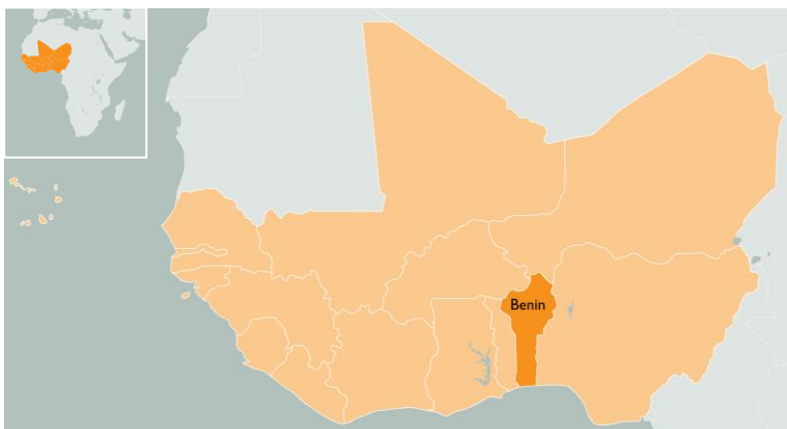


Nutrition Policy in Benin



What does this brief tell you?

This brief summarizes nutrition-relevant policies in Benin.

We examine i) nutrition context, policy objectives, indicators, budget, and activities, ii) key beneficiaries, actors and coordination, iii) monitoring, evaluation, and accountability, and iv) whether current policies are aligned with the World Health Assembly (WHA) global targets.

Key messages

Why was this brief developed?

- To strengthen understanding of the current direction of nutrition-relevant policy in Benin and its implications. It was developed in response to partners' request and priorities.

What are the key findings?

- Nutrition is featured most prominently in nutrition, agriculture/food security, economic, social, and environment, climate and resource management policies.
- Young children, women of reproductive age, pregnant and lactating women are the most frequently mentioned groups and targeted beneficiaries.
- Of the six WHA targets and their indicators, policies' content focuses most on U5 stunting and U5 wasting, followed by U5 overweight, WRA anemia and exclusive breastfeeding.
- Most policies point to the importance of multisectoral coordination.

What are the policy recommendations?

- Address gaps and incoherence in nutrition-relevant policies, clearly aligning nutrition targets, objectives, activities and indicators.
- Prioritize nutrition across policy areas, including health, education/research, water/sanitation/hygiene and other cross-cutting policies (e.g. gender/family, governance).
- Build and sustain strong vertical and horizontal coordination mechanisms to tackle mutually reinforcing issues which call for multi-stakeholder engagement.
- Mainstream nutrition in policies and strategies that are now being drafted to overcome shortcomings identified in current policy documents.

The state of nutrition in Benin

Benin is on-track to achieve the World Health Assembly (WHA) 2025 target on exclusive breastfeeding (32.5% in 2011 to 41.4% in 2018ⁱ). Despite improvements in stunting (34% in 2014 to 32.2% in 2018ⁱⁱ), anemia in women of reproductive age (WRA) (from 51.5% in 2012 to 41.4% in 2018ⁱⁱⁱ), and low birth weight (from 17.2% in 2012 to 16.1% in 2018^{iv}), Benin is not on-track to meet either of these targets. Overweight remained generally stable since 2014 (1.7% in 2014 and 1.9% in 2018^v) coinciding with the WHA target for this indicator (namely, no increase of under-5 (U5) overweight prevalence). Finally, the country remained on track with the wasting WHA target (prevalence <5% by 2025) with an improvement between 2001 and 2014 (9 to 4.5%^{vi}) and a relative stability reflected in recent studies (5% in 2018^{vii}). Beyond the WHA targets, U5 anemia and vitamin A deficiency in 12-71-month-old children remain high (respectively 72% in 2018^{viii} and 64% in southern part of the country/82% in the northern part in 2014^{ix}). According to several studies, arterial hypertension and obesity are rising among the adult population (respectively 25.9% and 7.4% in 2015^x) with 20.65% of WRA overweight/obese in 2018^{xi}.

Current nutrition policy landscape in Benin

Six nutrition-relevant policies currently in use or in the advanced drafting stage are included in this brief (see **Table 1**). They are in the areas of nutrition ($n=2$), agriculture/food security ($n=1$), economic/social ($n=2$) and environment/climate/resource management ($n=1$). No nutrition-relevant policies identified in the areas of health, education/research, water/sanitation/hygiene or other cross-cutting policies (e.g. gender/family, governance, etc.) were found to be sufficiently nutrition-oriented following their assessment based on the policy review's inclusion criteria and were therefore excluded from this brief.

Table 1: List of nutrition-relevant national policies

NR	Area	Policy Name	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/Cli mate/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

Methods

All nutrition-relevant national policies, strategies, and action plans currently in use or in the advanced drafting stage as of September 2020 were included in this brief. Inclusion criteria were the presence of a nutrition objective, a budget for nutrition, and/or a nutrition indicator. Policies were not included in our analysis when i) we did not have access to the policy documents; ii) they were released or updated after expert consultation (September 2020).

We obtained potentially relevant documents from a systematic search that included pre-identified websites (e.g., relevant national government ministries, United Nations agencies and nongovernmental organizations), a Google search, a reference search, and country expert consultation. Targeted consultations with regional and in-country experts were used to access documents not available online and for validation. We screened identified documents (see Annex 1) against our eligibility criteria. Six documents met our inclusion criteria. Coding, data extraction, and content analysis for these documents was carried out with NVivo qualitative analysis software and Excel.



PROBLEM

What is the focus of policies' presentations of the nutrition context and what problems are highlighted?

All policies except one (SDFIC) provide a situational analysis of the nutrition context. This context is most comprehensive for agriculture/food security, nutrition and economic development policies, with four of the policies (PANAR/PSDAN, PSDSA-PNIASAN, SNAN and PND) providing information on the global and regional context, as well as the national situation, including Benin's adherence to the Malabo agreement and key challenges for West Africa, adherence to the SUN movement and REACH support. Policies in the nutrition (PANAR/PSDAN and PSDSA-PNIASAN) and agriculture/food security areas (SNAN) recognize wide regional and rural/urban disparities, as well as socioeconomic disparities, with the two nutrition policies also providing information on gender disparities in their situational analysis. The two economic/social policies (PND and PHPS) also present information on disparities, namely urban/rural and socioeconomic. Other disparities cited across policies are disease burden and mutually-reinforcing vulnerabilities of certain individuals, households and groups. The SDFIC does not provide any disaggregated data on the nutritional situation of the population.

In terms of nutrition problems, the focus across policy areas is on undernutrition and micronutrient deficiencies, with some attention given to overweight/obesity and related comorbidities. Three policies (PANAR/PSDAN, PSDA-PNIASAN and SNAN) present information on micronutrient

deficiencies, namely vitamin A, iodine, iron and zinc deficiency. Overall, health, nutrition, agriculture/food security and economic policies present a more holistic picture of nutrition problems than social protection policy, which focuses more predominantly on acute malnutrition and highly vulnerable groups and individuals. Overweight/obesity and/or NCDs feature in most of the policies, with the exception of the SDFIC and PHPS. The PANAR/PSDAN has a dedicated section on broader trends in malnutrition issues and determinants and makes explicit reference to the double burden of malnutrition. The PND presents information on diet-related non-communicable diseases (NCDs), such as diabetes and arterial hypertension, as well as their risk factors, while the SNAN presents data on hyperglycemia. The role of nutrition in contributing to NCDs, however, is not heavily emphasized in the policies, remaining implied rather than being clearly spelled out.

All except one policy (SDFIC) outline causes and/or consequences of nutrition problems. Causes include environmental factors (decrease of agricultural production due to climate hazards), inadequate WASH behaviors, low immunization coverage, poverty, low levels of education, poor diet, inadequate food diversification and food habits, low agricultural diversification, low women empowerment, and inadequate health/nutrition services. Consequences include mortality, morbidity, reduced productivity and economic growth, weak human capital, low intellectual potential, loss of economical productivity and expected considerable shortfall of the Gross Domestic Product (GDP).

Table 2 highlights policies that include nutrition contextual information on WHA indicators. U5 stunting, and U5 wasting are most frequently included, namely in five out of the six included policies. Other WHA target indicators mentioned in contextual information are exclusively confined to nutrition policies (PANAR/PSDAN and PSDSA-PNIASAN). Low birth weight (LBW) and exclusive breastfeeding (EBF) are mentioned in one policy (PANAR/PSDAN), while WRA anemia and U5 overweight are mentioned in both nutrition policies. Finally, one policy (SDFIC), in the environment/climate/resource management area, does not mention any of the WHA indicators.

Is the nutrition context evidence-based?

The nutrition context is evidence-based (i.e., cites references) in all nutrition policies, followed by agriculture/food security policies and the PND, an economic/social policy. Only the Demographic and Health Survey is cited in the PHPS, and no evidence is cited in the SDFIC. In the evidence-based policies, citations are predominantly for statistics rather than textual information. Cited data sources for evidence on the nutrition context in policies include sources such as household surveys, such as the Demographic and Health Survey (DHS) and Multiple Indicator Cluster Survey (MICS), as well as sources such as the International Food Policy Research Institute (IFPRI), and Analyse Globale de la Vulnérabilité, de la Sécurité Alimentaire et de la Nutrition (AGVSAN). Evidence that is cited mainly relates to prevalence levels of nutrition problems and not to identified solutions. Most of the policies that present information on nutrition disparities and causes and consequences of nutrition problems cite references related to this information.



What is included in the relevant policies to address the highlighted problems?

As shown in **Table 2**, all policies except for one, namely the SDFIC, include nutrition in their general and/or specific **objectives**. These objectives contain nutrition-specific (e.g., improving the nutritional status of the population) and nutrition-sensitive content (e.g., nutrition-sensitive agriculture and food security). The **nutrition indicators** include mainly output or outcome indicators, with the nutrition policy (PANAR/PSDAN) also including indicators (e.g., percentage of beneficiaries in key targeted groups who are receiving a service or policy component). In terms of nutrition problems, indicators focus on undernutrition, with a prominent focus of policy indicators on U5 stunting (n=4), U5 wasting (n=2) and, to a lesser extent, exclusive breastfeeding (n=1) and obesity (n=1), with relation to WHA targets. The PANAR/PSDAN also include indicators related to mothers' weight gain and screening. None of the policies include disaggregated targets for their indicators. Only one policy (PND), features the same WHA indicators mentioned in its analysis of the nutrition context. The remaining policies present discrepancies between the contextual analysis and included indicators, covering only some (or in the case of the PHPS, none) of the indicators mentioned in the policy's nutrition context section. **Planned nutrition activities** are detailed in most of the policies, with the exception of the SDFIC in the environment/climate/resource management area, including both nutrition-specific activities in the

nutrition and social protection policies, and nutrition-sensitive activities, such as action aimed at improving food security in agricultural policy. The PANAR/PSDAN presents the most comprehensive range of nutrition activities which covers broad multisectoral and cross-cutting activities as well as an evidence-based package of activities related to the first 1000 days. Only two of the policies (PANAR/PSDAN and PSDSA-PNIASAN) include a **budget for nutrition**. Most policies, except the PSDSA/PNIASAN and SNAN, mention scaling up mechanisms, as reported in the table below. Most policies mention challenges to scaling up, whether related to nutrition or other policy components, as an opportunity for identifying entry points through which scaling up can be achieved, citing issues of governance, the need for sectoral reforms, modernization of public administration systems, limited financial and human resources, and the lack of an appropriate system for measuring the progress of implemented policies and programs to inform scaling up strategies.

How do policies' targets align with the WHA 2025 Global Targets?




















Table 2 shows four policies with nutrition indicators that coincide with the WHA indicators. All four policies, from the nutrition (n=2), Agriculture/Food security (n=1), Economic/Social (n=1) areas, include targets for at least one of these indicators. The targets date varies across policies (PSDSA PNIASAN: 2021, PND:2025). These targets, if met, would generally put Benin on track to meet or even surpass three of these targets, namely U5 stunting, exclusive breastfeeding and U5 wasting.

Is there coherence within policies?

Policies with nutrition objectives would be expected to include both planned nutrition activities and nutrition indicators, while policies without nutrition objectives would be expected to include neither. Yet there are several instances (see Table 2) where this is not the case. Generally, this is not necessarily due to a lack of coherence within policies but because a) policies' objectives are broad and do not explicitly link to nutrition (while their indicators or planned activities are specific enough to make this link explicit), or b) indicators and/or planned activities are to be addressed in a separate programmatic document (which is sometimes noted in the main policy document). There are, however, some cases of incoherence within different parts of the same policy. All policies except the SDFIC present a high degree of coherence in their inclusion of planned activities to address the policies' stated objectives, although the indicators included with relation to stated objectives are highly coherent with the nutrition context only in one nutrition policy (PANAR/PSDAN). Most policies (n=4), namely the PSDA-PNIASAN, SNAN, SDFIC and PND, only present partial coherence between objectives and indicators. Specifically, in the case of the PANAR/PSDAN, coverage indicators are sufficiently aligned with interventions, but the WHA target indicators are not fully covered. Despite the policy's objectives being consistent with the challenges identified, these remain broad and interventions do not target multiple forms and determinants of malnutrition but focus on certain groups and on treatment. In the PSDSA and SNAN, respectively in the nutrition and agriculture/food security areas, the nutrition objectives broadly address the challenges and/or drivers identified, but both policies only present one nutrition indicator,

and only the PSDSA contains a coverage indicator. In contrast, the SDFIC presents a nutrition indicator, although this is not related to any objective or intervention, and it is not specific enough to be measured. The PND presents partial coherence in its choice of indicators, in that these do not specifically address all of its nutrition objectives, while there is a lack of internal coherence in the PHPS, which does not include any nutrition or coverage indicators, despite both policies mentioning nutrition activities.

Table 2: Inclusion of nutrition and WHA indicators in policies' context, objectives, indicators, activities, and budget; key scaling-up mechanisms

NR	Area	Acronym	Nutrition context on WHA indicators ¹	Nutrition objective	Nutrition indicators	Nutrition indicators on WHA indicators ²	Planned nutrition activities	Budget for nutrition ³	Key scaling-up mechanisms
1	Nutrition	PANAR/PS DAN	     	✓	✓	  	✓	✓	Focus on the challenges of scaling up at national level, such as risks and constraints to the implementation of best practices.
2		PSDSA-PNIASAN	   	✓	✓		✓	✓	NA
3	Agriculture /Food security	SNAN	 	✓	✓		✓	±	NA
4	Environment/Climate/Resource Management	SDFIC	X	X	X	X	X	NA	Focus on challenges to scaling up. A SWOT analysis is carried out to extract strengths, weaknesses, opportunities, and threats to the scaling up of the strategy.
5	Economic/Social	PND	 	✓	✓	 	✓	NA	Focus on risk analysis and challenges to scaling up (e.g. low level of capacity development, gender inequalities, funding). Key reforms needed are identified (i.e. political and democratic governance, sector reforms, planning and scheduling system).
6		PHPS	 	✓	X	X	✓	NA	A SWOT analysis is carried out to extract strengths, weaknesses, opportunities, and threats to the scaling up of the policy. 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 given to most significant risks and most vulnerable populations. "3 Ps" approach: prevention, protection, promotion, to strengthen household- and community-oriented frameworks for social protection, and integration of gender-sensitive approach.

 U5 STUNTING  WRA ANEMIA  LOW BIRTH WEIGHT  U5 OVERWEIGHT  EXCLUSIVE BREASTFEEDING  U5 WASTING

¹ U5 stunting is indicated for policies with nutrition context on chronic malnutrition. U5 wasting is indicated for policies with nutrition context on acute malnutrition.

² U5 stunting is indicated for policies with nutrition indicators on chronic malnutrition. U5 wasting is indicated for policies with nutrition indicators on acute malnutrition.

³ Not applicable (NA) indicates policies that do not have sufficiently detailed budget information to assess whether nutrition is included, while ± is used for policies that provide sufficient budget information but with no mention of nutrition.



Who are the key people and organizations targeted by and responsible for these policies?

Which target groups are the focus of nutrition context?

U5 children, PLW, WRA, as well as women and children in more general terms, are the population groups most frequently mentioned in the policies' nutrition situational analysis, mentioned in four of the six included policies (PSDSA-PNIASAN, SNAN, PND and PHPS). The two nutrition policies (PANAR/PSDAN and PSDSA-PNIASAN) also mention households and the general population, while the SDFIC does not present any information with relation to the nutrition context. The adolescent and elderly population groups do not feature in contextual information in any of the policies.

Who are the beneficiaries?

As shown in **Table 3**, primary beneficiaries of policies vary by area. Overall, the most frequently targeted primary beneficiaries are U5 children, who feature in nutrition, economic and social protection policies (namely PANAR/PSDAN, PND and PHPS), as well as featuring as secondary beneficiaries in the PSDSA-PNIASAN. Other primary beneficiaries include the general population in nutrition and environmental policies (PSDSA-PNIASAN and SDFIC). The SNAN, an agriculture and food security policy, targets households and producers as its main beneficiaries. Among secondary beneficiaries, the groups most often targeted are women, including WRA and PLW. While adults are targeted as members of households and as producers in

nutrition and agricultural policies (PSDSA-PNIASAN and SNAN), and adolescents/youth feature as secondary beneficiaries in both nutrition policies (PANAR/PSDAN and PSDSA-PNIASAN), the elderly are not explicitly cited as key beneficiaries, although this age group is covered in some of the policies as part of the general population, disadvantaged segments of the population or households.

Who are the actors?

Except the SDFIC and PHPS, all policies explicitly mention at least one actor involved in policy development, although few have an exhaustive list of actors involved in this capacity. The PND contains information on government-led multisectoral coordination, although it does not report detailed information on actors and their responsibilities. The national and to a lesser extent the local government are mentioned with relation to a variety of role, from policy development and financing, to implementation, monitoring and evaluation. Civil society/NGOs/technical and financial partners, as well as the private sector are generally involved in implementation and financing, and to a lesser extent in coordination. Communities are specifically mentioned as actors rather than only as beneficiaries, in two of the policies, namely in the nutrition and agriculture/food security policy areas (PANAR/PSDAN and SNAN), particularly in monitoring and evaluation. As shown in **Table 3**, the national government features as the primary actor in all policies. Whilst Benin has taken a multisectoral, multi-stakeholder approach to nutrition security, the PSDSA-PNIASAN shows that one multi-actor organ is mainly responsible for the overall nutritional policy, with the Conseil National d'Orientation et de Suivi (CNOS) overseeing orientation, implementation and follow-up of nutrition activities.

Is there multisectoral coordination mentioned in the policy?

Multisectoral coordination mechanisms are explicitly highlighted across most policies and policy areas, with the exception of the SDFIC, where multisectorality is implied but not clearly outlined with reference to specific tools. Coordination mechanisms include government leadership to ensure synergy and coherent action, joint and/or convergent implementation of interventions across policies, multi-actor and multi-sector stakeholder groups, institutional frameworks for implementation, monitoring and evaluation, and intra-sectoral and inter-sectoral organs for strategic and technical orientation, supervised by appointed committees. For example, nutrition policies point to the Food and Nutrition Council (Conseil de l'Alimentation et de la Nutrition - CAN), which manages multisectoral strategies through four bodies; i) a strategic orientation body: the steering committee, ii) a supervisory body: the coordination committee, iii) a supervisory body: the program management and coordination unit (UGCP), and iv) an implementing body: the sub-program management units (UGSP). Although not in place at the time of policy formulation, those policies that do not include already functional mechanisms, include plans for multisectoral coordination. For instance, the PHPS mentions plans to create an institutional framework made up of three bodies: (i) the National Council for Social Protection (CNPS); (ii) the Technical Committee, and (iii) a Permanent Secretariat, with the steering of implementation of the policy being under the supervision of the Head of State. Although the PHPS does not mention separate multisectoral arrangements with relation to nutrition, it does mention coordination under the CAN, acknowledging alignment with nutrition policies.

Table 3: Summary of beneficiaries, actors, and multisectoral coordination mechanisms

NR	Area	Acronym	Primary beneficiaries	Other key beneficiaries	Actors' roles					Primary actors	Multisectoral coordination mechanisms
					National government	Local government	Communities	Private sector	Civil society NGOs technical and financial partners		
1	Nutrition	PANAR/PSD AN	U5	Youth, WRA	1,2,3,4	1,3,4	1,2	X	1,4	Government (National Food and Nutrition Council CNAN)	✓
2		PSDSA-PNIASAN	General population	U5, children, youth, WRA, PLW, households	1,2,3,4	X	X	X	X	National Government (Ministry of Agriculture, Livestock and Fisheries, National Orientation and Monitoring Council (CNOS)	✓
3	Agriculture/Food security	SNAN	Households, producers	Adults, general population	2,3	1	2	1	1,2	National Government and Civil society	✓
4	Environment/Clim ate/Resource Management	SDFIC	General population	X	1,2,3,4	1,3	X	1,3,4	1,3,4	Government (Ministry of Living Environment and Sustainable Development)	X
5	Economic/Social	PND	U5	Women, disadvantaged population	1,2,3,4	1	X	1,4	1,3,4	Government	✓
6		PHPS	U5, children	WRA	1,2,3,4	1	X	1,4	1,4	Government	✓

* Roles: 1 = Implementation; 2 = Monitoring and evaluation; 3 = Management/coordination; 4 = Financing



What are the monitoring, evaluation, and accountability mechanisms?

All of the policies mention **monitoring and evaluation (M&E)**, with most containing a dedicated M&E section which makes reference to existing or planned mechanisms or frameworks. Some policies, such as the PND, contain very detailed M&E information, while only the SNAN and PANAR/PSDAN detail M&E roles beyond that of the government. M&E activities include data collection and monitoring of the policy's specified indicators; establishment of databases and information systems, regular reporting (performance and activities report); oversight by a steering committee; meeting of multi-partner committees and sub-committees; reviews; mid-term and final evaluations. One of the three transversal axes and pillars of the PANAR/PSDAN is related to M&E and includes a follow-up, evaluation, dissemination and learning system (SEDA), based on the premise that an adequate M&E system should be simple, decentralized, transparent and multisectoral. With the exception of the PND, no **accountability mechanisms** are detailed in any of the policies, although the PANAR/PSDAN mention "transparency" as part of its M&E scaling-up mechanisms. The PND is the only policy which makes explicit reference to accountability. This is defined in the policy as the principle supporting the effective participation of different parties involved in development actions. To do this, the PND states that development actors such as the government, private sector and civil society should be involved in the design, implementation and follow-up evaluation. This principle includes mutual accountability between stakeholders (State, local authorities, sector managers, private

individuals and civil society agents) as well as right-holders (including both the general population and specific beneficiaries entitled to receive the services mandated by the policy).

Gaps and recommendations

This policy note is intended to inform national decisions makers, policymakers and a wider audience including implementing partners across all relevant nutrition sectors. Its analysis can help to better understand gaps and incoherence within existing policies. Furthermore, the recommendations emanating from this analysis can inform revisions of existing or the development of new nutrition-relevant policies to improve impact on nutrition in their country.

Recommendation 1: Address gaps and incoherence in nutrition-relevant policy.

The analysis above highlights a number of gaps and incoherencies in current nutrition-relevant policy in Benin. Future policies or revisions could:

- Ensure that nutrition context, objectives, indicators, and /or planned activities align, in terms of nutrition problems and targeting of populations (e.g., nutrition objectives target several different groups but nutrition indicators only measure progress for some of these groups). This would allow to achieve better coherence within policies, introduce well-aligned impact pathways, from broad objectives to specific indicator measures, and enable identification of gaps and challenges, leading to more effective targeting.
- Better define nutrition concepts and indicators to allow for common understanding across actors and

policy areas, as well as coherence in measurement of indicators. Only few policies highlight nutrition disparities across regions, gender, urban/rural and socioeconomic status; even if some policies targeting vulnerable populations focus on specific beneficiary groups, disaggregated nutrition indicators and targets are not clearly defined. Ideally, indicators are also disaggregated by gender, geographic area and between urban and rural settings, to capture the disparities identified in a policy's context analysis, and to ensure effective progress tracking.

- Invest more in inclusion of marginalized and/or underrepresented population groups. The policies we assessed provided limited nutrition context information on adolescents, men and the elderly. The policies can benefit from more inclusive consideration of these groups, as they play an important role in contributing to a child's growth, development and life chances, calling for their involvement in activities addressing children's nutrition
- Invest in fighting malnutrition in all its forms in Benin by capitalizing on shared drivers, entry points and delivery platforms. In order to curb current trends in malnutrition, namely the coexistence of multiple forms, a holistic lifecycle approach is essential to address causes and consequences of malnutrition and disease burden in the country. A rising burden of overweight/obesity and diet-related NCDs across the region calls for targeting not only key groups through interventions that will impact on a child's life course, but also on the lifecycle in terms of different age groups currently being affected by different and often coexisting burdens of malnutrition, including within the same households and communities

- Ensure clear budget allocation plans for nutrition across nutrition-relevant policies and sectors. Most of the policies we assessed lacked clearly defined nutrition budgets, although budgetary information may be provided in some form in additional documents. Overcoming this limitation is crucial for meeting the WHA targets, or at least for narrowing the gap between these and the current situation.

Recommendation 2: Continue to invest in strong multisectoral coordination.

Strengthening multisectoral coordination and actions across sectors, ministries, and departments will be essential for achieving the WHA targets in Benin. Multisectoral and multi-actor coordination is the basic guiding principle of governance for most nutrition policies included in this note. Despite the presence and the importance of multisectoral coordination highlighted in most of these policies, significant challenges for its functionality were mentioned. Leadership can be strengthened by clearly defining the roles of all actors at a higher hierarchical level with an authority over all of the contributing sectors. The application of strong vertical and horizontal coordination mechanisms would buttress the country's potential to achieve the WHA targets.

Recommendation 3: Mainstream nutrition into future documents across diverse policy areas.

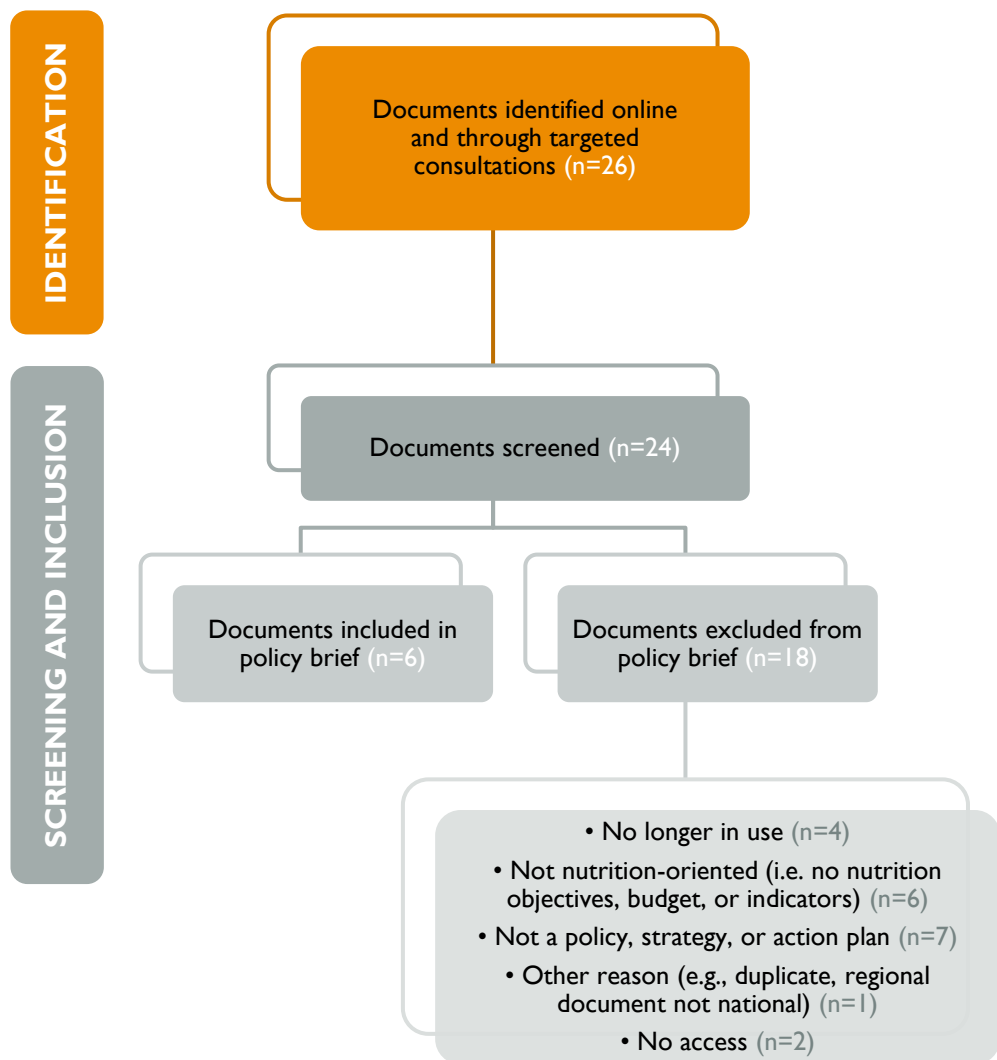
Only some policies adequately cover nutrition by including nutrition-oriented objectives and actions. The remaining policies could improve the integration of

nutrition into their nutrition context, objectives, planned activities, indicators, and budgets. To begin mainstreaming nutrition into future policies and operational documents into diverse policy areas, policymakers could refer to the gaps identified throughout this policy review. This includes missed opportunities in sectors excluded from this synthesis because the policies identified were not sufficiently nutrition-oriented (namely health, education/research, water/sanitation/hygiene, or other cross-cutting policies (e.g. gender/family, governance, etc.)). Strong multi-stakeholder engagement across the policy landscape is essential for ensuring that nutrition is integrated across sectors to create and sustain an enabling environment for tackling malnutrition.

Recommendation 4: Recognize nutrition as a cross-cutting area in ongoing policy drafts/revisions.

The revision of existing policies and the drafting of new ones provides an opportunity for better integration of nutrition through the alignment of activities and indicators with the nutrition issues, objectives and target groups indicated in the policies. By incorporating the above recommendations, any new or revised policy could contribute to advancing nutrition at national level.

Annex I: Flow diagram of documents included in the policy brief



Endnotes

ⁱ Enquête Démographique et de Santé (EDS-IV, 2011) and (EDS-V, 2017-18).

ⁱⁱ Enquête par grappes à indicateurs multiples (MICS), 2014 and 2018.

ⁱⁱⁱ Micronutrient database, 2017

^{iv} UNICEF-WHO Low Birth Weight Estimates, 2019

^v MICS, 2014 and EDS-V, 2017-2018

^{vi} MICS, 2014

^{vii} EDS-V, 2017-2018

^{viii} Ibid.

^{ix} Ibid, vi.

^x STEP Survey, 2015

^{xi} Ibid, vii.

Laura Casu¹, Ampa Dogui Diatta², Mariame Dramé¹, Irina Uzhova³, Blanche Mattern¹, Judith Kaboré⁴, Fanta Touré⁴ and Roos Verstraeten²

¹ Independent consultant | ² International Food Policy Research Institute | ³ Institute of Technology Sligo | ⁴ Action Against Hunger

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