific socioeconomic groups or population level, targeting based on delivery platform (for example, health centers, hospitals, schools), etc.	What beneficiaries are targeted by policies? (Try to classify them into primary and secondary beneficiaries, if possible.) Are there differences across attributes?

Nodes	Child nodes	Coding question(s)	Codes, examples	Analysis Question(s)
	Targeting of beneficiaries (age-specific target groups)	What does this policy say about the nutrition of the listed age groups?	Free text Code all mentioned targeted age-specific groups. Code regardless of whether related to nutrition. Children < 5 years: - Children 0–5 months (< 6m.) - Children 6–23 months (6 m.– 2y.) - Children 24–59 months (2y.– 5y.) Children > 5 years Adolescents 10–19 years Women of reproductive age (WRA) 15–49 years (specify if differently defined by policy), pregnant and lactating women (PLW), caregivers, adults (gender-/age-specific) (For children, try to specify whenever data can be disaggregated, for example, by specific age, or by preschool, school-aged, etc.) (For adults, where possible, try to specify if planned actions are gender-/age-specific (for example, male/female parents/grandparents, working-age population, elderly, etc.) (For caregivers, try to specify whether policy specifically targets WRA, PLW, mothers, or *other* caregivers, that is, whoever ensures that the children are fed (the caregiver can be father, grandparents, neighbours, community helpers, for example in countries with high incidence of maternal deaths)	What age-specific groups are targeted by policies?
Actors	Actors and roles	Who and what actors are listed as having a role (any role) to play within the preparation/implementation /recognition/supervision/monitoring and evaluation/promotion of this policy?	Free text This could include national/local government actors, communities, private sector, civil society, NGOs, technical and financial partners, academia, etc. Specific attention is to be given to whether civil society's role is recognized. This could include the beneficiaries, but **only** if they have a role to play (for example, holding implementers to account). Code enough information so that the role of the actor is clear. Code regardless of whether related to nutrition. Include text that describes challenges related to actors (for example, absence of strong actors in a certain domain, such as civil society, Ministry of Health, health workers). (Try to classify into primary ad secondary beneficiaries, if possible)	• Who plays a role in these policies? • What role(s)? • Are there challenges highlighted? (If so, what challenges?) Are there differences across attributes? Try to classify them into primary and secondary beneficiaries, if possible.)
Coordination	Multisectoral coordination	What coordination mechanisms are described for coordinating actors across different sectors?	Free text Code regardless of whether related to nutrition. Include text that refers to challenges related to multisectoral coordination (for example, tendency for actors to work in silos without awareness of activities outside of their sector). Keywords could include: multisectoral, coordination, multisectoral coordination, plurisectorial	• What are the coordination mechanisms described to coordinate actors across different sectors? • Are coordination mechanisms described up the to

Nodes	Child nodes	Coding question(s)	Codes, examples	Analysis Question(s)
				decentralized level to ensure that it is multisectoral? Are there differences across attributes?
Community	Community involvement[3]	How is the community involved in this policy? "Community" refers to those on the ground, *not*, for example, the nutrition community (see examples for clarification). "Involvement" is *any* **active** involvement; communities, for example, were consulted for the development of the policy.	Free text Code regardless of whether related to nutrition. Keywords could include: les collectivités territoriales, community, population, locals, village chiefs, imams, local leaders, women… **DO CODE (EXAMPLES):** • Monthly meetings in villages to discuss nutrition or learn about nutrition • Consultation with local leaders • Recruitment of community health workers to implement policy • Feedback from community • De plus, **la population** dans le contexte de la démocratie, demande de plus en plus des comptes aux autorités dans la gestion des biens et services publics. **DO NOT CODE (EXAMPLES):** • The role of the nutrition community (for example, NGOs working in nutrition) • Women are beneficiaries of this policy • Les effets attendus de cet objectif sont: - d'offrir des services de santé efficaces et efficients; - **de protéger la population** contre les risques sanitaires, alimentaires et d'améliorer la gestion du système de santé décentralisé • Concernant les produits de santé, il s'agira **d'améliorer l'accès des populations** à des produits de santé de qualité	• How is the community involved in this policy? • What role(s) do they play? • Does community involvement have a participatory approach? Are there differences across attributes?
Data				**What are the monitoring, evaluation, and accountability mechanisms?**
Monitoring, evaluation, and accountability	Monitoring and evaluation (general)	What are the mechanisms described in this policy for M&E?	Free text This includes text that talks about the general importance of M&E, the M&E context of the policy, the policy's M&E strategy… Code regardless of whether related to nutrition. Keywords could include: monitoring, evaluation, pilot, baseline, midline, endline, follow-up	What are the mechanisms described in this policy for M&E? Are there differences across attributes?

[3] This is likely to also be coded under "Actors" and/or "Beneficiaries".

Nodes	Child nodes	Coding question(s)	Codes, examples	Analysis Question(s)
	Monitoring and evaluation (coverage indicators)	What are the coverage indicators referred to by this policy?	Free text This includes service delivery indicators. Code regardless of whether related to nutrition. Service coverage indicators are often listed in the form of 'outputs' (for example, access to service, number and geographical distribution of facilities reached, percentage of age-specific group receiving service).	What are the coverage indicators specified in this policy? Are there differences across attributes? (If possible, try to specify whether policy outcomes are linked to very specific/quantifiable coverage indicators or whether they are too generic to be measured.)
	Accountability	What are the mechanisms described in this policy for accountability?	Free text This includes text that talks about responsibility and answerability for the delivery of policy components, internal and external scrutiny, transparency. It also includes "social accountability" in the form of complaint and redressal mechanisms available to beneficiaries and civil society. Pay specific attention to the role of civil society in accountability mechanisms. Code regardless of whether or not related to nutrition. Keywords could include: accountability, supervision, control, feedback, policy/program ownership, social accountability	What are the mechanisms for accountability described in this policy?
	Program	What does this policy say about existing/planned/proposed interventions, programs, projects, commitments?	Free text Keywords could include: program, project, initiative, intervention… Code any information about these (for example, name, dates, details about the intervention…). Do not code if there is clearly no link to nutrition whatsoever, but if unsure, code.	This node will be used for later stages (for example, to identify programs and projects).

APPENDIX 3. Dissemination and validation workshop—Senegal case study

A case study of how the country policy note has been used to inform future decision-making in Senegal

- A virtual validation workshop was held in September 2021 as part of a joint collaboration between Transform Nutrition West Africa (TNWA), Action Against Hunger Regional Office for West and Central Africa (AAH–ROWCA) and the Conseil National de Développement de la Nutrition (CNDN). The workshop aimed to summarize the results obtained from the analysis of nutrition-relevant policies in Senegal, and to develop a roadmap with the participation of different stakeholders in order to improve future policies. This workshop gathered high-level representatives from relevant sectoral ministries (including the Health, Education, Agriculture, Economic, Research, Gender and Environment Ministries), universities, civil society, UN agencies, NGOs, and other financial and technical partners.
- The workshop enabled the sharing of findings on the current integration of nutrition in the country's national policies, through the discussion of strengths, gaps and opportunities identified within and between nutrition-relevant policies. These results were discussed with all participants in the panel. Break-out sessions were then organized to further discuss and elaborate the first synthesis draft of the roadmap, based on the recommendations emanating from the study. The roadmap identified three key steps for addressing each recommendation listed in the study. The steps entailed (1) identifying how to address the gaps and incoherencies within existing policies, (2) identifying which relevant actors would be involved in addressing each recommendation, and (3) identifying the appropriate timeframe or viable occasion/pathway for addressing a given recommendation.

Policy domain consensus and uptake

- All of the stakeholders involved recognized the veracity of the study's findings and validated the recommendations drawn from their analysis. Stakeholders also acknowledged the high relevance of this work, which sheds light on the gaps and challenges identified across policies and offers insights on potential entry points for effecting change. The consensus gathered from this workshop stressed the important contribution of this study to the strengthening of future policies for more effective planning, implementation, monitoring, and overall decision-making.
- The CNDN, located at the Presidency office, is the highest national-level nutrition-related institution. It functions as the key multisectoral platform for political dialogue to promote advances in nutrition, ensuring factual commitment of the Senegalese government toward nutrition and its mainstreaming across sectoral policies. The CNDN found the nutrition-relevant policy landscape review to be a solid basis for informing its agenda and for sustaining positive change in nutrition for the country as a whole. Under its mandate to reinforce and push the nutrition agenda in Senegal, the CNDN has, in collaboration with the country's other participating stakeholders, committed to a leadership role in following the roadmap produced through this validation workshop.