

Repositioning children's right to adequate nutrition in the Sahel: Results of a Situational Analysis

Introduction

Children's nutrition has been improving in the countries located on the southern fringe of the Sahara Desert, and young child mortality rates have declined; but the rates of progress are not sufficient for these countries to achieve the Millennium Development Goals. Therefore, representatives of several international agencies formed an alliance in late 2007 to "Reposition children's right to adequate nutrition in the Sahel." As a first step in this initiative, the participating agencies commissioned a situational analysis of current policies and programmatic activities related to infant and young child nutrition (IYCN) in six countries of this sub-region: Burkina Faso, Chad, Mali, Mauritania, Niger, and Senegal. The objectives of this analysis were to compile and interpret available information on the feeding practices, nutritional status, and health of children less than two years of age and to review related programmatic activities, so as to develop plans for accelerating progress in the target countries. The results of the situational analysis and the resulting recommendations have now been published in a series of papers summarized in this month's edition of NNA (1-6).

Methods

The coordinators of the situational analysis interviewed 143 key informants involved in implementing IYCN activities in the aforementioned countries, and they reviewed more than 600 relevant documents obtained from governmental institutions, non-governmental organizations, and technical assistance agencies, as well as scientific publications identified through formal bibliographic searches. The documents that were examined included government policy and strategy statements, survey results and other research papers, training curricula, and program monitoring and evaluation reports. The information contained in these documents was compared with current international recommendations regarding each of the following IYCN issues (7): optimal breastfeeding and complementary feeding practices, prevention of micronutrient deficiencies (vitamin A, zinc, iron, iodine), prevention of mother-to-child transmission of HIV, management of children with acute malnutrition, food security and hygienic practices. The analyses were restricted primarily to documents obtained from the various organizations conducting IYCN-related activities in each country, so the information may be incomplete in some cases.

Results

National nutrition policies, and related training materials and program documents in the focus countries were generally well written, and they incorporated most of the specific IYCN recommendations referred to above. Following ratification of these policies, relevant programs were being implemented in most countries, although information was generally lacking on program coverage. The most frequently neglected item on the IYCN agenda was providing detailed guidance on desirable complementary feeding practices, such as the recommended frequency of meals, appropriate consistency and nutrient density of complementary foods and the importance of responsive feeding. Additionally, most countries were not yet including zinc consistently in the treatment of diarrhea or implementing specific interventions to

prevent zinc deficiency. There was also limited recognition of the need to distinguish between iron deficiency and other causes of anemia prior to providing iron supplements to young children. Other IYCN topics needing further attention include: implementation of systematic screening for acute malnutrition, dissemination of information on optimal feeding practices for infants of HIV-positive mothers, and integration of advice on hygiene practices into child feeding guidelines

The majority of the IYCN programs that were reviewed appropriately target high-risk populations in the respective countries. The greatest population coverage was achieved through national campaigns for the promotion of breastfeeding and the distribution of vitamin A supplements (VAS). VAS distribution, for example, is now reaching >80% of children 6–59 months in all countries included in the report. However, these campaigns are not yet scheduled to occur every six months in all countries, and it is uncertain how many infants receive these supplements at 6 months of age. Furthermore, relatively few women (22–48%) are being reached with VAS early post-partum. Although substantial increases in exclusive breastfeeding have been reported in some of the Sahelian countries, Senegal and Mali are the only two countries reaching >30% prevalence of exclusive breastfeeding among infants 0–6 months. Even in these countries, the prevalence of exclusive breast feeding is considerably less than what is required to achieve the desired impacts on infant morbidity and mortality.

Bibliographic searches carried out through the PubMed data base and local university libraries located from 2 to 70 published nutrition-related research studies per country. However, few of these published papers were directly related to the design or evaluation of nutrition intervention programs. National Demographic and Health Surveys (DHS) and/or Multiple Indicator Cluster Surveys (MICS) were conducted in all countries within the past 10 years, and other national nutrition surveys were also scheduled between rounds of the DHS/MICS in some countries. However, only few program-specific evaluations have been conducted, and even fewer of these used research designs that permitted rigorous evaluation of program impact.

Conclusions

Existing national nutrition policies have established a good foundation for implementing appropriate IYCN activities in the six Sahelian countries included in this situational analysis. The programmatic activities described in the available documents clearly demonstrate that governmental and non-governmental agencies are committed to improving the nutritional conditions of infants and young children in the region. However, limited program coverage and inadequate monitoring and evaluation restrict the ability to determine which programs are effective and feasible for further expansion nationally.

Although progress has been achieved, the following additional actions were recommended to accelerate improvements in nutrition and health status of infants and young children in the Sahel (8):

- Advocacy for continued and increased political support at the highest levels to reposition nutrition as a central component of national development activities
- Establishment of and/or continued support for effective, multi-sectoral coordination mechanisms for nutrition at national, regional and international levels
- Integration of health and nutrition-related training into curricula for all health and nutrition-related professionals

- Scale up and further enhancement of programs that have already been shown to be effective, such as promotion of exclusive breastfeeding to 6 months of age, universal semi-annual distribution of vitamin A supplements for children 6–59 months and for women within 6 weeks post-partum, use of zinc in the treatment of diarrhea, iron–folic acid supplements for pregnant women, universal salt iodization and appropriate hand washing
- Development of models to make complementary feeding interventions more effective in the Sahel context
- Integration of the management of acute malnutrition into general health services, including at the community level
- Implementation of rigorous monitoring and evaluation of existing and future nutrition programs to determine which programs are effective
- Greater efforts for human and institutional capacity development in Nutrition in the region

The articles included in this special issue are available for free at:

<http://onlinelibrary.wiley.com/doi/10.1111/mcn.2011.7.issue-s1/issuetoc>

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