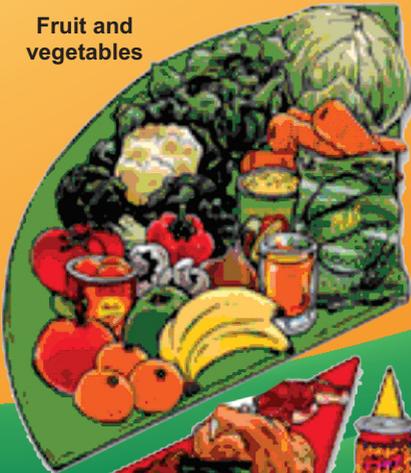


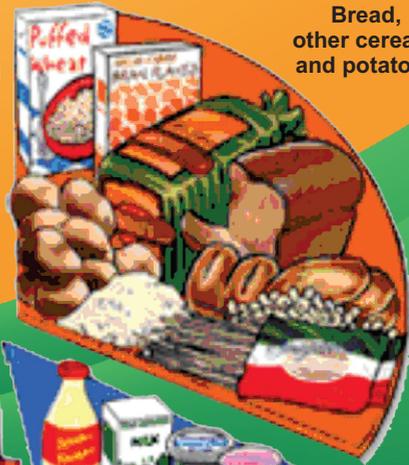


NATIONAL POLICY ON FOOD AND NUTRITION IN NIGERIA

Fruit and
vegetables



Bread,
other cereals,
and potatoes



Meat, fish and
alternatives



Food containing
fat and foods
containing sugar



Milk and dairy
products





NATIONAL POLICY ON FOOD AND NUTRITION IN NIGERIA

Ministry of Budget and National Planning
Plot 421 Constitution Avenue
Central Business District
Abuja.

2016

Abbreviations/Acronyms

| | |
|--------|---|
| 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 |
| 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 |
| HIV | Human Immunodeficiency Virus |
| ICN | International Conference on Nutrition |
| IDA | Iron Deficiency Anaemia |
| IDD | Iodine Deficiency Disorder |
| IFPRI | International Food Policy Research Institute |
| IMAM | Integrated Management of Acute Malnutrition |
| IMNCH | Integrated Maternal Newborn and Child Health |
| ITP | In Patient Therapeutic Program |
| IYCF | Infant and Young Child Feeding |
| LBNS | Liquid Based Nutrient Supplement |
| LGA | Local Government Area |
| LGCFN | Local Government Committee on Food and Nutrition |
| LO-ORS | Low Osmolarity Oral Rehydration Solution |
| MAM | Moderate Acute Malnutrition |
| MBNP | Ministry of Budget and National Planning |
| MDAs | Ministries Departments and Agencies |
| MDGs | Millennium Development Goals |
| M & E | Monitoring and Evaluation |
| MICS | Multiple Indicator Cluster Survey |

| | |
|--------|--|
| MNDC | Micronutrient Deficiency Control |
| NAFDAC | National Agency for Food and Drug Administration and Control |
| NBS | National Bureau of Statistics |
| NCFN | National Committee on Food and Nutrition |
| 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 |
| NNN | National Nutrition Network |
| NPC | National Planning Commission |
| NPHCDA | National Primary Health Care Development Agency |
| NSHDP | National Strategic Health Development Plan |
| OTP | Out Patient Therapeutic Program |
| OVC | Orphan and Vulnerable Children |
| PATH | Programme for Appropriate Technology in Health |
| PLWHA | People Living With HIV/AIDS |
| RRA | Rapid Rural Appraisal |
| RUTF | Ready to Use Therapeutic Foods |
| SAM | Severe Acute Malnutrition |
| SBCC | Social and Behavioral 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 |
| 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 |
| VP | Vice President |
| WHA | World Health Assembly |
| WHO | World Health Organization |

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Foreword

Malnutrition and nutrition-related issues continue to be of public health concern in Nigeria. It manifests itself mainly as under nutrition, over nutrition and micronutrient deficiencies. Since the beginning of this decade, the close relationship between malnutrition and under-development has continued to be emphasized, particularly at the various international summits aimed at improving the welfare of women and children. An important conclusion that emerged from these discussions and in particular, from the 2014 International Conference on Nutrition (ICN2), held in Rome, was that nutritional well-being of all people is a pre-condition for development and a key objective of progress in human development. Therefore, reducing malnutrition is an important goal of development, since malnutrition not only slows development, it leads directly to suffering and death.

The recent review of the National Policy on Food and Nutrition by the Federal Government of Nigeria is another major land mark in the effort of the present administration in addressing the problem of malnutrition, which has been most devastating among young children, pregnant and lactating mothers. The policy has been revised to add value and strengthen the synergy among sectors and other initiatives of Government and partners. It is expected that all other policies that have any bearing on food and nutrition should be updated in line with this policy. As a follow up to this, robust intervention programme and cost effective action plan is to be developed to drive the implementation of the policy for effective results.

This in turn will lay a solid foundation for higher productivity and improved physical and mental development among the citizenry.

With the approval of the Policy by the Federal Executive Council (FEC), I therefore recommend effective implementation of this Policy to achieve the objective of ensuring optimal nutritional status for all Nigerians.



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Preface

Malnutrition has continued to remain a key health challenge in developing economies, including Nigeria. Regardless of which level, individual or community, it impacts negatively on the well-being of the people, draining the nation's human resources, thus hindering adequate economic development with enormous costs in human, social and economic terms.

In the present democratic dispensation, the country has undergone some social and economic transformations that have resulted in the improvement of the citizens standards of health and food consumption. These transformations have impacted on reducing poverty, social exclusion and consequently on hunger and malnutrition.

In realization of food security and access to adequate basic health services as prerequisites for good nutrition, the Federal Government of Nigeria strongly committed herself to reducing hunger and malnutrition, using a multi-sectoral and multi-disciplinary programme approach including various interventions at the community as well as the national level.

The reviewed National Policy on Food and Nutrition in Nigeria, provides an overarching framework, covering the multiple dimensions of food and nutrition improvement. The Policy has been revised to add value and strengthen synergy among sectors and other initiatives of government and partners. It recognizes the need for public and private sector involvement, and that hunger eradication and nutrition improvement is a shared responsibility of all Nigerians.

The Policy has been updated with the aim of addressing the problems of malnutrition and extreme hunger across different levels of the Nigerian society ranging from the individual, household and communities, thus contributing to the overall national development. A holistic approach is envisioned for the implementation of this reviewed Policy, which shall involve sectoral Ministries, institutions of higher learning, the private sector, individuals, families, communities, Community-Based Organizations (CBOs), Non-Governmental Organisations (NGOs), Faith -Based Organisations (FBOs), Civil Society Organisations (CSOs), Media, Professional Associations and the International Agencies.

The adoption of this Policy allows the enactment of guiding principles and pertinent strategic options for efficient implementation mechanisms for nutrition interventions to address malnutrition in Nigeria.



Nana Fatima Mede (Mrs)

Permanent Secretary

Ministry of Budget and National Planning

CHAPTER ONE

INTRODUCTION



1.1 Background

The National Food and Nutrition Policy is a document that provides the framework for addressing the problems of food and nutrition insecurity in Nigeria, from the individual, household, community and up to the national level. It guides the identification, design, and implementation of intervention activities across different relevant sectors. Nutrition is a multi-sectoral and multi-disciplinary issue involving various sectors including health, agriculture, science and technology, education, trade, economy, and industry. In recognition of this, various sectors in Nigeria have developed policies and strategies to address the nutrition perspectives of their mandates. These documents include:

- i. The National Health Policy and Guidelines;
- ii. The National Agricultural Policy;
- iii. The Agricultural Transformation Agenda;
- iv. Science, Technology, and Innovation Policy;
- v. National Policy on Education;
- vi. National Policy on School Health;
- vii. National Policy on Infant and Young Child Feeding (IYCF);
- viii. Early Child Care and Development;
- ix. National Population Policy;
- x. National Policy on HIV/AIDS and OVCs;
- xi. National Policy on Non-Communicable Diseases;
- xii. National Policy on Gender Mainstreaming;
- xiii. National Policy on Security;
- xiv. National Policy on Food Safety and its Implementation Strategy and
- xv. National Policy on Adolescent Health and Development in Nigeria.

Despite these policies, strategies and programmes, the multi-sectoral and multi-disciplinary nature of nutrition makes the coordination of food and nutrition activities a challenge. In 1990, a National Committee on Food and Nutrition (NCFN) was established and domiciled in the then Federal Ministry of Science and Technology, to, among other things, coordinate food and nutrition actions and formulate a National Food and Nutrition Policy, with a National Plan of Action. The phasing-out of that ministry in 1993 led to the transfer of NCFN to the Federal Ministry of Health (FMOH). In 1994, the NCFN and emerging programmes were relocated to the National Planning Commission (NPC) now known as Ministry of Budget and National Planning (MB&NP) because of its unique position as the government agency responsible for coordination and monitoring of all national policies and programmes, including budgetary processes, as well as all technical assistance in the country.

The first National Food and Nutrition Policy was developed through a multi-stakeholder process and produced by the NPC in 2001. However, this policy had little or no effect in bringing about improvement in the nutrition situation in Nigeria due to the fact that the policy and the plan of action arising from it were not adequately implemented. This has been due largely to poor funding as well as ineffective coordination and monitoring of the policy implementation.

Emerging concerns in the science, practice and programming of food and nutrition activities informed the review of the policy. Some of these emerging critical issues include nutrition in the first one thousand days of life, nutrition during emergencies and upsurge in the prevalence of diet-related non-communicable diseases.

Similarly, there is increasing recognition of nutrition as a necessary condition for national development as espoused in the Millennium Development Goals (MDGs). It is also worthy to note that the post-2015 Sustainable Development Goals (SDGs) require actions that will promote nutrition in national development.

The urgent need to scale up high-impact and cost-effective nutrition interventions, amplified by Nigeria's recent sign up with the Scaling Up Nutrition (SUN) movement in 2011 further justifies the need for the review.

1.2 Food and Nutrition Situation in Nigeria

Adequate food and optimal nutritional status are the foundation blocks for the building of healthy, secure lives and thus form the basis for development in any nation. It is well-known that the basic cause of the food and nutrition problem is poverty entrenched in the mechanisms of governance and institutions which drive the economy. Conceptually, malnutrition in Nigeria arises from poverty, gaps in governance and institutional weaknesses as basic causes whilst food insecurity, inadequate care and access to health services are underlying causes and inadequate food intake and diseases are the immediate causes.

1.2.1 Poverty Situation in Nigeria

In spite of Nigeria's abundant natural and human resource endowment, poverty has remained pervasive, multifaceted and chronic. Given the most recent data available, it is estimated that approximately 39% of Nigerians live below the poverty line (MDG 2013 report). Children from the poorest economic quartile have been shown to be four times more likely to be malnourished than children from the richest households (Multiple Indicator Cluster Surveys [MICS, 2011]). Thus, analysis of the current food and nutrition situation needs to recognise the effects of poverty and make realistic projections of how the goals and objectives of poverty-reduction efforts, including the macro-economic framework, will affect the achievements of this revised policy.

1.2.2 Food Security

Food insecurity is closely linked to hunger and malnutrition, whilst malnutrition is the most serious consequence of food insecurity. The nature and extent of hunger and food insecurity in Nigeria are of public health concern. Available data showed that total average household expenditure on food for the period between 2009 and 2010 was about 65% (NBS, 2012). Nigeria was ranked 38th out of 76 on the 2014 Global Hunger Index (IFPRI, 2014), whilst another report indicated that the absolute number of food-insecure people was 17 million in 2012, and projected to rise to 43 million by 2022 if the situation is not addressed. The lack of food is the most critical dimension of poverty and is one of the MDGs indicators.

Agriculture provides employment for close to 70% of the Nigerian population

and accounts for almost one-third of the country's Gross Domestic Product. The government, in recognition of the importance of the agricultural sector, initiated and endorsed several national projects and programmes aimed at rapidly growing the sector. The initiatives include the buy-in into the Comprehensive Africa Agriculture Development Program (CAADP), the Seven-Point Agenda, the National Food Security Program (NFSP), and the presidential initiatives on fish, cassava, rice, and other foods, as well as the Agricultural Transformation Agenda.

In Nigeria, agricultural production has remained small-scale at subsistence level and largely dependent on rainfall. Investment in agriculture by government has not significantly contributed to reduction of undernutrition at the rate needed to meet the national development goals. The economic consequence of this state of food insecurity in terms of productivity loss is huge and requires urgent attention.

The food distribution system in Nigeria remains largely inefficient due to factors such as crop seasonality, inadequate storage technology and facilities, inadequate transport and distribution systems, as well as market information. All of these result in considerable spatial and seasonal variation in food production and availability and are responsible for the considerable variations in food prices across the country. The problem is aggravated by lack of adequate storage facilities and basic preservation techniques at the household level.

1.2.3 Nutrition Situation

Malnutrition and nutrition-related morbidity continue to be of public health concern in Nigeria. Malnutrition is widespread in the entire country, although the scale and scope varies between regions and across urban-rural divide. Malnutrition manifests mainly as undernutrition, overnutrition and micronutrients (minerals and vitamins) deficiencies.

The trend in undernutrition among children under five has not shown significant changes as revealed by the Nigeria Demographic and Health Surveys (NDHS) 2003, 2008 and 2013. Stunting rate among under-five reduced from 42% in 2003 to 41% in 2008 and to 37% in 2013. On the other hand, wasting

among under-five increased from 11% in 2003 to 14% in 2008 and to 18% in 2013. Underweight within the same period was 24%, 23%, and 29%, respectively, which indicated little or no improvement in under-five nutritional status in the last decade.

Undernutrition reduces economic advancement of nations by at least 8% due to direct productivity losses and losses due to poorer cognition and reduced schooling (Horton and Steckel, 2013). Thus, such countries will be unable to break out of poverty and sustain economic advances without ensuring that their populations are adequately nourished on a sustainable basis. This poor state of child nutrition in Nigeria is an indication of inadequate dietary intake, inadequate care of women and children as well as inadequate access to health care and living in an unhealthy environment. About 23% of newborns in Nigeria receive breast milk within one hour of birth, whilst the exclusive breastfeeding rate is 17% (NDHS, 2013). During the transition period from 6 to 9 months, when a child is expected to receive a mix of breast milk and complementary food, only 10% of children 6-23months were fed in accordance with infant and young child feeding recommendations (NDHS, 2013).

Indices such as above, position Nigeria as one of the 20 countries responsible for 80% of global child malnutrition (Bryce et al, 2008). Prevalence of chronic malnutrition among women of childbearing age in Nigeria is increasing as 25% and 11% of women are obese and overweight, ($BMI \geq 25.0$) and 11% are thin ($BMI \leq 18.5$) in NDHS 2013 when compared to 12% in NDHS 2008. This is an indication of the emerging double burden of malnutrition in the country. Maternal undernutrition results in low birth weight which, in turn, contributes to high infant mortality and a significant factor in the high incidence of maternal mortality in Nigeria. Infant and under-five mortality in Nigeria have been on the decline in the last decade, but have remained unacceptably high at 97 per 1,000 live births and 158 per 1,000 live births in 2011 respectively (MICS 2011). According to NDHS 2013, infant and under-five mortality rates are: 69/1000 live births and 128/1000 live births respectively.

In recent times, undernutrition has been found to co-exist with overnutrition both at the community and household levels. Public health challenges in Nigeria have focused on issues related to undernutrition and infectious diseases. Whilst the fight against undernutrition has continued, change in lifestyle, diet and

economic circumstances have predisposed some of the population towards overnutrition and emerging nutrition challenges. This duality of both undernutrition and overnutrition co-existing together in a community or household is referred to as 'double burden of malnutrition'. The cause of double burden of malnutrition is complex with many factors, including nutritional, biological, social, environmental and genetic.

Data on micronutrient deficiency status is limited, and the available summary reports show that 29.5% and 13.1% of children and women, respectively, are Vitamin-A deficient (NFCNS, 2003). Nutritional anaemia prevalence among mothers and children, respectively, were 24.3% and 27.5%. The high maternal mortality is, in part, attributable to the high incidence of anaemia. The deficiencies of essential micronutrients have been reported to have substantial adverse effects on child survival and development. In particular, Vitamin A and iodine deficiency have adverse effects on child health and survival, whilst iodine and iron deficiency, together with stunting, have been reported to contribute to children not achieving their full developmental potential (Black et al, 2013).

1.2.4 Health System and Disease

It is estimated that in Nigeria, the number of people living with HIV/AIDS (PLWHA) is about 3.1 million, whilst its prevalence stands at 4.1% (GARPR, 2012). Therefore, promotion of good nutrition practices, access to health services including antiretroviral (ARV), and exclusive breastfeeding for the first six months for infants born of mothers living with HIV/AIDS is part of the rapid advice policy for nutrition in the context of HIV. Nutrition consideration is a priority in ensuring optimal nutrition in special circumstances such as HIV/AIDS and other disease conditions.

In response to the poor state of maternal and child health, the Nigerian Government, in collaboration with development partners in the health sector, developed the Integrated Maternal Newborn and Child Health (IMNCH) strategy in 2007 to provide the framework that will guide the acceleration of the attainment of MDGs 4 and 5. The strategy comprises evidence-based interventions and an investment plan using the marginal budgeting for bottlenecks to guide implementation. The 2012 IMNCH strategy review

identified wider nutrition coverage as key to Maternal, Newborn and Child Health (MNCH) interventions, whilst IMNCH has been incorporated into the National Strategic Health Development Plan (NSHDP) for Nigeria. In furtherance of this effort, the Government developed several guidelines to direct implementation, including guidelines on IYCF, Nutritional Care and Support for People Living with HIV/AIDS, Control of Micronutrient Deficiencies, Community Management of Acute Malnutrition, etc. Other efforts made by the government include its pledge to fund health system at US\$31.63 per capita through increasing budget allocation, strengthening integration of services for MNCH, and increasing the number of core service providers. In line with the UN Commission on Life Saving Commodities and Information and Accountability for Women and Children, the government launched the Saving One Million Lives Initiative in 2012 and gave approval for the 2012 National Essential Medicines Scaling Up Plan.

1.2.5 Nutrition in Emergencies

Nutrition response to emergency situations has been limited in Nigeria. Natural and man-made disasters, climatic shocks, conflicts and insecurity are major causes of hunger and malnutrition due to lack of access by individuals to produce, sell and buy food. Basic services become over-stretched; women and children under five and the elderly make up the largest percentage of vulnerable population and would therefore need urgent humanitarian assistance, especially if they are also displaced. Although the capacity to predict the occurrence and gravity of emergency situations has improved in the country, adherence to early warning and activation of response plans are poor. Whilst time lag is a constraint, the financial, technical and logistics capacities are challenging. Thus, nutrition considerations must be incorporated into emergency preparedness as well as the emergency response and management systems in the country.

1.2.6 Nutrition and the MDGs

Nutrition was key to the attainment of MDGs whose target was 2015. There has been little improvement in the health and nutrition status of children under five in the last decade. It was the realisation of the need to fast track the attainment of the MDGs and subsequently Sustainable Development Goals

(SDGs) that prompted the renewed focus on evidence-based, cost-effective interventions aligned to the SUN movement.

1.3 Guiding Principles of the Policy

The guiding principles for implementation of this policy shall include the following:

- i. Prioritizations of poverty reduction and safety nets for the poor in government budgetary allocations;
- ii. Recognition of adequate food and nutrition as a human right and adopting a rights-based approach to planning, budgeting, and implementation of the policy;
- iii. Gender considerations and the needs of all vulnerable groups are integral to all components of the policy;
- iv. Recognition of the multi-sectoral and cross-cutting natures of food and nutrition;
- v. Utilisation of partnership and the network of stakeholders in harnessing resources for the implementation of the policy;
- vi. Recognition of nutrition as a developmental issue and incorporating food and nutrition considerations into development plans at all levels of government;
- vii. Establishment of a viable system for guiding and coordinating food and nutrition activities undertaken in the various sectors and at various levels of the society; and
- viii. Reduction of malnutrition (undernutrition and overnutrition) through SUN activities with high impact and low cost interventions.

CHAPTER TWO

VISION, GOAL AND OBJECTIVES OF THE FOOD AND NUTRITION POLICY



2.1 Vision Statement

A country where the people are equitably food and nutrition-secure with high quality of life and socioeconomic development contributing to human capital development objectives of Nigeria Vision 20:20:20 and beyond.

2.2 Goal

To attain optimal nutritional status for all Nigerians, with particular emphasis on the most vulnerable groups such as children, adolescents, women, elderly, and groups with special nutritional needs.

2.3 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:

- i. To improve food security at the national, community and household levels;
- ii. To reduce undernutrition among infants and children, adolescents and women of reproductive age;
- iii. To significantly reduce micronutrient deficiency disorders, especially among the vulnerable group;
- iv. To increase the knowledge of nutrition among the populace

- v. and nutrition education into formal and informal trainings;
To promote optimum nutrition for people in especially difficult circumstances, including PLWHA;
- vi. To prevent and control chronic nutrition-related non-communicable diseases;
- vii. To incorporate food and nutrition considerations into the Federal, State and Local Government sectoral development plans;
- viii. To promote and strengthen Research, Monitoring and Evaluation of food and nutrition programme;
- ix. To strengthen systems for providing early warning information on the food and nutrition situation; and
- x. To ensure universal access to nutrition-sensitive social protection.

2.4 Targets

- i. Reduce the proportion of people who suffer hunger and malnutrition by 50% by 2025;
- ii. Increase exclusive breastfeeding rate from 17% in 2013 to 65% by 2025;
- iii. Increase the percentage of children age six months and above who receive appropriate complementary feeding from 10% in 2013 to 40% by 2025;
- iv. Reduce stunting rate among under-five children from 37% in 2013 to 18% by 2025;
- v. Reduce childhood wasting including Severe Acute Malnutrition (SAM) from 18% in 2013 to 10% in 2025;
- vi. Achieve and sustain universal household access to iodized salt by 2025;
- vii. Increase coverage of Zinc supplementation in diarrhoea management from 7% in 2013 to 50% of all children needing treatment by 2025;
- viii. Increase the proportion of children who receive deworming tablets from 13.4% in 2013 to 50% by 2025;

- ix. Reduction in anaemia among pregnant women from 67% in 2013 to 40% in 2025;
- x. Reduce prevalence of diet-related non-communicable diseases by 25% in 2025;
- xi. Increase coverage of Vitamin A supplementation from 41% in 2013 to 65% by 2025;
- xii. Increase by 50% households with relevant nutrition knowledge and practice that improve their nutritional status
- xiii. Increase access to potable water from 49% in 2013 to 70% by 2025;
- xiv. Increase the number of relevant MDAs at all levels with functional nutrition unit by 75% in 2017;
- xv. Reduce the incidence of malnutrition among victims of emergencies by 50% in 2025;
- xvi. Mainstream nutrition objectives into social protection and safety net programmes of all MDAs linked to nutrition by 2020;
- xvii. Achieve universal access of all school children in the pre- and basic school classes to school-based feeding programmes by 2025; and
- xviii. To arrest the emerging increase in obesity prevalence in adolescents and adults by 2025

CHAPTER THREE

STRATEGIES



This chapter consists of strategies aimed at achieving the policy objectives described in the previous chapter. The strategies will employ interventions and approaches that are nutrition-specific, nutrition-sensitive, nutrition-enhancing agriculture and food systems as well as build an enabling environment for sustaining this policy.

3.1 Food and Nutrition Security

3.1.1 Ensuring Food and Nutrition Security at the National, Community, and Household Levels

The strategic framework for achieving food and nutrition security will adopt a multi-sectoral approach to implement the national food and nutrition strategy focusing on food security, quality, and safety, consumer education, and food management. In addition, it will also focus on food production, food processing, storage, trade, marketing and distribution, as well as consumption.

3.1.2 Increasing Availability, Accessibility and Affordability of Food

- i. Encourage and support integrated farming (crops, livestock and fisheries) as a means of increasing food diversity and income sustainability for small-holder farmers, especially women;
- ii. Promote increased production of priority-value chain crops, animal products, fruits and vegetables across the different geopolitical zones of the country;

- iii. Promote urban agriculture and support urban and rural women to adopt and set-up home gardening;
- iv. Promote adoption of improved and cost-effective on-farm food-storage technologies including use of silos, solar drying, fish smoking kiln, etc. by small holder farmers;
- v. Promote food safety through myco-toxins prevention during production and storage;
- vi. Promote biofortification of staple food crops with micronutrients as a long-term means of micronutrient deficiency control (MNDC); and
- vii. Promote effective market information, food distribution and transportation systems.

3.1.3 Improving Food Harvesting, Processing and Preservation

- i. Introduce and consolidate appropriate technologies for harvesting, processing, and preservation for crops, vegetables, fisheries and livestock;
- ii. Facilitate access of small-holder farmers to technologies for improved crop harvesting, processing, and preservation; and
- iii. Strengthen the training of extension workers for adequate dissemination of environmentally friendly agricultural technologies.

3.1.4 Improving Food Preparation and Quality

- i. Develop and promote the use of nutritionally adequate recipes using locally available ingredients for all age groups;
- ii. Promote appropriate food-preparation methods for improved nutrition and encourage the consumption of hygienic and nutritious foods;
- iii. Promote the development and enforcement of minimum standard for food quality and safety both for imported and locally produced foods, including street-vended foods; and
- iv. Fortify staple food during production, processing up to consumption level.

3.1.5 Improving Management of Food-Security Crises and Nutrition in Emergency

- i. Strengthen existing Information Management Systems for food-insecurity and nutritional-vulnerability;
- ii. Establish a system for timely intervention and food price stabilization during periods of food shortfalls by constituting a national food and fodder reserve (buffer stock) as well as community-level strategic stock/cereal banks;
- iii. Identify, develop, implement and sustain programmes that would provide safety nets to protect the most vulnerable groups from negative effects of food crises as a result of natural disasters and economic policies;
- iv. Develop and provide comprehensive guidelines for managing nutrition during emergencies; and
- v. Facilitate effective coordination of interventions by government, humanitarian actors and development partners during emergencies.

3.1.6 School-based Strategies

- i. Strengthen the nutrition education and training in the curricula of early child care, primary and secondary schools;
- ii. Promote school feeding programmes in all early child care and primary schools to improve nutritional status, learning capacities and enrollment/retention of school-age children through community participation and public-private partnerships; and
- iii. Promote and support the establishment of school gardens to provide complementary feeding and also stimulate interest in farming, food, and nutrition-related matters among growing children.

3.2 Enhancing Caregiving Capacity

3.2.1 *Ensure Optimal Nutrition in the First 1,000 Days of Life*

- i. Improve nutritional care for adolescent girls and pregnant women;
- ii. Promote, protect and support early initiation of breastfeeding within thirty minutes of delivery, exclusive breastfeeding for the first six months and the continuation of breastfeeding well into the second year of life with the introduction of nutritionally adequate complementary foods at six months of age;
- iii. Promote a national nutrition education programme which should target child caregivers, health workers and communities to increase awareness of the proper care and feeding of children;
- iv. Promote and sustain twice-yearly Vitamin-A supplementation for children aged 6 to 59 months and de-worming for children aged 12 to 59 months;
- v. Promote hand-washing, proper waste disposal and Community-led Total Sanitation (CLTS);
- vi. Ensure the establishments of crèches in work places having more than ten women in public and private institutions;
- vii. Provide and promote IYCF counseling and support for pregnant and lactating women at the community and health-facility levels in line with the National Primary Health Care Development Agency (NPHCDA) strategies;
- viii. Rigorously monitor the implementation of the national regulation and the international code and all WHA resolutions on the marketing of Breast Milk Substitutes (BMS); and create accountability mechanisms for marketing of infant formulas;
- ix. Promote an integrated approach for the management of Severe Acute Malnutrition (SAM, IMAM, CMAM, SC, ITP) as a minimum package of MNCH services; and
- x. Enforce implementation of the existing regulation of maternity leave at all levels, including public- and private-sector institutions.

3.2.2 Caring for the Socioeconomically Disadvantaged and Nutritionally Vulnerable

- i. Promote adequate (both quantity and quality) food intake and adequate rest for pregnant and lactating women; and
- ii. Develop and encourage the use of labor-saving technologies to reduce the workload of women and create more time for child care.

3.3 Enhancing Provision of Quality Health Services

3.3.1 Reduce Morbidity and Mortality Associated with Malnutrition

3.3.2 Preventing and Managing Nutrition-Related Diseases

- i. Increase access to and improvement of quality of health services to provide essential maternal and child nutrition care;
- ii. Ensure the full integration of essential nutrition actions (ENA) into routine primary health care services;
- iii. Create an enabling environment for the local production of Ready-to Use Therapeutic Food (RUTF)
- iv. Ensure adequate supply and provision of Ready-to-Use Therapeutic Food (RUTF) for the treatment of SAM and malnutrition among PLWHA and vulnerable children;
- v. Promote prevention and treatment of diseases associated and linked with malnutrition; and
- vi. Provide nutrition support in special cases such as preterm and small-for-gestation babies, PLWHA, abandoned babies and orphans, etc.

3.3.3 Preventing Micronutrient Deficiencies

- i. Prevention of VAD by instituting short- and long-term sustainable interventions, including bi-annual Vitamin-A supplementation to children aged 6 to 59 months as well as promoting dietary diversification and food fortification;
- ii. Control of iron-deficiency anaemia (IDA) through:
 - The provision of iron-folate supplements to pregnant women.
 - De-worming of children aged 12 to 59 months and school-aged children every six months.
- iii. Control and prevent Iodine-Deficiency Disorders (IDD) through the enforcement of legislation on universal salt iodisation (USI) at 50mg per kg salt, and through regular monitoring of salt iodine levels;
- iv. Control and prevent Zinc-deficiency disorders;
- v. Provide Zinc and low-osmolarity oral rehydration solution (LO-ORS) to treat diarrhea;
- vi. Enforce food fortification standards in regulated food products;
- vii. Enhance micronutrient consumption through encouragement of the use of micronutrient powders and lipid-based nutrient supplements (LBNS) for food enrichment at the household level; and
- viii. Promote social and behavioural change communication (SBCC) to encourage appropriate food choices that favour consumption of micronutrient-rich foods.

3.3.5 Protecting the Consumer through Improved Food Quality and Safety

- i. Strengthen existing institutional capacity for the effective control of food quality and safety;
- ii. Ensure enforcement of food safety regulation to guarantee food safety and quality;
- iii. Strengthen the mechanisms for detection, monitoring, and control of chemical residues in foods; and promote appropriate and safe utilisation of agricultural chemicals; and

- iv. Establish standards for nutrition labeling and advertisement of all foods, including locally prepared indigenous foods, promote compliance and strengthen consumer education

3.4 Improving Capacity to Address Food and Nutrition Insecurity Problems

3.4.1 Assessing, Analysing and Monitoring Nutrition Situations

- i. Establish community-based growth monitoring to promote healthy growth, detect child growth faltering, and recommend appropriate actions;
- ii. Promote participatory approaches for communities to assess, analyse, and take appropriate actions to address food and nutrition problems;
- iii. Undertake capacity/skills-gap analysis at all levels of those involved in the planning and implementation of food and nutrition programme and activities;
- iv. Develop and strengthen the effective planning and managerial capacity of federal and state government as well as local government authorities (LGAs) to address food and nutrition problems;
- v. Institute mechanism for regular review of nutrition curricula in tertiary institutions and vocational institutions;
- vi. Ensure training and re-training of Nutritionists, Nutrition Desk Officers and other relevant service providers to improve their capacity for food and nutrition programme management; and
- vii. Ensure adequate staffing of relevant MDAs implementing sectoral nutrition programmes with skilled and qualified nutritionists.

3.4.2 Providing a Conducive Macro-Economic Environment

- i. Incorporate nutrition objectives into MDAs' development policies, plans, and programmes;

- ii. Analyse macro-economic and sectoral policies in terms of their potential impact and consequences for household income, food consumption, and delivery of human services, with a view for policy modification to ameliorate adverse effects;
- iii. Promote increase in social-sector spending and explore the potential role of the private sector; and
- iv. Promote productive capacity through encouraging private sector engagement in food and nutrition related investment.

3.4.3 Social Protection Programmes for the Vulnerable Groups

- i. Promote the establishment and expansion of existing social protection policy in all sectors with inclusion of nutrition considerations as conditions of social protection programmes to address poverty, malnutrition, and health of the most vulnerable groups;
- ii. Accelerate the implementation of the National Health Insurance Scheme to incorporate the Community Health Insurance health services to vulnerable groups, especially women and children; and
- iii. Develop social protection programmes that would provide safety nets, both short- and long-term (including distribution of food), to protect the most vulnerable groups from negative effects of macro-economic and sectoral policies on purchasing power, food consumption, and the delivery of human services.

3.5 Raising Awareness and Understanding of the Problem of Malnutrition in Nigeria

3.5.1 Promote Advocacy, Communication and Social Mobilisation

- i. Develop an advocacy and social mobilisation strategy for food and nutrition

- ii. Sustain advocacy to policymakers at all levels for resource mobilisation for food and nutrition activities;
- iii. Promote Behaviour Change Communication (BCC) for better understanding of food and nutrition security problems for improved food and nutrition practices;
- iv. Promote the design and production of harmonised, appropriate BCC materials for use and distribution at the national, state, and LGA levels; and
- v. Promote and strengthen nutrition education for all age groups through multimedia communication approaches.

3.5.2 Promoting Healthy Lifestyles and Dietary Habits

- i. Promote good dietary habits and healthy lifestyles for all age groups through appropriate social marketing and communication strategies;
- ii. Support the design and implementation of appropriate community-based nutrition education programmes;
- iii. Develop appropriate food-based dietary guidelines for healthy living;
- iv. Promote healthy eating habits to reduce the incidence of non-communicable diseases such as diabetes, hypertension, and other cardiovascular disorders, etc. (reduction of salt and sugar intake, preparation methods to reduce fat intake, etc.); and
- v. Promote regular physical exercise and periodic medical checkups for nutrition-related, non-communicable diseases.

3.5.3 Research in Nutrition

- i. Promote research and development of locally available staple diets and use of under-utilised crops for improved utilisation and nutrition;
- ii. Produce a complete food-composition table for locally available food and agricultural produce (raw, processed, and prepared);
- iii. Promote, support, and disseminate research findings on food processing and preservation technologies for adaptation at the village and household levels;

- iv. Promote research on local food fortification;
- v. Promote collaborative programme implementation operations research to enhance programme outcomes; and
- vi. Engage in periodic conduct of food consumption and nutrition survey to track policy impact.

3.6 Resource allocation for food and nutrition Security at all levels

- i. Ensure adequate implementation of the policy through sufficient budgetary allocation and timely release of funds;
- ii. Strengthen the coordination capacity of the MB&NP and its state counterparts with the required resources (human, financial, and material) for effective management and coordination of the policy; and
- iii. Strengthen the capacity of the MB&NP to mobilise resources both internally (federal, state, and LGA) and externally (bi- and multilateral donors).

CHAPTER FOUR

INSTITUTIONAL ARRANGEMENTS, LEGAL FRAMEWORK AND FINANCING



4.1 Preamble

The National Food and Nutrition Policy requires an effective institutional arrangement to ensure a results-oriented programme implementation. Past implementation efforts have been principally sectoral (health, agriculture, science and technology and education etc.), uncoordinated, inadequately funded and limited in scope and coverage.

In order to address this problem, the Government of Nigeria designated the Ministry of Budget and National Planning (MB&NP) as the national focal point for food and nutrition policy, programme planning, and coordination in the country. In May 2007, the National Council on Nutrition (NCN) was approved by the Federal Executive Council. The membership includes Ministers from relevant MDAs, one representative from Nigeria governors and organized private-sector and nutrition-related agencies. The NCN also recognized the NCFN domiciled in MB&NP as the technical arm of the NCN. The Vice President (VP) of Federal Republic of Nigeria, being the Chairman of the MB&NP will chair the NCN.

4.2 Leadership, Structures, and Institutions

The implementation of the National Policy on Food and Nutrition is the responsibility of the authorities at the three levels of government (i.e.,

Federal, State and LGAs) in collaboration with other stakeholders, including the organised private sector, development partners, professional bodies, civil society organisations (CSOs) (i.e., Non-Governmental Organizations [NGOs], Faith Based Organizations [FBOs]), and communities.

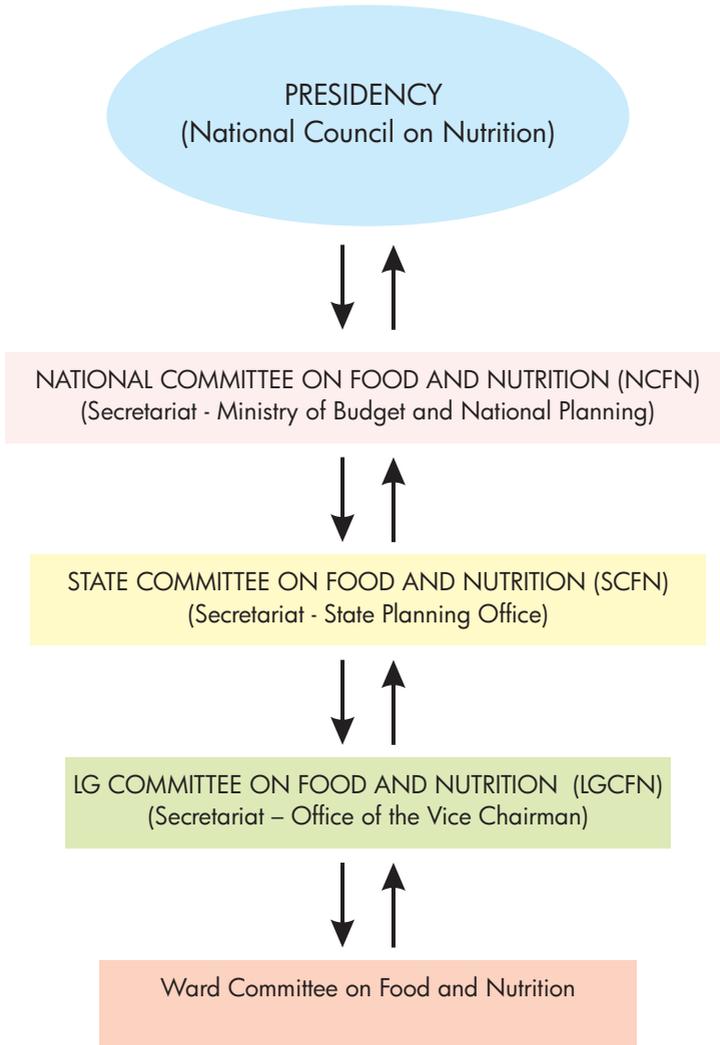
Administrative arrangements between the NCN, MB&NP, the NCFN, Federal and State Ministries, And Local Governments will form the basis for planning and implementation of the National Food and Nutrition Policy. In this regard, state and local Government counterparts of the MB&NP will be the focal points for coordination of food and nutrition programmes at state and LGA levels and will be assisted by the State Committees on Food and Nutrition (SCFN) and Local Government Committees on Food and Nutrition (LGCFN).

Implementation agencies at Federal, State, and LGA levels are responsible for the implementation of specific projects and programmes relevant to the policy.

The focal points at Federal, State, and LGA levels will have the responsibility of identifying and mobilising resources for executing given project or activity in a coordinated manner and paying due emphasis to the need for harmonisation and synergy within each body's geographic boundaries and authority.

The government will ensure that the various organisations are fully accountable for the resources and programme activities which are under their responsibility to guarantee the confidence of all stakeholders and partners involved as well as ensure correct and timely programme implementation.

Institutional Structure for the Coordination of Policy Implementation



4.3 National Council on Nutrition (NCN)

The NCN shall be the highest decision-making body on food and nutrition in Nigeria. It will serve as the policy body for all efforts geared towards ensuring food and nutrition security for all Nigerians. The council will be chaired by the Vice President of the Federal Republic of Nigeria and will be composed of Ministers from relevant MDAs, one representative from Nigerian governors and representatives of organized private sector/industry as approved by the Federal Executive Council in May 2007. The council will meet on a bi-annual basis.

4.4 Terms of Reference of the NCN

- i. Identify, analyse, and ascertain the problem of nutrition in Nigeria;
- ii. Identify the efforts already in place for tackling child malnutrition in Nigeria;
- iii. Review strategies and their impact on household, community, local government, state, national, and international levels;
- iv. Assess further action to be employed in dealing with malnutrition based on regular reviews of M&E reports and periodic surveys;
- v. Coordinate and harmonize efforts, strategies and programmes of nutrition; and
- vi. Ensure adequate resource mobilization and allocation to address nutrition issues.

4.5 The Membership of the NCN

- i. The Vice President, Chairman
- ii. Hon Minister of Agriculture and Rural Development
- iii. Hon Minister of Health
- iv. Hon Minister of Education
- v. Hon Minister of Information
- vi. Hon Minister of Communications
- vii. Hon Minister of Youth Development
- viii. Hon Minister for Budget and National Planning

- ix. Hon Minister for Women Affairs and Social Development
- x. Hon Minister of Finance
- xi. Hon Minister for Science and Technology
- xii. Hon. Minister of Water Resources
- xiii. Director General National Institute of Medical Research
- xiv. Executive Director National Primary Health Care Development Agency
- xv. Director General Standards Organisation of Nigeria
- xvi. Director General National Agency for Food & Drug Administration & Control (NAFDAC)
- xvii. President, Paediatric Association of Nigeria
- xviii. President, Nutrition Society of Nigeria
- xix. Representatives from food industry (2)
- xx. Country Representative, UNICEF
- xxi. Country Representative, WHO
- xxii. Country Representative, FAO
- xxiii. Chairman, Governors Forum
- xxiv. Nigerian member of Council of International Paediatric Association
- xxv. Nigerian member of Council of Federation of African Nutrition Societies
- xxvi. Chairman, Presidential Project Implementation Committee
- xxvii. Ministry of Budget and National Planning – Secretariat

4.6 Ministry of Budget and National Planning (MB&NP)

The MB&NP will serve as the national focal point for food and nutrition policy programme planning and coordination in the country. The MB&NP will also serve as the secretariat for both the NCFN and NCN and shall coordinate with the state Secretariats and have regular fora for interactions. The MB&NP have at least one qualified and experienced nutritionist (not less than a Deputy Director) as administrative head of the division or department that will house the NCFN secretariat. In addition, two planning officers and at least one M&E person should constitute the technical team in

the division or department. Opportunities should be created for nutritionists to come on board as interns to complement the staff in the department.

The MB&NP shall convene meetings of the NCFN and produce annual reports on progress made in food and nutrition. The Permanent Secretary of the Ministry will serve as chairman of NCFN or a designated officer not below the rank of a director. In addition, a nutrition partners forum, national working groups, and sub-committees on food and nutrition shall be established and meet regularly (at least quarterly).

4.7 Mandates of the MB&NP

The mandate of the MB&NP is:

- i. To provide day-to-day support that will enhance the effectiveness of NCN;
- ii. To serve as the focal point for the coordination and harmonization of all food- and nutrition-related policies and programmes being implemented by various ministries and agencies into a national programme consistent with the goals and aspirations outlined in this policy document;
- iii. To provide a forum for exchange of views and experiences among the bodies implementing nutrition programmes in Nigeria and, thereby foster and strengthen their respective roles in the programme;
- iv. To coordinate the review, on a continuous basis, of policies and programmes with regard to their potential impact on food and nutrition issues;
- v. To ensure effective implementation of the different policies and programmes by putting in place effective machinery for M&E;
- vi. To maintain ongoing advocacy for food and nutrition issues;
- vii. To ensure adequate financial provisions and timely release of allocated funds in the National Development Plan and annual budget;
- viii. To liaise with international donor agencies, financial institutions, the private sector, community-based organizations (CBOs) and

NGOs when soliciting funds and material support to complement government resources and efforts; and ensure that development partners incorporate nutritional considerations into their development strategies across all sectors, especially food security, maternal and child health, social protection, education, agricultural research, and gender-based programmes; and

- ix. To coordinate the analysis and dissemination of results of important food and nutrition studies, statistics, and data.

4.8 National Committee on Food and Nutrition (NCFN)

In order to achieve the National Food and Nutrition Policy objectives and implement its programmes, a NCFN has been established, located in the MB&NP to assist the MB&NP to assess and enhance the various policies on food and nutrition and to plan national programmes on food and nutrition matters.

Membership of the committee is drawn from relevant ministries, departments, and agencies of government as well as representatives of universities dealing with issues of food and nutrition.

4.9 Mandate of the NCFN

The NCFN has a mandate of:

- i. Providing necessary technical and professional assistance and support to the secretariat (MB&NP) on food and nutrition policy planning and implementation;
- ii. Proposing and reviewing, on a continuous basis, policies and programmes that have a potential impact on food and nutrition issues;
- iii. Ensuring that the representatives of relevant sectors on the committee undertake effective implementation of their various policies and programmes;
- iv. Advising on the formulation of appropriate strategies for policy and programme M&E;

- v. Supporting the MB&NP in the maintenance of ongoing advocacy for food and nutrition issues; and
- vi. Assisting the MB&NP to set up and manage a database of nutrition activities.

4.10 The NCFN Secretariat

The NCFN shall have a secretariat established in the MB&NP which shall be a division within the ministry responsible to the chair of the NCFN in the implementation of the decisions of the NCFN as well as the day-to-day operations of the national food and nutrition programme. The division shall be fully staffed with the requisite human and material resources with the required mix of staff and competencies in nutrition, food, and M&E. In addition, the secretariat will be responsible for:

- i. Servicing all statutory NCFN meetings;
- ii. Establishing appropriate linkages with other departments within the MB&NP, and
- iii. Undertaking any other duties as may be assigned by the MB&NP towards effective implementation of this policy.

4.11 State Committee on Food and Nutrition (SCFN)

In order to achieve the National Food and Nutrition Policy objectives and implement its programmes, a SCFN shall be established and located in the State Planning Ministry (or equivalent in the state). Membership of the committee will be drawn from relevant Ministries, Departments and Agencies of government as well as representatives of tertiary institutions dealing with issues of food and nutrition.

4.12 Mandate of the SCFN

The SCFN has a mandate of:

- i. Providing necessary technical and professional assistance and

- support to the Secretariat (State Planning Ministry or its equivalent in the State) on food and nutrition planning and programme implementation;
- ii. Ensure adequate financial provision and timely release of allocated funds in state development plans
 - iii. Proposing and reviewing, on a continuous basis, programmes that have a potential impact on food and nutrition issues;
 - iv. Ensuring that the representatives of relevant sectors on the committee undertake effective implementation of their various policies and programmes;
 - v. Advising on the formulation of appropriate strategies for programme M&E;
 - vi. Supporting the State Planning Ministry (or equivalent in the state) in the maintenance of ongoing advocacy for food and nutrition issues; and
 - vii. Assisting the State Planning Ministry (or equivalent in the state) to set up and manage a database of nutrition activities.

4.13 The SCFN Secretariat

The SCFN shall have a secretariat established in the State Planning Ministry (or equivalent in the state) which shall be a division within the Ministry responsible to the chair of the SCFN in the implementation of the decisions of the SCFN as well as the day-to-day operations of the state food and nutrition programme. The Permanent Secretary of the Ministry or its equivalent will head the SCFN whilst the state nutrition officer will serve as the secretary. The division shall be fully staffed with the requisite human and material resources with the required mix of staff and competencies in nutrition, food, and M&E. In addition, the secretariat will be responsible for:

- i. Servicing all statutory SCFN meetings;
- ii. Establishing appropriate linkages with other departments within the Planning Ministry (or equivalent in the state); and
- iii. Undertaking any other duties as may be assigned by the Planning Ministry (or equivalent in the state) towards effective implementation of this policy.

4.14 Local Government Committee on Food and Nutrition (LGCFN)

In order to achieve the National Food and Nutrition Policy objectives and implement its programmes, a LGCFN shall be established and located in the Office of the LGA Vice Chairman. Membership of the committee will be drawn from relevant Departments and Agencies of government as well as representatives of CSOs dealing with issues of food and nutrition.

4.15 Mandate of the LGCFN

The LGCFN has a mandate of:

- i. Providing necessary technical and professional assistance and support to the secretariat (Office of the LGA Vice Chairman) on food and nutrition programme implementation;
- ii. Ensure adequate financial provision and timely release of allocated funds in state development plans
- iii. Proposing and reviewing, on a continuous basis, programmes that have a potential impact on food and nutrition issues;
- iv. Ensuring that the representatives of relevant sectors on the committee undertake effective implementation of their various policies and programmes;
- v. Implementing appropriate strategies for programme M&E;
- vi. Supporting the Office of LGA Vice Chairman in the maintenance of ongoing advocacy for food and nutrition issues;
- vii. Managing and maintaining database of nutrition activities; and
- viii. Coordinating nutrition programme implementation at the LGA level.

4.16 The LGCFN Secretariat

The LGCFN shall have a secretariat established in the Office of the LGA Vice Chairman who shall serve as chair of the LGCFN, and the LGA nutrition

focal person shall serve as the Secretary. The Secretariat will be responsible for:

- i. Servicing all statutory LGCFN meetings;
- ii. Establishing appropriate linkages with other departments within the LGA; and
- iii. Undertaking any other duties as may be assigned by the Office of the LGA Vice Chairman towards effective nutrition programme implementation.

4.17 Roles of Professional Bodies and Development Partners

4.17.1 Professional Bodies, CBOs, CSOs, FBOs and NGOs

To ensure proper coordination of activities and to avoid duplication of efforts, the coordinating agencies at Federal, State and Local Government levels will work closely with relevant professional bodies (including Nutrition Society of Nigeria, Dietetic Association of Nigeria, and Nigeria Institute for Food Science and Technology), NGOs, CBOs, CSOs, FBOs and local communities in pursuit of the National Food and Nutrition Policy objectives.

This partnership could benefit the policy implementation through:

- i. Resource mobilisation;
- ii. Project implementation;
- iii. Community mobilisation, participation, and ownership at the grassroots level as well as sustainability.

4.17.2 Private Sector

Apart from providing funds to accelerate growth in food supplies and to manufacture essential drugs, plant machinery, and equipment, the private sector is expected to support the food and nutrition programme effort of the government by collaborating in specific areas, including:

- i. Fortification of certain identified foods with mandatory micro-nutrients such as Vitamin A, B Vitamins, Zinc and Iron;
- ii. Development of low-cost nutritious complementary foods and RUTF;
- iii. Promotion of nutrition education that complies with quality-control standards;
- iv. Participation and support of knowledge-sharing on research findings; and
- v. Adoption and transformation of research findings into commercially viable products.

In addition, the private sector would be fully involved and participate in the policy formulation/review as well as programme M&E.

4.17.3 Development Partners

Government and development partners (bilateral and multilateral agencies) have always worked closely together on food and nutrition issues in the areas of programme design, training and capacity-building, research and implementation of pilot, regional and national programmes. The government will continue to appreciate the assistance provided by donor agencies in the execution of the National Food and Nutrition Policy.

This partnership has the following benefits:

- i. Resources mobilisation in the forms of grants and loans;
- ii. Providing best practices to be used in refining and re-designing existing programmes, and introducing new ones; and
- iii. Full participation in programme implementation and review as well as M&E.

4.18 Resource Mobilisation

Government shall regularly ensure mobilisation and timely release of resources required from budgetary allocations to fully implement the policy on food and nutrition security at all levels.

These internal resources will be complemented, as required, by external grants, loans and contributions by aforementioned organisations, and the private sector. The communities will also be expected to contribute in cash or kind as appropriate.

4.19 Sustainability and Programme Scale Up

4.19.1 National Nutrition Network (NNN)

The NNN is a platform for NCFN and SCFN to meet annually to share experiences and deliberate on annual progress, achievement, and challenges as well as chart a way forward for subsequent years. The MB&NP, through the NCFN, will organise this NNN meeting with representation from the Federal and State levels, development partners and other relevant stakeholders.

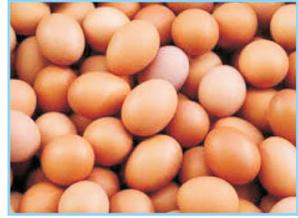
4.19.2 Scaling Up Nutrition (SUN) Movement

This is domiciled in the FMOH and focused on promoting the implementation of evidenced-based nutrition interventions and scaling up successful practices, as well as integrating nutrition goals into broader efforts in critical sectors such as public health, education, social protection, food and agriculture

4.19.3 Working Groups and Sub Committees

Working groups shall also be established to aid the operational efficiency and effectiveness of the NCFN, such as the MNDC Advisory Committee, National Fortification Alliance (NFA), IYCF Working Group, National Technical Committee on the Implementation of International Code of Marketing of BMS, Universal Salt Iodisation Task Force (USI-TF), Community Management of Acute Malnutrition (CMAM) Task Force etc., with appropriate chair from relevant MDAs with comparative advantages.

CHAPTER FIVE



5.1 Monitoring and Evaluation

For successful implementation of the Food and Nutrition Policy, an effective M&E system will be established. The purpose of the M&E system will be to provide accurate, reliable, and timely information on the progress of implementation and regular reporting on the specific objectives listed in Chapter Two. This will entail intensive process of thorough assessment of existing problems, analysis of their causes and assessment of resources required to improve the nutrition situation. The information generated will be useful for future planning exercises, as well as for M&E of the success of government's efforts in addressing the problem of malnutrition in Nigeria.

The core component of this M&E strategy will be an appropriate food and nutrition information monitoring system. The purpose of this type of information system will be to monitor food and nutrition situations in the country at regular intervals, and to answer the questions 'who are the malnourished?', 'where are they located?', 'when and why are they malnourished?'. A better socioeconomic description of the groups most at risk and trend analysis is essential in order to refine policies and programmes as well as timeliness of interventions that are aimed at different target groups in terms of their vulnerability.

5.2 Food and Nutrition Information System

The food and nutrition information system will rely on administrative reporting systems that already exist in certain ministries, routine data collected from all the relevant sectors as well as community-level food and

nutrition information, including data from child growth monitoring and promotion programmes. Sample surveys will also be considered as well as Rapid Rural Appraisal (RRA) techniques as a possible means of obtaining information quickly. Information generated will be used to assess the food and nutrition situation as well as inform programmatic changes and amendments by programme managers to bring about improvement.

5.3 M&E System

To monitor and evaluate the nutritional impact of the National Food and Nutrition Policy and its consequent programmes, a number of known core indicators will be considered to assess whether the targets and goals are being reached. The M&E system will use the information generated through the food and nutrition information system in addition to scheduled NDHS, MICS, and SMART surveys to inform decision-makers on the result achieved and the impact.

To achieve this, a database shall be created to keep accurate and relevant information through vertical and horizontal collation of data from the LGAs, state, and federal levels so that progress and changes are tracked and impact measured. The system shall use a simple M&E approach with the primary aim to enable planners at each level to collect data that shall assist them in the ongoing planning and implementation of food and nutrition programmes and activities. A feedback mechanism shall be introduced to enable “downwards” sharing of data through regular communication about the progress of food and nutrition programme and activities at national, state, and LGA levels. The main M&E activities will include:

- i. Monitoring of achievements and results component;
- ii. Evaluation/impact assessment component;
- iii. Implementation and Result Progress Report.

5.3.1 Objectives of the M&E

- i. Measure the progress, achievements, and performance through the strategy results framework and a set of specific indicators on food and nutrition;

- ii. Provide policymakers and different stakeholders with relevant qualitative and quantitative information to enable them to:
 - a. Undertake the strategy performance assessment so as to make corrections for a satisfactory implementation and capitalisation on best practices;
 - b. Draw conclusions about the effectiveness of the achievements;
 - c. Increase skills in the area of quality assurance in food and nutrition strategy implementation, and use appropriate information for policy adjustment; and
 - d. Provide data to all stakeholders for communication with a view to creating a transparent information environment (on financial flows, inputs, results, and performance).

5.3.2 Techniques and Tools for Data Collection and Analysis

The main focus of the M&E system shall be to collect accurate, reliable and timely data on the food and nutrition programme results at prescribed intervals using appropriate tools. This will include routine data from health facilities and other relevant institutions as well as population-based data.

5.3.3 Procedures for M&E - Roles and Responsibilities of different Actors

5.3.4 The Ministry of Budget and National Planning

The MB&NP will have responsibility for overall M&E. The NCFN Secretariat in collaboration with the M&E office of the MB&NP will have responsibility for the following:

- i. Providing overall coordination of the food and nutrition M&E system;
- ii. Sourcing and collating M&E data from relevant ministries, departments and agencies in federal, state, and LGAs for incorporation into the national M&E database;

- iii. Working with the M&E departments of state and relevant MDAs to ensure timely submission and quality of data;
- iv. Preparing yearly reports on progress of implementation and achievement of objectives as stated in the policy;
- v. Identifying gaps and recommending necessary adjustments in programme implementation;
- vi. Preparing and submitting country reports on food and nutrition situations at intervals as contained in the performance management plan;
- vii. Engaging the National Bureau of Statistics on administration of surveys and the collection of data at specified intervals and period to document achievements of results;
- viii. Facilitating capacity-building for M&E officers and personnel; and
- ix. Providing data quality assurance

5.3.5 Federal Ministries, Departments and Agencies

In each of the Ministries, the Department of Planning, Research and Statistics will be responsible for the collation and management of M&E data and also the following:

- i. Ensuring data quality and compliance with established specification;
- ii. Submitting timely data and M&E report to the national M&E system;
- iii. Validating the accuracy of data before submission to national M&E system.

5.3.6 State Ministries, Departments and Agencies

In each state, the Planning Office has a statutory role similar to the MB&NP at the Federal level and will be responsible for the coordination of the overall M&E system at the state level. It is expected to be linked to the Planning, Research and Statistics department of the relevant State Ministries, Departments and Agencies for data collection, collation, and submission to the national M&E office.

GLOSSARY OF TERMS



Adequate Diet: Food consumed that contains all the nutrients (calories, protein, fats, vitamins and minerals) in amounts and proportions required to promote growth and good health in an individual.

At-Risk Groups: Persons or segment of the population most likely to suffer from nutritional deprivation.

Baby-Friendly Hospital Initiative: A hospital-based programme that seeks to promote good breastfeeding practices by mothers (i.e. Exclusive Breastfeeding for the first six months of life).

Complementary Foods: Foods, in addition to breast milk, given to infants after six months of age.

Food: A composite of nutrients (protein, fat, carbohydrates, vitamins and minerals) consumed, digested and ultimately utilised to meet the body's needs.

Food Security: Access by all people at all times to enough food all the year round for an active, healthy life.

Food Insecurity: When a household is unable to provide adequate food for its members on a sustainable basis either due to inability to produce its own food or through food purchases.

Growth Monitoring and Promotion: A process which involves regular weighing of a child, plotting the weight on a growth chart, using the

information obtained to assess how the child is growing, and then taking appropriate actions to improve or promote the health and growth of the child.

Household Food Security: The ability of a household to gain access to adequate food (both in quantity and quality) to meet its nutritional requirements for an active life throughout the year.

Intra-Uterine Growth Retardation: Gradual decline in the development of a fetus due to maternal factors such as illness or malnutrition.

Iodine-Deficiency Disorders: The spectrum of disorders resulting from inadequate iodine intake, including mental retardation, reduced growth, spontaneous abortions, still-births and physical disabilities.

Iron-Deficiency Anaemia: Reduced haemoglobin and oxygen-carrying capacity of the blood due to inadequate iron intake and/or high iron losses (e.g., blood loss), characterised by fatigue, decreased capacity to work, learning disorders, and increased complications of pregnancy.

Macronutrients: Carbohydrates, fats, and proteins, comprising the major components of most foods that supply energy and amino acids for proper growth and development.

Malnutrition: The impairment of health due to a deficiency, excess, or imbalance of nutrients. It includes undernutrition, which refers to a deficiency of calories and other nutrients and overnutrition, which refers to excess of calories and nutrients (but usually of calories).

Micronutrients: These are the vitamins and minerals present in foods and required by the body in very small quantities for proper functioning.

Night Blindness: An inability to see in the dark, due to a deficiency of Vitamin A resulting from inadequate Vitamin-A intake in the diet.

Nutrition: The end result of various processes in society (e.g., social, economic, cultural, psychological, agricultural, and health) which culminate in food being eaten by an individual and subsequently absorbed and utilised by the body for physiological processes.

Nutritional Surveillance: The process of keeping watch over the nutritional situation of a community or a population and the factors that affect it, in order to take appropriate actions that will forestall problems or lead to improvement in nutrition.

Nutritive Value: The amounts of a given nutrient in a food item that will be potentially available for use by the body.

Prenatal Mortality: Death of babies before birth.

Prevalence Rate: The percentage of individuals in a sample or population who are affected by a certain disorder or condition.

Provitamin A: A substance (beta carotene) found in plants that can be converted by the body to Vitamin A.

