

Nutrition Policy in Ivory Coast



What does this brief tell you?

This brief summarizes nutrition-relevant policies in Ivory Coast.

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 Ivory Coast 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, social and education/research policies.
- Children (particularly vulnerable children), women of reproductive age and the general population 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 WRA anemia, followed by U5 wasting, low birth weight and, to a lesser extent, exclusive breastfeeding and U5 overweight. The PNN and PNMN adopt all six WHA target values as their own.
- Over half 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 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 Ivory Coast

Ivory Coast is on track to achieve some of the World Health Assembly (WHA) 2025 targets for children under five years of age (U5), namely U5 wasting (from 7.6% in 2012 to 6.1% in 2016ⁱ) and U5 stunting (from 29.9% in 2012 to 21.6% in 2016ⁱⁱ). The country has already met the WHA target on U5 overweight by decreasing from 3.2% in 2012 to 1.5% in 2016ⁱⁱⁱ. However, despite improvements in exclusive breastfeeding during the first 6 months of life (which rose from 11.8% in 2011^{iv} to 23.1% in 2016^v), Ivory Coast is not on track to meet this target. Anemia in women of reproductive age (WRA) has shown very little progress since 2012 (52.2% in 2012 and 50.9% in 2019^{vi}), while Low Birth Weight (LBW) did not change significantly between 2012 and 2015 (15.8 and 15.5%^{vii}). There is a double burden of underweight and overweight/obesity in the adult population: in 2016, around 7.6%^{viii} of women were thin while overweight/obesity was rising affecting 39.5%^{ix} of women.

Current nutrition policy landscape in Ivory Coast

Eight nutrition-relevant policies currently in use or in the advanced drafting stage are included in this brief (see **Table I**). They are in the areas of nutrition ($n=2$), health ($n=3$), agriculture/food security ($n=1$), economic/social ($n=1$) and education ($n=1$). No nutrition-relevant policies identified in the areas of 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 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 | NS |
| 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 |

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. Eight 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 the PSEF provide information on the nutrition context. The nutrition context focuses predominantly on the country level, with four of the policies (PNN, PNMN, PNIA and SNPS) also reporting information on the regional and/or global context, including the Ivory Coast's adherence to the SUN movement in 2013. Policies in the nutrition, health and social protection recognize wide regional and rural/urban disparities (PNN, PNMN, PNDS and SNPS), with socioeconomic disparities being reported by the nutrition and social protection policies. Gender disparities only feature in the two nutrition policies. Additional inequalities between population groups that are mentioned across policies are disease burden and mutually reinforcing vulnerabilities for some individuals (e.g. those living with HIV/AIDS) and households or groups (e.g. with the coexistence of chronic illness and multiple dimensions of poverty). In terms of nutrition problems presented in the situational analysis across policy areas, the focus is on undernutrition and micronutrient deficiencies, reported in five of the policies (PNN, PNMN, PNDS, PNSAJ and SNPS). Contextual information on micronutrient deficiency cover vitamin A, vitamin B, iodine and iron deficiencies.

Overweight/obesity and non-communicable diseases (NCDs) feature in three policies (PNN, PNMN and PNDS). The diet-related NCDs mentioned in these policies are diabetes, arterial hypertension, hyperglycemia and hypercholesterolemia. While nutrition and health policies present a more holistic picture of nutrition problems, social protection policy

also recognizes the multisectoral interconnectedness of the issues at hand in its assessment of the nutrition context.

Four policies (PNN, PNMN, PNDS and SNPS) outline causes and/or consequences of nutrition problems. Causes include food insecurity, lack of access to basic social services (such as health, education, clean water and sanitation systems), women's and children's status in the community, post-natal care, inadequate IYCF practices, inadequate dietary habits, infectious diseases, climate change, political-military crises (2000-2010), poverty, low level of education, especially among girls, and socio-cultural aspects (e.g. food taboos, levirate, excision, etc.). Consequences include post-partum complications (e.g. hemorrhage), morbidity, negative effects on human capital development, reduced productivity, limited economic and social development.

Table 2 highlights policies that include WHA target indicators in their assessment of the nutrition context. U5 stunting and WRA anemia are most frequently covered (n=5), followed by U5 wasting (n=4), low birth weight (n=3), and finally exclusive breastfeeding and U5 overweight (n=1). Contextual information on the WHA target indicators is exclusively confined to nutrition, health and social protection policies. The PNDS, a health policy, mentions all of the WHA targets, providing a more holistic overview in its situational analysis.

Is the nutrition context evidence-based?

The nutrition context is most evidence-based (i.e., cites references) in all nutrition policies, followed by health policies (except the SRPF). Across all policy areas, citations are predominantly for statistics rather than textual information. Cited data sources for evidence in the policies' nutrition context include the Multiple

Indicator Cluster Survey (MICS), household surveys such as the Demographic and Health Survey [DHS], the Projet Ivoirien pour la Promotion des Aliments fortifiés (PIPA), the Enquête Nutritionnelle de Mortalité en Côte d'Ivoire (ENMCI), the WHO STEPwise approach to Surveillance (STEPS), the Enquête sur la Situation Alimentaire et Nutritionnelle des Personnes Infectées et Affectées par le VIH/SIDA (ESNAPOCI), and the Food and Agriculture Organization Corporate Statistical Database (FAOSTAT). 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**, four policies, across three policy areas, namely in nutrition (n=2), health (n=1) and agriculture/food security (n=1), 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., increasing health protection coverage or strengthening agro-sylvo-pastoral and fishery production systems for improving wellbeing). All included **nutrition indicators** are outcome indicators (e.g. U5 stunting). Although only three policies contain nutrition indicators (PNN, PNMN and PNDS), and only two of these (PNN and PNMN) include WHA target indicators, the latter are holistic in their covering all of the six targets. Consistently with the analysis of the nutrition status of the population and of key groups in the policy's context section, these two policies include indicators for U5 stunting, wasting and overweight, low birth weight, exclusive breastfeeding and WRA anemia. Adult overweight is also included among the indicators of the two nutrition policies. Despite the focus on dietary diversity, the policies' indicators do not focus on micronutrient deficiencies beyond anemia, and there are no specific indicators on diet-related NCDs. **Planned nutrition activities** are detailed in most of the policies, except the PNDS and PNSAJ, both in the health policy area, although the PNDS refers to other health and nutrition sectoral policies (including the PNMN), acknowledging alignment across nutrition-relevant policies. The PNMN presents the most

comprehensive range of nutrition activities. Only one policy, namely the PNIA, in the agriculture/food security policy area, contains a dedicated **budget for nutrition**. Only half of the policies (n=4) present content on **scaling up**. While the PNMN mentions a scaling up strategy characterized by the gradual phasing out of activities, most of the policies do not mention very detailed information on plans for broadening the coverage of implemented actions. Some policies mention challenges to scaling up. These include governance issues (e.g. the need for legal and regulatory reforms and multisectoral collaboration and interprofessional involvement), capacity building issues (e.g. diploma or certification curriculum and training, awareness campaigns for human resources development for different roles), lack of access to crucial goods and services (e.g. access to land, markets, advice, agricultural equipment and food), limited access to funding, business environment attractiveness and competitiveness issues.

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



































Table 2 shows two policies with nutrition indicators that coincide with the WHA indicators. Both policies from the nutrition area include targets for all of these indicators. Only the PNN sets a date for its targets (2020). If met, Ivory Coast would be on track for meeting the WHA target on U5 overweight. The targets for U5 stunting, U5 wasting, low birth weight, anemia in WRA and exclusive breastfeeding, would not put Ivory Coast 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). The PNMN, in the nutrition policy area, presents a high degree of coherence across all process steps, clearly linking nutrition and coverage indicators and activities with stated objectives, which in turn address the malnutrition issues identified in the policy's nutrition context. There are, however, some cases where there is incoherence within different parts of the same policy. For instance, the PNN, also in the nutrition area, shows consistency between its analysis of the nutrition context and the policy's objectives, matching these with appropriate nutrition indicators. Although it contains one coverage indicator, it does not mention any activities or interventions to which this is related. Of the three included health policies, only the PNDS shows some degree of coherence, namely in linking its objectives with the challenges identified in the nutrition context, and partly in its inclusion of one nutrition indicator that is in line with its stated objectives. However, no interventions nor coverage indicators are listed in the policy.

Although the document refers to the PNMN, suggesting potential alignment, the document is lacking information to be classified as internally coherent. The two other health policies (SRPF and PNSAJ) show incoherence across all process steps, mainly due to their lack of detail. Specifically, the SRPF contains nutrition activities but no information on the nutrition context, objectives to which activities should align, nor does it list any indicators. Similarly, the PNSAJ mentions a package of activities for orphans and children affected by HIV which includes nutrition activities, as well as including nutrition in its context, but does not include any nutrition objectives, resulting in poor coherence between the document's sections related to nutrition actions. In the agriculture/food security area, the PNIA does not include specific nutrition objectives, although it refers to the MDG2. Despite including a wide array of nutrition-sensitive activities, the lack of clear objectives and related nutrition and coverage indicators make the overall document lacking in coherence. This is also the case for the social protection strategy (SNPS), which include a wide range of nutrition activities, but does not contain an in-depth description of the nutrition context, nor does it include clearly spelled out nutrition objectives or indicators. Similarly, the PSEF, in the education area, includes nutrition interventions and coverage indicators but these are not linked with either the nutrition context or stated objectives, resulting in some overall lack of coherence.

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 | PNN |     | ✓ | ✓ |        | ✓ | ✗ | NA |
| 2 | | PNMN |     | ✓ | ✓ |        | ✓ | ✗ | Scaling up implemented gradually based on needs-based choice of interventions and choice geographic areas to be targeted. |
| 3 | Health | PNDS |        | ✓ | ✓ | ✗ | ✗ | ✗ | NA |
| 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 policy strategic orientations such as advocacy, ensuring availability of human resources and good communication strategy. |
| 6 | Agriculture/ Food security | PNIA | ✗ | ✓ | ✗ | ✗ | ✓ | ✓ | Focus on key challenges and priorities (institutional challenges, e.g. sector 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 | Economic/Social | SNPS |   | ✗ | ✗ | ✗ | ✓ | ✗ | NA |
| 8 | Education/Research | PSEF | ✗ | ✗ | ✗ | ✗ | ✓ | ✗ | NA |

 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?

WRA, U5 children and vulnerable children are the groups that feature most often in the policies' nutrition context, mentioned in five of the eight policies (PNN, PNMN, PNDS, PNSAJ, SNPS). The remaining three policies do not provide any data on specific groups in their situational analysis. Other groups affected which are mentioned in the nutrition context are adolescents, people living with HIV/AIDS and the general population. Additionally, men are mentioned in one nutrition policy (PNM). The elderly are not specifically mentioned in any of the policies' analyses on the nutrition status of the population.

Who are the beneficiaries?

As shown in **Table 3**, primary beneficiaries of policies show some consistency across policy areas, targeting both specific key beneficiary groups and the general population. Two nutrition policies (PNN and PNMN) and one social protection policy (SNPS) feature U5 children and WRA as their primary beneficiaries. Children more generally, and especially vulnerable children, are primary beneficiaries in one social protection (SNPS) and one education (PSEF) policy. Other targeting strategies feature households and the general population as primary beneficiaries, as is the

case in two health policies (PNDS and SRPS) and one agriculture/food security policy (PNIA). While not generally among primary beneficiaries, one policy across one sector include carceral-prisoners as beneficiaries. Secondary beneficiaries that appear in the policies include medical staff and young adults.

Who are the actors?

The national and local government has the most prominent role across policies and the broadest range of responsibilities across all sectors. As shown in **Table 3**, in most of the policies, the government covers policy development, management and coordination, implementation, financing, monitoring and evaluation responsibilities. Two policies, one agriculture/food security (PNIA) and one education (PSEF) policy appoint civil society, NGOs, technical and financial partners to cover the same variety of roles, while two health policies (SRPF and PNSAJ) only see this group of actors involved in implementation and financing roles. Implementation and financing are also the roles most often covered by the private sector in those policies that mention its involvement across policy areas, excluding nutrition (namely in the SRPF, PNSAJ, PNIA and PSEF). The least prominent role is assigned to communities, which only feature in one nutrition (PNMN) and two health (PNDS and SRPF) policies as active participants rather than merely as beneficiaries. Across the three policies their role is linked with implementation activities.

Is there multisectoral coordination mentioned in the policy?

Five policies (in the nutrition, health and social protection policy areas) make explicit mention of multisectoral coordination mechanisms, while three policies (in the health, agriculture/food security and education areas), do not provide sufficiently detailed information. Coordination mechanisms include multi-actor and multi-sector committees and groups; government leadership to ensure coherent action, technical coordination of strategic steps by appointed committees, trimestral meetings and annual reviews, and tools such as common frameworks for monitoring and evaluation to be used by different committees that oversee the delivery of specific policy components to improve synergy and coherence. As mentioned in the PMM among multisectoral coordination mechanisms, the decree n° 2014-433 (16 July 2014) saw the creation of the National Nutrition Council, which offers a multisectoral platform for the programming and management of nutrition activities. ON the other hand, some policies highlight challenges associated with multisectoral coordination, which center around lack of leadership and weak involvement of certain actors. Some potential pathways that might help to overcome these challenges are also mentioned. For instance, the PNDS suggests that gradual but effective construction of the sector-wide approach will eventually strengthen the leadership of the Government, strengthen partnership and a coordinated mobilization of resources as well as strengthen technical coordination within the Ministry of Health. The SRFP highlights that strengthened partnership between all the actors will facilitate the coordination.

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 | PNN | U5, WRA | | 1,2,3,4 | 1,2,3 | X | X | X | Multisectoral | ✓ |
| 2 | | PNMN | U5, WRA | | 1,2,3,4 | 1,2,3 | I | X | X | Multisectoral | ✓ |
| 3 | Health | PNDS | General population | | 1,2,3,4 | 1,3 | I | X | X | NA | ✓ |
| 4 | | SRPF | Households, general population | Medical staff | 1,2,3,4 | I | I | 1,4 | 1,4 | Government | ✓ |
| 5 | | PNSAJ | Adolescents | Young adults | 1,2,3,4 | 1,4 | X | 1,4 | 1,4 | NA | X |
| 6 | Agriculture/Food security | PNIA | General population | | 1,2,3,4 | 1,2,3 | X | 1,2,3,4 | 1,2,3,4 | Multisectoral | X |
| 7 | Economic/Social | SNPS | WRA, U5, children, most vulnerable | | 1,2 | X | X | X | X | NA | ✓ |
| 8 | Education/Research | PSEF | Children, pre-school aged children, girls | General population | 1,2,3,4 | 4 | X | 1,4 | 1,2,3,4 | NA | X |

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



What are the monitoring, evaluation, and accountability mechanisms?

Six policies mention **monitoring and evaluation (M&E)**, with most containing a dedicated M&E section or framework. Agriculture/food security (PNIA) and education (PSEF) policies involve a range of partners in M&E, while in other policies the national and the local government are in charge of these activities. M&E activities include data collection on key indicators, regular reviews of information systems and key indicators, semestral reviews at regional level and annual reviews at national level, multisectoral monitoring of funding for nutrition, midline/endline evaluations, use of information technologies for up-to-date data collection and communication, structured data collection on processes of implementation at operational level and performance indicators, implementation of a centralized database, use of new technology to collect up-to-date information, definition of clear roles and responsibilities for service delivery and supervision, capacity strengthening, periodic external evaluations and mechanisms for improving the transparency of public funds' utilization, evaluation of institutional capacity for adequate budget management and regular reporting. Only one policy (PNIA), in the agriculture/food security area, hints at **accountability mechanisms**, although these are mainly framed in terms of horizontal (across sectors) and vertical (across jurisdictional levels) alignment and harmonization based on defined lines of accountability. The SNPS, in the economic/social policy area, mentions transparency, but does not provide details of specific existing mechanisms for accountability. Some of the

mechanisms for M&E mentioned above are also implicitly expected to improve accountability.

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 Ivory Coast. 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 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 Ivory Coast 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 Ivory Coast. 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.

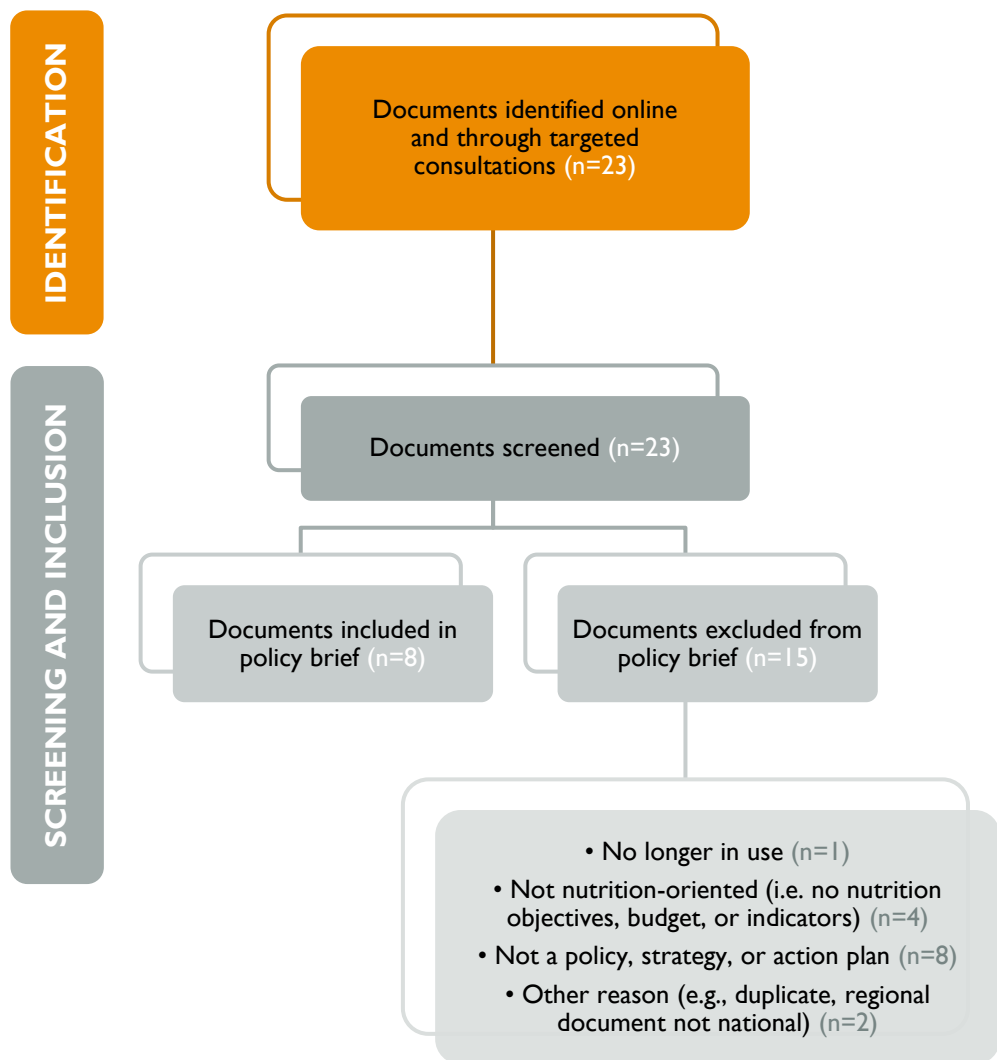
Only some policies adequately cover nutrition by including nutrition-oriented objectives and actions. The remaining policies could improve the integration of nutrition into their nutrition context, objectives, planned activities, indicators, and budgets. To begin

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 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 Institut National de la Statistique (INS). 2017. Enquête par grappes à indicateurs multiples, 2016, Rapport des Résultats clés. Abidjan, Côte d'Ivoire.
- ⁱⁱ Ibid, i.
- ⁱⁱⁱ UNICEF/WHO/World Bank Joint Child Malnutrition Estimates Expanded Database: Overweight (Survey Estimates), April 2021, New York
- ^{iv} Institut National de la Statistique (INS) et ICF International. 2012. Enquête Démographique et de Santé et à Indicateurs Multiples de Côte d'Ivoire 2011-2012. Calverton, Maryland, USA : INS et ICF International.
- ^v Ibid, i.
- ^{vi} World Health Organization, Global Health Observatory Data Repository/World Health Statistics (apps.who.int/gho/data/node.main.1?lang=en).
- ^{vii} UNICEF/WHO Low birthweight estimates: Levels and trends 2000–2015. Geneva: World Health Organization; 2019. data.unicef.org
- ^{viii} Non-Communicable Disease Risk Factor Collaboration (NCD-RisC), 2017. Retrieved from <http://www.ncdrisc.org/data-downloads.html>
- ^{ix} Ibid.
- *Prevalence (%) is based on models estimates

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