

ENUGU STATE MULTI-SECTORAL PLAN OF ACTION FOR FOOD AND NUTRITION

2021 - 2025



**December, 2020**

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# List of Abbrevations

ADP Agricultural Development program

AIDS Acquired Immune Deficiency Syndrome

ANC Antenatal Care

BCC Behavioural Change Communications

BOA Bank of Agriculture

BOI Bank of Industry

CBN Central Bank of Nigeria

CBO Community Based Organisations

CMAM Community Management of Acute Malnutrition

CSC Civil Service Commission

CSOs Civil Society Organisations

CS-SUNN Civil Societies Scaling Up Nutrition in Nigeria

DALY Disability Adjusted Life Years

DGO Deputy Governor’s Office

DRNCD Diet Related Non-Communicable Diseases

EBF Exclusive Breastfeeding

ECCD Early Child Care Development Centres

EIMS Education Information Management System

ESMPFAN Enugu State Multi-Sectoral Plan of Action on Food and Nutrition

ESPFN Enugu State Policy on Food and Nutrition

ESPHCDA Enugu State Primary Health Care Development Agency

ESUT Enugu State University of Science and Technology Teaching Hospital, Parklane

FBOs Faith Based Organization

FCT Federal Capital Territory

GDP Gross Domestic Product

GH Government House

GMP Growth Monitoring and Promotion

HGSFP Home Grown School Feeding Program

HH Household Head

HIV Human Immunodeficiency Virus

HMB Hospital Management Board

IDP Internally Displaced Persons

IYCF Infant and Young Child Feeding

LGA Local Government Area

LGCFN Local Government Committee on Food and Nutrition

LGSC Local Government Service Commission

MAM Moderate Acute Malnutrition

MAN Manufacturing Association of Nigeria

MANR Ministry of Agriculture and Natural Resources

MCI Ministry of Commerce and Industry

MDAs Ministries, Departments and Agencies

MDG Millennium Development Goals

MEAL Monitoring and Evaluation, Accountability and learning

MGASD Ministry of Gender and women Affairs

MICS Multi Indicator Cluster Surveys

MNCHW Maternal New-born and Child Health Week

MNP Micronutrient Powder

MBP Ministry of Budget and Planning

MoCM Ministry of Chieftaincy Matters

MoE Ministry of Education

MoF Ministry of Finance

MoI Ministry of Information

MoYS&SD Ministry of Youth Sports and Social Development

MST Ministry of Science and Technology

MTEF-FSP Medium Term Expenditure Framework – Fiscal Strategic Paper

MWR Ministry of Water Resources

NAFDAC National Agency for Food and Drug Administration and Control

NCFN National Committee on Food and Nutrition

NCN National Council on Nutrition

NDHS Nigeria Demographic and Health Survey

NEMA National Emergency Management Agency

NFCNS National Food Consumption and Nutrition Survey

NGOs Non-Governmental Organizations

NHIS National Health Insurance Scheme

NHSPAN National Health Strategic Plan of Action

NMPFAN National Multi-Sectoral Plan of Action on Food and Nutrition

NNHS National Nutrition and Health Survey

NNN National Nutrition and Networking

NOA National Orientation Agency

NPFN National Policy on Food and Nutrition

NPHCDA National Primary Health Care Development Agency

NPopC National Population Commission

NS Nutrition Surveillance

NSN Nutrition Society of Nigeria

OFL Office of the First Lady

OHS Office of the Head of Service

OPS Organized Private Sector

OSSG Office of the Secretary to the State Government

PHC Primary Health Care

PLWHA People Living with HIV/AIDS

Q3 Third Quarter

RUTF Ready-to-Use Therapy Foods

SAM Severe Acute Malnutrition

SCFN State Committee on Food and Nutrition

SDGs Sustainable Development Goals

SEMA State Emergency Management Agency

MOH State Ministry of Health

SUBEB State Universal Basic Education

SUN Scaling UP Nutrition

U-5 Under five

UBEB Universal Basic Education Board

UNICEF United Nations Children’s Fund

UNTH University of Nigeria Teaching Hospital

VAD Vitamin A Deficiency

WASH Water Sanitation and Hygiene

WCFN Ward Committee on Food and Nutrition

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|  |

# Foreword

The Enugu State Multi-Sectoral Plan of Action for Food and Nutrition (ESMPFAN) was developed in line with the State Policy on Food and Nutrition as a major step towards the provision of adequate nutrition for Enugu state residents. The aim is to address the problems associated with malnutrition in Enugu State through an innovative multi-sectoral and sector-specific strategic approach.

This strategic framework outlines evidence-based approaches that will lead to better nutrition. The strategies will include services in the areas of maternal and child nutrition, food and nutrition security, poverty reduction and improved water and sanitation and monitoring and evaluation. The plan recognises and focuses on how the state can substantially reduce the prevalence of stunting among children under-five years of age, as this is the period of rapid physical and mental development of children.

The ESMPFAN takes into account the complex relationships between nutrition, infection, household food and nutrition security and social protection etc. Addressing each of these factors and their linkages to each other underscores the importance of the ESMPFAN and its multi-sectoral approach to ensure ownership and joint responsibility by all stakeholders. The ESMPFAN with its budget and costed strategic plan will facilitate operational planning and resource mobilization, taking into account the state context and its commitment to the National targets and hence, enhance effective domestication of the National Policy on Food and Nutrition (NPFN) and the achievement of the Sustainable Development Goals (SDGs).

The ESMPFAN enables a clear description of the scope, objectives and activities with cost implications for their accomplishment as well as the indicators to measure progress of the plan. The plan will act as an advocacy tool, guide to related State Ministries, Departments and Agencies, Civil Society Organisations and other partnering agencies in implementation of nutrition specific/sensitive interventions in the state.

**Dr. David O. Ugwunta**

***Honourable Commissioner,***

*Enugu State Ministry of Budget and Planning*

# Preface

The Nigeria Governors Forum (NGF) – a platform for the 36 Nigerian Governors to collaborate on Public policy, promote good governance and share learning across states has perioritized nutrition focusing on four (4) commitments : (1) Setting up or Revitalizing State Committee on Food and Nutrition (SCFN), (2) Establishing multi-sectoral nutrition plan, (3) Increasing budgetary spending for nutrition interventions, and (4) Promoting maternity protections. The NGF Secretariate aims to catalyze sustained actions in these four nutrition commitment areas through the use of a nutrition scorecard, drawing on the successes of the scorecard develop for Universal health coverage and polio eradication.

Malnutrition has continued to be a source of worry to National Economic Growth. It impacts negatively to the wellbeing of the individual and by extension, the general populace, thereby hindering national development and economic growth. It is this negative impact in the economic growth, which the problem of poor nutrition has festered on the people that made the Nigeria governo’s forum to look critically on the food security and its nutritional impact, that informed the setting up and or reactivating the state committee on food and nutrition, to reinvigorate the issue of food and nutrition, through the four commitments, one of which is the establishment of a multi-sectorial plan which will ensure a verile platform for provision of food security for the people of Enugu State; and thereby ensure her nutritional wellbeing.

It wil be recalled that a state committee was set-up within the year to produce this action plan which was costed for possible adoption and implementation by the state government. The importance of this multi-sectoral plan cannot be over-estimated, since we believe in the ancient dictum that says “That he who failed to plan, has planed to fail”. Believing in this aphorism, the professionals from the society including the academia, civil society, seasoned civil servants from different thematic areas of Agriculture, Education, Water, science and technology, gender and social development, information, budget and planning etc. gathered to articulate the workplan which was costed for easy implementation.

I encourage the government to adopt policy document to strategically address Food and Nutrition issues and ensure a healthy society.

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Enugu State Government acknowledges the effort of the State Ministry of Budget and Planning and Ministry of Health for their technical support. The Government also appreciate the contributions of the other relevant Ministries, Departments and Agencies (MDAs) which include: Agriculture and Natural Resources; Commerce and Industry; Education; Gender and Women Affairs; Information and Communication; Enugu State Primary Health Care Development Agency, Agriculture Development Programme that facilitated the development of the Enugu State Multi-Sectoral Plan of action for Food and Nutrition. Also every member of the State Committee on Food and Nutrition (comprising representatives from different MDAs, Civil Society Organizations (CSOs), Academia and Professional bodies) who dedicated hours of their valuable time to provide inputs, comments and feedbacks during the consultation workshops as well as during the process of development of the document.

Special thanks to UNICEF, Enugu Field Office for providing financial and technical support to the State Committee on Food and Nutrition throughout the process of the development of this document.

The Government also expresses gratitude to the facilitator, Prof Kola Matthew Anigo who remarkably contributed to the development of this strategy.

It is our utmost desire that this document, through its specific and strategic multi-sectoral approach, will be of help to the government in achieving better nutrition goals in the state.

# Executive Summary

Taking into consideration the multidisciplinary and multi-sectoral nature of nutrition, the Enugu State Multi-Sectoral Plan of Action for Food and Nutrition (ESMPFAN) is intended to guide the implementation of nutrition-specific and nutrition-sensitive interventions and programmes by allied Ministries, Departments and Agencies. This is in the quest to address the worrisome consequences of malnutrition in the State. The goal of the plan is to attain optimal nutritional status for all Enugu 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.

The ESMPFAN was developed in line with the Enugu State Policy on Food and Nutrition using a multi-stakeholder participatory approach including the relevant MDAs, Development Partners, the Academia, Civil Society Organizations and the Private Sectors. The plan is to run for a period of five years (2021 -2025). ESMPFAN consists of six result programme areas, 21 intervention areas and 140 key activities with each having an expected outcome and performance indicator(s). The six result programme areas are: achieving food and nutrition security through investment in agriculture; enhancing care-giving capacity; enhancing provision of quality health services, improving capacity to address food and nutrition insecurity problems; raising awareness and understanding of the problem of malnutrition; and resource allocation for food and nutrition security at all levels. The ESMPFAN used the NNHS (2018) and MICS (2017) as baseline and targets to reduce hunger and malnutrition by 50%, childhood wasting to 4%, child stunting to 10%, anaemia among pregnant women to 25%, and prevalence of diet-related non-communicable diseases to 25% while increasing the following: exclusive breastfeeding practice (50%), intake of appropriate complementary feeding (50%), coverage of vitamin A supplementation (80%), zinc supplementation (50%), deworming (100%) and access to potable water (50%) by 2025.

The costing of the ESMPFAN was done at the activity level over a five-year period taking into consideration all possible costs to implement an intervention or programme. The ESMPFAN prioritize the nutritionally vulnerable groups particularly pregnant women, lactating mothers and children of under 5 years of age. The implementation of the plan of action will involve multi-sectoral actions by the various MDAs across sectors (Health, Agriculture, Education, Information, Science and Technology, Water resources, Budget and Planning, Gender and Social Development) and at multiple levels (State, LGAs and Wards) involving multiple partners and other stakeholders using existing delivery platforms, community structures and systems. The Ministry of Budget and Planning (MBP) is tasked to coordinate the implementation and resource mobilization of these actions.

The estimated total cost of implementing 21 specific and nutrition-sensitive interventions over 5 years across the State "full coverage scenario" is ₦7,599,889,655.00 with an average annual public investment cost estimated at ₦1,519,977,931.00. The distribution of the total cost according to result areas are as follows: Food and Nutrition Security (2.4%); Enhancing Caregiving Capacity (45.1%); Enhancing Provision of Quality Health Service (8.4%); Improving Capacity to Address Food and Nutrition Issues (7.1%); Raising Awareness and Understanding of Problems of Malnutrition (30.4%) and Resource Allocation for Food and Nutrition Security at all Levels (6.7%).

This costed plan acts as an advocacy tool for improved nutrition financing and incorporates monitoring and evaluation, accountability and learning components for easy tracking of progress and impact evaluation. It will also fast-track the achievement of some of the Sustainable Development Goals by 2030.

# 1.0 INTRODUCTION

## 1.1 National Context Policy Framework

The Enugu State Policy on Food and Nutrition (ESPFN) was drafted from the National Food and Nutrition Policy (NPFN) which provides the framework for addressing the problems of food and nutrition insecurity at all levels in Enugu 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 Enugu residents.

Malnutrition is the impairment of health due to inadequate or imbalance of one or more nutrients. Malnutrition has multifaceted causes and requires solutions that are multidisciplinary and multisectoral cutting across various sectors including health, agriculture, science and technology, education, trade, economy and industry. Although, many sectors usually develop their sector specific policies, the coordination of programmes and interventions emanating from the implementation of such policies has always been a challenge.

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. However, nutrition situation in Nigeria continue to deteriorate especially among women and children who are the most vulnerable. This largely are a result of inadequate implementation of the policy and plan of action as well as poor funding of nutrition programmes and activities, ineffective coordination and monitoring of the policy and the plan of action.

The plan of action also takes into consideration the increasing recognition of nutrition as a necessary condition for national development as espoused in the post 2015 Sustainable Development Goals (SDGs) and the Scaling Up Nutrition (SUN) movement and activities.

The urgent need to scale up high impact and cost-effective nutrition interventions to reduce the worsening nutrition situation in Nigeria was demonstrated by Nigeria’s sign up with the Scaling Up Nutrition (SUN) movement in 2011. This further justifies the need for the policy review and development of a multi-sectoral plan of action for food and nutrition. The economic recovery and growth plan of the Nigeria Government as well as the strong impetus and commitment to invest in nutrition provide a strong justification for the development of a comprehensive multisectoral plan of action in Enugu state. This will form the foundation for human capital development to drive the Economic Reconstruction and Growth Plan (ERGP) of the Federal Government of Nigeria and specifically Enugu State.

To improve the nutrition situation in the state, the Enugu State Committee on Food and Nutrition has domesticated the policy in the state as well as produced the strategic plan of action. This will enable the mainstreaming of nutrition activities within the state thereby contributing to ensuring the SDGs targets are met.

The ESPFN has placed the responsibility for the coordination of nutrition activities on the Ministry of Budget and Planning (MBP) which has the overarching responsibility to coordinate all state policies and programmes across the various sectors. The Enugu State Committee on Food and Nutrition (SCFN) established in 2020, is expected to serve as the platform for the coordination of nutrition programmes and strategies across all sectors.

## 1.2 Food and Nutrition Situation in Enugu State

Malnutrition and nutrition-related morbidity continue to be of public health concern in Enugu State. Malnutrition is widespread in the entire state, although the scale and scope vary between local governments and across urban-rural divide. Malnutrition manifests mainly as undernutrition, over nutrition and micronutrients (minerals and vitamins) deficiencies.

Nationally, the trend in undernutrition among children under five years has not shown significant changes as revealed by the Nigeria Demographic and Health Surveys (NDHS) 2003, 2008, 2013 and 2018. Stunting rate among under-five year old children reduced from 42% in 2003 to 41% in 2008, to 37% in 2013 which remained unchanged (37%) in 2018. On the other hand, wasting among under-five increased from 11% in 2003 to 14% in 2008 and to 18% in 2013, but reduced to 7% in 2018. Underweight within the same period was 24, 23, 29, and 22% respectively, which indicated little or no improvement in under-five nutritional status in the last decade. Specifically, Enugu State report from the NDHS (2018) showed that 58.9% of children 6-59 months were anaemic, 11.7% of under five stunted, while more than twenty two thousand children 6-59 months were wasted of which more than half had severe wasting.

Undernutrition reduces economic advancement of nations by at least 8% due to direct productivity losses resulting in poor cognition and reduced schooling (Horton and Steckel, 2013). Thus, Enugu state 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 Enugu State 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 19.2% of new-born in Nigeria receive breast milk within one hour of birth, whilst the exclusive breastfeeding rate is 27.2% (NNHS, 2018). During the transition period from 6 to 8 months, when a child is expected to receive a mix of breast milk and complementary food, the national rates for minimum dietary diversity, minimum meal frequency, minimum acceptable diet and iron-fortified foods were 11.3%, 52.3%, 9.8% and 26.5% respectively (NNHS, 2018). Figure 1 shows the IYCF data in Enugu state compared to the nationally.

Table 1 indicates Enugu State as one of the States that contributes to the national malnutrition rates (32% stunting, 21.3% wasting, 19.9% underweight) according to National Nutrition and Health Survey (2018).

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. In recent times, undernutrition has been found to co-exist with over nutrition both at the community and household levels. Public health challenges in the State and country 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 over nutrition and emerging nutrition challenges. This duality of both undernutrition and over nutrition 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.

**Table 1: Nutritional Indices for Enugu State (2003-2018)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | NDHS  2003  (%) | NDHS  2008  (%) | NDHS  2013  (%) | NDHS  2018  (%) | NNHS 2018  (%) |
| Stunting | 42 | 41 | 37 | 37 | 14.5 |
| Wasting | 11 | 14 | 18 | 7 | 5.5 |
| Underweight | 24 | 23 | 29 | 22 | 9.2 |
| Exclusive Breastfeeding |  |  |  |  |  |
| Breastfed within one hour |  |  |  |  | 22.1 |
| Ever breastfed |  |  |  |  | 97.3 |
|  |  |  |  |  |  |

Figure 1: IYCF pattern based on NNHS (2018)

Data on micronutrient deficiency status is limited, and the available summary reports show that in Nigeria, 29.5 and 13.1% of children and women, respectively are Vitamin-A deficient (NFCNS, 2003). Nutritional anaemia prevalence among mothers and children, were 24.3 and 27.5% respectively. 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, Victoria, Walker, & The Maternal and Child Nutrition Study Group, 2013).

## 1.3 Health System and Disease

It is estimated that in Nigeria, the prevalence of people living with HIV/AIDS (PLWHA) is 1.4% while National Agency for the Control of AIDS (2019) reported 2.1% HIV prevalence in Enugu State. 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 Save One Million Lives Initiative in 2012 and gave approval for the 2012 National Essential Medicines Scaling Up Plan. Some of these programmes are implemented in Enugu state.

# 2.0 FOOD AND NUTRITION ACTION PLAN

## Background Information

The Government of Enugu State is committed to the reduction of hunger and malnutrition in the State which led to the development of the State Policy on Food and Nutrition which was launched this same year, 2020. In recognition of the multidisciplinary and multisectoral nature of nutrition, the government in collaboration with United Nations Children’s Fund (UNICEF) Enugu office commenced the process for the development of a multisectoral strategic plan of action using a multi-stakeholder participation approach. The Enugu State Multisectoral Plan of Action for Food and Nutrition (ESMPFAN) was developed in line with the State Policy on Food and Nutrition in collaboration with Development Partners, the Academia and Civil Society Organizations and the Private Sector. This plan of action builds on some sectoral plan of action such as the Nigeria Agricultural Sector Plan for Food Security and Nutrition (ASFNS). The plan of action also covers other sectoral activities such as Education, Water Sanitation and Hygiene, Women Development, Science and Technology, Finance as well as Partnership and Coordination. The plan is to run for a period of five years (2021 -2025). It is expected that if the plan is implemented effectively by all the sectors, it will help address the challenges posed by malnutrition and contribute to promoting optimal nutrition and reduce malnutrition among the vulnerable groups thereby increasing productivity and economic development of Enugu State.

## Rationale

The rationale for the development of the Enugu State Multisectoral Plan of Action for Food and Nutrition in Nigeria (ESMPFAN) is to have a document that will serve as a tool to guide the implementation of interventions and programmes by all sectors to address the problems of hunger and malnutrition across all local government areas (LGAs) in Enugu State. It evolves from the framework of the strategies outlined in the Enugu State Policy on Food and Nutrition and will serve as a working tool at all LGAs 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 Enugu State residents.

## Purpose of Nutrition Action Plan

This ESMPFAN will be used by line Ministries, Departments and Agencies (MDAs) across all sectors of the State and LGAs to respond to the challenges of nutrition in Enugu State. The document contains action plans that will direct all interventions, programmes and activities to be implemented to reduce malnutrition and hunger among the vulnerable and generality of Enugu state residents, thereby leading to increased productivity and national development. If well-funded and implemented, ESMPFAN is expected to contribute significantly towards reduction of all forms of malnutrition as a public health problem in Enugu State as well as contribute to the achievement of the Sustainable Development Goals (SDGs) target by 2030.

## Goal, Objectives, Programme Areas and Expected Outcomes

### Goal

The goal of the plan is to attain optimal nutritional status for all Enugu State 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 and children as well as internally displaced persons and the elderly.

### Objectives

To achieve the goals 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 in Enugu 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 groups;
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 especially difficult circumstances (e.g children with special needs etc.) including PLWHA, Internally displaced persons (IDPs),etc
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; and
10. To ensure universal access to nutrition-sensitive social protection**.**

## Programme Areas

ESMPFAN consist of six result areas and twenty one strategic objectives with each of them having an expected outcome. These result areas and strategic objectives were derived from the policy and aimed at achieving the policy objectives. The six result programme areas are as follows:

### 2.5.1 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 Enugu state residents. Measures will be taken to improve food harvesting, processing and preservation 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.

### 2.5.2 Enhancing Caregiving 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 1000 days of life. Activities and programme that will address the needs of the socioeconomically disadvantaged are also included.

### 2.5.3 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.

### 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.

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

Some of the causes of malnutrition are socio-cultural and behavioural in nature and programmes and activities that will promote positive behaviour change and lifestyle through advocacy, communication and social mobilization as well as healthy lifestyles and dietary habits have been included in the plan.

### 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 Enugu State but nationally. This ESMPFAN 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.

## Coordination

The framework for institutional arrangement for the ESPFN vested the overall responsibility for the coordination of the policy and the plan of action on the State Ministry of Budget and Planning, in order to ensure a result-oriented programme implementation and coordination. The Enugu State Committee on Food and Nutrition (domiciled at State MBP) is made up of Representatives 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 State and LGA levels by the State Committee on Food and Nutrition (SCFN) and Local Government Committee on Food and Nutrition (LGCFN) respectively. It is expected that Ward Committee on Food and Nutrition (WCFN) will also be formed to coordinate the implementation of nutrition activities and programmes at the ward level. The Enugu State Ministry of Budget and Planning will serve as the secretariat of the State Committees on Food and Nutrition.

## ESMPFAN Strategies

In order to achieve the set objectives of the plan of action, the following strategies will be adopted

1. Service delivery
2. Capacity building
3. Behaviour Change Communication
4. Advocacy and Resource Mobilization
5. Research Monitoring and Evaluation
6. Coordination and Multi-sectoral Partnership

The planned key targets of ESMPFAN by 2025 are presented in Table 2.

Table 2: ESMPFAN Key Targets by 2025

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  | **Planned Targets for the ESMPFAN** | | | | | | |  |  | | | | | | |  | |  | | Current 2017/  2018/2020 | | Target  2025 | | Reduce the proportion of people who suffer hunger and malnutrition by 50% by 2025. | |  | 29.2  (Global Hunger Index) | | 50% | | | Increase exclusive breastfeeding rate from 19% in 2017 to 40% by 2025 | |  | 19% | | 40% | | | Increase the percentage of children aged 6 months and above who receive appropriate complementary feeding from 50 % in 2018 to 65% by 2025 | |  | 50% | | 65% | | | Reduce stunting rate among under-five children from 14.8% in 2018 to 10% by 2025 | |  | 14.8% | | 10% | | | Reduce childhood wasting including severe acute malnutrition (SAM) from 2.5% in 2018 to 1.2% by 2025 | |  | 2.5% | | 1.2% | | | Sustaining universal household access to iodized salt. | |  | 98% | | 100% | | | Increase in coverage of Vitamin A Supplementation (VAS) among under 5 children from 45.3% in 2017 to 60% by 2025 | |  | 45.3% | | 60% | | | Increase in Zinc supplementation in diarrhoea management in health facilities from 20% in 2018 to 40% by 2025 | |  | 20% | | 40% | | | Reduction in maternal under nutrition from 3.5% in 2018 to 2.8% by 2025 | |  | 3.5% | | 2.8% | | | Increase in the proportion of under 5 children who receive de-worming tablets from 44.7% in 2018 to 60% by 2025 | |  | 44.7% | | 60% | | | Increase in the proportion of under 5 children receiving Vitamin A supplementation from 45.3% in 2017 to 60% by 2025 | |  | 45.3% | | 60% | | | Increase in functional nutrition units within State MDAs from 10% in 2020 to 100% by 2025 | |  | 10% | | 100% | | | Increase in proportion of children who receive measles vaccination from 79.7% in 2018 to 85% by 2025 | |  | 79.7% | | 85% | | | Universal access of all public school children in the pre-and basic school classes to school-based feeding programmes. | |  | Unknown | | 100% | | | Reduce anaemia among children from 58.9% in 2018 to 32% by 2025 | |  | 58.9% | | 32% | | | Reduce anaemia among women from 60.2 % in 2018 to 35% by 2025 | |  | 60.2% | | 35% | | | Mainstream nutrition objectives into social protection and safety net programs of all MDAs linked to nutrition by 2025. | |  | 0% | | 100% | | | To maintain a childhood obesity prevalence of 0.7% by 2025 | |  | 0.7% | | 0.7% | |   **Source: Authors’ Compilation (2020)** |  |

# 3.0 COSTING

The costing of the ESMPFAN was done at the activity level taking into consideration all possible costs ( 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 spread sheet based on the six result areas, 21 interventions and 135 activities reflecting the following information Annual Activity cost Total activity cost Intervention total cost Program total costand SMPFAN total cost

## 3.1 Basic assumptions

This costing activity required that some assumptions be made about the type and scale of the proposed programmes and interventions. The assumptions about the scope and content of all the interventions were discussed during the consultative meetings as well as the costing workshops both under the leadership and guidance of the MBP.

## 3.2 Costed ESMPFAN Time frame

The proposed costing of the ESMPFAN should be for a five-year (2021 - 2025) period. This is in line with costing done nationally and other states and will not be far off from the three-year period over which the 2021 MTEF-FSP will be implemented. Moreover, although costing can be made for seven-year period, any cost projection beyond the 5-year period will be of no use as changing economic environment will certainly have material effect on the units cost and therefore estimating the cost over a five-year period (2021 - 2025) is most appropriate.

## **Target groups and intervention by LGAs**

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 five (U5), particularly those aged 0 to 23 months without necessarily excluding other categories of people affected by the scourge of malnutrition in Nigeria such as school age children, orphans, people with physical disability and vulnerable children, adolescents and young adults.

The Strategic Plan propose the scaling up of nutrition intervention across ENUGU State but priority should be given to scaling up interventions (both specific and sensitive) in LGAs where the incidence of stunting is high. It is recommended that full package of nutrition specific and nutrition sensitive interventions be implemented simultaneously in the LGAs 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 national policy on food and nutrition. This operational document shows the interventions, activities, unit costs of these activities and the budget required for their implementation over the five years period.

## **3.4 Intervention** Approach

The interventions of the Operational Plan are the activities selected to achieve the expected results of the Multisectoral Strategic Plan for Nutrition 2021 - 2025. These interventions have been identified through multi-stakeholder participatory process which brings together representatives from MDAs of the State governments, CS-SUNN, Academia, as well as some implementing development organizations and the organized private sector. These interventions were chosen because of their proven efficiency and cost effectiveness and within the specific nutrition context in Enugu State and the recommendations of the SUN movement.

The implementation of the plan of action will be led by the various MDAs of the state government, supported by other stakeholders using existing government‘s delivery platform (Health Facilities, Schools, etc.) and community structures and systems. This intervention approach is based on long-term and sustainable development planning to combat chronic malnutrition in Enugu State.

## **3.5 Efficiency and Effectiveness – Value for Money Approach**

The “nutrition-specific” preventive and curative interventions that make up the intervention packages are highly effective and cost effective (WHO, 2014). They have all been effective in Nigeria (in the states where they have been implemented); have a WHO protocol and are similar to the packages proposed by The Lancet for the eradication of maternal and infant undernutrition. Their impacts are a consensus in the international community.

These packages include vitamin A supplementation and deworming, complementary and therapeutic feeding, and behaviour change communication (BCC) programmes, which are presented as the most cost-effective interventions in the nutritional costing study of the World Bank in Nigeria (2014) in terms of lives saved, Disability-Adjusted Life Years (DALYs) earned and growth delays avoided using the SUN (2010) costing methods.

Other "nutrition-sensitive" interventions that have been included in the six result areas are also those that have demonstrated positive impacts on nutritional outcomes in Nigeria as well as in other parts of the world and have been found to be the most cost-effective in the Bank's study. These are among others: bio-fortification of crops, deworming and promotion of good hygienic behaviour at school, WASH programmes, distribution of fertilizers, e.g. fortified zinc fertilizers to improve agricultural productivity and child growth.

These interventions are multisectoral, but each should be managed and implemented by the responsible sector and ministries, particularly the Ministry of Health, Agriculture, Education, Water Resources, and Gender Affairs and Social Development.

## 3.6 Costing Methodology

The costed scaling up plan presents the estimated costs for all six result areas and 21 interventions (both nutrition specific and nutrition sensitive interventions) that represent the modified version of the 10 specific and sensitive intervention programmes advocated by the Lancet series.

The method used to calculate the cost of scaling up was to estimate 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 Enugu 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 (3-5). At this stage of strategic planning, the future value ​​of costs was not calculated and therefore the effect of inflation is not neutralized on the cost estimates. It should be noted that the cost estimate was made in Nigeria National Currency (Naira). Furthermore, though the Enugu 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.

## 3.7 Total Annual Costs

This section provide cost estimates for the period of five years (2021 - 2025) 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. Also provided is the cost estimates to be used for advocacy and resource mobilization from stakeholders (international donors and local private sector, civil society and government) in the effort to reduce nutritional disorders in Enugu State.

The Ministry of Budget and Planning (MBP), is the institution saddled with the responsibility to coordinate the implementation of the ESMPFAN by the State Government. The viewpoint and perspective therefore 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 MBP in collaboration with the other sectors. 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 are being implemented by the agriculture sector. Thus, only the most cost-effective nutrition sensitive agriculture interventions are covered in this multisectoral plan of action.

Table 3 shows the annual costs per programme area for 2021 to 2025. The estimated total cost of implementing 21 specific and nutrition-sensitive interventions across the State’s "full coverage scenario" that would require a public investment over the five-year period (2021 - 2025) is ₦**7,599,889,655.00,** with an average annual public investment cost estimated at **₦1,519,977,931.**

Across the sectors as shown in Figure 2 and Table 4, the health sector which covers two result areas (2 and 3) that is enhancing caregiving capacity and enhancing the provision of quality health services will require **45.1%** and **8.4%** respectively of the total budget over the next five years. This is an indication that the main thrust of the ESMPFAN is on disease prevention. The agriculture sector covers result area 1 which is ensuring food and nutrition security and the interventions in this sector amounts to **2.4%** of the total cost of the overall investment required over the five-year period. The low cost of implementing the interventions in this sector is however due to the fact that most of the interventions that were focused on nutrition sensitive agriculture.. Result area 5 which focuses on raising awareness and understanding problems of malnutrition in Enugu State had 30.4% of the total budget indicating that the nutrition and health education will be well implemented.

Figure 2: Percentage Distribution of Cost of Program Area as % of Total Cost

The high costs for disease prevention and nutrition education are indicated in the cost of implementing interventions in the key results areas 2, 3 and 5. 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 Enugu State.

The annual cost of interventions and strategic activities for implementation of the ESMPFAN 2020– 2025 are presented Tables 4 and 5.

Table 3: Annual Costs (Naira) Per Program Area 2021-2025

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| RESULT AREA | 2021 | 2022 | 2023 | 2024 | 2025 | Total Cost | % |
| Food and Nutrition Security | 38,815,000.00 | 38,990,000.00 | 35,459,000.00 | 33,737,000.00 | 34,437,000.00 | 181,438,000.00 | 2.4 |
| Enhancing Caregiving Capacity | 725,074,000.00 | 709,697,500.00 | 667,126,000.00 | 661,106,000.00 | 663,666,000.00 | 3,426,669,500.00 | 45.1 |
| Enhancing Provision of Quality Health Services | 225,620,455.00 | 103,201,400.00 | 103,201,400.00 | 103,201,400.00 | 103,201,400.00 | 638,426,055.00 | 8.4 |
| Improving Capacity to Address Food and Nutrition Insecurity | 123,078,000.00 | 104,775,000.00 | 102,423,000.00 | 104,775,000.00 | 100,928,000.00 | 535,979,000.00 | 7.1 |
| Raising Awareness and Understanding of Problem of Malnutrition In Nigeria | 566,339,950.00 | 202,207,950.00 | 542,884,950.00 | 512,667,950.00 | 483,047,500.00 | 2,307,148,300.00 | 30.4 |
| Resource Allocation for Food and Nutrition Security At All Levels | 139,563,600.00 | 81,098,800.00 | 81,098,800.00 | 127,368,800.00 | 81,098,800.00 | 510,228,800.00 | 6.7 |
| Estimated Total Cost | **1,818,491,005.00** | **1,239,970,650.00** | **1,532,193,150.00** | **1,542,856,150.00** | **1,466,378,700.00** | **7,599,889,655.00** | **100** |

Table 4: Annual Cost of Interventions 2020– 2025 (Millions of Naira)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Result Area, Sector, Interventions** |  |  |  |  |  |  |  |
| **N°** |  | **Cost - 2020** | **Cost -2021** | **Cost - 2022** | **Cost - 2023** | **Cost- 2025** | **Total Cost** | **%** |
| I | Result Area 1. FOOD AND NUTRITION SECURITY | 1,890,073,400 | 155,238,100 | 109,314,300 | 121,198,375 | 60,900,300 | 635,724,475 | 10 |
|  | **Sectors: Agriculture, Education, Social Protection and Wash** |  |  |  |  |  |  |  |
|  | **Interventions** |  |  |  |  |  |  |  |
|  | 1.1 Ensuring Food and Nutrition Security at the National, State, Community and Household levels | 38,370,650 | 104,501,200 | 32,420,100 | 32,420,100 | 32,420,100 | 240,132,150 | 4 |
|  | 1.2 Increasing Availability, Accessibility and Affordability of Food | 92,695,000 | 2,100,000 | 29,160,000 | 29,574,125 | 18,900,000 | 172,429,125 | 3 |
|  | 1.3 Improving Food Harvesting, Processing and Preservation | 2,756,530 | 27,813,000 | 26,733,000 | 3,160,000 | 0 | 85,271,000 | 1 |
|  | 1.4 Improving Food Preparation and Quality | 1,495,000 | 4,967,000 | 1,495,000 | 27,980,000 | 1,495,000 | 37,432,000 | 1 |
|  | 1.5 Improving Management of Food-Security Crises and Nutrition-in-Emergency | 0 | 8,743,700 | 11,421,000 | 0 | 0 | 20,164,700 | 0 |
|  | 1.6 School Based Strategies | 28,947,750 | 71,13,200 | 8,085,200 | 28,064,150 | 8,085,200 | 80,295,500 | 1 |
| II | Result Area 2. ENHANCNG CAREGIVING CAPACTY | 321,138,559 | 173,402,299 | 169,899,339 | 164,421,099 | 167,651,739 | 996,513,035 | 16 |
|  | **Sector: Health** |  |  |  |  |  |  |  |
|  | **Interventions** |  |  |  |  |  |  |  |
|  | 2.1 Ensure Optimal Nutrition in the First 1,000 Days of life. | 269,064,059 | 154,715,599 | 146,686,139 | 145,734,399 | 145,785,039 | 861,985,235 | 14 |
|  | 2.2 Caring for the Socioeconomically Disadvantaged and Nutritionally Vulnerable | 52,074,500 | 18,686,700 | 23,213,200 | 18,686,700 | 21,866,700 | 134,527,800 | 2 |
| III | Result Area 3. ENHANCING PROVISION OF QUALITY HELATH SERVICES | 605,979,800 | 567,497,900 | 566,097,900 | 558,986,900 | 554,902,300 | 2,853,464,800 | 46 |
|  | **Sector: Health** |  |  |  |  |  |  |  |
|  | **Interventions** |  |  |  |  |  |  |  |
|  | 3.1 Reduce Morbidity and Mortality Associated with Malnutrition | 136,254,300 | 113,718,400 | 118,174,400 | 111,063,400 | 106,978,800 | 586,189,300 | 10 |
|  | 3.2 Preventing and Managing Nutrition Related Diseases | 22,424,000 | 22,424,000 | 16,568,000 | 16,568,000 | 16,568,000 | 9,455,200 | 2 |
|  | 3.3 Preventing Micronutrient Deficiency | 42,8703,000 | 428,703,000 | 428,703,000 | 428,703,000 | 428,703,000 | 2,143,515,000 | 35 |
|  | 3.4 Protecting the Consumer through Improved Food Quality and Safety | 18,598,500 | 2,652,500 | 2,652,500 | 2,652,500 | 2,652,500 | 29,208,500 | 0 |
| IV | Result Area 4. IMPROVING CAPACITY TO ADDRESS FOOD AND NUTRITION INSECURITY | 19,816,620 | 17,745,260 | 17,568,620 | 15,517,260 | 15,918,620 | 86,566,380 | 1 |
|  | **Sectors: Planning, M&E, Research and Financing** |  |  |  |  |  |  |  |
|  | **Interventions** |  |  |  |  |  |  |  |
|  | 4.1 Assessing, Analyzing and Monitoring Nutrition Situations | 16,868,400 | 16,868,400 | 14,640,400 | 14,640,400 | 14,640,400 | 77,658,000 | 1 |
|  | 4.2 Providing a Conducive Macro Economic Environment | 2,133,360 | 463,360 | 2,113,360 | 463,360 | 463,360 | 5,636,800 | 0 |
|  | 4.3 Social Protection Programs for the Vulnerable Groups | 814,860 | 413,500 | 814,860 | 413,500 | 814,860 | 3,271,580 | 0 |
| V | Result Area 5. RAISING AWARENESS AND UNDERSTANDING OF PROBLEM OF MANUTRITION IN ENUGU STATE | 574,745,490 | 101,298,790 | 168,485,490 | 500,632,790 | 168,485,490 | 1,513,648,050 | 25 |
|  | **Sectors: Education, Social Protection and Wash** |  |  |  |  |  |  |  |
|  | **Interventions** |  |  |  |  |  |  |  |
|  | 5.1 Promote Advocacy, Communication and Social Mobilization | 36,945,490 | 39,708,790 | 36,244,590 | 33,482,790 | 36,245,490 | 182,628,050 | 3 |
|  | 5.2 Promoting Healthy Lifestyles and Dietary habits | 529,800,000 | 53,590,000 | 124,240,000 | 459,150,000 | 124,240,000 | 1,291,020,000 | 21 |
|  | 5.3. Research in Nutrition | 8,000,000 | 8,000,000 | 8,000,000 | 8,000,000 | 8,000,000 | 40,000,000 | 1 |
|  |  |  |  |  |  |  |  |  |
| VI | Result Area 6. RESOURCE ALLOCATION FOR FOOD AND NUTRITION SECURITY AT ALL LEVELS | 21,025,480 | 16,283,240 | 8,568,320 | 8,968,240 | 15,764,320 | 70,609,600 | 1 |
|  | **Sectors: Planning, M&E, Research and Financing** |  |  |  |  |  |  |  |
|  | **Interventions** |  |  |  |  |  |  |  |
|  | 6.1 Resource allocation for Food and Nutrition Security at all levels | 20,656,480 | 16,033,240 | 8,318,320 | 8,718,240 | 15,633,320 | 69,359,600 | 1 |
|  | 6.2 Incorporating nutrition objectives into MDAs development policies, plans and programmes | 238,000 | 119,000 | 119,000 | 119,000 | 0 | 595,000 | 0 |
|  | 6.3Analyzing macro economics and sectoral policies in terms of their potential consequences for householdincome, food consumption delivery of human services and nutritional wellbeing | 131,000 | 131,000 | 131,000 | 131,000 | 131,000 | 655,000 | 0 |
|  | Total Cost | 1,731,779,349 | 1,031,465,589 | 1,039,933,969 | 1,369,724,664 | 98,362,269 | 6,156,526,340 | 100 |

Table 5: Strategic Activities for Implementation of the ESMPFAN

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **STRATEGIC ACTIVITIES FOR IMPLEMENTATION OF THE ENUGU STATE POLICY ON FOOD AND NUTRITION (2021 - 2025)** | | | | | |
|  | **RESULT AREA 1: FOOD AND NUTRITION SECURITY** | | | | **TOTAL COST:** N635,724,475 | |
|  | **Strategic Objective 1.1: Ensuring Food and Nutrition Security at the National, Community and Household** | | | | **N 240,132,150** |  |
|  | **Activities Narrative** | **Indicators** | **Lead Agency** | **Time Frame** | **Indicative Costing** | **Other Agencies/Organizations** |
| 1 | 1.1.1. Promote commercial food production by empowering farmers' cooperatives / clusters and private commercial farmers at the LGAs and community level | 1. Number of farmers' cooperatives/clusters registered. 2. Number of farmers' cooperative/clusters empowered. 3. Number of private commercial farmers reached | MANR | 2021 - 2025 | 4,422,000.00 | MST,ENADEP, SCFN, |
| 2 | 1.1.2Scale-up the production, and promote the consumption of Vitamin A, and micronutrient rich foods (orangeflesh sweet potato, pro-vitamin A cassava, yellow maize, i | 1. Number of Farmers reached .2 Number of Inputs (Vitamin A rich foods distributed). | MANR, | 2021 - 2025 | 2,760,000.00 | MCI & , MST |
| 3 | 1.1.3. Carry out Advocacy to relevant financial Institutions to enhance increased access to Credit facilities for farmers especially women to expand farm operations (reduced interest rates and collaterals). | 1. Number of advocacy visits carried out.  2. Number of women farmers accessing credit facilities | MANR | 2021 - 2025 | 270,000.00 | SCFN, MCI |
| 4 | 1.1.4. Build the capacity of Agric Extension Officers on improved techniques in crop and animal production | 1. Number of Agric Extension officers trained 2. Number of training sessions carried out | MANR | 2021 - 2025 | 2,646,000.00 | SCFN, MST |
| 5 | 1.1.5. Advocacy to House of Assembly Committee on Agriculture and Food Sufficiency on extension of legislation on food fortification, processing and value chain | 1. Number of Advocacy visits carried out  2. Number of legislation enacted | MANR | 2021 - 2025 | 225,000.00 | SCFN, MST |
| 6 | 1.1.6. Follow up on proposed bills on food fortification, processing and value chain | 1. Number of proposed bills on food fortificcation, processing and value chain passed. | MST | 20201- 2025 | 20,000.00 | SCFN, MANR, HA, NAFDAC, MoH |
| 7 | 1.1.7. Sensitize and Support the establishment of homestead farms by rural women farmers | 1. Number of sensitization seminars/workshops carried out 2. Number of homestead farms established by rural women farmers | MANR | 2021 – 2025 | 2,184,000.00 | SCFN, ENADEP, MGASD, MST |
| 8 | 1.1.8. Stage agricultural shows and exhibitions in the state and also in all 17 LGAs of the state | 1. Number of agricultural shows/exhibitions staged at state level 2. Number of LGs that staged at least one agric show | MANR | 2021 – 2025 | 5,000,000.00 | MGASD, MST, SCFN, ENADEP |
| 9 | 1.2.1.. Provide Support to increase hectrage of land under cultivation of crops, livestock farming and fisheries through Government, communities and individuals | 1. Number of agricultural programmes targeting youth and women .  2. Number of individuals and communitieis supported to increase production of crops, livestock and fisheries | MANR | 2021 – 2025 | 2,210,000.00 | SCFN, MoL |
| 10 | 1.2.2Provision of small ruminant starter packs (5 sheep/goats, concentrates, minerals and vitamins, vaccines and drugs) to women farmers | 1. Number of Ruminant animals distributed ; 2. Number of vaccines/drugs / Vet. Technical services given out. | MANR | 2021 – 2025 | 2,232,000.00 | SCFN, MST, ,MoL |
| 11 | 1.2.3.Build the capacity of specialized farmer's cooperatives across the state( production, processing and distribution) on farm produce. | 1. Number of capacity-building seminars/workshops held 2. Number of specialized farmers reached during trainings | MANR | 2021 – 2025 | 2,820,000.00 | SCFN, MST |
| 12 | 1.2.4. Provide improved planting materials (staple crops including Plantain, Banana and Pineapples, maize and cassava cuttings) and livestock /fisheries inputs to farmers across the state to improve food production. | 1. Number of farmers reached with improved planting materials 2. Number of farmers reached with improved livestock/fisheries input | MANR | 2021 – 2025 | 404,000.00 | SCFN, ENADEP, MST |
| 13 | 1.2.5. Conduct Advocacy to Rural Access Mobilisation programme (RAMP) and relevant MDAs for rehabilitation of dilapidated feeder roads and construction of new ones for easy evacuation of farm produce | 1. Number of advocacy visits to relevant state projects and MDAs | MOW | 2021 – 2025 | 225,000.00 | SCFN, , MANR |
| 14 | 1.3.1.Provision of smoking kilns to clusters of small scale fish processors /farmers | 1. Number of smoking kilns provided to processors 2. Number of small scale fish farmers/processor clusters reached | MANR | 2021 – 2025 | 650,000.00 | SCFN, MCI |
| 15 | 1.4.1. Carry out Advocacy to relevant MDAs on the need for periodic inspection of food preparation/wastes management in Restaurants, Bakeries, Eatries and Food vendors | 1. Number of advocacy meetings carried out | MANR | 2021 – 2025 | 340,000.00 | SCFN, MST, MoH |
| 16 | 1.4.2. Conduct Sensitization and demostration on food handling and safety practices to women and youth groups across the 6 Agricultural zones in the State. | 1. Number of sensitization seminars/workshops carried out 2. Number of senatorial districs covered | MANR | 2021 – 2025 | 3,815,000.00 | SCFN, MGASD,MoH, H &TB |
| 17 | 1.6.1. Inclusion of nutrition education in early child care, primary and post primary school curricula | 1. Number of advocay visits to relevant MDA/agencies to effect inclusion | MoE | 2021 – 2025 | 2,800,000.00 | SCFN, MGASD |
| 18 | 1.6.2. Provision of agro-based teaching aids in primary and secondary schools | 1. Number of agro-based teaching aids provided 2. Number of schools that were reached | MoE | 2021 – 2025 | 25,000,000.00 | MANR, SCFN, MGASD |
| 19 | 1.6.3. Conduct periodic school quiz and debates on food and nutrition | 1. Number of school quizzes/debates organized | MoE | 2021 – 2025 | 15,600,000.00 | MANR, SCFN, MGASD |
| 20 | 1.6.4. Awareness creation and sensitization of Head Teachers and relevant MDAs on establishment of school farms. | 1. Number of awareness/sensitization meeting carried out | MoE | 2021 – 2025 | 13,875,000.00 | MANR, SCFN, MoI & C |
| 21 | 1.6.5 Support the establishment of school farms | 1. Number of school farms established | MoE | 2021 – 2025 | 75,000,000.00 | MANR, SUBEB, ENADEP, SCFN |
| 22 | 1.6.6 Support the establishment of Young Farmers clubs at primary and secondary school level | 1. Number of Young Farmers clubs established in schools | MoE | 2021 – 2025 | 1,375,000.00 | MANR, ENADEP, SCFN |
| 23 | 1.6.7 Conduct Training and retraining on food and nutrition to augment the capacity of Agric and Home Economics Teachers in primary and Post primary schools | 1. Number of training sessions carried out | MoE | 2021 – 2025 | 7,665,000.00 | MANR, ENADEP, SCFN |
| 24 | 1.6.8. Advocate Policy Makers for the extension of school feeding programmes to primary 4 to 6 in public schools. | 1. Number of advocacy visits to policy makers carried out | MoE | 2021 – 2025 | 2,900,000.00 | MANR, SCFN |
| 25 | 1.6.9 Conduct periodic monitoring of the school feeding programme in the state | 1. Number of monitoring visits carried out on the school feeding program in the state | MoE | 2021 – 2025 | 7,000,000.00 | SCFN, SUBEB, MoE |
|  | **TOTAL** |  |  |  | **181,438,000.00** |  |

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| **Result Area 2: Enhancing Caregiving Capacity = N3,426,669,500.00** | | | | | | |
| **SN** | **Activities Narrative** | **Indicators** | **LEAD MDA** | **TIME FRAME** | **TOTAL** | **Collaborating MDA (s)** |
| 1 | 2.1.1. Advocate for legislation of the prolongation of maternity leave and enactment of paternity leave | 1. Number of advocacy visits 2. Number of Legislations enacted | MGASD | 2021-2015 | 283,000.00 | ENHA, SCFN, MoH |
| 2 | 2.1. 2. Provide incentives to pregnant women, mothers and other care givers to motivate utilization of health facilities | 1. Number of pregnant women, caregivers and mothers that received incentives 2. Number of pregnant women, mothers and other care givers assessing care | MGASD | 2021-2015 | 2,934,650,000.00 | SCFN, MOH, MGASD, |
| 3 | 2.1. 3. Sustain On-going Iron-folic acid supplementation for pregnant women during MNCH Weeks | 1. Number pregnant women that received Iron Folate during MNCH weeks | MoH | 2021-2015 | 33,970,000.00 | LGSC, SCFN |
| 4 | 2.1. 4. Support Routine Iron-folic acid supplementation for pregnant women | 1. Numberpregnant women that received IFA during routine antenatal services | MoH | 2021-2015 | 28,620,000.00 | LGSC, HMB, SCFN |
| 5 | 2.1. 5. Strengthen vitamin A supplementation during MNCHW for under-5 children | 1. Number of eligible children that received Vitamin A during routine services | MoH | 2021-2015 | 24,000,000.00 | LGSC, HMB, SCFN |
| 6 | 2.1. 6. Support Routine Vitamin A supplementation for under-5 children | 1. Number of eligible children that received vitamin A during MNCH weeks | MoH | 2021-2015 | 19,840,000.00 | LGSC, HMB, SCFN |
| 7 | 2.1.7. Build capacity to promote women’s nutritional status through Dietary Counseling during Adolescence, Pregnancy and Lactation | 1. Number of adolescents, pregnant women and lactating mothers that receive dietary counseling. | MoH | 2021-2015 | 34,560,000.00 | HMB,MGASD, SCFN |
| 8 | 2.1.8. Promote Early initiation of breastfeeding within 1 hour of delivery | 1. Number of children who were put to breast within 1 hour of birth | MoH | 2021-2015 | 1,745,000.00 | HMB,MGASD, SCFN |
| 9 | 2.1.9. Promote and Support Exclusive Breastfeeding from 0 to 6 months and continued breastfeeding up to 2 years and beyond | 1. Number of children who were exclusively breastfed  2. Number of children 6 - 24 months on continued breastfeeding up to 2 years and beyond | MoH | 2021-2015 | 10,165,000.00 | LGSC, HMB, SCFN, MGASD |
| 10 | 2.1.10. Train health facilities staff at all levels on lactation management. | 1. Number of health facility staff trained on Lactation Management | MoH | 2021-2015 | 185,942,500.00 | LGSC, HMB, SCFN |
| 11 | 2.1.11. Promote the establishment of Baby Friendly Centers in health facilities and public places. | 1. Number of designated Baby Friendly Health Facilities 2. Number. of Public places with Breastfeeding corners. | MoH | 2021-2015 | 2,134,000.00 | HoS,LGSC, HMB, SCFN,MGASD, |
| 12 | 2.1.12. Promote the establishment of food demonstration corners in the health facilities | 1. Number of health facilities with functional food demonstration corners | MoH | 2021-2015 | 86,802,000.00 | HMB, SCFN, LGSC,ENADEP |
| 13 | 2.1.13. Scale up C-IYCF training and counseling for optimal infant and young child feeding. | 1. Number of ward training conducted per LGA on C-IYCF counselling. | MoH | 2021-2015 | 5,670,000.00 | SCFN, LGSC |
| 14 | 2.1.14. Ensure the establishment of crèches in all work places having more than 10 women in public and private sectors to promote Exclusive Breastfeeding. | 1. Number of MDAs with established crèches  2. Number of private sector organistions with established creches | MGASD | 2021-2015 | 708,000.00 | HoS, LGSC, HMB, SCFN, MoH, |
| 15 | 2.1.15. Conduct Social and Behaviour Change Communication activities on IYCF targeted at pregnant women, and caregivers at the health facilities | 1. Number of dialogues conducted. 2. Number of adolescents, pregnant women and caregivers reached quarterly 3. Number of IEC materials produced and distributed | MoH | 2021-2015 | 7,179,000.00 | SCFN, MGASD, FBOs |
| 16 | 2.1.16. Sensitization of adolescents, care givers especially grandmothers, mothers- in- law on optimal nutrition practices. | 1. Number of sensitization conducted 2. Number of adolescents, care givers , especially grandmothers and mother-in-laws reached quarterly | MGASD | 2021-2015 | 5,191,500.00 | SCFN, MoH |
| 17 | 2.1.17. Promote and mount campaigns aimed at changing attitudes and practices of food sharing in favour of mothers and children. | 1. Number of campaigns aimed at changing attitudes and practices of food sharing in favour of mothers and children | MGASD | 2021-2015 | 2,033,000.00 | SCFN, MoH |
| 18 | 2.1.18. Promote and mount campaigns aimed at men involvement in child care. | 1. Number of campaigns carried out 2. Number of men that are involved in childcare | MGASD | 2021-2015 | 10,165,000.00 | SCFN, MoH |
| 19 | 2.1.19. Train Emergency Managers on mainstreaming Nutrition in Feeding Programmes targeted at the vulnerable groups in Emergency Situations | 1. Number of emergency managers trained on mainstreaming Nutrition in Feeding programmes | MGASD | 2021-2015 | 1,140,000.00 | SCFN, MoH |
| 20 | 2.1.20. Monitor the implementation of the international code on the marketing of breastmilk substitutes (BMS) in health facilities | 1. Number of monitoring visits carried out  2. Number of health facilities implementing the international code | MoH | 2021-2015 | 3,210,000.00 | HMB, SCFN, NAFDAC |
| 21 | 2.1.21. Encourage the celebration of the World Breastfeeding Week and all other national nutrition events at all levels - State, LGAs and Wards | 1. Number of Nutiriton events supported and carried out by the state 2. Number of LGAs supporting celebration of World Breastfeeding Week | MoH | 2021-2015 | 17,490,000.00 | SCFN LGSC, CS-SUNN,MOCM |
| 22 | 2.2.1. Engage traditional, religious and opinion leaders to support community level action in nutritional care of vulnerable groups | 1. Number of dialogues conducted 2. Number traditional, religious and opinion leaders at meetings. | MoCM | 2021-2015 | 2,319,000.00 | SCFN, LGSC, CS-SUNN, MGASD, FBOs |
| 23 | 2.2.2. Develop and institutionalize poverty alleviating schemes/projects to empower Vulnerable households | 1. Number of schemes developed 2. Number of households that have benefitted from the schemes | MoE | 2021-2015 | 4,382,500.00 | SCFN, MoH, MGASD |
| 24 | 2.2.3.Train Caregivers in Orphanages in the State on assessment of nutritional status and appropriate infant and young child feeding practices | 1. Number of caregivers in orphanages trained to assess nutritional status 2. Number of orphanages involved in the training | MGASD | 2021-2015 | 4,470,000.00 | SCFN, MoH |
|  | **TOTAL** |  |  |  | **3,426,669,500.00** |  |

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| **RESULT AREA 3: ENHANCING PROVISION OF QUALITY HEALTH SERVICES** = **638,426,055.00** | | | | | |
| **S/N** | **Activities Narrative** | **Indicators** | **Responsible MDA** | **TOTAL** | **Collaborating MDA (s)** |
| 1 | 3.1 Provide health education to adolescent girls and pregnant women (on adequate nutrition, health seeking behaviour, health promoting behaviours, Non-Communicable Diseases) at health facilities, schools, town hall meetings and churches. | 1. Number of adolescent girls who received health education annually 2. Number of pregnant women who received health education annually | MOH/ ENS-PHCDA | 6,250,000.00 | SCFN, MoE, MoI, Academia |
| 2 | 3.2 Purchase of equipment for outreaches, advocacy, health education | 1. Number of equipment available at ESCFN secretariat | SCFN | 650,000.00 | MBP, |
| 3 | 3.3 Advocacy visits to traditional rulers, religious leaders, commissioners of relevant MDAs | 1. Number of advocacy visits carried out to traditional rulers  2. Number of advocacy visits carried out to religious leaders  3. Number of advocacy visits carried out to commissioners of MDAs | MBP | 680,000.00 | SCFN, MOH/ ENS-PHCDA |
| 4 | 3.4 Advocacy visits to State government to pass legislation on 6 month maternity, paternity leave of 2 weeks, enforcement of maternity leave, building of creches in public and private offices with >10 female employees, Enforcement of BM code | 1. Number of advocacy visits carried out to state Government  2. Evidence of 6 month maternity leave  3. Evidence of 2 week paternity leave  4. Number of creches built in public offices  5. Number of creches built in private offices | MBP | 80,000.00 | SCFN, MOH/ ENS-PHCDA |
| 5 | 3.5 Advocacy visit LGA cahairmen to support nutrition interventions in their LGAs | 1. Number of Advocacy visits carried out to LGA chairman | MBP | 80,000.00 | SCFN, MOH/ ENS-PHCDA |
| 6 | 3.6 Training of public health workers on assisted delivery, growth monitoring, data management, active case finding on CMAM and MAM. | 1. Number of health workers trained on assisted delivery, growth monitoring etc. | ENS-PHCDA | 20,740,000.00 | MOH, ENS-PHCDA, SCFN MBP |
| 7 | 3.7 Supportive supervision of public health workers on assisted delivery, growth monitoring, data management | 1. Number of supportive supervisory visits for public HCWs annually  2. Number of ISS reports submitted annually | ENS-PHCDA | 140,811,000.00 | MOH, MBP, SCFN, |
| 8 | 3.8 Capacity building of faith based organizations for key messages on nutrition care and household practices | 1. Number of meetings with FBOs  2. Number of reports on FBO engagement | SCFN | 950,000.00 | FBOs, CSOs, |
| 9 | 3.9 Annual Baby shows at LGA levels as part of World breastfeeding week celebration. | 1. Number of LGA baby shows conducted annually | ENS-PHCDA | 52,500,000.00 | MOH, SCFN, LGSC |
| 10 | 3.10 Annual Baby shows at state levels as part of World breastfeeding week celebration. | 1. Number of State baby shows annually | ENS-PHCDA | 3,500,000.00 | MOH, SCFN |
| 11 | 3.11 Engagement and Partnership with CBOs, CSOs on advocacy, | 1. Number of engagement meetings with CSOs, CBOs 2. Number of activities carried out in partnership with CSOs, CBOs | SCFN | 250,000.00 | MBP, ENS-PHCDA |
| 12 | 3.12 Capacity building of TBAs on MIYCN ( EBF, complementary feeding) case finding & referral and HIV/AIDS mgt to encourage best practices. | 1. Number of TBAs trained on MIYCN | MOH | 13,000,000.00 | MOH, ENS-PHCDA, SCFN |
| 13 | 3.13 Capacity building of EHOs in rural areas for inspection of food processing facilities and markets, enforcement of sanitation exercises, Domesticate food handling guidelines, capacity building (inspection, fines, production of abatement notices) | 1. Number of EHOs trained  2. Number of EHOS supplied with modified EHO guideline  3. Number of households served with abatement notices  4. Number of food processing facilities inspected yearly | MOH | 2,618,000.00 | ENS-PHCDA, SCFN |
| 14 | 3.14 Training of nutrition focal persons for revitalization of Breastfeeding support groups within villages/ communities across all LGAs and regular reporting of nutrition data. | 1. Number of NFPs trained  2. Number of functional BF support groups per ward | ENS-PHCDA | 17,391,000.00 | SCFN, ENADEP, SCFN |
| 15 | 3.15 Maintain and increase supply and availability of iron, folate, and folic acid tablets for pregnant mothers supplementation during ante natal visits | 1. Number of pregnant women who received iron supplements at ANC  2. Number of pregnant women who received folate tabs at ANC | ENS-PHCDA | 10,500,000.00 | SCFN, NGOs. MOH |
| 16 | 3.16 Establishment of nutrition clubs in all public and private secondary schools in the state | 1. Number of functional nutrition clubs in public secondary schools in the state  2. Number of functional nutrition clubs in private schools in the state. | MOE | 50,000.00 | SCFN, MOH, ENS-PHCDA, MANR |
| 17 | 3.17 Establishment of nutrition corners in all public health facilities | 1. Number of public health centers with nutrition corners | ENS-PHCDA | 50,000.00 | MOH, SCFN, MANR |
| 18 | 3.18 Annual engagement with women leaders across all LGAs to address the roles of women in nutrition sensitive interventions | 1. Number of meetings with LGA women leaders | SCFN | 8,443,050.00 | MGASD, LGSC, FBOs, ENS-PHCDA |
| 19 | 3.19 Strenghten nutrition data collection system across all public health facilities through App development | 1. Number of health centers regularly reporting nutrition data | ENS-PHCDA, | 2,500,000.00 | ENS-PHCDA, SCFN, MOI, Academia |
| 20 | 3.20 Training of private health workers on MIYCN (i.e. EBF, complementary feeding) case finding & referral and HIV/AIDS mgt to encourage best practice | 1. Number of private health workers trained on MIYCN | ENS-PHCDA, SCFN | 3,070,200.00 | MOH, NGOs |
| 21 | 3.21 ISS for private health workers on MIYCN (EBF, complementary feeding) case finding & referral and HIV/AIDS mgt to encourage best practices. | 1. Number of ISS exercices carried out yearly  2. Number of private facilities receiving ISS visits yearly | ENS-PHCDA, SCFN | 82,280,000.00 | MOH, NGOs |
| 22 | 3.22 Community Nutrition outreaches to address nutrition issues such as CMAM, male involvement, MIYCN and family planning | 1. Number of commmunity outreaches carried out yearly | ENS-PHCDA | 44,035,000.00 | SCFN, MOGA,MOH, CSOs |
| 23 | 3.23 Establishment of focal facilities for Management of SAM; 2 facilities per LGA with capacity for management of SAM and MAM (staffing, training on use of RUTF) | 1. Number of CMAM centers established in the state 2. No of children managed for SAM in state | ENS-PHCDA | 6,877,805.00 | SCFN, MOH, LGSC |
| 24 | 3.24 Production of Enugu State child health cards for 1 - 5 year old children | 1. Number of health facilities using 1 - 5 year old health cards 2. No of health cards produced and distributed annually | ENS-PHCDA | 50,000,000.00 | SCFN, MOI, |
| 25 | 3.25 Strengthen biannual implementation of MNCH week | 1. Number of MNCH week activities conducted annually | ENS-PHCDA | 75,000,000.00 | SCFN, MOH,MOGA |
| 26 | 3.26 Establishment of food processing and preservation centers in every LGA at least in 3 urban areas | 1. Number of food centers established  2. Number of LGAs with at least a food processing facility | MST | 96,120,000.00 | SCFN, ENS-PHCDA, LGSC, FBOs, |
|  | **TOTAL** |  |  | **638,426,055.00** |  |

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| **RESULT AREA 4: Improving Capacity to Address Food and Nutrition Insecurity = N535,979,000.00** | | | | | | |
| **S/N** | **Activities Narrative** | **Indicators** | **LEAD MDA** | **TIME FRAME** | **TOTAL (N)** | **Collaborating MDA (s)** |
| **1** | **4.1. 1**. Establish community-based groups to monitor healthy growth, detect child growth faltering, and recommend appropriate actions | 1. Number of groups established 2. Number of monitoring visits undertaken  3. Number of children reached | MoH | 2021-2025 | 126,650,000.00 | MOE, Academia |
| **2** | **4.1. 2**. Promote community participation to assess, analyse, and take appropriate actions to address food and nutrition problems through key opinion leaders - Paramount Rulers ,Village Heads, Community Health Extension Workers , religious leaders, women groups, age grades,political leaders, CBOs, NGOs and other advocacy Groups. | 1. Number of advocacy meetings held 2. Number of community members reached | MoH | 2021-2025 | 6,492,000.00 | MBP/SCFN,MoE, Academia, MoI |
| **3** | **4.1. 3.** Conduct training and retraining of State and Community Based Agencies and Organizations and all those involved in the planning and implementation of food and nutrition programmes and activities. | 1. Number of trainings conducted 2. Number of people trained 3. Number of MDAs and organizations involved as trainees | MoE | 2021-2025 | 125,632,500.00 | MBP/SCFN, MoH, Academia |
| **4** | **4.1. 4**. Develop and strengthen the effective planning and managerial capacity of state government as well as local government authorities (LGAs) to address food and nutrition problems through advocacy | 1. Number of advocacy meetings held 2. Number of government officials reached | MoE | 2021-2025 | 8,115,000.00 | MoH, SCFN, MLG, Academia |
| **5** | **4.1. 5.** Institute/strengthen mechanism for regular review of nutrition curricula in primary, secondary, tertiary and vocational institutions | 1. Number of curricula review meetings held 2. Number of curriculum produced | MoE | 2021-2025 | 13,482,000.00 | SCFN, Academia |
| **6** | **4.1. 6.** Conduct training and re-training of Nutritionists, Nutrition Desk Officers and other relevant service providers to improve their capacity for food and nutrition programme management | 1. Number of trainings conducted 2. Number of nutritionists trained | MoH | 2021-2025 | 41,877,500.00 | MBP/SCFN, Academia |
| **7** | **4.1. 7.** Ensure adequate staffing of relevant MDAs in implementing sectoral nutrition programmes with skilled and qualified nutritionists | 1. Number of skilled and qualified nutritionists recruited/deployed to relevant MDAs | MoE | 2021-2025 | 525,000.00 | SCFN, MoH, Academia |
| **8** | **4.2. 1.** Incorporate nutrition objectives into MDAs' development policies, plans, and programmes | 1. Number of MDAs that have developed and incorporated nutrition objectives into their Policies, Plans and Programmes 2. Number of MDAs with Nutrition desk | MBP | 2021-2025 | 525,000.00 | MoH, SCFN, MoE |
| **9** | **4.2. 2.** Conduct an analysis of macro-economic and sectoral policies to ascertain its impact on household income, food consumption, and delivery of human services, with a view for policy modification to ameliorate adverse effects | 1. Number of macroeconomic policies identified, reviewed and analysed | MOE | 2021-2025 | 1,650,000.00 | SCFN, Academia, MBP |
| **10** | **4.2.3.** Increase social-sector investment spending on Food and Nutrition and advocate for increase in private sector investment | 1. Number of social and private investment. 2. Number of new Investors in Nutrition | MBP | 2021-2025 | 1,125,000.00 | SCFN |
| **11** | **4.2. 4.** Promote productive capacity through encouraging private sector engagement in food and nutrition related investment | 1. Number of private agencies investing in food and nutrition intervention. 2. Numberof Investment | MBP | 2021-2025 | 1,125,000.00 | MANR |
| **12** | **4.2. 5.** Provide an enabling environment (Government incentives [such as ; Tax waiver, grants, land]) for private sector investment in the production of complementary foods for local and nationwide consumption. | 1. Number of private sector that benefitted from Government incentive. 2. Number of private sector that produced complementary foods. | MoE | 2021-2025 | 675,000.00 | Academia, MBP, MoH |
| **13** | **4.2.6**. Convene annual nutrition event of other states | 1. Number of annual nutrition events organized  2. Report of nutrition event convened in the state | MBP | 2021-2025 | 150,000,000.00 | MoH, SCFN, Academia |
| **14** | **4.2.7**. Sponsorship of key stakeholders for SUN global event | 1. Number of persons sponsored for SUN global event. | MBP | 2021-2025 | 11,760,000.00 | MoH, SCFN, Academia |
| **15** | **4.2.8**. Sponsorship of key stakeholders for national nutrition conference/workshop | 1. Number of key stakeholders sponsored for a national nutrition event. | MBP | 2021-2025 | 35,000,000.00 | MoH, SCFN, Academia |
| **16** | **4.3. 1.** Expand existing social protection policy in all sectors to address poverty, malnutrition, and health of the most vulnerable groups (such as extending paid maternity leave to six months, increasing no. of motherless babies homes and homes for the elderly) | 1. Number of policies expanded 2. Number of stakeholders meetings held | MoH | 2021-2025 | 7,880,000.00 | MGASD |
| **17** | **4.3. 2.** Conduct advocacy to promote the 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 group | 1. Number of Advocacy meetings held | MBP | 2021-2025 | 1,575,000.00 | MGASD, MoH, MoE |
| **18** | **4.3 .3.** Advocate and accelerate the implementation of the State Health Insurance Scheme to incorporate the Community Health Insurance health services to vulnerable groups, especially women and children | 1. Evidence of establishment of state health insurance scheme. 2. Evidence of incorporation of Community Health Insurance into SHIS | MoH | 2021-2025 | 1,890,000.00 | MBP, MGASD |
|  | **TOTAL** |  |  | **N535,979,000.00** | |  |

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| **RESULT AREA 5: Raising Awareness and Understanding of Problem of Malnutrition in Enugu State = N2,307,148,300.00** | | | | | | |
| **S/N** | **Activities Narrative** | **Indicators** | **Lead MDA** | **Time Frame** | **Indicative cost** | **Collaborating MDA(s)** |
| **1** | **5.1. 1.** Develop clear advocacy strategy of engagement with relevant policy makers and stakeholders | 1. Number of meetings held to develop the advocacy strategy | MoI | 2021-2015 | 3,060,000.00 | MOE, MoH, SCFN |
| **2** | **5.1. 2.**Create awareness on problems of malnutrition using the mass and social MoEia (such as radio, TV drama, film documentaries, home video, viewing centers, town hall meetings and presentations by advocacy groups, and posters in English and local languages). | 1. Number of radio, television programmes, TV drama, film documentaries, home video aired 2. Number of posters in English and local languages produced 3. Number of viewing centers used 4. Number of town hall meetings and presentations done 5. Number of social media fora used | MoI | 2021-2015 | 24,290,000.00 | MED, MoH, SCFN |
| **3** | **5.1. 3.** Promote the use of available local varieties of Nutritious food during food demonstrations by local communities | 1. Number of local food varieties promoted | MANR | 2021-2015 | 13,400,000.00 | SCFN,MOI, MoH |
| **4** | **5.1. 4.** Design and produce harmonised, appropriate BCC materials and research findings on food processing and preservation technology for use in villages and households | 1. Number of BCC materials produced | MoI | 2021-2015 | 820,000.00 | MED, MoH, SCFN, MANR |
| **5** | **5.1. 5.** Promote Behaviour Change Communication (BCC) for better understanding of food and nutrition security problems for improved food and nutrition practices through Seminars and advocacy visits | 1. Number of Seminars conducted 2. Number of advocacy visits carried out | MoI | 2021-2015 | 1,830,000.00 | NOA,MoH, MANR |
| **6** | **5.1. 6.** Strengthen collaboration and synergy between relevant MDAs, State & Local Committees on F&N, and between state & non-state actors | 1. Number of meetings organized for relevant MDAs. | MANR | 2021-2015 | 530,000.00 | MOE, MOI, SCFN |
| **7** | **5.1. 7.** Support stakeholders including NAFDAC, SON, EN-RUWASSA, Consumer protection agency, Produce departments, Veterinary dept, and private sectors to set criteria for appropriate standards on nutrition labels for packaged foods. | 1. Number of stakeholders meetings held to set up standards for nutrition labels in the State 2. Number of Food vendors with set standards | MoH | 2021-2015 | 765,000.00 | SCFN, MANR |
| **8** | **5.1. 8.** Advocate for increased monitoring and enforcement that supports compliance with the State regulations on the Code of marketing Breastmilk Substitutes | 1. Number of code monitoring tools produced and disseminated 2. Number of health workers trained 3. Number of monitoring visits conducted  4. No of sanctions imposed on violators | MoH | 2021-2015 | 501,000.00 | MED, NAFDAC, SCFN,MANR |
| **9** | **5.1 . 9.** Advocacy to LGAs to compliment implementation of home grown School feeding program | 1. Number of LGAs implementing school feeding programme. | MOE | 2021-2015 | 562,500.00 | SCFN, MANR, LGC |
| **10** | **5.1.10.** Scale up implementation of Home-grown School Feeding Programme | 1. Number of schools implementing school feeding programme. 2. Number of pupils benefitting from HGSF&HP | MOE | 2021-2015 | 107,538,600.00 | SCFN, MOE, MANR |
| **11** | **5.1. 11.** Erection of Billboards to raise awareness on nutrition across the States/LGAs | 1. Number of billboards erected | MoI | 2021-2015 | 6,120,000.00 | SCFN, MoH, MANR |
| **12** | **5.1. 12.** Collaborate with network providers like MTN, Airtel, GLO etc. to disseminate nutrition information to the general public | 1. Number of network providers disseminating nutrition information to their subscribers. | MoI | 2021-2015 | 22,400,000.00 | SCFN, MANR |
| **13** | **5.1.13.** Conduct regular budget tracking to evaluate budget performance of F &N in all sectors. | 1. Number of budget performance conducted 2. No. of budget performance report produced | MBP | 2021-2015 | 1,150,000.00 | SCFN |
| **14** | **5. 1. 14.** Develop and air TV/Radio jingles and produce leaflets and posters to promote good dietary practices and WASH at household, community levels and schools | 1. Number of radio programmes jingles, slots and leaflets prepared and aired.  2. Number of IEC materials produced and disseminated | MoI | 2021-2015 | 38,640,000.00 | MoH, SCFN, MWR |
| 15 | **5.2.1**. Promote good dietary habits and healthy lifestyles for all age groups through appropriate social marketing and communication strategies | 1. Number of healthy lifestyles and dietary habits sensitization conducted.  2. Number of beneficiaries of healthy lifestyles and dietary habits sensitized. | MoI | 2021-2015 | 18,920,000.00 | SCFN, MoH,MANR, MWR |
| 16 | 5.2.2. Establish, disseminate and regularly review food based dietary guidelines for healthy living in the state | 1. Number of revised food based dietary guidelines for healthy living disseminated. | MoH | 2021-2015 | 590,000.00 | SCFN, MoI, MANR |
| 17 | 5.2.3.Promote healthy eating habits to reduce the incidence of non-communicable diseases. | 1. Number of sensitization conducted. 2. Number of beneficiaries of healthy eating habits sensitized. 3. Number of sensitized persons that have adopted healthy eating habit. | MoH | 2021-2015 | 7,200,000.00 | MoI, MANR |
| **18** | **5.2. 4**. Promote regular physical activities and medical check up in schools and communities including provision of adequate relevant facilities | 1. Number of medical check up carried out in Schools and Communities.  2. Number of beneficiaries of medical check up in Schools and Communities.  3. Number of Pupils/Students that participated in regular physical activities in Schools  4. Number of Schools provided with relevant facilities for physical and health activities. | MoE | 2021-2015 | 4,500,000.00 | MYS, SCFN, MOH |
| **19** | **5.2. 5.** Establishand stengthen Television programs that demonstrates the preparation of meals to incorporate nutrition considerations | 1. Number of TV programmes that demonstrate the preparation of nutritious meals.  2. Number of Local Government Areas reached | MoI | 2021-2015 | 3,600,000.00 | SCFN, MANR |
| 20 | 5.2.6. promote healthy lifestyle for all ages through provision of potable drinking water to villages, households and public places. | 1. Number of potable water provided | MWR | 2021-2015 | 1,336,200,000.00 | MOH, SCFN |
| 21 | 5.2.7. promote the provision of handwashing facilities to villages, and households to ensure basic hygiene practices and healthy living. | 1. Number of handwashing facilities provided | MWR | 2021-2015 | 24,541,200.00 | MOH, SCFN,MOE |
| 22 | 5.2. 8. Capacity building of physical and health education, nutrition and other teachers on the need for regular physical exercise & nutrition-related education | 1. Number of physical and health education teachers trained on physical exercise & nutrition education | MOE | 2021-2015 | 2,480,000.00 | MANR,SCFN |
| 23 | 5.2.9. Promote the well being of Enugu State People's living with Disability (PLWD) Orphan and vunerable children (OVC) Elderly, children home and widows | 1. Number of PLWA rehabilitated.  2. Number of O.V.C. rehabilitated. | MGASD | 2021-2015 | 409,500,000.00 | MOH, SCFN |
| 24 | 5.2.10. Promote the well being of sexually assulted/raped victims, beggars and lunatics. | 1. Number of sexually assulted, beggars and lunatics rehabilitated. | MGASD | 2021-2015 | 229,500,000.00 | MOH, SCFN |
| **25** | **5.3. 1**. Promote research on development of Nutritious diets from locally available staple foods for improved utilization and nutrition | 1. Number of researches onducted 2. Number of under-utilized crops identified and integrated into food system | MST | 2021-2015 | 15,000,000.00 | MANR, SCFN,MOE |
| **26** | **5.3. 2.** Promote, support, and disseminate research findings on food processing and preservation technologies for adaptation at the village and household levels | 1. Number of research reports produced  2. Number of villages and households using the adaptation | MST | 2021-2015 | 3,510,000.00 | SCFN, LGC, MANR, MOE |
| 27 | 5.3.3. produce a complete food-composition table for locally available food and agricultural produce. | 1. Number of food composition tables produced | MST | 2021-2015 | 10,000,000.00 | MANR, MOE |
| 28 | 5.3.4. promote research of local food production and increase the value chain. | 1. Number of researcn produced | MST | 2021-2015 | 10,000,000.00 | MANR, MOE |
| 29 | 5.3.5. Engage in periodic conduct of food consumption and nutrition survey to track policy impact. | 1. Number of surveys conducted | MST | 2021-2015 | 10,000,000.00 | MANR, MOE |
|  | **TOTAL** |  |  |  | **2,307,148,300.00** |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| RESULT AREA 6: Resource Allocation for Food and Nutrition Security at all Levels = N510,228,800.00 | | | | | | | |
| S/N | **Activities Narrative** | **Indicators** | | **Lead**  **MDA** | **Time Frame** | **Indicative Cost** | **Collaborating MDA(s)** |
| 1 | 6.1.1. Ensure adequate implementation of the policy through sufficient budgetary allocation and timely release of funds. | 1. Number of MDAs receiving timely release of funds | | MBP | 2021 - 2025 | 42,400,000.00 | MOH |
| 2 | 6.1.2. Strengthen the coordination capacity of the Ministry of Budget and Planning (MBP) in the state and its Local Government counterparts with the required resources (human, financial, and material) for effective management and coordination of the policy | 1. Number of coordination meetings held | | MBP | 2021 - 2025 | 25,405,000.00 | CBO, SCFN |
| 3 | 6.1.3. Strenghten the capacity of MBP to mobilise resources for Food & Nutrition interventions | 1. Number of advocacy meetings held | | MBP | 2021 - 2025 | 25,405,000.00 | MOH |
| 4 | 6.1.4. Conduct assessment at all levels on determinants of low financial investments in Food & Nutrition programs compared to other life-saving interventions in partnership with private sector | 1. Number of LGAs that have completed the assessment. | | MBP | 2021 - 2025 | 3,800,000.00 | MoE, Academia |
| 5 | 6.1.5. Conduct regular budget tracking, apply lessons learnt to all-levels of Food &Nutrition budgeting processes. | 1. Number of MDAs & LGAs with Budget tracking tool updated 2. Number of Budget tracking reports | | MBP | 2021 - 2025 | 58,292,500.00 | MOH |
| 6 | 6.1.6. Develop Score Cards of lessons learnt on Budget tracking & apply to SPFAN plan | 1. Number of MDAs & LGAs with Score card of lessons learnt applied at all levels | | MBP | 2021 - 2025 | 58,292,500.00 | MoE, Academia |
| 7 | 6.1.7. Organize quarterly Nutrition Partners meetings at all levels | 1. Number of meetings held and reports produced | | MBP | 2021 - 2025 | 43,200,000.00 | SCFN, MoH |
| 8 | 6.1. 8. Organize quarterly meetings of committee on Food and nutrition at all levels | 1. Number of meetings held and reports produced | | MBP | 2021 - 2025 | 43,200,000.00 | SCFN, MoH |
| 9 | 6.1. 9.Support participation of SCFN at NNN | 1. Number of SCFN members supported to attend NNN meeting. | | MBP | 2021 - 2025 | 17,500,000.00 | SCFN |
| 10 | 6.1. 10. Advocate,produce and disseminate State policy on Food and Nutrition and the Plan of Action at the State Levels | 1. Number of State policy produced and distributed. | | SCFN | 2021 - 2025 | 1,095,000.00 | MoI, MoE |
| 11 | 6.1.11. Advocate for the Creation of budget lines on food and nutrition activities in MDAs/LGAs and ensure timely release of funds | 1. Number of MDAs with budget lines created 2. Number of MDAs that received funds | | MBP | 2021 - 2025 | 88,740,000.00 | SCFN |
| 12 | 6.1.12. Build the capacity of Nutrition desk officers in MDAs/LGAs through training & retraining on resource mobilisation and allocation | 1. Number of officers trained 2. Number of trainings conducted | | MoE | 2021 - 2025 | 29,800,800.00 | Academia, MoH |
| 13 | 6.1.13. Conduct research, monitoring & evaluation on food and nutrition activities in collaboration with partners and the private sector | 1. Number of Research conducted 2. Number of M & E visits conducted  3. Number of monitoring report produced | | MoE | 2021 - 2025 | 38,050,000.00 | Academia, MoH |
| 14 | 6.1. 14. Build the capacity of Nutrition implementers (OICs, NFPs, M & E, agric extension officers and other nutrition officers/ workers at both state andLocal Government levels of different sectors on the use of tools for captuing of Nutrition activities | 1. Number of nutrition implementers whose capacities are built | | MoE | 2021 - 2025 | 32,598,000.00 | MoH, SCFN, Academia |
|  | **Incorporating nutrition objectives into MDAs development policies, plans and programmes** | | | | | | |
| 15 | 6.2.1. Conduct high level advocacy and awareness campaign on the multisectoral nature of nutrition | 1. Number of Advocacy campaigns conducted | | MoE | 2021 - 2025 | 1,400,000.00 | MoH, SCFN, Academia |
|  | **Analyzing macroeconomics and sectoral policies in terms of their potential consequences for household income, food consumption delivery of human services and nutritional well being** | | | | | | |
| 16 | 6.3. 1. Build synergy and collaboration between the line Ministries and the international community to lobby for investment in nutrition | | 1. Number of linkages established | MBP | 2021 - 2025 | 1,050,000.00 | SCFN |
|  | TOTAL COST | |  |  | **N 510,228,800.00** | | |

## 3.8 Financing of the ESMPFAN

The cost estimates for the ESMPFAN will be used by the MBP to advocate for financial support from government, donor agencies and partners, the private and business sectors, and international and local non-governmental organizations (NGOs). Due to the ever-changing nature of the environment, 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, Enugu state might not be able to scale up the result areas at the same time and effectively in all the LGAs. It is therefore suggested that a scaling scenario based on the burden of stunting, impact, costs and implementation capacity within existing delivery platforms in Nigeria should be considered.

## 3.9 Prioritizing the Most Cost-Effective Interventions

In the event of budgetary constraints, policy makers may be compelled to decide on investing on the state-wide implementation of some identified priority key interventions within the list of available package of interventions. Packages of fewer interventions are then phased-in gradually overtime 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 list of such interventions are shown in Table 6

Table 6: Cost of Some Priority Interventions

|  |  |  |
| --- | --- | --- |
| **Intervention** | **Cost**  **(N)** | **% of Total Cost** |
| Ensure optimal nutrition in first 1000 days of life | 861,985,235 | 14 |
| Preventing micronutrient deficiency | 2,143,515,000 | 35 |
| School based strategies | 80,295,500 | 1 |

Given the large gap between current investments in nutrition and the need to scale up as presented in Table 6, it seems essential to quickly identify additional sources of funding. The magnitude of the ESMPFAN estimated cost, when compared to the current level of investment in nutrition related activities in the State, makes it clear that identifying additional sources of funding is a priority.

It will therefore require additional resources to carry out the key interventions identified, but also to move from a humanitarian approach to a developmental planning based both on the fight against malnutrition and the improvement of the social context in which it emerges.

Public investment of ₦ **6,156,526,340.00** will be needed to scale up 21 specific and nutrition-sensitive interventions across the country "full coverage scenario" over the next five years (2021 - 2025). This will be the required public investment to deliver a set of recommended nutrition interventions at scale in Enugu State. However, in the case that Enugu State and the Development Partners are unlikely to mobilize annually the ₦**1,231,305,268.00** needed for full coverage for the 5-year period, it is proposed that alternative scaling scenarios that considers the impact potential, the burden of stunting, resource requirements and implementation capacity be undertaken. The most cost-effective scenario should propose a subset of key interventions in the LGAs most affected by malnutrition.

The need to invest in nutrition in the state is urgent giving the magnitude of malnutrition and the estimated financial commitments required to deliver at scale, a set of interventions already within the policy frameworks in Enugu State. Since the financial requirements for delivering these interventions will likely vary within the state, and prioritization of financing for nutrition across Enugu State will need to consider the gaps between projected costs for each LGA, current expenditures and the availability of State and LGA level finances to deliver nutrition services and interventions.

## 3.10 Investment Contribution by Ministries, Departments and Agencies

The causes of malnutrition are multifactoral and multifaceted and as such require multisectoral interventions. Several Ministries and Departments of Government have critical roles to play in ensuring that malnutrition is reduced in Enugu State especially among children and women who are the most vulnerable. Most nutrition specific interventions in the multisectoral action plan are found in the health sector while nutrition sensitive interventions lie with the other sectors including Agriculture, Education, Information, Water Resources, Science and Technology and Trade and Investment. Figure 3 shows the percentage cost per MDAs with health sector recording 66.36% of the estimated cost for the five years.

Figure 3: Percentage Contribution by MDAs as Percentage of Total Cost of Nutrition Investment: 2021 – 2025

# 4.0 Monitoring and Evaluation, Accountability and Learning (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. The Enugu State Multisectoral 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 achievement of the strategic objectives, changes in the nutritional status of Enugu State residents especially women and children, as well as being accountable to the stakeholders including the donor agencies. The ESMPFAN 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

## 4.1 Monitoring

The ESMPFAN 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), Commodity Price Index, State Health Management Information System, Growth Monitoring and Promotion, Nutrition Surveillance, Education Information Management System (EIMS) 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 multisectoral annual review of operational achievements and progress, challenges of implementation, lessons learned and recommendations using such platforms as SCFN and LGCFN meetings, Nutrition Week etc.

## 4.2 Evaluation

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

### 4.2.1 Baseline data

The annual National Nutrition and Health Survey (NNHS, 2018) and Multiple 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.

### 4.2.2 Mid-Term Evaluation

For the purpose of mid-term evaluation, National surveys will be used to evaluate progress in the achievement of result. MBP and Development Partners will collaborate with State 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.

### 4.2.3 End Term Evaluation

National surveys conducted will provide data that will serve the purpose of end of project evaluation. MBP management will need to make budgetary provision for establishing collaboration and partnerships with the relevant State and Federal data producing bodies such as the State Bureau of Statistics, the National Population Commission (NPopC) especially to include in the data tool, some of the important data needed to measure progress of target achievement.

## 4.3 Accountability

The implementation of ESMPFAN 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:

### 4.3.1 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 State Committee on Food and Nutrition to be called by the Ministry of Budget and Planning. It is expected that a total of four updates will be generated in each year and will form the basis for an annual report.

The Secretariat of the State Committee on Food and Nutrition will compile reports on a biannual basis to present and submit to the biannual meeting of the National Committee on Food and Nutrition. This report will present information on the level of implementation of interventions and achievement of results across the relevant sectors. The accountability report will also include reports on budget allocation, release and utilization. The concern, feedback and complaints of the stakeholders will be used to adjust implementations and influence decisions on programme policies, priorities and actions.

## 4.4 The Monitoring and Evaluation (M&E) System

The M&E system will be established and domiciled in MBP with a robust food and nutrition information collection and management system. The M&E system will have a portal that will be horizontally linked with the M&E unit of the relevant MDAs at the national level as well as vertical link with M&E at the State and LGA levels. It will provide information on how and to what extent progress is being made towards achieving specified strategic objectives and targets of the ESMPFAN. Data tools and instruments as well as guidelines for data collection and reporting will be developed for both quantitative and qualitative data by MBP Monitoring and Evaluation 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&E team and personnel at the state and LGA levels. Through regular collection of data on activity indicators, output and outcome and M&E report, the progress of implementation of Enugu SMPFAN will be monitored and evaluated while scorecards will be developed with lessons learnt.

## 4.5 Learning

The ESMPFAN will include learning by incorporating lessons learnt, recommendations and observations from accountability mechanisms and joint review meetings into programme design.

# ANNEX I : Detailed Estimate Cost (Naira) per Result Area, Intervention and Activity (2021-2025)

Table 7: Detailed Estimate Cost (Naira) per Result Area, Intervention and Activity (2021-2025)

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | |  | **Cost 2021** | **Cost 2022** | **Cost 2023** | **Cost 2024** | **Cost 2025** | | **Total** | |
| **RESULT AREA 1. FOOD AND NUTRITION SECURITY** | | | 38,815,000.00 | 38,990,000.00 | 35,459,000.00 | 33,737,000.00 | 34,437,000.00 | | 181,438,000 |
| 1.1  **Ensuring Food and Nutrition Security at the State, Community and Household** | **Activities** |  |  |  |  |  | |  |
|  | | 1.1.1. Promote commercial food production by empowering farmers' cooperatives / clusters and private commercial farmers at the LGAs and community level | 737,000.00 | 1,474,000.00 | 737,000.00 | 737,000.00 | 737,000.00 | | 4,422,000.00 |
| 1.1.2Scale-up the production, and promote the consumption of Vitamin A, and micronutrient rich foods (orange fleshed sweet potato, pro-vitamin A cassava, yellow maize, i | 460,000.00 | 920,000.00 | 460,000.00 | 460,000.00 | 460,000.00 | | 2,760,000.00 |
| 1.1. 3. Carry out Advocacy to relevant financial Institutions to enhance increased access to Credit facilities for farmers specially women to expand farm operations (reduced interest rates and collaterals). | 90,000.00 | 45,000.00 | 45,000.00 | 45,000.00 | 45,000.00 | | 270,000.00 |
| 1.1. 4. Build the capacity of Agric Extension Officers on improved techniques in crop and animal production | 441,000.00 | 882,000.00 | 441,000.00 | 441,000.00 | 441,000.00 | | 2,646,000.00 |
| 1.1. 5. Advocacy to House of Assembly Committee on Agriculture and Food Sufficiency on extension of legislation on food fortification, processing and value chain | 45,000.00 | 45,000.00 | 45,000.00 | 45,000.00 | 45,000.00 | | 225,000.00 |
| 1.1. 6. Follow up on proposed bills on food fortification, processing and value chain | 10,000.00 | 10,000.00 | - | - | - | | 20,000.00 |
| 1.1. 7. Sensitize and Support the establishment of homestead farms by rural women farmers | 728,000.00 | 364,000.00 | 364,000.00 | 364,000.00 | 364,000.00 | | 2,184,000.00 |
| 1.1.8. Stage agricultural shows and exhibitions in the state and also in all 17 LGAs of the state | 1,000,000.00 | 1,000,000.00 | 1,000,000.00 | 1,000,000.00 | 1,000,000.00 | | 5,000,000.00 |
| **1.2. Increasing Availability, Accessibility and Affordability of Food** | | **Activities** |  |  |  |  |  | |  |
|  | | 1.2.1.. Provide Support to increase hectrage of land under cultivation of crops, livestock farming and fisheries through Government, communities and individuals | 780,000.00 | 780,000.00 | 780,000.00 | - | - | | 2,210,000.00 |
| Provision of small ruminant starter packs (5 sheep/goats, concentrates, minerals and vitamins, vaccines and drugs) to women farmers | 372,000.00 | 372,000.00 | 372,000.00 | 372,000.00 | 372,000.00 | | 2,232,000.00 |
| 1.2.5.Build the capacity of specialized farmer's cooperatives across the state( production, processing and distribution) on farm produce. | 1,410,000.00 | 1,410,000.00 | 1,410,000.00 | - | - | | 2,820,000.00 |
| 1.2.7. Provide improved planting materials (staple crops including Plantain, Banana and Pineapples , maize and cassava cuttings) and livestock /fisheries inputs to farmers across the state to improve food production. | 404,000.00 | - | - | - | - | | 404,000.00 |
| 1.2. 8. Conduct Advocacy to Rural Access Mobilisation programme (RAMP) and relevant MDAs for rehabilitation of dilapidated feeder roads and construction of new ones for easy evacuation of farm produce | 45,000.00 | 45,000.00 | 45,000.00 | 45,000.00 | 45,000.00 | | 225,000.00 |
| **1.3. Improving Food Harvesting, Processing and Preservation** | | **Activities** |  |  |  |  |  | |  |
|  | | 1.3.1.Provision of smoking kilns to clusters of small scale fish processors /farmers | 650,000.00 | - | - | - | - | | 650,000.00 |
| **4. Improving Food Preparation and Quality** | | 1.4.1. Carry out Advocacy to relevant MDAs on the need for periodic inspection of food preparation/wastes management in Restaurants, Bakeries, Eatries and Food vendors | 170,000.00 | 170,000.00 | - | - | - | | 340,000.00 |
|  | | 1.4.2. Conduct Sensitization and demostration on food handling and safety practices to women and youth groups across the 6 Agricultural zones in the State. | 1,090,000.00 | 1,090,000.00 | 545,000.00 | 545,000.00 | 545,000.00 | | 3,815,000.00 |
| **6.School-based Strategies** | | 1.6.1. Inclusion of nutrition education in early child care, primary and post primary school curricula | 700,000.00 | 700,000.00 | 700,000.00 | - | 700,000.00 | | 2,800,000.00 |
|  | | 1.6.2. Provision of agro-based teaching aids in primary and secondary schools | 5,000,000.00 | 5,000,000.00 | 5,000,000.00 | 5,000,000.00 | 5,000,000.00 | | 25,000,000.00 |
|  | | 1.6.3. Conduct periodic school quiz and debates on food and nutrition | 3,120,000.00 | 3,120,000.00 | 3,120,000.00 | 3,120,000.00 | 3,120,000.00 | | 15,600,000.00 |
|  | | 1.6.4.Awareness creation and sensitization of Head Teachers and relevant MDAs on establishment of school farms. | 2,775,000.00 | 2,775,000.00 | 2,775,000.00 | 2,775,000.00 | 2,775,000.00 | | 13,875,000.00 |
|  | | 1.6.5 Support the establishment of school farms | 15,000,000.00 | 15,000,000.00 | 15,000,000.00 | 15,000,000.00 | 15,000,000.00 | | 75,000,000.00 |
|  | | 1.6.6 Support the establishment of Young Farmers clubs at primary and secondary school level | 275,000.00 | 275,000.00 | 275,000.00 | 275,000.00 | 275,000.00 | | 1,375,000.00 |
|  | | 1.6.7 Conduct Training and retraining on food and nutrition to augment the capacity of Agric and Home Economics Teachers in primary and Post primary schools | 1,533,000.00 | 1,533,000.00 | 1,533,000.00 | 1,533,000.00 | 1,533,000.00 | | 7,665,000.00 |
|  | | 1.6.8. Advocate Policy Makers for the extension of school feeding programmes to primary 4 to 6 in public schools. | 580,000.00 | 580,000.00 | 580,000.00 | 580,000.00 | 580,000.00 | | 2,900,000.00 |
|  | | 1.6.9 Conduct periodic monitoring of the school feeding programme in the state | 1,400,000.00 | 1,400,000.00 | 1,400,000.00 | 1,400,000.00 | 1,400,000.00 | | 7,000,000.00 |
| Result Area 2. ENHANCNG CAREGIVING CAPACTY | | | 725,074,000 | 709,697,500 | 667,126,000 | 661,106,000 | 663,666,000 | | 3,426,669,500 |
| **1. Ensure Optimal Nutrition in the First 1,000 Days of life.** | | Activities |  |  |  |  |  | |  |
|  | | 2.1.1. Advocate for legislation of the prolongation of maternity leave and enactment of paternity leave | 283,000.00 | - | - | - | - | | 283,000.00 |
| 2.1. 2. Provide incentives to pregnant women, mothers and other care givers to motivate utilization of health facilities | 586,930,000.00 | 586,930,000.00 | 586,930,000.00 | 586,930,000.00 | 586,930,000.00 | | 2,934,650,000.00 |
| 2.1. 3. Sustain On-going Iron-folic acid supplementation for pregnant women during MNCH Weeks | 6,794,000.00 | 6,794,000.00 | 6,794,000.00 | 6,794,000.00 | 6,794,000.00 | | 33,970,000.00 |
| 2.1. 4. Support Routine Iron-folic acid supplementation for pregnant women | 5,724,000.00 | 5,724,000.00 | 5,724,000.00 | 5,724,000.00 | 5,724,000.00 | | 28,620,000.00 |
| 2.1. 5. Strengthen vitamin A supplementation during MNCHW for under-5 children | 4,800,000.00 | 4,800,000.00 | 4,800,000.00 | 4,800,000.00 | 4,800,000.00 | | 24,000,000.00 |
| 2.1. 6. Support Routine Vitamin A supplementation for under-5 children | 3,968,000.00 | 3,968,000.00 | 3,968,000.00 | 3,968,000.00 | 3,968,000.00 | | 19,840,000.00 |
| 2.1. 7. Build capacity to promote women’s nutritional status through Dietary Counseling during Adolescence, Pregnancy and Lactation | 6,912,000.00 | 6,912,000.00 | 6,912,000.00 | 6,912,000.00 | 6,912,000.00 | | 34,560,000.00 |
| 2.1. 8. Promote Early initiation of breastfeeding within 1 hour of delivery | 349,000.00 | 349,000.00 | 349,000.00 | 349,000.00 | 349,000.00 | | 1,745,000.00 |
|  | | 2.1. 9. Promote and Support Exclusive Breastfeeding from 0 to 6 months and continued breastfeeding up to 2 years and beyond | 2,033,000.00 | 2,033,000.00 | 2,033,000.00 | 2,033,000.00 | 2,033,000.00 | | 10,165,000.00 |
| 2.1. 10. Train health facilities staff at all levels on lactation management. | 37,188,500.00 | 37,188,500.00 | 37,188,500.00 | 37,188,500.00 | 37,188,500.00 | | 185,942,500.00 |
| 2.1. 11. Promote the establishment of Baby Friendly Centers in health facilities and public places. | 1,067,000.00 | 1,067,000.00 | - | - | - | | 2,134,000.00 |
| 2.1. 12. Promote the establishment of food demonstration corners in the health facilities | 43,401,000.00 | 43,401,000.00 | - | - | - | | 86,802,000.00 |
| 2.1. 13. Scale up C-IYCF training and counseling for optimal infant and young child feeding. | 5,670,000.00 | - | - | - | - | | 5,670,000.00 |
| 2.1.14. Ensure the establishment of crèches in all work places having more than 10 women in public and private sectors to promote Exclusive Breastfeeding. | 708,000.00 | - | - | - | - | | 708,000.00 |
| 2.1.15. Conduct Social and Behaviour Change Communcation activities on IYCF targeted at pregnant women, and caregivers at the health facilities | 4,786,000.00 | 2,393,000.00 | - | - | - | | 7,179,000.00 |
| 2.1. 16. Sensitization of adolescents, care givers especially grandmothers, mothers- in- law on optimal nutrition practices. | 1,730,500.00 | 1,730,500.00 | 1,730,500.00 | - | - | | 5,191,500.00 |
| 2.1. 17. Promote and mount campaigns aimed at changing attitudes and practices of food sharing in favour of mothers and children. | 2,033,000.00 | - | - | - | - | | 2,033,000.00 |
| 2.1. 18. Promote and mount campaigns aimed at men involvement in child care. | 2,033,000.00 | 2,033,000.00 | 2,033,000.00 | 2,033,000.00 | 2,033,000.00 | | 10,165,000.00 |
| 2.1. 19. Train Emergency Managers on mainstreaming Nutrition in Feeding Programmes targeted at the vulnerable groups in Emergency Situations | 570,000.00 | - | 570,000.00 | - | - | | 1,140,000.00 |
|  | | 2.1. 20. Monitor the implementation of the international code on the marketing of breastmilk substitutes (BMS) in health facilities | 1,070,000.00 | - | 1,070,000.00 |  | 1,070,000.00 | | 3,210,000.00 |
|  | | 2.1. 21. Encourage the celebration of the World Breastfeeding Week and all other national nutrition events at all levels - State, LGAs and Wards | 3,498,000.00 | 3,498,000.00 | 3,498,000.00 | 3,498,000.00 | 3,498,000.00 | | 17,490,000.00 |
| **2.2. Caring for the Socioeconomically Disadvantaged and Nutritionally Vulnerable** | | Activities |  |  |  |  |  | |  |
|  | | 2.2. 1. Engage traditional, religious and opinion leaders to support community level action in nutritional care of vulnerable groups | 1,159,500.00 | - | 1,159,500.00 | - | - | | 2,319,000.00 |
| 2.2. 2. Develop and institutionalize poverty alleviating schemes/projects to empower Vulnerable households | 876,500.00 | 876,500.00 | 876,500.00 | 876,500.00 | 876,500.00 | | 4,382,500.00 |
| 2.2. 3.Train Caregivers in Orphanages in the State on assessment of nutritional status and appropriate infant and young child feeding practices | 1,490,000.00 | - | 1,490,000.00 | - | 1,490,000.00 | | 4,470,000.00 |
| **RESULT AREA 3. ENHANCING PROVISION OF QUALITY HEALTH SERVICES** | | | 225,620,455 | 103,201,400 | 103,201,400 | 103,201,400 | 103,201,400 | | 638,426,055 |
| **3.1 Reduce Morbidity and Mortality Associated with Malnutrition** | | Activities |  |  |  |  |  | |  |
|  | | 3.1.1. Build Capacity for regular monitoring of growth and promotion (GMP) at health facilities and communites. | 12,933,500.00 | 12,933,500.00 | - | - | 12,933,500.00 | | 38,800,500.00 |
|  | | 3.1. 2. Promote regular monitoring of growth and promotion at health facilities and communites. | 23,036,000.00 | - | - | - | - | | 23,036,000.00 |
|  | | 3.1. 3. Capacity building of Christian Faith Based Leaders for dissemination of messages on nutrition care and key household practices | 13,948,800.00 | 13,948,800.00 | 13,948,800.00 | 13,948,800.00 | 13,948,800.00 | | 69,744,000.00 |
|  | | 3.1. 4. Capacity building of Islamic Faith Based Leaders for dissemination of messages on nutrition care and key household practices | 781,000.00 | - | - | - | - | | 781,000.00 |
|  | | 3.1. 5. Conduct annual assessment of Household consumption of iodized salt using Primary Schools in the State | 3,308,000.00 | 3,308,000.00 | 3,308,000.00 | 3,308,000.00 | 3,308,000.00 | | 16,540,000.00 |
|  | | 3.1. 6. Support distribution of Iron folate supplements to adolescent girls during MNCHW | 99,710,000.00 | 99,710,000.00 | 99,710,000.00 | 99,710,000.00 | 99,710,000.00 | | 498,550,000.00 |
|  | | 3.1. 7. Provide portable water supply in PHC to enhance sanitation and hygiene. | 126,000,000.00 | 126,000,000.00 | 126,000,000.00 | 126,000,000.00 | 126,000,000.00 | | 630,000,000.00 |
|  | | 3.1. 8. Conduct sensitization visits to community leaders in 10 selected communities for promotion of utilization of PHC services in the State | 962,500.00 | 962,500.00 | 962,500.00 | - | - | | 2,887,500.00 |
|  | | 3.1. 9. Training of IYCF Support Group members in catchment areas on IYCF, CMAM and MNP. | 11,608,800.00 | - | - | - | - | | 11,608,800.00 |
|  | | 3.1. 10. Train health workers on key household practices including Infant and Young Child Feeding, HIV/AIDs Counseling and Testing | 3,055,500.00 | - | - | - | - | | 3,055,500.00 |
|  | | 3.1. 11. Organize orientation workshop on key household practices including IYCF, HCT for HIV/AIDs for Religious and Traditional Leaders | 1,287,000.00 | - | - | - | - | | 1,287,000.00 |
|  | | 3.1. 12. Provision of adequate supplementary foods to children with moderate acute malnutrition (MAM) | 31,965,000.00 | 31,965,000.00 | 31,965,000.00 | 31,965,000.00 | 31,965,000.00 | | 159,825,000.00 |
|  | | 3.1. 13. Sustain and scale up distribution of micronutrient powder (MNP) for children 6 - 23 months | 810,465,000.00 | 810,465,000.00 | 810,465,000.00 | 810,465,000.00 | 810,465,000.00 | | 4,052,325,000.00 |
|  | | 3.1. 14. Support active case finding of SAM and provide appropriate treatment | 13,565,000.00 | - | - | - | - | | 13,565,000.00 |
|  | | 3.1. 15. Strengthen Nutrition information management and dissemination at all levels | 6,545,000.00 | - | 6,545,000.00 | - | 6,545,000.00 | | 19,635,000.00 |
| **3.2 Preventing and Managing Nutrition Related Diseases.** | | Activities |  |  |  |  |  | |  |
|  | | 3.2. 1. Provide education to the general public on risk factors and increase services for Diet Related Non-Communicable Diseases (DRNCD) at health facilities | 5,730,500.00 | - | 5,730,500.00 | - | 5,730,500.00 | | 17,191,500.00 |
|  | | 3.2. 2. Organize town hall meetings on personal hygiene, hand washing promotion and menstrual hygiene management for adolescents and caregivers in communities | 12,046,000.00 | - | 12,046,000.00 | - | 12,046,000.00 | | 36,138,000.00 |
|  | | 3.3.3. Formation and strengthening of WASH Committees for Community Led Total Sanitation | 6,462,800.00 | - | - | - | - | | 6,462,800.00 |
| **3.3. Preventing Micronutrient Deficiency** | | Activities |  |  |  |  |  | |  |
|  | | 3.3. 1. Listing and mobilization of children and pregnant women for MNCHW micronutrient supplementation | 28,650,000.00 | 28,650,000.00 | 28,650,000.00 | 28,650,000.00 | 28,650,000.00 | | 143,250,000.00 |
|  | | 3.3. 2. Strenghten Bi-annual implementation of MNCH Week | 710,000.00 | 710,000.00 | 710,000.00 | 710,000.00 | 710,000.00 | | 3,550,000.00 |
|  | | 3.3. 3. Procure and distribute Zinc and L -ORS, de-worming tablet for MNCHW and routine services | 19,680,000.00 | 19,680,000.00 | 19,680,000.00 | 19,680,000.00 | 19,680,000.00 | | 98,400,000.00 |
|  | | 3.3. 4. Promote social and behavioural change communication (SBCC) to encourage appropriate food choices that favour consumption of micronutrient-rich foods | 7,973,500.00 | 7,973,500.00 | 7,973,500.00 | 7,973,500.00 | 7,973,500.00 | | 39,867,500.00 |
| **3.4. Protecting the Consumer through Improved Food Quality and Safety** | | Activities |  |  |  |  |  | |  |
|  | | 3.4. 1. Domesticate national Quality and Safety guidelines for food handlers in the state | 4,062,000.00 | - | - | - | - | | 4,062,000.00 |
|  | | 3.4. 2. Promotion of safe practices on food stuff storage and preservation | 4,296,000.00 | - | - | - | - | | 4,296,000.00 |
|  | | 3.4. 3. Conduct Nutrition and consumer education on improved food quality and safety in the State | 1,730,500.00 | - | - | - | - | | 1,730,500.00 |
|  | | 3.4. 4. Strengthen the registration and Licensing of food handlers/food operators along the food chain in the state and LGAs | 1,034,000.00 | 1,034,000.00 | 1,034,000.00 | 1,034,000.00 | 1,034,000.00 | | 5,170,000.00 |
| **RESULT AREA 4.: IMPROVING CAPACITY TO ADDRESS FOOD AND NUTRITION INSECURITY** | | | 123,078,000 | 104,775,000 | 102,423,000 | 104,775,000 | | 100,928,000 | 535,979,000 |
|  | | |  |  |  |  | |  |  |
| **4.1 Assessing, Analyzing and Monitoring Nutrition Situations** | | Activities |  |  |  |  | |  |  |
|  | | **4.1. 1**. Establish community-based groups to monitor healthy growth, detect child growth faltering, and recommend appropriate actions | **25,330,000.00** | 25,330,000.00 | 25,330,000.00 | 25,330,000.00 | | 25,330,000.00 | 126,650,000.00 |
|  | | **4.1. 2**. Promote community participation to assess, analyse, and take appropriate actions to address food and nutrition problems through key opinion leaders - Paramount Rulers ,Village Heads, Community Health Extension Workers , religious leaders, women groups, age grades,political leaders, CBOs, NGOs and other advocacy Groups. | 3,246,000.00 | - | 1,623,000.00 | - | | 1,623,000.00 | 6,492,000.00 |
|  | | **4.1. 3.** Conduct training and retraining of State and Community Based Agencies and Organizations and all those involved in the planning and implementation of food and nutrition programmes and activities. | 25,126,500.00 | 25,126,500.00 | 25,126,500.00 | 25,126,500.00 | | 25,126,500.00 | 126,650,000.00 |
|  | | **4.1. 4**. Develop and strengthen the effective planning and managerial capacity of state government as well as local government authorities (LGAs) to address food and nutrition problems through advocacy | 1,623,000.00 | 1,623,000.00 | 1,623,000.00 | 1,623,000.00 | | 1,623,000.00 | 8,115,000.00 |
|  | | **4.1. 5.** Institute/strengthen mechanism for regular review of nutrition curricula in primary, secondary, tertiary and vocational institutions  . | 13,482,000.00 | - | - | - | | - | 13,482,000.00 |
|  | | **4.1. 6.** Conduct training and re-training of Nutritionists, Nutrition Desk Officers and other relevant service providers to improve their capacity for food and nutrition programme management | 8,375,500.00 | 8,375,500.00 | 8,375,500.00 | 8,375,500.00 | | 8,375,500.00 | 41,877,500.00 |
|  | | **4.1. 7.** Ensure adequate staffing of relevant MDAs in implementing sectoral nutrition programmes with skilled and qualified nutritionists | 175,000.00 | - | 175,000.00 | - | | 175,000.00 | 525,000.00 |
|  | | **4.1. 1**. Establish community-based groups to monitor healthy growth, detect child growth faltering, and recommend appropriate actions | **25,330,000.00** | 25,330,000.00 | 25,330,000.00 | 25,330,000.00 | | 25,330,000.00 | 126,650,000.00 |
| **4.2 Providing a Conducive Macro Economic Environment** | | Activities |  |  |  |  | |  |  |
|  | | **4.2. 1.** Incorporate nutrition objectives into MDAs' development policies, plans, and programmes  . | 175,000.00 | - | 175,000.00 | - | | 175,000.00 | 525,000.00 |
|  | | **4.2. 2.** Conduct an analysis of macro-economic and sectoral policies to ascertain its impact on household income, food consumption, and delivery of human services, with a view for policy modification to ameliorate adverse effects  . | 825,000.00 | - | - | - | | 825,000.00 | 1,650,000.00 |
|  | | **4.2.3.** Increase social-sector investment spending on Food and Nutrition and advocate for increase in private sector investment | 225,000.00 | 225,000.00 | 225,000.00 | 225,000.00 | | 225,000.00 | 1,125,000.00 |
|  | | **4.2. 4.** Promote productive capacity through encouraging private sector engagement in food and nutrition related investment | 225,000.00 | 225,000.00 | 225,000.00 | 225,000.00 | | 225,000.00 | 1,125,000.00 |
|  | | **4.2. 5.** Provide an enabling environment(Government incentives [such as ; Tax waiver, grants, land]) for private sector investment in the production of complementary foods for local and nationwide consumption. Re-activation/establishment of school farms/young farmers clubs at primary and secondary school level | 225,000.00 | - | 225,000.00 | - | | 225,000.00 | 675,000.00 |
|  | | **4.2.6**. Convene annual nutrition event of other states | 30,000,000.00 | 30,000,000.00 | 30,000,000.00 | 30,000,000.00 | | 30,000,000.00 | 150,000,000.00 |
|  | | **4.2.7**. Sponsorship of key stakeholders for SUN global event  . | 3,920,000.00 | 3,920,000.00 | - | 3,920,000.00 | | - | 11,760,000.00 |
|  | | **4.2.8**. Sponsorship of key stakeholders for national nutrition conference/workshop | 7,000,000.00 | 7,000,000.00 | 7,000,000.00 | 7,000,000.00 | | 7,000,000.00 | 35,000,000.00 |
| **4.3 Social Protection Programs for the Vulnerable Groups** | | Activities |  |  |  |  | |  |  |
|  | | **4.3. 1.** Expand existing social protection policy in all sectors to address poverty, malnutrition, and health of the most vulnerable groups (such as extending paid maternity leave to six months, increasing no. of motherless babies homes and homes for the elderly) | 1,970,000.00 | 1,970,000.00 | 1,970,000.00 | 1,970,000.00 | | - | 7,880,000.00 |
|  | | **4.3. 2.** Conduct advocacy to promote the 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 group  . | 525,000.00 | 350,000.00 | 350,000.00 | 350,000.00 | | - | 1,575,000.00 |
|  | | **4.3 3.** Advocate and accelerate the implementation of the State Health Insurance Scheme to incorporate the Community Health Insurance health services to vulnerable groups, especially women and children | 630,000.00 | 630,000.00 |  | `-`  630,000.00 | | - | 1,890,000.00 |
| **RESULT AREA 5. RAISING AWARENESS AND UNDERSTANDING OF PROBLEM OF MANUTRITION IN ENUGU STATE** | | | **566,339,950.00** | **202,207,950.00** | **542,884,950.00** | **512,667,950.00** | | **483,047,500.00** | **2,307,148,300** |
| **Education, Social Protection and Wash** | | |  |  |  |  | |  |  |
| **5.1 Promote Advocacy, Communication and Social Mobilization** | | Activities | 36,945,490 | 39,708,790 | 36,245,490 | 33,482,790 | | 36,245,490 | 182,628,050 |
|  | | **5.1. 1.** Develop clear advocacy strategy of engagement with relevant policy makers and stakeholders | 1,020,000.00 | - | 1,020,000.00 | - | | 1,020,000.00 | 3,060,000.00 |
|  | | **5.1. 2.**Create awareness on problems of malnutrition using the mass and social media (such as radio, TV drama, film documentaries, home video, viewing centers, town hall meetings and presentations by advocacy groups, and posters in English and local languages). | 6,072,500.00 | 6,072,500.00 | - | 6,072,500.00 | | 6,072,500.00 | 24,290,000.00 |
|  | | **5.1. 3.** Promote the use of available local varieties of Nutritious food during food demonstrations by local communities | 2,680,000.00 | 2,680,000.00 | 2,680,000.00 | 2,680,000.00 | | 2,680,000.00 | 13,400,000.00 |
|  | | **5.1. 4.** Design and produce harmonised, appropriate BCC materials and research findings on food processing and preservation technology for use in villages and households | 820,000.00 | - | - | - | | - | 820,000.00 |
|  | | **5.1. 5.** Promote Behaviour Change Communication (BCC) for better understanding of food and nutrition security problems for improved food and nutrition practices through Seminars and advocacy visits | 610,000.00 | 1,220,000.00 | - | - | | - | 1,830,000.00 |
|  | | **5.1. 6.** Strengthen collaboration and synergy between relevant MDAs, State & Local Committees on F&N, and between state & non-state actors | 265,000.00 | - | 265,000.00 | - | | - | 530,000.00 |
|  | | **5.1. 7.** Support stakeholders including NAFDAC, SON, EN-RUWASSA, Consumer protection agency, Produce departments, Veterinary dept, and private sectors to set criteria for appropriate standards on nutrition labels for packaged foods. | 765,000.00 | - | - | - | | - | 765,000.00 |
|  | | **5.1. 8.** Advocate for increased monitoring and enforcement that supports compliance with the State regulations on the Code of marketing Breastmilk Substitutes | 167,000.00 | - | 167,000.00 | - | | 167,000.00 | 501,000.00 |
|  | | **5.1 . 9.** Advocacy to LGAs to compliment implementation of home grown School feeding program | 187,500.00 | 187,500.00 | - | 187,500.00 | | - | 562,500.00 |
|  | | **5.1.10.** Scale up implementation of Home-grown School Feeding Programme | 26,884,650.00 | 26,884,650.00 | 26,884,650.00 | 26,884,650.00 | | - | 107,538,600.00 |
|  | | **5.1.10.** Scale up implementation of Home-grown School Feeding Programme | 26,884,650.00 | 26,884,650.00 | 26,884,650.00 | 26,884,650.00 | | - | 107,538,600.00 |
|  | | **5.1. 11.** Erection of Billboards to raise awareness on nutrition across the States/LGAs | 3,060,000.00 |  | 3,060,000.00 | - | | - | 6,120,000.00 |
|  | | **5.1. 12.** Collaborate with network providers like MTN, Airtel, GLO etc. to disseminate nutrition information to the general public | 11,200,000.00 | - | 11,200,000.00 | - | | - | 22,400,000.00 |
|  | | **5.1.13.** Conduct regular budget tracking to evaluate budget performance of F &N in all sectors. | 230,000.00 | 230,000.00 | 230,000.00 | 230,000.00 | | 230,000.00 | 1,150,000.00 |
|  | | **5. 1. 14.** Develop and air TV/Radio jingles and produce leaflets and posters to promote good dietary practices and WASH at household, community levels and schools | 7,728,000.00 | 7,728,000.00 | 7,728,000.00 | 7,728,000.00 | | 7,728,000.00 | 38,640,000.00 |
| **5.2 Promoting Healthy Lifestyles and Dietary habits** | | Activities | 529,800,000 | 53,590,000 | 124,240,000 | 459,150,000 | | 124,240,000 | 1,291,020,000 |
|  | | **5.2.1**. Promote good dietary habits and healthy lifestyles for all age groups through appropriate social marketing and communication strategies | 9,460,000.00 | - | 9,460,000.00 | - | | - | 18,920,000.00 |
|  | | 5.2.2. Establish, disseminate and regularly review food based dietary guidelines for healthy living in the state | 295,000.00 | - | 295,000.00 | - | | - | 590,000.00 |
|  | | 5.2.3.Promote healthy eating habits to reduce the incidence of non-communicable diseases. | 2,400,000.00 | - | 2,400,000.00 | - | | 2,400,000.00 | 7,200,000.00 |
|  | | **5.2. 4**. Promote regular physical activities and medical check up in schools and communities including provision of adequate relevant facilities | 900,000.00 | 900,000.00 | 900,000.00 | 900,000.00 | | 900,000.00 | 4,500,000.00 |
|  | | **5.2. 5.** Establishand strengthen Television programs that demonstrates the preparation of meals to incorporate nutrition considerations | 1,200,000.00 | 1,200,000.00 | 1,200,000.00 | - | | - | 3,600,000.00 |
|  | | 5.2.6. Promote healthy lifestyle for all ages through provision of potable drinking water to villages, households and public places. | 334,050,000.00 | - | 334,050,000.00 | 334,050,000.00 | | 334,050,000.00 | 1,336,200,000.00 |
|  | | 5.2.7. Promote the provision of handwashing facilities to villages, and households to ensure basic hygiene practices and healthy living. | 6,135,300.00 | 6,135,300.00 | 6,135,300.00 | 6,135,300.00 | | - | 24,541,200.00 |
|  | | 5.2. 8. Capacity building of physical and health education, nutrition and other teachers on the need for regular physical exercise & nutrition-related education | 1,240,000.00 |  | 1,240,000.00 |  | |  | 2,480,000.00 |
|  | | 5.2.9. Promote the wellbeing of Enugu State People's living with Disability (PLWD) O.V.C. (Orphan and vunerable children) Elderly, children home, widows and all pre-nursery and nursery schools. | 81,900,000.00 | 81,900,000.00 | 81,900,000.00 | 81,900,000.00 | | 81,900,000.00 | 409,500,000.00 |
|  | | 5.2.10. Promote the wellbeing of sexually assaulted/raped victims, beggers and lunatics. | 45,900,000.00 | 45,900,000.00 | 45,900,000.00 | 45,900,000.00 | | 45,900,000.00 | 229,500,000.00 |
| **5.3: Research in Nutrition** | |  |  |  |  |  | |  |  |
|  | | **5.3. 1**. Promote research on development of Nutritious diets from locally available staple foods for improved utilization and nutrition | 5,000,000.00 | 5,000,000.00 | 5,000,000.00 | - | | - | 15,000,000.00 |
|  | | **5.3. 2.** Promote, support, and disseminate research findings on food processing and preservation technologies for adaptation at the village and household levels | 1,170,000.00 | 1,170,000.00 | 1,170,000.00 | - | | - | 3,510,000.00 |
|  | | 5.3.3. produce a complete food-composition table for locally available food and agricultural produce. | 5,000,000.00 | 5,000,000.00 | - | - | | - | 10,000,000.00 |
|  | | 5.3.4. promote research of local food production and increase the value chain. | 5,000,000.00 | 5,000,000.00 | - | - | | - | 10,000,000.00 |
|  | | 5.3.5. Engage in periodic conduct of food consumption and nutrition survey to track policy impact. | 5,000,000.00 | 5,000,000.00 | - | - | | - | 10,000,000.00 |
| **RESULT AREA 6. RESOURCE ALLOCATION FOR FOOD AND NUTRITION SECURITY AT LEVELS** | | | 139,563,600 | 81,098,800 | 81,098,800 | 127,368,800 | | 81,098,800 | 510,228,800 |
| 6.1  **Resource allocation for Food and Nutrition Security at all levels** | | Activities |  |  |  |  | |  |  |
|  | | **6.1.1.** Ensure adequate implementation of the policy through sufficient budgetary allocation and timely release of funds. | 8,480,000.00 | 8,480,000.00 | 8,480,000.00 | 8,480,000.00 | | 8,480,000.00 | 42,400,000.00 |
|  | | **6.1.2.** Strengthen the coordination capacity of the Ministry of Budget and Planning (MBP) in the state and its Local Government counterparts with the required resources (human, financial, and material) for effective management and coordination of the policy | 5,081,000.00 | 5,081,000.00 | 5,081,000.00 | 5,081,000.00 | | 5,081,000.00 | 25,405,000.00 |
|  | | **6.1.3.** Strenghten the capacity of MBP to mobilise resources for Food & Nutrition interventions | 5,081,000.00 | 5,081,000.00 | 5,081,000.00 | 5,081,000.00 | | 5,081,000.00 | 25,405,000.00 |
|  | | **6.1.4.** Conduct assessment at all levels on determinants of low financial investments in Food & Nutrition programs compared to other life-saving interventions in partnership with private sector | 1,900,000.00 | - |  | 1,900,000.00 | | - | 3,800,000.00 |
|  | | **6.1.5.** Conduct regular budget tracking, apply lessons learnt to all-levels of Food &Nutrition budgeting processes. | 11,658,500.00 | 11,658,500.00 | 11,658,500.00 | 11,658,500.00 | | 11,658,500.00 | 58,292,500.00 |
|  | | **6.1.6.** Develop Score Cards of lessons learnt on Budget tracking & apply to SPFAN plan  . | 11,658,500.00 | 11,658,500.00 | 11,658,500.00 | 11,658,500.00 | | 11,658,500.00 | 58,292,500.00 |
|  | | **6.1.7.** Organize quarterly Nutrition Partners meetings at all levels | 8,640,000.00 | 8,640,000.00 | 8,640,000.00 | 8,640,000.00 | | 8,640,000.00 | 43,200,000.00 |
|  | | **6.1. 8.** Organize quarterly meetings of committee on Food and nutrition at all levels | 8,640,000.00 | 8,640,000.00 | 8,640,000.00 | 8,640,000.00 | | 8,640,000.00 | 43,200,000.00 |
|  | | **6.1. 9.**Support participation of SCFN at NNN | 3,500,000.00 | 3,500,000.00 | 3,500,000.00 | 3,500,000.00 | | 3,500,000.00 | 17,500,000.00 |
|  | | **6.1. 10.** Advocate,produce and disseminate State policy on Food and Nutrition and the Plan of Action at the State Levels | 1,095,000.00 | - | - | - | | - | 1,095,000.00 |
|  | | **6.1.11.** Advocate for the Creation of budget lines on food and nutrition activities in MDAs/LGAs and ensure timely release of funds | 44,370,000.00 | - | - | 44,370,000.00 | | - | 88,740,000.00 |
|  | | **6.1.12.** Build the capacity of Nutrition desk officers in MDAs/LGAs through training & retraining on resource mobilisation and allocation | 9,933,600.00 | 4,966,800.00 | 4,966,800.00 | 4,966,800.00 | | 4,966,800.00 | 29,800,800.00 |
|  | | **6.1.13.** Conduct research, monitoring & evaluation on food and nutrition activities in collaboration with partners and the private sector | 7,610,000.00 | 7,610,000.00 | 7,610,000.00 | 7,610,000.00 | | 7,610,000.00 | 38,050,000.00 |
|  | | **6.1. 14.** Build the capacity of Nutrition implementers (OICs, NFPs, M & E, agric extension officers and other nutrition officers/ workers at both state andLocal Government levels of different sectors on the use of tools for captuing of Nutrition activities | 10,866,000.00 | 5,433,000.00 | 5,433,000.00 | 5,433,000.00 | | 5,433,000.00 | 32,598,000.00 |
| 6.2 **Incorporating nutrition objectives into MDAs development policies, plans and programmes** | | **6.1.12.** Build the capacity of Nutrition desk officers in MDAs/LGAs through training & retraining on resource mobilisation and allocation | 9,933,600.00 | 4,966,800.00 | 4,966,800.00 | 4,966,800.00 | | 4,966,800.00 | 29,800,800.00 |
|  | | **6.2.1.** Conduct high level advocacy and awareness campaign on the multisectoral nature of nutrition | 700,000.00 | 175,000.00 | 175,000.00 | 175,000.00 | | 175,000.00 | 1,400,000.00 |
| **6.3 Analyzing macro economics and sectoral policies in terms of their potential consequences for household income, food consumption delivery of human services and nutritional well being** | | **6.3. 1.** Build synergy and collaboration between the line Ministries and the international community to lobby for investment in nutrition | 350,000.00 | 175,000.00 | 175,000.00 | 175,000.00 | | 175,000.00 | 1,050,000.00 |

# ANNEX II : Consolidated ESMPFAN Logical Framework and Action Plan

Table 8: Consolidated ESMPFAN Logical Framework and Action Plan

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | **Vision Statement: A State 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.** | | | | | |  |
|  | | **Goal:** To attain optimal nutritional status for all Enugu State residents, with particular emphasis on the most vulnerable groups such as children, adolescence, women, elderly and groups with special nutritional needs. | | | | | |  |
|  | | **ResultArea1:** Food and Nutrition Security | | | | | |  |
|  | | **Objective:** To improve food Security at the National, Community and Household Levels. | | | | | |  |
|  | | **Target:** Reduce the proportion of people who suffer hunger and Malnutrition by 50%by 2025**.** | | | | | | |
| **Intervention Narrative** | **Medium Term Targets** | | **Activities Narrative** | **Indicators** | **EXPECTED OUTPUT** | **EXPECTED INTERMEDIATE OUTCOME** | **Responsible MDA** | **Collaborating MDA (s)** |
| **1. Ensuring Food and Nutrition Security at the State, Community and Household levels** | Food and Nutrition 25% by 2023 | | **1.1.1.** Promote commercial food production by empowering farmers' cooperatives / clusters and private commercial farmers at the LGAs and community level | 1. No of farmers' cooperatives/clusters registered. 2. No of farmers' cooperative/clusters empowered. 3. No of private commercial farmers reached | Promotion of commercial food production | Increased production of commercial food leading to reduced number of people who suffer hunger and malnutrition | MANR | MST,ENADEP, SCFN, |
|  |  | | **1.1. 2.** Scale-up the production, and promote the consumption of Vitamin A, and micronutrient rich foods (orangeflesh sweet potato, pro-vitamin A cassava, yellow maize | 1. No of Farmers reached . 2.. No of Inputs (Vitamin A richn foods distributed. | Production and consumption of Vitamin A and micronutrient rich foods |  | MANR | MCI & , MST |
|  |  | | 1.1. 3. Carry out Advocacy to relevant financial Institutions to enhance increased access to Credit facilities for farmers specially women to expand farm operations (reduced interest rates and collaterals). | 1. No of advocacy visits carried out. 2. No of women farmers accessing credit facilities | Advocacy to relevant financial Institutions to enhance increased access to Credit facilities for farmers specially women |  | MANR | SCFN, MCI |
|  |  | | 1.1. 4. Build the capacity of Agric Extension Officers on improved techniques in crop and animal production | 1. No of Agric Extension officers trained 2. No of training sessions carried out | capacity of Agric Extension Officers on improved techniques in crop and animal production built |  | MANR | SCFN, MST |
|  |  | | 1.1. 5. Advocacy to House of Assembly Committee on Agriculture and Food Sufficiency on extension of legislation on food fortification, processing and value chain | 1. No of Advocacy visits carried out 2. No of legislation enacted | Advocacy to House of Assembly Committee on Agriculture and Food Sufficiency on extension of legislation on food fortification |  | MANR | SCFN, MST |
|  |  | | 1.1. 6. Follow up on proposed bills on food fortification, processing and value chain | 1. No of proposed bills on food fortificcation, processing and value chain passed. | proposed bills on food fortification, processing and value chain followed up |  | MST | SCFN,MANR, HA, NAFDAC, MoH |
|  |  | | 1.1. 7. Sensitize and Support the establishment of homestead farms by rural women farmers | 1. No of sensitization seminars/workshops carried out 2. No of homestead farms established by rural women farmers | establishment of homestead farms by rural women farmers supported |  | MANR | SCFN, ENADEP,MGASD, MST |
|  |  | | 1.1.8. Stage agricultural shows and exhibitions in the state and also in all 17 LGAs of the state | 1. No of agricultural shows/exhibitions staged at state level 2. No of LGs that staged at least one agric show | agricultural shows and exhibitions in the state and also in all 17 LGAs of the state |  | MANR | MGASD, MST,SCFN, ENADEP |
| **Strategy 1.2: Increasing Availability, Accessibility and Affordability to Food** | Availability, Accessibility and Affordability to Food increased by 20% by 2023 | | 1.2.1.. Provide Support to increase hectrage of land under cultivation of crops, livestock farming and fisheries through Government, communities and individuals | 1. No of agricultural programmes targeting youth and women. 2. No of individuals and communitieis supported to increase production of crops, livestock and fisheries | hectrage of land under cultivation of crops, livestock farming and fisheries supported and incresed |  | MANR | SCFN, MoL |
|  |  | | 1.2.2 Provision of small ruminant starter packs (5 sheep/goats, concentrates, minerals and vitamins, vaccines and drugs) to women farmers | 1. No of Ruminant animals distributed; 2. No of vaccines/drugs / Vet. Technical services given out. | small ruminant starter packs to women farmers provided |  | MANR | SCFN, MST,MoB & P,MoL |
|  |  | | 1.2.3.Build the capacity of specialized farmer's cooperatives across the state( production, processing and distribution) on farm produce. | 1. No of capacity-building seminars/workshops held 2. No of specialized farmers reached during trainings | capacity of specialized farmer's cooperatives across the state built |  | MANR | SCFN, MST |
|  |  | | 1.2.4. Provide improved planting materials (staple crops including Plantain, Banana and Pineapples , maize and cassava cuttings) and livestock /fisheries inputs to farmers across the state to improve food production. | 1.No of farmers reached with improved planting materials 2. No of farmers reached with improved livestock/fisheries input | improved planting and livestock /fisheries inputs to farmers provided |  | MANR | SCFN, ENADEP, MST |
|  |  | | 1.2.5. Conduct Advocacy to Rural Access Mobilisation programme (RAMP) and relevant MDAs for rehabilitation of dilapidated feeder roads and construction of new ones for easy evacuation of farm produce | 1. No of advocacy visits to relevant state projects and MDAs | Advocacy to Rural Access Mobilisation programme (RAMP) and relevant MDAs for rehabilitation of dilapidated feeder roads and construction of new ones |  | MOW | SCFN, , MANR |
| **1.3: Improving Food Harvesting, Processing and Preservation** | Increase Food Harvesting, Processing and Preservation by 30% by 2025 | | 1.3.1.Provision of smoking kilns to clusters of small scale fish processors /farmers | 1. No of smoking kilns provided to processors 2. No of small scale fish farmers/processor clusters reached |  |  | MANR | SCFN,MCI |
| **1.4: Improving Food Preparation and Quality** | Food Preparation and Quality improved by 30% by 2023 | | 1.4.1. Carry out Advocacy to relevant MDAs on the need for periodic inspection of food preparation/wastes management in Restaurants, Bakeries, Eatries and Food vendors | 1. No of advocay meetings carried out | Advocacy to relevant MDAs on the need for periodic inspection of food preparation/wastes management conducted |  | MANR | SCFN, MST,MoH |
|  |  | | 1.4.2. Conduct Sensitization and demostration on food handling and safety practices to women and youth groups across the 6 Agricultural zones in the State. | 1. No of sensitization seminars/workshops carried out 2. No of senatorial districs covered | Sensitization and demostration on food handling and safety practices to women and youth groups conducted |  | MANR | SCFN, MGASD,MoH, H &TB |
| **Strategy 1.6: School-based Strategies** |  | | 1.6.1. Inclusion of nutrition education in early child care, primary and post primary school curricula | 1. No of advocacy visits to relevant MDA/agencies to effect inclusion | nutrition education include in early child care, primary and post primary school curricula |  | MoE | SCFN, MGASD |
|  |  | | 1.6.2. Provision of agro-based teaching aids in primary and secondary schools | 1. No of agro-based teaching aids provided 2. No of schools that were reached | agro-based teaching aids in primary and secondary schools provided |  | MoE | MANR, SCFN, MGASD |
|  |  | | 1.6.3. Conduct periodic school quiz and debates on food and nutrition | 1. No of school quizzes/debates organized | periodic school quiz and debates on food and nutrition conducted |  | MoE | MANR, SCFN, MGASD |
|  |  | | 1.6.4.Awareness creation and sensitization of Head Teachers and relevant MDAs on establishment of school farms. | 1. No of awareness/sensitization meeting carried out | Head Teachers and relevant MDAs sensitized on establishment of school farms |  | MoE | MANR, SCFN, MoI & C |
|  |  | | 1.6.5 Support the establishment of school farms | 1. No of advocacy visits to relevant state projects and MDAs | establishment of school farms supported |  | MoE | MANR, SUBEB, ENADEP, SCFN |
|  |  | | 1.6.6 Support the establishment of Young Farmers clubs at primary and secondary school level | 1. No of Young Farmers clubs established in schools | establishment of Young Farmers clubs at primary and secondary school level supported |  | MoE | MANR, ENADEP, SCFN |
|  |  | | 1.6.7 Conduct Training and retraining on food and nutrition to augment the capacity of Agric and Home Economics Teachers in primary and Post primary schools | 1. No of training sessions carried out | Conduct Training and retraining on food and nutrition to augment the capacity of Agric and Home Economics Teachers in primary and Post primary schools conducted |  | MoE | MANR, ENADEP, SCFN |
|  |  | | 1.6.8. Advocate Policy Makers for the extension of school feeding programmes to primary 4 to 6 in public schools. | 1. No of advocacy visits to policy makers carried out | Advocacy Policy Makers for the extension of school feeding programmes to primary 4 to 6 in public schools conducted |  | MoE | MANR, SCFN |
|  |  | | 1.6.9 Conduct periodic monitoring of the school feeding programme in the state | 1. No of monitoring visits carried out on the school feeding program in the state | periodic monitoring of the school feeding programme conducted |  | MoE | SCFN, SUBEB, MED |
|  | Result Area 2: **ENHANCNG CAREGIVING CAPACTY** | | | | | | |  |
|  | **Objective: To reduce undernutrition among infants and children, adolescents and women of reproductive age** | | | | | | |  |
|  | **Target: Increase by 50% households with relevant nutrition knowledge and practice that improve their nutritional status** | | | | | | |  |
| **Intervention Narrative** | **Targets** | | **Activities Narrative** | **Indicators** | **EXPECTED OUTPUT** | **EXPECTED INTERMEDIATE OUTCOME** | **Responsible MDA** | **Collaborating MDA (s)** |
| **1Ensure Optimal Nutrition in the**  **First 1,000 Days of life.** | Increase Optimal Nutrition in the first 1,000 Days of life by 50% by 2025. | | 2.1.1. Advocate for legislation of the prolongation of maternity leave and enactment of paternity leave | 1. No of advocacy vists 2. No of Legislations enacted | Advocacy for legislation of the prolongation of maternity leave and enactment of paternity leave | Child survival, growth and development improved | MGASD | ESHA, SCFN, MoH |
|  |  | | 2.1. 2. Provide incentives to pregnant women, mothers and other care givers to motivate utilization of health facilities | 1. No of pregnant women, caregivers and mothers that received incentives 2. No of pregnant women, mothers and other care givers assessing care | incentives to pregnant women, mothers and other caregivers to motivate utilization of health facilities provided |  | MGASD | SCFN, MOH, MGASD, |
|  |  | | 2.1. 3. Sustain On-going Iron-folic acid supplementation for pregnant women during MNCH Weeks | No pregnant women that received Iron Folate during MNCH weeks | folic acid supplementation for pregnant women during MNCH Weeks sustained |  | MoH | LGSC, SCFN |
|  |  | | 2.1. 4. Support Routine Iron-folic acid supplementation for pregnant women | No pregnant women that received IFA during routine antenatal services | Routine Iron-folic acid supplementation for pregnant women during ANC supported |  | MoH | LGSC, HMB, SCFN |
|  |  | | 2.1. 5. Strengthen vitamin A supplementation during MNCHW for under-5 children | % of eligible children that received Vitamin A during routine services | vitamin A supplementation and De-worming during MNCHW for children 6 – 59 mths strengthened |  | MoH | LGSC, HMB, SCFN |
|  |  | | 2.1. 6. Support Routine Vitamin A supplementation for under-5 children | % of eligible children that received vitamin A during MNCH weeks | Routine Vitamin A supplementation for children 6 – 59mhts supported |  | MoH | LGSC, HMB, SCFN |
|  |  | | 2.1. 7. Build capacity to promote women’s nutritional status through Dietary Counseling during Adolescence, Pregnancy and Lactation | Number Of adolescents, pregnant women and lactating mothers that receive dietary counseling. | capacity of health workers to promote women’s nutritional status supported |  | MoH | HMB,MGASD, SCFN |
|  |  | | 2.1. 8. Promote Early initiation of breastfeeding within 1 hour of delivery | % of children who were put to breast within 1 hour of birth | Early initiation of breastfeeding within 1 hour of delivery promoted |  | MoH | HMB,MGASD, SCFN |
|  |  | | 2.1. 9. Promote and Support Exclusive Breastfeeding from 0 to 6 months and continued breastfeeding up to 2 years and beyond | 1.% of children who were exclusively breastfed  2. % of children 6 - 24 months on continued breastfeeding up to 2 years and beyond | Exclusive Breastfeeding from 0 to 6 months and continued breastfeeding up to 2 years and beyond promoted and supported |  | MoH | LGSC, HMB, SCFN, MGASD |
|  |  | | 2.1. 10. Train health facilities staff at all levels on lactation management. | No of health facility staff trained on Lactation Management | health facilities staff at all levels on lactation management trained |  | MoH | LGSC, HMB, SCFN |
|  |  | | 2.1. 11. Promote the establishment of Baby Friendly Centers in health facilities and public places. | 1. No of designated Baby Friendly Health Facilities 2. No. of Public places with Breastfeeding corners. | establishment of Baby Friendly Centers in health facilities and public places promoted |  | MoH | HoS,LGSC, HMB, SCFN,MGASD, |
|  |  | | 2.1. 12. Promote the establishment of food demonstration corners in the health facilities | Number of health facilities with functional food demonstration corners | establishment of food demonstration corners in the health facilities promoted |  | MoH | HMB, SCFN, LGSC,ENADEP |
|  |  | | 2.1. 13. Scale up C-IYCF training and counseling for optimal infant and young child feeding. | 1. Number of ward training conducted per LGA on C-IYCF counselling. | Emergency Managers on mainstreaming Nutrition in Feeding Programmes targeted at the vulnerable groups in Emergency Situations trained |  | MoH | SCFN, LGSC |
|  |  | | 2.1.14. Ensure the establishment of crèches in all work places having more than 10 women in public and private sectors to promote Exclusive Breastfeeding. | 1. Proportion of MDAs with established crèches  2. Number of private sector organistions with established creches | establishment of crèches in all work places having more than 10 women in public and private sectors |  | MGASD | HoS,LGSC, HMB, SCFN,MoH, |
|  |  | | 2.1.15. Conduct Social and Behaviour Change Communcation activities on IYCF targeted at pregnant women, and caregivers at the health facilities | 1. No of dialogues conducted. 2. No of adolescents, pregnant women and caregivers reached quarterly 3. No of IEC materials produced and distributed | Social and Behaviour Change Communcation activities on IYCF targeted at pregnant women, and caregivers at the health facilities conducted |  | MoH | SCFN, MGASD,FBOs |
|  |  | | 2.1. 16. Sensitization of adolescents, care givers especially grandmothers, mothers- in- law on optimal nutrition practices. | 1. No of sensitization conducted 2. No of adolescents, care givers , especially grandmothers and mother-in-laws reached quarterly | adolescents, care givers especially grandmothers, mothers- in- law sensitized on optimal nutrition practices |  | MGASD | SCFN, MoH |
|  |  | | 2.1. 17. Promote and mount campaigns aimed at changing attitudes and practices of food sharing in favour of mothers and children. | No of campaigns aimed at changing attitudes and practices of food sharing in favour of mothers and children | campaigns aimed at changing attitudes and practices of food sharing in favour of mothers and children mounted |  | MGASD | SCFN, MoH |
|  |  | | 2.1.18 Printing and distribution of IYCF Key Messages Booklets (KMB), Counselling Cards (CC), Take Home Brochures (THB), Breastfeeding (BF) and Complementary Feeding (CF) Posters. | 1. No of IYCF KMB, CC, THB, BF and CF posters printed and distributed. | IYCF Key Messages Booklets (KMB), Counselling Cards (CC), Take Home Brochures (THB), Breastfeeding (BF) and Complementary Feeding (CF) Posters printed and distribution |  | MGASD | SCFN, MoH |
|  |  | | 2.1.19 Production and airing of jingles on breastfeeding and complementary feeding (English and Igbo). | 1. No of jingles produced 2. No of radio stations airing the jingles weekly. | Jingles on breastfeeding and complementary feeding (English and Igbo) produced and aired |  | MGASD | SCFN, MoH |
| **2. Caring for the Socioeconomically Disadvantaged and Nutritionally Vulnerable** |  | | 2.2.1. Engage traditional, religious and opinion leaders to support community level action in nutritional care of vulnerable groups | 1. No of dialogues conducted  2. No of traditional, religious and opinion leaders at meetings. | traditional, religious and opinion leaders to support community level action in nutritional care of vulnerable groups engaged |  | MoH | HMB, SCFN, NAFDAC |
|  |  | | 2.2.2. Develop and institutionalize poverty alleviating schemes/projects to empower Vulnerable households | 1. No of schemes developed  2. No of households that have benefitted from the schemes | Poverty alleviating schemes/projects to empower Vulnerable households developed and institutionalized |  | MoH | SCFN LGSC, CS-SUNN,MOCM |
|  |  | | 2.2.6.Train Caregivers in Orphanages in the State on assessment of nutritional status and appropriate infant and young child feeding practices | 1. No of caregivers in orphanages trained to assess nutritional status  2. No of orphanages involved in the training | Caregivers in Orphanages in the State on assessment of nutritional status and appropriate infant and young child feeding practices trained |  | MOCM | SCFN LGSC, CS-SUNN,MGASD, FBOs |
|  |  | |  |  |  |  |  |  |
|  | 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% by2025. | | | | | | |  |
| **Intervention Narrative** | **Targets** | | Activities Narrative | **Indicators** | **EXPECTED OUTPUT** | **EXPECTED INTERMEDIATE OUTCOME** | **Responsible MDA** | **Collaborating MDA (s)** |
| **Enhancing provision of quality, Health services** | **20% reduction of morbidity and mortality rate by**  **2020** | | 3.1.1 Provide health education to adolescent girls and pregnant women (on adequate nutrition, health seeking behaviour, health promoting behaviours, Non-Communicable Diseases) at health facilities, schools, town hall meetings and churches. | 1. Number of adolescent girls who received health education annually 2. Number of pregnant women who received health education annually | health education to adolescent girls and pregnant women provided | Morbidity and Mortality Reduced | MoH | MoE,SCFN, MGASD |
|  |  | | 3.1.2 Purchase of equipment for outreaches, advocacy, health education | Equipment avaiable at ESCFN secretariat | equipment for outreaches, advocacy, health education purchased |  | SCFN | MBP |
|  |  | | 3.1.3 Advocacy visits to traditional rulers, religious leaders, commissioners of relevant MDAs | 1. No of advocacy visits carried out to traditional rulers  2. No of advocacy visits carried out to religious leaders  3. Number of advocacy visits carried out to commissioners of MDAs | Advocacy visits to traditional rulers, religious leaders, commissioners of relevant MDAs conducted |  | MBP | MoH,SCFN |
|  |  | | 3.1.4 Advocacy visits to State government to pass legislation on 6 month maternity, paternity leave of 2 weeks, enforcement of maternity leave, building of creches in public and private offices with >10 female employees, Enforcement of BM code | Number of advocacy visits carried out to state Government 2.Evidence of 6 month maternity leave 3.Evidence of 2 week paternity leave 4.Number of creches built in public offices 5.Number of creches built in private offices | Advocacy visits to State government to pass legislation on 6 month maternity, paternity leave of 2 weeks, enforcement of maternity leave, building of creches in public and private offices with >10 female employees, Enforcement of BM code conducted |  | MBP | MGASD,MoH, SCFN |
|  |  | | 3.1.5 Advocacy visit LGA chairmen to support nutrition interventions in their LGAs | 1. No of Advocacy visits carried out to LGA chairman | Advocacy visit LGA chairmen to support nutrition interventions in their LGAs conducted |  | MBP | MoH,SCFN |
|  |  | | 3.1.6 Training of public health workers on assisted delivery, growth monitoring, data management, active case finding on CMAM and MAM. | 1. No of health workers trained on assisted delivery, growth monitoring etc. | Training of public health workers on assisted delivery, growth monitoring, data management, active case finding on CMAM and MAM conducted |  | MoH | SCFN |
|  |  | | 3.1.7 Supportive supervision of public health workers on assisted delivery, growth monitoring, data management | 1. No of supportive supervisory visits for public HCWs annually 2. No of ISS reports submitted annually | Supportive supervision of public health workers on assisted delivery, growth monitoring, data management conducted |  | MoH | SCFN |
|  |  | | 3.1.8 Capacity building of faith based organisations for key messages on nutrition care and household practices | 1. No of meetings with FBOs 2. No of reports on FBO engagement | Capacity building of faith based organisations for key messages on nutrition care and household practice built |  | MoH | SCFN |
|  |  | | 3.1.9 Annual Baby shows at LGA levels as part of World breastfeeding week celebration. | 1. No of LGA baby shows conducted annually | Annual Baby shows at LGA levels as part of World breastfeeding week celebration conducted |  | MoH | SCFN, LGSC |
|  |  | | 3.1.10 Annual Baby shows at state levels as part of World breastfeeding week celebration. | 1. No of State baby shows annually | Annual Baby shows at state levels as part of World breastfeeding week celebration conducted |  | MoH | SCFN, LGSC |
|  |  | | 3.1.11 Engagement and Partnership with CBOs, CSOs on advocacy, | 1. No of engagement meetings with CSOs, CBOs 2. Number of activities carried out in partnership with CSOs, CBOs | CBOs, CSOs engaged on advocacy |  | MBP | MoH,LGSC |
|  |  | | 3.1.12 Capacity building of TBAs on MIYCN ( EBF, complementary feeding) case finding & referral and HIV/AIDS mgt to encourage best practices. | 1. No of TBAs trained on MIYCN | Capacity of TBAs on MIYCN ( EBF, complementary feeding) case finding & referral and HIV/AIDS mgt built |  | MoH | SCFN |
|  |  | | 3.1.13 Capacity building of EHOs in rural areas for inspection of food processing facilities and markets, enforcement of sanitation exercises, Domesticate food handling guidelines, capacity building (inspection, fines, production of abatement notices) | 1. No of EHOs trained 2. No of EHOS supplied with modified EHO guideline 3. No of households served with abatement notices 4. no of food processing facilities inspected yearly | Capacity of EHOs in rural areas for inspection of food processing facilities and markets, enforcement of sanitation exercises, Domesticate food handling guidelines, capacity building (inspection, fines, production of abatement notices) built |  | MoH | SCFN, MoST |
|  |  | | 3.1.14 Annual engagement with women leaders across all LGAs to address the roles of women in nutrition sensitive interventions | 1. No of meetings with LGA women leaders | Annual engagement with women leaders across all LGAs conducted |  | MGASD | MoH,SCFN,LGSC |
|  |  | | 3.1.15 Strengthen nutrition data collection system across all public health facilities | 1. No of health centers regularly reporting nutrition data | nutrition data collection system across all public health facilities strengthened |  | MoH | M&E, SCFN |
|  |  | | 3.1.16 Training of private health workers on MIYCN (i.e. EBF, complementary feeding) case finding & referral and HIV/AIDS mgt to encourage best practice | 1. No of private health workers trained on MIYCN | private health workers trained on MIYCN (i.e. EBF, complementary feeding) case finding & referral and HIV/AIDS mgt |  | MoH | SCFN,NACA |
|  |  | | 3.1.17 ISS for private health workers on MIYCN (EBF, complementary feeding) case finding & referral and HIV/AIDS mgt to encourage best practices. | 1. No of ISS exercises carried out yearly 2. No of private facilities receiving ISS visits yearly | ISS for private health workers on MIYCN (EBF, complementary feeding) case finding & referral and HIV/AIDS mgt conducted |  | MoH | SCFN |
|  |  | | 3.1.18 Training of nutrition focal persons for revitalization of Breastfeeding support groups within villages/ communities across all LGAs | 1. No of NFPs trained 2. Number of functional BF support groups per ward | Training of nutrition focal persons for revitalization of Breastfeeding support groups within villages/ communities across all LGAs conducted |  | MoH | SCFN, LG |
| **Preventing and Managing** **Nutrition Related Diseases** |  | | 3.2.1 Community Nutrition outreaches to address nutrition issues such as CMAM, male involvement, MIYCN and family planning | 1. No of community outreaches carried out yearly | Community Nutrition outreaches to address nutrition issues established |  | MoH | SCFN |
|  |  | | 3.2.2 Establishment of focal facilities for Management of SAM; 2 facilities per LGA with capacity for management of SAM and MAM (staffing, training on use of RUTF) | 1. No of CMAM centers established in the state 2. No of children managed for SAM in state | focal facilities for Management of SAM; 2 facilities per LGA with capacity for management of SAM and MAM established |  | MoH | CMAM,SCFN |
|  |  | | 3.2.3 Establishment of nutrition corners in all public health facilities | 1. No of public health centers with nutrition corners | nutrition corners in all public health facilities established |  | MoH | SCFN |
|  |  | | 3.2.4. Establishment of nutrition clubs in all public and private secondary schools in the state | 1. No of functional nutrition clubs in public secondary schools in the state 2. Number of functional nutrition clubs in private schools in the state. | nutrition clubs in all public and private secondary schools in the state established |  | MoE | MoH, SCFN |
| **Preventing Micronutrient Deficiency** |  | | 3.3.1. Maintain and increase supply and availability of iron, folate tabs for pregnant mothers supplementation during ante natal visits | 1.No of pregnant women who received iron supplements at ANC 2. No of pregnant women who received folate tabs at ANC | supply and availability of iron, folate tabs for pregnant mothers supplementation during ante natal visits maintained and increased |  | MoH | SCFN, UNICEF |
|  |  | | 3.3.2 Production of Enugu State child health cards for 1 - 5 year old children | 1. No of health facilities using 1 - 5 year old health cards 2. No of health cards produced and distributed annually | Enugu State child health cards for 1 - 5 year old children produced |  | MoH | M&E,SCFN |
|  |  | | 3.3.4 Annual household nutritional survey (salt quality, obesity etc) | 1. nutritional survey conducted annually | Annual household nutritional survey (salt quality, obesity etc) conducted |  | MoH | SCFN |
|  |  | | 3.3.5 Strengthen biannual implementation of MNCH week | 1. No of MNCH week activities conducted annually | biannual implementation of MNCH week strengthened |  | MoH | SCFN |
| **Protecting the Consumer through improved food quality and safety** |  | | 3.4.1. Establishment of food processing and preservation centers in every LGA | 1. No of advocacy visits to relevant MDA/agencies to effect inclusion 2. No of prcessing centres established | food processing and preservation centers in every LGA established |  | MoST | MANR, Moh, SCFN |
|  |  | |  |  |  |  |  |  |
|  | **Result Area 4: IMPROVING CAPACITY TO ADDRESS FOOD AND NUTRITION INSECURITY** | | | | | | |  |
|  | **Objective: To improve food Security at the National, Community and Household Levels** | | | | | | |  |
|  | **Target:** Reduce the proportion of people who suffer hunger and Malnutrition by 50%by 2025**.** | | | | | | |  |
| **Intervention Narrative** | **Targets** | | **Activities Narrative** | **Indicators** | **EXPECTED OUTPUT** | **EXPECTED INTERMEDIATE OUTCOME** | **Responsible MDA** | **Collaborating MDA (s)** |
| **Assessing, Analyzing and Monitoring Nutrition situations** |  | | **4.1. 1**. Establish community-based groups to monitor healthy growth, detect child growth faltering, and recommend appropriate actions | 1. No. of groups established 2. No. of monitoring visits undertaken 3. No. of children reached 4. Anthropometric Indices (stunting, wasting, underweight) | Community-based groups to monitor healthy growth, detect child growth faltering, and recommend appropriate actions established | Increased knowledge and use of functional traditional food diets and underutilized foods | MoH | MOE, Academia |
|  |  | | **4.1. 2**. Promote community participation to assess, analyse, and take appropriate actions to address food and nutrition problems through key opinion leaders - Paramount Rulers ,Village Heads, Community Health Extension Workers , religious leaders, women groups, age grades,political leaders, CBOs, NGOs and other advocacy Groups. | 1. No. of advocacy meetings held 2. No. of community members reached | Community participation to assess, analyse, and take appropriate actions to address food and nutrition problems promoted |  | MoH | MBP/SCFN,MoE, Academia, MoI |
|  |  | | **4.1. 3.** Conduct training and retraining of State and Community Based Agencies and Organizations and all those involved in the planning and implementation of food and nutrition programmes and activities. | 1. No. of trainings conducted 2. No. of people trained 3. No of MDAs and organizations involved as trainees | Training and retraining of State and Community Based Agencies and Organizations and all those involved in the planning and implementation of food and nutrition programmes and activities conducted |  | MoE | MBP/SCFN, MoH, Academia |
|  |  | | **4.1. 4**. Develop and strengthen the effective planning and managerial capacity of state government as well as local government authorities (LGAs) to address food and nutrition problems through advocacy | 1. No. of advocacy meetings held 2. No. of government officials reached | State government as well as local government authorities (LGAs) to address food and nutrition problems through advocacy strengthened |  | MoE | MoH, SCFN, MLG, Academia |
|  |  | | **4.1. 5.** Institute/strengthen mechanism for regular review of nutrition curricula in primary, secondary, tertiary and vocational institutions | No. of curricula review meetings held No. of curriculum produced | Mechanism for regular review of nutrition curricula in primary, secondary, tertiary and vocational institutions strengthened |  | MoE | SCFN, Academia |
|  |  | | **4.1. 6.** Conduct training and re-training of Nutritionists, Nutrition Desk Officers and other relevant service providers to improve their capacity for food and nutrition programme management | 1. No. of trainings conducted 2. No. of nutritionists trained | Training and re-training of Nutritionists, Nutrition Desk Officers and other relevant service providers to improve their capacity for food and nutrition programme management conducted |  | MoH | MBP/SCFN, Academia |
|  |  | | **4.1. 7.** Ensure adequate staffing of relevant MDAs in implementing sectoral nutrition programmes with skilled and qualified nutritionists | No. of skilled and qualified nutritionists recruited/deployed to relevant MDAs | Adequate staffing of relevant MDAs in implementing sectoral nutrition programmes with skilled and qualified nutritionists |  | MoE | SCFN, MoH, Academia |
| **Providing a conducive Macro Economic Environment** |  | | **4.2. 1.** Incorporate nutrition objectives into MDAs' development policies, plans, and programmes | 1. No of MDAs that have developed and incorporated nutrition objectives into their Policies, Plans and Programmes 2. No. of MDAs with Nutrition desk | nutrition objectives incorporated into MDAs' development policies, plans, and programmes |  | MoH | MBP/SCFN, MoE |
|  |  | | **4.2. 2.** Conduct an analysis of macro-economic and sectoral policies to ascertain its impact on household income, food consumption, and delivery of human services, with a view for policy modification to ameliorate adverse effects | No. of macroeconomic policies identified, reviewed and analysed | Analysis of macro-economic and sectoral policies to ascertain its impact on household income, food consumption, and delivery of human services, conducted |  | MED | SCFN, Academia, MBP |
|  |  | | **4.2.3.** Increase social-sector investment spending on Food and Nutrition and advocate for increase in private sector investment | Percentage increase in social and private investment. Number of new Investors in Nutrition | Advocacy for increased social-sector investment spending on Food and Nutrition and |  | MBP | SCFN |
|  |  | | **4.2. 4.** Promote productive capacity through encouraging private sector engagement in food and nutrition related investment | No. of private agencies investing in food and nutrition intervention. Percentage increase in Investment | Advocacy for increase in private sector investment and promote productive capacity through encouraging private sector engagement in food and nutrition related investment conducted |  | MBP | MANR |
|  |  | | **4.2. 5.** Provide an enabling environment (Government incentives [such as ; Tax waiver, grants, land]) for private sector investment in the production of complementary foods for local and nationwide consumption. Re-activation /establishment of school farms/young farmers clubs at primary and secondary school level | 1.No of private sector that benefitted from Government incentive. 2. No of private sector that produced complementary foods. 3. No of farms established | Enabling environment(Government incentives) for private sector investment in the production of complementary foods for local and nationwide consumption provided |  | MoE | Academia, MBP, MoH |
|  |  | | **4.2.6**. Convene annual nutrition event of other states | No of annual nutrition events convened in the state | Advocacy to promote the 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 group conducted |  | MBP | MoH, SCFN, Academia |
|  |  | | **4.2.7**. Sponsorship of key stakeholders for SUN global event | No of persons sponsored for SUN global event. | Advocacy to accelerate the implementation of the State Health Insurance Scheme to incorporate the Community Health Insurance health services to vulnerable groups, especially women and children conducted |  | MBP | MoH, SCFN, Academia |
| **4.3: Social Protection Programmes for the Vulnerable Groups** |  | | **4.3. 1.** Expand existing social protection policy in all sectors to address poverty, malnutrition, and health of the most vulnerable groups (such as extending paid maternity leave to six months, increasing no. of motherless babies homes and homes for the elderly) | No. of policies expanded No of stakeholders meetings held | existing social protection policy in all sectors to address poverty, malnutrition, and health of the most vulnerable groups expanded |  | MBP | MoH,SCFN |
|  |  | | **4.3. 2.** Conduct advocacy to promote the 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 group | No of Advocacy meetings held | advocacy to promote the expansion of existing social protection policy in all sectors conducted |  | MBP | MGASD, MoH, MoE |
|  |  | | **4.3 3.** Advocate and accelerate the implementation of the State Health Insurance Scheme to incorporate the Community Health Insurance health services to vulnerable groups, especially women and children | Evidence of establishment of state health insurance scheme. Evidence of incorporation of Community Health Insurance into SHIS | implementation of the State Health Insurance Scheme to incorporate the Community Health Insurance health services to vulnerable groups accelerated |  | MoH | MBP, MGASD |
|  |  | |  |  |  |  |  |  |
|  | **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 and informal training.** | | | | | | |  |
|  | **Target: To increase households with relevant nutrition knowledge andpracticeby50% that improves their nutritional status by 2025.** | | | | | | |  |
| **Intervention Narrative** | **Targets** | | **Activities Narrative** | **Indicators** | **EXPECTED OUTPUT** | **EXPECTED INTERMEDIATE OUTCOME** | **Responsible MDA** | **Collaborating MDA (s)** |
| **Promote advocacy, communication and social mobilization** |  | | **5.1. 1.** Develop clear advocacy strategy of engagement with relevant policy makers and stakeholders | No. of meetings held to develop the advocacy strategy | Clear advocacy strategy of engagement with relevant policy makers and stakeholders developed | **Improved nutritional status and habits of the population due to correct knowledge and practice on nutrition** | MoI | MED, MoH, SCFN |
|  |  | | **5.1. 2.**Create awareness on problems of malnutrition using the mass and social media (such as radio, TV drama, film documentaries, home video, viewing centers, town hall meetings and presentations by advocacy groups, and posters in English and local languages). | 1. No. of IEC materials produced 2. No of communities reached with the IEC materials | awareness on problems of malnutrition using the mass and social media created |  | MoI | MED, MoH, SCFN |
|  |  | | **5.1. 3.** Promote the use of available local varieties of Nutritious food during food demonstrations by local communities | 1.No of local food varieties promoted 2. No of communities reached 3. No of food demonstrations carried out | Use of available local varieties of Nutritious food during food demonstrations by communities in the 17 LGAs promoted |  | MANR | SCFN,MOI, MoH |
|  |  | | **5.1. 4.** Design and produce harmonised, appropriate BCC materials and research findings on food processing and preservation technology for use in villages and households | 1. No. of radio jingles aired 2. No. of posters in English and local languages produced 3. No. of town hall meetings and presentations done 4 No of social media fora used | harmonised, appropriate BCC materials and research findings on food processing and preservation technology designed and produced |  | MoI | MED, MoH, SCFN, MANR |
|  |  | | **5.1. 5.** Promote Behaviour Change Communication (BCC) for better understanding of food and nutrition security problems for improved food and nutrition practices through Seminars and advocacy visits | 1. No. of Seminars/ workshops 2. No. of advocacy visits carried out 3 No of communities reached | Behaviour Change Communication (BCC) for better understanding of food and nutrition security problems for improved food and nutrition practices promoted. |  | MoI | NOA,MoH, MANR |
|  |  | | **5.1. 6.** Strengthen collaboration and synergy between relevant MDAs, State & Local Committees on F&N, and between state & non-state actors | 1. No of stakeholder’s meetings held to set up standards for nutrition labels in the State 2. No of stakeholders present during meetings 3. No of standard nutrition labels for packaged foods presented during meetings | collaboration and synergy between relevant MDAs, State & Local Committees on F&N, and between state & non-state actors strengthened. |  | MANR | MOE, MOI, SCFN |
|  |  | | **5.1. 7.** Support stakeholders including NAFDAC, SON, EN-RUWASSA, Consumer protection agency, Produce departments, Veterinary dept, and private sectors to set criteria for appropriate standards on nutrition labels for packaged foods. | No. of billboards erected | Stakeholders meetings with NAFDAC, SON, RUWASSA, Consumer protection agency, Produce departments, Veterinary dept, and private sectors to set criteria for appropriate standards on nutrition labels for packaged foods conducted Billboards to raise awareness on nutrition across the States/LGA erected |  | MoH | SCFN, MANR |
|  |  | | **5.1. 8.** Advocate for increased monitoring and enforcement that supports compliance with the State regulations on the Code of marketing Breastmilk Substitutes | No. of network providers disseminating nutrition information to their subscribers. | Network providers like MTN, Airtel, GLO etc. to disseminate nutrition information to the general public collaborated with. |  | MoH | MED, NAFDAC, SCFN,MANR |
|  |  | | **5.1 . 9.** Advocacy to LGAs to compliment implementation of home grown School feeding program | 1. No of radio jingles produced. 2. No of flyers produced 3.No of posters produced 4. No of radio jingles aired 5. No of communities reached 6. No of schools reached. | TV/Radio jingles and produce leaflets and posters to promote good dietary practices and WASH at schools and communities developed |  | MOE | SCFN, MANR, LGC |
|  |  | | **5.1.10.** Scale up implementation of Home-grown School Feeding Programme | 1. No of women groups reached on good dietary practices and WASH | Awareness and sensitization of good dietary practices and WASH to women groups (religious women groups, august meeting,school food vendors conducted |  | MOE | SCFN, MOE, MANR |
|  |  | | **5.1. 11.** Erection of Billboards to raise awareness on nutrition across the States/LGAs | 1. No of healthy lifestyles and dietary habits sensitization conducted. 2.No of beneficiaries of healthy lifestyles and dietary habits sensitized. | Good dietary habits and healthy lifestyles for all age groups through appropriate social marketing and communication strategies promoted | **Increase in population of people practicing healthy lifestyles and dietary eating habits** | MoI | SCFN, MoH, MANR |
|  |  | | **5.1. 12.** Collaborate with network providers like MTN, Airtel, GLO etc. to disseminate nutrition information to the general public | No of revised food based dietary guidelines for healthy living disseminated. | Food based dietary guidelines for healthy living revised and disseminated |  | MoI | SCFN, MANR |
|  |  | | **5.1.13.** Conduct regular budget tracking to evaluate budget performance of F &N in all sectors. | 1. No of sensitization conducted. 2. No of beneficiaries of healthy eating habits sensitized. 3. No of sensitized persons that have adopted healthy eating habit. | Healthy eating habits to reduce the incidence of non-communicable diseases promoted. |  | MBP | SCFN |
|  |  | | **5. 1. 14.** Develop and air TV/Radio jingles and produce leaflets and posters to promote good dietary practices and WASH at household, community levels and schools | 1.No of medical check up carried out in Schools and Communities. 2.No of beneficiaries of medical check up in Schools and Communities. 3. No of Pupils/Students that participated in regular physical activities in Schools 4.No of Schools provided with relevant facilities for physical and health activities. | Regular physical activities and medical check-up in schools and communities including provision of adequate relevant facilities promoted |  | MoI | MoH, SCFN, MWR |
| **Promoting Healthy Lifestyles and Dietary Habits** |  | | **5.2.1**. Promote good dietary habits and healthy lifestyles for all age groups through appropriate social marketing and communication strategies | 1. No of TV programmes that demonstrate the preparation of nutritious meals. 2. No of Local Government Areas reached | Existing Television programs that demonstrates the preparation of meals strengthened |  | MoI | SCFN, MoH,MANR, MWR |
|  |  | | 5.2.2. Establish, disseminate and regularly review food based dietary guidelines for healthy living in the state | No of physical and health education teachers trained on physical exercise & nutrition education. | Physical and health education, nutrition and other teachers on the need for regular physical exercise & nutrition-related education capacity built. |  | MoH | SCFN, MoI, MANR |
|  |  | | 5.2.3.Promote healthy eating habits to reduce the incidence of non-communicable diseases. | 1. No of researches conducted 2. No of under-utilized crops identified and integrated into food system | healthy eating habits to reduce the incidence of non-communicable diseases promoted |  | MoH | MoI, MANR |
|  |  | | **5.2. 4**. Promote regular physical activities and medical checkup in schools and communities including provision of adequate relevant facilities | 1. No. of research reports produced 2. No of villages and households using the adaptation. | regular physical activities and medical checkup in schools and communities promoted |  | MoE | MYS, SCFN, MOH |
|  |  | | 5.2. 5. Establish and strengthen Television programs that demonstrates the preparation of meals to incorporate nutrition considerations | 1. No of TV programmes that demonstrate the preparation of nutritious meals. 2. No of Local Government Areas reached | Television programs that demonstrates the preparation of meals to incorporate nutrition considerations established and strengthened |  | MoI | SCFN, MANR |
|  |  | | 5.2.6. promote healthy lifestyle for all ages through provision of potable drinking water to villages, households and public places. | Number of potable water provided | potable drinking water to villages, households and public places promoted |  | MWR | MOH, SCFN |
|  |  | | 5.2.7. promote the provision of handwashing facilities to villages, and households to ensure basic hygiene practices and healthy living. | Number of handwashing facilities provided | provision of handwashing facilities to villages, and households promoted |  | MWR | MOH, SCFN,MOE |
|  |  | | 5.2. 8. Capacity building of physical and health education, nutrition and other teachers on the need for regular physical exercise & nutrition-related education | No of physical and health education teachers trained on physical exercise & nutrition education | Capacity of physical and health education, nutrition and other teachers on the need for regular physical exercise & nutrition-related education built |  | MOE | MANR,SCFN |
|  |  | | 5.2.9. Promote the wellbeing of Enugu State People's living with Disability (PLWD) O.V.C. (Orphan and vulnerable children) Elderly, children home and widows | 1. No of PLWA rehabilitated. 2. No O.V.C. rehabiulitated. | wellbeing of Enugu State People's living with Disability (PLWD) O.V.C. (Orphan and vulnerable children) Elderly, children home and widows promoted |  | MGASD | MOH, SCFN |
|  |  | | 5.2.10. Promote the well-being of sexually assaulted/raped victims, beggars and lunatics. | No of sexually assulted, beggers and lunatics rehabilitated. | well-being of sexually assaulted/raped victims, beggars and lunatics. promoted |  | MGASD | MOH, SCFN |
| **Research in nutrition** |  | | **5.3. 1**. Promote research on development of Nutritious diets from locally available staple foods for improved utilization and nutrition | 1. No of researches conducted 2. No of under-utilized crops identified and integrated into food system | research on development of Nutritious diets from locally available staple foods promoted |  | MST | MANR, SCFN,MOE |
|  |  | | **5.3. 2.** Promote, support, and disseminate research findings on food processing and preservation technologies for adaptation at the village and household levels | 1. No. of research reports produced 2. No of villages and households using the adaptation | research findings on food processing and preservation technologies for adaptation at the village and household levels promoted and supported |  | MST | SCFN, LGC, MANR, MOE |
|  |  | | 5.3.3. produce a complete food-composition table for locally available food and agricultural produce. | No. of food composition tables produced | a complete food-composition table for locally available food and agricultural produce produced |  | MST | MANR, MOE |
|  |  | | 5.3.4. promote research of local food production and increase the value chain. | 1. No of research produced | research of local food production and increase the value chain promote |  | MST | MANR, MOE |
|  |  | | 5.3.5. Engage in periodic conduct of food consumption and nutrition survey to track policy impact. | 1. No of surveys conducted | periodic conduct of food consumption and nutrition survey to track policy impact conducted |  | MST | MANR, MOE |
|  |  | |  |  |  |  |  |  |
|  | **ResultArea6:RESOURCEALLOCATION FOR FOODAND NUTRITION SECURITYATALLLEVELS** | | | | | | |  |
|  | **Objective:ToincorporatefoodandnutritionconsiderationsintotheFederal,StateandLocalGovernmentsectoral development plan** | | | | | | |  |
|  |  | | | | | | |  |
| **Intervention Narrative** | **Targets** | | **Activities Narrative** | **Indicators** | **EXPECTED OUTPUT** | **EXPECTED INTERMEDIATE OUTCOME** | **Responsible MDA** | **Collaborating MDA (s)** |
| **Strengthening existing Institutional capacity to mobilize resources and effective coordinate nutrition activities** | **Increase the resource allocation to nutrition activity by 60% by 2022** | | **6.1.1.** Ensure adequate implementation of the policy through sufficient budgetary allocation and timely release of funds. | No. of MDAs receiving timely release of funds | Adequate implementation of the policy through sufficient budgetary allocation and timely release of funds followed through. | **Increased investment and funding of nutrition programmes and activities** | MBP | MOH |
|  |  | | **6.1.2.** Strengthen the coordination capacity of the Ministry of Budget and Planning (MBP) in the state and its Local Government counterparts with the required resources (human, financial, and material) for effective management and coordination of the policy | No. of coordination meetings held | Coordination capacity of the Ministry of Budget & Economic Planning in the state and its Local Government counterparts strengthened |  | MBP | CBO, SCFN |
|  |  | | **6.1.3.** Strengthen the capacity of MBP to mobilize resources for Food & Nutrition interventions | No. of advocacy meetings held | capacity of MBP to mobilize resources for Food & Nutrition interventions |  | MBP | MOH |
|  |  | | **6.1.4.** Conduct assessment at all levels on determinants of low financial investments in Food & Nutrition programs compared to other life-saving interventions in partnership with private sector | No of LGAs that have completed the assessment. | Assessment at all levels on determinants of low financial investments in Food & Nutrition programs compared to other life-saving interventions in partnership with private sector conducted |  | MBP | MoE, Academia |
|  |  | | **6.1.5.** Conduct regular budget tracking, apply lessons learnt to all-levels of Food &Nutrition budgeting processes. | 1. No. of MDAs & LGAs with Budget tracking tool updated 2. No. of Budget tracking reports | Regular budget tracking, apply lessons learnt to all-levels of F &N budgeting processes conducted |  | MBP | MOH |
|  |  | | **6.1.6.** Develop Score Cards of lessons learnt on Budget tracking & apply to SPFAN plan | No of MDAs & LGAs with Score card of lessons learnt applied at all levels | Score Cards of lessons learnt on Budget tracking & apply to SPFAN plan developed |  | MBP | MoE, Academia |
|  |  | | **6.1.7.** Organize quarterly Nutrition Partners meetings at all levels | No of meetings held and reports produced | Quarterly Nutrition Partners meetings at all levels organized |  | MBP | SCFN, MoH |
|  |  | | **6.1. 8.** Organize quarterly meetings of committee on Food and nutrition at all levels | No of meetings held and reports produced | Quarterly meetings of committee and sub-committees in SCFN and LGCFN organized |  | MBP | SCFN, MoH |
| **6.2. Incorporating nutrition objectives into MDAs development policies, plans and programmes** |  | | **6.1. 9.**Support participation of SCFN at NNN | SCFN members supported to attend NNN meeting. | Participation of SCFN at NNN supported |  | MBP | SCFN |
| **6.3. Analyzing macroeconomics and sectoral policies in terms of their potential consequences for household income, food consumption delivery of human services and nutritional well being** |  | | **6.1. 10.** Advocate, produce and disseminate State policy on Food and Nutrition and the Plan of Action at the State Levels | No of State policy produced and distributed. | State policy on Food and Nutrition and the Plan of Action at the State Levels produced and distributed |  | SCFN | MoI, MoE |

# **ANNEX** III : Nutrition Investments According to MDAs

Table 9: Nutrition Investments According to MDAs

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **S/n** | **Lead Agency** | **Activities** | **Time Frame** | **Indicative Costing** | | **Other Agencies/ Organizations** | | **Strategic Objective** | |
| 1 | MANR | Promote the use of available local varieties of Nutritious food during food demonstrations by local communities | 2021-2025 | 13,400,000.00 | | SCFN,MOI, MoH | | 5 | |
| 2 | MANR | Strengthen collaboration and synergy between relevant MDAs, State & Local Committees on F&N, and between state & non-state actors | 2021-2025 | 530,000.00 | | MOE, MOI, SCFN | | 5 | |
| 3 | MANR | Promote commercial food production by empowering farmers' cooperatives / clusters and private commercial farmers at the LGAs and community level | 2021-2025 | 4,422,000.00 | | MST,ENADEP, SCFN, | | 1 | |
| 4 | MANR | Scale-up the production, and promote the consumption of Vitamin A, and micronutrient rich foods (orangeflesh sweet potato, pro-vitamin A cassava, yellow maize, i | 2021-2025 | 2,760,000.00 | | MCI & , MST | | 1 | |
| 5 | MANR | Carry out Advocacy to relevant financial Institutions to enhance increased access to Credit facilities for farmers specially women to expand farm operations (reduced interest rates and collaterals). | 2021-2025 | 270,000.00 | | SCFN, MCI | | 1 | |
| 6 | MANR | Build the capacity of Agric Extension Officers on improved techniques in crop and animal production | 2021-2025 | 2,646,000.00 | | SCFN, MST | | 1 | |
| 7 | MANR | Advocacy to House of Assembly Committee on Agriculture and Food Sufficiency on extension of legislation on food fortification, processing and value chain | 2021-2025 | 225,000.00 | | SCFN, MST | | 1 | |
| 8 | MANR | Sensitize and Support the establishment of homestead farms by rural women farmers | 2021-2025 | 2,184,000.00 | | SCFN, ENADEP, MGASD, MST | | 1 | |
| 9 | MANR | Stage agricultural shows and exhibitions in the state and also in all 17 LGAs of the state | 2021-2025 | 5,000,000.00 | | MGASD, MST,SCFN, ENADEP,, | | 1 | |
| 10 | MANR | Provide Support to increase hectrage of land under cultivation of crops, livestock farming and fisheries through Government, communities and individuals | 2021-2025 | 2,210,000.00 | | SCFN, MoL | | 1 | |
| 11 | MANR | Provision of small ruminant starter packs (5 sheep/goats, concentrates, minerals and vitamins, vaccines and drugs) to women farmers | 2021-2025 | 2,232,000.00 | | SCFN, MST,MoB & P,MoL | | 1 | |
| 12 | MANR | Build the capacity of specialized farmer's cooperatives across the state( production, processing and distribution) on farm produce. | 2021-2025 | 2,820,000.00 | | SCFN, MST | | 1 | |
| 13 | MANR | Provide improved planting materials (staple crops including Plantain, Banana and Pineapples , maize and cassava cuttings) and livestock /fisheries inputs to farmers across the state to improve food production. | 2021-2025 | 404,000.00 | | SCFN, ENADEP, MST | | 1 | |
| 14 | MANR | Provision of smoking kilns to clusters of small scale fish processors /farmers |  | 650,000.00 | | SCFN,MCI | | 1 | |
| 15 | MANR | Carry out Advocacy to relevant MDAs on the need for periodic inspection of food preparation/wastes management in Restaurants, Bakeries, Eateries and Food vendors |  | 340,000.00 | | SCFN, MST,MoH | | 1 | |
| 16 | MANR | Conduct Sensitization and demonstration on food handling and safety practices to women and youth groups across the 6 Agricultural zones in the State. |  | 3,815,000.00 | | SCFN, MGASD,MoH, H &TB | | 1 | |
| **Subtotal** |  |  |  | N 43,908,000.00 | |  | |  | |
|  |  |  |  |  | |  | |  | |
| **S/n** | **Lead Agency** |  | **Time Frame** | **Indicative Costing** | | **Other Agencies/Organizations** | | Strategic Objective | |
| 17 | MOE | Conduct training and retraining of State and Community Based Agencies and Organizations and all those involved in the planning and implementation of food and nutrition programmes and activities. | 2021-2025 | 125,632,500.00 | | MBP/SCFN, MoH, Academia | | 4 | |
| 18 | MOE | Develop and strengthen the effective planning and managerial capacity of state government as well as local government authorities (LGAs) to address food and nutrition problems through advocacy | 2021-2025 | 8,115,000.00 | | MoH, SCFN, MLG, Academia | | 4 | |
| 19 | MOE | Institute/strengthen mechanism for regular review of nutrition curricula in primary, secondary, tertiary and vocational institutions | 2021-2025 | 13,482,000.00 | | SCFN, Academia | | 4 | |
| 20 | MOE | Ensure adequate staffing of relevant MDAs in implementing sectoral nutrition programmes with skilled and qualified nutritionists | 2021-2025 | 525,000.00 | | SCFN, MoH, Academia | | 4 | |
| 21 | MOE | Conduct an analysis of macro-economic and sectoral policies to ascertain its impact on household income, food consumption, and delivery of human services, with a view for policy modification to ameliorate adverse effects | 2021-2025 | 1,650,000.00 | | SCFN, Academia, MBP | | 4 | |
| 22 | MOE | Provide an enabling environment (Government incentives [such as ; Tax waiver, grants, land]) for private sector investment in the production of complementary foods for local and nationwide consumption. Re-activation/establishment of school farms/young farmers clubs at primary and secondary school level | 2021-2025 | 675,000.00 | | Academia, MBP, MoH | | 4 | |
| 23 | MOE | Conduct an analysis of macro-economic and sectoral policies to ascertain its impact on household income, food consumption, and delivery of human services, with a view for policy modification to ameliorate adverse effects | 2021-2025 | 1,650,000.00 | | SCFN, Academia, MBP | | 4 | |
| 24 | MOE | Advocacy to LGAs to compliment implementation of home grown School feeding program | 2021-2025 | 562,500.00 | | SCFN, MANR, LGC | | 5 | |
| 25 | MOE | Scale up implementation of Home-grown School Feeding Programme | 2021-2025 | 107,538,600.00 | | SCFN, MOE, MANR | | 5 | |
| 26 | MOE | Promote regular physical activities and medical checkup in schools and communities including provision of adequate relevant facilities | 2021-2025 | 4,500,000.00 | | MYS, SCFN, MOH | | 5 | |
| 27 | MOE | Capacity building of physical and health education, nutrition and other teachers on the need for regular physical exercise & nutrition-related education | 2021-2025 | 2,480,000.00 | | MANR,SCFN | | 5 | |
| 28 | MOE | promote the provision of handwashing facilities to villages, and households to ensure basic hygiene practices and healthy living | 2021-2025 | 2,480,000.00 | | MANR,SCFN | | 5 | |
| 29 | MOE | Build the capacity of Nutrition desk officers in MDAs/LGAs through training & retraining on resource mobilization and allocation | 2021-2025 | 29,800,800.00 | | Academia, MoH | | 6 | |
| 30 | MOE | Conduct research, monitoring & evaluation on food and nutrition activities in collaboration with partners and the private sector | 2021-2025 | 38,050,000.00 | | Academia, MoH | | 6 | |
| 31 | MOE | Build the capacity of Nutrition implementers (OICs, NFPs, M & E, agric extension officers and other nutrition officers/ workers at both state andLocal Government levels of different sectors on the use of tools for capturing of Nutrition activities | 2021-2025 | 32,598,000.00 | | MoH, SCFN, Academia | | 6 | |
| 32 | MOE | Conduct high level advocacy and awareness campaign on the multisectoral nature of nutrition | 2021-2025 | 1,400,000.00 | | MoH, SCFN, Academia | | 6 | |
| 33 | MOE | Inclusion of nutrition education in early child care, primary and post primary school curricula | 2021-2025 | 2,800,000.00 | | SCFN, MGASD | | 1 | |
| 34 | MOE | Provision of agro-based teaching aids in primary and secondary schools | 2021-2025 | 25,000,000.00 | | MANR, SCFN, MGASD | | 1 | |
| 35 | MOE | Conduct periodic school quiz and debates on food and nutrition | 2021-2025 | 15,600,000.00 | | MANR, SCFN, MGASD | | 1 | |
| 36 | MOE | Awareness creation and sensitization of Head Teachers and relevant MDAs on establishment of school farms. | 2021-2025 | 13,875,000.00 | | MANR, SCFN, MoI & C | | 1 | |
| 37 | MOE | Support the establishment of school farms | 2021-2025 | 75,000,000.00 | | MANR, SUBEB, ENADEP, SCFN | | 1 | |
| 38 | MOE | Support the establishment of Young Farmers clubs at primary and secondary school level | 2021-2025 | 1,375,000.00 | | MANR, ENADEP, SCFN | | 1 | |
| 39 | MOE | Conduct Training and retraining on food and nutrition to augment the capacity of Agric and Home Economics Teachers in primary and Post primary schools | 2021-2025 | 7,665,000.00 | | MANR, ENMANRDEP, SCFN | | 1 | |
| 40 | MOE | Advocate Policy Makers for the extension of school feeding programmes to primary 4 to 6 in public schools. | 2021-2025 | 2,900,000.00 | | MANR, SCFN | | 1 | |
| 41 | MOE | Conduct periodic monitoring of the school feeding programme in the state | 2021-2025 | 7,000,000.00 | | SCFN, SUBEB, | | 1 | |
| 42 | MOE | Train Caregivers in Orphanages in the State on assessment of nutritional status and appropriate infant and young child feeding practices | 2021-2025 | 4,382,500.00 | | SCFN, MoH, MGASD | | 2 | |
| 43 | MOE | Establishment of nutrition clubs in all public and private secondary schools in the state | 2021-2025 | 50,000.00 | | MoH, SCFN | | 3 | |
|  |  |  | **₦526,786,900.00** |  | |  | |  | |
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|  | **Lead Agency** |  | **Time Frame** | **Indicative Costing** | | **Other Agencies/Organizations** | | **Strategic Objective** | |
| 44 | MBP | Increase social-sector investment spending on Food and Nutrition and advocate for increase in private sector investment | 2021-2025 | 1,125,000.00 | | SCFN | | 4 | |
| 45 | MBP | Promote productive capacity through encouraging private sector engagement in food and nutrition related investment | 2021-2025 | 1,125,000.00 | | MANR | | 4 | |
| 46 | MBP | Convene annual nutrition event of other states | 2021-2025 | 150,000,000.00 | | MoH, SCFN, Academia | | 4 | |
| 47 | MBP | Sponsorship of key stakeholders for SUN global event | 2021-2025 | 11,760,000.00 | | MoH, SCFN, Academia | | 4 | |
| 48 | MBP | Sponsorship of key stakeholders for national nutrition conference/workshop | 2021-2025 | 35,000,000.00 | | MoH, SCFN, Academia | | 4 | |
| 49 | MBP | Conduct advocacy to promote the 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 group | 2021-2025 | 1,575,000.00 | | MGASD, MoH, MoE | | 4 | |
| 50 | MBP | Ensure adequate implementation of the policy through sufficient budgetary allocation and timely release of funds. | 2021-2025 | 42,400,000.00 | | MOH | | 4 | |
| 51 | MBP | Strengthen the coordination capacity of the Ministry of Budget and Planning (MBP) in the state and its Local Government counterparts with the required resources (human, financial, and material) for effective management and coordination of the policy | 2021-2025 | 25,405,000.00 | | CBO, SCFN | | 4 | |
| 52 | MBP | Strengthen the capacity of MBP to mobilize resources for Food & Nutrition interventions | 2021-2025 | 25,405,000.00 | | MOH | | 4 | |
| 53 | MBP | Conduct assessment at all levels on determinants of low financial investments in Food & Nutrition programs compared to other life-saving interventions in partnership with private sector | 2021-2025 | 3,800,000.00 | | MoE, Academia | | 4 | |
| 54 | MBP | Conduct regular budget tracking, apply lessons learnt to all-levels of Food &Nutrition budgeting processes. | 2021-2025 | 58,292,500.00 | | MOH | | 6 | |
| 55 | MBP | Develop Score Cards of lessons learnt on Budget tracking & apply to SPFAN plan | 2021-2025 | 58,292,500.00 | | MoE, Academia | | 6 | |
| 56 | MBP | Organize quarterly Nutrition Partners meetings at all levels | 2021-2025 | 43,200,000.00 | | SCFN, MoH | | 6 | |
| 57 | MBP | Organize quarterly meetings of committee on Food and nutrition at all levels | 2021-2025 | 43,200,000.00 | | SCFN, MoH | | 6 | |
| 58 | MBP | Support participation of SCFN at NNN | 2021-2025 | 17,500,000.00 | | SCFN | | 6 | |
| 59 | MBP | Advocate for the Creation of budget lines on food and nutrition activities in MDAs/LGAs and ensure timely release of funds | 2021-2025 | 88,740,000.00 | | SCFN | | 6 | |
| 60 | MBP | Build synergy and collaboration between the line Ministries and the international community to lobby for investment in nutrition | 2021-2025 | 1,050,000.00 | | SCFN | | 6 | |
| 61 | MBP | Conduct regular budget tracking to evaluate budget performance of F &N in all sectors. | 2021-2025 | 1,150,000.00 | | SCFN | | 6 | |
| 62 | MBP | Advocacy visits to traditional rulers, religious leaders, commissioners of relevant MDAs | 2021-2025 | 680,000.00 | | MoH,SCFN | | 3 | |
| 63 | MBP | Advocacy visits to State government to pass legislation on 6 month maternity, paternity leave of 2 weeks, enforcement of maternity leave, building of creches in public and private offices with >10 female employees, Enforcement of BM code | 2021-2025 | 80,000.00 | | MGASD,MoH, SCFN | | 3 | |
| 64 | MBP | Advocacy visit LGA chairmen to support nutrition interventions in their LGAs | 2021-2025 | 80,000.00 | | MoH,SCFN | | 3 | |
| 65 | MBP | Engagement and Partnership with CBOs, CSOs on advocacy | 2021-2025 | 700,000.00 | | MoH,LGSC | | 3 | |
| **Subtotal** |  |  | **₦610,560,000.00** |  | |  | |  | |
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| **S/n** | **Lead Agency** |  | **Time Frame** | **Indicative Costing** | | **Other Agencies/Organizations** | | **Strategic Objective** | |
| 66 | MST | Promote research on development of Nutritious diets from locally available staple foods for improved utilization and nutrition | 2021-2025 | 15,000,000.00 | | MANR, SCFN,MOE | | 5 | |
| 67 | MST | Promote, support, and disseminate research findings on food processing and preservation technologies for adaptation at the village and household levels | 2021-2025 | 3,510,000.00 | | SCFN, LGC, MANR, MOE | | 5 | |
| 68 | MST | produce a complete food-composition table for locally available food and agricultural produce. | 2021-2025 | 10,000,000.00 | | MANR, MOE | | 5 | |
| 69 | MST | promote research of local food production and increase the value chain. | 2021-2025 | 10,000,000.00 | | MANR, MOE | | 5 | |
| 70 | MST | Engage in periodic conduct of food consumption and nutrition survey to track policy impact. | 2021-2025 | 10,000,000.00 | | MANR, MOE | | 5 | |
| 71 | MST | Follow up on proposed bills on food fortification, processing and value chain | 2021-2025 | 20,000.00 | | SCFN,MANR, HA, NAFDAC, MoH | | 1 | |
| 72 | MST | Establishment of food processing and preservation centers in every LGA | 2021-2025 | 96,120,000.00 | | MANR, MOH, SCFN | | 3 | |
| **Subtotal** |  |  | **₦ 144,650,000.00** |  | |  | |  | |
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| **S/n** | **Lead Agency** |  | |  | **Indicative Costing** | | **Other Agencies/ Organizations** | | **Strategic Objective** | |
| 73 | MGASD | Promote the well-being of Enugu State People's living with Disability (PLWD) O.V.C. (Orphan and vulnerable children) Elderly, children home and widows | 2021-2025 | 409,500,000.00 | | MOH, SCFN | | 5 | |
| 74 | MGASD | Promote the well-being of sexually assaulted/raped victims, beggars and lunatics | 2021-2025 | 229,500,000.00 | | MOH, SCFN | | 5 | |
| 75 | MGASD | Advocate for legislation of the prolongation of maternity leave and enactment of paternity leave | 2021-2025 | 283,000.00 | | ESHA, SCFN, MoH | | 2 | |
| 76 | MGASD | Provide incentives to pregnant women, mothers and other care givers to motivate utilization of health facilities | 2021-2025 | 2,934,650,000.00 | | SCFN, MOH, | | 2 | |
| 77 | MGASD | Ensure the establishment of crèches in all work places having more than 10 women in public and private sectors to promote Exclusive Breastfeeding. | 2021-2025 | 708,000.00 | | HoS,LGSC, HMB, SCFN,MoH, | | 2 | |
| 78 | MGASD | Sensitization of adolescents, care givers especially grandmothers, mothers- in- law on optimal nutrition practices. | 2021-2025 | 5,191,500.00 | | SCFN, MoH | | 2 | |
| 79 | MGASD | Promote and mount campaigns aimed at changing attitudes and practices of food sharing in favour of mothers and children. | 2021-2025 | 2,033,000.00 | | SCFN, MoH | | 2 | |
| 80 | MGASD | Promote and mount campaigns aimed at men involvement in child care. | 2021-2025 | 10,165,000.00 | | SCFN, MoH | | 2 | |
| 81 | MGASD | Train Emergency Managers on mainstreaming Nutrition in Feeding Programmes targeted at the vulnerable groups in Emergency Situations | 2021-2025 | 1,140,000.00 | | SCFN, MoH | | 2 | |
| 82 | MGASD | Train Caregivers in Orphanages in the State on assessment of nutritional status and appropriate infant and young child feeding practices | 2021-2025 | 4,470,000.00 | | SCFN, MoH | | 2 | |
| 83 | MGASD | Annual engagement with women leaders across all LGAs to address the roles of women in nutrition sensitive interventions | 2021-2025 | 8,443,050.00 | | MoH,SCFN,LGSC | | 3 | |
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| **Subtotal** |  |  | **₦ 3,606,083,550.00** |  | |  | |  | |
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| **S/n** | **Lead Agency** |  |  | **Indicative Costing** | | **Other Agencies/Organizations** | | **Strategic Objective** | |
| 84 | MoH / ESPHDA | Establish community-based groups to monitor healthy growth, detect child growth faltering, and recommend appropriate actions | 2021-2025 | 126,650,000.00 | | MOE, Academia | | 4 | |
| 85 | MoH / ESPHDA | Promote community participation to assess, analyse, and take appropriate actions to address food and nutrition problems through key opinion leaders - Paramount Rulers ,Village Heads, Community Health Extension Workers , religious leaders, women groups, age grades,political leaders, CBOs, NGOs and other advocacy Groups | 2021-2025 | 6,492,000.00 | | MBP/SCFN,MoE, Academia, MoI | | 4 | |
| 86 | MoH / ESPHDA | Conduct training and re-training of Nutritionists, Nutrition Desk Officers and other relevant service providers to improve their capacity for food and nutrition programme management | 2021-2025 | 41,877,500.00 | | MBP/SCFN, Academia | | 4 | |
| 87 | MoH / ESPHDA | . Incorporate nutrition objectives into MDAs' development policies, plans, and programmes | 2021-2025 | 525,000.00 | | MBP/SCFN, MoE | | 4 | |
| 88 | MoH / ESPHDA | Expand existing social protection policy in all sectors to address poverty, malnutrition, and health of the most vulnerable groups (such as extending paid maternity leave to six months, increasing no. of motherless babies homes and homes for the elderly) | 2021-2025 | 7,880,000.00 | | MGASD | | 4 | |
| 89 | MoH / ESPHDA | Advocate and accelerate the implementation of the State Health Insurance Scheme to incorporate the Community Health Insurance health services to vulnerable groups, especially women and children | 2021-2025 | 1,890,000.00 | | MBP, MGASD | | 4 | |
| 90 | MoH / ESPHDA | Support stakeholders including NAFDAC, SON, EN-RUWASSA, Consumer protection agency, Produce departments, Veterinary dept, and private sectors to set criteria for appropriate standards on nutrition labels for packaged foods | 2021-2025 | 765,000.00 | | SCFN, MANR | | 5 | |
| 91 | MoH / ESPHDA | Advocate for increased monitoring and enforcement that supports compliance with the State regulations on the Code of marketing Breastmilk Substitutes | 2021-2025 | 501,000.00 | | MED, NAFDAC, SCFN, MANR | | 5 | |
| 92 | MoH / ESPHDA | Establish, disseminate and regularly review food based dietary guidelines for healthy living in the state | 2021-2025 | 590,000.00 | | SCFN, MoI, MANR | | 5 | |
| 93 | MoH / ESPHDA | Promote healthy eating habits to reduce the incidence of non-communicable diseases | 2021-2025 | 7,200,000.00 | | MoI, MANR | | 5 | |
| 94 | MoH / ESPHDA | Sustain On-going Iron-folic acid supplementation for pregnant women during MNCH Weeks | 2021-2025 | 33,970,000.00 | | LGSC, SCFN | | 2 | |
| 95 | MoH / ESPHDA | Support Routine Iron-folic acid supplementation for pregnant women | 2021-2025 | 28,620,000.00 | | LGSC, HMB, SCFN | | 2 | |
| 96 | MoH / ESPHDA | Strengthen vitamin A supplementation during MNCHW for under-5 children | 2021-2025 | 24,000,000.00 | | LGSC, HMB, SCFN | | 2 | |
| 97 | MoH / ESPHDA | Support Routine Vitamin A supplementation for under-5 children | 2021-2025 | 19,840,000.00 | | LGSC, HMB, SCFN | | 2 | |
| 98 | MoH / ESPHDA | Build capacity to promote women’s nutritional status through Dietary Counseling during Adolescence, Pregnancy and Lactation | 2021-2025 | 34,560,000.00 | | HMB,MGASD, SCFN | | **2** | |
| 99 | MoH / ESPHDA | Promote Early initiation of breastfeeding within 1 hour of delivery | 2021-2025 | 1,745,000.00 | | HMB,MGASD, SCFN | | 2 | |
| 100 | MoH / ESPHDA | Promote and Support Exclusive Breastfeeding from 0 to 6 months and continued breastfeeding up to 2 years and beyond | 2021-2025 | 10,165,000.00 | | LGSC, HMB, SCFN, MGASD | | 2 | |
| 101 | MoH / ESPHDA | Train health facilities staff at all levels on lactation management. | 2021-2025 | 185,942,500.00 | | LGSC, HMB, SCFN | | 2 | |
| 102 | MoH / ESPHDA | Promote the establishment of Baby Friendly Centers in health facilities and public places. | 2021-2025 | 2,134,000.00 | | HoS,LGSC, HMB, SCFN,MGASD, | | 2 | |
| 103 | MoH / ESPHDA | Promote the establishment of food demonstration corners in the health facilities | 2021-2025 | 86,802,000.00 | | HMB, SCFN, LGSC,enADEP | | 2 | |
| 104 | MoH / ESPHDA | Scale up C-IYCF training and counseling for optimal infant and young child feeding. | 2021-2025 | 5,670,000.00 | | SCFN, LGSC | | 2 | |
| 105 | MoH / ESPHDA | Conduct Social and Behaviour Change Communcation activities on IYCF targeted at pregnant women, and caregivers at the health facilities | 2021-2025 | 7,179,000.00 | | SCFN, MGASD,FBOs | | 2 | |
| 106 | MoH / ESPHDA | Monitor the implementation of the international code on the marketing of breastmilk substitutes (BMS) in health facilities | 2021-2025 | 3,210,000.00 | | HMB, SCFN, NAFDAC | | 2 | |
| 107 | MoH / ESPHDA | Encourage the celebration of the World Breastfeeding Week and all other national nutrition events at all levels - State, LGAs and Wards | 2021-2025 | 17,490,000.00 | | SCFN LGSC, CS-SUNN,MOCM | | 2 | |
| 108 | MoH / ESPHDA | Engage traditional, religious and opinion leaders to support community level action in nutritional care of vulnerable groups | 2021-2025 | 2,319,000.00 | | SCFN LGSC, CS-SUNN,MGASD, FBOs | | 2 | |
| 109 | MoH / ESPHDA | Provide health education to adolescent girls and pregnant women (on adequate nutrition, health seeking behaviour, health promoting behaviours, Non-Communicable Diseases) at health facilities, schools, town hall meetings and churches. | 2021-2025 | 1,250,000.00 | | MoE,SCFN, MGASD | | 3 | |
| 110 | MoH / ESPHDA | Training of public health workers on assisted delivery, growth monitoring, data management, active case finding on CMAM and MAM | 2021-2025 | 80,000.00 | | SCFN | | 3 | |
| 111 | MoH / ESPHDA | Supportive supervision of public health workers on assisted delivery, growth monitoring, data management | 2021-2025 | 4,148,000.00 | | SCFN | | 3 | |
| 112 | MoH / ESPHDA | Capacity building of faith based organisations for key messages on nutrition care and household practices | 2021-2025 | 14,081,100.00 | | SCFN | | 3 | |
| 113 | MoH / ESPHDA | Annual Baby shows at LGA levels as part of World breastfeeding week celebration. | 2021-2025 | 950,000.00 | | SCFN, LGSC | | 3 | |
| 114 | MoH / ESPHDA | Annual Baby shows at state levels as part of World breastfeeding week celebration. | 2021-2025 | 10,500,000.00 | | SCFN, LGSC | | 3 | |
| 115 | MoH / ESPHDA | Capacity building of TBAs on MIYCN ( EBF, complementary feeding) case finding & referral and HIV/AIDS mgt to encourage best practices. | 2021-2025 | 250,000.00 | | SCFN | | 3 | |
| 116 | MoH / ESPHDA | Capacity building of EHOs in rural areas for inspection of food processing facilities and markets, enforcement of sanitation exercises, Domesticate food handling guidelines, capacity building (inspection, fines, production of abatement notices) | 2021-2025 | 2,600,000.00 | | SCFN, MoST | | 3 | |
| 117 | MoH / ESPHDA | Strengthen nutrition data collection system across all public health facilities | 2021-2025 | 2,500,000.00 | | M&E, SCFN | | 3 | |
| 118 | MoH / ESPHDA | Training of private health workers on MIYCN (i.e. EBF, complementary feeding) case finding & referral and HIV/AIDS mgt to encourage best practice | 2021-2025 | 3,070,200.00 | | SCFN,NACA | | 3 | |
| 119 | MoH / ESPHDA | ISS for private health workers on MIYCN (EBF, complementary feeding) case finding & referral and HIV/AIDS mgt to encourage best practices. | 2021-2025 | 8,228,000.00 | | SCFN | | 3 | |
| 120 | MoH / ESPHDA | Training of nutrition focal persons for revitalization of Breastfeeding support groups within villages/ communities across all LGAs | 2021-2025 | 3,478,200.00 | | SCFN, LG | |  | |
| 121 | MoH / ESPHDA | Community Nutrition outreaches to address nutrition issues such as CMAM, male involvement, MIYCN and family planning | 2021-2025 | 8,807,000.00 | | SCFN | |  | |
| 122 | MoH / ESPHDA | Establishment of focal facilities for Management of SAM; 2 facilities per LGA with capacity for management of SAM and MAM (staffing, training on use of RUTF) | 2021-2025 | 6,877,805.00 | | CMAM,SCFN | |  | |
| 123 | MoH / ESPHDA | Establishment of nutrition corners in all public health facilities | 2021-2025 | 50,000.00 | | SCFN | |  | |
| 124 | MoH / ESPHDA | Maintain and increase supply and availability of iron, folate tabs for pregnant mothers supplementation during ante natal visits | 2021-2025 | 2,100,000.00 | | SCFN, UNICEF | |  | |
| 125 | MoH / ESPHDA | Production of Enugu State child health cards for 1 - 5 year old children | 2021-2025 | 10,000,000.00 | | M&E,SCFN | |  | |
| 126 | MoH / ESPHDA | 3.3.4 Annual household nutritional survey (salt quality, obesity etc) | 2021-2025 | 15,500,250.00 | | SCFN | |  | |
| 127 | MoH / ESPHDA | 3.3.5 Strengthen biannual implementation of MNCH week | 2021-2025 | 15,000,000.00 | | SCFN | |  | |
|  |  |  | N767,487,555.00 |  | |  | |  | |
|  | **Lead Agency** |  | **Time Frame** | **Indicative Costing** | | **Other Agencies/Organizations** | | **Strategic Objective** | |
| 128 | MOW | Conduct Advocacy to Rural Access Mobilization programme (RAMP) and relevant MDAs for rehabilitation of dilapidated feeder roads and construction of new ones for easy evacuation of farm produce | 2021-2025 | 225,000.00 | | SCFN, MANR | | 1 | |
|  |  |  | N 225,000 |  | |  | |  | |
|  | **Lead Agency** |  | **Time Frame** | **Indicative Costing** | | **Other Agencies/Organizations** | | **Strategic Objective** | |
| 129 | MWR | promote the provision of handwashing facilities to villages, and households to ensure basic hygiene practices and healthy living | 2021-2025 | 24,541,200.00 | | MOH, SCFN,MOE | | 5 | |
|  |  |  | N24,541,200.00 |  | |  | |  | |
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|  | **Lead Agency** |  | **Time Frame** | **Indicative Costing** | | **Other Agencies/Organizations** | | **Strategic Objective** | |
| 130 | SCFN | Advocate, produce and disseminate State policy on Food and Nutrition and the Plan of Action at the State Levels | 2021-2025 | 1,095,000.00 | | MoI, MoE | | 6 | |
| 131 | SCFN | Purchase of equipment for outreaches, advocacy, health education | 2021-2025 | 650,000.00 | | MBP | | 3 | |
|  |  |  | **₦1,745,000.00** |  | |  | |  | |
|  |  |  |  |  | |  | |  | |
|  | **Lead Agency** |  | **Time Frame** | **Indicative Costing** | | **Other Agencies/Organizations** | | **Strategic Objective** | |
| 132 | MoI | Promote Advocacy, Communication and Social Mobilization | 2021-2025 | 3,060,000.00 | | MED, MoH, SCFN | | 3 | |
| 133 | MoI | Create awareness on problems of malnutrition using the mass and social media (such as radio, TV drama, film documentaries, home video, viewing centers, town hall meetings and presentations by advocacy groups, and posters in English and local languages) | 2021-2025 | 24,290,000.00 | | MED, MoH, SCFN | | 5 | |
| 134 | MoI | Design and produce harmonised, appropriate BCC materials and research findings on food processing and preservation technology for use in villages and households | 2021-2025 | 820,000.00 | | MED, MoH, SCFN, MANR | | 5 | |
| 135 | MoI | Promote Behaviour Change Communication (BCC) for better understanding of food and nutrition security problems for improved food and nutrition practices through Seminars and advocacy visits | 2021-2025 | 1,830,000.00 | | NOA,MoH, MANR | | 5 | |
| 136 | MoI | Erection of Billboards to raise awareness on nutrition across the States/LGA | 2021-2025 | 6,120,000.00 | | SCFN, MoH, MANR | | 5 | |
| 137 | MoI | Collaborate with network providers like MTN, Airtel, GLO etc. to disseminate nutrition information to the general public | 2021-2025 | 22,400,000.00 | | SCFN, MANR | | 5 | |
| 138 | MoI | Develop and air TV/Radio jingles and produce leaflets and posters to promote good dietary practices and WASH at household, community levels and schools | 2021-2025 | 38,640,000.00 | | MoH, SCFN, MWR | | 5 | |
| 139 | MoI | Promote good dietary habits and healthy lifestyles for all age groups through appropriate social marketing and communication strategies | 2021-2025 | 18,920,000.00 | | SCFN, MoH,MANR, MWR | | 5 | |
| 140 | MoI | Establish and Strengthen existing television programs that demonstrate the preparation of meals to incorporate nutrition considerations | 2021-2025 | 3,600,000.00 | | SCFN, MANR | | 5 | |
| **SUB-TOTAL** |  |  | **₦119,680,000.00** |  | |  | |  | |
| **Grand Total** |  |  | **₦7,599,889,655.00** |  | |  | |  | |

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