



Countdown to 2030 West African Initiative on Nutrition

Leaving No Woman and Child Behind:

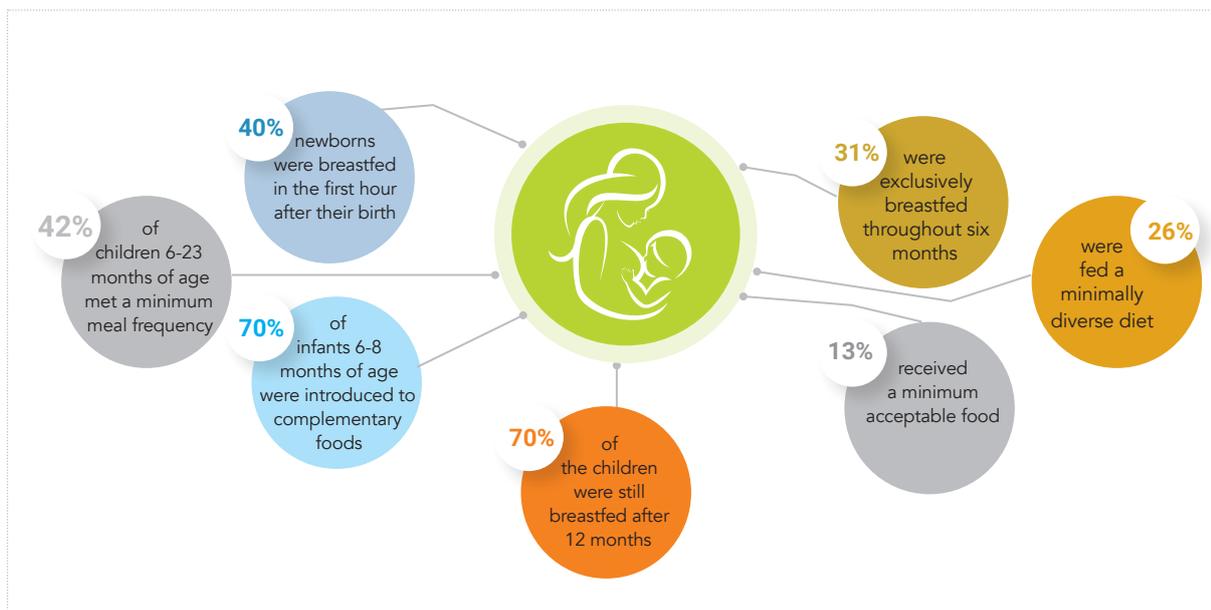
Inequalities In Nutrition Coverage and Status Among Women, Children and Adolescents in West Africa

Malnutrition is considered a significant public health problem in the Economic Community of West African States (ECOWAS). An estimated 18 million women in the region are anemic, and 6 million are obese, based on United Nations population figures. Among children under five years, 18.5 million were stunted, and 5.1 million wasted. Exceptional efforts and investment will be required in the region to meet the 2030 Sustainable Development Goals relating to food security, eradication of hunger, improvement of nutritional status, and promotion of sustainable agriculture.

Food and nutrition security, particularly for children, adolescent girls, and women of reproductive age remain a priority for all ECOWAS Member States as there has been limited progress in achieving global nutrition targets. It is with the view to assisting national and regional authorities to define evidence-led policies and actions that the Countdown to 2030 Initiative for Women's, Children, and Adolescents (CD 2030) organized two workshops in the ECOWAS region to strengthen the capacity of Member States in advanced data analysis. The workshop's objectives were:

- to enhance evidence for nutrition-related issues for women, adolescents and children in West Africa;
- to strengthen the capacity for analysis of nutrition data from publicly-available sources.

The data analysis adopted the United Nations Children's Fund (UNICEF) framework that characterizes the causes and consequences of malnutrition. The framework includes a set of indicators to assess nutritional status for children, adolescents, and adult women (e.g., anthropometry and anemia), and Infant and Young Child Feeding (IYCF) practices (e.g., early initiation of breastfeeding, exclusive breastfeeding, the introduction of complementary foods and continued breastfeeding). These indicators were the focus of the workshops and are summarized in this report. Several data sources were used to evaluate the core indicators. These included publicly available national health surveys; global databases included the WHO Gina database and country-level program monitoring data.



The analysis showed that the levels of IYCF practices are low in the region. On average, only 40% of newborns were breastfed in the first hour after their birth, and less than 1 in 3 infants (31%) were exclusively breastfed throughout six months. Seventy percent (70%) of infants 6-8 months of age were introduced to complementary foods, 42% of children 6-23 months of age met a minimum meal frequency, 26% were fed a minimally diverse diet, and only 13% received a minimum acceptable food. Finally, 70% of the children were still breastfed after 12 months. Significant inequalities exist in terms of IYCF practices within and between countries.

Stunting is a primary concern in the region, with 29% of children under-five affected. Niger, Mali, and Sierra Leone are most impacted by stunting, with prevalence exceeding 40%. Children most affected are those living in rural areas and those in the lowest wealth quintile. Malnutrition is also prevalent in women of reproductive age, with 8% being underweight and 7% obese in West Africa. There has been a reduction in underweight prevalence. However overweight and obesity is still increasing rapidly. The difference in terms of anemia among the groups are minimal, suggesting that this problem concerns the entire population.

National nutrition strategies are available in each of the 15 ECOWAS countries. However, not all countries have a monitoring and evaluation plan to assess the impact of these strategies. Available policies generally address undernutrition and nutritional deficiency issues such as vitamin A or iron supplementation and Severe Acute Malnutrition (SAM) or Moderate Acute Malnutrition (MAM) management. Additionally, food-based dietary guidelines are absent in most countries. Togo, Guinea, Gambia, Senegal, and Burkina Faso have committed to the highest number of nutrition policies while Sierra Leone, Benin, Mali, and Cote d'Ivoire have committed to the fewest.

As key results on program analysis in West Africa, the following was noted:

- Majority of countries are implementing food/nutrient fortification, breastfeeding promotion, assessment/management of childhood wasting, child vitamin A supplementation, deworming for school children (adolescents), iron/folate supplementation for pregnant women and nutritional support for women/children/infants with HIV and/or TB. However, the level and coverage of implementation is different between countries;
 - For example, Mali implemented almost all the WHO Essential Nutrition Actions, while Gambia & Nigeria are implementing only half of them.
- Regionally, adolescents and children under five years of age are well covered by these nutritional interventions.
- The least implemented interventions are vitamin A and calcium supplementation for pregnant women, zinc supplementation of a child with diarrhea, and umbilical cord clamping.

Several recommendations can be made based on the results— one of which consists of expanding the dissemination of this evidence for decision making, principally through policy briefs. Decision-makers should tailor policies to address unequal coverage of nutrition interventions. The issue of data availability should be prioritized. Countries need to improve the quality, the timeliness, and the availability of data to support monitoring the programs and policies.



Photo source: Unicef



This summary is part of a larger report which can be accessed on the Countdown to 2030 website: [Countdown to 2030](#)

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