UNN ANALYTICS

Second round of mapping in Niger reveals shortfalls and clarifies nutrition priorities

Tale 19

Five years since the first mapping exercise took place in Niger (2014) under the Office of the High Commissioner for the 3N Initiative[82] and the umbrella of UNN-REACH,[83] a second round of mapping was conducted with a series of enhancements. Government actors looked to the mapping as a means to fortify nutrition coordination mechanisms — national and sub-national — and to promote mutual accountability among stakeholders in an effort to drive down soaring levels of child stunting and wasting. According to a SMART survey, under five stunting and wasting was estimated at 47.8 percent and 17.1 percent in 2018, respectively. This sounded alarm bells as such figures well exceed public health thresholds, defined by the World Health Organization (WHO).

"It was unanimously recognized that the mapping is not only a reference tool for monitoring the implementation of the national nutrition plan, but also for advocacy and decision-making at all levels," observed Sarah Cruz, a former analyst at the UN Network Secretariat. Furthermore, it enabled actors from different stakeholder groups to identify gaps along Niger's journey to scale up.

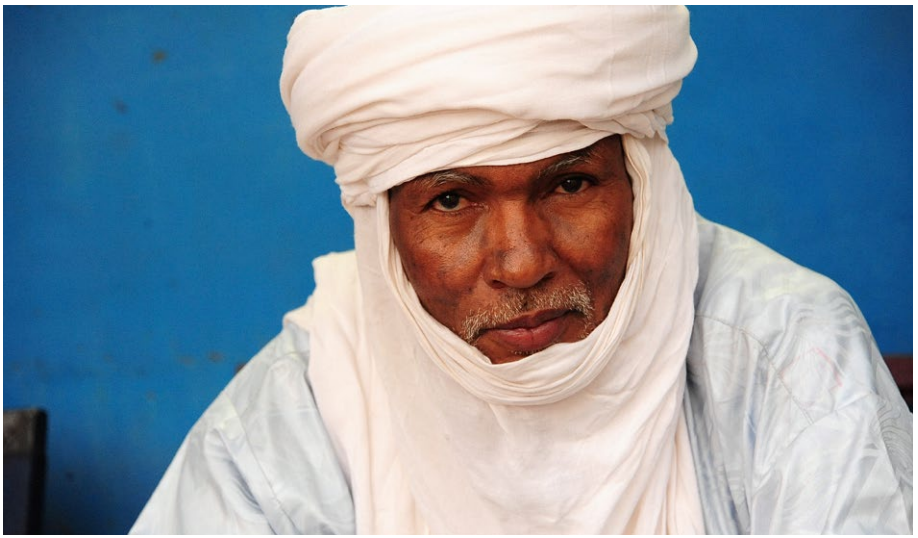
A participative approach

The second wave of mapping was launched in December 2018, using an upgraded version of the UN Network (UNN) tool, initially developed for UNN-REACH. With government in the lead, the UNN Secretariat provided training and coaching to National Nutrition Cell[84] (*Cellule Nationale de Nutrition*) and other members of the national mapping team throughout the process from tool customization to data analysis and the presentation of findings at a stakeholder workshop in June 2019, where the results were validated. This

82 This stands for Nigeriens Nourishing Nigeriens.
83 This refers to Renewed Efforts Against Children Hunger and undernutrition initiative, which is part of the UNN's multi-sectoral technical assistance facility.
84 This body is positioned under the Office of the High Commissioner for the 3N Initiative.

time, the mapping was funded by the Food and Agriculture Organization of the United Nations (FAO) and European Union, via the FIRST[85] initiative, as well as a contribution from the Scaling Up Nutrition (SUN) Movement Secretariat, signalling buy-in from the UN and donor community alike.

The actions were selected via a participative exercise that engaged a range of stakeholder groups from different sectors, such as agriculture, education, health, social protection, and water, sanitation and hygiene (WASH). Actors took into consideration the provisions of the national nutrition plan, the feasibility of collecting data as well as other technical factors. Overall, the mapping exercise encompassed more than 70 stakeholders, including nine ministries, and culminated in aggregate coverage statistics, by intervention. Emergency and development workstreams were combined, strengthening the humanitarian-development nexus (HDN), which facilitates greater collaboration, coordination and coherence between the two spheres of activity.



85 This stands for the Food and nutrition security Impact, Resilience, Sustainability and Transformation programme.

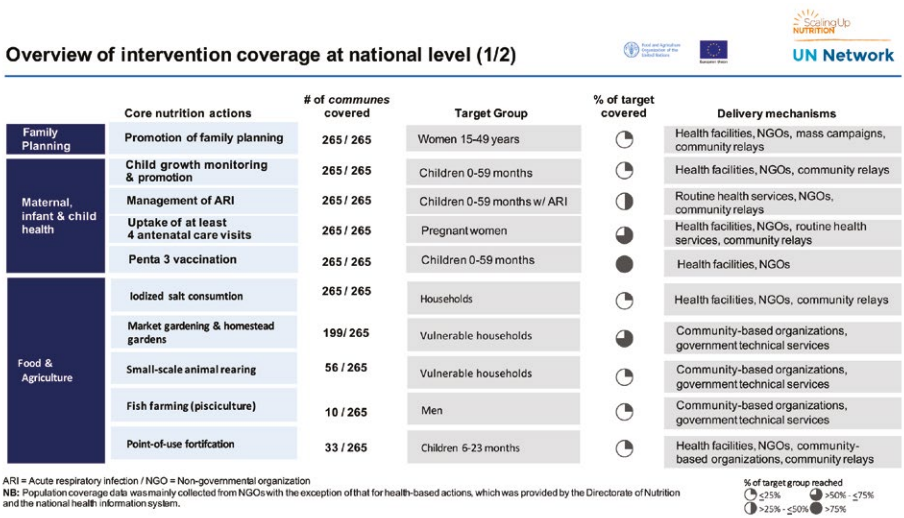
New features

While the landscape of implementing partners remains dominated by humanitarian actors, this second wave of mapping was an opportunity to go deeper and to connect with other ongoing initiatives in the country. The 2018–19 mapping enlarged the scope of interventions from nineteen to twenty-seven, enabling decision-makers to move forward with data-based policy in more areas. This, in part, stemmed from a desire for additional specificity, reflecting an evolved understanding of nutrition-sensitive approaches. For instance, local food production was broken down into the following three family farming actions in round two: (1) the promotion homestead gardening and market activities; (2) the promotion of small-scale animal husbandry; and (3) the promotion of small-scale fish farming. A similar trend was observed for nutrition-sensitve social protection. The increase in the number of actions mapped was also due to a decision to map additional interventions, such as point-of-use fortifcation, immunization and prenatal care (the uptake of a least four visits), which can have a positive effect on nutrition outcomes (e.g. stunting).

In addition, the second wave of mapping expanded the scope geographically, showing data by 'commune' or municipality. This was a step forward from the 2014 mapping, which stopped at the regional level. As many as 265 municipalites were engaged in 2018–19, demonstrating the strong sub-national flavour of the endeavour. The rationale was that this would enable corrective action to be taken at a more local level, with the aim to reduce time lags and better serve vulnerable populations. It also confers a more equitable approach so that actors can shift targeting strategies to support communities that were previously insufficiently covered. In this sense, the mapping becomes an operational tool as opposed to a static analysis, a chief factor contributing to its popularity among governments.

For the first time, actors manifested interest in integrating the mapping data into the National Information Platform for Nutrition (NIPN). The process will be facilitated by the participation of some members of the national mapping team in NIPN's technical committee. Two main dynamics made this possible. First, the direct engagement of government officials in the mapping exercise, who were familiar with both efforts and keen to connect them. Secondly, the mapping was completed using a web-based application built on District Health Information Software, version 2 (DHIS2). This facilitates interfaces with other information systems, such as NIPN, and offers the potential to maximize technical assistance being provided by multiple actors.

FIGURE 8.
Excerpt from the Nutrition Stakeholder and Action Mapping (2018–19) in Niger



Overview of intervention coverage at national level (1/2)

	Core nutrition actions	# of *communes* covered	Target Group	% of target covered	Delivery mechanisms
Family Planning	Promotion of family planning	265 / 265	Women 15-49 years	◔	Health facilities, NGOs, mass campaigns, community relays
Maternal, infant & child health	Child growth monitoring & promotion	265 / 265	Children 0-59 months	◔	Health facilities, NGOs, community relays
	Management of ARI	265 / 265	Children 0-59 months w/ ARI	◑	Routine health services, NGOs, community relays
	Uptake of at least 4 antenatal care visits	265 / 265	Pregnant women	◕	Health facilities, NGOs, routine health services, community relays
	Penta 3 vaccination	265 / 265	Children 0-59 months	●	Health facilities, NGOs
Food & Agriculture	Iodized salt consumtion	265 / 265	Households	◔	Health facilities, NGOs, community relays
	Market gardening & homestead gardens	199/ 265	Vulnerable households	◕	Community-based organizations, government technical services
	Small-scale animal rearing	56 / 265	Vulnerable households	◔	Community-based organizations, government technical services
	Fish farming (pisciculture)	10 / 265	Men	◔	Community-based organizations, government technical services
	Point-of-use fortifcation	33 / 265	Children 6-23 months	◔	Health facilities, NGOs, community-based organizations, community relays

ARI = Acute respiratory infection / NGO = Non-governmental organization
NB: Population coverage data was mainly collected from NGOs with the exception of that for health-based actions, which was provided by the Directorate of Nutrition and the national health information system.

% of target group reached
◔ ≤25% ◕ >50% - ≤75%
◑ >25% - ≤50% ● >75%

Key findings

The exercise revealed specific data, broken down by region, as well as broad patterns. This enabled stakeholders to see where coverage was low and for which interventions. An average of nineteen interventions (roughly 70 percent) were implemented in each region. While that sounds encouraging, the mapping also uncovered vast geographic disparities in some actions. For example, support for exclusive breastfeeding, one of the most important life-saving interventions, reached a small proportion (25 percent or less) of pregnant and lactating women in four regions (Agadez, Diffa, Zinder and Niamey), up to 50 percent in Dosso and over 75 percent in two regions (Tahoua and Tillabéri). This begs questions about what is driving these regional disparities. Implementation barriers? Insecurity and conflict? It could in part be due to the limited presence of non-governmental organizations (NGOs) in some of these regions, particularly Agadez and Zinder.

Additionally, the mapping illustrated that regions most adversely affected by stunting (e.g. Maradi and Zinder) are also those where geographic and population coverage is considerably low. This illustrates a direct relationship between intervention reach and malnutrition, further underscoring the need to step up coverage. Since less than 15 percent of the mapped interventions had a geographic coverage greater than or equal to 50 percent, it is not surprising that the country is contending with extremely high levels of stunting, wasting and anaemia. Maimouna Doudou, former SUN Government Focal Point and WHO consultant in the country, believes that the "mapping is an essential tool for monitoring the coverage of nutrition interventions" so that actors can come together to move the needle and plug coverage gaps.

Interventions provided through the health sector (e.g. Vitamin A supplementation) typically covered a larger proportion of communes than other actions. Furthermore, most actions rely on the same three delivery mechanisms: the health

system, community relays and NGOs. For example, Vitamin A supplementation was carried out in all 265 *communes*, reaching the vast majority of children under five years old through mass campaigns, routine health services and community relays. This compares to the twenty-seven communes (out of 265) that benefit from in-kind social transfers, which at best reached 25 percent of vulnerable households through NGOs, targeted distributions and government technical services. These findings prompted discussions about what measures can be taken to increase synergies and expand coverage in other sectors.

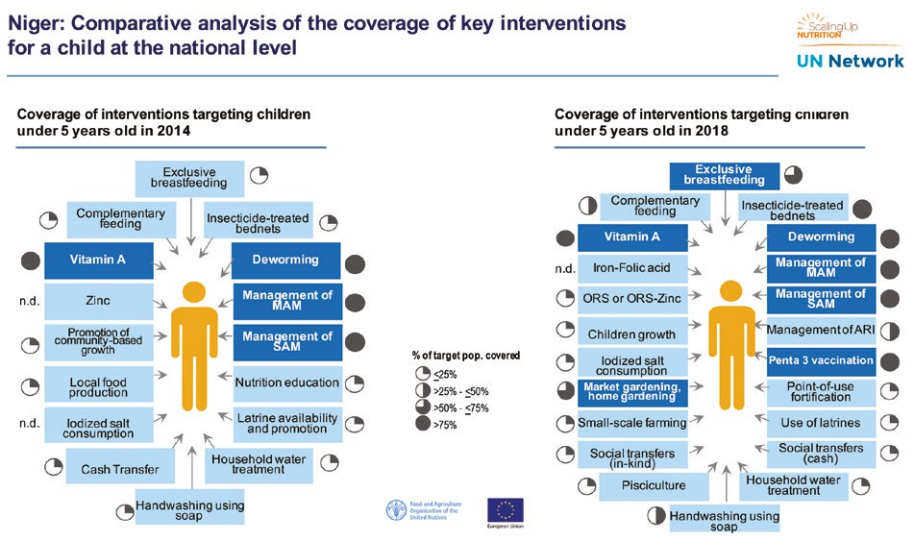
Tracking progress over time

Between 2014 and 2018, the situation slightly improved although a significant proportion of under5s are still not receiving the full package of interventions required for their development. Just four interventions were able to increase coverage over this time interval, namely: exclusive breastfeeding; complementary feeding; distribution of insecticide-treated bednets; and hand-washing with soap. Fortunately, the first two (exclusive breastfeeding and complementary feeding) are high-impact, essential nutrition actions.[86] Another encouraging trend that emerged from the mapping was that more stakeholders are involved in the agriculture-related actions than in 2014 to help mitigate climate change and its consequences on nutrition. Development partners are increasingly bringing new technologies to help farmers adapt to changing environmental conditions and build their resilience. Since these actions were more specific than the initial wave of mapping, it is difficult to discern whether the presence of additional stakeholders involved has translated into heightened intervention coverage. The findings suggest a possible increase in homestead gardens although coverage for small-scale animal rearing and fish farming was considerably low and more in line with the levels of local food production observed back in 2014 (*see Figure 9*).

86 WHO. 2013. *Essential nutrition actions: Improving maternal, newborn, infant and young child health and nutrition.* Geneva. Available at http://www.who.int/nutrition/publications/infantfeeding/essential_nutrition_actions/en/.

FIGURE 9.

Excerpt from the Nutrition Stakeholder and Action Mapping (2018–19) in Niger



There were also a host of other actions for which coverage remained virtually unchanged (e.g. child growth monitoring and promotion, support for latrines, household water treatment). This revealed an urgent need to rethink the national nutrition strategy and the delivery of prioritized interventions, as many of the same actors are in the same places, carrying out the same interventions. "Scaling up the full package of nutrition-specific and nutrition-sensitive interventions with sufficient coverage and strong stakeholder engagement is necessary to reverse malnutrition trends," says Amina Idrissa Bagnou, mapping expert in the Office of the High Commissioner for the 3N Initiative.

What's on the horizon?

Beyond the direct utility of ascertaining intervention coverage, the mapping is a lever for strengthening nutrition governance. "By providing an overview of the stakeholder landscape and coverage levels of a package of priority interventions, the tool has been used to inform the development of nutrition advocacy materials, the National Nutrition Security Policy (PNSN) 2017–2025 and its budgeted Action Plan. In addition, the tool, together with the situation analysis (Multi-sectoral Nutrition Overview), the overview of food and nutrition security policies (Policy Overview) and the profile of stakeholders, all conducted under the auspices of REACH, were the main advocacy mechanisms that made it possible to include nutrition in Niger's Economic and Social Development Plan (PDES) 2017–2021," explains Mahamadou Aboubacar, Coordinator of the 3N's Nutrition Cell. This sentiment was shared by others, with all stakeholders recommending that the mapping be repeated on an annual basis. To date, Niger is one of three countries to undertake multiple rounds of mapping, joining Senegal and Tanzania. Mali will soon follow suit with a second round, cognizant of the benefits of the tool.

Since the completion of the mapping, the results were presented at the 4th FANUS Conference on Nutrition in Action for Sustainable Development in Africa, which took place in Kigali, Rwanda on 26–29 August 2019. The presentation was so well-received that, following the conference, the members of the national mapping team were contacted by the *Journal of Food Science and Engineering* to publish an article in the next issue.

But, how can we be sure malnourished people in Niger gain from these experiences? What safeguards are being put in place to disrupt the *status quo*? Interest was expressed by various stakeholders to create profiles which provide an overview of the main nutrition actors in the country. The underlying premise is that this will facilitate linkages between actors for increased convergence of nutrition services. Furthermore, these efforts will be

complemented by additional sectoral and regional analysis undertaken by key ministries, with support from the national technical team and UNN Secretariat, to further pinpoint implementation obstacles. In parallel, there are also plans to extract key findings from the mapping exercise for parliamentarians to help them reorient stakeholders and interventions where they are most needed.

UNN support with these next steps will be crucial. The government has also made a formal request for the reinstation of UNN-REACH to help facilitate continued multi-sectoral dialogue and diagnostics, both key ingredients for instigating outside thinking and innovative solutions. As the data shows, business as usual is failing vulnerable Nigeriens and new shocks (e.g. climate change, pandemics) will only exacerbate an already delicate situation.