

**LAGOS STATE MULTISECTORAL  
STRATEGIC PLAN OF ACTION FOR FOOD  
AND NUTRITION (LSMSPAN)**

2019 - 2023

**LAGOS STATE  
MINISTRY**

**ECONOMIC**

# LAGOS STATE MULTISECTORAL STRATEGIC PLAN OF ACTION FOR FOOD AND NUTRITION (LSMSPAN)

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### **List of Abbreviations and Acronyms**

ADA	Agricultural Development Authority
AIDS	Acquired Immune Deficiency Syndrome
ARV	Anti-retroviral
BCC	Behaviour Change Communication
BMI	Body Mass Index
BMS	Breast Milk Substitute
CAADP	Comprehensive African Agriculture Development Programme
CBOs	Community-Based Organizations
CMAM	Community Management of Acute Malnutrition
CSOs	Civil Society Organizations
DFID	Department for International Development
EMIS	Education Management Information System
ENA	Essential Nutrition Actions
FAO	Food and Agriculture Organization
FBOs	Faith Based Organizations
FMOH	Federal Ministry of Health
GARPR	Global Aids Response Country Progress Report, Nigeria
GHI	Global Hunger Index
HIV	Human Immunodeficiency Virus
HHS	Household Survey
ICN	International Conference on Nutrition
IDA	Iron Deficiency Anaemia
IDD	Iodine Deficiency Disorder
IMAM	Integrated Management of Acute Malnutrition
IMNCH	Integrated Maternal Newborn and Child Health
ITP	In Patient Therapeutic Program
IYCF	Infant and Young Child Feeding
LASACA	Lagos State AIDS Control Agency
LASEMA	Lagos State Emergency Management Agency
LBNS	Liquid Based Nutrient Supplement
LBS	Lagos Bureau of Statistics
LCDA	Local Council Development Area
LGA	Local Government Area
LGCFN	Local Government Committee on Food and Nutrition
LO-ORS	Low Osmolarity Oral Rehydration Solution
LSMSPAN	Lagos State Multi-sectoral Strategic Plan of Action for Food and Nutrition
LSPHCB	Lagos State Primary Health Care Board
MAM	Moderate Acute Malnutrition
MEPB	Ministry of Economic Planning and Budget

MDAs	Ministries Departments and Agencies
MDGs	Millennium Development Goals
M & E	Monitoring and Evaluation
MEPB	Ministry of Economic Planning and Budget
MICS	Multiple Indicator Cluster Survey
MLG&CA	Ministry of Local Government and Community Affairs
MNCH	Maternal Newborn and Child Health
MNCHW	Maternal Newborn and Child Health Week
MNDC	Micronutrient Deficiency Control
MOA	Ministry of Agriculture
MOE	Ministry of the Environment
MOEd	Ministry of Education
MOH	Ministry of Health
MoIS	Ministry of Information and Strategy
MYSD	Ministry of Youth and Social Development
NAFDAC	National Agency for Food and Drug Administration and Control
NBS	National Bureau of Statistics
NDHS	Nigeria Demographic and Health Survey
NFA	National Fortification Alliance
NFCNS	Nigeria Food Consumption and Nutrition Survey
NFSP	National Food Security Programme
NGOs	Non – Governmental Organizations
NCN	National Council on Nutrition
NNHS	National Nutrition and Health Survey
NPC	National Planning Commission
OTP	Out Patient Therapeutic Program
OVC	Orphan and Vulnerable Children
PLWHA	People Living With HIV/AIDS
RRA	Rapid Rural Appraisal
RUTF	Ready to Use Therapeutic Foods
SAM	Severe Acute Malnutrition
SBCC	Social and Behavioural Change Communication
SCI	Save the Children International
SCFN	State Committee on Food and Nutrition
SDGs	Sustainable Development Goals
SMART	Standardized Monitoring Assessment of Relief and Transitions
SUBEB	State Universal Basic Education Board
SUN	Scaling up Nutrition
UN	United Nations
UNICEF	United Nations Children's Fund
USI	Universal Salt Iodization

USI-TF	Universal Salt Iodization Task Force
VAD	Vitamin A Deficiency
WAPA	Women Affairs and Poverty Alleviation
WASH	Water Sanitation and Hygiene
WHO	World Health Organization

## **Foreword**

Malnutrition and nutrition-related issues continue to be of public health concern in Nigeria. Lagos being the most populous state in Nigeria and one of the ten most populous mega cities in the world is also grappling with negative nutrition indices. Malnutrition manifests mainly as under nutrition, over nutrition and micronutrient deficiencies.

Nutritional well-being of all people is a pre-condition for development and a key objective of progress in human development. A close relationship has been established between malnutrition and under development. The vision of the Lagos State Government to transform Lagos into Africa's model smart city, and a global economic and financial hub has necessitated massive investments in nutritional interventions to eradicate malnutrition and hunger. Lagos State was the first state in Nigeria to implement the six (6) months maternity leave for civil

servants in 2014 to encourage exclusive breastfeeding, and has recently (2018) launched its Infant and Young Child Feeding (IYCF) media campaign for social and behavioural change.

The Government of Lagos State is committed to the reduction of hunger and malnutrition in the State and to this end, the State Policy on Food and Nutrition was domesticated in 2019. However, effective implementation of this Policy requires a robust plan of action. In recognition of the multi-disciplinary and multi-sectoral nature of nutrition, the government in collaboration with Development Partners commenced the process for the development of a multi-sectoral strategic plan of action using a multi-stakeholder participation approach. The justification for the development of the LSMSPAN is to have a document that will serve as a tool to guide the implementation of interventions and programmes to address the problems of hunger and malnutrition across all sectors in the State. It evolves from the framework of the strategies outlined in the State Policy on Food and Nutrition and will serve as a working tool to all MDAs and Local Government Areas (LGAs)/Local Council Development Areas (LCDAs) in their effort to fight malnutrition and hunger while also serving as a reference material in all current and future interventions to bring about improvement in the nutritional status of Lagos State residents.

It is expected that if the plan is implemented effectively by all the sectors, it will address the challenges posed by malnutrition and contribute to promoting optimal nutrition for all Lagos residents and reduce malnutrition among the vulnerable thereby increasing productivity and economic development of the State.

**Mr Segun Banjo**  
*Honourable Commissioner,*  
*Lagos State Ministry of Economic Planning and Budget.*

## **Acknowledgement**

## **Executive Summary**

## **CHAPTER ONE**

### **INTRODUCTION**

#### **1.1 State Context Policy Framework**

The Lagos State Food and Nutrition Policy provides the framework for addressing the problems of food and nutrition insecurity at all levels of the State. It serves as a guide for the identification, design and implementation of the intervention activities across the various sectors to ensure adequate nutrition and health of Lagos residents. Malnutrition is the impairment of health due to inadequate or imbalance of one or more nutrients. Malnutrition has multi-faceted causes and requires solutions that are multi-disciplinary and multi-sectoral cutting across various sectors including health, agriculture, science and technology, education, information, economy, commerce and industry. Although many sectors usually develop their sector specific policies, the coordination of programmes and interventions emanating from the implementation of such policies have always been a challenge. The State Policy on Food and Nutrition has placed the responsibility for the coordination of nutrition activities on the State Ministry of Economic Planning and Budget which has the overarching responsibility to coordinate all state policies and programmes across the various sectors. The State Committee on Food and Nutrition (SCFN) established in 2016 is expected to serve as the platform for the coordination of nutrition programmes and strategies across all sectors.

The first National plan of action on Food and Nutrition was developed in 2005 to serve as a guide for the implementation of the National Policy on Food and Nutrition with duration of ten years. With the domestication of

the National Policy into a State Policy, comes the need to develop a State Plan of Action for effective implementation of the policy within the time envisaged. The development of the plan of action involved a multi-stakeholder participation process. This plan of action gives considerations to evidence-based nutrition-specific and nutrition-sensitive interventions and such emerging critical nutrition issues including nutrition in the first one thousand days of life, nutrition during emergencies and the emerging increase in the incidence and prevalence of diet-related non-communicable diseases. The plan of action also takes into consideration the increasing recognition of nutrition as a necessary condition for State development as espoused in the Millennium Development Goals and the post 2015 Sustainable Development Goals (SDG) and the Scaling Up Nutrition movement and activities.

The urgent need to scale up high impact and cost effective nutrition interventions to reduce the worsening nutrition situation in Lagos State as demonstrated by the massive investment and commitment of the State Government to food and nutrition security and poverty eradication further justifies the need for the development of a multi-sectoral plan of action for food and nutrition that will form the foundation for human capital development that will drive the Lagos State Development Plan.

## 1.2 Food and Nutrition Situation in Lagos State

The population of Lagos State according to recent estimate is over 25 million people and the State is blessed with abundant human and natural resources (LBS HHS 2018 report). The nutrition situation in the State has not improved significantly in the past 10 years based on available report (MICS 2017). It is particularly worrisome that the proportion of children that are either underweight or wasted today are more than they were ten years ago. This gives the impression that the various interventions carried out seemed not to have resulted in improved nutritional status especially among the vulnerable and particularly the Under-five children.

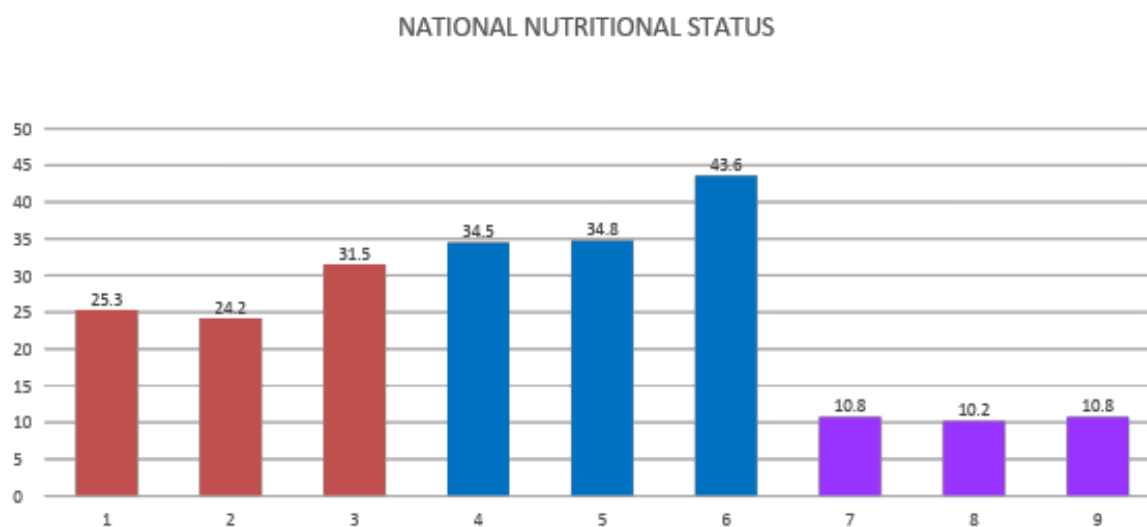
Although the various programmes and interventions carried out over the decade have been focused on proven high impact low cost interventions, the outcome has demonstrated the likelihood of a gap between programmes and projects implemented and the result realised.

Hunger and malnutrition are still widespread in the State and are more serious in scope and severity now than ever. Poverty underlies malnutrition and 87% of Lagos residents are reported to be living below the poverty line of \$1.90 per day (LBS HHS 2016 report). It has been estimated that the percentage of Lagos households that are food insecure had increased over time. Poverty, inadequate investment in the social sector, inadequate dietary intake, and diseases have been identified as the major determinants of malnutrition in the State. Malnutrition occurs in the form of overnutrition or undernutrition of either macro- and micronutrients or both, progressing to specific dietary deficiency diseases, and lifestyle and diet-related non-communicable diseases. Eliminating the problem of malnutrition is complex since many issues that are involved need to be addressed.



It has been estimated that Lagos State loses in every single day 50 per 1,000 live births of under five children and 550 per 100,000 women of child bearing age (LBS, 2014; MICS, 2017) which has contributed to the national burden of U-5 and maternal mortality rates. Malnutrition has been recognized as the underlying factor causing more than half of the death among under five children. In Lagos State, malnutrition manifests in form of protein-energy malnutrition, vitamin (A) and mineral (iron, iodine and zinc) deficiencies with women and children being worst affected. Available statistics has, therefore, indicated that the State has not made significant progress in reduction of malnutrition among under-five children in the last one decade.

Dietary diversity has also been reported to be low with fruits and vegetable consumption being very low resulting in poor intake of micronutrient and consequently deficiencies of essential micronutrients. The stunting rate among under-five in Lagos State was 11.4% in 2017, wasting was 11.4% in 2017, and underweight within the same period was 14.5% (MICS 2017).



When converted to absolute numbers, an estimated 369,112 children are affected by wasting and stunting while 469,485 are underweight.

The National Food Consumption and Nutrition Survey (2003) showed that national VAD prevalence among under five children stood at 23.2% (marginal) and 3.6% (clinical), meaning one out of every five children Under 5 are

vitamin A deficient. It is already demonstrated that if no effective action is taken to prevent and control vitamin A deficiency, over 80,000 Nigerian children will die annually as a result of vitamin A deficiency. Vitamin A deficiency (VAD) is known to contribute significantly to the burden of childhood diseases and premature death in children under-5 in developing countries. Vitamin A deficiency (VAD) alone contributes up to 25% to Under 5 mortality, and affects the overall survival, mental capacity and productivity of the child. The total prevalence of iron deficiency anaemia was 27.5% among children under 5 while zinc and iodine deficiencies were 20% and 27.5% respectively among Under 5

Inadequate food intake, poor child care practices and frequent infections are underlying causes of malnutrition among children. Poor infant and young child feeding practices are demonstrated by low rates of exclusive breastfeeding. Breastfeeding is not only an investment in improving children's health and saving lives, but also an investment in human capital development that can benefit the State's economy. Breastfeeding is one of the best investments in global health, it has been reported that every N1 invested in breastfeeding generates N35 in economic returns. The current exclusive breastfeeding rate in Lagos State is 51.8% meaning that almost half of the children each year do not get the health and immunological benefits of breastfeeding.

Undernutrition in early childhood has serious consequences and contributes to high level of infant mortality. Underweight children tend to have more serious illnesses including diarrhoea and acute respiratory infections which can directly reduce the child's physical and mental development.

### 1.3 State Nutrition Response

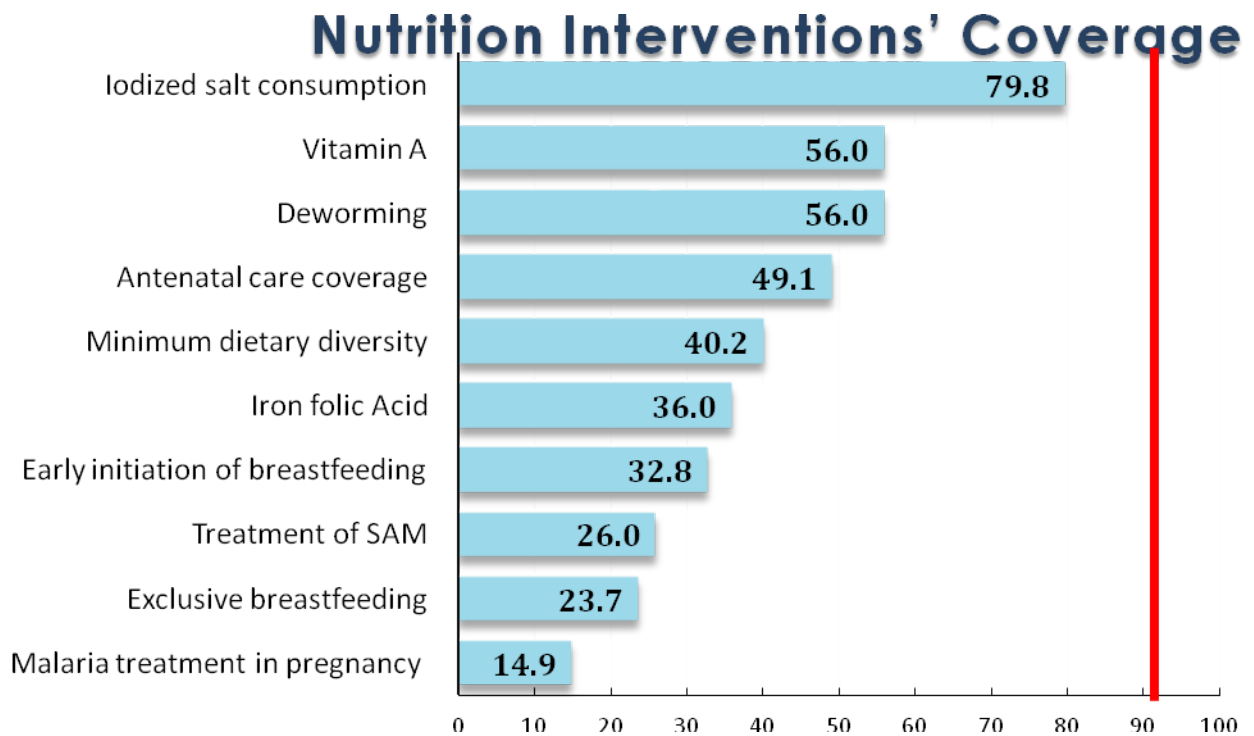
Lagos State has shown commitment to eradicating hunger and malnutrition among her people in order to lay a strong foundation for improved standard of living for the residents and socioeconomic development of the State. Although the Lagos State Government has invested in some of the key sectors of the economy especially agriculture, health, education, social protection, water and sanitation, the impact of such investments are usually low due to the huge population of the State.

The Government of Lagos adopted in 2010 the Maternal and New Born Child Health Week as a strategy to reduce maternal new born and child morbidity and mortality in line with MDG targets. MNCHW is a simple one-time delivery mechanism that consolidates services that immediately demonstrates impact in terms of significantly increasing coverage levels of all the core preventive and curative interventions that improve the health of mothers and children. MNCHW is carried out twice every year with the aim of increasing population coverage of needed low cost, high impact interventions and thereby contribute to reduction of morbidity and mortality in mothers, new born and children less than 5 years of age. However, after almost a decade of implementation of these low cost high

impact interventions, there has not been appreciable improvement in the nutritional status of women and children who are the targets.

#### 1.4 Gaps in Intervention Coverage and Challenges

The coverage of the MNCHW package of interventions while being high in vitamin A supplementation, have been very low in iron, folate and zinc supplementation and as such has not made much impact judging by the large population of the target beneficiaries. Apart from vitamin A supplementation, none of the interventions recorded up to 60% coverage of the target population of beneficiaries. This inadequate coverage of target population leaves a big gap in these key interventions.



## Chapter 2.

### Food and Nutrition Action Plan (2019-2025)

#### 2.1 Background Information

The Government of Lagos is committed to the reduction of hunger and malnutrition in the State and to this end, the State Policy on Food and Nutrition was domesticated in 2019. In recognition of the multi-disciplinary and multi-sectoral nature of nutrition, the Government in collaboration with Development Partners commenced the process for the development of a multi-sectoral strategic plan of action using a multi-stakeholder participation approach. This Lagos State Multi-sectoral Strategic Plan of Action for Food and Nutrition (LSMSPAN) was developed in line with the State Policy on Food and Nutrition in collaboration with Development Partners, the Academia, Civil Society Organizations and the Private Sector. The plan of action builds on some sectoral plan of actions such as the National Health Strategic Plan of Action for Nutrition (NHSPAN, 2009) and Nigeria Agricultural Sector Plan for Food Security and Nutrition. It also covers other sectoral activities such as Education; Water, Sanitation and Hygiene, Women Development, Science and Technology as well as Finance. The plan is to run for a period of six years (2019 -2025). It is expected that if the plan is implemented effectively by all the sectors, it will address the challenges posed by malnutrition and contribute to promoting optimal nutrition for all Lagos residents and reduce malnutrition among the vulnerable. This will, thereby, increase productivity and economic development of the State.

#### 2.2 Rationale

The rationale for the development of the Lagos State Multi-Sectoral Strategic Plan of Action for Food and Nutrition (LSMSPAN) is to have a document that will serve as a tool to guide the implementation of interventions and programmes to address the problems of hunger and malnutrition across all Sectors in the State. It evolves from the framework of the strategies outlined in the State Policy on Food and Nutrition and will serve as a working tool to all Local Government Areas (LGAs)/Local Council Development Areas (LCDAs) and other levels of government in their effort to fight malnutrition and hunger while also serving as a reference material in all current and future interventions to bring about improvement in the nutritional status of Lagos State residents.

#### 2.3 Purpose of Nutrition Action Plan

This LSMSPAN will be used by all MDAs and Private operators across all sectors at the LGA/LCDA and Community levels to respond to the challenges of nutrition in Lagos State. It will inform action plans that will

direct all interventions, programmes and activities to be implemented to reduce malnutrition and hunger leading to increased productivity and State development. If well funded and implemented, LSMSPAN is expected to contribute significantly towards the elimination of all forms of malnutrition as a public health problem in the State as well as contribute to the achievement of the Sustainable Development Goals target by 2030.

## 2.4 Goal, Objectives, Priority Areas and Expected Outcomes

### 2.4.1 Goal

The goal of the plan is to attain optimal nutritional status for all Lagos residents through accelerating the scaling up of priority high impact nutrition specific and nutrition sensitive interventions as well as creating the enabling environment for improved nutrition focusing on the most vulnerable, especially women, children and internally displaced persons.

### 2.4.2 Objectives

To achieve the goal of attaining an optimal nutritional status by the year 2025, a number of objectives and targets are articulated as follows:

1. To improve food security at the State, Local Government, Community and Household levels
2. To reduce undernutrition among infants and children, adolescents and women of reproductive age.
3. To significantly reduce micronutrient deficiency disorders, especially among the vulnerable.
4. To increase the knowledge of nutrition among the populace and incorporate nutrition education into formal and informal trainings.
5. To promote optimum nutrition for people in difficult circumstances (e.g children with special needs etc) including PLWHA
6. To prevent and control chronic nutrition-related non-communicable diseases.
7. To incorporate food and nutrition considerations into the State and Local Government development plans
8. To promote and strengthen Research, Monitoring and Evaluation of food and nutrition programme
9. To strengthen systems for providing early warning information on the food and nutrition situation
10. To ensure universal access to nutrition-sensitive social protection

LSMSPAN consist of six result areas and eighteen strategic objectives with each of them having an expected outcome. These result areas and strategic objectives were derived from the policy and were aimed at achieving the policy objectives.

### 2.4.3 Priority Areas

The six result priority areas are the following:

#### **2.4.3.1 Food and Nutrition Security**

The strategic plan of action will focus on achieving food and nutrition security through investment in agriculture to increase food production, availability, accessibility and affordability to all Lagos residents. Measures will be taken to improve food harvesting, processing, preservation and storage to reduce postharvest losses, improve food preparation and food quality as well as improve the management of food security crisis and nutrition in emergency situations. It will also include school based strategies to reduce malnutrition among school age children and improve their learning, health and nutrition status.

#### **2.4.3.2 Enhancing Care-giving Capacity**

Nutrition specific interventions are a major focus of this plan of action and programmes and activities will be implemented to ensure optimal nutrition in the first 1,000 days of life. Activities and programme that will address the needs of the socioeconomically disadvantaged are also included.

#### **2.4.3.3 Enhancing Provision of Quality Health Services**

Inadequate health care services are an underlying cause of malnutrition. The plan will enhance the provision of quality health services through preventing and managing nutrition related diseases to reduce morbidity and mortality associated with malnutrition. Specific interventions to prevent micronutrient deficiencies as well as protect the consumer through improved food quality and safety are also included.

#### **2.4.3.4 Improving Capacity to Address Food and Nutrition Insecurity Problems**

Strengthening the enabling environment and building capacity of programme implementers is a priority and activities will be implemented to improve capacity to address food and nutrition insecurity problems as well as provide a conducive macroeconomic environment for improved nutrition status. The needs of the vulnerable groups will be taken care of through implementation of nutrition sensitive social protection programmes.

#### **2.4.3.5 Raising Awareness and Understanding of the Problem of Malnutrition**

Some of the causes of malnutrition are socio-cultural and behavioural in nature. Programmes and activities that will promote positive behaviour and lifestyle changes through advocacy, communication and social mobilization have been included in the plan.

#### **2.4.3.6 Resource Allocation for Food and Nutrition Security at all Levels**

Adequate funding and resources for implementation of food and nutrition activities to reduce malnutrition have always been a challenge not only in Lagos State but at national level. This LSMSPAN includes aggressive strategies for resource mobilization and investment for nutrition. Activities to ensure budget allocation, timely release and utilization as well as strengthening the coordination capacity of both the institutions and personnel responsible for policy and programme coordination are also included.

## **2.5 Coordination**

The framework for institutional arrangement for the Lagos State Policy on Food and Nutrition vested the overall responsibility for the coordination of the policy and the plan of action on the Ministry of Economic Planning and Budget (MEPB), in order to ensure a result-oriented programme implementation and coordination. The State Committee on Food and Nutrition (SCFN) under the Chairmanship of the Permanent Secretary, MEPB is the coordinating unit of Food and Nutrition in Lagos State. This Committee is made up of Desk Officers of Nutrition of relevant MDAs, Representatives of relevant Professional bodies, Development Partners and Civil Society Organizations, Tertiary Institutions and Research Institutes. All food and nutrition activities will be coordinated at the LGAs/LCDAs and ward levels by the Local Government Committee on Food and Nutrition and Ward Committee on Food and Nutrition respectively. The MEPB will serve as the secretariat of the State Committee on Food and Nutrition.

### **LSMSPAN STRATEGIES**

To achieve the set objectives of the plan of action, the following strategies will be adopted:

- 1. Service Delivery**

In line with their various mandates, interventions designed to reduce malnutrition will be driven simultaneously across concerned MDAs at the State and LGA/LCDA levels

- 2. Capacity Building**

The technical capacity of the State Committee on Food and Nutrition will be strengthened through the continuous training of its members across all MDAS concerned with nutrition. This will be extended to the LGA and Ward Committees on Food and Nutrition.

- 3. Behaviour Change Communication**

Public awareness will be created through extensive community mobilization to impact caregivers, women of reproductive age and other segments of the population on good dietary habits towards better health and reduction of chronic nutrition related diseases.

- 4. Advocacy and Resource Mobilization**

The SCFN together with Civil Society Organisations, will mount high level advocacy targeted at all levels of government, the private sector and the donor community to improve funding for nutrition in order to improve the nutrition indices in the State.

5. Research Monitoring and Evaluation

Research for development and identification of drivers of good nutrition as well as nutritional value of indigenous foods are key components of the LSMSPAN. It will be driven by Universities and Research Institutes. Monitoring and Evaluation is a major component of the action plan.

6. Coordination and Multi-sectoral Partnership

The MEPB will coordinate all activities related to the implementation of the LSMSPAN through the State Committee on Food and Nutrition. The MEPB will maintain a constant link with MDAs to ensure effective implementation of their mandates and responsibilities in LSMSPAN.



## CHAPTER THREE

### MONITORING AND EVALUATION, ACCOUNTABILITY AND LEARNING (MEAL)

#### 3.1 Concept of MEAL

Monitoring and Evaluation, Accountability and Learning are part of everyday programme management and are critical to the success of all projects. A MEAL system will allow the tracking of progress, make adjustments and discover any unplanned effects of programmes as well as evaluate the impact the project has made on the lives of the beneficiaries. In addition to this, a MEAL system also helps us to be accountable to our stakeholders through information sharing and developing a complaints or feedback mechanism which can help to guide programme implementation. This Lagos State Multisectoral Strategic Plan of Action for Food and Nutrition will institute a MEAL system for the purpose of providing accurate, reliable and timely information on the progress of implementation and reporting on how far the strategic objectives are being met, changes in the nutritional status of Lagos residents, especially women and children, as well as being accountable to the stakeholders including the donor community. The LSMSPAN MEAL system will have the following objectives:

1. Collection of accurate, reliable and timely data to monitor the progress of implementation of the plan
2. Systematically measure results, incorporate and document experiential learning
3. Utilize effective feedback mechanisms to ensure greater accountability to program beneficiaries and key stakeholders
4. Facilitate decisions based on evidence and learning that will lead to improvement in programme delivery
5. Sharing lessons learned with the stakeholders, development community and policymakers

#### 3.2 Monitoring

LSMSPAN implementation progress will be monitored through routine and on-going evaluation of activities in every sector. This will include monitoring using the sectoral routine data collection and reporting system existing in all relevant MDAs as well as community level food and nutrition information and data collection system. There are several nutrition-relevant information systems that collect nutrition-relevant routine data such as Food Security Early Warning System (FEWS), Consumer Price Index, State Health Management Information System (SHMIS), Growth Monitoring, Nutrition Surveillance, Education Management Information System (EMIS) etc. Other Community Level Food and Nutrition Information System including Growth Monitoring and Promotion, Nutrition Surveillance and Food Price Index. This will be complemented with multi-sectoral annual review of operational achievements and progress, challenges of implementation, lessons learned and recommendations using such state platforms as SCFN meetings and Nutrition Week.

#### 3.3 Evaluation

Evaluation of LSMSPAN will rely on annual joint review meetings to evaluate performance in addition to annual and periodic surveys such as the National Health and Nutrition Survey (NNHS) and others including Multi Indicator Cluster Survey (MICS) and National Demographic and Health Survey (NDHS).

### **Baseline data**

The annual National Health and Nutrition Survey (NNHS) 2013, 2018 and Multi Indicator Cluster Survey (MICS) 2017 have been used to set baseline data. NDHS 2018 and the proposed National Food Consumption and Nutrition Survey will provide further information and data to fill the data gap for baseline.

### **Mid-Term Evaluation**

For the purpose of mid-term evaluation, MICS 2021 and NNHS 2021 will be used to evaluate progress in the achievement of result. MEPB and Development Partners will collaborate with the Lagos Bureau of Statistics to ensure that critical indicators that are required to track the progress of implementation and result are included in the periodic health and nutrition survey.

### **End Term Evaluation**

National Demographic and Health Survey (2023) and NNHS (2023) will provide data that will serve the purpose of project evaluation.

MEPB management will need to make budgetary provision for establishing collaboration and partnerships with relevant State and Federal data producing bodies such as the Lagos Bureau of Statistics (LBS), the National Population Commission (NPC) especially to include in the data tool, some of the important data needed to measure progress towards target achievement.

### **3.4 Accountability**

The implementation of LSMSPAN will demonstrate accountability to beneficiaries and stakeholders through generation of regular updates and reports on the progress of implementation. MDAs will be required to adopt a reporting template with adjustments on peculiarities based on their mandate. Opportunity to present such updates will use the existing platforms such as the following

### **State Committee on Food and Nutrition**

MDAs will be required to present and submit quarterly updates on the progress of implementation and result at the quarterly meetings of the SCFN to be called by the Ministry of Economic Planning and Budget. It is expected that a total of four updates will be generated each year and will form the basis for an annual report.

### **3.5 Learning**

LSMSPAN will include learning by incorporating lessons learnt, recommendations and observations from accountability mechanism and joint review meetings into programme design. From a detailed trend analysis, observations are made followed by recommendations to re-design, fine-tune programmes and timelines of interventions aimed at different target groups

### **The M&E System**

The M&E system will be established and domiciled in MEPB with a robust food and nutrition information collection and management system. The M and E system will have a portal that will be horizontally linked with the M and E unit of the relevant MDAs at the State level as well as vertical link with M and E at the LGA/LCDA level. It will provide information on how and to what extent progress is being made towards achieving specified Strategic objectives and targets of the LSMSPAN.

Data tools and instruments as well as guidelines for data collection and reporting will be developed for both quantitative and qualitative data by MEPB M and E unit in collaboration with other stakeholders especially the Donor community and other levels of government. Capacity building at inception and regular on- going training on data tool use, guidelines for data collection and analysis as well as reporting will be carried out for the M and E team and personnel at the State and LGA/LCDA levels. Through regular collection of data on activity indicators, output and outcome and M and E report, the progress of implementation of LSMSPAN will be monitored and evaluated while scorecards will be developed with lessons learnt.

## CHAPTER 4

### COSTING

The costing of the LSMSPAN was done at the activity level taking into consideration all possible costs (i.e input cost, transport. Personnel, training, supervision, monitoring and evaluation as well as relevant overhead) that will be required to implement an intervention or programme. Thus, the costing matrix contains the costing spreadsheet based on the six result areas, interventions and activities reflecting the following information:

- (1) Annual Activity cost = unit cost \* annual target units
- (2) Total activity cost =  $\sum^1$  (annual cost \* annual target units)
- (3) Intervention total cost =  $\sum$  activity total cost
- (4) Program total cost =  $\sum$  total interventions cost
- (5) LSMSPAN total cost =  $\sum$  Program total cost

#### 4.1 Basic Assumptions of Costing LSMSPAN

This costing activity required that some assumptions be made about the type and scale of the proposed programs and interventions. The assumptions about the scope and content of all the interventions were discussed during the four zonal consultative meetings as well as the final costing workshop both under the leadership and guidance of the MEPB.

Additionally, where unit costs were not available or could not be properly estimated by participants during the costing workshop, previous cost estimation from the World Bank<sup>2</sup>, the cost estimation done by the Ministry of Health and Ministry of Agriculture as contained in their respective strategic plans of action as well as experience of nutrition programming from other states to make assumptions about certain costing variables.

#### 4.2 Costed LSMSPAN Timeframe

The Lagos State Policy on Food and Nutrition has an operational duration of a 7--year period, it was, however, agreed among stakeholders that the proposed costing of the LSMSPAN should only be for a five-year (5) period. Although costing can be made for the seven-year period, any cost projection beyond the 5-year period will be of no

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<sup>1</sup>symbol for sum

<sup>2</sup> Costed plan for scaling up nutrition: Nigeria (World Bank, 2014)

use as changing economic environment will certainly have material effect on the units cost and therefore estimating the cost over a five-year period (2019-2023) is most appropriate.

### **4.3 TARGET GROUPS AND INTERVENTION BY THE STATE**

In line with the Scaling Up Nutrition (SUN) strategy and the recognition of the "first 1000 days of the child" as the window of opportunity to have a better impact on the health and development of the child, the Strategic Plan of Action primarily targets pregnant women, lactating mothers and children under 5, particularly those aged 0 to 23 months without necessarily excluding other categories of people affected by the scourge of malnutrition in Lagos State such as school age children, orphans and vulnerable children, adolescents and young adults.

The Strategic Plan proposed the scaling up of nutrition interventions across the State but priority should be given to scaling up interventions (both specific and sensitive) in LGAs/LCDAs and wards where the incidence of stunting exceeds 40% and that of severe stunting 20%, in line with the recommendations of the costing study carried out by the World Bank.

It is recommended that full package of nutrition specific and nutrition sensitive interventions be implemented simultaneously in these priority LGAs/LCDAs during the five years of the strategy to maximize impact.

The Strategic Plan is designed to be implemented under six (6) result areas as contained in the State Policy on Food and Nutrition. This operational document shows the interventions and activities, unit costs of these activities and the budget required for their implementation over the five years period.

### **4.4 INTERVENTION APPROACH**

The interventions contained in the Operational Plan are the activities selected to achieve the expected results of the Multi-Sectoral Strategic Plan for Nutrition 2019-2023. These interventions have been identified through multi-Stakeholder participatory process which brings together representatives from MDAs of the State, Development Partners, Universities; Non-Governmental Organizations as well as the organized private sector. These interventions were chosen because of their proven efficiency and cost effectiveness and within the specific nutrition context in Lagos State and the recommendations of the SUN movement.

The implementation of the plan of action will be led by the various MDAs supported by other stakeholders using existing governments delivery platform (Health Facilities, Schools) and community structures and systems.

### **4.5 Costing Methodology**

Costing was done through a multi-sectoral participation process involving relevant programme implementers across MDAs at the State and LGA/LCDA levels. A micro-costing approach was adopted which involved the estimation of unit cost of all aspects of service delivery and programme implementation. The costed scaling up plan

presents the estimated costs for all six result areas and 20 interventions contained in the plan of action. The cost of scaling up was calculated by estimating unit costs for all aspects of service delivery (e.g. input costs, transportation and storage, staffing, training, supervision, monitoring and evaluation, relevant overheads, waste, etc.) for each intervention of the actual programs that are currently offered (current coverage) in the State, taking into account the context in which these services are delivered.

This micro-costing method provided opportunity to establish costs by activities and results are presented in the tables (1-2). At this stage of strategic planning, the future value of costs was not calculated and therefore the effect of inflation is not neutralized on cost estimates. It should be noted that the cost estimate was made in Nigerian National Currency (Naira) and no conversion into USA dollars was made. Furthermore, even though the State Policy on Food and Nutrition will be operational through 2025, stakeholders agreed that the costing should be done over a medium period of five years in line with global best practices.

#### 4.6 Total Annual Costs

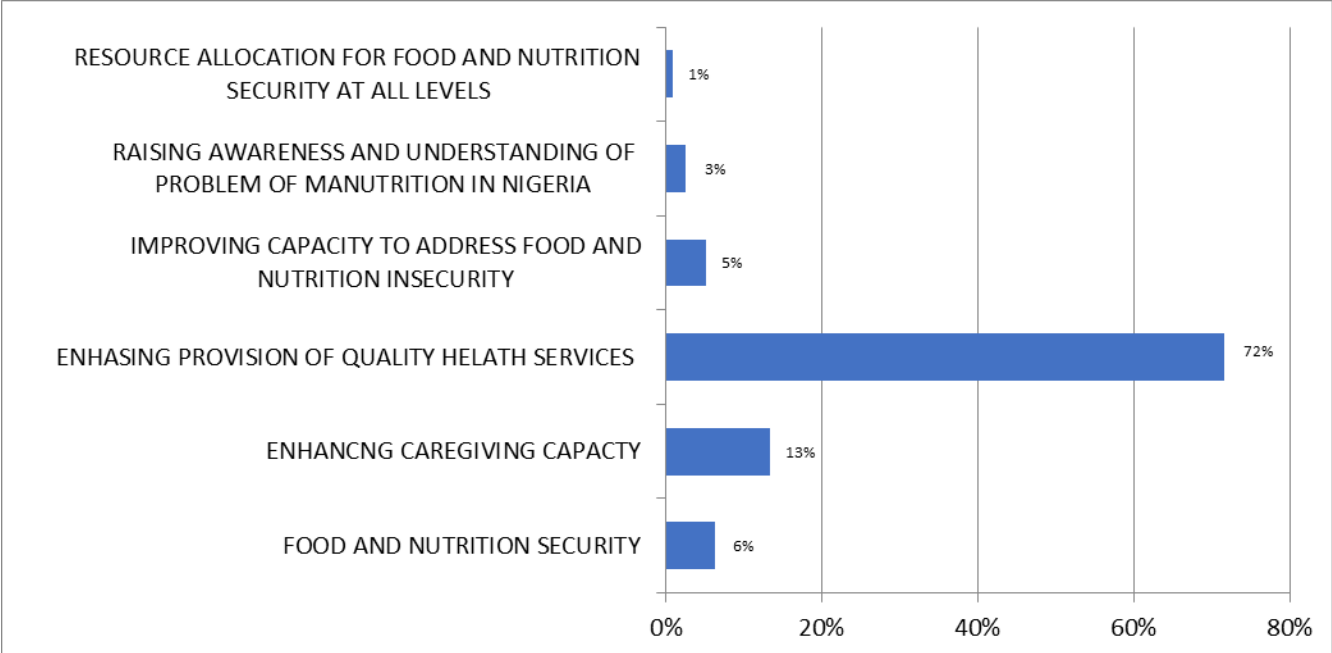
The main objective of this section is to provide cost estimates for the period of five years (2019 - 2023) in order to allow the government and other stakeholders know the cost required to operationalize the policy and plan of action during the 5-year period. The section also provides the cost estimates to be used for advocacy and resource mobilization from stakeholders (international donors and local private sector, civil society and government) involved in national response to the nutritional challenges in the country.

The Ministry of Economic Planning and Budget (MEPB), is the institution tasked to coordinate the implementation of the LSMSPAN by the State Government. The viewpoint and perspective of the costing is institutional, implying that the costs calculated are linked to this institution. Given the multi-disciplinary nature of nutrition, and the integration of nutrition in other Sector Strategic Plans, a large proportion of the costs will be met through resource mobilization initiatives of the MEPB in collaboration with the other sectors. For example, the Health sector is already financing some of the health-related nutrition interventions and the same applies to the nutrition sensitive agriculture interventions some of which have been costed in the Agriculture Sector Food Security and Nutrition Strategy (ASFNS). Thus, only the most cost-effective nutrition sensitive agriculture interventions are covered in this multi-sectoral plan of action.

The estimated total cost of implementing 20 specific and nutrition-sensitive interventions across the State "full coverage scenario" that would require a public investment over the five-year period (2019-2023) is **₦ 284,826,499,000**; with an average annual public investment cost estimated at **₦1 137,551,032,750**

When viewed across the sectors, the health sector which covers two result areas (2 and 3) i.e. enhancing caring capacity and strengthening the provision of quality health services will require respectively **72% and 13%** of the total budget over the next five years. This is an indication that the main thrust of the LSMSPAN is on prevention

rather than cure. The agriculture sector covers result area 1 which is ensuring food and nutrition security at all levels. The total cost of implementing the interventions in this sector amounts to 7% of the total cost of the overall investment required over the five years period. The low cost of implementing the interventions in this sector is due to the fact that most of the interventions that were originally identified have been included in the Agriculture Sector Strategic Plan i.e. ASFNS document with appropriate costing. Other reasons included the lack of target population and current coverage figure.

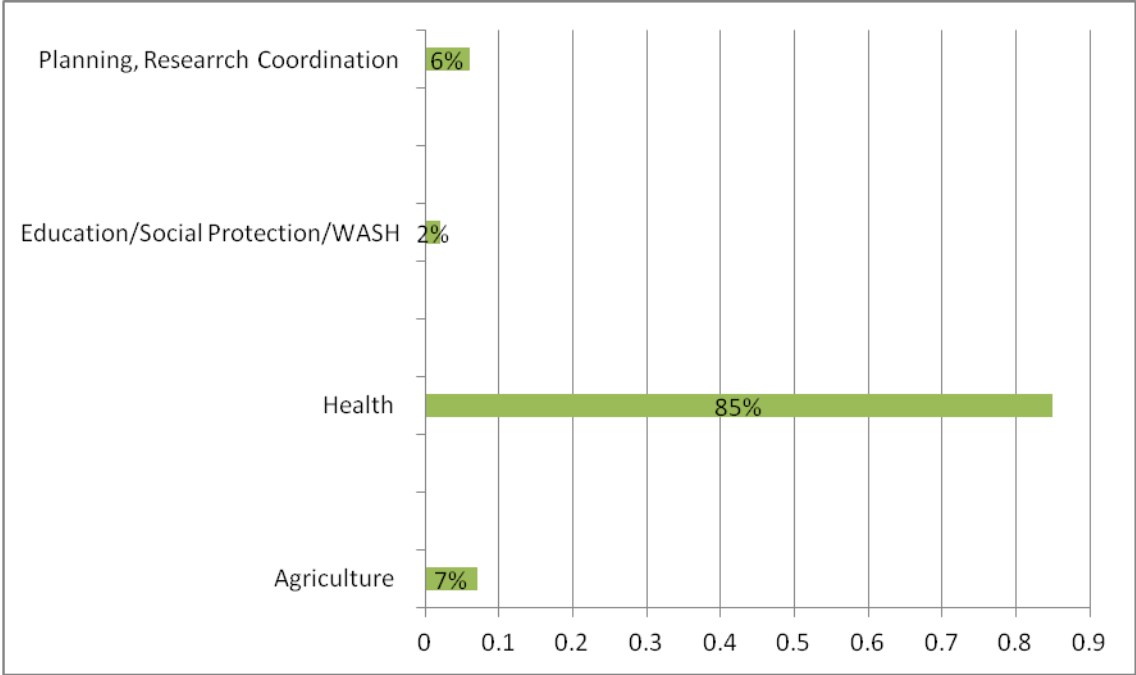


The high costs for prevention are indicated in the cost of implementing interventions in the key result areas 2 and 3 in decreasing order. Most of the interventions in these result areas are key child survival interventions that target children 0 -24 months thus presenting opportunities for reducing stunting and other forms of malnutrition within the first 1000 days window of opportunity. It is therefore important and urgent for government to consider allocating more funding to these interventions which are high impact interventions to reduce the scourge of malnutrition in Lagos State.

**4.7 Financing of the LSMSPAN**

The cost estimates for the LSMSPAN will be used by MEPB to advocate for financial support from Government, Donor Agencies and Partners, the Private and Business Sectors, International and Local Non-Governmental Organizations (NGOs). Due to the ever-changing nature of the environment that we live in where new information on high impact low cost nutrition interventions are continuously emerging, Stakeholders must meet regularly to have a consensus on prioritization of interventions and budget allocation for effective utilization of available funds.

Due to budget constraints, Lagos State might not be able to scale up the result areas at the same time and effectively in all LGAs/LCDAs. It is therefore suggested that a scaling scenario based on the burden of stunting, impact, costs and implementation capacity within existing delivery platforms in the State should be considered.



**Fig.2: LSMSPAN Cost per sector as % of the total costs (2019-2023)**

Table 2 shows the cost of interventions Fig.2 above shows that intervention 8<sup>3</sup> (preventing and managing nutrition related diseases) will absorb most of the funding (nearly 66% of the total interventions cost) followed by interventions 7, 11 and 12. These four interventions alone will require a public investment of around 95% of the total NMSPAN cost (N863,469,327,747.81.).

As shown in the table-3 above, preventing and managing nutrition related diseases will alone require an estimated public investment of around 598,426,125,500 over the next five years, representing nearly 66% of LSMSPAN estimated total cost over the five-year period.

<sup>3</sup> Since actual costs may differ from the estimates in this report, it is important to consider the potential effects of an increase or decrease of the overall interventions cost. In fact, the more expensive the intervention, the greater the uncertainty, and vice versa.



**Table 4: Cost of 4 Interventions relative to total Interventions costs ( in millions of Naira).**

	2019	2020	2021	2022	2023	Total Interv. Cost (5 years)	% of total
Annual total Cost (18 interv).	313,730,470,110	224,308,962,084	144,079,236,721	140,114,812,104	90,361,247,963.33	912,594,728,983.28	
Interv.6 Annual cost	46,166,267,250	31,061,128,500	19,951,336,961.26	19,402,364,234.96	12,512,751,645.44	129,093,848,592	14%
Interv.8 Annual Cost	199,581,901,750	149,747,200,750	99,631,161,000.00	99,631,161,000.00	49,834,701,000.00	598,426,125,500	66%
Interv.11 Annual Cost	20,240,556,000	13,536,673,500	6,837,166,000.00	6,841,541,000.00	6,757,922,500.00	54,213,859,000	6%
Interv.12 Annual Cost	15,912,722,160	11,225,957,760	41,644,376,176.15	6,476,219,280.00	6,476,219,280.00	81,735,494,656	9%
<b>Total</b>	<b>281,901,447,160</b>	<b>205,570,960,510</b>	<b>168,064,040,137</b>	<b>132,351,285,515</b>	<b>75,581,594,425.44</b>	<b>863,469,327,747.81</b>	<b>95%</b>

Given the large gap between current investments in nutrition and the scenario of scaling presented here, it seems essential to quickly identify additional sources of funding. As mentioned above. To date, the State budget allocation to nutrition related investment remains negligible, the bulk of it comes mainly from the donor community. The magnitude of LSMSPAN estimated cost, when compared to the current level of investment (both internal and external) in nutrition related activities in the State , makes it clear that identifying additional sources of funding is a priority.

#### 4.8 Prioritizing Interventions Due to Resource Constraints

Challenges of malnutrition in Lagos State is daunting, thus, the plan of action is geared towards achieving result to bring about its reduction. In the event of budgetary constraints, policy makers may be compelled to decide on investing on a state-wide implementation of some identified key interventions within the list of available package of interventions. Packages of fewer interventions are then phased-in

gradually over time depending on availability of more funds. If policy makers chose to ration within the current package of interventions, it is recommended that priority should be given to interventions that are most cost-effective and have high impact. The lists of such interventions are shown in Table 4. The bulk of the cost of implementation of these interventions goes to Water Sanitation and Hygiene followed by treatment of acute malnutrition and coordination and partnership. Other interventions of priority include micronutrient deficiency control especially MNP and folate for adolescents and pregnant women.

Intervention	Cost	%
Infant and young child feeding (IYCF)	?	?
Micronutrient Deficiency Control (MNP, IFA)	N1,769,887,000	?
MNCHW	N344,204,000	?
CMAM/MAM	50,585,220,000	?
Complementary feeding	?	?
WASH	N598,120,197,000	?
Biofortification	N364,125,000	?
School feeding	N1,999,118,000	?
Coordination and multi-sectoral partnership	N6,023,103,500	?

The identification of costs associated with conducting high impact cost effective nutrition intervention in the State is essential not only to scale up and achieve result but also to prioritize resource mobilization and advocacy.

The large percentage of the total cost of implementation of nutrition specific and nutrition sensitive interventions in health which are predominantly preventive activities are in consonance with the State policy on health which emphasises preventive health care and health promotion rather than curative. This is especially true for nutrition if the scourge of severe acute malnutrition must be addressed.





Result Area, Sector, Interventions												
N°		Cost – 2019	%	Cost -2020	%	Cost - 2021	%	Cost - 2022	%	Cost- 2023	%	Total Cost
I	Result Area 1. FOOD AND NUTRITION SECURITY	1,644,181,750.00		1,644,181,750.00		1,644,181,750.00		1,644,181,750.00		1,644,181,750.00		8,220,908,750.00
<b>Sectors: Agriculture, Education, Social Protection and Wash</b>												
	<b>Interventions</b>											
	1.1 Ensuring Food and Nutrition Security at the National, State, Community and Household levels	681,204,250.00		681,204,250.00		681,204,250.00		681,204,250.00		681,204,250.00		3,406,021,250.00
	1.2 Improving Food Harvesting, Processing and Preservation	13,480,000.00		13,480,000.00		13,480,000.00		13,480,000.00		13,480,000.00		67,400,000.00
	1.3 Improving Food Preparation and Quality	34,780,000.00		34,780,000.00		34,780,000.00		34,780,000.00		34,780,000.00		173,900,000.00
	1.4 Improving Management of Food Security Crisis and Nutrition in Emergency	161,082,500.00		161,082,500.00		161,082,500.00		161,082,500.00		161,082,500.00		805,412,500.00
	1.5 Increasing Availability, Accessibility and Affordability to Food	745,385,000.00		745,385,000.00		745,385,000.00		745,385,000.00		745,385,000.00		3,726,925,000.00
	1.6 School Based Strategies	8,250,000.00		8,250,000.00		8,250,000.00		8,250,000.00		8,250,000.00		41,250,000.00
II	Result Area 2. ENHANCING CAREGIVING CAPACITY	3,879,933,400.00		3,879,933,400.00		3,879,933,400.00		3,879,933,400.00		3,879,933,400.00		19,399,667,000.00
<b>Sector: Health</b>												
	<b>Interventions</b>											
	2.1 Ensure Optimal Nutrition in the First 1,000 Days of life.	3,849,270,400.00		3,849,270,400.00		3,849,270,400.00		3,849,270,400.00		3,849,270,400.00		19,246,352,000.00
	2.2 Caring for the Socioeconomically Disadvantaged and Nutritionally Vulnerables	30,663,000.00		30,663,000.00		30,663,000.00		30,663,000.00		30,663,000.00		153,315,000.00
III	Result Area 3. ENHANCING PROVISION OF QUALITY HEALTH SERVICES	50,900,679,500.00		50,787,314,000.00		50,787,314,000.00		50,787,314,000.00		50,787,314,000.00		254,049,935,500.00
<b>Sector: Health</b>												
	<b>Interventions</b>											
	3.1 Preventing and Managing Nutrition Related Diseases	67,579,500.00		5,184,000.00		5,184,000.00		5,184,000.00		5,184,000.00		88,315,500.00
	3.2 Preventing Micronutrient Deficiency	48,173,156,000.00		48,157,536,000.00		48,157,536,000.00		48,157,536,000.00		48,157,536,000.00		240,803,300,000.00
	3.3 Protecting the Consumer through	29,862,000.00		7,614,000.00		7,614,000.00		7,614,000.00		7,614,000.00		60,318,000.00

	Improved Food Quality and Safety 3.4 Reduce Morbidity and Mortality Associated with Malnutrition	2,630,082,000		2,616,980,000		2,616,980,000		2,616,980,000		2,616,980,000		13,098,002,000
IV	Result Area 4. IMPROVING CAPACITY TO ADDRESS FOOD AND NUTRITION INSECURITY	80,507,920.00		39,545,420.00		39,545,420.00		39,545,420.00		39,545,420.00		238,689,600.00
<b>Sectors: Planning, M&amp;E, Research and Financing</b>												
	<b>Interventions</b>											
	4.1 Assessing, Analyzing and Monitoring Nutrition Situations	50,647,920		13,895,420		13,895,420		13,895,420		13,895,420		106,229,600
	4.2 Providing a Conducive Macro Economic Environment	800,000		0.00		0.00		0.00		0.00		800,000
	4.3 Social Protection Programs for the Vulnerable Groups	29,060,000		25,650,000		25,650,000		25,650,000		25,650,000		131,660,000
V	Result Area 5. RAISING AWARENESS AND UNDERSTANDING OF PROBLEM OF MANUTRITION IN NIGERIA	541,275,550.00		541,275,550.00		529,514,550.00		526,496,500.00		526,496,500.00		2,665,058,650.00
<b>Sectors: Education, Social Protection and Wash</b>												
	<b>Interventions</b>											
	5.1 Promote Advocacy, Communication and Social Mobilization	89,212,000		89,212,000		80,758,000		80,758,000		80,758,000		420,698,000
	5.2 Promoting Healthy Lifestyles and Dietary habits	139,093,500		139,093,500		135,768,500		135,768,500		135,768,500		685,492,500
	5.3 Research in Nutrition	163,640,000		163,640,000		163,640,000		163,640,000		163,640,000		818,200,000
	5.4 School Based Strategies	149,330,050		149,330,050		149,330,050		146,330,000		146,330,000		740,650,150
VI	Result Area 6. RESOURCE ALLOCATION FOR FOOD AND NUTRITION SECURITY AT ALL LEVELS	77,045,500.00		43,798,500.00		43,798,500.00		43,798,500.00		43,798,500.00		252,239,500.00
<b>Sectors: Planning, M&amp;E, Research and Financing</b>												
	<b>Interventions</b>											
	6.1 Promote Adequate Budgetary Allocation and Tracking	77,045,500		43,798,500		43,798,500		43,798,500		43,798,500		252,239,500

		137,551,032,750.00	56,936,048,620.00	56,924,287,620.00	56,921,269,570.00	56,921,269,570.00	284,826,499,000.00
	Total Cost	Total Cost					

**Table 1 : Annual Costs Per Program 2019-2023 (in millions of Naira)**

RESULT AREA	DURATION OF IMPLEMENTATION						
	2019	2020	2021	2022	2023	Total Cost	%
FOOD AND NUTRITION SECURITY	1,644,181,750	1,644,181,750	1,644,181,750	1,644,181,750	1,644,181,750	8,220,908,750	2.9%
ENHANCING CAREGIVING CAPACITY	3,879,933,400	3,879,933,400	3,879,933,400	3,879,933,400	3,879,933,400	19,399,667,000	6.8%
ENHANCING PROVISION OF QUALITY HEALTH SERVICES	50,900,679,500	50,787,314,000	50,787,314,000	50,787,314,000	50,787,314,000	254,049,935,500	89.2%
IMPROVING CAPACITY TO ADDRESS FOOD AND NUTRITION INSECURITY	80,507,920,000	39,545,420	39,545,420	39,545,420	39,545,420	238,689,600	0.08%
RAISING AWARENESS AND UNDERSTANDING OF PROBLEM OF MALNUTRITION IN NIGERIA	541,275,550	541,275,550	529,514,550	526,496,500	526,496,500	2,665,058,650	0.9%
RESOURCE ALLOCATION FOR FOOD AND NUTRITION SECURITY AT ALL LEVELS	77,045,550	43,798,500	43,798,500	43,798,500	43,798,500	252,239,500	0.09%
Estimated total cost	137,551,032,750	56,936,048,620	56,924,287,620	56,921,269,570	56,921,269,570	284,826,499,000	100%

**Table 2: Annual Interventions Cost 2019-2023 (in millions of Naira)**



Sectors	Cost 2019	Cost 2020	Cost 2021	Cost 2022	Cost 2023	Total	%
<b>culture, ation, Social ection and Wash</b>	688,611,950	654,511,950	654,511,950	654,511,950	654,511,950	3,306,659,750	%
<b>Education, Social Protection and Wash</b>	400,275,550	400,275,550	395,546,550	395,546,550	395,546,550	395,546,550	%
<b>Health</b>	54,650,206,400	54,536,840,900	54,536,840,900	54,536,840,900	54,536,840,900	272,797,570,000	%
<b>Planning, M&amp;E, Research and Financing</b>	109,815,920	39,155,420	39,155,420	39,155,420	39,155,420	266,437,600	%

DRAFT STRATEGIC ACTIVITIES FOR IMPLEMENTATION OF THE NATIONAL POLICY ON FOOD AND NUTRITION (2019-2023)						
RESULT AREA 1: FOOD AND NUTRITION SECURITY						TOTAL COST: N48,620,372,500
Strategic Objective 1.1: Ensuring Food and Nutrition Security at the State, LGA, Community and Household levels						
	Activities	Indicators	Lead Agency	Time Frame	Indicative Cost	Other Agencies/Organizations
1	Promote commercial food production by empowering farmers' cooperatives / clusters and private commercial farmers at the LGAs and community level	1. No of registered farmers' cooperatives/clusters. 2. No of farmers' cooperative/clusters empowered. 3. No of farmers (including private commercial) trained on best farm management practices	MOA,	2019-2023	N 27,227,500	ADA, MLG&CA, MCI&C, Organized Private Sector, Research institutions, Commodities, Financial Institutions (BOI), (BOA)
2	Support the establishment /upgrading of Agro based cottage industries for production of complementary food packages	1. No of Agro-based cottage industries established 2. No of Agro-based cottage industries upgraded	MOA	2019-2023	N3,400,000	ADA, MLG&CA MC&I, MS&T, FIIRO, Private sector Financial Institutions NGOs
3	Training of farmers especially women on how to access Credit facilities to commence/expand farm operations (at reduced interest rates and without collaterals).	1. No of trainings carried out 2. No of trained farmers (women).	ADA	2019-2023	N2,400,000	MOA, MLG&CA BOA, BOI, Commercial banks, CO
4	Scale-up the production of Vitamin A, and micronutrient rich foods (orange-flesh sweet potato, pro-vitamin A cassava, quality protein maize, rice) through training of farmers (including demonstration plots) and input supply (distribution of starters pack)	1. No of farmers that produce orange flesh sweet potato, pro-vitamin A cassava, quality protein maize and rice. 2. No of farmers trained in the production and processing of all the produce mentioned above.	MOA/ADA,	2019-2023	N 2,945,000	MLG&CA, Research Institutes, FI

	Promote the consumption of Vitamin A, and micronutrient rich foods (orange-flesh sweet potato, pro-vitamin A cassava, quality protein maize, rice)	1. No of jingles/media programs for promotion of micronutrient rich foods	MIS		<b>N7,975,000</b>	MOA/ADA
6	Build the capacity of Agric Extension Officers, HODs (Agric & Social services) and Agric Desk officers of 57 LGAs/LCDAs on best farm management practices on improved techniques on micronutrient rich products along the entire agricultural value chain.	1.No of Agric personnel trained  2.No of training sessions carried out	MOA/AD A,	2019-2023	<b>N4,877,000</b>	MLG&CA, Research Institutes
6	Provide Nutrition stands at Agricultural shows and exhibitions in the state and also all 57 LGAs/LCDAs of the state	1. No of agricultural shows/exhibitions having Nutrition stands staged at state and LG level	MOA/AD A,	2019-2023	<b>N466,000</b>	MLG&CA, MOE, MOEd, WAPA &
7	Reduction of post- harvest losses in fisheries by provision of smoking kilns for cluster of small scale fish processors.	1. No of fish farmer clusters provided with smoking kilns  2.No of smoking Kilns supplied to fish processors.	MOA/AD A,	2019 - 2023	<b>N14,593,250</b>	MLG&CA,FDF, NIOMR,Developm
8	Reduction of post- harvest losses in crop production by provision of Vitamin A cassava processing centres for cluster of small scale crop farmers	1.No of crop farmer clusters provided with cassava processing centres  2.No of cassava processing equipment supplied to processors	MOA/AD A	2019 - 2023	<b>N4,650,000</b>	IAR&T, IITA, Related Research In
9	Support water supply and sanitation interventions in rural, semi-urban areas and emergency situations	.# of functional water supply systems,  2.# of functional toilet systems in rural and semi-urban areas	MLG&CA,	2019 - 2023	<b>N23,342,200</b>	MOE,bb LASEMA
10	Construction of water schemes, sanitation and hygiene facilities in IDPs camps, public place and institutions.	1. No. of functional water supply systems and sanitation facilities  2.. No of functional toilet systems in IDP camps, public places and institutions	MOE	2019 - 2023	<b>N4,996,200</b>	MLG&CA, LASEMA, OPS

14	Ensuring quality, safe and hygienic food are available along the food supply chain and food handlers certification	1.No of food premises and processing factories supervised  2. prevalence of food-borne illnesses  3. # of food handlers sensitized on food hygiene	MOE,	2019 - 2023	6,150,000	MOH, MOA, LSPHCB, MoEd, Saf
15	Quarterly meetings of food handler supervision MDAs	1. No of collaboration meetings held	MOE		5,000,000	SUBEB, MOEd
16	Promote improved food quality and safety through electronic and print media	1.No of TV documentaries and feature articles in newspapers on food quality and safety  2. No of TV appearances and Radio Talk Show  3. No of radio jingles aired	MIS	2019 -2023	54,540,000	MOH, MOA, MOE, Safety comm
	<b>Strategy 1.2: Increasing Availability, Accessibility and Affordability of Food</b>					
23	Support the establishment of biofortified crop farms - orange fleshed sweet potato (OFSP), Vit A cassava and quality protein maize (QPM).	1. No of biofortified crop farms established  2. No of small holders farmers provided with samples	MOA,	2019-2023	2,580,000	ADA, MLG&CA
25	Rehabilitation of the existing rural road network for easy transportation of farm produce	1.No of rural roads rehabilitated	MLG&CA	2019-2023	219,000,000	MOA, FADAMA III Additional Fin
26	Advocacy for and the establishment of government food storage centers in 3 Senatorial districts.	1.No of advocacy visits conducted  2.No of government food storage centres created	MEPB	2019-2023	30,440,000	MOA, MLG&CA, MOE  MOI &S
27	Promote the establishment of commodity markets/farmers market to ensure food availability	1. No of commodity markets established	MOA	2019-2023	120,800,000	FADAMA, ADA, MLG&CA, MOE

28	Promote access to agricultural inputs (including improved seeds, information on agricultural practices, and irrigation) by provision of starter packs to scale up production of fruits and vegetable in 3 senatorial districts (1000 small -holders farmers).	1. No of starter packs provided  2.No of fruit and vegetable farmers reached	ADA, MLG&CA	2019-2023	1,900,000	MOA, MOE
29	Train farmers on appropriate use of organic fertilizers and pesticides	1.No of trainings conducted	ADA. MLG&CA	2019-2023	4,200,000	MOA,
	<b>Strategy 1.3: Improving Food Harvesting, Processing and Preservation</b>					
31	Conduct regular Stakeholders meeting on reduction of postharvest losses	1. No of meetings conducted;  2. No of stakeholders reached	ADA, MLG&CA	2019-2023	720,000	MOA, MOE
32	Promote and provide hermetic storage bags to local farmers for food preservation	1.No of hermetic bags distributed	MOA, MLG&CA	2019-2025	1,72,2000	FIIRO, IITA
	<b>Strategy 1.4: Improving Food Preparation and Quality</b>					
35	Promote the use of Aflasafe and activities to minimize aflatoxin contamination along the value chain, including GAP and modern drying and storage	1.No of farmers groups sensitized  2.No of farmers using Aflasafe	MOA, MLG&CA	2019-2023	7,080,000	MOE, Organised Private Sector.
36	Domesticate food recipes in line with the National Food Based Dietary Guidelines, and disseminate to schools, workplaces and food vendors	1. Availability of Nigerian food recipes.  2. No of schools, workplaces and food vendors using the food recipes	MOH	2019-2023	15,000,000	MOEd, MOE, MOA, SUBEB
37	Conduct Sensitization and demonstration on food handling and safety practices to women groups across the 3 senatorial districts	1. No of sensitizations conducted	MOH	2019-2023	1,940,000	MOA, WAPA, LSPHCB, MOE, MLG&CA
	<b>Strategy 1.5: Improving Management of Food Security Crisis and Nutrition in Emergency</b>					

38	Advocacy construction of rain water harvesting structures and other multi-use water systems	1.No of new rain harvesting structure constructed	MLG&CA	2019-2023	120,000	MOA, MOE
	Strengthen coordination platform for early warning mechanisms to cope with emergencies at community level	1. No of coordination meetings	MOE,	2019-2023	680,000	LASEMA, MLG&CA, MOH
39	Conduct Advocacy for the establishment of Nutrition Desk in the Lagos State Emergency Management Agency (LASEMA)	1. No of advocacy visits carried out 2. Establishment of nutrition desk in LASEMA	MEPB	2019-2023	40,000	LASEMA, MOH MOE, MOA, SCFN
40	.Conduct baseline survey on Nutrition-in-emergency of people affected in the State especially vulnerable groups (children, adolescent, women)	1. Baseline survey carried out	MEPB	2019-2023	3,500,000	LASEMA, MOH,MOE, MOA, SCFN
41	.Procurement and distribution of complementary food (safety net) packages to nutrition-in -emergency affected people	1. No of complementary food packages received for distribution 2. No of complementary food packages distributed	MSD&IR	2019-2023	6,300,000	MOH, SCFN, NGOs, Organized Pr
	<b>Strategy 1.6: School-based Strategies</b>					
45	Review and update minimum standards (Nutrition and Health) for early- child care centers (ECCC)	1.No of review meetings held 2.No of SOPs/Guidelines printed and distributed	LSPHCB	2019-2023	15,000,000	MOH, MYSD, MOEd, Developme
46	Sensitization to promote food diversification through the consumption of locally produced staples	1.No of schools sensitized	MOEd	2019-2023	7,850,000	MOIS, MOH , MOA LSPHCB, MLG
47	Provide agriculture extension services and inputs to strengthen/establish school farms and garden	1. No of schools and rehabilitation centers linked with extension services 2. No of schools with functional school farms and gardens	MOA, MLG&CA	2019-2023	1,050,000	MOEd, SUBEB, MYSD

48	Promote Monitoring and supportive supervision of school feeding program	1.No of supervisory visits for quality evaluation 2.No of schools visited	MOEd/SU BEB	2019-2023	1,080,000	MOA, MEPB, WAPA, MYSD, LSPHCB
49	Capacity building for nutrition teachers and food vendors on the need to provide nutritionally adequate meals using locally available foods through linkages of food vendors and school system	1. No of trainings organized 2. No of Teachers and food vendors trained 3. Development of unified meal time table	MOEd/SU BEB	2019-2023	6,500,000	MOH, SUBEB, LSPHCB,MOA,MO

DRAFT STRATEGIC ACTIVITIES FOR IMPLEMENTATION OF THE NATIONAL POLICY ON FOOD AND NUTRITION						
RESULT AREA 2: ENHANCING CARE GIVING CAPACITY					TOTAL COST: N27 204 854 000	
Strategic Objective 2.1 Ensure Optimal Nutrition in the First 1,000 Days of life						
	Activities	Indicators	Lead Agency	Time Frame	Indicative Costing	Other Agencies/Orgs
1	Community sensitization of pregnant and lactating mothers on maternal nutrition and IYCF	1. # of mothers sensitized 2. # of communities visited	LSPHCB	2019-2023	3,400,000.00	,MLG&CA,ACP, NSN
2	Provide incentives to pregnant women, mothers and other care givers to motivate utilization of health facilities	1. # of pregnant women, caregivers and mothers that received incentives 2. # of health facilities providing incentives	LSPHCB/HSC	2019-2023	45,600,000	MOH, Development p
3	Capacity building of mother and care-givers in Early Child Care Development Centres(ECCD) including Creche, TBAs, FBOs in public and private facilities	# of mothers & care-givers trained # of workshops held	MOH (Private) LSPHCB (Public)	2019 - 2023	1,700,000.00	LSPHCB, AGPMPN, TM
4	Advocate for legislation of the prolongation of maternity leave and enactment of paternity leave for private sector workers	# of advocacy visited #Legislation enacted	MEPB/MOH	2019-2023	442,500.00	MOJ, WAPA, MCI, LAHA,NLC,TUC,MoIS

5	Sustain On-going Iron-folic acid supplementation for pregnant women during routine ANC at the facilities and during bi-annual MNCH Week	1. # pregnant women that receive Iron Folate 2. # of facilities providing Iron Folate	MOH/LSPHCB	2019 - 2023	3,520,600,000.00	DEV. PARTNERS
6	Sustain on-going Vitamin A Supplementation during routine immunization at the facilities and during bi-annual MNCH Week for under 5 children	% of eligible children received Vitamin A	MOH/LSPHCB	2019 - 2023	29,952,000.00	DEV.PARTNERS
7	Promote the nutrition of Adolescents through Dietary Counseling in schools and Youth friendly centres	1. # of adolescents that receive dietary counselling  # of centres providing dietary counselling	MOH/LSPHCB	2019 - 2023	21,712,000.00	MOED,MYSD, NSN, PARTNERS
8	Promote Early initiation of breastfeeding within one hour of delivery through capacity building of HCP & mothers in private, public & TBAs	1. % of children who were put to breast within 1 hour of birth  # of trainings conducted	LSPHCB/MOH /HSC	2019 - 2023	4,630,000.00	MOH, MoIS, NSN, AGPMPN, PARTNERS,NGOs,AGF
9	Sustain promotion of EBF for 6 months and continued breastfeeding until two year both at private and public facilities	1. # of children exclusively breastfed. 2. # of children above 12 months that continued breastfeeding	MoH,LSPHCB /HSC	2019 - 2023	22,375,000.00	AGPMPN,AGPNPN, M NSN, PARTNERS
10	Train health facilities staff at all levels to promote early initiation of breastfeeding at private and public facilities	1. # of relevant health facility staff trained on IYCF	MOH/LSPHCB /HSC	2019 - 2023	28,600,000.00	AGPMPN,TMB/Partners
11	Establish Nutrition Corner in all health facilities for demonstration of Optimal Maternal, Infant & Young Child feeding ( MIYCF) practices	1. # of functional nutrition corners	LSPHCB/HSC	2019 -2023	2,814,000.00	MOH, PARTNERS,HCF MOH, LASUTH, NSN
12	Provide M-IYCF counseling for optimal Maternal infant and young child feeding at private and public facilities	1. # of pregnant women, caregivers and mothers that received MIYCF counselling	LSPHCB/HSC	2019 - 2023	N250,000	MOH, PARTNERS,HCF LASUTH, NSN
13	Ensure the establishment of crèches in all work places having more than 10 women in public and private sectors to promote Exclusive Breastfeeding.(by advocacy & by legislation	1. Proportion of MDAs with established crèches 2. # of private sector organisations with established creches	MOH/MEPB	2019-2023	-	LCCI, MDAs, MAN,LSH AGPMPN,LAHA , DEV
14	Sustain Social and Behaviour Change Communication activities on IYCF targeted at adolescents, pregnant women, and caregivers at all levels in public and private facilities.	1. # of dialogues conducted. 2. # of adolescents, pregnant women and caregivers reached quarterly 3. # of IEC materials produced and distributed	MoH, LSPHCB	2019-2023	2,080,000.00	MoIS, NSN, AGPMPN MEDIA PARTNERS DEV.PARTNERS



		4.#of people reached electronically				
15	Sensitization of caregivers especially grandmothers, mothers- in- law for optimal nutrition practices	1 # of meetings conducted. 2. # of communication utilized  # of mother sensitized	LSPHCB	2019-2023	42,310,000	MLG&CA WAPA, MOIS,MOH, HSC, LASUTH
16	Promote awareness on Girl Child Education, End Child Marriage, Adolescent nutrition and health related practices.	1. # of girls enrolled and completed secondary schools  2. # of IEC material distributed,awareness activities conducted  # of child marriage	MOED	2019-2023	17,884,400.00	MOH, LSPHCB, MEPB, MOJ, MYSD,WAPA, NSN,DEV.PARTNERS
17	Enhance awareness on the existing Child Right Law 2015 at all levels.	# of people reached at LGAs/LCDAs level.	MYSD	2019-2023	N54,940,000.00	MOJ, MOIS, LG&CA
18	Promote and mount campaigns aimed at changing attitudes and practices of food sharing in favour of mothers and children.	# of Promotion and Campaigns organised % increase in knowledge on intrahousehold food sharing	LSPHCB	2019 - 2023	1,250,000.00	MoH, MOIS, ML&CA, NSN
19	19. Promotion of labour-saving technologies/equipment to reduce work load in women (Manual grinding machines, smokeless stoves, Briquettes)	# of women using labour saving equipments  # of equipment distributed	WAPA	2019-2023	37,500,000.00	MYSD,MoCI,MWC,
20	Training of more health workers on emergency and in-patient care of severe acute malnutrition as well as targeting the vulnerable groups in Emergency Situations	# of health workers trained  # of health facilities equipped for in-patient care	MoH	2019 - 2023	2,014,000.00	HSC, LSPHCB,LASUTH, LASEMA
	<b>Strategic Objective 2.2: Caring for the Socioeconomically Disadvantaged and Nutritionally Vulnerable</b>			2019-2023		
1	1. Engage traditional, religious and opinion leaders to support community level action in nutritional care of vulnerable groups	1. # of dialogues conducted  # of vulnerable children receiving community nutritional care	LG&CA	2019 - 2023	5,963,000.00	LSPHCB,MoH, MYSD,
2	2. Develop and institutionalize poverty alleviating schemes/projects to empower Vulnerable households	# of household empowered	WAPA	2019 - 2023	24,700,000	LSPHCB,MoE, MYSD

RESULT AREA 3: ENHANCING PROVISION OF QUALITY HEALTH SERVICES

RESULT AREA 3: ENHANCING PROVISION OF QUALITY HEALTH SERVICES						
	<b>Strategic Objective 3.1: Reduce Morbidity and Mortality Associated with Malnutrition</b>					N54,213,859,000
	Activities	Indicator	Lead Agency	Timeframe	Indicative Cost	Other Agencies
1	Promote regular monitoring of growth and development at health facilities and communities.	# of Monitoring Visits to sites conducted  # of children with improved nutritional status	LSPHCB	2019 - 2023	N572,964,000	MoH; NSN
2	Disseminate information on nutrition care and key household practices through mass media and institutions, FBOs, CBOs, CSOs, NGOs and Professional groups	# of handbills developed and disseminated, # of jingles on electronics media, # of newspaper publication, # of seminars for CSO and coordination of stakeholders (FBOs, CBOs, NGOs).	MOIS	2019 - 2025	N26,250,000	MoH, LSPHCB,WAPA, NSN;
3	Conduct annual assessment of Household consumption of iodized salt using Primary School children	# of studies conducted	MoE	2019 - 2023	N21,875,000	MoH,LSPHCB, NSN, Tertiary Institution
4	Support distribution of folate supplements to adolescent girls and children at Basic Schools	# of Iron supplements distributed, # of adolescent girls reached	MYSD	2019 - 2023	N270,200,000	MoH, LSPHCB, SUBEE
5	Provide portable water supply in PHC to enhance sanitation and hygiene.	# of PHC with potable and dependable water supply	MLG&CA	2019 - 2023	-	LSPHCB; MoH

6	Conduct advocacy visit to community leaders in selected communities for utilization of PHC services	# of community leaders visited # of advocacy visits.	LSPHCB	2019 - 2023	N334,474,000	WAPA MLG&CA; MYS
7	Conduct training of Trainers of community health promoters in catchment areas on IYCF CMAM and MNP.	# of community health promoters trained	MoH	2019 - 2023	N333,704,000	LSPHCB; WAPA, MLG
8	Organize seminars, lectures, on key household practices including IYCF, HIV/AIDs for Health Workers and Religious Leaders	# of people sensitized, # of seminars conducted for Health workers.	LSPHCB	2019 - 2023	-	MoH; MLG&CA, LASUTH, NSN
9	Provision of RUTF for management of children with moderate acute malnutrition (MAM) in public and private facilities	# of children 6 - 23 months who had minimum acceptable diet/2. # of children with MAM	LSPHCB	2019 - 2023	N487,620,000	MoH
10	Provision of Blanket Supplementary Feeding (BSFP) in all area of high prevalence malnutrition	# of children under 5 reached with the supplementary feeding	LSPHCB	2019- 2023	N1,263,080,000	MoH
11	Sustain and scale up distribution of micronutrient powder (MNP) for children 6 - 23 months at private and public facilities	# of children 6 - 23 months that receive MNP/2. # of states distributing MNP	MoH	2019 - 2023	N806,092,000	LSPHCB, AGPMPN,
12	Strengthen active case finding of SAM and subsequent treatment	# of SAM cases referred 2.# of SAM cases treated.	HSC/LASUTH	2019 - 2025	N50,097,600,000	MoH, LSPHCB
13	Establishment of 2 CMAM centers per division(IBILE) in Lagos	No of CMAM centers established	LSPHCB	2019-2023	N58,696,500	MoH
	<b>Strategic Objective 3.2. Preventing and Managing Nutrition Related Diseases</b>					N598,426,125,500
1	Identifying risk factors, providing education, and increasing services for DRNCD	# of nutrition and lifestyle education materials developed and produced/2. # of health facilities with activities to reduce DRNCD 3. # of media houses airing nutrition and lifestyle education programmes	MOH	2019 - 2025	N305,928,000	MoIc,LSPHCB,,LASUTH
2	Training and Triggering Communities on community led total sanitation	# of states trained and triggered	MLG&CA	2019-2025	-	MoH LSPHCB, NSN
3	Training on WASH Committees formation	# of WASH Committees formed, # of WASH Committees trained	MLG&CA	2019 - 2025	N562,677,500	MoH LSPHCB

4	Training on Hygiene and hand washing promotion; and menstrual hygiene management in communities	# of community members trained on hygiene and hand washing	LSPHCB	2019 - 2025	N199,185,840,000	MLG&CA; MOH
5	Training of communities on water safety plan	# of communities trained on water safety plan	MLG&CA	2019 - 2025	N398,371,680,000	MoH; LSPHCB
	<b>Strategic Objective 3.3: Preventing Micronutrient Deficiency</b>				N1,015,924,000	
1	Monitor and evaluate micronutrient supplementation programme performance at public and private levels	# of supportive supervision of micronutrient supplementation programme conducted % of coverage of micronutrients	MoH	2019 - 2025	N671,720,000	MEPB;LSPHCB;AGPM Development Partner
2	Strengthen Bi-annual implementation of MNCH Week	# of supportive supervision of micronutrients supplementation program conducted. # of children 6 - 59 months reached with Vitamin A and MNP	LSPHCB	2019 -2025	-	MoH; Development P
3	Procure and distribute Zinc and L -ORS, iron folate, deworming tablet, MNP, RUTF for MNCHW and routine services	# of Nutrition commodities procured and distributed # of children with improved micronutrient status	MOH/LSPHCB	2018 - 2025	N344,204,000	Development Partner
	<b>Strategic Objective 3.4: Protecting the Consumer through Improved Food Quality and Safety</b>				N479,059,000	
1	Conduct Nutrition and consumer education on improved food quality and safety at the community level	# of selected community for sensitization and dialogue  # of community people reached with consumer education	LSPHCB	2019 -2025	N330,190,000	MoH, MOIS, NSN
2	Promotion of safe practices on Pesticide utilization for food stuff preservation	# of trained wholesale raw food seller, # of farmers and extension officers trained	MOA	2019 - 2015	N78,389,500	MoH LSPHCB MOIS
3	Develop State Quality and Safety guidelines for food handlers/food operators.	# of food handlers complying with the guideline  # of guidelines produced and distributed	MOA	2019 - 2025	N70,479,500	LSPHCB MOIS, HSC

4	Strengthen the registration and Licensing of food handlers/food operators along the food chain	# of food operators registered & licensed	LSPHCB	2019 -2025	-	FMoH MLG&CA
<b>RESULT AREA 4:IMPROVING CAPACITY TO ADDRESS FOOD AND NUTRITION INSECURITY</b>						
	<b>Strategic Objective 4.1: Assessing , Analysing and Monitoring Nutrition Situations</b>				N50,647,920	N
	Activities	Indicators	Lead Agency	Timeframe	Indicative Cost	Other Agencies
	1a.Establish and resuscitate School Garden in Government owned Primary and Secondary Schools in Lagos State.  1b.Conduct on the job training for Agric Teachers, Pupils and students on the management and sustainability of school gardens.	# of school gardens established/resuscitated  # of Teachers , Pupils and Students trained on School Garden management	Mo Agric	2019 -2023	10,609,420.00	SUBEB; MoED;MoHe
	2.Organise capacity building for Home Economic Teachers, Food Vendors, School Health Officers in Government owned Primary and Secondary Schools on Food and Nutrition insecurity.	# of Home Economics Teachers, Food Vendors and School Health Officers trained on food and nutrition insecurity	MoH	2019 -2023	3,286,000.00	SUBEB; MoED LSPHC
	3. Provide SBCC materials on Nutrition for teaching and learning of teachers and school children	# of SBCC materials produced  # of schools provided with SBCC materials	MoH	2019 -2023	18,010,000	LSPHCB MoI&S; MoE
	4. Conduct studies on nutritious local foods/ diets and use of underutilized crops for dietary diversification in the State	# of studies conducted. # of nutritious local foods/diets identified	MoAgric	2019 -2023	14,990,000	MEPB; MoH; LSPHCB Universities and Res
	5. Evaluate and ensure adequate staffing of relevant MDAs at all levels implementing sectoral nutrition programmes with skilled and qualified nutritionists.	# of relevant MDAs with qualified nutritionist.	Civil Service Commission	2019 -2023	240,000.00	MoH
	6. Awareness campaign on the establishment of home gardens.	# of households with home garden	MoI&S	2019 -2023	860,000.00	MLG&CA; MO Agric;
	7. Building the capacity of farmers on cultivation,harvest and preservation of nutritious foods and underutilized crop varieties	# of farmers educated on improved cultivation,harvest and preservation of nutritious food.	MoAgric	2019 -2023	2,652,500.00	MoH;MLG&CA
	<b>4.2: Providing a Conducive Macro Economic Environment</b>				N 800,000.00	

	Create nutrition desk and incorporate nutrition objectives into MDAs' development policies, plans and programmes.	No. of MDAs with Nutrition desk established # of MDAs Policies, Plans and Programmes with nutrition objectives.	MEPB	2019 - 2023	240,000.00	PSO/HOS;
	Review and strengthen the existing macro-economic and sectoral plans to incorporate Nutrition programmes and projects.	No. of macroeconomic plans with nutrition programmes and projects.	MEPB	2019 -2023	560,000.00	Relevant MDAs
	<b>Strategic Objective 4.3: Social Protection Programmes for the Vulnerable Groups</b>				29,060,000.00	
	Conduct advocacy for the approval of the draft developed social protection policy by the State Executive Council.	# of advocacy conducted Existence of the State Social Protection policy.	MEPB	2019-2023	500,000.00	MYSD; WAPA
	Create awareness of the approved social protection policy in LGAs/ LCDAs	# of awareness campaign conducted	MEPB	2019-2023	405,000.00	MYSD,WAPA,MoI &S,
	Incorporate Nutrition considerations (e.g Mothers with SAM children, (CCT)) into social protection programs to address poverty, malnutrition and health of the vulnerable groups.	No. of Social Protection programmes with nutrition intervention  % improvement in nutritional status of social protection beneficiaries	MEPB	2019 -2023	25,650,000.00	MYSD, WAPA, MoH
	Expand the coverage of the State Health Insurance Scheme to incorporate the Local/Community Health Insurance Services for vulnerable groups.	No. of vulnerable groups that are enrolled in LASHI scheme. # of Local/Communities participating in LASHI	MEPB	2019 - 2023	2,505,000.00	LASHIMA; MoF

#### RESULT AREA 5: RAISING AWARENESS AND UNDERSTANDING OF PROBLEM OF MALNUTRITION I

	<b>Strategic Objective 5.1: Promote Advocacy, Communication and Social Mobilization</b>				N 6,349,200,000	
	Activities	Indicators	Lead Agency	Timeframe	Indicative Cost	Other Agencies
1	Create awareness on problems of malnutrition using the mass media (such as radio, TV drama, film documentaries, social media, posters and souvenirs in local languages).	No of media airing developed jingles, documentaries and feature articles % of awareness and knowledge of nutrition	MOIS	2019 - 2023	N680,470,000	MOH; LSPHCB; MOE; Partners
2	Promotion and dissemination of research findings on food processing and preservation	No of dissemination programmes on food	MEPB	2019 - 2023	N 163,550,000	MOH; MOA; Universities; Research Ins

	technology for use in villages and households	processing and preservation  % level of adoption of improved food processing and preservation				
3	Strengthen collaboration and synergy between relevant MDAs, between State, Local Government & Communities on F&N, and between state & non-state actors	No of meetings organized for all the MDAs. No of MOUs signed.	MEP B	2019 -2023	N 34,927,500	MDAs; CSOs
4	2-day Annual review meeting of SCFN with NCFN	No of SCFN that participated in review meeting. No of review meetings organised	MEP B	2019 - 2023	N 164,637,500	MDAs
5	Develop clear advocacy strategy of engagement with relevant policy makers and stakeholders	No of advocacy strategies for engagement with policy makers and stakeholders	MEP B	2019 -2023	N 7,362,500	MDAs; CSOs
6	Conduct and Sustain advocacy to policy makers (Governor, Hon Commissioners for education, information, Budget, Health, Agriculture, Legislators, SSG, Wife of Governor and LGA Chairmen ) at all levels for resource mobilization for food and nutrition activities including establishment of school farms & gardens	No of Policy makers reached at all levels for resource mobilization for food and nutrition activities. No of advocacy visits with reports produced No of MDAs with dedicated budget lines & timely release of funds for implementations of the programmes	MEP B	2019 - 2023	N 257,482,500	MOH; CSOs
7	Update and use profiles to advocate for Nutrition investment at all levels of government and the communities.	No of Advocacy meetings held  No of MDAs with increased nutrition investment	MEP B	2019-2023	N 14,725,000	MOH. LSPHCB, MDAs
8	Conduct dissemination of appropriate standards on nutrition labels for packaged foods in Nigeria with stakeholders including NAFDAC, SON, RUWASSA, Consumer protection agency, Produce departments, Veterinary dept, relevant MDAs, CSOs, Institutions, and private sectors	No of stakeholders meetings held to set up standards for nutrition labels in Nigeria  No of packaged foods with set standards in Nig.	MEP B	2019 - 2023	N166,437,500	MOH, MOA, MOIS, SON, NAFDAC
9	Conduct advocacy to States to legislate on implementation of	No of LGEAs implementing school feeding services. No of schools implementing school feeding services.	MOE d	2019 - 2023	N147,420,000	MEPB, MOH, MOA, LSPHCB, CSOs, Dev

	home grown School feeding program	No of Learners benefitting from HGSF & HP	(SUB EB)			
10	Erect Billboards to raise awareness on nutrition across all LGAs/LCDAs	No of Billboard raised across LGAs/LCDAs.	MOI S	2019 - 2023	N92,500,000	MOH, LASAA, LSPHCB
11	Collaborate with network providers like MTN, Airtel, GLO etc. to disseminate nutrition information to the general public	No of network providers disseminating nutrition information to their subscribers. % of the Public reached with nutrition messages.	MOI S	2019 -2023	N3,012,500	MOST, MOH, Development Partners, L
12	Conduct regular budget tracking to evaluate budget performance of F &N in all sectors.	No of MDAs tracking budget % of budgeted fund released	MEP B	2019 - 2023	N83,600,000	MDAs
13	Promote appropriate food choices that encourages micro nutrient rich food consumption through Social Behaviour Change Communication (BCC)	No of IEC materials promoting appropriate food choices produced  No of persons reached with information on consuming foods rich in micronutrients	MOH	2019 - 2023	N2,253,360,000	MOIS, LSPHCB
14	Disseminate information on nutrition care and key household practices through mass media and institutions, FBOs, CBOs, CSOs, NGOs and Professional groups	No of jingles on nutrition and key household practices aired on radios/TVs and social media No of IEC materials on nutrition and key household practices printed and distributed. No of people reached with nutrition messaging by FBOs, CSOs, NGOs and Professional groups	MOI S	2019 - 2023	N1,971,690,000	MOH, LSPHCB, WAPA
15	Build capacity of Food vendors, farmers and extension officers on safe methods of preparation, processing and preservation of food	No of road food sellers trained on food preservation.  No of farmers and extension officers trained on food preservation.  No of School Food Vendors trained	MOA	2019 - 2023	N308,025,000	MOH; MYSD; ADP/FADAMA, MOEd, SU
	<b>Strategic Objective 5.2: Promoting Healthy Lifestyles and Dietary habits</b>				<b>N4,611,742,000</b>	
16	Promote awareness on good dietary habits and healthy lifestyles	No of sensitization meetings conducted at all levels	LSPH CB	2019 - 2023	N875,980,000	MOIS, WAPA, MOH



		No of health facilities, communities and outreach campaign delivery platforms that promote optimal feeding.				
17	Conduct Nutrition Assessment, Counselling Support (NACS) to Identify, classify, counsel on risk factors to Diet related non-Communicable Disease (DRNCD) at the Health facilities, communities.	No of Health Facility delivering services on Dietary Related Non Communicable Diseases (DRNCD) with referral  No of DRNCD reported at the facilities and communities	LSPH CB	2019 - 2023	N287,490,000	MOIS, WAPA, MOH
18	Purchase basic equipment for DRNCD assessment and screening	No of Equipment purchased No of persons screened for DRNCD	LSPH CB	2019 -2023	N1,298,675,000	MOH
19	One day state level training for 12,000 OICs at the State level within 2 years (6,000 per year)	No of Health Workers trained	LSPH CB		N509,964,000	Development Partners
20	Revise and disseminate food based dietary guidelines for healthy living	No of reviewed food based dietary guidelines produced No of dissemination meeting held	MOH	2019 - 2013	N54,229,000	MOA, MEPB, MOIS, LSPHCB
21	Conduct one day dissemination meeting of food based dietary guidelines for healthy living with 40 relevant officers/zone conducted at the 6 geopolitical zone of the country	No of dissemination meetings held	MOH	2019 -2023	N438,707,500	LSPHCB, MOA
22	Strengthen existing Television programs that demonstrates the preparation of meals to incorporate nutrition considerations	No of TV programme that addresses nutrition consideration in meal preparation No of Population reached	MOI S	2019 - 2023	N264,390,000	MOH, MOA, WAPA, LSPHCB
23	Develop and air Radio jingles and prepare leaflets and posters to promote good dietary practices and WASH at household, community levels and schools	No of radio jingles and slots aired. No of IEC materials produced, distributed and put on LASG social media platform	MOI S	2019 - 2023	N735,546,000	MOH, MLG & CA, MOEd, LSPHCB,
24	Conduct capacity building for Physical & Health Education teachers on the need for regular physical exercise & nutrition-sensitive education	No of teachers trained No of schools with trained teachers  No of schools with sporting equipment	MOE d (SUB EB)	2019 - 2023	N568,915,000	MOH, MYSD, LSPHCB

25	Conduct capacity building for Home Economics teachers & SUBEB Desk officers on nutrition-sensitive education	No of teachers trained No of schools with trained teachers	MOE d (SUB EB)	2019 - 2023	N745,220,000	MOH, MYSD, LSPHCB
26	Promote regular physical activities and medical check up in schools and communities including provision of adequate relevant facilities	No of advocacy meeting held with community and stakeholders in education No of sensitization meetings held with reports produced.  No of PHE teachers trained	MOE d (SUB EB)	2019 -2023	N3,223,048,500	MOH, MYSD, LSPHCB
	<b>Strategic Objective 5.3: Research In Nutrition</b>					
27	Promote research on development of Nutritious diets from locally available staple foods for improved utilization and nutrition	No of Staple foods covered  No of products developed from local staples	MLG & CA	2019-2023	N4,438,000	MOEd, MOST, IITA, Universities, Resear
28	Provision of small grants for research on development of nutritious diets from locally available staple foods	No of researches awarded  No of nutritious diets developed	MLG & CA	2019-2023	N1,400,000,000	MOEd, MOST, IITA, Universities, Resear
29	Conduct the National Food Consumption and Nutrition Survey	No of States included in the survey. No of printed copies of the Published report	MOA	2019-2023	N555,443,000	MLG & CA, MOH, MOEd, LBS, Universi
30	Review and update existing food composition table for Nigeria.	No of meetings conducted  No of identified gaps updated	MOA	2019-2023	N27,956,250	ADA, Universities, IITA, Research Instit
31	Promote, support and disseminate research findings on food processing and preservation technologies for adoption at the village and household levels	No of dissemination meetings held.  No of new technologies adopted	MLG & CA	2019-2023		MOA, MOST, FIIRO, NISPRI, Universitie

**RESULT AREA 6: RESOURCE ALLOCATION FOR FOOD AND NUTRITION SECURITY AT ALL LEVELS**

	6.1 Promote Adequate Budgetary Allocation and Tracking				n57,045,500.00
	Ensure adequate implementation of the policy through sufficient budgetary allocation and timely release of funds	No of MDAs receiving timely release of funds	MEPB	2019 - 2023	No cost
	Strengthen the coordination capacity of the Ministry of Economic Planning and Budget in the state with the required resources (human, financial, and material) for effective management and coordination of the policy	No of coordination meetings held	MEPB	2019-2023	60,000.00
	Strengthen the capacity of Ministry of Economic Planning and Budget to mobilise resources for F & N interventions	No of trainings held No of participants trained	MEPB	2019-2023	367,500.00
	Conduct regular budget tracking apply lessons learnt to all-levels of F&N budgeting processes.	No of MDA with Budget tracking tool updated.	MEPB	2019 - 2023	330,000.00
	Develop Score Cards on Nutrition specific budget performance	No of score cards developed	MEPB	2019 - 2023	830,000.00 -
	Develop score card on level of implementation of LSMSPAN	No of score cards developed	MEPB	2019-2023	830,000.00
	Organize quarterly Nutrition Partners meetings.	No of meetings held and reports produced	MEPB	2019 - 2023	1,380,000.00
	Organize quarterly meetings of State committee on Food and nutrition.	No of meetings held and reports produced	MEPB	2019 - 2023	360,000.00
	Advocate for implementation of Food and Nutrition policy and strategic Plan of Action.	No of advocacy conducted No of MDAs implementing policy and plan	MEPB	2019 - 2023	40,000.00
	Advocate for the Creation of budget lines on food and nutrition activities in MDAs and ensure timely release of funds	No of MDAs with budget line created	MEPB	2019 - 2023	No cost attached
	Build the capacity of Nutrition desk officers in MDAs through training & retraining on resource mobilisation and allocation	No of officers trained No of training conducted	MEPB	2019 - 2023	432,000.00
	Conduct research, monitoring & evaluation on food and nutrition activities in collaboration with partners and the private sector	No of survey conducted No of monitoring & evaluation report produced	MEPB	2019 - 2023	30,000,000.00

	Develop a Portal and data tools for the collection of core Nutrition based interventions in partnership with research institutes	No of nutrition interventions whose data tools are developed	MEPB	2019 - 2023	105,910,000.00
	Build the capacity of Nutrition implementers (OICs, NFPs, M & E, agric extension officers and other nutrition officers/ workers)on the use of data tools for capturing Nutrition activities	No of nutrition implementers whose capacities are built	MEPB	2019 - 2023	1,858,500.00
	Conduct results based monitoring and evaluation for nutrition activities	No of result based monitoring conducted for nutrition	MEPB	2019 - 2023	14,539,000.00
	Build synergy and collaboration between the line Ministries and development partners for improved funding for nutrition activities	No of collaboration between line Ministries and Development partners	MEPB	2019 - 2023	108,500.00

## Tables and Figures

## References

**Vision Statement:** A Country where the people are equitably food and nutrition-secure with high quality of life and socioeconomic development contributing and beyond.

**Goal:** Attain optimal nutritional status for all Nigerians, with particular emphasis on the most vulnerable groups such as children, adolescents, Women, elderly

**Result Area 1:** Food and Nutrition Security

**Objective:** To improve food Security at the National, Community and House Hold Levels.

**Target:** Reduce the proportion of people who suffer hunger and Malnutrition by 50% by 2025.

Intervention/Program	Medium Term Targets	SN	Activities	Key Performance Indicator	Expected output
<b>1. Ensuring Food and Nutrition Security at the State, Community and Household levels</b>	<b>Reduce Food insecurity by 25% in 2023</b>	1	Promote commercial food production by empowering farmer's cooperatives / clusters and private commercial farmers at the LGAs and Community level.	1.Number of registered farmers' cooperatives/clusters. 2. No of farmers' Cooperative/ clusters empowered 3. Number of farmers (including private commercial) trained on best farm management practices.	Production of food crop by farmers promoted
		2	Support the establishment/upgrading of agro-based cottage industries	1. Number of Agro-based cottage industries established 2. Number of Agro-base cottage industries upgraded.	Agro-based cottage industries established and upgraded
		3	Training of farmers especially women on how to access credit facilities to commence/ expand farm operations at reduced interest rate and without collateral	1) Number of trainings carried out 2) No of trained farmers (women)	Capacity of farmers (especially women) built on accessing credit facilities
		4	Scale-up the production of Vitamin A, and micronutrient rich foods (orange flesh sweet potato, pro-vitamin A cassava, quality protein maize and rice) through training of farmers (including demonstration plots) and input supply (distribution of starter packs.	1,Number of farmers that produce orange flesh sweet potato, pro-vitamin A cassava, quality protein maize and rice 2. Number of farmers trained in the production and processing of produce mentioned above	Scaled up production and consumption of bio-fortified food
		5	Promote the consumption of Vitamin A, and micronutrient rich foods (orange flesh sweet potato, pro-vitamin A cassava, quality protein maize and rice)	1. Number of jingles/ media for the promotion of micro nutrient rich foods	Consumption of staple food promoted

		6	Build the capacity of Agri extension workers HODS (Agric and social services and agric Desk Officer of 57 LGAs/LCDAs on best farm management practices on improved techniques on micro-nutrient rich products along the entire agricultural value chain	# of agric personnel trained # of training sessions carried out	Capacity of agric personnel built
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7	Provide nutrition stands at agric shows and exhibitions in the state and all 57 LGAs/LCDAs of the state	# of agricultural shows/ exhibitions having nutrition stands staged at state and LGA levels.	Nutrition stands provided at shows and exhibitions	<b>Increased food production leading to a reduced hunger and Malnutrition</b>
8	Reduction of post-harvest losses in fisheries by provision of smoking kilns for cluster of small-scale fish processors	1.# of fish farmer clusters provided with smoking kilns 2.# of smoking kilns supplied to fish processors	Smoking kilns for small scale fish farmers provided	<b>Increased food production leading to a reduced hunger and Malnutrition</b>
9	Reduction of post-Harvest losses in crop production by the provision of Vitamin A Cassava processing centres for cluster of small-scale farmers	1. # of crop farmers provided with cassava processing centres 2. Number of cassava processing equipment supplied to processors	Cassava processing centres accessed by farmers	<b>Increased food production leading to a reduced hunger and Malnutrition</b>
10	Support water supply and sanitation interventions in rural, semi-urban areas and emergency situations	1.# of functional water system provided 2.# of functional toilet systems in rural and semi-urban areas	Water and sanitation interventions supported	
11	Construction of water schemes, sanitation and hygiene facilities in IDP camps, public places and institutions	1.# of sanitation and hygiene facilities constructed 2.# of functional water supply systems 3.# of functional toilet systems in both emergency settings and rural areas	Water and sanitation facilities constructed	
12	Liaise with relevant Banks to promote increased access to Micro-Credit facilities for Women in agriculture to expand farm operations. (interest rates and collaterals)	# of women selected for farming & small scale business operation # of women accessing micro-credit	Improved access to micro-credit by women in agriculture	<b>Increased food production leading to a reduced hunger and Malnutrition</b>
13	Promote safe, quality and hygienic food along the food supply chain	# of food premises and processing factories supervised #prevalence of food borne diseases # of food handlers sensitized on food hygiene	Safe, quality and hygienic food promoted	<b>Increased food production leading to a reduced hunger and Malnutrition</b>
14	Quarterly meetings of food handler supervision MDAs	# of collaboration meetings held	Meetings to improve collaboration held	

15	Ensure registration and certification of food handlers / food operators engaged in quality and safe food processing.	# of food handlers certified	Food handlers certified	
16	Promote improved food quality and safety through electronic and print media	<ol style="list-style-type: none"> <li>1. # of TV documentaries and feature articles in newspapers on food quality and safety</li> <li>2. # of radio jingles aired</li> </ol>	Quality and safe food promoted	

**1.2: Increasing Availability,**

**Accessibility and  
Food**

**Affordability to**



<b>Availability, Accessibility and affordability of food increased by 20% by 2021</b>	1					
	17	Support the establishment of biofortified crops-orange fleshed sweet potatoes (OFSP), Vit A Cassava and quality protein maize (QPM)	# of fortified crop farms established	Fortified crop farms established	<b>Increased food production leading to a reduced hunger and Malnutrition</b>	MOA,ADA,M
	18	Rehabilitation of existing rural road network for easy transportation of farm produce	# of rural roads rehabilitated.	Rural roads rehabilitated	<b>Increased food production leading to a reduced hunger and Malnutrition</b>	MOA, FADAMA II,
	19	Advocacy for and the establishment of food storage centres in 3 senatorial districts	# of advocacy visits conducted # of government food storage centres created	Food storage centres established	<b>Increased food production leading to a reduced hunger and Malnutrition</b>	MEPB. MOA
	20	Promote the establishment of commodity markets/ farmers market to ensure food availability	# of Commodity market established	Farmers market scaled up to increase accessibility of food products	<b>Increased food production leading to a reduced hunger and Malnutrition</b>	MOA, MLG&
	21	Promote access to agricultural inputs (including improved seeds, information on agricultural practices, and irrigation) by provision of starter packs to scale up production of fruits and vegetable in 3 senatorial districts (1000 small holders farmers)	# of starter packs provided # of fruit and vegetable farmers reached.	Agro-input assessed by farmers	<b>Increased food production leading to a reduced hunger and Malnutrition</b>	MOA,ADA,M
	22	Train farmers on appropriate use of organic fertilizers and pesticides	# of trainings conducted.	Farmers trained on appropriate use of inputs (organic fertilizers and pesticides)		ADA, MOA,M
Increase food harvesting, processing and preservation by 30% in 2021	23	Conduct regular Stakeholders meeting on reduction of postharvest losses	1. # of meetings conducted; 2. # of stakeholders reached	Regular Stakeholders meeting on reduced postharvest losses conducted.	Increased Productivity of farm produced	FMOA, FMB&NP, F

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		23	Promote and provide hermetic storage bags to local farmers for food preservation	1. # of hermetic bags distributed	Hermetic storage promoted and pro to local farmers for preservation
<b>1.4: Improving Food Preparation and Quality</b>	Food preparation and quality improved by 30% in 2021				
		24	Promote the use of Aflasafe and activities to minimize aflatoxin contamination along the value chain including GAP and modern drying and storage	1. # of farmers gropus sentitized 2. # of farmers using the Aflasafe	Use of Aflasafe promoted
		25	Develop food recipes in line with the National Food Based Dietary Guidelines, and disseminate to schools, workplaces and food vendors	1. Availability of Nigerian food recipes. 2. # of schools, workplaces and food vendors using the food recipes	Food recipes developed in line v the National Food Based Dietary Guidelines, and disseminated to schools, workplace and food vendors
		26	Conduct sensitization and demonstration on food handling and safety practices to women groups across the 3 senatorial districts	1. # of sensitization conducted	Women groups sensitized of food handling and safet
<b>1.5: Improving Management of Food Security Crisis and Nutrition in Emergency</b>		27	Support construction of rain water harvesting structures and other multiuse water systems in public places	# of new rain harvesting structure constructed	Construction of rain water harvesting structures and othe multiuse water sys in public places supported

	28	Strengthen Coordination platform for early warning mechanisms to cope with emergency at community level	# of coordination meetings held	Coordination platform for early warning mechanisms strengthened
	29	Conduct advocacy for the establishment of Nutrition desk in the Lagos State Emergency management Agency (LASEMA)	# of advocacy visits carried out #establishment of nutrition desk in LASEMA	LASEMA nutrition desk established
	30	Conduct baseline survey on nutrition in emergency of people affected in the state especially vulnerable groups (children, adolescents and women)	1. Baseline survey carried out	Baseline survey data provided for Lagos state
	31	Procurement and distribution of complementary food (safety net) packages to nutrition in emergency affected people	1. No of complementary food packages received for distribution 2. # of complementary food distributed	Safety net packages provided during emergency distributed
<b>Strategy 1.6: School Based Strategies</b>				
	32	Review and update minimum standards (nutrition and health) for early-child care centers (ECCC)	Number of review meetings held Number of SOP/ guidelines printed and distributed	Minimum standards ECCC reviewed
	33	Sensitization to promote food diversification through the consumption of locally produced staples	# of schools sensitized	Schools sensitized on food diversification
	34	Provide agriculture extension services and inputs to strengthen/ establish school farms and gardens	# of schools linked with extension services # of schools with functional school farms and gardens	Agriculture extension services established in schools
	35	Promote monitoring and supportive supervision of school feeding program	# of supervisory visits for quality evaluation # of schools visited	School feeding program supervised

		36	Create regulatory framework to ensure food procurement from small scale farmers, for school feeding programs and other institutional markets	Establishment of regulatory framework	Regulatory framework established
		37	Capacity building for nutrition teachers and food vendors on the need to provide nutritionally adequate meals using locally available foods through linkages of food vendors and school system	1.# of training organized 2.# of teachers and food vendor trained 3.Development of unified meal time table	Capacity building on providing adequate nutritious meals he
<b>Result Area 2: ENHANCNG CAREGIVING CAPACTY</b>					
<b>Objective: To reduce under nutrition among infants and children, adolescents and women of reproductive</b>					
<b>Target: Increase by 50% households with relevant nutrition knowledge and practice that improve their nut</b>					
<b>Intervention/Program</b>	<b>Targets</b>	<b>SN</b>	<b>Activities</b>	<b>Key Performance Indicator</b>	<b>Expected outputs</b>
<b>1 Ensure Optimal Nutrition in the First 1,000 Days of life.</b>	Increase Optimal Nutrition in the first 1,000 Days of life by 50% by 2025.	1.	Community sensitization of pregnant and lactating mothers on maternal nutrition and IYCF	# of mothers sensitized # of communities visited	Community sensitization
			Provide incentives to pregnant women, mothers and other care givers to motivate utilization of health facilities	# of pregnant women, caregivers and mothers that received incentives  # of health facilities providing incentives	Incentives to pregnant wo provided
			Capacity building of mother and care-givers in Early Child Care Development Centres (ECCD)	# of mothers & care-givers trained; # of workshops held	Mothers and caregiv trained



MB&NP, National house of

assembly, FMWASD,

FMoH, NPHCDA

5. Sustain on-going Iron-folic acid

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Pregnant Women

pregnant women during MNCH  
Weeks

7. Promote the nutrition of

6. Sustain on-going vitamin A

8. Promote Early initiation of

10. Establish Nutrition corner in all

9. Train health facilities staff at all

9. Sustain the Promotion of EBF



# pregnant women that receive iron folate # of facilities that provide iron folate	supplemented with Iron Folate	MOH, LSPHCB
% of eligible children that received Vitamin A	Under 5 children supplemented with Vitamin A	MOH, LSPHCB
# of adolescents that receive dietary counseling. # of centres providing dietary counselling	Adolescents counseled on diet	LSPHCB, MOEd, MYSD and Partners
% of children who were put to breast within 1 hour of birth	Early initiation of breastfeeding promoted	LSPHCB, MOEd, MYSD and Partners
% of children who were exclusively breastfed	Exclusive breastfeeding supported and promoted	LSPHCB, MOEd, MYSD and Partners
# of relevant health facility staff trained on IYCF	Health workers trained on IYCF	
# of functional nutrition corners	Nutrition corners established	

11. Ensure the establishment of crèches in all work places having more than 10 women in public and private sectors to promote EBF (by advocacy and legislation)	Prroportion of MDAs with established creches # of private sector organizations with established creches	Creches established in all MDAs to support exclusive breastfeeding	
12. Sustain Social and Behaviour Change Communcation activities on IYCF targeted at adolescents, pregnant women, and caregivers at all levels.	# of dialogues conducted. # of adolescents, pregnant women and caregivers reached quarterly # of IEC materials produced and distributed # of people reached electronically	Social and Behaviour change communication activities on IYCF targeting adolescent, pregnant women, and caregivers at all levels conducted.	
13. Sensitization of care givers especially grandmothers, mothers- in- law for optimal nutrition practices.	1.# of sensitization visits conducted. 2. % of communication utilized within the visit # of key targets sensitized	Sensitization for optimal nutrition practices carried out for garndmothers, mothers-in-law	
14. Promote awareness on Girl Child Education, end Child Marriage and adolescent nutrition and health related practices	# of girl child enrolled in pry, secondary schools # of IEC material distributed and awareness activities conducted # of child marriage	Awareness on girl child education, ending early marriage carried out	
15.Enhance awareness on the existing Child Right Law, 2015 at all levels	# of persons reached at LGAs/LCDAs level	Child Rights acts at state levels advocated for	
16. Promote and mount campaigns aimed at changing attitudes and practices of food sharing in favour of mothers and children.	# OF PROMOTION AND CAMPAIGNS ORGANISED %increase in knowledge on intra household food sharing	Campaigns aimed at changing attitudes and practices of food sharing in favour of mothers and children carried out	

			17. Promotion of labour-saving technologies/equipment to reduce work load in women (Manual grinding machines, smokeless stoves, Briquettes)	% of women using labour saving equipments # of equipment sitributed	Labour-saving technologies to reduce work load on women promoted
			18. Training of more health workers on Emergency and in-patient care of severe acute malnutrition as targeting the vulnerable groups in emergency situations	# of health workers trained # of health facilities equipped for in-patient care	Emergencies managed on mainstreaming Nutrition feeding programs targeting vulnerable deliveries
<b>2.Caring for the Socioeconomically Disadvantaged and Nutritionally Vulnerable</b>	<b>Mainstream Nutrition objectives into social protection and safety nets programmes of all MDAs linked to Nutrition by 2020</b>		1. Engage traditional, religious and opinion leaders to support community level action in nutritional care of vulnerable groups	1. # of dialogues conducted # of vulnerable children receiving community nutritional care	community level action in Nutrition care for vulnerable groups supported by traditional and religious leaders
			2. Develop and institutionalize poverty alleviating schemes/projects to empower Vulnerable households	# of household empowered	Poverty alleviation schemes developed and institutionalized

**Result Area 3: Enhancing Provision of Quality Health Services**

**Objective: Reduce Morbidity and Mortality Associated with Malnutrition.**

**Target: Reduce the proportion of people who suffer hunger and Malnutrition by 50% by 2025.**

<b>Intervention/Program</b>	<b>Targets</b>	<b>SN</b>	<b>Activities</b>	<b>Key Performance Indicator</b>	<b>Expected outputs</b>
<b>1.Enhancing Provision of Quality, Health Services</b>	<b>20% reduction of morbidity and mortality rate by 2020</b>		1. Promote regular monitoring of growth and development at health facilities and communities.	# of monitoring visits conducted # of children with improved nutritional status	Regular monitoring of growth and development promoted at health facilities
			2. Disseminate information on nutrition care and key household practices through mass media and institutions,	# of handbills developed and disseminated, # of jingles on electronics media, # of newspaper publication, # of seminars	Information on Nutrition care and key messages disseminated

		FBOs, CBOs, CSOs, NGOs and Professional groups	for CSO and coordination of stakeholders (FBOs, CBOs, NGOs).		
		3. Conduct annual assessment of Household consumption of iodized salt using Primary School children	# of studies conducted	Assessment of household consumption of iodized salt conducted	
		4. Support distribution of Iron folate supplements to adolescent girls and children at Basic schools	# of Iron supplements distributed # of adolescent girls reached	Iron folate tablets procured and distributed	
		5. Provide portable water supply in PHC to enhance sanitation and hygiene.	# of PHC with potable and dependable water supply	Portable water supply provided to PHC	
		6. Conduct advocacy visit to community leaders in selected communities for utilization of PHC services	# of community leaders visited # of advocacy visits conducted	Advocacy visits to community level carried out	
		7. Conduct training of community health promoters in catchment areas on IYCF CMAM and MNP.	# of community health promoters trained	Training of community health promoters conducted	
		8. Organize seminars, lectures, on key household practices including IYCF, HIV/AIDs for Health Workers and Religious Leaders	# of people sensitized, # of seminars conducted for Health workers.	Lectures on key household practices for health workers carried out	
		9. Provision of adequate complementary food to children with moderate acute malnutrition (MAM)	% of children 6 - 23 months who had minimum acceptable diet/2. # of children with MAM	Adequate complementary food to children with MAM provided	
		10. Provision of Blanket Supplementary Feeding (BSFP) in all area of high prevalence malnutrition	% of children under 5 reached with the supplementary feeding	BSFP in all areas of high prevalence malnutrition provided	
		11. Sustain and scale up distribution of micronutrient powder (MNP) for children 6 - 23 months	# of children 6 - 23 months that receive MNP/2. # of states distributing MNP	distribution of micronutrient powder for children 6-23 months scaled up	



MLGCA, LSPHCB, MOH,	MOH, LSPHCB, MOIS, training	Training of	MLGCA, LSPHCB, MOH,
Communities on community led total sanitation	community on sanitation conducted		
	# of WASH Comittees		
	3. Training on WASH Comittees formation	formed, # of WASH Comittees trained	WASH comittees formations trained
	4. Training on Hygiene and hand washing promotion; and menstrual hygiene management in communities	# of community members trained on hygiene and hand washing	Communities trained on hygiene and hand washing, menstral cycle management
	5. Training of communities on water safety plan	# of community trained on water safety plan	Trainings carried out for communities on water safety plan Micronutrient supplementationprogra mme performance at community levels monitored and evaluted
<b>Preventing Micronutrient Deficiency</b>	1. Monitor and evaluate micronutrient supplementation programme performance at community, LGA, zonal and national levels	1. # of supportive supervision of micronutient supplementation programme conducted nationwide and reports produced	
	2. Strenghten Bi-annual implementation of MNCH Week	# of supportive supervision of micronutrients supplementation program conducted nation wide and of children 6 - 59 months reached	Bi-annual implementation of MNCH week strenghtened
	3. Procure and distribute Zinc and L -ORS, iron folate, de- worming tablet, MNP, RUTF for MNCHW and routine services	# of supportive supervision of micronutrients supplementation program conducted nation wide and 2) %of children 6 - 59 months reached	Zinc and L-ORS,iron floate, de-worming tablets procured and distributed
<b>Protecting the Consumer through</b>			
<b>Improved Food Quality and</b>			

# of selected community for  
sensitization and dialogue assessed

Consumer education on Nutrition on  
improved food quality conducted

			2. Promotion of safe practices on the utilization for food stuff preservation	% of trained wholesale raw food seller, % of farmers and extension officers trained	Safe practices on the utilization for food preservation promotion
			3. Develop national Quality and Safety guidelines for food handlers.	# of food handlers complying with the guideline	National quality and safety guidelines developed for food handlers
			4. Strengthen the registration and Licensing of food handlers/food operators along the food chain	# of food operators registered & licensed	Registration and licensing of food handlers strengthened and carried out

**Result Area 4: IMPROVING CAPACITY TO ADDRESS FOOD AND NUTRITION INSECURITY**

**Objective:** To improve food Security at the National, Community and House Hold Levels

**Target:** Reduce the proportion of people who suffer hunger and Malnutrition by 50% by 2025.

Intervention/Program	Targets	SN	Activities	Key Performance Indicator	Expected outputs
<b>Assessing , Analysing and Monitoring Nutrition Situations</b>	Reduce the proportion of people who suffer hunger and Malnutrition by 17% by 2020.		1a. Establish and resuscitate school gardens in Government owned Primary and Secondary schools in Lagos state  Conduct on the job training for teachers and students on the Establishment/activation of school gardens.	# of school gardens established/resuscitated # of teachers and students trained # of teachers and students trained # of school gardens established	Teachers and students trained
			2. Organise capacity building for Home Economics Teachers, Food vendors, School Health Officers in Government owned Primary and Secondary school on Food and Nutrition security	# of Home Economics Teachers, Food vendors, School Health Officers trained on food and nutrition security	Primary and Secondary School teachers trained
			3. Provide SBCC materials on nutrition for teaching and learning of teachers and school children	# of SBCC materials produced # of schools provided with SBCC materials	SBCC materials provided
			4. Conduct study on functional traditional foods/ diets and use of under-utilised crops for dietary diversification	# of studies conducted. # of functional traditional food diet identified	Study conducted





Civil Service Commission, MOH

# of relevant MDAs with  
qualified nutritionist.  
staffed

Relevant MDAs

MLG&CA, MOA, NOA, Partners

6. Awareness creation on the

establishment of home

# of households with home gardens

Home gardens established

MOA, MOH & MLG&CA

and underutilised food crops.  
sensitized.

# of gatekeepers  
Gatekeepers sensitized

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FMA

**Providing a  
Conducive  
Macro  
Economic  
Environment**

Increase the number of Nutrition Desk Officers in relevant MDAs at all levels with functional nutrition unit by 75% in 2020  
1

functional and under utilised crop varieties

Create nutrition desk and incorporate nutrition objectives into MDAs' development policies, plans and programmes.

Review and strengthen the existing macro to incorporate nutrition programmes and projects.

# of farmers educated on improved cultivation, harvest and preservation of nutritious foods crop varieties.

No. of MDAs with Nutrition desk established  
No of MDAs that have developed and incorporated nutrition objectives into their Policies, Plans and Programmes

No. of macroeconomic policies identified, reviewed and/or strengthened

No. of advocacy conducted

Farmers educated on improved crop variety Nutrition Desk established in MDAs  
2.MDAs developed and incorporated nutrition objectives into their Policies, Plans and Programmes

Macro-economic and sectoral policies identified, reviewed and strengthened

Stakeholders and validation meetings for nutrition related investment and sectoral

**3. Improved investment in nutrition**

MEPB, PSO/HOS

MEPB, relevant MDAs

**Social Protection Programmes for the Vulnerable Groups**

2

Conduct advocacies

1

Existence of the state social protection policy

policies conducted Nutrition and Social Protection programmes to address poverty, malnutrition and health of the vulnerable groups harmonized

**4. Improved  
nutritional status of  
vulnerable groups**

MEPB, MYSD, WAPA

			Incorporate nutrition consideration (e.g. Motherss with SAM children, (CCT) into social protection programs to address poverty, malnutrition and health of vulnerable groups.	No. of Social Protection programmes that have nutrition intervention  % improvement in nutritional status of social protection beneficiaries	Social protection programme in nut inclusive
			Expand the coverage of the state Health Insurance Scheme to incorporate the Local Community Health Insurance services for vulnerable groups	# of vulnerable groups that are enrolled in LASHI Scheme.  # of Local/ Communities participating in LASHI	Local Community Health Insurance covered.

**Result Area 5: Raising Awareness and understanding of problem of malnutrition in Nigeria**

**Objective: To increase the knowledge of nutrition among the populace and nutrition education into formal**

**Target: To increase households with relevant nutrition knowledge and practice by 50% that improves their**

<b>Promote Advocacy, Communication and Social Mobilization</b>	To increase households with relevant nutrition knowledge and practice by 30% that improves their nutritional status by 2022.		Create awareness on problems of malnutrition using the mass media (such as radio, TV drama, film documentaries, home video, and posters and souvenirs in local languages).	# of media airing developed jingles, documentaries and feature articles  % of awareness and knowledge of nutrition	Knowledge on the problems of malnutrition among the populace increased
			Promotion and dissemination of research findings on food processing and preservation technology for use in villages and households	# of research findings on food processing and preservation produced  % level of adoption of improved food processing and preservation	Conduct of research and dissemination of findings on food processing and preservation technology for use in villages improved
			Strengthen collaboration and synergy between relevant MDAs, state & local Committees on F&N, and between state & non-state actors	# of meetings organized for all the MDAs. # no of MOUs signed.	A strong Collaboration and synergy between relevant MDAs be national, state and committees on F&N achieved
			2 day Annual review meeting of SCFN with NCFN	# of MDAs participated in the meeting # of review meetings organized	Annual review meeting of SCFN with NCFN held

			Develop clear advocacy strategy of engagement with relevant policy makers and stakeholders	# of advocacy strategies for engagement with policy makers and stakeholders	Clear advocacy strategies of engagement with relevant policy makers and stakeholders developed Policy makers
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		Conduct and Sustain advocacy to policy makers (Governor, Hon Commisoners for education, information, Budget, Health, Agriculture, Legislators, SSG, Wife of Governor and LGA Chairmen ) at all levels for resource mobilization for food and nutrition activities including establishment of school farms & gardens	1 No of Policy makers reached at all levels for resource mobilization for food and nutrition activities. 2. No of advocacy visits with reports produced 3. No of MDAs with dedicated budget lines & timely release of funds for implementations of the programmes	More resources mobilized for food and nutrition activities as a result of continuous advocacy to policy makers	
		Update and use profiles to Advocate for nutrition investment at all levels of government and the communities	No of advocacy meetings held # of MDAs with increased investment	An up to date advocacy profile maintained	
		Conduct dissemination of appropriate standards on nutrition labels for packaged foods in Nigeria with stakeholders including NAFDAC, SON, RUWASSA, Consumers protection agencies, Produce departments, Veterinary dept, and private sectors standards for Nutrition	1. No of stakeholders meetings held to set up standards for nutrition labels in Nigeria/ 2. No of packaged foods with set standards in Nig.	Criteria for appropriate standards on nutrition labels for packaged food set by stakeholders.	
		Conduct advocacy to States to legislate on implementation of home grown School feeding program	1.No of states implementing school feeding services. 2. No of schools implementing school feeding services. 3. No of Learners benefitting from HGSH&HP	Increased in the number of states practicing 1-school meal/day policy	
		Erect Billboards to raise awareness on nutrition across the LGAs/ LCDAs	# of Billboard raised across LGAs/LCDAs	Awareness on nutrition by the general public across LGAs and States increased	

		Collaboration with network providers like MTN, Airtel, GLO etc. to disseminate nutrition information to the general public	# of network providers disseminating nutrition information to their subscribers.  2. %of the Public reached with nutrition messages.	Nutrition information reaching the general public through network providers increased
		Conduct regular budget tracking to evaluate budget performance of F &N in all sectors.	# of MDAs tracking budget  % of budgeted fund released	Budget performance evaluated through regular budget tracking
		Promote appropriate food choices that encourages micro nutrient rich food consumption through Social Behaviour Change Communication (BCC)	# of IEC materials promoting appropriate food choices produced  # of persons consuming foods rich in micronutrients in the last quarter	Social Behaviour Change Communication (BCC) to promote appropriate food choices that encourages micro nutrient rich food consumption improved
		Disseminate information on nutrition care and key household practices through mass media and institutions, FBOs, CBOs, CSOs, NGOs and Professional groups	# of jingles on nutrition and key household practices aired on radios/TVs. # of IEC materials on nutrition and key household practices printed and distributed. # of people reached with nutrition messaging by FBOs, CSOs, CSOs, NGOs and Professional groups	The general public has received correct information on nutrition and key household practices
		Build capacity of Food vendors, farmers and extension officers on safe methods of preparation, processing and preservation of food	# of road food sellers trained on food preservation. # of farmers and extension officers trained on food preservation	An increased in the consumption of food
<b>Promoting Healthy Lifestyles and Dietary habits</b>	1	Promote awareness on good dietary habits and healthy lifestyles	1. No of sensitization meetings conducted at all levels 2.No of health facilities, communities and outreach campaign delivery platforms that promote optimal feeding.	Frequency of eating appropriate diet during and after illness increased



	2	Conduct Nutrition Assessment, Counselling Support (NACS) to Identify, classify, counsel on risk factors to Diet related non-Communicable Disease (DRNCD) at the Health facilities, communities.	1. No of HF delivering services on DRNCD with referral 2. # of nutrition assessment surveys conducted at the facilities and communities	Nutrition Assessment conducted	
	3	1 day state level training for 12,0001 OiCs at the State level within 2 years (6,001 per year)	3. # of OiC trained	Increased social demand for nutritious food achieved.	
	4	Revise and disseminate food based dietary guidelines for healthy living	# of dissemination meeting held	Promotion of healthy living through use of Food dietary guidelines.	
	5	Conduct one day dissemination meeting with 40 relevant officers/zone conducted at the 6 geopolitical zone of the country	# of zonal dissemination meetings held # of participants at zonal level	revised food based dietary guidelines for healthy living disseminated.	
		Strengthen existing Television programs that demonstrates the preparation of meals to incorporate nutrition considerations	No of monthly TV programmes that incorporate nutrition consideration into meal preparation 2. No of Population reached	Demonstration of nutritious food programmes for the general public	
		Developed and air Radio jingles and prepare leaflets and posters to promote good dietary practices and WASH at household, community levels and schools	No of radio programmes jingles, slots and leaflets prepared and aired. 2. No of IEC materials produced and distributed	Good dietary practices and WASH promoted	
		Capacity building of physical and health education teachers on the need for regular physical exercise & nutrition-sensitive education	No of teachers trained # of schools with trained	General public more enlightened on Nutrition messages	
		Capacity building of Teachers & SUBEB Desk officers on nutrition-sensitive education	No of teachers and desk officers trained	Nutrition coners in SDPs established	

			Promote regular physical activities and medical check up in schools and communities including provision of adequate relevant facilities	1. No of advocacy meeting held with community and stakeholders in education # of sensitization meetings held with reports produced	Scripts for weekly radio programmes developed
<b>Research in Nutrition</b>			Promote research on development of Nutritious diets from locally available staple foods for improved utilization and nutrition	1.No of staple foods covered 2. No of products developed from local staple foods	Development of more local available staple diets and under-utilized crop through research promoted
			Conduct the National Food Consumption and Nutrition Survey	# of States included in the survey. Published report of nationwide food consumption survey available	National Food Consumption and Nutrition Survey conducted periodically
			Provision of small grant	# of researches awarded # nutritious diets developed	Grants provided to grantees
			Review and update existing food composition table for Lagos state	# of updates made into National Food Composition table published.	Enhanced nutritional attributes from food products developed
			Promote, support and disseminate research findings on food processing and preservation technologies for adoption at the village and household levels	# of dissemination meetings held. # of new technologies adopted.	Research findings on food processing and preservation technologies supported

<b>Result Area 6: RESOURCE ALLOCATION FOR FOOD AND NUTRITION SECURITY AT ALL LEVELS</b>					
<b>Objective: To incorporate food and nutrition considerations into the Federal, State and Local Government</b>					
<b>Intervention/Program</b>	<b>Target</b>	<b>SN</b>	<b>Activities</b>	<b>Key Performance Indicators</b>	<b>Expected Output</b>
<b>Strengthening existing Institutional capacity to mobilize resources and effectively coordinate nutrition activities</b>	<b>Increase the resource allocation to nutrition activity by 60% by 2022</b>	1	Ensure adequate implementation of the policy through sufficient budgetary allocation and timely release of funds	# of MDAs receiving timely release of funds	Policy implementation
		2	Strengthen the coordination capacity of the Ministry of Economic Development in the state and its Local Government counterparts with the required resources (human, financial and material) for effective management and coordination of the policy	# of coordination meetings held	Coordination strengthening
		3	Strengthen the capacity of MEPB to mobilise resources for F&N interventions	# of trainings held # of participants trained	Coordination strengthening
			Conduct regular budget tracking changes, apply lessons learnt to all-levels of F &N budgeting processes.	No of MDAs with Budget tracking tool updated.	Budget implementation for nutrition activities tracked
			Develop Score Cards of lessons learnt on Budget tracking & applications to NPFN plan	No of Score card developed	Score cards for budget tracking developed

Organize bi-annual State Executive Committee on Nutrition meeting		No of meetings held and reports produced	Bi-annual State Executive Committee meeting on Nutrition held organized	<b>Increased investment and funding of nutrition programmes and activities</b>	MEBP, relevant MDAs	
Organize quarterly Nutrition Partners meetings		No of meetings held and reports produced	Quarterly NPG meeting organized and held	<b>Increased investment and funding of nutrition programmes and activities</b>	MEBP, relevant MDAs	
Organize quarterly meetings of committee on food and nutrition at all levels	on	No of meetings held and reports produced	Quarterly stakeholders meeting organized and held	<b>Increased investment and funding of nutrition programmes and activities</b>	MEBP, relevant MDAs	
Organize quarterly meetings of the committee on food and nutrition		No of meetings held and reports produced	SCFN meeting for relevant nutrition stakeholders organized	<b>Increased investment and funding of nutrition programmes and activities</b>	MEBP P, relevant MDAs	
Advocate for Implementation of policy on Food and Nutrition and the Plan of Action	Action	# of advocacy conducted	Advocacy for domestication of NPFN conducted	<b>Increased investment and funding of nutrition programmes and activities</b>	MEBP, MDAs and	relevant Partners
Advocate for the Creation of budget on food and nutrition activities in MDAs/LGAs and timely release of funds	lines ensure	No of MDAs with budget lines created	Budget line for food and nutrition activities created in relevant MDAs	<b>Increased investment and funding of nutrition programmes and activities</b>	MEBP, MDAs and	relevant Partners
Build the capacity of Nutrition desk officers MDAs/LGAs through & retraining on resource mobilisation allocation	in training and	No of officers trained, No of training conducted	Capacity of nutrition coordinating officers in line ministries built on resource mobilization	<b>Increased investment and funding of nutrition programmes and activities</b>	MEBP, MDAs And	Relevant Partners
Conduct research, monitoring & evaluation on food and nutrition activities in collaboration with partners and the private sector		No of survey conducted, No of monitoring & evaluation report produced	Research, monitoring & evaluation on food and nutrition conducted	<b>Increased investment and funding of nutrition programmes and activities</b>	MDAs in SCFN, Institutes	Universities Research
Develop a Portal and tools for the collection Nutrition based interventions in partnership with research institutes	data of core	Development of Portal # of nutrition interventions whose data tools are developed	Data tool for collection of core nutrition based interventions developed	<b>Increased investment and funding of nutrition programmes and activities</b>	MEPB, MOST, MOH,	Universities and Research Institutes

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		14	Build the capacity of Nutrition implementers (OICs, NFPs, M & E, agric extension officers and other nutrition officers/ workers at both state and national levels of different sectors on the use of data tools for capturing of Nutrition activities	No of nutrition implementers whose capacities are built	Capacity of relevant officers on use of data tools built	<b>Increased investment and funding of nutrition programmes and activities</b>
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		15	Conduct results-based monitoring for nutrition activities	#No of result based monitoring conducted for nutrition activities	result based monitoring for nutrition activities conducted	<b>Increased investment and funding of nutrition programmes and activities</b>
			Build synergy and collaboration between the line Ministries and International Community	# of collaboration between line Ministries and International Community	Synergy and collaborations built	<b>Increased investment and funding of nutrition programmes and activities</b>