



# **NATIONAL PLAN OF ACTION**

**ON**

**FOOD AND NUTRITION**

**IN**

**NIGERIA**

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## **FOREWORD**

Malnutrition has been identified as a major constraint to development. The proportion of households and individuals that are both malnourished and food insecure has been on the increase in Nigeria. Children, women, and the elderly are the most affected. To reduce the scourge of malnutrition, there is a need to build partnership among various stakeholders namely, the government, organized private sector, civil society, academia, local NGOs, international development partners, and donors.

The launching of the Food and Nutrition Policy by the Federal Government in November 2002 was one of the landmark efforts of this administration to reduce the problem of malnutrition in Nigeria. For malnutrition reduction to be achieved and for development to be sustained that is, secured without sacrificing future resources, there must be a dynamic balance between policies and actions. This will prothote sustainable livelihood, human development, and better management of the natural and physical environment. This means establishing a pattern of economic, social, and political growth that will benefit all sectors of the society and targeting scarce resources appropriately to ensure that children, women, and the elderly enjoy adequate and appropriate benefits.

The basic objective of the National Plan of Action on Food and Nutrition (NPAN) in Nigeria is to set strategies and projects for improving the nutritional status of all Nigerians with specific emphasis on the most vulnerable groups. The identified intervention programmes articulated in this NPAN are based on the objectives contained in the National Policy on Food and Nutrition (NPFN). The activities enumerated therein are expected to lay a solid foundation for improved productivity and development among the citizenry.

The NPAN was formulated by stakeholders involved in food and nutrition including representatives of government, organised private sector, civil society, academia, local NGOs, development partners and international donor agencies.

The NPAN is a well-articulated document that captures in holistic terms all issues on food and nutrition in Nigeria. The National Committee on Food and Nutrition (NCFN) has endorsed it. It is expected that the full implementation of the Policy and Plan of Action backed with appropriate legislation and resources will lead to the reduction and eventual eradication of malnutrition in the country. This is in line with the policy thrust of the present administration as enumerated in relevant parts of the National Economic Empowerment and Development Strategy, NEEDS. It is hoped that food and nutrition matters will also be addressed down the line by the States in the States Economic Empowerment and Development Strategy, SEEDS and down the line to the ward level.

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Special thanks go also to the representatives of the following Federal Ministries: Health; (Food and Drug Services department and Nutrition division); Women Affairs & Youth Development; Industry; Finance; Education; Information & National Orientation; Science & Technology; Agriculture & Rural Development. Others are Federal agencies such as National Agency for Food and Drug Administration & Control (NAFDAC); and National Primary Health Care Development Agency (NPHCDA); University of Agriculture, Abeokuta; University of Ibadan and professional body of nutritionist (Nutrition Society of Nigeria).

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## ACRONYMS AND ABBREVIATIONS

ADP	Agricultural Development Programme
AIDS	Acquired Immune Deficiency Syndrome
APMEU	Agricultural Projects Monitoring and Evaluation Unit
BASICS	Basic Support for Institutionalising Child Survival
BCC	Behavioural Change Communication
BF	breastfeeding
BFI	Baby-Friendly Initiative
CAPA	catchment area planning and action
CBN	Central Bank of Nigeria
CBOs	community based organisations
CDPA	Community Development and Population Activities
CDT!	Community Directed Treatment with Ivermectin
CFN	Committee on Food and Nutrition
CHD	coronary heart disease
CHW	Child Health Weeks
CoHW	Community Health Workers
CPA	Consumer Protection Agency
CRIB	Child Right Information Bureau
ENA	essential nutrition actions
EYDC	Early Years Development Committee
F&DS	Food and Drug Services (Federal Ministry of Health)
FIRO	Federal Institute for Industrial Research, Oshodi
FMA&RD	Federal Ministry of Agriculture and Rural Development
FMC&T	Federal Ministry of Commerce and Tourism
FME	Federal Ministry of Education
FME <sub>env</sub>	Federal Ministry of Environment
FMF	Federal Ministry of Finance
FMH	Federal Ministry of Housing and Urban Development
FMI&NO	Federal Ministry of Information and National Orientation
FMJ	Federal Ministry of Justice
FMLP	Federal Ministry of Labour and Productivity
FMOH	Federal Ministry of Health
FMST	Federal Ministry of Science and Technology
FMT	Federal Ministry of Transport
FMWA&YD	Federal Ministry of Women Affairs and Youth Development
FMWR	Federal Ministry of Water Resources
FND	Food and Nutrition Division
FOS	Federal Office of Statistics
GMP	Growth Monitoring and Promotion
HIV	Human Immuno-deficiency Virus
HKI	Helen Keller International
ICCIDD	International Council for the Control of Iodine Deficiency Disorders
IDA	Iron deficiency anaemia
IDD	Iodine deficiency disorders
IEC	Information education and communication
IITA	International Institute of Tropical Agriculture
IYCF	Infant and young child feeding
JHU/HCP	Johns Hopkins University/Health Communication Project
LGA	Local government area

MAN	Manufacturers' Association of Nigeria
MIS	Management Information Systems
MND	Micro-Nutrient Deficiency
MNDC	Micro-Nutrient Deficiency Control
MS	monitoring systems
NACA	National Action Committee on AIDS
NACRDB	Nigerian Agricultural Credit and Rural Development Bank
NAFDAC	National Agency for Food and Drug Administration and Control
NARS	National Agricultural Research System
NASCAP	National AIDS/STD Control Programme
NASENI	National Agency for Science and Engineering Infrastructure
NASS	National Assembly
NASS1	National Association of Small Scale Industrialists
NCD	Non-Communicable Diseases
NCFN	National Committee on Food and Nutrition
NCWD	National Centre for Women Development
NDE	National Directorate of Employments
NEMA	National Emergency Management Agency
NERDC	Nigerian Educational Research and Development Council
NFCNS	Nigeria Food Consumption and Nutrition Survey
NGO	Non Government Organisations
NID	National Immunization Day
NIMR	National Institute for Medical Research
NISER	Nigerian Institute for Social and Economic Research
NNPR	National Nutrition Programme Review
NOA	National Orientation Agency
NPAN	National Plan of Action on Food and Nutrition
NPC	National Planning Commission
NPFN	National Policy on Food and Nutrition in Nigeria
NPHCDA	National Primary Health Care Development Agency
NSN	Nutrition Society of Nigeria
NUC	National Universities Commission
OPS	organized private sector
PHC	Primary Health Care
PIA	Project Implementation Agency
PLWHAs	people living with HIV/AIDS
RAH	Refugee Army Hospital
RBM	Roll Back Malaria
RMRDC	Raw Materials Research and Development Council
SCFN	State Committee on Food and Nutrition
SGR	Strategic Grains Reserve
SNID	Sub-National Immunization Day
SON	Standards Organization of Nigeria
TOT	training of trainers
UBE	universal basic education
UNAAB	University of Agriculture, Abeokuta
UNICEF	United Nations Children's Fund
UOA	University of Agriculture
USAID	United States Agency for International Development
USI	Universal Salt Iodisation

VAD	Vitamin A deficiency
VAT	Value Added Tax
VCT	voluntary counselling and testing
VIP	ventilated improved pit latrine
WCFHS	Women and Child-Friendly Health Services
WHO	World Health Organization
ZnD	Zinc deficiency

### 1.0 BACKGROUND

The problems of hunger and malnutrition in Nigeria are more widespread and severe now than ever before. It has been estimated that the percentage of Nigerian households that are food insecure has risen from 18% in 1968, to over 40% in 1998 and over 70% in 2003. Poverty, inadequate investment in the social sector, inadequate dietary intake, and disease have been identified as the major causes of malnutrition in the country. In the recent past, the extent of malnutrition has increased as a result of economic hardships faced in the country, making it one of the important barriers to development. It is not only the result of insufficient intake or inappropriate feeding practices but also a consequence of other conditions such as health and care. Malnutrition is manifested mainly as under-nutrition of macro- and micronutrients, specific dietary deficiency diseases, and diet-related non-communicable disease. Eliminating the problem of malnutrition is complex since many issues need to be addressed more or less simultaneously.

Food and nutrition activities in Nigeria, prior to 1990, were carried out sectorally thus giving rise to several policies addressing food and nutrition concerns in the different development sectors. These activities were very limited in scope, uncoordinated, and largely ineffective in addressing nutritional problems comprehensively.

In 1990, the Federal Government of Nigeria established a National Committee on Food and Nutrition (NCFN) as an institutional arrangement to coordinate and provide leadership to articulate a comprehensive policy and actions that could effectively reduce malnutrition considerably or eliminate it in Nigeria. The NCFN at establishment was domiciled in the then Federal Ministry of Science and Technology and later relocated to the Federal Ministry of Health in 1993. However, by 1994, the NCFN was further relocated to the National Planning Commission with its emerging programmes and evolving nutrition policy. The decision to relocate the NCFN to the Planning Commission was based on the unique position of the Commission under the Presidency as the Federal Government agency responsible for coordination and monitoring of all national policies and programmes, including budget, as well as bilateral/multilateral cooperations.

The NCFN formulated a National Food and Nutrition Policy (NFNP) in 1995, which the Federal Government approved in 1998 and launched on 5<sup>th</sup> November 2002. The development and launching of the policy was a crucial step in addressing the malnutrition problem. The Food and Nutrition Policy document is intended to serve as a framework to guide the identification and development of intervention programmes to ameliorate malnutrition. The policy is also to address the problems of food and nutrition across different sectors and different levels of the Nigerian society, from the individual to the national level. Implementation of the policy will involve sectoral ministries and their agencies, institutions of higher learning, research institutes, the private sector, communities, community based organisations (CBOs), non-governmental organisations (NGOs), development partners, international agencies, individuals, families, and communities.

The primary objective of the National Plan of Action on Food and Nutrition (NPAN) is to translate the goals, objectives, and strategies articulated in the NPFN into implementable activities and projects. This will be achieved in the context of implementing as vigorously as possible, projects and activities that will improve the nutritional status of all Nigerians with particular emphasis on the most vulnerable groups (children, women, and the elderly).

The thrust of this NPAN is determined to a larger extent by the commitments of the Federal Government of Nigeria to achieving the goals set at

- ✓ the World Summit for Children (1990) with a pledge to reduce or eliminate vitamin A, iron, and iodine deficiencies and to improve maternal and child nutrition as well as give high priority to the rights of children,
- ✓ the International Conference on Nutrition (1992) with a global goal of reducing malnutrition by the end of the decade,
- ✓ the World Food Summit (1996) that sought to improve food security and nutrition,

✓ the MillenniumDevelopment Goals (2000)

The planned activities are also informed by research findings from the 2001 Nigeria Food Consumption and Nutrition Survey (NFCNS), the 2001 Nigeria Nutrition Programme Review (NNPR) in the Health sector sponsored by the World Bank, Washington DC and other studies, which carefully assessed the present state of food, and nutrition in Nigeria.

## **1.1 PROCESS ADOPTED FOR THE DEVELOPMENT OF THE NPAN**

The aforementioned background informed the interventions and activities that are required to address the situation and to lay a firm foundation for sustainable nutrition programmes and continuous improvement of nutritional status of Nigerians. The process adopted for the development of this NPAN involved desk reviews of available published documents including earlier sectoral plans of activities in nutrition as well as consultative and participatory processes. A consultant was hired with specific terms of reference including the preparation of a working document to facilitate the participatory development of the NPAN.

A road map for using the information to develop a plan of action was then articulated through a consultative process including a stakeholder workshop. This was to ensure that the food and nutrition problems in Nigeria would be successfully tackled in an integrated manner.

The stakeholders' workshop to harmonize all sectoral plans was followed by a series of working group meetings to collate and synthesise the output from the stakeholders workshop. This output was shared with the various nutrition partners for their input before finalisation. The final draft of the NPAN was presented by the **NCFN to Government** for approval and implementation.

## **1.2 OUTLINE OF THE NPAN**

This document is divided into five chapters. Chapter one presents the background information, the development process and outline of the NPAN while chapter two presents the goals of the NPFN and the NPAN, as well as the targets. The description of the implementation and the details of the activities are presented under five programme areas in chapter three. The planned activities are divided into short-term, medium-term and longterm activities that will be implemented within the time frame of 1 to 10 years, i.e.,

- Short-term activities are planned for less than 2 years,
- Medium term activities will span 2 to 5 years, and
- Long-term activities will span 5 to10 years.

This position is informed by the need to properly articulate and focus on the problems of food and nutrition insecurity requiring short-term and long-term attention and intervention. The medium and long-term plans will allow for adequate provision for effective programme monitoring, control and impact assessment which will make it possible to review strategies of the plan within the scheduled plan period.

Chapter four presents the mechanism for programme coordination, monitoring, and evaluation of the NPAN. The document ends with chapter five, which summarise the budget and resource mobilisation mechanism. The glossary of terms encountered in the document and appropriate benchmarks established by the NFCNS are in the Annex.

The budget requirements for the short, medium, and long-term activities are summarised in chapter five on budgets as a means of prioritising the activities based on the urgency to reduce malnutrition in Nigeria within a short period of time. It is also to facilitate adequate resource mobilisation for those activities that would yield noticeable results amongst those most vulnerable to malnutrition in Nigeria.

## 2.0 GOALS OF THE NATIONAL FOOD AND NUTRITION POLICY AND PLAN OF ACTION

### 2.1 Goals of the Policy

#### 2.1.1 Overall Goal

The overall goal of Nigeria's Food and Nutrition Policy is to improve the nutritional status of all Nigerians, with particular emphasis on the most vulnerable groups, i.e., children, women, and the elderly.

#### 2.1.2 Specific Goals

The Food and Nutrition Policy aims to promote the following specific goals:

- (i) Establishing of a viable system for guiding and coordinating food and nutrition activities undertaken in the various sectors and at various levels of the society, from the community to the national level;
- (ii) Incorporating of food and nutrition considerations into development plans and allocation of adequate resources towards solving the problems pertaining to food and nutrition at all levels;
- (iii) Promoting habits and activities that will reduce the level of malnutrition and improve the nutritional status of the population;
- (iv) Identifying of sectoral roles and assignment of responsibilities for the alleviation of malnutrition;
- (v) Ensuring that nutrition is recognised and used as an important indicator to monitor and evaluate development policies and programmes; and
- (vi) Promoting good, indigenous food cultures and dietary habits among Nigerian people for healthy living and development.

#### 2.1.3 Specific Objectives

To achieve the overall goal of improving nutritional status of vulnerable groups, a number of specific objectives have been formulated, as follows:

- 1 To improve food security at the household and aggregate levels to guarantee that families have access to safe food that is adequate (both in quantity and quality) to meet the nutritional requirements for a healthy and active life;
2. To enhance care-giving capacity within households with respect to child feeding and child care practices, as well as addressing the care and well-being of mothers;
3. To improve the provision of human services, such as health care, environmental sanitation, education, and community development;
4. To improve the capacity within the country to address food and nutrition problems; and
5. To raise understanding of the problems of malnutrition in Nigeria at all levels of society, especially with respect to its causes and possible solutions.

## 2.2 Goals of the NPAN

The goals of the National Plan of Action on Food and Nutrition in Nigeria is to initiate new programme focus, integrate and coordinate effectively all food and nutrition programmes of all sectors. Furthermore, it is to advance vigorously a national nutrition agenda that will recognise and respond effectively to regional, zonal, and specific needs in accordance with the National Policy on Food and Nutrition in Nigeria. A detailed individual workplan of each project is expected to be developed based on more detailed time frame and budget.

In this context the following goals will be pursued in the overall national programme:

1. Improve the economic situation of Nigeria, with particular emphasis on protecting the welfare of the most vulnerable groups in society; and
2. Increase investment in the social sector, thereby raising the status of women in our society by increasing their access to and control over productive resources.

### 2.2.1 General and Specific Objectives of the NPAN

These are presented before the details of each of the 5 programme areas

## 2.3 Targets of the NPAN

The following targets are being set to address the food and nutrition problems in the country:

1. Reduce the level of poverty by 10% by 2010 from the 65.8% (1996);
2. Reduce starvation and chronic hunger to the barest minimum through increased food intake;
3. Reduce undernutrition, especially among children, women, and the aged, and, in particular, severe and moderate malnutrition among under-fives by 30% by 2010;
4. Reduce micronutrient deficiencies, particularly iodine deficiency disorders (IDD) [13%], vitamin A deficiency (VAD) [29.5%], and iron deficiency anaemia (IDA) [36.5%] by 50% of these levels by 2010;
5. Reduce the rate of low birth-weight (less than 2.5 kg) at 17% to less than 10% of the above level by 2010;
6. Reduce diet-related, non communicable diseases by 25% of current levels by 2010;
7. Improve general sanitation and hygiene, including the availability of safe drinking water from the 54% level;
8. Reduce the prevalence of infectious and parasitic diseases that aggravate the poor nutritional status of infants and children by 25% of the current levels.



## CHAPTER 3

### 3.0 PROGRAMME OF ACTION ON FOOD AND NUTRITION

#### 3.1 PROGRAMME IMPLEMENTATION

It is expected that the implementation of the various activities will be carried out in an integrated manner by the lead agencies. For each activity, the NPAN has identified a lead agency to coordinate and service the implementation. The lead agency could initiate the activity but would have responsibility for producing the report of such activity.

A critical component of implementation is the partnership with implementing partners in all the programme activities. These partners include the development partners but also NGOs, CBOs, universities, research institutes, as well as the private sector.

The NPAN provides opportunities for multi-stakeholders' involvement in programme design and implementation including resource mobilisation. Implicit in this is the principle of cost-sharing to encourage ownership and sustainability. To maximize impact, programme implementation is undertaken in a systematic manner targeting the most vulnerable groups through a fully participatory process. The critical role of public private partnership in the implementation of programme activities has been duly recognised, where relevant.

Several constraints have, however, been recognised which could impact negatively on the successful implementation of the programmes. These include (but are not limited to) poor funding, supervision, quality control, and staff motivation. Also excessive bureaucracy, with the failure to involve the community in programme implementation, represents an additional constraint. These factors should be taken into account in programme implementation, which should emphasize feasibility and practicality of programme activities.

Programme implementation should be decentralized and properly coordinated, monitored and evaluated using input, output, and the expected outcomes indicators. The Secretariat of NCFN and the NCFN itself will play a crucial role in this regard to ensure the achievement of the goals and targets of the NPAN. Issues of programme coordination, monitoring, and evaluation are presented in chapter four.

Five broad areas based on the strategies advanced by the NPFN were used to develop the NPAN, The five areas of the plan are:

- i. Food Security,
- ii. Enhancing care-giving capacity
- iii. Enhancing provision of human services
- iv. Improving capacity to address food and nutrition issues
- v. Raising awareness and understanding of the problems of malnutrition in Nigeria

Each of these areas is now discussed in the following pages with the activities to meet the different strategies and the required financial resources indicated.

## **3.2 Food Security, Food Safety, and Consumer Protection**

### **3.2.1 Background**

Increasing numbers of Nigerian households are food insecure as a result of the downturn in the economy, rising inflation, and escalating food prices that erode families' purchasing power. The major consequences of food insecurity are protein-energy malnutrition and micronutrient deficiencies. In addition, diet-related, non-communicable diseases (e.g., diabetes, and hypertension) are now becoming more prevalent in the country.

Previously, food security in Nigeria was addressed almost exclusively in terms of aggregate food availability at the national level. Consequently, insufficient attention has been paid to the issue of household food security, especially in the poorer segments of the population. The concept of household food security ensures that households are able to obtain adequate food, either through home production or through food purchases. Therefore, combating household food insecurity will entail increasing access to productive resources such as land, labour, inputs, and credits, as well as increased income in off-farm activities.

Nigeria produces enough food to meet the energy needs of her population at the aggregate national level, but there is strong evidence that national food production has, in the recent past, failed to keep pace with population growth, and has been declining in per capita terms. This situation persists despite efforts by government to stimulate food and agricultural production through various measures and incentives.

A dichotomy exists with respect to food access between rural and urban households in Nigeria. The food distribution system in Nigeria remains largely inefficient, due to factors such as crop seasonality, inadequate storage technology and facilities, inadequate transport and distribution systems, and inadequate market information.

All of these result in considerable spatial and seasonal variation in food production and availability, and are responsible for the considerable food price variations in the country. Another major problem affecting food availability, especially at the household level, is inadequacy of food storage facilities, resulting in significant storage losses.

### **1.2.2 General Objectives**

- To improve food production, availability, and access to high quality foods to meet the needs of the whole population;
- To develop an effective monitoring system to enforce appropriate food laws for effective inspection and compliance;
- To protect the consumers through improved food quality and safety

### **3.2.3 Specific Objectives**

- To promote production and utilisation of all staple foods
- To promote production and utilisation of traditional foods, especially the under-utilised and unappreciated.
- To establish a strong and effective food quality control system to protect the consumers against improperly processed and substandard foods.
- To reduce post harvest losses through improved storage, pest control, and handling

- To strengthen existing institutional capacity to enforce appropriate food laws for effective inspection and compliance.
- To create consumer awareness on recognition of registered and certified processed food products.

#### **3.2.4 Strategies:**

- Ensure National food security.
- Increase access to food.
- Improve food distribution and availability.
- Improve food harvesting, processing, and preservation.
- Improve food preparation, safety, and consumer protection.

**STRATEGY A: Ensure National Food Security**

<b>Activities</b>	<b>Lead Agency</b>	<b>Time-Frame</b>	<b>Indicative Costing (US\$)</b>	<b>Other Agencies</b>
1. Develop and promote increased production and consumption of high-yielding disease/drought-resistant crops with enhanced nutritional quality.(On-going)	FMA&RD	2004 to 2015	3m	Universities,development partners,NGOs,organised private sector (OPS)
2. Increase research activities into traditional foods and diets to broaden the food base.	FMA&RD	2004 to 2006	0.2m	FMST,universities, research institutes developmentpartners, NGOs,OPS.
3. Strengthen agricultural and social extension services through demand creation.	FMA&RD	2004 to 2009	1 m	Research institutes, universities of agriculture, development partners, NGOs, OPS.
4. Establish and strengthen effective early warning systems to cope with emergencies such as drought, flood, and pest Infestation especially at the community	FMA&RD	2004 to 2009	2.0m	NCFN - FMOH, NEMA, development partners, NGOs, OPS.
5 . Establish nutrition surveillance to alert on food availability, hunger, and malnutrition especially at the community levels.	FMOH (Nutrition Division)	2004 to 2009	3m	FMA&RD, NEMA, development partners, NGOs, OPS.
6. Collate and document available low-cost complementary foods.	FMST	2004 to2006	0.1m	NCFN-FMOH, NIMR, FIIRO development partners, NGOs, OPS.
7. Study the potential nutritional impact and commercial viability of low-cost complementary foods.	FIIRO (FMST)	2004 to 2006	0.1 m	NCFN, NIMR NASSI, MAN, development partners, NGOs OPS.
8. Synthesize information on the viability of farmer cooperatives as a means for improving distribution and	FOS (NPC/Preside ncy)	2004 to 2006	0.05m	NCFN- (FMA&RD, FMWA&YD, FMI&NO), FMC&T, OPS, development partners, NGOs
9. Update and disseminate the nutrient content of Nigerian foods. (On-going)	FMA&RD	2004 to 2006	0.3m	NCFN -(FMOH, FMST, FMWA&YD, universities development partners, NGOs OPS.

10. Promote and support researches on the improvement of traditional farming systems.	NARS	2004 to 2006	2m	FMA&RD, FMST, development partners, NGOs OPS.
11. Support the compilation of income generation activities in all states of the Federation.	NISER (NPC)	2004 to 2006	0.5m	FMA&RD, NDE FMWA&YD, development partners, NGOs OPS.
12. Conduct the national study on the marketing of fortified complementary	FIIRO (FMST)	2004 to 2006	1m	NCFN, universities, development partners, NGOs,
13. Conduct national study on the identification of the extent to which credit and storage represent constraints on food availability at household	NISER (NPC)	2004 to 2006	0.5m	NCFN-FMWA&YD, FOS, development partners, NGOs

#### STRATEGY B: Increase Access<sup>a</sup> to Food

15. Promote and Increase production and consumption of high-yielding disease/drought - resistant crops. (On-going <sup>b</sup> )	FMA&RD	2004 to 2009	3m	FMWR, ADPs, of Agriculture, development partners, NGOs.
16. Provide support to rural women and youth groups on homestead ruminant and poultry production.	FMA&RD (Women in agriculture)	2004 to 2009	2m	FMWA&YD, ADPs, development partners, NGOs OPS.
17. Provide farm inputs to women and youth groups in project enclave areas in the country.	FMA&RD (Women in Agriculture)	2004 to 2009	30m	FMWA&Y, development partners, NGOs OPS.
18. Advocate for the provision of agricultural inputs, fertilizers, and pesticides at fair prices.	FMA&RD	2004 to 2006 .	0.3m	Universities of Agriculture, development partners, NGOs OPS.
19. Review all land tenure and land use laws, thereby empowering women to own land for agricultural activities.	FMJ	2004 to 2006	0.2m	FMA&RD, FMWA&YD, development partners, NGOs OPS.
20. Advocate against food taboos targeted against women and children.	FMWA&YD	2004 to 2009	1m	FMOH, FME, FMI&NO, development partners, NGOs OPS.
21. Promote the production and consumption of traditional foods and diets, e.g., through farm and food demonstrations.	FMA&RD, (Women in Agriculture)	2004 to 2009	3m	FMJ, FMI&NO, FMWA&YD, NPHCDA, development partners, NGOs OPS.
22. Establish feeding programme targeted at the highly vulnerable groups:	FMOH (Nutrition Division)	2004 to 2009	40m(Ch) 0.2m(M)	FMA&RD, FME, development

<sup>a</sup> Access is defined as a function of production and availability  
Indicative cost is low because this activity or its components are on-going (where on-going

components are being funded by donors, e.g.. C1DA). **NCFN secretariat is to identify projects that are on-going with components being funded by donors, such projects have low indicative budget for these activities.**

<ul style="list-style-type: none"> <li>■ All Children under 11 years</li> <li>■ Mothers</li> <li>■ Elderly</li> </ul>				partners, NGOs OPS.
23. Advocate for the establishment of state agency for feeding programme.	NCFN	2004 to2006	0.2m	Development partners, NGOs OPS.
24. Increase the income and sustain the purchasing power of resource-poor households through the creation of employment and other income — generating activities.	NDE (FMLP)	2004 to2015	5m	NCFN- (FMWA&YD, FMA&RD), NACRDB, NOA development partners, NGOs OPS.
25. Provide access to fair credit for small entrepreneurs, especially women.	NDE (FMLP)	2003 to2009	1m	NCFN-FMA&RD, FMWAYD (YEDF), NACRDB, CBN, development partners, NGOs OPS.
26. Support the setting up of production and import targets based on data of food intake and make efforts to meet them as well as making a periodic review of them (On-going)	FMA&RD	2004 to2015	4m	CBN, ADP, FOS, NISER, development partners, NGOs OPS.
27. Promote animal husbandry, non destructive hunting and fishing practices through production of IEC materials and establishment of pilot farms	FMA&RD	2004 to 2015	2m	NCFN- FMI&NO, FMEnv., development partners ,NGOs OPS.
<b>Strategy C: Improve Food Distribution and Availability</b>				
28. Strengthen small cooperative groups through the provision of small storage facilities.	FMA&RD	2004 to 2009	2.5m	NCFN- FMWA&YD, NDE, development partners, NGOs, OPS.
29. Improve transportation systems — roads and waterways for improved marketing at the community level.	FMT	2004 to 2015	36m	NCFN-FMA&RD, FMW, development partners, NGOs OPS.

30. Strengthen the existing marketing and distribution systems through effective information sharing.	FMC&T	2004 to 2009	0.1 M	NCFN- (FMA&RD, FMWA&YD), NACRDB development partners, NGOs,
31. Promote and mount campaigns aimed at changing attitudes and practices of food sharing in favour of mothers and children.	NOA (FMI&NO)	2004 to 2009	1m	NCFN — (FMWA&YD, FME), development partners, NGOs, OPS.
32. Promote the intensification of irrigation farming of both food and cash crops to increase food availability and income.	FMWR	2003 to 2009	5m	FMA&RD, FMI&NO, development partners, NGOs,
<b>Strategy D: improve Food Harvesting, Processing, and Preservation</b>				
33. Provide and promote improved food processing, preservation, and packaging technologies centered on small-scale entrepreneurs.	NASENI (FMST)	2004 to 2009	5m	Fl IRO, RMRDC, Universities of Technology, development partners, NGOs, OPS.
34. Provide capacity building (TOT) in improved farming and preservation technology for women and youth groups.	Universities of Agriculture	2004 to 2006	0.5m	FMWA&YD, ADPs, development partners, NGOs, OPS.
35. Facilitate the mass purchase of agricultural produce by government at harvest, its storage and subsequent sale at controlled prices to keep food prices within reasonable limits. (On-going)	FMA&RD (SGR)	2004 to 2015	10m	FMC&T, FMST, development partners, NGOs, OPS.
<b>Strategy E. Improve Food Preparation, Safety, and consumer Protection</b>				
36. Produce and promote of standardized local food recipe books published in English and translated into local languages.	FMA&RD	2004 to 2006	0.1m	FME (Home Econs) development partners, NGOs, OPS.
37. Train of staff of hospitality industries and street food vendors on proper food handling.	FMOH (F&DS)	2004 to 2006	0.5m	FMC&T, OPS, development partners, NGOs,
38. Create awareness on food hygiene and quality food preparation at the household level.	NCWD (FMWA&Y D)	2004 to 2006	0.1m	FMA&RD, NPHCDA, development partners, NGOs., OPS

<b>39.</b> Establish effective food control system and safety through the legislation and enforcement of food laws to deal with food hygiene, labelling, standardisation, nutrient composition, registration, and adjustment.	NAFDAC (FMOH)	2004 to 2006	0.3m	SON, FMJ, NASS development partners, NGOs, OPS
<b>40.</b> Equip quality control laboratories of regulatory agencies for effective and accurate analysis to confirm and safety of food	NAFDAC. (FMOH)	2004 to 2006	0.04m	SON, development partners, CBOs, NGOs, OPS.
<b>41.</b> Train staff of regulatory agencies on newer methodologies for quality assurance.	NARS	2004 to 2006	0.2m	NAFDAC, SON, FMOH, development partners, NGOs CBOs, OPS.
<b>42.</b> Strengthen regulatory agencies with vehicles and logistic support for effective control of food quality and safety.	NAFDAC (FMOH)	2004 to 2009	2m	FMOH (FDS) SON, development partners, NGOs CBOs, OPS.
<b>43.</b> Develop and disseminate national guidelines for safe production and consumption of street foods.	FMOH	2004 to 2006	0.02m	NAFDAC, development partners, NGOs &
<b>44.</b> Train street food vendors on safe production of street foods.	FMOH	2004 to 2006	0.2m	Development partners, NGOs CBOs, OPS.
<b>45.</b> License street food vendors and develop a code of practice.	FMOH	2004 to 2006	0.05m	Development partners, NGOs CBOs, OPS.
<b>46.</b> Equip quality control laboratories of regulatory agencies for detection, monitoring, and control of chemical residues in	NAFDAC (FMOH)	2004 to 2006	2m	SON, FMST, development partners, NGOs CBOs, OPS.
<b>47.</b> Train staff of regulatory agencies on the use of equipment.	NAFDAC (FMOH)	2004 to 2006	0.1m	SON, FMST, development partners, NGOs CBOs, OPS.



<b>Activities</b>	<b>Lead Agency</b>	<b>Time-Frame</b>	<b>Indicative Costing (US\$)</b>	<b>Other Agencies</b>
48. Institutionalise monitoring, usage, and disposal of agricultural chemicals and wastes.	NAFDAC (FMOH)	2004 to 2009	0.05m	FM&RD, SON, FMST, development partners, NGOs CBOs, OPS.
49. Review and update the existing regulations on labelling information and advertisement of locally prepared products.	NAFDAC (FMOH)	2004 to 2006	0.06m	SON, NSN, FMOH (FDS), universities, development partners, NGOs CBOs, OPS.
50. Establish consumer groups for improved food quality and safety.	Consumer Protection Agency	2004 to 2006	0.02m	NAFDAC, FMOH, development partners, NGOs &
51. Promote improved food quality and safety through electronic and print media.	FMI&NO	2004 to 2006	0.3m	NAFDAC, FMOH, development partners, NGOs
52. Effective policing of the land borders, sea and air ports for smuggled goods, unwholesome, unregistered, and expired food items.	NAFDAC (FMOH)	2004 to 2009	0.5m	NCS, SON, Nigerian Police, OPS.
53. Routine inspection of warehouses, supermarkets for appropriate storage facilities and pest control systems.	NAFDAC (FMOH)	2004 to 2009	0.5m	SON, FMOH (F&DS)
54. Good Manufacturing Practices (GMP) inspection of local and foreign manufacturing plants.	NAFDAC (FMOH)	2004 to 2006	0.3m	MAN, SON, OPS. •
55. Global registration of imported food products.	NAFDAC (FMOH)	2004 to 2006	0.4m	SON, FMOH (F&DS)

### 3.3 ENHANCING CARE GIVING CAPACITY

#### 3.3.1 Background

The overall goal of the National Policy on Food and Nutrition is to achieve the nutritional security of all Nigerians with particular emphasis on the vulnerable groups especially children, women, and the elderly. However, the Essential Nutrition Actions (ENA), which consist of proven, cost-effective nutrition interventions that are in line with the policy goals and objectives. These include the promotion, protection, and support of:

- Exclusive breastfeeding for six months;
- Adequate complementary feeding from approximately 6 to 24 months, with continued breastfeeding.
- Adequate nutritional care of sick and malnourished children;
- Adequate status with regard to Vitamin A, iron and iodine.

In enhancing care giving capacity for food and nutrition related activities, PHC services are essential components for the adequate provision of care. It is also equally important that communities are empowered to assess, analyse and take appropriate action to improve the quality of care available to them. Households are an integral part of communities and it is therefore mandatory that key household practices be improved. Furthermore, the ability of caregivers to provide care should be enhanced through adequate nutrition education.

#### 3.3.2 General Objectives:

- To integrate essential nutrition actions into PHC services.
- To improve the knowledge, attitudes and practices of caregivers at the community and household levels, especially as these relate to food and nutrition.
- To enhance the provision of care to vulnerable groups (under-fives, pregnant and lactating mothers, the elderly, socio economically disadvantaged, people living with HIV/AIDs etc.)
- To enhance the knowledge and skills of caregivers to reduce the risk of maternal morbidity and mortality.

#### 3.3.3 Specific Objectives:

- To improve the adequacy, accessibility, and utilisation of health services in the community
- To promote, protect and support breastfeeding and adequate complementary feeding practices for the improved care of infants and young children in the context of key household practices.
- To improve water supply, sanitation, and hygiene at the household level.
- To promote caring capabilities in community-based child care centres.
- To promote caring capabilities within households and the community for other vulnerable groups.
- To collaborate with other stakeholders to help improve access to maternal and newborn services.
- To promote school feeding programmes using locally available foods.

#### 3.3.4 Strategies

- A. Providing adequate nutrition and family health services in PHC centres and other health facilities within the communities.
- B. Creating awareness and mobilising communities to utilise available nutrition services within PHC services.

- C. Creating an enabling environment for the practice of optimal breastfeeding, provision of adequate complementary foods, and other key household practices.
- D. Promoting nutrition education and training of caregivers, including men, at household and community levels.
- E. Educating and training the girl child and women as they form the bulk of the caregivers at the household level.
- F. Improving key household practices including adequate sanitation, use, and storage of safe water and food for all vulnerable groups.
- G. Promoting nutrition projects that are rehabilitative/curative within the communities.
- H. Promote provision of adequate nutrition care by community-based support groups including agricultural extension workers and women in agriculture, among others.
- I. Establishing linkages with income generating activities to enhance the resource base for caregivers.

<b>STRATEGY A: Providing adequate nutrition and family health services in PHC centres and other health facilities within the communities</b>				
<b>Activities</b>	<b>Lead Agency</b>	<b>Time-Frame</b>	<b>Indicative Cost (US\$)</b>	<b>Other Implementing Partners</b>
1. Develop and disseminate guidelines on infant and young child feeding (IYCF).	FMOH (Nutrition Division)	2004 to 2006	0.35m	NACA, NASCAP, development partners, NGOs, OPS.
2. Develop and disseminate nutrition guidelines for the prevention and management of HIV/AIDS.	FMOH (Nutrition Division)	2004 to 2006	0.035m	NACA, NASCAP, development partners, NGOs, OPS
3. Develop and disseminate training manuals for IYCF.	FMOH (Nutrition Division)	2004 to 2006	0.035m	NACA, NASCAP, development partners, NGOs OPS
4. Develop training manuals for the prevention and management of HIV/AIDS.	FMOH (Nutrition Division)	2004 to 2006	0.032m	NACA, NASCAP development partners, NGOs OPS
5. Develop a training curriculum on adequate nutrition counselling and care for all health workers.	NPHCDA (FMOH)	2004 to 2006	0.05m	FMOH (Nutrition Division) development partners, NGOs OPS
6. Produce training materials on adequate nutrition counselling and care and for all groups.	NPHCDA (FMOH)	2004 to 2006	0.32m	FMOH (Nutrition Division) development partners, NGOs OPS

7.Strengthen the PHC centres to perform Growth Monitoring of infants and children from birth to 5 years in the context of WCFHS.	FMOH (CDPA)	2004 to 2009	0.05	NPHCDA, development partners, NGOs OPS
8. Provide micro-nutrient supplements, anti-helminthics and family planning services.	NPHCDA (FMOH)	2004 to 2009	2.0M	FMOH, development partners, NGOs, OPS
9.Integrate essential nutrition actions (ENA) into health services through the training of health workers.	NPHCDA (FMOH)	2004 to 2006	0.5m	NCFN, development Partners, NGOs and CBOs, OPS
<b>STRATEGY B: Creating awareness and mobilising communities to utilise available nutrition services within PHC services</b>				
<b>Activities</b>	<b>Lead Agency</b>	<b>Time-Frame</b>	<b>Indicative Cost (US\$)</b>	<b>Other Implementing Partners</b>
10. Develop communication packages on key household practices	FMOH (CDPA)	2004 to 2008	1.0M	NOA, FMI&NO, NPHCDA, development partners and NGOs, OPS
11. Utilise communication packages through sensitisation campaigns at the community levels.	NOA, (FMI&NO)	2004 to 2006	0.05M	NPHCDA, development partners and NGOs, OPS
12. Conduct advocacy visits to community leaders in selected communities for utilization of PHC services.	NOA	2004 to 2007	0.5M	NPHCDA, NCFN, development partners NGOs, CBOs, OPS
13. Conduct training of community health promoters in PHC catchment areas.	NPHCDA (FMOH)	2004 to 2009	0.1 m	FMOH, development partners, NGOs and CBOs, OPS.
14. Conduct integrated PHC catchment area planning and action on ENA	NPHCDA (FMOH)	2004 to 2009	0.5m	FMOH, development partners, NGOs and CBOs, OPS.

15. Hold mobilisation meetings through community development committees other community-based groups.	NPHCDA	2004 to 2006	0.05M	FMA&RD, FMWA&YD, development partners, NGOs, CBOs, OPS.
16. Organise seminars, lectures, on key household practices including IYCF, HIV/AIDs.	FMOH	2004 to 2006	0.5M	NCFN, NPHCDA, development partners, NGOs and CBOs, OPS.
17. Disseminate information on nutrition care and key household practices through mass media and institutions, social and religious organisations.	FMI&NO	2004 to 2009	1.5M	FME, FMA&RD, FMWA and YD, development partners, NGOs, CBOs, OPS.

**STRATEGY C Creating an enabling environment for the practice of optimal breastfeeding, provision of adequate complementary foods, and other key household practices.**

Activities	Lead Agency	Time-Frame	Indicative Cost (US\$)	Other Implementing Partners
18. Conduct advocacy to policy makers and employers of labour for the prolongation of maternity leave and implementation of paternity leave.	NCFN	2004 to 2006	0.5m	FMJ, development partners, NGOs, CBOs, OPS.
19. Advocate for legislation of the prolongation of maternity leave and enactment of paternity leave.	NCFN	2004 to 2006	1.0M	FMJ, FMI & NO, NASS, development partners, NGOs and CBOs, OPS.
20. Sustain on going activities that protect, promote and support exclusive breastfeeding.	FMOH (CDPA)	2004 to 2009	1.5m	FMOH, FML&P, FMWA&YD, development partners OPS.
21. Promote nutritionally adequate complementary food production.	FIRO (FMST)	2004 to 2006	0.5m	FMOH, NPHCDA, Development Partners, NGOs and CBOs, OPS.

**STRATEGY D: Promoting nutrition education and training of caregivers, including men, at household and community levels**

22. Strengthen LGAs, NGOs and CBOs to organise early child-care centres.	NERDC (FME)	2004 to 2006	1.0M	FMOH, NPHCDA, development partners, NGOs,
23. Review and update minimum standards of early child-care centres	NERDC (FME)	2004 to 2006	0.1 M	FMOH, development partners, NGOs, CBOs
24. Sustain on going activities that promote protect, and support exclusive breastfeeding and adequate complementary feeding practices. <sup>a</sup>	FMOH (CDPA)	2004 to 2015	1m	NPHCDA, FMWA&YD, development partners, NGOs and CBOs, OPS.
25. Strengthen community - based child-care centres.	NPHCDA (FMOH)	2004 to 2006	0.1 m	development partners, NGOs and CBOs,
26. Advocate to community and opinion leaders on key household practices including the provision of adequate complementary foods.	NPHCDA (FMOH)	2004 to 2006	0.1 m	development partners, NGOs and CBOs, OPS,
<b>Activities</b>	<b>Lead Agency</b>	<b>Time-Frame</b>	<b>Indicative Cost (US\$)</b>	<b>Other Implementing Partners</b>
27. Promote key household practices including the provision of adequate complementary foods.	NPHCDA (FMOH)	2004 to 2006	0.05m	development partners, NGOs and CBOs, OPS.
<b>STRATEGY E: Educating and training the girl child and women as they form the bulk of the caregivers at the household level.</b>				
28. Increase awareness of the benefits of girl child education.	FMWA&YD	2004 to 2009	1.0M	FMI&NO, FME, development partners, NGOs and CBOs, OPS.
29. Advocate to policy makers on the enrolment of girls in schools and completion of courses.	FMWA&YD	2004 to 2006	0.5M	FMI&NO, FME, development partners, NGOs and CBOs, OPS.
30. Strengthen the implementation of UBE policy and CRIB as it relates to the girl child	FME	2004 to 2015	1.5M	FMWA and YD, development partners, OPS etc
<b>STRATEGY F: Improving key household practices including adequate sanitation, use and storage of safe water for all vulnerable groups</b>				

31. Provide boreholes in all rural communities.	FMWR	2004 to 2009	5M	FMOH, development partners, NGOs and CBOs, OPS.
32. Construct VIP latrines in all rural communities.	FMEEnv.	2004 to 2009	2.0m	FMH, FMOH, development partners, NGOs, OPS..
<b>STRATEGY G: Promoting nutrition projects that are rehabilitative/curative within the communities</b>				
33. Promote complementary food production and sustainable local snacks as important remedies to bridge energy gap.	FIRO (FMST)	2004 to 2009	0.1M	FMI&NO, FMOH, FMWA&YD, development partners, OPS.
<b>STRATEGY H: Promoting provision of adequate nutrition care by community-based support groups including agricultural extension workers and women in agriculture, among others</b>				
34. Mobilize traditional and opinion leaders to support community-level action in nutritional care of vulnerable groups.	NPHCDA (FMOH)	2004 to 2006	0.01 m	development partners, NGOs and CBOs, OPS.
35. Train community development committees and other community groups on nutrition counselling	NPHCDA (FMOH)	2004 to 2006	0.1 m	development partners, NGOs and CBOs, OPS.
36. Extend CAPA model to other communities in the country.	NPHCDA (FMOH)	2004 to 2009	0.5m	NPHCDA, development partners, NGOs and CBOs, OPS.
<b>STRATEGY I: Establishing linkages with income generating activities to enhance resource base for caregivers</b>				
37. Establish linkages between food vendors, parent, and schools to enhance nutrition of school children.	NCFNs	2004 to 2006	0.1m	NPHCDA, FMOH, FME, development partners, NGOs and CBOs, OPS.
38. Provide nutritionally adequate meals using locally available foods through linkages of food vendors and school system.	FME	2004 to 2009	0.5m	FMOH, Industry, development partners, NGOs and CBOs, OPS.
39. Monitor the school feeding programme.	NCFNs	2004 to 2009	0.1m	FMOH, FME, development partners, NGOs and CBOs, OPS.

## 3.4 ENHANCING PROVISION OF HUMAN SERVICES

### 3.4.1 Background

Health and nutrition education, water and sanitation interventions all have important impacts on both health and nutrition that can lead to reduced nutrition-related and infectious diseases. The main nutrition-related and infectious diseases in Nigeria include, among others:

- Protein-energy malnutrition as well as micronutrient deficiencies such as vitamin A, iron, and iodine deficiencies.
- Non communicable diseases such as obesity, diabetes mellitus, cardiovascular diseases (e.g. hypertension).
- Infectious diseases such as diarrhoea, malaria, worm infection, HIV/AIDS.

### 3.4.2 General Objectives

- To prevent and manage nutrition-related and infectious diseases.
- To prevent and control micronutrient deficiencies.

### 3.4.3 Specific Objectives

- To prevent and manage nutrition-related diseases among the vulnerable groups.
- To prevent and manage infectious diseases among the vulnerable groups.
- To improve general sanitation and hygiene, including availability of safe drinking water.
- To prevent and control micronutrient deficiencies particularly IDD, VAD, IDA, and zinc deficiency.
- To prevent and control the mother-to-child transmission of HIV infection
- To prevent and control the spread of parasitic infections such as helminths, malaria, and water-borne diseases.

### 3.4.4 Strategies

- A. Increasing access to Improved quality of family health services.
- B. Increasing access to improved potable water and sanitation facilities.
- C. Strengthening the MNDC sub committee of the NCFN.
- D. Preventing and controlling micronutrient deficiencies through fortification.
- E. Preventing and controlling micronutrient deficiencies through supplementation.
- F. Preventing and control micronutrient deficiencies through dietary diversification.



<b>Activities</b>	<b>Lead Agency</b>	<b>Time-Frame</b>	<b>Indicative cost (US \$)</b>	<b>Implementing Partners</b>
1. Strengthen the management of childhood diarrhoeal diseases.	FMOH	2004 to 2009	1.5m	NPHCDA, development partners, NGOs and CBOs, OPS.
2. Research into diarrhoeal disease management including the use of local remedies.	NIMR (FMOH)	2004 to 2009	0.25m	FMST, development partners, NGOs and CBOs,
3. Organize seminars, lectures, and radio programmes to raise awareness on HIV/AIDS and nutritional management of HIV/AIDS.	NACA (The Presidency)	2004 to 2015	2.0m	NCFN — (FMOH, FMWA&YD), NASCAP, development partners, NGOs and CBOs, OPS.
4. Establish, extend and strengthen VCT centres to all LGA headquarters	FMOH (NASCAP)	2004-2015	6.0m	NCFN - (FMWA&YD), NACA, development partners, NGOs and CBOs, OPS.
5. Develop and disseminate BCC materials for prevention and control of diet-related diseases.	FMOH (Nutrition Division)	2004 to 2015	2.0m	NPHCDA, development partners, NGOs and CBOs, OPS.
6. Review and update information on the extent and magnitude of chronic diet-related diseases in Nigeria.	FMOH	2004 to 2006	0.5m	NCFN, Universities, NIMR, Development Partners, NGOs, OPS.
7. Train and re-train health workers on prevention, management and control of specific communicable diet-related and infectious diseases.	FMOH	2004 to 2015	1.5m	NCFN, universities, development partners, training institutions, NGOs and CBOs, OPS.

8 Incorporate nutrition to various educational curricula.	FME	2004 to 2009	1.0m	NCFN, universities development partners, NIC, OPS
<b>9.</b> Build the capacity of health workers including record staff on the generation and use of nutrition and health information.	FMOH	2004 to 2009	1.0m	NCFN, universities, development partners, NGOs, OPS.
<b>10.</b> Establish community and health facility-based women and children-friendly services.	FMOH (CDPA)	2004 to 2015	3.0m	NPHCDA, development partners NGOs, OPS.
<b>11.</b> Develop and disseminate nutritional guidelines for the management of CHDs and major NCDs.	FMOH (Nutrition Division)	2004 to 2006	0.5m	NPHCDA, universities, development partners, NGOs, OPS.
<b>12.</b> Support adequate and appropriate case management and prevention of malaria.	FMOH	2004 to 2015	1.5m	NCFN, FME <sub>env.</sub> , RBM development partners, NGOs, CBOs, OPS.
<b>Strategy B: Increasing access to improved potable water and sanitation facilities</b>				
<b>13.</b> Provide wells/bore holes in rural communities. <sup>c</sup>	FMWR	2004 to 2009		FMA&RD, FMH, development partners, NGOs, OPS.
14. Construct VIP latrines in all rural communities.	FME <sub>env.</sub>	2004 to 2009		FMA&RD, FMH, development partners, NGOs, OPS.
<b>15.</b> Promote environmental sanitation through community development committees.	NPHCDA (FMOH)	2004 to 2009	0.6m	FME <sub>env.</sub> , development partners, NGOs, OPS.
<b>16.</b> Promote and sustain the use of sanitary inspectors to monitor general environmental sanitation.	FMOH	2004 to 2009	0.5m	NPHCDA, FME <sub>env.</sub> , development partners, NGOs, OPS.

17. Conduct operational research on the interactive process of nutrition and other social services, e.g., access to water and sanitation, etc.	NISER (NPC)	2004 to 2015	2m	Universities, research Institutes, development partners, NGOs, OPS.
<b>Strategy C: Strengthening the MNDC sub committee of the NCFN</b>				
<b>Activities</b>	<b>Lead Agency</b>	<b>Time-Frame</b>	<b>Indicative Cost (US\$)</b>	<b>Other Implementing Partners</b>
18. Support the functional secretariat of MNDC sub- committee.	FMOH (Nutrition Division)	2004 to 2015	0.1m	All partners and line ministries
19. Establish, and strengthen the task forces for MNDC (IDD, VAD, IDA & ZnD).	FMOH (Nutrition Division)	2004 to 2015 (on-going)	0.3m	NCFN, development partners, NGOs, OPS.
20. Strengthen the functional secretariat of National Fortification Alliance.	FMOH (Nutrition Division)	2004 to 2015	0.3m	NCFN, development partners, NGOs, OPS.
21. Conduct annual scientific/ consultative meetings on each of the 4 micronutrients of public health importance.	FMOH (Nutrition Division)	2004 to 2015	2m	NCFN-FMOH, development partners, NGOs and CBOs, OPS.
22. Publish and disseminate the results of the consultative meetings.	FMOH (Nutrition Division)	2004 to 2015	0.2m	All partners and line ministries, NGOs, CBOs, OPS.
<b>Strategy D: Preventing / Controlling of MND through fortification</b>				
23. Conduct regular monitoring of the production, marketing, and consumption of iodised salt towards USI certification of Nigeria.	NAFDAC (FMOH)	2004 to 2009	0.2m	NCFN, development partners, NGOs, CBOs, OPS.
24. Sustain the advocacy and social marketing of iodised salt consumption.	NAFDAC (FMOH)	2004 to 2009	0.1m	NCFN, development partners & NGOs, CBOs, OPS.

25.Enhance and sustain networking with all stakeholders including the ICCIDD, to certify Nigeria as USI compliant.	SON (FMI)	2004 to 2006	0.036m	NCFN-FMOH, development partners and NGOs, CBOs,
26.Develop and produce communication materials to support social marketing of fortified foods.	FMOH	2004 to2009	0.5m	OPS, FMI&NO, NGOs & development partners.
<b>27.</b> Support advocacy and campaign to government regulatory bodies, decision-makers, and manufacturers on	FMOH	2004 to 2006	0.2m	NPHCDA, FMI&NO, NGOs & development partners, OPS.
<b>28.</b> Hold national and zonal level consultative meetings of stakeholders (including small-scale producers) to ensure compliance with mandatory fortification of wheat flour, maize flour, sugar, and vegetable oil with appropriate micronutrient.	NAFDAC (FMOH)	2004 to 2006	0.5m	NCFN, NPHCDA, FMI&NO, NGOs, OPS, development partners.
<b>29.</b> Support acquisition of equipment, supplies, rapid test kits, and training to improve capabilities of regulatory agencies, for quality control and assessments of compliance to mandatory vitamin A fortification levels in flour, sugar and vegetable oil.	NAFDAC (FMOH)	2004-2009	1.5m	SON, FMOH, OPS, development partners, NGOs, universities and research institutes
<b>30.</b> Support training workshops to institutionalise quality control, and monitoring systems at factory, wholesale, retail, and household levels, for vitamin A food fortified foods.	NAFDAC (FMOH)	2004 to 2006	0.1m	SON, NCFN, OPS, universities, NGOs, research institutes, development partners.

31 Monitor the compliance to mandatory fortification with appropriate micronutrients at factory, wholesale, retail and household levels.	NAFDAC (FMOH)	2004 102006	0.5m	NPHCDA, SON, FMOH, private sector, NGOs and development partners
32. Conduct technical, social and economic feasibility of th	Universities	2004 to 2009	0.5m	FMOH NAFDAC, SON, Private Sector, NGOs, Research Institutes, & Development Partners
<b>33.</b> Conduct stakeholders' workshop to share results of the feasibility study.	Universities	2006 to 2015	0.03m	NAFDAC, SON, FMOH, private sector, NGOs and development partners.
<b>34.</b> Pilot production of fortified staples with appropriate micronutrients.	FIIRO (FMST)	2004 to2009	0.4m	NAFDAC, SON, FMOH, private sector, NGOs and development partners.
<b>35.</b> Conduct a national survey on the consumption of micronutrient fortified foods, and their impact on the target population.	FMOH (Nutrition Division)	2004 to2006	0.5m	NCFN, NAFDAC, SON, private sector, universities, research institutes, NGOs and development partners.
<b>36.</b> Produce and disseminate workshop findings from national survey on the consumption of vitamin A fortified foods.	FMOH (Nutrition Division)	2006 to2010	0.3m	NCFN, private sector, universities, research institutes, NGOs and development
<b>37.</b> Conduct national workshop on fortification feasibility/ effectiveness/efficacy of fortifying other food vehicles with iron and zinc	FMOH (Nutrition Division)	2004 to 2006	0.2m	SON, NAFDAC, private sector, universities, research institutes, development partners, CBOs and NGOs.
<b>38.</b> Develop and distribute IEC packages for the control of MND through fortification.	NPHCDA (FMOH)	2004 to 2006	0.06m	NCFN — FMOH, NGOs and development

39. Enforce mandatory fortification of wheat/maize flour with appropriate micronutrients.	NAFDAC (FMOH)	2004 to 2009	0.1m	SON, FMOH, NPF, private sector, NGOs and development partners.
40. Support research on design and fabrication of food processing equipments for fortification at the small and medium-scale level.	FIIRO (FMST)	2004 to 2006	0.5m	NCFN, OPS, universities, research institutes, NGOs and development
41. Conduct pilot studies on effectiveness/efficacy of fortification of other food vehicles with iron and zinc.	Universities	2004 to 2006	0.4m	FIIRO SON, NAFDAC, private sector, research institutes, FMOH, FMST, development partners

**Strategy E: Preventing / Controlling of MNDC through supplementation**

42. Conduct meetings of stakeholders to harmonize supplementation strategies.	NPHCDA (FMOH)	2004 to 2006	0.02m	<b>NCFN,</b> Development Partners & NGOs
43. Conduct vitamin A supplementation of the target groups through: a. Child health weeks (CHW) b. Routine administration at health facilities. treatment with Ivermectin (CDTI) mechanism NIDs/SNIDs	NPHCDA (FMOH)	2004 to 2009	5m	NCFN, Private Sectors, Development partners, NGOs and
44. Conduct monitoring and co-ordination of vitamin A supplementation in an integrated manner.	NPHCDA (FMOH)	2004 to 2009	1.0m	NCFN, Private Sector, Development Partners and
45. Assess of cost-effectiveness of vitamin A supplementation	NPHCDA (FMOH)	2004 to 2006	0.06m	NCFN, Development Partners NGOs and CBOs
46. Develop and implement operational framework for supplementation into existing programmes services, CHW, RBM, routine immunization, deworming, essential obstetric care, mebendazole distribution, etc	NPHCDA (FMOH)	2004 to 2009	0.2m	<b>NCFN,</b> Private sectors, NGOs development partners, and CBOs

47. Monitor and evaluate of micronutrient supplementation programme performance at community, LGA, zonal and national levels	NCFN	2004 to 2015 1.0m		NPHCDA, development partners and NGOs
48. Conduct mobilisation visits to at risk communities, community leaders and members on micronutrient	NPHCDA (FMOH)	2004 to 2006	0.2m	NCFN, NGOs and development Partners
49. Conduct <b>TOT</b> cascade training for relevant partners on micronutrient supplementation.	<b>NPHCDA (FMOH)</b>	2004 to 2006	0.4m	NCFN-FMOH, NGOs and development partners
50. Develop and distribute <b>IEC</b> packages for the control of <b>MND</b> through supplementation	NPHCDA (FMOH)	2004 to 2006	0.06m	FMOH, NGOs and development partners
51. Support distribution of iron- folate supplements to post-partum mothers (and school children), piggybacking on safe CHW, <b>RBM</b> , Routine Immunization, de-worming, mectizan	NPHCDA (FMOH)	2004 to 2009	1.5m	NCFN-FMOH, NGOs and development partners
<b>Strategy F: Preventing / Controlling micronutrient deficiencies through dietary diversification.</b>				
52. Conduct national studies on dietary habit and food consumption patterns.	FMA&RD	2004 to 2006	0.1 m	<b>FMOH</b> , universities, development partners, NGOs and  CBOs
53. Design and fabricate food processing equipments to promote dietary diversification through micronutrient enrichment.	<b>FMA&amp;RD</b>	2004to 2006	0.5m	NCFN, Research Institutes, OP S, NGOs and development partners
54. Develop and distribute IEC packages for the control of <b>MND</b> through dietary diversification	<b>FMA&amp;RD</b>	2004to2006	0.06m	FMOH, OPS, NGOs and development partners
55. Conduct mobilisation meetings to policy makers and opinion <b>leaders</b> to support dietary diversification activities in communities.	NCFN	2004to2009	0.5m	FMA&RD, FMOH, FMI&NO, development partners, NGOs & CEOs

56. Establish and sustain dialog with community members to sensitize them on micronutrient deficiency problems and identify their needs for dietary diversification.	FMA &RD	2004 to 2006	0.03	NCFN, FMOH, FMI&NO, FMWA&YD, OPS, development partners, NGOs and CBOs
<b>57.</b> Assist schools, social clubs, and community associations to establish gardens and farms (crops, fisheries and livestock) to boost production and intake of nutrients	FMA&RD	2004 to 2009	2m	FME, ADP, OPS, Research Institutes, development partners, NGOs and CBOs
<b>58.</b> Conduct locality-specific TOT cascade training for relevant partners on dietary diversification.	FMA&RD	2004 to 2006	0.4m	FMOH, NGOs and development partners



## 3.5 IMPROVING CAPACITY TO ADDRESS FOOD AND NUTRITION ISSUES

### 3.5.1 Background

The need has been recognized for the nutrition-coordinating agency (NCFN) to be strengthened in view of the multisectoral nature of the food and nutrition problems in Nigeria. This is to enhance proper harmonization and coordination of activities and programmes of various institutions and government agencies involved with food and nutrition matters to avoid duplication and enhance optimal utilization of resources. The NCFN is expected to ensure the incorporation of national nutrition objectives, programmes, and policies as a priority in national development plans.

### 3.5.2 General Objectives

- To enhance a conducive macro-economic environment for addressing food and nutrition problems
- To ensure the incorporation of food and nutrition goals in Government development plans.
- To develop an effective system for assessing, analysing and monitoring nutrition situations in the country

### 3.5.3 Specific Objectives

- To improve the coordinating and implementing capacity at national, state and LGA levels to address food and nutrition issues
- To ensure collaboration between various sectors responsible for nutrition issues with a view to generating information and utilizing this information for policy review/ formulation, programme planning and implementation
- To ensure that the programme content of the relevant sectors places adequate emphasis on nutrition
- To ensure the allocation of appropriate resources for addressing food and nutrition problems of the population
- To develop an effective monitoring and evaluation system for food and nutritional activities in the country.

### 3.5.4 Strategies:

- A. Increase community-based growth monitoring programmes to monitor child growth and development as well as detect growth faltering.
- B. Establish/strengthen, coordinate and implement mechanisms at national, state and LGA levels.
- C. Facilitate research and studies for policy review/formulation, programme planning and integrated implementation in food and nutrition.
- D. Secure the continued support and collaboration of line ministries, private sector and the international community to lobby for and invest in nutrition.
- E. Incorporate nutrition objectives into development policies, plans and programmes of government.
- F. Explore ways by which social sector spending can be protected from further decline, especially with regard to the potential role of the private sector.

Activities	Lead Agency	Time Frame	Indicative Cost	Other Partners
<b>Strategy A: Increasing community-based growth monitoring programmes to monitor child growth and development as well as detect growth faltering</b>				
1.Ensure the institutionalisation of GMP in all PHC centres	NCFN	2004 to 2006	0.1m	FMOH, NPHCDA development partners, NGOs, and CBOs
2.Train all LGA health workers on GMP	FMOH	2004 to 2006	0.2m	NPHCDA, development partners, NGOs, and CBOs
<b>Strategy B: Establishing /strengthening, co-ordinate and implementing mechanisms at national, state and LGA level</b>				
3.Establish and develop capacity of existing state and local government committees on food and nutrition (CFNs)	NCFN	2004 to 2006	2	NISER, development partners, NGOs, and CBOs, Universities
4.Undertake a skills-gap analysis of those involved in food and nutrition activities in order to identify training needs and skill sharing	NCFN	2004 to 2006	0. 2m	Universities, <b>OPS</b> , development partners, NGOs, <b>and CBOs</b>
5.Establish food and nutrition department in NPC	NCFN	2004 to 2006	0.05m	Development partners, NGOs, and CBOs
6.Develop and sustain food and nutrition information management systems for all CFNs at all levels.	NCFN	2004 to 2015	2	Development partners, NGOs, and CBOs
7.Institutionalize short-term nutrition education courses	Universities	2004 to 2009	1.5m	NCFN, development partners, NGOs, and CBOs,
8.Build the capacity of units of sectoral agencies on nutrition programmes for monitoring and	NCFN	2004 to 2009	0.5m	Universities, development partners, NGOs, and CBOs
9. Advocate for establishment of a full-fledged nutrition division with qualified nutritionists in all the line Ministries at national and state levels	NCFN	2004 to 2006	1m	Development partners, NGOs, and CBOs
<b>Strategy C: Facilitating research and studies for policy review/formulation, programme planning and integrated implementation in food and nutrition</b>				

Activities	Lead Agency	Time-Frame	Indicative	Other implementing Partners
10. Conduct programme review and development of next plan of action	NCFN	2009 to 2015	0.5m	FMA&RD, universities, research institutes, OPS, development partners, NGOs and CBOs
11. Conduct operational and systems research for policy review, programme planning and integrated implementation.	Universities,	2005 to 2010	1.5m	NCFN, development partners, NGOs and CBOs
12. Conduct second National Food Consumption and Nutrition Survey	NCFN	2009	1.0m	Universities, development partners, NGOs, and CBOs
13. Coordinate the conduct of impact evaluation of nutrition programs	NCFN	2004 to 2006	0.75m	NISER, development partners, NGOs and CBOs, universities
14. Support the publication of the journal of nutrition and Nutritional sciences.	NSN	2004 to 2015	0.2m	Development partners, OPS, NGOs, and universities
<b>Strategy D: Incorporating nutrition objectives into development policies and programmes</b>				
15. Conduct high-level advocacy and awareness campaign on the multisectoral nature of nutrition	NCFN	2004 to 2015	0.5m	NSN, Development partners, NGOs, and CBOs
16. Produce and disseminate of developed National Plan of Action (NPAN), Policy and Food Consumption and Nutrition Survey (FCNS).	NCFN	2004 to 2006	0.2m	Development partners, NGOs, and CBOs, universities
<b>Strategy E: Analysing macro-economics and sectoral policies in terms of their potential consequences for household income, food consumption delivery of human services, and nutritional well being</b>				
17. Conduct annual National Nutrition Network meetings	NCFN	2004 to 2015	0.5m	Development partners, NGOs, and CBOs
<b>Strategy F: Securing the continued support and collaboration of line ministries and the international community to lobby for and invest in nutrition</b>				
18. Conduct national level advocacy for mobilization of financial and human resource for nutrition	NCFN	2004 to 2006	0.2m	NGOs & Development partners

## **3.6 RAISING AWARENESS AND UNDERSTANDING OF THE PROBLEMS OF MALNUTRITION IN NIGERIA**

### **3.6.1 Background**

Awareness creation is a major way of drawing public attention to the problems of malnutrition. Its goal is to educate the public and effect positive behavioral change to improve dietary habits, promote healthy lifestyles, and improve nutritional status. It is an intrinsic part of the effort to enhance care-giving capacity, provision and utilization of human services, improvement of food production, and its availability to meet the needs of the target population. It is also an important element in the development of effective monitoring systems to assess the impact of all food and nutrition interventions.

### **3.6.2 General Objective**

- To develop and disseminate Information, Education and Communication material for behavioral change to effect reduction in malnutrition.

### **3.5.3 Specific Objectives**

- To design, and produce nutrition advocacy materials.
- To provide advocacy skills training for food and nutrition coordinators and implementers.
- To design, and produce nutrition IEC materials.
- To disseminate nutrition IEC materials to increase level of awareness and understanding of problems of malnutrition in Nigeria.
- To develop and disseminate food-based dietary guidelines for all age groups.

### **3.6.4 Strategies**

- A. Utilizing communication packages on food and nutrition.
- B. Incorporating nutrition education in the curricula of primary, secondary, and tertiary institutions.
- C. Developing and disseminating guidelines on various aspects of food and nutrition.
- D. Improving networking and information sharing among stakeholders.

Activities	Lead Agency	Time-frame	Budget	Other Partners
<b>Strategy A: Utilising communication packages on food and nutrition for advocacy and behavioral change</b>				
1. Adapt and use PROFILES to advocate at all levels of government and the communities.	NCFN	2004 to 2015.	0.85m	universities, FMA&RD, private sector, development partners, NGOs and CBOs,
2. Create awareness on problems of malnutrition including diet-related non-communicable diseases using the mass media such as radio, TV, drama, film documentary, home video, and posters in local languages.	FMI&NO	2004 to 2009	1.5m	FME, FMOH, NPHCDA, NOA, development partners, NGOs and CBOs, OPS
3. Special radio and television campaign on adherence to food safety regulations, and mandatory standards for foods including imports.	FMINO	2004 to 2006	0.1m	FME, NAFDAC, FMOH, development partners, NGOs and CBOs, OPS.
4. Conduct serialized production and airing of documentaries on PROFILES for nutrition advocacy and to elicit public responsibility.	FMINO	2004 to 2006	0.05m	FMOH, FME, NCFN, development partners, NGOs and CBOs, OPS.
<b>Strategy B: Incorporating nutrition education in the curricula of primary, secondary, and tertiary institutions</b>				
5. Sensitise policy makers and key stakeholders on the need to incorporate nutrition information in the curricular of primary, secondary and tertiary institutions.	FME	2004 to 2006	.03m	FMI&NO, NCFN, NUC, NBTE, NERDC, nutrition partners, development partners, NGOs and CBOs, OPS.

<b>Activities</b>	<b>Lead Agency</b>	<b>Time-frame</b>	<b>Budget</b>	<b>Other Partners</b>
6. Incorporate nutrition education in the curricula of primary, secondary, and tertiary institutions.	FME	2004 to 2006	.05m	NCFN, NUC, NBTE, NERDC, development partners, NGOs, and CBOs, OPS.
7. Organise in-service training to update teachers in secondary and primary schools on food and nutrition.	NCFN	2004 to 2006	0.1m	NUC, FME, NBTE, NERDC, development partners, NGOs, and CBOs, OPS.
<b>Strategy C: Developing and disseminating of guidelines on various aspects of food and nutrition</b>				
8. Update and disseminate developed dietary guidelines at	FMOH (Nutrition Division)	2004 to 2006	0.6m	FMI&NO, FMWYD, development partners, NGOs, and CBOs, OPS.
9. Update and disseminate guidelines on street foods using print	FMOH (Nutrition Division)	2004 to 2006	0.6m	FMINO, F&DS, development partners, NGOs, and CBOs, OPS,
<b>Strategy D: Improving networking and information sharing among stakeholders.</b>				
10. Organize annual inter-sectoral meetings of all nutrition stakeholders'.	NCFN	2004 to 2015	0.12m	Development partners, NGOs, OPS.
11. Organize regular Nutrition Partners Group meetings.	NCFN	2004 to 2015	0.2m	Development partners, private sector, universities, research institutes, NGOs.

<sup>e</sup> See 3.5.4 E (.17)

## CHAPTER 4

### 4.0 PROGRAMME CO-ORDINATION, MONITORING AND EVALUATION

Coordination, monitoring, and evaluation will be central tools for bringing government policy on food and nutrition to reality. It is important that well-articulated programmes are properly coordinated, monitored, and evaluated to achieve the desired targets. For this reason, it is imperative to put in place a focused coordination, monitoring, and evaluation system for effectiveness. This section discusses the programme coordination as well as requirements for monitoring and evaluation.

#### 4.1 Programme Coordination

NPC through the NCFN will be responsible for carrying out the policy and programme coordination role, which will facilitate the development of a strategy to reduce hunger and malnutrition. The programmes and activities articulated in this NPAN seem to dovetail into ongoing and new government programmes including those in the micro-and macro-sectors as they relate to the vulnerable groups. In addition, the NCFN will coordinate the Monitoring Information Systems (MIS) for efficient data generation and feedback mechanism to ensure reduction of hunger and malnutrition in Nigeria.

As provided by the policy, a Food and Nutrition Division (FND) will be established within the NPC. The **FND** will serve as the Secretariat of the NCFN and have a small technical multidisciplinary advisory group, which will from time to time review the proposed work programme and assess the progress as well as provide necessary advice on related issues. The Secretariat will have qualified nutritionists and other ancillary officers from NPC with mandates that will include:

- Facilitation of qualitative and quantitative research studies with universities, NGOs and research institutes on various food and nutrition-related issues, and
- Review the instruments for hunger and nutrition monitoring as well as work with relevant government and non-government agencies in developing a monitoring system.

#### 4.2 Monitoring and Evaluation

The process of or need for data collection to assess progress and trends in meeting goals and targets and to measure performance as well as impact cannot be overemphasized. The process of M&E itself consists of:

- Data generation,
- Analysis of data and mapping,
- Report production (for decision-makers, donor agencies, and others).

Appropriate methodology would be employed to achieve the above process to ensure that project interventions goals are achieved on schedule and to meet the needs of the vulnerable groups, thereby improving the chances of project effectiveness and impact.

Monitoring is a continuous assessment of project implementation in relation to agreed schedules and of the use of inputs, infrastructure, and services by project beneficiaries. Essentially, it is concerned with tracking project implementation with a view to attaining project goals and objectives. Evaluation provides an assessment of how much benefit the target group received from the project.

The stakeholders would carry out M&E within the Project Implementing Agency (PIA). The key consideration would be to:

- highlight the problems militating against project implementation,
- ensure that project activities are carried out within the specified time frame and resources,

- guide project staff in programme and project implementation,
- provide a project feedback mechanism among stakeholders and policy-makers through regular reports, and (quarterly and annual) review,
- take an overall review of all projects in order to ascertain their impacts on intended beneficiaries and discover how much of the impact has leaked to unintended beneficiaries.

Two types of indicators will be used namely:

**Input indicators** — These are key tool in project management and for keeping track of any problems that may arise, for example the attainment or lack of attainment of project objectives. These are means by which projects are implemented. They may be quantitative, e.g., number of months, number of staff, number of beneficiaries trained or they may be qualitative indicators such as qualification for project staff, relevance of community project to the community's needs, etc.

**Output indicators** — These measure the extent to which the project is delivering what is intended.

Monitoring and evaluation will be carried out regularly at the Community, Local Government Areas, State and National levels on a regular basis. An efficient and effective Management Information System (MIS) as well as surveillance systems will also be set up to monitor and evaluate project performance. The system will be supported by appropriate information technology to compile and analyze data and relevant statistics on the programmes/projects. It is intended that incentives/reward system would be provided for operators/programmes successfully implemented while sanction methods will be applied against those entrusted with the management of failed programmes. For efficiency a logical framework for monitoring and evaluation will be prepared for all programme areas and activities before funds are released.

#### **4.3 Performance Indicators and Feed back System.**

To facilitate the attainment of the exercise, a set of comprehensive performance indicators will be utilised. These would include specific project evaluation indicators and more general development indicators over time. The sample indicators will include

- food security indices such as food availability, affordability, percentage of fish caught with maximum sustainable yield, land areas affected by desertification as percentage of total land mass, per capita protein and energy intake, income indices, level of unemployment, average real income, income distribution index, etc
- access to human services such as percentage of adult literacy (male and female), primary school enrolment ratios, percentage of children immunized, number of hospital beds available, population with access to safe water,
- basic policy indicators will be measured based on the following, among others
  - level of infrastructure development and accessibility.:
    - Reduction in mortality rate in infants and children under fives;
    - Availability and access to good water;
    - Availability and access to health facilities; and
    - Availability and access to food as well as food security.

With many partners carrying out a multitude of functions and sub-projects in different places at the same time, timely detection of implementation problems and constraints is very important. Efficient record keeping and timely reporting of programme activities would be put in place. Furthermore, an effective feed back system would be set up that involves the development of strategies through which information on the impact of the projects on the intended and unintended beneficiaries flows to government and vice versa. Because, the food and nutrition answer involves the empowerment as well as greater participation of the communities, assessment of impact and feedback would be based on their assessment.

A typical sample logical framework for effective M&E is shown in Annexe 3. It will serve as a useful guide for pre and post project implementation auditing control.



## CHAPTER 5

### 5.0 TOTAL BUDGET WITH ANALYSIS BY SHORT, MEDIUM AND LONG-TERM ACTIONS INCLUDING RESOURCE MOBILISATION

#### 5.1 BUDGET

The table below shows the total budget with analysis by short, medium, and long-term activities to reduce malnutrition in Nigeria. The short and medium-term actions are priority for resource mobilisation so as to achieve an immediate impact on the nutritional situation of the vulnerable groups

<b>Program focus</b>	<b>Short-term action cost</b>	<b>Medium-term action cost</b>	<b>Long-term action cost</b>	<b>TOTAL program focus cost</b>
Food security	10.74m	102.85m	60.0m	173.59m
Enhancing care-giving capacity.	6.98m	15.35m	2.5m	24.83m
Enhancing provision of human services.	2.83m	15.05m	19m	36.88m
Improving capacity to address food and nutrition issues.	4.7m	4.5m	4.2m	13.4m
Raising awareness and understanding of the problems of malnutrition in Nigeria.	2.25m	1.5m	1.17m	4.92m
<b>Total cost</b>	<b>27.5m</b>	<b>139.25m</b>	<b>86.87m</b>	<b>253.62m</b>

## **5.2 Resource Mobilisation and Financing the NPAN**

The Federal Government of Nigeria is expected to finance this NPAN from its annual budget to the various line ministries and institutions with the responsibility of implementing this plan. Government's efforts are to be supported actively by various bilateral and multilateral partners in the economic and social sectors since nutrition is a critical element in the socio economic development of Nigeria. In addition, government may mobilise resources from the current VAT and education tax and other taxes on imported food, nutraceuticals, and beverages.

It is well known that investment in nutrition brings a tenfold increase in productivity. Consequently, government should explore the possibility of obtaining investment loans within the poverty reduction programme to tackle the related problems of malnutrition, which is caused primarily by poverty. Such loans could be available from development banks as the World Bank, African Development Bank, among others.

Government should make a similar investment to the Special Programme on Food Security to ensure the successful implementation of the NPAN. The Federal Ministry of Finance, being a member of the NCFN, will have the primary responsibility of ensuring that line ministries, budgets reflect the NPAN while the budgets of the Agriculture and Industry Department of NPC must reflect the budget of Food and Nutrition Division for co-ordination, monitoring, and evaluation.

## Glossary of Terms

Lead agency:	Agency designated to coordinate the implementation of the project along with other partners
Line ministry	Ministry/Agency that are involved in the implementation of nutrition and nutrition-related activities
Partnership	A state of being a partner/partners especially in development activities.
Indicative budgeting	Assumed cost of an activity which may fluctuate due to time factor.
Wasting	Low weight–for–height in an individual, especially children.  This end result of inadequate food intake often exists in combination with infection.
Stunting	Low height–for–age, resulting from a chronic inadequacy of food intake during first two years of life; often exists in combination with infection.
Underweight	Low weight–for–age, which is the end result of either past or recent inadequate food intake; often exists in combination with infection.

## Appropriate benchmarks established in the NFCNS 2001

	MONITORING (INDICATORS)	EVALUATION (Targets)
1. Food Insecurity		
(a) Availability	8 to 12 month % HH	100%HH
- Staple	”	
- Non staple	”	
- Animal foods		
(b) Affordability	8 to 12	100%HH
- Staple		
- Non staple		
- Animal food		
		100%HH
2. Poverty - Income		
	US \$1.0 per person per day	
- Literacy		
- Health		
- Water		
3. Nutritional status		
Anthropometric indices	% Wasting Stunting % Underweight BMI values of adolescents	
Biochemical indices	Median urinary values	
Food intake indices		

### ANNEX 3

#### A TYPICAL LOGICAL FRAMEWORK FOR SYSTEMATIC M&E PLAN

Project Title	Objectives	Indicators	Targets	Baseline	Data source	Timing	Responsibility	Cost	Comments
Goal									
Purposes									
Outputs									
Activities									
Inputs									
Activities									
Outcome									
Activities									

**PROJECT PLANNING MATRIX BELOW PROVIDES THE INFORMATION FOR THE ABOVE LOGICAL FRAMEWORK**

Why?	The project purpose or aim.	Overall goal.
What?	The project is intent.	Project purpose.
What?	The project aims.	Results/Outputs.
How?	The project intends to achieve the results/outputs.	Activities.
What?	External factors important for achieving the objectives.	Assumptions.
How?	Measurement of objectives.	Objectively verifiable indicators.
Where?	Location site for the data necessary for project evaluation.	Means/sources of verification.
What?	Project costs.	Specification of inputs and costs