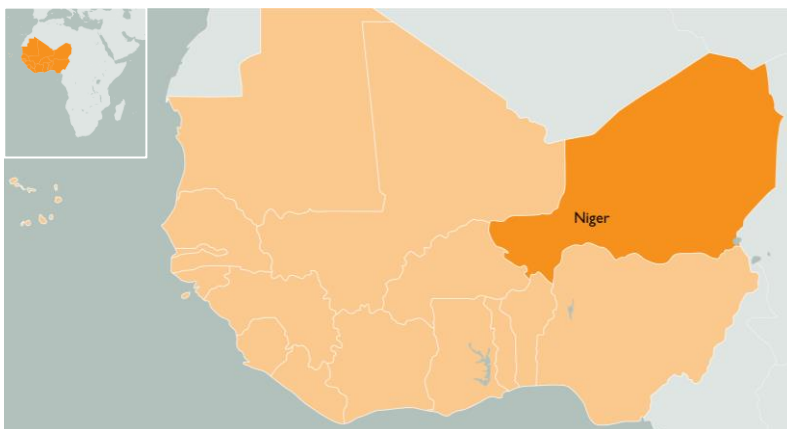


Nutrition Policy in Niger



What does this brief tell you?

This brief summarizes nutrition-relevant policies in Niger.

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 Niger 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, health, agriculture/food security, economic and social 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 low birth weight, U5 wasting, U5 stunting, followed by WRA anemia and exclusive breastfeeding and, to a lesser extent, U5 overweight.
- Most of the 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 education/research, water, sanitation and hygiene, environment, climate and resource management, 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 Niger

Niger is making efforts to improve its nutrition situation. Progress, however, is slow and Niger is not on track to achieve any of the World Health Assembly (WHA) 2025 targets, except for overweight in children under five years of age (U5) (1.4%). Despite improvements in exclusive breastfeeding (EBF) during the first 6 months of life between 2006 and 2012 (which rose from 8.5% in 2006 to 23.3% in 2012ⁱⁱ), there is no recent DHS or MICs data available to assess progress towards the 46.3% target to be reached by 2025. The most recent SMART survey (2020ⁱⁱⁱ), however, showed an EBF prevalence of 21.1% (the same as in 2019). Similarly, there is insufficient data to assess progress towards the Low Birth Weight target (LBW) (GNR 2020^{iv}). No progress has been made towards achieving the target to reduce anemia in women of reproductive age (WRA) since 2012 (49.1% in 2012 to 49.5% in 2019^v). Niger is not on track to achieve the WHA target on U5 wasting (12.7% in 2020^{vi}), nor U5 stunting, which remains high (48.5% in 2018^{vii} and 45.1% in 2020^{viii}). These prevalence levels are the highest in the West African region and globally. Overweight/obesity in U5 children has remained generally stable and puts Niger on course to meet this target (0.8% in 2012 and 1.4% in 2019^{ix}). Niger experiences a double burden of malnutrition in the adult population, with 8.7% adult women and 2.5% adult men with obesity, and diabetes being estimated to affect 5.3% of adult women and 5.9% of adult men (NCD Risk Factor Collaboration 2017^x). Although no recent data is available, older data reports rates of around 21.2% for high blood pressure/hypertension and 4.3% for diabetes according to the STEPS report of 2007^{xi}.

Current nutrition policy landscape in Niger

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 ($n=2$), health ($n=1$), agriculture/food security ($n=1$) and economic/social ($n=2$). No nutrition-relevant policies identified in the areas of education/research, water/sanitation/hygiene, environment/climate/resource management, 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	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	NS
5	Economic/Social	Politique Nationale de Protection Sociale	PNPS	2011	NS
6		Plan de Développement Économique et Social	PDES	2017	2021

NS (Not Specified)

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.



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

All policies except the PA, in the agriculture/food security area, provide some situational overview the nutrition context. Across policy areas, the nutrition context is predominantly focused on the country level. One policy, the PNSN, presents information on the global context, including Niger's adherence to the SUN movement and UNN-REACH (accelerating the scaling up of food and nutrition action), which works in close collaboration with nutrition coordination structures and SUN networks. Two policies, namely the PNSN and the PDS, respectively in the nutrition and health policy areas, also present information on the regional context, with reference to both West Africa and the Sahel. Across policies, there is a lack of representation of disparities and disaggregated data to reflect these. One social protection policy, the PNPS, includes disparities related to rural/urban settings, inequalities which affect nomadic populations, as well as gender disparities (including women-headed households). One health policy, the PDS, reports on geographical disparities in Niger's nutrition context, without further disaggregation of the data. Other disparities include early pregnancy as a key contributing factor for nutrition and health outcome inequalities in Niger, as mentioned in the PNSN.

In terms of nutrition problems covered in the policies' nutrition context, the focus across policy areas is on undernutrition, mentioned in all of the policies (except the PA which does not have a dedicated section on the nutrition situational analysis). Information on

micronutrient deficiencies (including vitamin A, iron, folic acid, iodine and zinc), is reported by four policies, two in the nutrition (PNSN and I3N), one in the health (PDS) and one in the social protection (PNPS) policy areas. Overweight/obesity feature in two policies, namely the PNSN and PDS, respectively in the nutrition and health areas. The same policies also mention diet-related non-communicable diseases, including diabetes and arterial hypertension, and their risk factors.

All policies except the PA outline causes and/or consequences of nutrition problems. Causes mentioned across policies include an economy dominated by the primary sector, overreliance on agro-pastoral activities for food and income and high sensitivity of the sector to climatic hazards (including droughts, locust invasions and floods), cyclical and chronic food insecurity, strong demographic growth, vulnerable social groups, low access to capital, unstable security situation, vulnerability to economic shocks, food insecurity, limited access to health services, poor access to drinking water, hygiene, sanitation, limited care and counseling capacities for U5s and PLWs, poorly educated population, poorly performing social protection. Inappropriate IYCF practices, childhood illnesses, early first pregnancy, short birth intervals, insufficient implementation of nutrition interventions through a consolidated multisectoral framework. Consequences include mortality, morbidity, pre-/intra-/post-partum complications, physical, neurological and immune system development, limited learning abilities and work productivity, limited ability to generate an income for individuals and households, poverty, community and national development, budget balance between costs and gains and shortfall in GDP, economic growth rate of the country.

Table 2 highlights policies that include information on WHA target indicators in the nutrition context, namely all of the policies except the PA. The most frequently cited WHA indicators across policy areas are U5 wasting (n=5), low birth weight (LBW) (n=4), followed by U5 stunting (n=3) and WRA anemia (n=3), exclusive breastfeeding (n=2) and, finally, U5 overweight (n=1). The PNSN, in the nutrition policy area, is the only policy that covers all of the WHA target indicators in its situational analysis.

Is the nutrition context evidence-based?

The nutrition context is most evidence-based (i.e., cites references) in agriculture/food security policies, followed by nutrition and economic/social protection policies. Across all policy areas, citations are predominantly for statistics rather than textual information. Cited data sources for evidence in policies' nutrition context include the Multiple Indicator Cluster Survey (MICS), household surveys such as the Demographic and Health Survey (DHS), the Global Nutrition Report, the Enquête Démographique et de Santé et à Indicateurs Multiples (EDSN-MICS IV), and the Enquête sur la vulnérabilité à l'Insécurité Alimentaire (INS). The PDS, which presents information on geographical nutrition disparities, cites 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 the PDS, in the health policy area, 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 food security goals). The **nutrition indicators** included are outcome (e.g., U5 stunting) or output indicators (e.g. number of MAM/SAM children admitted at facilities). In terms of nutrition problems, indicators focus on undernutrition, with rare reference to overweight/obesity and diet-related NCDs. The WHA target indicators that feature most often are U5 stunting (n=3), U5 wasting (n=3), and, to a lesser extent, exclusive breastfeeding (n=2) and WRA anemia (n=2), with no data on indicators for low birth weight and U5 overweight. Other indicators, beyond the WHA targets, include severe acute malnutrition (SAM), moderate acute malnutrition (MAM), micronutrient deficiencies. The PDS and i3N both acknowledge obesity, but only the PDS includes an obesity indicator, disaggregated by age. **Planned nutrition activities** are detailed in four of the six policies, across the health, agriculture/food security and economic/social policy areas. The PDS presents the most comprehensive range of nutrition activities, while the i3N covers broad multisectoral and cross-cutting activities aimed at the enabling environment rather than listing specific nutrition activities per se. Only three policies have a **budget for nutrition**. These are across the nutrition (i3N), health (PDS), and economic/social (PDES) areas. Four of the

policies provide content on **scaling up**. This focuses on mechanisms related to governance structures, such as the establishment of institutional frameworks, improvement of the institutional environment, governance and multisectoral coordination, synergy of actions, orientations and political decisions, clear lines of accountability to ensure implementation, monitoring, supervision, coordination and consultation between actors. Overall, there is a lack of detail on a wider range of mechanisms for scaling up and extended the coverage of policy components.

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





























Table 2 shows three policies with nutrition indicators that coincide with WHA indicators. All three policies, from the nutrition (n=1), health (n=1) and economic/social (n=1) policy areas, include targets for at least one of these indicators. While Niger's WHA target dates vary across policies (i3N: 2020, PDS: 2020, and PDES: 2021), if met, they would generally put Niger on track to achieve two of these targets, namely U5 stunting and exclusive breastfeeding. All of these policies, however, also have targets that, even if met, would not necessarily put Niger on track to achieve the WHA targets by 2025.

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 where there is incoherence within different parts of the same policy. The policies with the strongest overall internal coherence are the PDES and i3N, both showing clear links between the challenges identified in their nutrition context, stated objectives, activities and nutrition indicators, although neither of the policies include coverage indicators. Somewhat weaker coherence is found in the PDS, in the health area, whose formulation of objectives is broad, although the policy is coherent in terms of outputs and outcomes related to the nutrition situation and covers a wide range of malnutrition issues across the lifecycle, which still makes it generally consistent with its broad objectives. In the PNSN, in the nutrition policy area, the policy's objectives are well aligned with the nutrition context, which gives a holistic overview of nutrition problems. However, the policy does not list specific activities, albeit containing intended engagements, nor does it include nutrition or coverage indicators, further weakening its internal coherence. Half of the policies (namely the i3N, PDS and PDES), in the nutrition, health and economic social areas, have strong internal coherence in their link between stated objectives and planned activities, while this is weaker in the PNSN and PNDS, with no alignment found in the PA, an agriculture/food security policy. The former three policies (i3N, PDS and PDES) also include direct nutrition indicators linked with policy objectives, while the latter (PNSN, PA and PNPS) do not include any nutrition indicators. Across policy areas, none of the policies include any coverage indicators.

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	PNSN	     	✓	✗	✗	✗	NA	Multisectoral approach supported by political commitment, good coordination, strong involvement of all development actors with synergy of actions (e.g. Program for the Integrated Management of Acute Malnutrition (PCIMA)).
2		I3N	  	✓	✓	   	✗	✓	Improvement of the institutional environment, governance and multisectoral coordination, synergy of actions, orientations and political decisions, Multisectoral Strategic Steering Committee (CMPS) to ensure implementation, monitoring, supervision, coordination and consultation between actors.
3	Health	PDS	   	✗	✓	   	✓	✓	National scale-up plan under development at the time of policy publication, details not included in the document.
4	Agriculture/ Food security	PA	✗	✓	✗	✗	✓	NA	✗
5	Economic/Social	PNPS	 	✓	✗	✗	✓	NA	Establishment of an organizational and institutional coordination framework.
6		PDES	  	✓	✓	 	✓	✓	✗

 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?

Most policies include a situational analysis with data on specific population groups that are affected by malnutrition issues in the country (PNSN, I3N, PDS, PNPS and PDES). The groups that feature most often in the policies' nutrition context are U5 children (n=5), WRA (n=3) and PLW (n=3). Three of the policies (PNSN, PDS and PNPS) also include information on the nutrition status of the general population. Adolescents (beyond women of reproductive age who fall under this category), men and the elderly are not explicitly mentioned in the policy analysis in any of the policies.

Who are the beneficiaries?

As shown in **Table 3**, primary beneficiaries of policies are mostly consistent across policies and policy areas, with the exception of an agriculture/food security policy (PA), which features youth, the general population, although with a gender-sensitive approach that focuses in particular on women, as also found in other policies with more narrowly focused targeting strategies. All other policies target U5 children, WRA and PLW either as their primary or secondary beneficiaries. One nutrition policy (PNSN) also targets children above five years of age. Adolescents feature in two policies (PNSN and PA), respectively in the

nutrition and agriculture/food security areas. All of these policies also target the general population, mentioned more or less explicitly across policies.

Who are the actors?

All policies explicitly mention at least one actor involved in policy development, but rarely provide an exhaustive list of involved actors and their responsibilities. The two nutrition policies see the national government involved in management/coordination, financing and monitoring and evaluation, with the I3N also mentioning its involvement in implementation, together with the local government, whereby this role is under the remit of the local government in the PNSN in addition to monitoring and evaluation responsibilities. Other groups of actors involved in implementation are civil society, NGOs, technical and financial partners (I3N, PNPS, PDES) and the private sector (I3N AND PDES), who are also involved in financing in one nutrition policy (I3N) and respectively in two economic social policies (PNPS and PDES) and one agriculture/food security policy (PA), as detailed in **Table 3**. Communities are not involved as active participants, beyond their inclusion as beneficiaries, in any of the policies.

Is there multisectoral coordination mentioned in the policy?

The importance of multisectoral coordination is highlighted across most policies and policy areas, as are specific coordination mechanisms, with the exception of one agriculture/food security policy (PA).

Coordination mechanisms include guiding principles, strategic and coordination committees at national level, multi-stakeholder and multisectoral committees and groups; defined roles and responsibilities for appointed pilot, technical and consultative coordination organs, decentralised technical committees at regional, departmental and communal level, oversight mechanisms under the responsibility of the Prime Minister, interministerial and intersectoral structures, regular meetings, follow-up with process evaluation and joint re-orientation of measures to implement planned activities, impact evaluation, and high-level leadership to ensure coherent and synergistic action. The HCI3N (Haut Commissariat à l'Initiative 3N) is mentioned in several policies and is the main coordination organ, overseen by the CMPS (Comité Multisectoriel et Multi-Acteurs du Programme Stratégique). The i3N also intervenes at decentralized level within the framework for regional, departmental, and communal coordination. Detailed information on multisectoral coordination mechanisms is not reported in one agriculture/food security policy, consistently with the lack of clear responsibilities and lines of accountability of actors in the policy.

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	PNSN	U5, other children, adolescents, PLW	WRA	2,3,4	1,2	X	X	X	National government	✓
2		I3N	U5, WRA, PLW	General population	1,2,3,4	1	X	1,4	1,4	National government (Ministry of Public Health)	✓
3	Health	PDS	U5, PLW, general population	WRA	X	X	X	X	2	National government (Ministry of Public Health)	✓
4	Agriculture/Food security	PA	Youth, general population, women	X	X	X	X	4	X	Private sector (investment funds for food and nutrition security FISAN)	X
5	Economic/Social	PNPS	U5, WRA	Vulnerable population	1	X	X	X	1,4	National government	✓
6		PDES	U5, WRA, PLW	General population	1,2,3	1,2	X	1,2	1,2,3,4	National government and civil society	✓

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



What are the monitoring, evaluation, and accountability mechanisms?

Four policies mention **monitoring and evaluation (M&E)**, namely the I3N, PDS, PA and PDES, distributed across all policy areas. M&E activities include data collection and monitoring of the policy's specified indicators, establishment of databases and information systems, systematization of the process of collection, analysis, processing and dissemination of information, regular reporting, reviews, formative and final evaluations. The PA describes mechanisms that contribute and fall under the i3N M&E strategy. Most of the M&E plans are oriented to be results-based and aim at refining strategic orientations. For instance, the PA policy aims at contributing to advocacy and funds allocation. The PDES is results-centered and makes a connection between the success of its implementation and the existence of three distinct but interdependent tools (implementation, M&E and coordination systems). None of the policies include **accountability mechanisms**. Accountability is mostly related to M&E, as a guiding principle to monitor progress and to identify needed improvements (e.g., results-based management as part of an M&E system); technical committees and dialogue frameworks to propose course corrections and monitor progress to inform action plans; regular progress reviews; audits and quality control. The i3N includes an automatized M&E mechanism to monitor progress generated by the implementation of the i3N. However, there is no explicit mention of institutional accountability nor social accountability mechanisms.

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 Niger. 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 Niger 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 Niger. Multisectoral and multi-actor coordination is the basic guiding principle of governance for most of the 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.

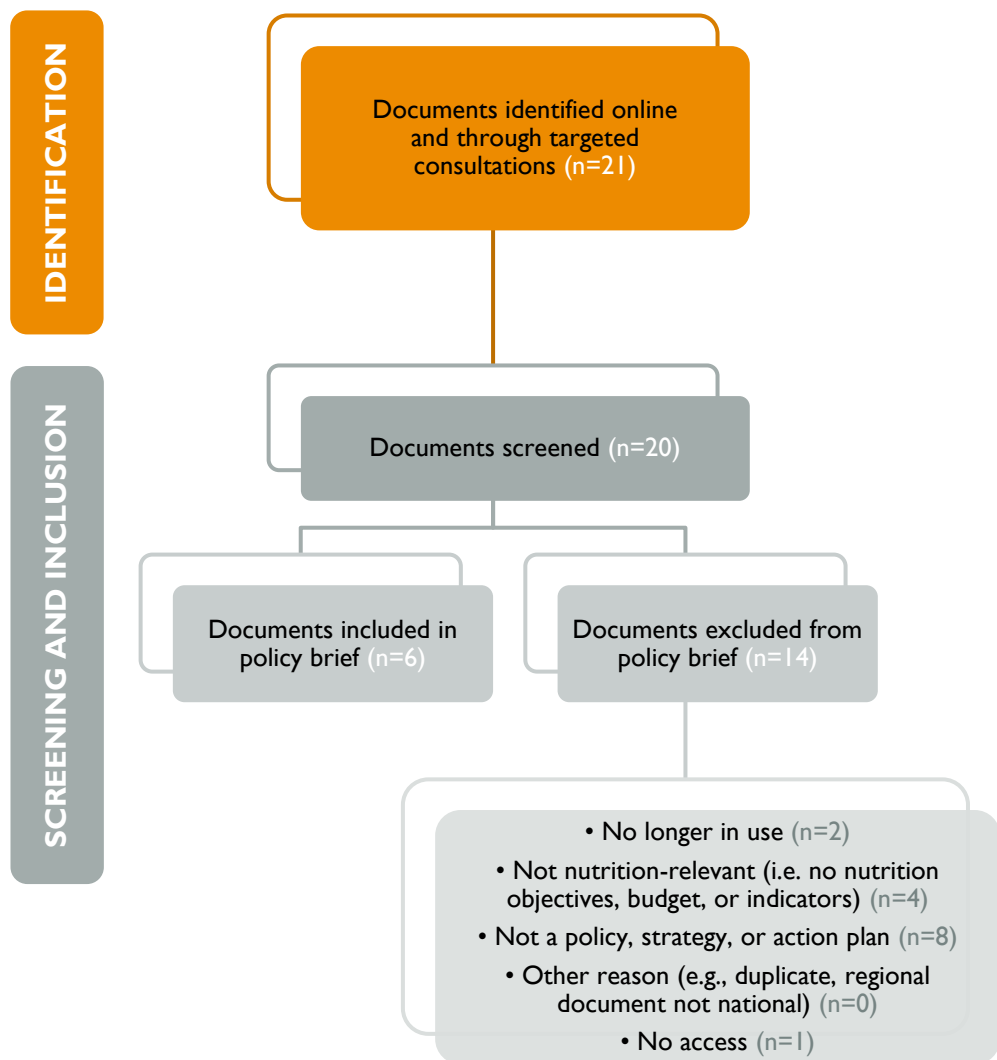
Only some policies adequately cover nutrition by including nutrition-oriented objectives and actions. The remaining policies could improve the integration of nutrition into their nutrition context, objectives, planned activities, indicators, and budgets. To begin mainstreaming nutrition into future policies 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 education and research,

water, sanitation and hygiene, environment, climate and resource management, 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 UNICEF/WHO/World Bank Joint Child Malnutrition Estimates Expanded Database: Overweight (Survey Estimates), April 2021, New York.
- ⁱⁱ United Nations Children's Fund, Division of Data, Analysis, Planning and Monitoring (2020). Global UNICEF Global Databases: Infant and Young Child Feeding: Exclusive breastfeeding, Predominant breastfeeding, New York, July 2020.
- ⁱⁱⁱ SMART, 2020.
- ^{iv} Global Nutrition Report (GNR), 2020.
- ^v World Health Organization, Global Health Observatory Data Repository/World Health Statistics (apps.who.int/gho/data/node.main.1?lang=en).
- ^{vi} Ibid, iii.
- ^{vii} SMART, 2018.
- ^{viii} Ibid, iii.
- ^{ix} UNICEF/WHO/World Bank Joint Child Malnutrition Estimates Expanded Database: Overweight (Survey Estimates), April 2021, New York.
- ^x Non-Communicable Disease Risk Factor Collaboration (NCD-RisC). Retrieved from <http://www.ncdrisc.org/data-downloads.html>.
- ^{xi} STEPS survey, 2007.

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