

PROPOSED SOLUTIONS

Deeper underlying issues in this challenge

- Diagnostic assessment for all countries: To understand at what level are the IPs
- Above process will determine how nutrition integration should be handled depending on the status
- Is nutrition component included in the IP? Country CAADP team to assess how nutrition has been integrated
- Under role of Political will and seek to influence
- Review existing process for countries and seek to meet the critical needs for Nutrition integration e.g. capacity building to enhance technical capacity
- Identification, Harmonisation, Effective involvement, and facilitation of country CAADP core team

Cont.... Deeper underlying issues in this challenge

- How strong & alive / active CAADP country team is will determine the CAADP implementation.
 - Conduct annual review of the team and ensure that appointed team members are still active members [in some cases CADAAP focal persons has moved on..may from Govt and some cases passed on without replacement.
 - Nutrition component is multi-sectoral in nature and in some countries its underdeveloped, there is then 'to whom it may concern' approach....Each country must identify a Nutrition expert (either from MOA or MOH) to head the process.
 - Nutrition under MOA is food based while Nutrition under MOH is a medical approach & dietary supplements are largely used. Whoever takes a lead largely defines the overall approach.
 - CAADP Drives agriculture, therefore a food-based approach must dominate the Nutrition component.

Cont.... Deeper underlying issues in this challenge:

- Nutrition integration must be customized to the following categories:
- Category 1: Countries that signed the original CAADP that had a minor section on nutrition and with fully development investment plans. [Must seek approaches for revision preferably at the IP level]
- Category 2: Countries that signed revised CAADP with a stronger nutrition emphasis
 - With developed Ips [Assess Nutrition component & enhance]
 - Developing Ips [Integrate Nutrition and Ensure a Nutritionist joins the country CAADP team.

N/B: Some countries have no nutritionists in the CAADP team therefore nutrition integration may be undermined

- Category 3: Countries in process of developing:
 - An added advantage for nutrition integration
- Category 4: Countries at the stock-taking & design level:
 - Competitive advantage: set systems / processes for nutrition integration

What do you want to achieve in an ideal world in dealing with this challenge

- · IPs to achieve goals, plans and policies of the CAADP
- Commitment to involve nutrition plans in IPs (High level, Technical, sector, capacity levels)
- Each country demonstrating commitment for implementation
- Fulfillment of budget sector plans
- Greater multi-sectoral commitment and involvement
- Holistic approach
- Stakeholder involvement [Stakeholders involved at round table & CAADP design level actively involved at 1P and implementation
- Private sector participation [Technical & Financial]
- Comprehensive representation
- The budget/resource allocation
- Alignment to the CAADP guidelines

* Strategies and Practices

- Improve coordination, since its multi-sectoral [High level offices e.g. Prime Ministers offices. MOA may not always have the authority to commission activities for other ministries.
- Harmonization so that no duplication of activities and wastage of resources
- Competent CAADP representative (Nutrition expert)
- Focal person must have means, resources and tools
- Enhance the capacity of the focal point

* Strategies and Practices

- Awareness of all stakeholders
- Analyse critically nutrition issues in the Agric sector
- Entire Agric capacity in the nutrition (Capacity building)
- Good practices/Case studies
- > Gambia_had a well guided plan and programme

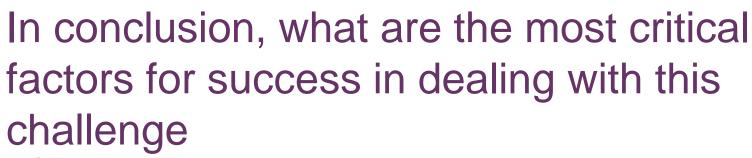
* Strategies and Practices.....

- In S. Sudan: Dedicated sector for nutrition and meet on monthly
- High Political commitment leading to devt of National Nutrition action plan (Uganda)
- Multi-sectoral Coordination (Uganda)

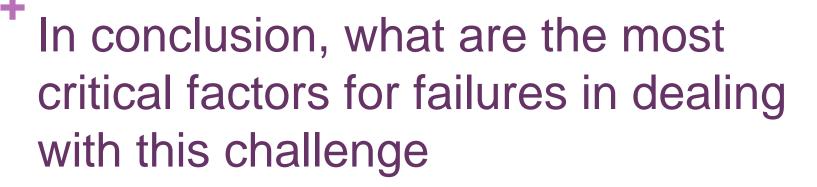
* Who should take the lead-with whom-in implementing these suggested actions

Country established Coordination structures

 MoA and MoH take the lead and others provide technical guidance



- Strong highly competent nutrition unit
- Clear definition of the problem and mandate
- Strong coordination body
- Clear budgetary line
- Technical/Human capacity
- Political commitment
- High level and competent personnel [Nutrition expert must command respect across various ministries]



- Lack of political will
- Conflicting laws and policies
- Failure to appreciate nutrition as a national issue
- Focal person lacks relevant means & tools