Integrating Nutrition into AfDB Country Strategy Papers (CSPs)

Human Capital, Youth and Skills Development Department (AHHD)

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Introduction

Country Strategy Papers (CSPs) define priorities and shape an indicative assistance programme of lending and non-lending interventions to member countries. CSPs serve as platforms for designing operations to deliver development results at the country level. The selected CSP pillars and indicative project pipeline must draw upon an in-depth analysis of the country's context and needs, as well as lessons learned from past programming. They must align with African Development Bank (AfDB) strategy and comparative advantages, and also consider other partners' activities.

Nutrition is inextricably linked to the Bank's High 5 priorities, and nutrition smart investments could be catalytic for realizing the Bank's equitable growth agenda. The AfDB is committed to harnessing "grey matter infrastructure" to unlock Africa's human and economic potential by catalysing nutrition smart investments to support a 40% stunting reduction across the continent by 2025. Through its 2018-2025 Multi-sectoral Nutrition Action Plan (MNAP), the AfDB commits to scaling up the proportion of investments that are nutrition smart, especially in the five sectors that account for over 30% of government spending in Africa and serve as underlying drivers of nutrition—Agriculture, Education, Health, Social Protection and Water, Sanitation and Hygiene (WASH). The proportion of nutrition smart investments, as determined by the AfDB nutrition marker, varies by sector: Agriculture (50%), Health (50%), Social Protection (10%) and WASH (15%).

> *The greatest contributor to economic growth is not physical infrastructure, but brain power: what I refer to as "grey matter infrastructure."*
> – Akinwumi Adesina, AfDB President

Progress Update

The AfDB has seen a recent trend where increasing numbers of CSPs have nutrition integrated within their objectives and/or pillars. Analysis of the nutrition situation is being included as part of the poverty, social or humanitarian context; missions and consultations are engaging national nutrition stakeholders; and nutrition-related studies are being commissioned. As a result, nutrition is being highlighted as a critical input to the socio-economic impact of a CSP, as well as an outcome or indicator of its impact. When appropriate, CSPs have chosen nutrition as an overarching objective, such as Zambia's 2017-2021 CSP which aims to reduce poverty and malnutrition and lessen vulnerability through a dynamic and sustainable private sector that creates jobs. Other CSPs integrate nutrition as a pillar's target, such as Benin's pillar of "Development of Agricultural and Agro-Industry Value Chains" which aims to strengthen food and nutritional security, especially for people living in the most disadvantaged areas. CSPs are now adding nutrition indicators to their Results-Based Frameworks. Finally, CSP pipelines are fostering nutrition smart investments, such as integrating nutrition behaviour change into WASH programmes.

This brief provides teams with technical guidance on when and how to integrate nutrition into a CSP. It complements other nutrition resources available from nutrition@afdb.org and outlines the following:

1. What analysis of the nutrition situation and underlying causes should every CSP include?
2. When should nutrition be integrated into a CSP objective or pillar?
3. How can nutrition be integrated into core CSP pillars that develop agriculture value chains, WASH, the private sector and industrialization?

What Analysis of the Nutrition Situation and Underlying Causes Should Every CSP Include?

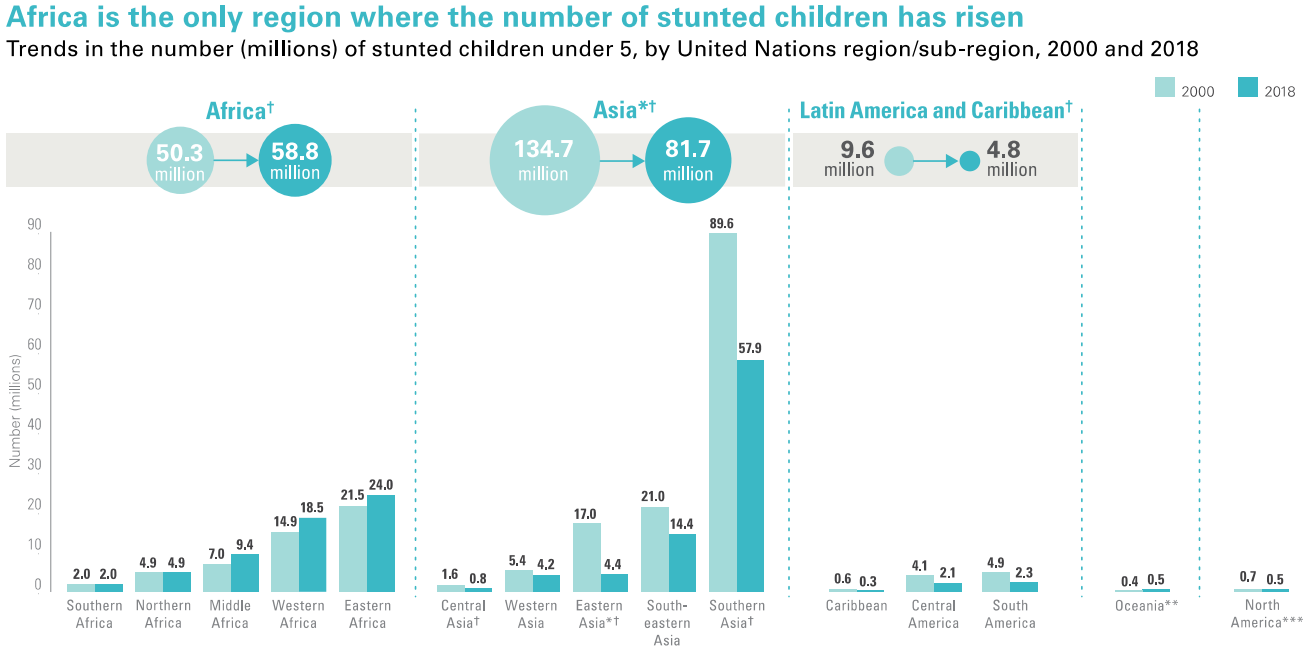
Population nutrition status.
Nutritional status indicators for children under the age of five include:

- Stunting prevalence: percentage of children with a low height for age, which reflects the cumulative effects of undernutrition and infections since (and even before) birth.
- Wasting prevalence: percentage of children with a low weight for height, which indicates acute weight loss.
- Overweight prevalence: percentage of children weighing too much for their age (i.e. above 2 standard deviation). Various indicators for adult nutrition are used but the most important is anaemia in women of reproductive age (WRA) because it is both a marker of nutritional status and a determinant of child malnutrition.
- Anaemia in WRA: percentage of women aged 15-49 years with a haemoglobin concentration less than 120g/L for non-pregnant women and lactating women, and less than 110g/L for pregnant women, adjusted for altitude and smoking.

Stunting and overweight prevalence are particularly important for long-term development planning. An example of stunting data is presented in Figure 1. Recognizing that large disparities exist in stunting prevalence within countries, important insights can be gained from disaggregating data by region, gender and income levels. Such data is readily available from the following sources:

- Demographic and Health Surveys (DHS)
- Multiple Indicator Cluster Surveys (MICS)
- SMART Surveys
- Health systems monitoring reports
- Global Nutrition Reports
- UNICEF/WHO/World Bank Group Joint Child Malnutrition Estimates
- African Leaders for Nutrition (ALN) Continental Nutrition Accountability Scorecard

Figure 1
Stunting trends by United Nations regions/sub-regions



Source: UNICEF/WHO/World Bank Group Joint Malnutrition Estimates: Key findings of the 2019 edition[1]

Underlying determinants of nutrition.
While a multitude of health, economic, behavioural, social and cultural factors underlie malnutrition, a core set of evidence-based determinants are useful for prioritising investments, targeting interventions and tracking progress. These include:

- Infant and young child feeding practices, most notably exclusive breastfeeding
- Dietary diversity in women and children
- Health service coverage
- Drinking water coverage
- Improved sanitation coverage
- Early childbearing rates i.e. births by age 18
- Female secondary education enrolment

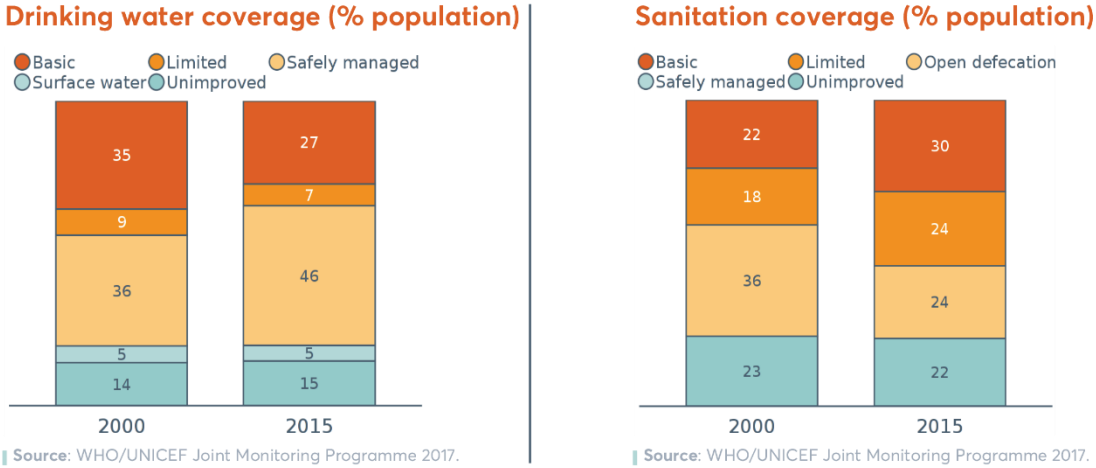
An example of such data is presented in Figure 2. Data on these underlying determinants are readily available from the following sources:

- DHS
- MICS
- WHO/UNICEF Joint Monitoring Programme for Water Supply, Sanitation and Hygiene (JMP)
- Global Nutrition Reports

[1] UNICEF/WHO/World Bank Group Joint Child Malnutrition Estimates 2019 Edition

Figure 2

Drinking water and sanitation coverage in Côte d'Ivoire



Source: Adapted from Global Nutrition Report, 2018[2]

When Should Nutrition be Integrated into a CSP Objective or Pillar?

When national, regional or sectoral strategies prioritise nutrition	As at 2018, a total of 32 African Scaling Up Nutrition (SUN) Movement member countries had a national nutrition plan in place, bringing together sectors and stakeholders in a whole-of-government approach to address malnutrition. Within sectors, agricultural policies are doing the same, such as **Kenya's Agricultural Sector Development Strategy** which makes nutrition security the first of its Big 4 pillars. The AfDB's own **East Africa Regional Integration Strategy Paper (RISP)** underlines nutrition as a persistent problem in the region in its poverty and social analysis.
When national stakeholders prioritise nutrition	During CSP consultations and missions, nutrition actors should be engaged, namely: Nutrition Divisions or Officers often in Ministries of Health, Agriculture or Industry; SUN Focal Points[3] and SUN Multi-stakeholder platforms; and Health, Agriculture or Nutrition Partners Coordination Groups.
If the CSP provides entry points for integrating nutrition	For example, **Benin's 2017-2021 CSP** aims to improve food security in vulnerable regions by modernizing meat and dairy sectors (often women-led), promoting production of nutritious foods, empowering women entrepreneurs with better skills and improving infrastructure (e.g. roads).
If malnutrition is identified as a barrier to development	As discussed under inclusive growth, nutrition is as much an input to development as a result of it. **Benin's 2017-2021 CSP** explains that the cause of its low (167/188) and stagnant Human Development Index (HDI) is the insufficient progress in access to health, nutrition, education, and water and sanitation services.
If the pipeline includes one of more projects in the five priority sectors relevant to nutrition	Through its **2018-2025 Multi-sectoral Nutrition Action Plan**, the AfDB commits to scaling up the proportion of investments that are nutrition smart, especially in the five sectors that account for over 30% of government spending in Africa and serve as underlying drivers of nutrition—Agriculture, Education, Health, Social Protection and WASH.

[2] Global Nutrition Report, 2018: Nutrition Country Profile. www.globalnutritionreport.org

[3] The names of the SUN Focal Points as well as the lead organization for the donor coordination group can be found under the respective SUN countries on the SUN website. https://scalingupnutrition.org/

How Can Nutrition be Integrated into Core CSP Pillars?

A: Inclusive growth and basic services

African countries are losing 11% of their annual gross domestic product (GDP) to malnutrition-related costs. This loss is not spread evenly among households and nutrition data should inform CSP objectives of reducing inequality and unequal access to basic services, which are underlying drivers of malnutrition. For example, the Democratic Republic of the Congo's CSP 2013-2017 focused on the central region of the country for having the highest infant mortality rates; this is attributed to the high prevalence of malnutrition and water-borne diseases coupled with high poverty levels and poor access to basic services. Ethiopia's deepening of basic services with a focus on quality and equity includes strengthening implementation systems for nutrition programmes.

When people are malnourished, the returns of sectoral investments are lower in agricultural productivity, industrialization, entrepreneurship and climate change:

- Malnutrition predisposes children to anaemia, malaria, acute respiratory infection, and diarrhoea, costing families and health systems in Egypt and Uganda over US$200 million/year.
- In education, repetition among students who were stunted as children is up to five percentage points higher. In Ethiopia, non-stunted students stay in school for an average of 3.3 years versus 2.2 years for stunted children.

Linkages must be explicitly designed into CSPs and adapted for context:

- Explain causal pathways to nutrition outcomes
- Include nutrition indicators in Result-Based Framework
- Outline how sectoral interventions will be nutrition smart
- Identify opportunities for integrating nutrition smart interventions into pipeline projects
- Identify interventions for nutrition smart projects in the pipeline

B: Agriculture value chain development and industrialization

Nutrition, agricultural value chain development and industrialization are inextricably linked. Value addition in agriculture increases job opportunities and incomes, thus improving a household's ability to buy nutritious foods. Furthermore, value addition can also increase nutritious foods available to the population. Burkina Faso's CSP recognizes this linkage by making its first outcome indicator for value chain development and access to water: "Proportion of the Burkina Faso population suffering from hunger and malnutrition reduced by 6% between 2016 and 2021." In Ethiopia, agro-industry and agro-processing will promote value chains for nutritious foods such as livestock and related technologies to improve nutritional value, quality and safety of food available for purchase.

C: WASH

The positive impact on nutrition of WASH actions, such as household access to clean water, is clear. However, CSPs are also linking WASH and nutrition in other systemic and synergistic ways. For example, Ethiopia's CSP proposes "Addressing capacity weaknesses, particularly at the decentralized level, and integrating social and behavioural change communication on hygiene and nutrition into WASH interventions will ensure that access to water and sanitation leads to efficient utilization of these services." Kenya's CSP recognizes that improved irrigation can increase the productivity of small- and large-scale agriculture, which can impact nutrition.

D: Private sector development, governance and regulation

Higher incomes and a more nutritious food offering from the private sector can improve nutrition outcomes. The second pillar in Zambia's CSP aims to create a more business-friendly environment within agriculture to support diversification and industrialization while improving nutrition. The CSP asserts that a better regulatory environment, enhanced capacity to enforce and comply with standards, access to financing, and skills development could spur innovation, diversification and job creation. According to the African Leaders of Nutrition (ALN) Initiative, 39 countries have adopted legislation on the mandatory fortification for foods, but ALN recommends that countries must now "support and enforce compliance with mandatory food fortification legislation especially for processed food to prevent anaemia, vitamin A and iodine deficiency, among other ailments."

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