Mainstreaming Nutrition into CAADP: – Key Outcomes/Follow-Ups:

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Multiple Burden of Malnutrition in Africa
Prevalence of Anemia in Reproductive Women and Stunting in Children Under Five Years in Sub-Saharan Africa

**Anemia**

**Stunting**

Source: Global Nutrition Report (Estimate 2014)

FAO 2nd Africa Regional Nutrition Coordination and Programming Consultation
Progress on Meeting WHA Global Nutrition Targets in Sub-Saharan Africa in 2014

**REDUCE STUNTING**
in children under age five by 40%

Stunting - When children are too short for their age is associated with a host of negative health, educational, and economic consequences.

**PREVENT OVERWEIGHT**
among children under age five from increasing

Overweight and obese children are more likely to develop noncommunicable diseases like diabetes and cardiovascular diseases at a younger age.

**CUT WASTING**
in children under age five to less than 5%

Wasting - when children are too thin for their height - increases the risk of death from nutritional-related causes.

**HALVE ANEMIA**
in women of reproductive age

Anemia - a form of iron deficiency and the most widespread nutritional disorder in the world - results in ill health, lost earnings, and premature death.

Source: Global Nutrition Report 2014

Note: Countries committed to six nutrition targets, but for two of these - reducing the share of infants who weigh too little at birth and increasing the share of children who are exclusively breast-fed - it is not yet possible to assess country progress.
But…. Some countries sustained the regular reduction of stunting....

Trend of Stunting prevalence (%) among children under five in Ethiopia

Trend of stunting prevalence (%) among children under five in Ghana
Share of food groups in total dietary energy supply (FAO, SOFI Africa 2015)
Diet Diversity: An indicator for Diet Quality
Dietary diversity and nutrient density
(Working Group on IYC Feeding Indicators 2006)
Breastfed infants 6-8 mo, MMDA by # food groups yesterday

“MMDA” is a measure of the adequacy of nutrient density, relative to needs, and averaged across 9 “problem nutrients” (M. Arimond)
Correlation between stunting among under-five and Minimum Dietary Diversity among 06-23 months old age
Dietary diversity & micronutrient adequacy
(Arimond et al., Women’s Dietary Diversity Project, J Nutr. 2010)

“MPA” is probability of adequacy averages across 11 micronutrients
### 1.2.1 Prevalence of undernourishment (%)

#### 1.2.2 Status of malnutrition:

a) Prevalence of underweight  
b) Prevalence of stunting  
c) Prevalence of wasting  
d) Minimum dietary diversity - women  
e) Minimum acceptable diet for 6-23 months old infants

#### 1.2.5 Cereal import dependency ratio

#### 3.4 Improved multi-sectorial coordination, partnerships and mutual accountability in sectors related to agriculture
Agriculture plays a key role in nutrition!

- Good nutrition and health
- Adequate dietary intake
- Household access to safe water, sanitation, and adequate health services
- Access to safe water, sanitation, and adequate health services
- Adequate maternal and child care practices
- Production, processing, storage, and marketing of nutritious foods
  - Food availability - year round
  - Income
  - Access (year round)
  - Utilization

- Biodiversity
- Biofortification

Potential resources: environment, technology, people

Quantity and quality of actual resources human, economic, and organisational and the way they are controlled

BUT POSITIVE IMPACTS OF AGRICULTURE ON NUTRITION ARE NOT AUTOMATIC

Food safety and safe agriculture practices

Nutrition education and communication

Labor saving technology

Income used for health and hygiene
1. Incorporate explicit nutrition objectives and indicators into their design, and track and mitigate potential harms.

2. **Assess the context** at the local level, to design appropriate activities to address the types and causes of malnutrition.

3. **Target the vulnerable and improve equity** through participation, access to resources and decent employment.

4. **Collaborate with other sectors** and programmes.

5. **Maintain or improve the natural resource base.**

6. **Empower women.**

7. Facilitate production **diversification**, and increase production of nutrient-dense crops and small-scale livestock.

8. **Improve processing, storage and preservation** to retain nutritional value and food safety, to reduce seasonality and post-harvest losses, and to make healthy foods convenient to prepare.

9. **Expand market access for vulnerable groups**, particularly for marketing nutritious foods.

10. Incorporate nutrition promotion and education
Food and agriculture policies can have a better impact on nutrition if they:

1. Increase incentives (and decrease disincentives) for availability, access, and consumption of diverse, nutritious and safe foods through environmentally sustainable production, trade, and distribution. The focus needs to be on horticulture, legumes, and small-scale livestock and fish – foods which are relatively unavailable and expensive, but nutrient-rich – and vastly underutilized as sources of both food and income.

2. Monitor dietary consumption and access to safe, diverse, and nutritious foods. The data could include food prices of diverse foods, and dietary consumption indicators for vulnerable groups.

3. Include measures that protect and empower the poor and women. Safety nets that allow people to access nutritious food during shocks or seasonal times when income is low; land tenure rights; equitable access to productive resources; market access for vulnerable producers (including information and infrastructure). Recognizing that a majority of the poor are women, ensure equitable access to all of the above for women.

4. Develop capacity in human resources and institutions to improve nutrition through the food and agriculture sector, supported with adequate financing.

5. Support multi-sectoral strategies to improve nutrition within national, regional, and local government structures.
Compendium of indicators for M&E of nutrition-sensitive agriculture

- What elements need to be measured for which types of programmes?
Compendium of Actions for Nutrition

**Potential nutrition actions**

### Food, agriculture & diets

**Consumption**
- Improvement of local recipes
- Public guidance & consumer awareness/protection
- Complementary feeding

**Horticulture/Crops**
- Diversification & locally adapted varieties
- Biofortification

**Livestock & Fisheries**
- Animal husbandry, fisheries & insect farming
- Animal services

**Food Processing, Fortification & Storage**
- Food processing (excluding fortification)
- Fortification (including salt iodization & complementary foods)
- Food storage

### Maternal & child care

**Infant & Young Child Feeding**
- Protection, promotion & support of optimal breastfeeding
- Improvement of complementary feeding

**Hygiene**
- Hand-washing
- Household water treatment & storage
- Food hygiene
- Sanitation management

**Care for Children/ P&L Women**
- Care to pregnant/lactating women
- Childcare support/caregiver workload

**Health Behaviours**
- Health-seeking behaviour
- Insecticide-treated nets (anti-malaria)
- Family planning behaviour (incl. adolescent girls)

### Health-based

**Maternal & Neonatal Health Care**
- Ante- & post-natal care
- Health professional-assisted delivery
- Basic paediatric health services

**Micronutrient Supplementation**
- Iron & folic acid/Iron supplementation
- Vitamin A/D/zinc/Ca/iodine supplementation
- Multiple micronutrient supplementation

**Management of Acute Malnutrition**
- Mgt of severe acute malnutrition (SAM)
- Mgt of moderate acute malnutrition (MAM)
- Food technology support for specialized nutrition foods

**Disease Prevention & Management**
- Anti-malaria
- Diarrhoea mgt. (e.g. ORT w/ zinc)
- Vaccinations (measles, polio, etc.)
- HIV mgt. & PMTCT
- Mgt. of tuberculosis
- Mgt. of respiratory infections

**Water & Sanitation**
- Improvement of water supply/source quality
- Sanitation facilities management

### Social protection

**Social Safety Nets**
- Food assistance for vulnerable population groups
- School-based social safety nets
- Assisted health services
- Poverty reduction &/or emergency risk mitigation

### Governance (Sectoral & Multi-sectoral)
- Awareness & consensus of the nutrition situation & response
- National policies, plans & programmes
- Human & institutional capacity development
- Effectiveness & accountability

### Market Regulation & Insurance
- Minimum maternity protection
- Insurance (health, unemployment, weather, etc.)
- Macroeconomic levers

### Nutrition education & social marketing
CAADP Nutrition Capacity Development Initiative:

**Overall Purpose**

Enhance the nutritional impact of the agriculture sector

**Specific Objective**

Assist countries in integrating nutrition in their CAADP process and investment plans (from design to implementation)

**Modalities**

3 sub-regional workshops (mix of regional & country workshops)
- **West Africa**: Senegal (Nov 2011) - 18 Countries, 180 participants
- **East & Central Africa**: Tanzania (Feb 2013) - 18 countries, 220 participants
- **Southern Africa**: Botswana (Sep 2013) - 14 countries – 200 participants
Workshop outcomes:

16 West, 16 East & Central and 14 Southern Africa countries have dev. nut. roadmaps

Implementation process of roadmaps:

- West Africa: 12 out of 17 Countries
- East & Central Africa: 15 out of 18
- Southern Africa: 10 out of 14 countries
Priorities of Countries: integrating ‘nutrition’ in their CAADP

Close attention to their nutrition situation analysis:

• NAFSIPs sufficiently include nutritional goals and concrete actions
• diversifying local production and livelihoods
• changing consumer behaviour, promoting nutrition sensitive value chains and food safety aspects
• Food based approaches for sustainable nutrition sensitive food systems
• urban issues
• linking agriculture to social protection
• Sustainable multi-sectoral engagement
MALABO Declaration on CAADP

• The Declaration made seven specific commitments including:

Commitment to Ending Hunger and malnutrition by 2025

• At least double productivity (focusing on Inputs, irrigation, mechanization)
• Reduce PHL at least by half
• Nutrition: reduce stunting to below 10%/underweight <5%
• Accountability - review progress and performance every 2 years
CAADP AG-Nut. Capacity Initiative: Bridge Policy Formulation & Implementation

- Advocate and improve governance of nutrition in agriculture
- Maximize regional level learning and inform the research
- Reinforce multi-sectoral partnerships, coordination, dialogues & capacity development
- Plan /budget nutrition & mobilize support for implementation (with M&E)
- Commitments transformed into actions (evidence/food based approaches to tackling malnutrition)
- Reinforced nutrition information systems/nutrition education
- Leverage resources for ag-nutrition capacity development and optimize the use of resources
Continued Actions:

20 Countries: Priority Nigeria & DRC!
18 – others: Ghana, Namibia, Comoros, Seychelles, South Africa, etc….

- Situation analysis through sub-regional offices on implementation of CAADP roadmaps/matrix on NAIPs + Nutrition integration
- CAADP Nutrition Task Force meetings/consultation to track progress
- Direct technical assistance to countries on multi-sectoral nutrition policies, strategies and programs (Nigeria, SA, Comoros, Seychelles, Namibia, Mali, Madagascar, Mali, SL, ….)
- Improving linkages of Nut. Ag.Ext and effective Nut. Inf. Systems
- Strategic integrated nutrition programs; FFS/APFF, FF, Nut. Ed., Ag.ext etc
Nigeria FSN – Strategy for ATA: The eight key priority areas of interventions are:

- Promote value chains for enhanced nutrition, improved processing, storage and preservation while expanding market access
- Increase access to micronutrient rich foods through the production and promotion of local indigenous foods
- Diversify household food production and consumption through food-based approaches
- Build resilience and social protection through food and nutrition systems for vulnerable groups
- Promote Nutrition Research and Information systems and Surveillance
- Improve the capacity to address Food and Nutrition Security Problems – Institutional capacities and human resources development for sustainable nutrition sensitive programming under ATA
- Promote Nutrition Education, Social Marketing, Behavioral Change Communication and Advocacy
- Establish Sustainable Nutrition Monitoring and Evaluation Systems
Contined Partnerships & Actions

- Engaging UN-Network for SUN; inter-agency tech. asst. missions
- Advocacy for Regional Ag-Nutr. linkages : SUN; CFS; CAADP PP; Post-ICN – 2 follow up
- FAO – Internal Nutrition capacity consultations
- Strategic linking of CAADP Nutrition Initiatives to other regional and sub-regional initiatives – SADC-FSN – KSP, ZHI, Global Nut. Governance Initiative
- Advance multi-sectoral engagements and dialogues through REC for Nutrition strategies and policies, backed by strong political will and accountability (UEMOA, ECOWAS, IGAD, SADC, ECA/COMESA)
- Raise profile of nutrition in AU/NEPAD, ARNS, ADFNS
### Lessons & Way forward

#### Follow Ups + Documentations
- **Follow-up SSA:**
  - Stocktaking – a strategy to identify the gaps and challenges
  - Engagement with the RECs
  - Establishment of sub-Regional CAADP Nutrition Task Forces
  - Resource mobilisation at regional and sub-regional level
  - Matrix for coordination with countries
  - Linkages with on-going opportunities
- **Documentation**
  - Lessons learned from the initiative
  - Tool for guiding the integration of agriculture & nutrition (Ag-extension)
  - Training modules/Nutrition information systems/ Nut Ed. Ag. Extension.

#### On-going Process & Opportunities
- **Reinforce capacity of Island countries**
- **Mobilize funding for continued capacity dev.**

**Within NEPAD and FAO**
- **Supporting multi-sectoral engagements, strengthening coordination and collaboration, and promoting policy alignment and harmonization for nutrition**
CAADP Nutrition taskforce

- CAADP Nutrition Country teams (led by CAADP focal points)
- CAADP teams (led by CAADP focal points)

Nutrition multi-sectoral platforms (SUN, REACH, Nutrition Working Groups, etc...)

Sub-regional CAADP Nutrition task force(s) (led by RECs)

Continental CAADP Nutrition task force (facilitated by NEPAD/FAO)

AU/NEPAD CAADP Partnership Platform

Continental / Regional

Global
Initiative led by NEPAD & Supported by FAO, USAID, RECs, IFPRI, other UN agencies (WHO, WFP, UNICEF, REACH), SUN Secretariat, NGOs (e.g. HKI, Save the Children), academic institutions and donors (Bill and Melinda Gates, EU, WB..).


https://www.dropbox.com/sh/gmnwsrscbuiqqmi/AAAwZWMIGAUp1QKxtDvbKNbPa?dl=0

Thank you for your attention!