



# **NIGER STATE MULTISECTORAL PLAN OF ACTION FOR FOOD AND NUTRITION (NSMPAFN)**

**2020 – 2025**

**NIGER STATE PLANNING COMMISSION  
August, 2019**



## ABBREVIATIONS/ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
ARV	Anti-retroviral
BCC	Behaviour Change Communication
BMI	Body Mass Index
BMS	Breast Milk Substitute
CAADP	Comprehensive African Agriculture Development Programme
CBOs	Community-Based Organizations
CMAM	Community Management of Acute Malnutrition
CSOs	Civil Society Organizations
CS-SUNN	Civil Society-Scaling Up Nutrition in Nigeria
DFID	Department for International Development
ENA	Essential Nutrition Actions
FAO	Food and Agriculture Organization
FBOs	Faith Based Organizations
FMOH	Federal Ministry of Health
GARPR	Global Aids Response Country Progress Report, Nigeria
HIV	Human Immunodeficiency Virus
ICN	International Conference on Nutrition
IDA	Iron Deficiency Anaemia
IDD	Iodine Deficiency Disorder
IFPRI	International Food Policy Research Institute
IMAM	Integrated Management of Acute Malnutrition
IMNCH	Integrated Maternal Newborn and Child Health
ITP	In Patient Therapeutic Program
IYCF	Infant and Young Child Feeding
LBNS	Liquid Based Nutrient Supplement
LGA	Local Government Area
LGCFN	Local Government Committee on Food and Nutrition
LO-ORS	Low Osmolarity Oral Rehydration Solution
MAM	Moderate Acute Malnutrition
MBNP	Ministry of Budget and National Planning
MDAs	Ministries Departments and Agencies
M & E	Monitoring and Evaluation
MICS	Multiple Indicator Cluster Survey

MNDC	Micronutrient Deficiency Control
NAFDAC	National Agency for Food and Drug Administration and Control
NBS	National Bureau of Statistics
NCFN	National Committee on Food and Nutrition
NDHS	Nigeria Demographic and Health Survey
NFA	National Fortification Alliance
NFCNS	Nigeria Food Consumption and Nutrition Survey
NFSP	National Food Security Programme
NGOs	Non- Governmental Organizations
NCN	National Council on Nutrition
NNN	National Nutrition Network
NPC	National Planning Commission
NPHCDA	National Primary Health Care Development Agency
NSHDP	National Strategic Health Development Plan
NSPC	Niger State Planning Commission
OTP	Out Patient Therapeutic Program
OVC	Orphan and Vulnerable Children
PATH	Programme for Appropriate Technology in Health
PLWHA	People Living With HIV/AIDS
RRA	Rapid Rural Appraisal
RUTF	Ready to Use Therapeutic Foods
SAM	Severe Acute Malnutrition
SBCC	Social and behavioral Change Communication
SCI	Save the Children International
SCFN	State Committee on Food and Nutrition
SDGs	Sustainable Development Goals
SMART	Standardized Monitoring Assessment of Relief and Transitions
SON	Standard Organization of Nigeria
SUN	Scaling Up Nutrition
UN	United Nations
UNICEF	United Nations Children's Fund
USI	Universal Salt Iodization
USI-TF	Universal Salt Iodization Task Force
VAD	Vitamin A Deficiency
VP	Vice President
WHA	World Health Assembly
WHO	World Health Organization

## FOREWORD

**A**lthough Niger State has taken some steps in addressing the problem of malnutrition in children, the level of improvement, especially for stunting and wasting has been slow, with data showing that the prevalence of stunting in the State is put at 37% and Wasting at 5% (DHIS 2018). This current level of stunting can be categorized as “severe” in terms of its public health significance and is certainly not good for State Human Capital Development. Moreover, the twin burden of Stunting and Wasting as a consequence of malnutrition, when seen alongside the increasing problem of diet-related noncommunicable diseases, such as obesity, hypertension and type -2 diabetes, presents a huge challenge in the State. These problems exist till date despite investments in Nutrition management, and the evident political will and commitment on the part of Government to address them.

One of the key challenges identified as contributing to the moderate progress in addressing the challenges of malnutrition has been the gaps in Nutrition management capacities at State and Local Government levels to fully translate the commitment of Government into evidence-based, sustainable policies and actions through a well-coordinated multisector approach. To address this challenge, the State Government constituted the State Committee on Food and Nutrition (SCFN), a multi – sectoral body that ensures the participation of key State Nutrition Stakeholders. The SCFN is chaired by the Permanent Secretary of the State Planning Commission with members being the Permanent Secretaries of Nutrition sensitive and Nutrition specific Ministries, Development Partners and Civil Society Organizations. Local Government Food and Nutrition Committees (LGCFN) has been established in the 25 Local Government Areas of the State to facilitate nutrition planning, budgeting and participation of key stakeholders at that level.

The State Government, with the support of the UNICEF and CS-SUNN, developed the 2017 State Food and Nutrition Policy. This Niger State Multisectoral Nutrition Action Plan (NMNAP) is the Policy's strategic implementation action plan for the period 2020 - 2025. The NMNAP is evidence-based and results-oriented. It is also consistent with Nigerian Civil Society Alliance (NIG- CSA) principle of one plan, one coordinating mechanism and one monitoring and evaluation framework. It also provides for an effective framework for common results, resources and accountability for nutrition

The NMNAP has identified the following six key results areas: (i) Food and Nutrition Security (ii) Enhancing Caregiving Capacity (iii) Enhancing Provision of Quality Health Services (iv) Improving Capacity to Address Food and Nutrition Insecurity (v) Raising Awareness and Understanding of Problem of Malnutrition in Nigeria (vi) Resource Allocation for Food and Nutrition Security at all Levels.

I call upon all internal and external stakeholder to support the Government of Niger State in the implementation of this NMNAP.



**Mamma Musa**  
Honourable Commissioner/Deputy Chairman,  
Niger State Planning Commission

## STATEMENT OF COMMITMENT

**W**e, the Permanent Secretaries from the Line Ministries serving on the Niger State Committee on Nutrition (SCFN): Recognizing that the current levels of malnutrition in children under the age of five years are unacceptably high; Aware that despite the good progress made in addressing malnutrition in Niger State, stunting and wasting remains a serious cause for concern and has continued to affect the most vulnerable population in the State;

Concerned that the statistics on the double burden of overnutrition (Obesity) and undernutrition (Stunting and Wasting) a major cause of diet-related non-communicable diseases remain high.

We acknowledge the severe consequences of malnutrition on the State social and economic development, which affect the needed level of productivity that will transform the State into the 3 best economies in the Country;

We are confident that this first edition of State Multisectoral Nutrition Action Plan (NMNAP) translates well the 2017 State Food and Nutrition Policy into an evidence-based strategic action plan that also speaks to the SDGs goals;

Accepting that it is possible to make significant progress in addressing challenges of malnutrition in this Five - Year strategic plan 2020–2025 and the State goal of eliminating the malnutrition, especially the incidences of Stunting and Wasting;

**THEREFORE, WE COMMIT OURSELVES TO THE FOLLOWING:**


We shall take practical steps to ensure our sector policies, strategies, programmes and budgets are nutrition specific and sensitive;

We shall actively take part in implementing the NSGMNAP through the State SCFN; and

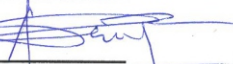
We shall take the leadership in implementing the areas that our sectors have been assigned by the State Food and Nutrition Policy and this NSGMNAP.

### **Names and signatures of the PS of the SCFN Ministries.**

1. Permanent Secretary, Planning

RAMATU UMAR 

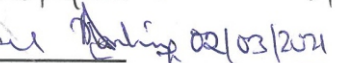
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Abdullahi JARIS 

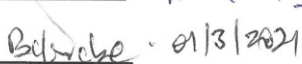
3. Permanent Secretary, Agriculture

DR U. I. Abayomi  02/03/2021


4. Executive Director, NSPHDA

Dr. Harshini Dargal  02/03/2021

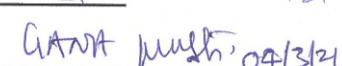
5. Permanent Secretary, Education

Engr AS Beluche  01/03/2021

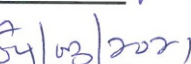
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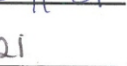
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DR MUHAMMADU GAWA  04/03/21

8. Permanent Secretary Information

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9. Permanent Secretary Local Government

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10. Permanent Secretary Finance

Abdourahmane  12/03/21

## ACKNOWLEDGEMENTS

Steered by the Permanent Secretary, Niger State Planning Commission (Ramatu Umar (Mrs.) and coordinated by the Niger State Committee on Food and Nutrition Secretariat, the development of this maiden edition of the Niger State Multisectoral Nutrition Action Plan (NMNAP) involved an extensive consultation process of many nutrition stakeholders. Since we cannot mention by name all those who made significant contributions to the development of the NGMNAP, we would like to acknowledge their inputs.

As in all big things, there have been movers of the NMNAP, whom we would like to mention in person. Ramatu Umar, the Permanent Secretary Niger State Planning Commission and her predecessor, Late Usman Musa Dalau for providing the right level of coordination in the strategic plan development. Hajiya Amina Isa, the former State Nutrition Officer (SNO) for her leadership and support to the plan development process. Professor Kola Anigo of Ahmadu Bello University Zaria, an Independent Human Capital Development Consultant for his technical Lead and Facilitator and synthesizer writer. Nutrition specialist at UNICEF, Kaduna, Mrs. Chinwe Ezeife not only facilitated the two key result areas on Maternal, Infant, Young Child Nutrition and Community Management of Acute Malnutrition (CMAM), but also the overall analysis of costs and provision of RUTF. The UNICEF Kaduna C Field Office also provided additional support SNO and the State Primary Health Care Development Agency (SPHCDA) who supported drafting of the State CMAM site plans and ANRiN Niger State supported the development of CMAM scale-up action plans in the State. Dr. Inuwa Junaidu, Asmau Mohammed (SNO) for providing the technical and coordinating function for the health sector team. We also acknowledge with a deep sense of appreciation Dr. Ibrahim Dangana, Executive Director, State Primary Healthcare Development Agency, and Dr. Mohammed Makun-sidi for his leadership and guidance.

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The Nutrition Specific interventions was chaired by Dr. Ibrahim Abubakar Garba and facilitated by Umar Alhassan and Hajiya Fatima Mohammed. Mr. Bala chaired the Key Result Area of Nutrition Information System/Behaviour Change Communication, which was facilitated by Mary Noel Berje (NAWOJ), Aisha Wakaso, Mary Jalingo (Late). Water and Sanitation team Chaired by Abubakar Sadiq Idris, the permanent Secretary and facilitated by Samuel Ndagi Tsado (WASH).

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# CHAPTER ONE

## 1.1 Background

The Niger State Food and Nutrition Policy provides the framework for addressing problems of food and nutrition insecurity at all levels in the State. It serves as a guide for the identification, design and implementation of intervention activities across various sectors to ensure adequate nutrition and health of Nigerlites. 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 and coordination of programmes as well as interventions emanating from the implementation of such policies has always been a challenge. The State policy on food and nutrition has placed the responsibility for the coordination of nutrition activities on the Niger State Planning Commission (NSPC) which has the responsibility to coordinate all State policies and programmes across the various sectors.



In 1997, the State Committee on Food and Nutrition (SCFN) was constituted and resuscitated in 2010. The Committee is responsible for coordination and harmonization of food and nutrition policies and programmes in the State. Membership of the committee is made up of Permanent Secretaries of the frontline Ministries, Departments and Agencies (MDAs), chaired by the Permanent Secretary, State Planning Commission. Other members include Head of Nutrition related Departments of all tertiary institutions in the State, Representatives of Children Parliament, NAWOJ, National Council of Women Society, Media, RAISE Foundation, FOMWAN, WOWICAN, SON, NAFDAC and the State Nutritionist (Secretary).

The mandates of the committee are as follows:

- Coordination and harmonization of all food and nutrition work plan of all MDAs into the State programmes.
- Providing forum for exchange of views and experiences among the bodies implementing nutrition related programs in the State.
- Conducting advocacy/sensitization on food nutrition and ensuring effective implementation of sectoral policies and programs as they relate to their work plan on food and nutrition.
- Source and ensure the availability of funds from the State for implementation of Nutrition-related activities.
- Organizing policy and program reviews periodically with emphasis on the impact of food and nutrition.
- Coordinates, analyzes and disseminates food and nutrition statistics and data in the State.
- Liaising with Development Partners and other institutions to leverage funds and material to support Government initiatives.
- Collaborating closely with Agencies in the State in handling all food and nutrition related matters including planning, monitoring, coordination and administration of food and nutrition programs at the State and LGAs.



- Undertaking nutrition surveillance using specific harmonized nutrition indicators with a view to sharing such information and reports.

### ***1.2 Food and Nutrition Situation in Niger State***

Malnutrition and nutrition related diseases has continued to be problems of public health importance in the State with high under-five mortality rate of 123 per 1,000 live births. Malnutrition is the major cause of 53% of these deaths.

In Niger State, about half a million people representing 8.5% of the total population are undernourished. The 2018 Nigeria Demographic and Health Survey (NDHS) reported 33.9% of children under five as being stunted, 16.2% as underweight, and 5.4% as wasted. In addition to inadequate basic protein and energy foods, the immediate causes of under-nutrition are inadequate micronutrients such as vitamin A, iodine, iron, and zinc. Almost 13% of women are anaemic and 31% are iodine deficient, while close to 30% of children under five years are vitamin A deficient (VAD) and 20% are zinc deficient.

In addition to high rates of under-nutrition, the State is also witnessing a rise in the incidence of Diet Related Non-Communicable Diseases (DRNCD) such as Obesity, Diabetes Mellitus, and Cardiovascular diseases. The 2013 NDHS reported that 18.1% of women were overweight or obese, with the frequency increasing with age, education, and wealth. Globalization, urbanization, lifestyle transition, socio-cultural factors, and poor maternal, foetal and infant nutrition are all major causes of the increase in DRNCD. Underlying these problems of malnutrition are a number of issues such as poor maternal nutrition, suboptimal infant and young child feeding (IYCF) practices, inadequate health services and limited access to nutritious foods. According to the 2014 SMART survey, breastfeeding is a common practice in Niger State, yet only 32.1% of children less than six months of age are exclusively breastfed (WHO recommendation). Infants should not be given water, juices, other milks, or complementary foods until six months of age. SMART survey conducted in North Central Zone where Niger State belongs found that 32.1 % mothers of infants under six months were practicing exclusive breastfeeding (EBF).

For families that receive education surrounding appropriate IYCF lack access to affordable foods with sufficient quantities of micro and macronutrients required for a growing infant. These nutrients are lacking not only for the child, but also for the mother during pregnancy and breastfeeding. Foods currently in the market are relatively affordable for many of the poorest and most vulnerable. The poor feeding practices among the poor worsens high burden of disease with preventable or treatable infectious diseases such as malaria, pneumonia, diarrhea, measles, and HIV/AIDS accounting for more than 70% of the estimated one million under-five deaths in Nigeria.

### ***1.3 Causes of Undernutrition in Niger State***

It is widely accepted that malnutrition has many causes from inadequate food, improper feeding, to poor caring practices due to poor economic situation. Poor infant and child feeding practices also compounded the many nutritional problems in the State. Babies are deprived of crucial immunization against bacteria and viruses in some parts of the State when they are most vulnerable to them. The low status and particularly the low level of education of women is another key cause of malnutrition. A mother's malnutrition is closely linked to malnourishment in her newborn and children.

Another key cause of malnutrition is inadequate access to good roads, healthcare, adequate water and sanitation. In Niger State, 37.9% (NDHS 2013) of infants receive all basic vaccinations, 45.1% do not have safe drinking water, and 54.8% do not have a safe way of disposing of human waste. The poor environmental sanitation and unsafe drinking water result in a high prevalence of infectious and parasitic diseases, particularly in infants and children, which further aggravates their already poor nutritional status. Poverty also plays a prominent role as a cause of malnutrition. The poorest 20% of children are three times more likely to be underweight than the richest 20%.

#### ***1.4 Consequences and Impact of Malnutrition***

There is growing evidence that maternal weight is strongly associated with the weight of newborn children. Undernourished women tend to become shorter adults, and thus are more likely to have small children. Some studies have even shown that for every 100g increase in maternal birth weight, her child's birth weight increased by 10-20g (in developed countries) and by 29g (in low-income countries). In low-income countries, the same studies also show that birth length can rise by as much as 0.2cm for every 1cm increase in a mother's birth length. In addition, maternal height is associated with birth weight of their grandchildren, confirming the long-term repercussions of maternal nutrition.

Under-nutrition in pregnant women is also one of the causes of adverse pregnancy outcomes such as miscarriage, still birth, and Intra-Uterine Growth Restriction (IUGR). Children born with Low Birth Weight (LBW) are more susceptible to recurrent infections whose severity is closely linked with child nutritional status. Emerging evidence points to the fact that children who are undernourished in the first two years of life and who put on weight rapidly later in childhood and in adolescence are at high risk of Diet Related Non-Communicable Diseases (DRNCD) such as diabetes, hypertension, arthritis, gout, certain types of cancers, and heart disease among others

#### ***1.5 Nutrition in Emergencies***

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



## 2.0 *FOOD AND NUTRITION ACTION PLAN (2020-2025)*

### 2.1 *Background Information*

The Niger State Policy on Food and Nutrition was adopted from the National Policy on Food and Nutrition as part of the commitment of the State to reduce hunger and malnutrition.

In recognition of the multidisciplinary and multisectoral nature of nutrition, the State government in collaboration with Development Partners commenced the process for the development of a multisectoral strategic plan of action using a multi-stakeholder participation approach. The State Multisectoral Plan of Action for Food and Nutrition was developed in line with the State Policy on Food and Nutrition in collaboration with Development Partners, Academia and Civil Society Organizations (CSOs) as well as the Private Sector. This plan of action builds on some sectoral plan of action such as the Niger State Health Strategic Plan of Action for Nutrition (NSHSPAN, 2009) and Nigeria Agricultural Sector Plan for Food Security and Nutrition. The plan of action also covers other sectoral activities such as Education, Water Sanitation and Hygiene, Women Affairs, Science and Technology, Finance as well as Partnership and Coordination. The plan covers five years period (2020 -2025). The effective implementation of the plan will address the challenges posed by malnutrition and contribute to promoting optimal nutrition for all Nigerlites as well as reduce malnutrition among the vulnerable thereby increasing productivity and economic development of the State.

### 2.2 *Rationale*

The rationale for the development of the Niger State Multisectoral Plan of Action for Food and Nutrition (NSMPFAN) is to have a document that will serve as a tool to guide the implementation of interventions and programmes by relevant sectors. This is to address the problems of hunger and malnutrition across all geo-political zones in the State. It is derived from strategies outlined in the State Policy on Food and Nutrition and will serve as a working tool to all LGAs in the effort to mitigate malnutrition and hunger. The plan will also serve as a reference material for all current and future interventions with the objective of bringing about improvement in the nutritional status of the State.

### 2.3 *Purpose of Nutrition Action Plan*

This NSMPFN will be used by all Ministries, Departments and Agencies (MDAs) and Local Government Areas (LGAs) to respond to the challenges of nutrition in the State. The Plan will direct all interventions, programmes and activities to be implemented to reduce malnutrition and hunger among the vulnerable and generality of Nigerlites leading to increased productivity, development and attainment of the Sustainable Development Goals (SDGs) by 2030.

### 2.4 *Goal, Objectives, Programme Areas and Expected Outcomes*

#### 2.4.1 *Goal*

The goal of the plan is to attain optimal nutritional status for all Nigerlites through accelerating the scaling up of high impact nutrition specific and nutrition sensitive interventions as well as creating enabling environment for improved nutrition, focusing on the most vulnerable, especially women and children as well as Internally Displaced Persons (IDPs).

### 2.4.2 Objectives

The broad objective of the plan is to achieve optimal nutritional status by the year 2025, while specific objectives are to:

- Improve food security at the states, LGA, community, and household levels.
- Reduce undernutrition in infants, children, adolescents, and women of reproductive age.
- Significantly reduce micronutrient deficiency disorders, especially among the vulnerable.
- Ensure incorporation of nutrition education into formal and informal trainings.
- Promote optimum nutrition for people in especially difficult circumstances, including people living with HIV/AIDS (PLWHA).
- Prevent and control chronic nutrition-related non-communicable diseases.
- Incorporate food and nutrition considerations into the state and local sectoral development plans.
- Strengthen systems for providing early warning information on the food and nutrition situation.
- Ensure universal access to nutrition-sensitive social protection.

The NSMPFAN consist of six result areas and twenty (20) strategic objectives with each having an expected outcome. These result areas and strategic objectives were derived from the policy and are aimed at achieving the policy objectives.

### 2.4.3 Result Areas

The seven result areas are as follow:

#### *i. Food and Nutrition Security*

The multisectoral plan of action will focus on achieving food and nutrition security through investment in agriculture to increase food production, availability, accessibility and affordability to the populace. 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.

#### *ii. Enhancing Care-giving Capacity*

Nutrition specific interventions are major focus of this plan of action, programmes and activities that 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.

#### *iii. Enhancing Provision of Quality Health Services*

Inadequate health care services are underlying causes 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.

#### ***iv. Improving Capacity to Address Food and Nutrition Insecurity Problems***

Creating 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 vulnerable groups will be taken care of through implementation of nutrition sensitive social protection programmes.

#### ***v. Raising Awareness and Understanding the Problem of Malnutrition***

Some causes of malnutrition are socio-cultural and behavioural in nature. The plan articulates programmes/activities that will promote positive behavioural change and lifestyle through advocacy, communication, social mobilization, healthy lifestyles and dietary habits.

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

Adequate funding and resources for implementing food and nutrition activities to reduce malnutrition have always been a challenge to the State. This NSMPFAN includes aggressive strategies for resource mobilization and investment for nutrition. Activities to improve budget allocation, timely release and utilization of funds as well as strengthening the coordination capacity of both institutions and personnel responsible for policy and programme coordination are also included.

#### ***vii. Coordination***

The framework for institutional arrangement for Niger State Policy on Food and Nutrition placed the responsibility for coordination of the policy and plan of action on the Niger State Planning Commission (NSPC). This is to ensure effective coordination of result-oriented projects and programme. The Niger State Committee on Food and Nutrition under the Chairmanship of the Permanent Secretary NSPC is the highest decision-making body on Food and Nutrition in the State. The Committee comprise representatives of relevant MDAs not below the rank of Director, representatives of relevant Professional bodies, Development Partners, Civil Society Organizations, Tertiary Institutions and Research Institutes. All food and nutrition activities will be coordinated at the LGA levels by Local Government Committee on Food and Nutrition (LGCFN). It is also expected that Ward Committee on Food and Nutrition (WCFN) will be formed to coordinate implementation of nutrition activities and programmes at the ward level. The NSPC is the secretariat of the State Committees on Food and Nutrition.

### **2.5 NSMPFAN 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

## CHAPTER THREE



### 3.1 Costing

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

- (1)  $\text{Annual Activity cost} = \text{unit cost} * \text{annual target units}$
- (2)  $\text{Total activity cost} = \sum (\text{annual cost} * \text{annual target units})$
- (3)  $\text{Intervention total cost} = \sum \text{activity total cost}$
- (4)  $\text{Program total cost} = \sum \text{total interventions cost}$
- (5)  $\text{NMPFAN total cost} = \sum \text{Programme total cost}$

### 3.2 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 four zonal consultative meetings as well as the final costing workshop both under the leadership and guidance of the MBNP.

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

### 3.3 Costed NSMPAFN Timeframe

Although the Niger State Policy on Food and Nutrition has an operational duration which is over an 8-year period, it was agreed among stakeholders that the proposed costing of the NSMPAFN should only be for a five-year (05) period. This is in line with costing done in other States and will not be far off from the three-year period over which MTEF-FSP will be implemented. Moreover, although costing can be made for the 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 (2018-2022) is most appropriate.

### 3.4 Target Groups and Intervention by States

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

The Strategic Plan propose the scaling up nutrition intervention across Nigeria but priority should be given to scaling up interventions (both specific and sensitive) in States where the incidence of stunting exceeds 40% and that of severe stunting 20%, in line with the recommendations of the costing study carried out by the World Bank. It is recommended that full package of nutrition specific and nutrition sensitive interventions be implemented simultaneously in these priority States 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 intervention logic and activities, unit costs of these activities and the budget required for their implementation over the five years period.

### ***3.5 Intervention Approach***

The interventions of the Operational Plan are the activities selected to achieve the expected results of the Multisectoral Strategic Plan for Nutrition 2019-2023. These interventions have been identified through multi-stakeholder participatory process which brings together representatives from MDAs, CSOs, Academia, CS-SUNN, UNICEF, and IFAD-VCD. These interventions were chosen because of their proven efficiency and cost effectiveness and within the specific nutrition context in Niger State. The implementation of the plan of action will be led by the various MDAs of government across the State supported by other stakeholders using existing government's delivery platform (Health Facilities, Schools) and community structures and systems. This intervention approach is based on long-term and sustainable development planning to combat chronic malnutrition in Niger State.

### ***3.6 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 according to WHO-CHOICE criteria (WHO 2014)<sup>10</sup>. 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 year (DALY) 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, Women Affairs and Social Development etc.

### ***3.7 Costing Methodology***

The costed scaling up plan presents the estimated costs for all six result areas and 20 interventions (both nutrition specific and nutrition sensitive interventions) that represents the modified version of the 10 specific and sensitive intervention programmes advocated by the Lancet series.

The methodology 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 Niger State, taking into account the context in which these services are delivered.

This micro-costing method provided opportunity to establish costs by activities and results are presented in the Tables (1-2). At this stage of strategic planning, the future value of costs was not calculated and therefore the effect of inflation is not neutralized on cost estimates. It should be noted that the cost estimate was made in Nigeria National Currency (Naira) and no conversion into USA dollars was made. Furthermore, even though the Niger 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.

### ***3.8 Total Annual Costs***

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

The Niger State Planning Commission (NSPC) is the Agency tasked to coordinate the implementation of the NSMPAFN by the Government of Niger State. 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 NSPC in collaboration with the other sectors.

Table 1 shows the cost of interventions. The estimated total cost of implementing 20 specific and nutrition-sensitive interventions across the State "full coverage scenario" that would require a public investment over the five-year period (2019-2023) is ₦7,614,167,404.25 with an average annual public investment cost estimated at ₦ 1,522,833,480.80.

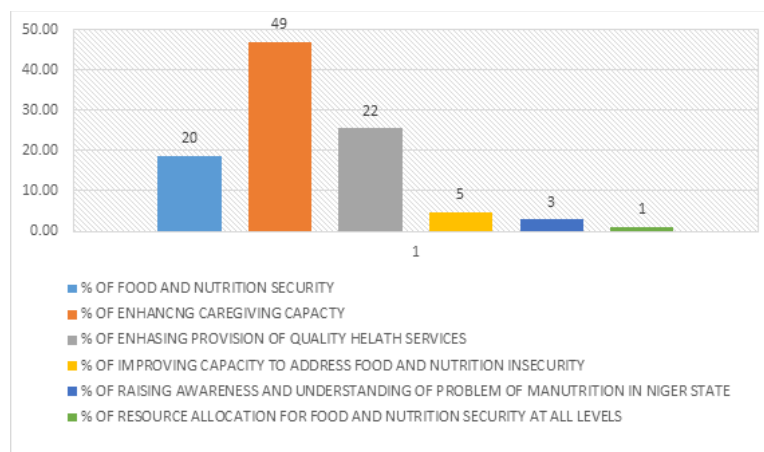


**Table 1**  
**Annual Costs (Naira) Per Program Area 2019-2023**

RESULT AREA	2019	2020	2021	2022	2023	Total Cost	%
Food and nutrition security	322,263,303	284,921,730	290,491,295	322,263,303	267,045,227	1,486,984,858	20%
Enhancing caregiving capacity	759,387,143	765,036,365	776,398,511	706,510,456	755,143,786	3,762,476,261	49%
Enhancing provision of quality health services	328,755,334	348,739,829	261,632,483	325,244,512	394,926,110	1,659,298,268	22%
Improving capacity to address food and nutrition insecurity	75,325,000	73,574,355	77,907,705	78,657,450	73,477,360	378,941,870	5%
Raising awareness and understanding of problem of malnutrition in Niger State	42,456,910	41,529,410	66,529,410	41,529,410	41,529,410	233,574,550	3%
Resource allocation for food and nutrition security at all levels	18,186,158	18,745,148	18,839,624	18,377,989	18,744,678	92,893,597	1%
Estimated total cost	1,546,373,848	1,532,546,837	1,491,799,028	1,492,583,120	1,550,866,571	7,614,169,404	100%

When viewed across the sectors as shown in Fig 1, the health sector which covers two result areas (2 and 3) i.e. enhancing caring capacity and strengthening the provision of quality health services will require respectively **49%** and **22%** of the total budget over the next five years. This is an indication that the main thrust of the NSMPAFN is on prevention rather than cure. The agriculture sector covers result area 1 which is ensuring food and nutrition security at all levels. The total cost of implementing the interventions in this sector amounts to **20%** of the total cost of the overall investment required over the five-year period. Improving capacity address food and nutrition insecurity cover result area 4, will require **5%** of the total budget. While raising awareness and understanding of problem of malnutrition in Niger State and resource allocation for food and nutrition security at all levels, which cover result area 5 and 6 will require **3%** and **1%** respectively.

**Figure 1: Percentage Coverage of the Six Result Area**



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

**Table 2**  
**STRATEGIC ACTIVITIES FOR IMPLEMENTATION OF NIGER STATE POLICY ON FOOD AND NUTRITION (2020 -2024)**

STRATEGIC ACTIVITIES FOR IMPLEMENTATION OF THE NATIONAL POLICY ON FOOD AND NUTRITION (2019-2025)						
PROGRAMME AREA 1: FOOD AND NUTRITION SECURITY						
TOTAL COST: 1,504,315,451.21						
Strategic Objective 1.1: Ensuring Food and Nutrition Security at the State, LGAs Community and Household						
Activities	Indicators	Lead Agency	Time Frame	Indicative Costing	Other Agencies/Organizations	
1	Quarterly campaigns on the consumption of Vitamin A, and micronutrient rich foods to 60,000 Households in 6 LGAs	MARD	2020-2024	17,029,995.51	Organized Private Sector, BoA, BoI, Coop Dept., State Commodity promotion Agency, LGAs Dept. of Agric	
2	Promote production of nutrient rich varieties (orange flesh sweet potato, high protein maize, cassava, and cowpea) through distribution of certified seeds/cuttings of vitamin A & micronutrient enriched food crops to 500 small scale farmer groups in 6 LGAs	MARD	2020-2024	19,013,750.00	Organised Private Sector, Development Partners, MWR & DD	
3	TOT for 175 Agricultural extension officers on production of vitamin A & micronutrient enriched food crops	MARD	2020-2024	6,466,750.00	Organised Private Sector, Development Partners, MWR & DD	
4	a. Provide starter packs for 30 fruits farmers groups (600 farmers) in 3 zones b. Provide starter packs for 30 vegetable farmers groups (600 farmers) in 3 zones (including women for HH gardening)			7,584,915.00		
5	(a) Promote the production of small ruminant (sheep & Goat) by 120 women groups through provision of starter packs.	MARD	2020-2025	12,048,855.00	Academia, Higher institutions, Agency, LGAs Dept. of Agric, NAPRI, MLFD and Donor Partners	
6	Provide support to prepare 2,000 copies of brochure on 5 value chain commodities for nutritional/health benefits.	MARD	2019-2023	1,050,000.00	MoH, NSPHCDA, MOARD	

7	Provide 200 smoking kilns to clusters of small-scale women fish farmers	1. No of farmers clusters identified	MARD	2019 – 2023	4,073,000.00	MoH, NSPHCDA, MOARD
8	Conduct Capacity building for 1500 food and nutrition teachers on production of Nutritious foods	1. No of Teachers trained (M/F)	MOE	2020 – 2024	60,827,300.00	MoH, NSPHCDA, MOARD
9	Conduct Capacity building for 1500 food vendors and cooks in schools on nutritionally adequate meals using locally available foods	1. No of food vendors and cooks trained (M/F)	MOE	2020 – 2024	60,827,300.00	MoH, NSPHCDA, MOARD
10	Provide 2000 improved tree crop planting materials (Oil palm, mango, oranges cashew etc) to 50 farmer groups per zones across the State to promote food & nutrition security	1. No of improved planting materials distributed to farmers groups	MARD	2019 – 2025	2,513,300.00	Organized Private Sector, BoA, Bol, Coop Dept., State Commodity promotion Agency, LGAs Dept. of Agric, NIHORT and Donor partners
11	Conduct bi-monthly advocacy visit to relevant financial institutions to promote increased access to Micro - Credit facilities to farmers at single digit interest rate especially for Women farmer groups to expand farm operations	No of advocacy visits conducted No of women accessing micro credit facility	MARD	2019 – 2025	9,117,291.56	Organized Private Sector, BoA, Bol, Coop Dept., State Commodity promotion Agency, LGAs Dept. of Agric, NAPRI and MLFD
12	Conduct quarterly Advocacy visit to LGAs & traditional institution for land development/clearing for increased women access to land for agricultural activities in 10 LGAs	No of hectareage developed/cleared No of hectares accessed by women	MARD	2019 – 2025	2,486,534.06	Development Partners, Organized Private Sector, Academia, Professional Associations, and NAERLS
13	Support water supply, sanitation and hygiene interventions in 30 emergency settings and rural areas	No of functional water supply systems, No of functional toilet and hygiene systems both in emergency settings and rural areas	MWRS&DD	2024 – 2025	37,125,000.00	RUWATSAN, SEMA, NGOs, Development Partners
14	Construction of 30 sanitation and hygiene facilities in IDPs camps, public places and institutions	No of sanitation and hygiene facilities constructed, No of functional water supply systems , No of functional toilet systems in both in emergency settings and rural areas	MWRS&DD	2020 – 2024	24,450,000.00	RUWATSAN, SEMA, NGOs, Development Partners

15	Promote the formation of women into sustainable 125 cooperative groups per annum for the provision of grants and revolving loans	1. No of women cooperative groups formed in 25 LGAs in Niger State 2. No of cooperative groups that received grants and revolving loan	MOWASD	2020 – 2024	21,125,000.00	BOI, BoA, MOARD, and commercial banks. Min. of commerce and investment
16	Promote awareness on improved food quality and safety through electronic and print media	1. No of media airing Food safety and hygiene messages 2. No of jingles aired 3. No of jingles, Prints & messages produced	NOA	2020-2024	10,360,000.00	MOI NSPH CDA, Media,
<b>Strategy 1.2: Increasing Availability, Accessibility and Affordability to Food</b>						
17	Conduct quarterly advocacy visit to LGAs and communities for rehabilitation of the existing rural road network	1. No of advocacy meeting held with relevant stakeholders No of roads mapped for rehabilitation	MARD	2019 – 2025	6,216,335.16	Organized Private Sector, BoA, BoI, Coop Dept., State Commodity promotion Agency, LGAs Dept. of Agric and NIHORT
18	Rehabilitation of rural roads (3km per LGAs) for easy transportation of farm produce	2. No of rural roads rehabilitated	MWRS&DD	2019 – 2025	290,095,640.63	RUWATSAN, SEMA, NGOs, Development Partners
19	Construction of new rural roads (5km per LGAs) for easy transportation of farm produce	3. No of new rural roads constructed of farmers linked with processors No of farmers accessing offtake mechanisms	MWRS&DD	2019 – 2025	690,703,906.25	RUWATSAN, SEMA, NGOs, Development Partners
20	Create linkages between farmers and processors to scale up offtake mechanism for food crops to increase availability of food products	No of off takers identified	MARD	2019 – 2025	2,390,000.00	Ministry of lands, MOWASD and Donor partners
21	Training of 100 seed entrepreneurs across three zones	No of youth and women trained No quantity of seed / seedling produced	MARD	2019 - 2025	57,804,163.91	NSEMA, MOI, NOA, NIMET and Donor partners
<b>Strategy 1.3: Improving Food Harvesting, Processing and Preservation</b>						
22	Train 1000 farmers on appropriate use of fertilizers (organic/inorganic), herbicides and pesticides	No of trainings conducted. No of farmers trained.	MARD	2019-2025	6,790,063.17	MOW&ID, Donor PARTNERS, LGAs,CSO
23	Conduct 16 regular Stakeholders meeting on reduction of postharvest losses	1. No of meetings conducted; 2. No of stakeholders reached	MARD	2019-2025	5,745,396.63	Organized Private Sector, MCI & C, NCEPA, CSOs and Donor partners
24	Promote the use of hermetic storage bags to 10,000 small holder farmers for food preservation	1. No of farmers reached 2. No of hermetic storage bags procured and distributed	MARD		1,052,675.00	OPS, BoA, NOA/MOI, NCRI, IITA, NIHORT

25	Create awareness to 10,000 farmers on the use of Aflasafto minimize aflatoxin contamination along the value chain	1. No of farmers groups sensitized on availability of aflasaft	MARD	2020-2025	370,672.75	Partners, MOWASD, MCI
26	Provide 6 modern drying slabs for women groups to present post-harvest losses, enhance quality and nutrient retention	1. No of modern drying slabs constructed	MARD	2019-2025	11,072,000.00	LGAs, OPS, Partners,
<b>Strategy 1.4: Improving Food Preparation and Quality</b>						
27	Review State food recipes book in line with the State Food Based Dietary Guidelines	No of food recipes developed.	MARD		350,000.00	Academia, UNRBDA, NARIs, OPS, NOA/MOI
28	Print 10,000 copies and disseminate to schools, workplaces and food vendors	No of schools, workplaces and food vendors using the food recipes	MARD	2019 – 2025	350,000.00	Academia, NARIs, OPS, NOA/MOI
29	conduct trainings for 5000 food vendors/processors for value addition	1 No of training conducted	MARD	2019-2025	47,421,611.55	NOA,Media, Organised Private Sector, Professional Associations, Mol, NGOs,Academia, NARIs
<b>Strategy 1.5: Improving Management of Food Security Crisis and Nutrition in Emergency</b>						
30	Provide mobility for 250 Agricultural extension workers and Subject Matter Specialists (SMS)	1. No of operational agencies 2. No of restaurants and eateries inspected 3. % of restaurants and eateries inspected at least 4 times in a year	MARD	2019-2025	71,298,705.50	OPS
31	Conduct quarterly coordination meeting on early warning mechanisms to cope with food emergencies at community level	1. No of coordination meetings held 2. No of partners involved	MARD/MLFD	2019 – 20225	64,062,500.00	Organized Private Sector, BoA, BoI, Coop Dept., State Commodity promotion Agency, LGAs Dept. of Agric and MLFD
32	Training of 250 Agricultural extension workers and Subject Matter Specialists (SMS) on security crisis & nutrition in emergency		MARD	2020-2025	442,050.50	Private Sector, Partners
<b>Strategy 1.6: School-based Strategies</b>						
33	Review Modules in Agriculture, Livestock and fisheries training to improve nutrition	No of meetings held No of schools using module	MARD		6,794,151.00	
					<b>16,257,293.66</b>	
					4,440,000.00	

34	Promote and support dietary diversity through increased production and consumption of locally available foods in 120 sites.	1. No of Nutrition corners (health facilities, community structures & outreach campaigns) using diversified local foods for food demonstration. 2. No of under-utilized crops integrated into the food system.	MARD	2018-2023	5,596,359.33	SOME, MOH, Research Institutes, Universities, NARIs
35	Provide Agro inputs to strengthen 200 school farms-garden	No of schools that accessed Agro inputs	MARD	2019-2025	6,220,933.33	SOME, NSPC, SEB

PROGRAMME AREA 2: ENHANCING CARE GIVING CAPACITY							TOTAL COST: N 3,737,430,828.00
Strategic Objective 2.1 Ensure Optimal Nutrition in the First 1,000 Days of life							3,332,214,425.00
Activities	Indicators	Lead Agency	Time Frame	Indicative Costing	Other Agencies/Organizations		
1	Promote awareness on Girl Child Education, end Child Marriage and adolescent nutrition and health related practices	MOWASD	2020-2024	30,424,750.00	MOI, MOE, NOA, MEDIA, NGOS, WASH, NSPHCDA, Community leaders, CBOs.		
2	sanitization on Child Right Law implementation in 25LGAs of the State	MOWASD	2020-2024	19,475,000.00	NSPHCDA, MOA, MOI, Security Agencies, NGOs/CBOs, FBOs		
3	Upgrade and functionalize the existing creche in the State secretariat complex and establish new one at the old secretariat to promote Exclusive Breastfeeding and complementary feeding	MOWASD	2020-2024	13,173,100.00	CBOS, NSPHDCA, MOI,		
4	Capacity Development training for 25 Principal Women Development Officer (PWDO) and 35 Gender Desk Officers on Nutrition education	MOWASD	2020-2024	N5,425,000	NSPHCDA, MLG&CA		
5	Training of Principal Women Development Officers (PWDOs) and Head of Department of Home Economics of the 25LGAs on production of food supplement to avert malnutrition	MOWASD	2020-2024	N36,473,050	NSPHCDA, WASH, MARD		
6	Sensitization meeting with the officials of all groups of People With Disabilities (PWDs) in the state capital	MOWASD	2020-2024	N2,847,160	NSPHCDA, WASH, MOI		
7	Sensitization and awareness creation by visiting Leprosarium Chanchaga	MOWASD	2020-2024	N4,044,000	NSPHCDA, WASH, MOI		
8	Sensitization and awareness creation by visiting Leprosy Community Tunga, Mimma	MOWASD	2020-2024	N4,044,000	NSPHCDA, WASH, MOI		

9	Sensitization and awareness creation by visiting Blind Community Limawa, Minna	No. of visit made	MOWASD	2020-2024	N4,044,00	NSPHCDA, WASH, MOI
10	Sensitization and awareness creation by visiting SCIAN Community Old People Home Minna	No. of visit made	MOWASD	2020-2024	N4,044,00	NSPHCDA, WASH, MOI
11	Provide incentives to pregnant women, mothers and other care givers to motivate utilization of health facilities	No of pregnant women the receives incentives No of pregnant women that utilized health facilities.	SPHCDA	2020 - 2025	37,086,004.00	SMOH, ANRIN, Development Partners
12	Provision of Iron-folic acid supplementation for pregnant women during routine ANC services	No pregnant women that receive Iron Folate	SPHCDA	2020 - 2025	37,130,399.00	NSPC, UNICEF, SMOH, ANRIN
13	Provision of vitamin A supplementation during routine services for under-5 children at PHCCs	% of eligible children that receive Vitamin A supplementation	SPHCDA	2020 - 2025	2,812,282,045.00	SMOH, NSPC, UNICEF
14	Sustain on-going activities to promote women's nutritional status through Dietary Counselling during Adolescent, Pregnancy and Lactation	No of adolescents, pregnant women and lactating mothers that receive dietary counselling	SPHCDA	2020 - 2025	39,143,330	SMOH, NSPC, MWASD ANRIN, FMWASD,
15	Promote Early initiation of breastfeeding within 30 minutes of delivery	No of HCWs sensitized on exclusive breastfeeding. No of HF's promoting early initiation of breastfeeding within one hour after delivery	SPHCDA	2020 - 2025,	6,724,206.00	SMOH, NSPC, Ministry of Information & Culture, CSOs, Development Partners
16	Promote and Support Exclusive Breastfeeding from 0 up to 6 months up until 24 months and beyond	No of children exclusively breastfed No of children above 12 months that continued breastfeeding	SPHCDA	2020-2025	145,285,198.00	SMOH, ANRIN, UNICEF, Development Partners
17	Establish Baby Friendly Centers in health facilities	No of Baby friendly Health facility centres established	SPHCDA	2020 - 2025	118,355,786.00	SMOH, UNICEF, Development Partners
18	Promote the establishment of 15 Food demonstration corner in 15 health facilities across 3 LGAs	No of Health facilities with functional nutrition corners	SPHCDA	2020 - 2025	14,807,331.00	SMOH, ANRIN, UNICEF, Development Partners
19	Scale up C-IYCF training and counselling for optimal infant and young child feeding practices.	No of HCWs trained No of CV trained No of WHDC members trained	SPHCDA	2020 - 2025	26,624,820.00	NSPC, SMOH, CSOs, UNICEF, ANRIN, Development Partners
20	Conduct Social and Behaviour Change Communication activities on IYCF targeted at adolescents, pregnant women, and caregivers at all levels.	No of dialogues conducted. No of IYCF targeted women/caregiver reached	SPHCDA	2019-2025	8,026,278.00	MWASD, NSPC, SMOH, NOA, ANRIN, UNICEF MDAs
21	Sensitization of care givers especially grandmothers, mothers- in- law for optimal nutrition practices.	No of sensitization visits conducted. % of communication channels utilized within the visit No of grandmothers, mothers-in-law that received the information	SPHCDA	2019-2025	7,465,927.00	MWASD, SMOH, NOA, UNICEF, ANRIN, CSOs, Development Partners
22	Training Emergency Managers on mainstreaming Nutrition in Feeding Programmes targeted at the vulnerable groups in Emergency Situations	No of emergency managers trained on mainstreaming Nutrition in Feeding programme	SPHCDA	2020 - 2025	16,213,351.00	SEMA, MARD, UNICEF, ANRIN, WASH Development Partners



<b>Strategic Objective 2.2: Caring for the Socioeconomically Disadvantaged and Nutritionally Vulnerable</b>				<b>405,213,403.00</b>
23	Training and Triggering 30 Communities on community led total sanitation	No of communities triggered 2. No of participants trained	MWR&DD	26,731,200
24	Training of 30 WASHCOMs and Establishment of WASHCOMs in 10 communities	No. of WASHCOMs established. 2 No of WASHCOMs trained	MWR&DD	23,580,000
25	Training on Hygiene and hand washing promotion; and menstrual hygiene management in 30 communities	No. of hand washing site. 2. No of hand washing demonstration sessions. 3. No of available hygiene kits	MWR&DD	23,580,000
26	Provision of potable water supply (boreholes) in 50 PHCs to promote sanitation and hygiene	No of boreholes drilled, availability of sanitation and hygiene facility	MWR&DD	321,780,000.00
27	Engage the WHDC members to support community level action in nutritional care of vulnerable groups in 5 LGAs	No of dialogue meeting conducted No of vulnerable groups receiving nutritional care	SPHCDA	9,542,203
				SMoH, ANRIN, UNICEF, WASH , CSOs and development partners

<b>RESULT AREA 3: ENHANCING PROVISION OF QUALITY HEALTH SERVICES</b>						Total Cost: <b>N54,213,859,000</b>
<b>Strategic Objective 3.1: Reduce Morbidity and Mortality Associated with Malnutrition</b>						<b>1,659,298,268</b>
<b>Activities</b>	<b>Indicator</b>	<b>Lead Agency</b>	<b>Timeframe</b>	<b>Indicative Cost</b>	<b>Other Agencies</b>	
1	Review growth monitoring and promotion guidelines	No of Reviews conducted	2020-2025	8,204,399	SMOH, UNICEF, ANRIN, Partners	
2	Promote regular monitoring of growth and development at health facilities and communities.	% of site visits carried out to health facilities No of records of children monitored	2020 - 2025	88,746,537	SMOH, UNICEF, ANRIN, Partners	
3	Disseminate information on nutrition care and key household practices through mass media and institutions, FBOs, CBOs, CSOs, NGOs and Professional groups across the 5 LGAs	No of handbills developed and disseminated No of jingles aired on electronics media No of newspaper publication, No of seminars for CSO and coordination of stakeholders (FBOs, CBOs, NGOs).	2020 - 2025	34,839,188	SMoH; SPHCDA, MOI; NOA; Media CSOs, FBOs, CBOs, NGOs	
4	Conduct advocacy visit to community leaders in 50 selected communities for utilization of PHC services	No of community leaders visited No of advocacy visits conducted	2020 - 2025	2,571,657	SCFN(	
5	Training of community health promoters in catchment areas and Scale up the 7 CMAM sites.	No of CMAM (OT) sites established	2020 - 2025	140,457,962	SMoH; MWASD ; UNICEF, ANRIN	
6	Organize seminars, lectures, on key household practices including IYCF, HIV/AIDS for 100 Health Workers and 1 00 Religious Leaders in 5 LGAs	No of people sensitized, No of seminars conducted for Health workers.	2020 - 2025	12,078,678	SPHCDA ; MWASD WASH ,SACA,UNICEF,ANRIN,PARTNERS	

7	Counselling and food demonstration to 5000 caregivers (1250/quarter) of children 6-23 months with moderate acute malnutrition (MAM) in 5 LGAs	% of caregivers counselled on MAM demonstration	SPHCDA	2020 - 2025	36,436,322	UNICEF, ANRIN, Development partners, CSOs
8	Procurement 3,785 cartons of RUTF for Blanket Supplementary Feeding (BSFP) in all areas of high prevalence malnutrition	No of RUTF procured	SMOH	2020-2025	522,547,212	SPHCDA, ANRIN, UNICEF and Development Partners,
9	Provide and scale up distribution of 2630,830 units of micronutrient powder (MNP) for children 6 - 23 months in 10 LGAs (2 LGAs per year)	No of children under 5 reached with the supplementary feeding No of micronutrient powder provided No of children 6 - 23 months that receive MNP	SPHCDA	2020-2025	683,075,470	SMOH, UNICEF, ANRIN, Development Partners
10	Strengthen active case finding of SAM and subsequent treatment 7 secondary health facilities	No of SAM cases referred (from communities to (CMAM sites No of SAM cases treated No of trained CVs retained	SPHCDA	2020 - 2025	129,882,225	UNICEF, SMOH, Development Partners
<b>Strategic Objective 3.2: Preventing and Managing Nutrition Related Diseases</b>						
11	Identifying risk factors, providing education, and increasing services for DRNCD	No of nutrition (lifestyle education) materials developed and produced; No of health facilities with activities to reduce DRNCD No of media houses airing (nutrition and lifestyle (education programmes, (No of Health workers trained to identify risk factors (	SMOH	2020 - 2025	101,519,553 10,644,521	N598,426,125,500 SPHCDA, MOI, CSOs, NAFDAC, NOA
12	Promote advocacy, communication & social mobilization to strengthen the implementation of bi-annual MNCHW at community across the 25 LGAs		SMOH	2020-2025	10,867,949	SMOH, UNICEF, ANRIN, Development Partners
<b>Strategic Objective 3.3: Preventing Micronutrient Deficiency</b>						
13	Quarterly monitoring and evaluation of micronutrient supplementation programme performance at community and LGA levels	No of mobilized communities No of community gatekeepers reached No of planning meeting conducted at community level	SPHCDA	2020-2025	297,195,595 8,810,805	SMOH, SOML, UNICEF, NOA, CSOs, Development Partners, FMWASD
14	Strengthen Bi-annual implementation of MNCH Week	No of supportive supervision of micronutrient supplementation programme conducted % of coverage of micronutrients supplementation (vit. A) No of children reached with vitamin A supplementation	SPHCDA	2020 - 2025	21,665,742	NSPC, UNICEF, ANRIN, Development Partners
15	Procurement and distribution of iron folate, folic acid and de-worming tablet for MNCHW	No of MNCHW held % of children 6 - 59 months and pregnant women reached	SPHCDA	2020 - 2025	32,500,592	SMOH, ANRIN, SOML, UNICEF, Development Partners,

RESULT AREA 4: IMPROVING CAPACITY TO ADDRESS FOOD AND NUTRITION INSECURITY							Total Cost: 383,871,975.78
Strategic Objective 4.1: Assessing, Analyzing and Monitoring Nutrition Situations							
Activities	Indicators	Lead Agency	Timeframe	Indicative Cost	Other Agencies		
1	Conduct on the job training for 875 teachers on the establishment/ activation of school gardens in 200 schools (Primary and Secondary).	MOE	2020-2024	200,540,537.02	SUBEB; MARD; NSPC, OPS, Academia and Research Institutes		
2	Conduct training for 1,250 students on the Establishment/activation of school gardens in 200 schools (Primary and Secondary).	MOE	2020-2024	12,983,349.85	SUBEB; MARD; NSPC, OPS, Academia and Research Institutes		
3	Establishment/activation of school gardens in 200 schools (Primary and Secondary).	MOE	2020-2024	104,328,072.90	SUBEB; MARD; NSPC, OPS, Academia and Research Institutes		
4	Organize training to update 500 teachers in Primary and Secondary schools on Food and Nutrition in 7EZs	MOE	2020-2024	33,071,511.85	NSPC; SUBEB, SCFN; NTI and OPS		
5	Provide 875 SBCC materials on Nutrition for teachers	MOE	2020-2024	11,843,158.25	MI&C; MoH; MARD; SCFN and OPS		
6	Provide 1,250 SBCC materials on Nutrition for school children	MOE	2020-2024	3,383,759.50	MI&C; MoH; MARD; SCFN and OPS		
7	Employ 30 skilled and qualified nutritionists for relevant MDAs implementing sectoral nutrition programmes and LGAs	CSC	2020	197,000.00	MARD; Academia, Research Institutes and OPS		
8	Conduct awareness creation on the establishment of home gardens to 1,000 households in 10 communities in 6 LGAs.	MARD	2020-2024	6,767,519.00	MoH and NSPHCDA		
9	Conduct awareness campaign for Traditional Rulers and Religious leaders in 8 emirates on underutilized food crops.	MARD	2020	3,700,000.00	MI&C; NAMDA, FADAMA; Academia; Research Institutes; SCFN, OPS, Development partners and MARD		
10	Build the capacity of 1,250 farmers on cultivation of functional foods and underutilized crops	MARD	2020-2024	4,060,511.40	MTEST; MARD; Research Institutes; Academia and MWASID		
11	Develop the capacity of 35 No. State Committee on Food and Nutrition (SCFN) members and 25 No. LGAs Nutrition Focal Persons on current issues, new methodologies and priority nutrition actions	MARD	2020-2024	2,996,556.00	MTEST, ; Research Institutes; Academia and MI&C		

4.2: Providing a Conducive Macro Economic Environment							470,840.91
12	Create nutrition departments/unit in Nutrition sensitive/specific MDAs	No of nutrition sensitive/specific MDAs with Nutrition departments/unit created	NSPC	NSPC	2020		NSPC and MDAs
13	Incorporate nutrition objectives into MDAs' development policies, plans and programmes.	No of MDAs with incorporated nutrition objectives in their Policies, Plans and Programmes	NSPC	NSPC	2020 - 2024	324,840.91	NSPC and MDAs
14	Review the existing State macro-economic framework to incorporate Nutrition considerations	State macroeconomic framework reviewed to incorporate nutrition considerations	NSPC	NSPC	2021	66,000.00	MDAs; Research Institutes; Academia
15	Review existing sectoral policies to incorporate Nutrition considerations	No of sectoral policies reviewed	NSPC	NSPC	2021	66,000.00	MDAs; Research Institutes; Academia
<b>Strategic Objective 4.3: Social Protection Programmes for the Vulnerable Groups</b>							<b>1,380,573.88</b>
16	Conduct landscape analysis of social protection strategies and programmes in all MDAs with nutrition component	No of social protection strategies with nutrition component analyzed No of social protection programmes with nutrition component analyzed	NSPC	NSPC	2020 - 2024	1,136,943.19	MDAs and Development partners
17	Incorporate Nutrition considerations (e.g Mothers with SAM children) into social protection programmes (CCT, For Women Programme) to address poverty, malnutrition and health of the vulnerable groups.	No of Social Protection consideration incorporated into social protection programmes	NSPC	NSPC	2020 - 2024	243,630.68	MARD; MWASD and MoH

RESULT AREA 5: RAISING AWARENESS AND UNDERSTANDING OF PROBLEM OF MALNUTRITION IN NIGERIA							Total cost: 233,574,550
Strategic Objective 5.1: Promote Advocacy, Communication and Social Mobilization							159,140,550
Activities			Indicators	Lead Agency	Timeframe	Indicative Cost	Other Agencies
1	Create awareness on problems of malnutrition using the mass media, (such as radio, TV drama, prints, film documentaries, home videos and posters in local Languages)	No of jingles produced and aired No of newspaper publications No of radio and TV programs produced and aired No of drama stage	NOA	2019-2022	31,017,950	NSPHCDA, MOI, MEDIA	
2	Create awareness on positive nutrition practices through in 250 communities and 15 faith-based organizations (CBOs, NGOs) and professional groups	No of Advocacy and dialogue sessions conducted.	NOA	2019 - 2023	44,400,000	MOH; NPHCDA, SPHCDA, MOI, MEDIA	

3	Create awareness on positive nutrition practices (EBF, nutrition sensitive, NCD, Complementary feeding, women nutrition, WASH etc) using the mass media in 5 radio houses, 2 TV stations and 3 print media houses in 4 major languages.	No of jingles developed and aired No of tv spots developed and aired No of radio/tv drama developed and aired No of newspaper publications Proportion of people with adequate nutrition knowledge	NOA	2019 - 2023	44,400,000	MoH; NPHCDA; MOI, MEDIA
4	Strengthen collaboration and synergy between relevant MDAs, local Committees on F&N, and non-state actors	No of meetings held	NSPC		927,500	All Line MDAs
5	day Annual review meeting of SCFN with LGNFP	No of SCFN that participated in review meeting. No of review meetings organised	NSPC	2018 - 2025	12,017,600	MDAs, SCFN
6	Conduct and Sustain advocacy to policy makers (Governor, Hon Commissioners for education, information, Budget, Health, Agriculture, Legislators, SSG, Wife of Governor and LGA Chairmen) at all levels for resource mobilization for food and nutrition action	1. Number of policy makers reached at each level with knowledge of nutrition issues 2. Number of traditional and religious leaders reached at each level with knowledge of nutrition issues 3. Number of reports produced	NSPC	2018 - 2025	1,377,500	MoH; CSOs
7	Erection of Billboards to raise awareness on nutrition across the States/LGAs		NSPC		25,000,000	MoI, NOA
<b>Strategic Objective 5.2: Promoting Healthy Lifestyles and Dietary habits</b>						
8	Conduct awareness campaign on good dietary habits and healthy lifestyles in 250 communities of 25 LGAs.	No of sensitization meetings conducted at all levels No of community outreach campaigns that promote appropriate feeding No of advocacy meeting held with community and stakeholders	NOA	2020 -2024	<b>74,184,000</b> 46,115,000	NSPHCDA; MOI, MEDIA;
9	Capacity development training for 25 principal women development officers and 35 Gender Desk Officers on nutrition education	No of training conducted No PWDOs trained No GDOs trained	NOA		28,069,000	NSPHCDA; MOI, MEDIA;

RESULT AREA 6: RESOURCE ALLOCATION FOR FOOD AND NUTRITION SECURITY AT ALL LEVELS					Total cost: 95,363,560.19
<b>6.1 Promote Adequate Budgetary Allocation and Tracking</b>					<b>3,364,840.99</b>
Conduct assessment on determinants of low financial investments in Food & Nutrition programs	No of MDAs assessment tool returned No of LGAs assessment tool returned Report on the assessment published	NSPC	2020 - 2021		MDAs, CS-SUNN and SCFN
Conduct quarterly budget tracking, apply lessons learnt on F & N budgeting processes.	No of MDAs budget tracked No of LGAs Budget tracked No of budgeting processes guided by reports	SCFN/NSPC	2020 - 2024	34,649.70	MDAs and CS – SUNN
Develop and use score card of lessons learnt on budget tracking & application to MDAs & LGAs plan	Score card developed No of MDAs & LGAs budget tracked	NSPC	2020 - 2024	460,191.29	MDAs and CS – SUNN
<b>6.2 Strengthening the coordination capacity</b>					<b>63,082,827.09</b>
Organize bi-annual Nutrition Town-Hall Meetings	No of meetings held No of reports produced	NSPC	2020-2024	24,308,711.69	SCFN, MDAs, Development Partners, CS - SUNN
Organize bi-annual Nutrition Partners Forum	No of meetings held No of reports produced	NSPC	2020-2024	3,129,300.79	MDAs and Development Partners
Organize quarterly meetings of State Committee on Food and Nutrition	No of meetings held No of reports produced	NSPC	2020-2024	20,583,544.39	MDAs and Development Partners
Conduct high level consultative round table meeting on Food and Nutrition	No of meetings held	NSPC	2020-2024	8,929,000	
Advocate for domestication of Food and Nutrition Plan of Action at 25 LGAs	No of advocacy conducted No of LGAs with Plan of action	NSPC	2020	1,760,000.00	MDAs, UNICEF and SCFN
Build the capacity of 12 no. Nutrition desk officers on resource mobilisation and allocation	No of Nutrition Desk officers trained No of trainings conducted	NSPC	2020, 2022 & 2024	136,931.33	MDAs, UNICEF and Development Partners
Build the capacity of 25 no. Nutrition Focal Persons in LGAs through training & retraining on resource mobilisation and allocation	No of Nutrition Focal Persons trained No of trainings conducted	NSPC	2020 & 2022	1,763,376.00	MDAs, UNICEF and Development Partners

11	Advocate for the conduct of Annual Nutrition week	No. of advocacy conducted	NSPC	2020	14,000.00	MoH, MDAs, SCFN, Development Partners and Academia
12	Conduct Annual Nutrition Week	Annual Nutrition Week conducted	NSPC	2020-2024	2,457,962.90	MoH, MDAs, SCFN, Development Partners and Academia
<b>6.3 Strengthening capacity to mobilize resources</b>						
13	Sustain budget lines on food and nutrition activities in MDAs and LGAs	No of MDAs with budget line on nutrition No of LGAs with budget line on nutrition	NSPC	2020	12,000.00	MoH, MARD, MWASD, MI&C and MoF
14	Promote timely release of funds for nutrition activities	Period taken for fund to be released for nutrition activities	NSPC	2020-2024	64,968.18	All line MDAs
15	Train SCFN leaders on strategic level engagement, communication and resource mobilization to increase investment in nutrition	No of SCFN leaders trained	SCFN	2020-2024	19,272,811.31	Academia and NSPC
16	Conduct Monitoring & Evaluation on Food and Nutrition activities in collaboration with partners	No of monitoring conducted No of reports produced	NSPC	2020 – 2024	9,554,112.62	MDAs, Academia, Research Institutes, SCFN, Development partners and Private Sector

### 3.9 Financing of the NSMPAFN

The cost estimates for the NSMPAFN will be used by the NSPC 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 that we live in where new information on high impact low cost nutrition interventions are continuously emerging, stakeholders must meet regularly to have a consensus on prioritization of interventions and budget allocation for effective utilization of available funds.

Due to budget constraints, Niger State might not be able to scale up the result areas at the same time and effectively in all 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 the State should be considered.

#### 3.10 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 packages 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 3 below

Table 3

Intervention	Amount	%
IYCF	3,269,144,675.00	55%
WASH	372,091,200	6%
CMAM	1,524,477,869	25%
Micronutrient	62,977,139	1%
School Feeding	366,150,389.37	6%
Coordination	136,525,574.98	2%
Training	230,404,183.53	4%
Biofortification	19,013,750.00	0.3%
<b>Total</b>	<b>5,980,784,780.88</b>	

The bulk of the cost of implementation of these interventions goes to IYCF and CMAM followed by WASH and School feeding, then trainings and Coordination and lastly micronutrient deficiency control and biofortification in that order.

Given the large gap between current investments in nutrition and the scenario of scaling presented here, it seems essential to quickly identify additional sources of funding. As mentioned above. To date, the State budget allocation to nutrition related investment remains negligible, the bulk of it comes mainly from the donor community. The



magnitude of NSMPAFN estimated cost, when compared to the current level of investment (both internal and external) in nutrition related activities in Niger 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 ₦ 7,614,169,404.25 will be needed to scale up 18 specific and nutrition-sensitive interventions across the state "full coverage scenario" over the next five years (2019-2023). This will be the required public investment to deliver a set of state wide recommended nutrition interventions at scale in Niger state. However, in the case that the state and the Development Partners are unlikely to mobilize annually the ₦ 1,522,833,480.80 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 need to invest in nutrition in Niger 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 the State.

### 3.11 Investment contribution by Ministries, Departments and Agencies

The causes of malnutrition are multifactorial 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 the 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 and women affairs

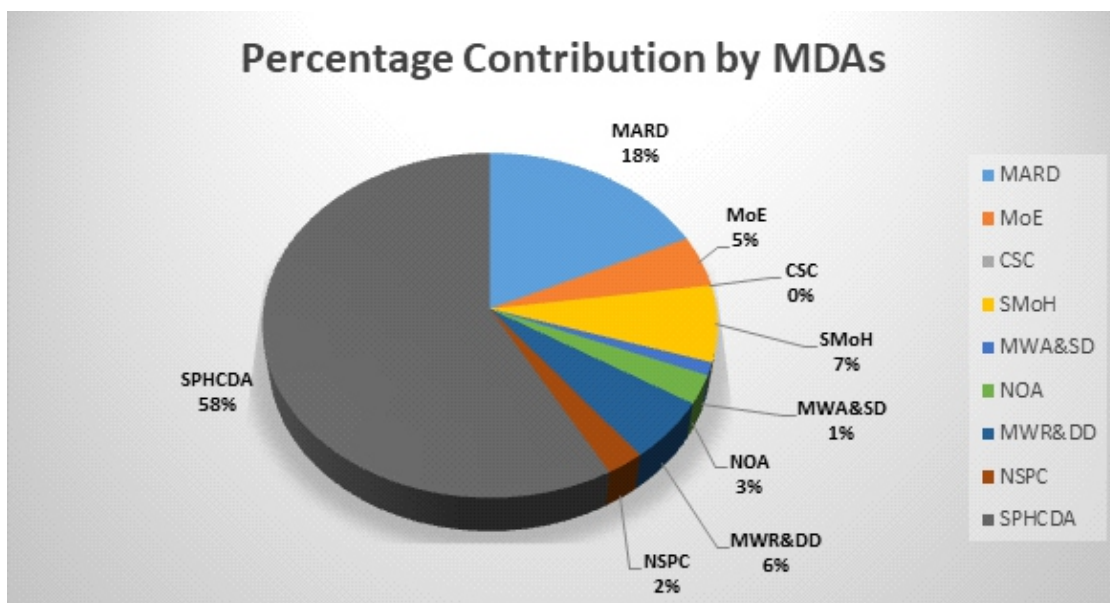


Figure 3: Percentage Contribution by MDAs as Percentage of Total Cost of Nutrition Investment 2019 – 2023

The State Primary Health Care Development Agency (SPHCDA) is expected to contribute 58% of the total investment required for nutrition intervention over five years period followed by Ministry of Agriculture with 18%. The State Ministry of Health will contribute 7%; Ministry of Water Resources and Dam Development 6% and Ministry of Education 5%. National Orientation Agency (State office), Niger State Planning Commission and Ministry of Women Affairs will contribute 3%, 2% and 1% respectively. The details of the interventions and activities are contained in Annex 2.



#### 4.1 *Monitoring and Evaluation, Accountability and Learning (MEAL)*

**M**onitoring 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 the programme 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 complaint or feedback mechanism which can help to guide programme implementation. The Niger 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 reporting on how far the strategic objectives are being met, changes in the nutritional status of Nigerlites especially women and children as well as being accountable to the stakeholders including the donor community. The NSMPAFN-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

##### 4.1.1 *Monitoring*

NSMPAFN 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), State Health Management Information System (SHMIS), 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 state platforms as SCFN & LCFN meetings.

##### 4.1.2 *Evaluation*

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

#### **4.2 Baseline data**

The annual National Health and Nutrition Survey (NNHS) 2013 and Multi Indicator Cluster Survey (MICS) 2016 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.

#### **4.3 Mid-Term Evaluation**

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

#### **4.4 End Term Evaluation**

National Demographic and Health Survey (2023) and NNHS (2023) will provide data that will serve the purpose of end of project evaluation. NSPC management will need to make budgetary provision for establishing collaboration and partnerships with the relevant State data producing bodies such as the Niger State Bureau of Statistics (NSBS), the National Population Commission (NPopC) specially to include in the data tool, some of the important data needed to measure progress of target achievement.

#### **Accountability**

The implementation of NSMPAFN 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:

#### **4.5 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 State Planning Commission. It is expected that a total of four updates will be generated in each year and will form the basis for an annual report.

#### **4.6 Learning**

NSMPAFN will include learning by incorporating lessons learnt, recommendation and observations from accountability mechanism and joint review meetings into programme design.

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

The M&E system will be established and domiciled in NSPC 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 as well as vertical link with M&E at 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 NSMPAFN. Data tools and instruments as well as guidelines for data collection and reporting will be developed for both quantitative and qualitative data by NSPC Monitoring and Evaluation unit in collaboration with other stakeholders especially the donor community and other levels of government.

<b>RESULT AREA 1. FOOD AND NUTRITION SECURITY</b>		<b>Cost 2019</b>	<b>Cost 2020</b>	<b>Cost 2021</b>	<b>Cost 2022</b>	<b>Cost 2023</b>	<b>Total</b>
1.1 Ensuring Food and Nutrition Security at the National, State, Community and Household levels	Activities	322,263,303	284,921,730	290,491,295	322,263,303	267,045,227	1,486,984,858
	Quarterly campaigns on the consumption of Vitamin A, and micronutrient rich foods to 60,000 Households in 6 LGAs	76,349,170.00	69,056,170.00	56,834,245.00	46,929,732.75	47,229,673.38	296,398,991.13
	Promote production of nutrient rich varieties (orange flesh sweet potato, high protein maize, cassava and cowpea) through distribution of certified seeds/cuttings of vitamin A & micronutrient enriched food crops to 500 small scale farmer groups in 6 LGAs	3,082,000.00	3,236,100.00	3,397,905.00	3,567,800.25	3,746,190.26	17,029,995.51
	TOT for 175 Agricultural extension officers on production of vitamin A & micronutrient enriched food crops	9,275,000.00	9,738,750.00	0	0	0	19,013,750.00
	Provide starter packs for 30 fruits farmers groups (600 farmers) in 3 zones	6,466,750.00	0	0	0	0	6,466,750.00
	Provide starter packs for 30 vegetable farmers groups (600 farmers) in 3 zones (including women for HH gardening)	2,406,000.00	2,526,300.00	2,652,615.00			7,584,915.00
	Promote the production of small ruminant (sheep & Goat) by 120 women groups through provision of starter packs.	3,822,000.00	4,013,100.00	4,213,755.00			12,048,855.00
	Provide support to prepare 2,000 copies of brochure on 5 value chain commodities for nutritional/health benefits.	1,050,000.00					1,050,000.00
	Provide 200 smoking kilns to clusters of small-scale women fish farmers	2,036,500.00		2,036,500.00			4,073,000.00
	Provide 2000 improved tree crop planting materials (Oil palm, mango, oranges cashew etc ) to 50 farmer groups per zones across the State to promote food & nutrition security		1,226,000.00	1,287,300.00			2,513,300.00
	Conduct bi-monthly advocacy visit to relevant financial institutions to promote increased access to Micro - Credit facilities to farmers at single digit interest rate especially for Women farmer groups to expand farm operations	1,650,000.00	1,732,500.00	1,819,125.00	1,910,081.25	2,005,585.31	9,117,291.56
	Conduct quarterly Advocacy visit to LGAs & traditional institution for land development/clearing to increased women access to land for agricultural activities in 10 LGAs	450,000.00	472,500.00	496,125.00	520,931.25	546,977.81	2,486,534.06
	Conduct Capacity building for 1500 food and nutrition teachers on production of Nutritious foods	12,165,460	12,165,460	12,165,460	12,165,460	12,165,460	60,827,300.00

Conduct Capacity building for 1500 food vendors and cooks in schools on nutritionally adequate meals using locally available foods	12,165,460	12,165,460	12,165,460	12,165,460	12,165,460	12,165,460	12,165,460	12,165,460	60,827,300.00
Promote awareness on improved food quality and safety through electronic and print media	5,180,000	5,180,000							10,360,000.00
Promote the formation of women into sustainable 125 cooperative groups per annum for the provision of grants and revolving loans	4,225,000	4,225,000	4,225,000	4,225,000	4,225,000	4,225,000	4,225,000	4,225,000	21,125,000.00
Support water supply, sanitation and hygiene interventions in 30 emergency settings,	12,375,000	12,375,000	12,375,000	12,375,000	12,375,000	12,375,000	12,375,000	12,375,000	37,125,000.00
Construction of 30 sanitation and hygiene facilities in IDPs camps, public places and institutions	12,375,000	12,375,000	12,375,000	12,375,000	12,375,000	12,375,000	12,375,000	12,375,000	24,750,000.00
<b>1.2 Increasing Availability, Accessibility and Affordability to Food</b>									
Activities	192,036,250	204,028,063	211,719,966	222,305,964	217,119,804	1,047,210,046			
Conduct quarterly advocacy visit to LGAs and communities for rehabilitation of the existing rural road network	1,125,000.00	1,181,250.00	1,240,312.50	1,302,328.13	1,367,444.53	6,216,335.16			
Rehabilitation of rural roads (3km per LGAs) for easy transportation of farm produce	52,500,000.00	55,125,000.00	57,881,250.00	60,775,312.50	63,814,078.13	290,095,640.63			
Construction of new rural roads (5km per LGAs) for easy transportation of farm produce	125,000,000.00	131,250,000.00	137,812,500.00	144,703,125.00	151,938,281.25	690,703,906.25			
Create linkages between farmers and processors to scale up off-take mechanism for food crops to increase availability of food products		2,390,000.00				2,390,000.00			
Training of 100 seed entrepreneurs across three zones	13,411,250.00	14,081,812.50	14,785,903.13	15,525,198.28		57,804,163.91			
<b>1.3 Improving Food Harvesting, Processing and Preservation</b>									
Activities	2,994,375.00	9,057,594	9,510,473	3,466,363		25,028,806.00			
Train 1000 farmers on appropriate use of fertilizers (organic/inorganic), herbicides and pesticides	1,575,375.00	1,654,143.75	1,736,850.94	1,823,693.48		6,790,063.17			
Conduct 16 regular Stakeholders meeting on reduction of postharvest losses	1,333,000.00	1,399,650.00	1,469,632.50	1,543,114.13		5,745,396.63			
Promote the use of hermetic storage bags to 10,000 small holder farmers for food preservation		513,500.00	539,175.00			1,052,675.00			
Create awareness to 10,000 farmers on the use of Aflasafe to minimize aflatoxin contamination along the value chain	86,000.00	90,300.00	94,815.00	99,555.75		370,670.75			
Provide 6 modern drying slabs for women groups to present postharvest losses, enhance quality and nutrient retention		5,400,000.00	5,670,000.00			11,070,000.00			
Activities	11,002,375	12,252,494	12,130,118	12,736,624	0	48,121,612			
<b>1.4 Improving Food Preparation and Quality</b>									
Review State food recipe books in line with the State Food Based Dietary Guidelines		350,000.00				350,000.00			
Print 10,000 copies and disseminate to schools, workplaces and food vendors		350,000.00				350,000.00			
Conduct trainings for 5000 food vendors/processors for value addition	11,002,375.00	11,552,493.75	12,130,118.44	12,736,624.36		47,421,611.55			

1.5 Improving Management of Food Security Crisis and Nutrition in Emergency	Activities	31,330,000	36,210,720	3,568,131	92,610	97,241	71,298,702.50
	Training of 250 Agricultural extension workers and Subject Matter Specialists (SMS) on security crisis & nutrition in emergency		3,314,220.00	3,479,931.00			6,794,151.00
	Provide mobility for 250 Agricultural extension workers and Subject Matter Specialists (SMS)	31,250,000.00	32,812,500.00				64,062,500.00
	Conduct quarterly coordination meeting on early warning mechanisms to cope with food emergencies at community level	80,000.00	84,000.00	88,200.00	92,610.00	97,240.50	442,050.50
1.6 School Based Strategies		7,426,133	3,135,440	3,292,212	1,172,443	1,231,065	16,257,293.66
	Review Modules in Agriculture, Livestock and fisheries training to improve nutrition	4,440,000.00					4,440,000.00
	Promote and support dietary diversity through increased production and consumption of locally available foods in 120 sites.	1,012,800.00	1,063,440.00	1,116,612.00	1,172,442.60	1,231,064.73	5,596,359.33
	Provide agro inputs to strengthen 200 school farms/garden	1,973,333.33	2,072,000.00	2,175,600.00			6,220,933.33
<b>Result Area 2. ENHANCING CAREGIVING CAPACITY</b>							
2.1 Ensure optimal nutrition in the first 1000 days of life	Activities	759,387,143	765,036,365	776,398,511	706,510,456	755,143,786	3,762,476,261
	Promote awareness on Girl Child Education, end Child Marriage and adolescent nutrition and health related practices	629,194,243	659,385,740	684,746,598	704,528,066	718,111,348	3,395,965,995
	Sensitization on Child Right Law implementation in 25LGAs of the State	6,084,950	6,084,950	6,084,950	6,084,950	6,084,950	30,424,750
	Upgrade and functionalize the existing creche in the State secretariat complex and establish new one at the old secretariat to promote Exclusive Breastfeeding and complementary feeding	3,895,000	3,895,000	3,895,000	3,895,000	3,895,000	19,475,000
	Capacity Development training for 25 Principal Women Development Officer (PWDO) and 35 Gender Desk Officers on Nutrition education	2,634,620	2,634,620	2,634,620	2,634,620	2,634,620	13,173,100
	Training of Principal Women Development Officers (PWDOs) and Head of Department of Home Economics of the 25LGAs on production of food supplement to avert malnutrition	1,085,000	1,085,000	1,085,000	1,085,000	1,085,000	5,425,000
	Sensitization meeting with the officials of all groups of People With Disabilities (PWDs) in the state capital	7,290,610	7,290,610	7,290,610	7,290,610	7,290,610	36,453,050
		1,138,864	1,138,864	1,138,864	1,138,864	1,138,864	5,694,320.00

	Sensitization and awareness creation by visiting Leprosarium Chanchaga	808,810	808,810	808,810	808,810	808,810	808,810	808,810	808,810	808,810	4,044,050
	Sensitization and awareness creation by visiting Leprosy Community Tunga, Minna	808,810	808,810	808,810	808,810	808,810	808,810	808,810	808,810	808,810	4,044,050
	Sensitization and awareness creation by visiting Blind Community Limawa, Minna	808,810	808,810	808,810	808,810	808,810	808,810	808,810	808,810	808,810	4,044,050
	Sensitization and awareness creation by visiting SCIAN Community Old People Home Minna	808,810	808,810	808,810	808,810	808,810	808,810	808,810	808,810	808,810	4,044,050
	Provide incentives to pregnant women, mothers and other care givers to motivate utilization of health facilities	6,850,000	7,192,500	7,480,200	7,704,606	7,858,698	7,858,698	7,858,698	7,858,698	7,858,698	37,086,004
	Provision of Iron-folic acid supplementation for pregnant women during routine ANC services	6,858,200	7,201,110	7,489,154	7,713,829	7,868,106	7,868,106	7,868,106	7,868,106	7,868,106	37,130,399
	Provision of vitamin A supplementation during routine services for under -5 children at PHCCs	519,444,800	545,417,040	567,233,722	584,250,734	595,935,749	595,935,749	595,935,749	595,935,749	595,935,749	2,812,282,045
	<small>Sustanon - going activities to promote women's nutritional status through Dietary Counselling during Adolescent, Pregnancy and Lactation.</small>	7,230,000	7,591,500	7,895,160	8,132,014	8,294,656	8,294,656	8,294,656	8,294,656	8,294,656	39,143,330
	Promote Early initiation of breastfeeding within 30 minutes of delivery	1,242,000	1,304,100	1,356,264	1,396,951	1,424,891	1,424,891	1,424,891	1,424,891	1,424,891	6,724,206
	Promote and Support Exclusive Breastfeeding from 0 up to 6 months up until 24 months and beyond	26,835,000	28,176,750	29,303,820	30,182,934	30,786,594	30,786,594	30,786,594	30,786,594	30,786,594	145,285,098
	Establish Baby Friendly Centers in health facilities	21,861,000	22,954,050	23,872,212	24,588,378	25,080,146	25,080,146	25,080,146	25,080,146	25,080,146	118,355,786
	Promote the establishment of 15 Food demonstration corner in 15 health facilities across 3 LGAs	2,735,000	2,871,750	2,986,620	3,076,218	3,137,743	3,137,743	3,137,743	3,137,743	3,137,743	14,807,331
	Scale up C-lycf training and counselling for optimal infant and young child feeding practices.	4,917,759	5,163,646	5,370,192	5,531,298	5,641,925	5,641,925	5,641,925	5,641,925	5,641,925	26,624,820
	Conduct Social and Behaviour Change Communication activities on IYCF targeted at adolescents, pregnant women, and caregivers at all levels.	1,482,500	1,556,625	1,618,890	1,667,457	1,700,806	1,700,806	1,700,806	1,700,806	1,700,806	8,026,278
	Sensitization of care givers especially grandmothers, mothers - in- law for optimal nutrition practices.	1,379,000	1,447,950	1,505,868	1,551,044	1,582,065	1,582,065	1,582,065	1,582,065	1,582,065	7,465,927
	Training Emergency Managers on mainstreaming Nutrition in Feeding Programmes targeted at the vulnerable groups in Emergency Situations	2,994,700	3,144,435	3,270,212	3,368,319	3,435,685	3,435,685	3,435,685	3,435,685	3,435,685	16,213,351
2.2 Caring for the socioeconomically disadvantaged and nutritionally vulnerable	Activities	130,192,900	105,650,625	130,355,050	1,982,390	37,032,438	37,032,438	37,032,438	37,032,438	37,032,438	405,213,403
	Training and Triggering 30 Communities on community led total sanitation	8,910,400	8,910,400	8,910,400	8,910,400	8,910,400	8,910,400	8,910,400	8,910,400	8,910,400	26,731,200
	Training of 30 WASHCOMs and Establishment of WASHCOMs in 10 communities	7,860,000	7,860,000	7,860,000	7,860,000	7,860,000	7,860,000	7,860,000	7,860,000	7,860,000	23,580,000
	Training on Hygiene and hand washing promotion; and menstrual hygiene management in 30 communities	7,860,000	7,860,000	7,860,000	7,860,000	7,860,000	7,860,000	7,860,000	7,860,000	7,860,000	23,580,000



<b>RESULT AREA 3. ENHANCING PROVISION OF QUALITY HEALTH SERVICES</b>									
<b>3.1 Reduce Morbidity and Mortality Associated with Malnutrition</b>	Activities	328,755,334	348,739,829	261,632,483	325,244,512	394,926,110	1,659,298,268		
	1. Review growth monitoring and promotion guidelines	306,397,300	321,645,165	334,585,780	344,654,428	352,015,595	1,659,298,268		
	2. Promote regular monitoring of growth and development at 50 Focal health facilities	1,515,400	1,519,170	1,654,817	1,704,461	1,738,550	8,132,398		
	3. Disseminate information on nutrition care and key household practices through mashjijms media and institutions, FBOs, CBOs, CSOs, NGOs and Professional groups	16,392,000	17,211,600	17,900,064	18,437,066	18,805,807	88,746,537		
	4. Conduct advocacy visit to community leaders in selected communities for utilization of PHC services	6,435,000	6,756,750	7,027,020	7,237,831	7,882,587	35,339,188		
	5. Training of community health promoters in catchment areas and scale up the CMAM TO additional 7 sites.	475,000	498,750	518,700	534,261	544,946	2,571,657		
	6. Organize seminars, lectures, on key household practices including IYCF, HIV/AIDs for Health Workers and Religious Leaders	25,943,400	27,240,570	28,330,193	29,180,099	29,763,701	140,457,963		
	7. Counselling and food demonstration to 5000 caregivers (1250/quarter) of children 6 - 23 months with moderate acute malnutrition (MAM) in 5 LGAs	2,231,000	2,342,550	2,436,252	2,509,340	2,559,226	12,078,368		
	8. Procurement 3,785 cartons of RUTF for Blanket Supplementary Feeding (BSFF) in areas of high prevalence malnutrition in the State	6,730,000	7,066,500	7,349,160	7,569,635	7,721,028	36,436,323		
	9. Provide and scale up distribution of 630,830 units of micronutrient powder (MNP) for children 6 - 23 months in 25 LGAs	96,517,500	101,343,375	105,397,110	108,590,023	110,730,204	522,578,212		
	10. Strengthen active case finding of SAM and subsequent treatment	126,168,000	132,476,400	137,775,456	141,908,720	144,746,894	683,075,470		
<b>3.2 Preventing and Managing Nutrition Related Diseases</b>	Activities	23,990,000	25,189,500	26,197,008	26,982,992	27,522,652	129,882,152		
	1. Identifying risk factors, providing education, and increasing services for DRNCD	18,751,250	19,688,813	20,476,365	21,090,655	21,512,470	101,519,553		
	2. Promote advocacy, communication & social mobilization to strengthen the implementation of bi-annual MNCHW at community across the 25 LGAs	9,278,250	9,742,163	10,131,849	10,435,804	10,644,521	50,232,587		
<b>3.3 Preventing Micronutrient Deficiency</b>	Activities	9,473,000	9,946,650	10,344,516	10,654,851	10,867,949	51,286,966		
		54,893,750	57,638,438	59,943,974	61,742,294	62,977,139	297,195,595		

<b>RESULT AREA 4.: IMPROVING CAPACITY TO ADDRESS FOOD AND NUTRITION INSECURITY</b>		75,325,000	73,574,355	77,907,705	78,657,450	73,477,360	378,941,870
<b>Planning, M&amp;E, Research and Financing</b>							
4.1 Assessing, Analyzing and Monitoring Nutrition Situations	Activities	74,996,000.00	73,111,605.00	77,563,725.20	78,317,151.28	79,883,494.30	383,871,975.78
	Conduct on the job training for 875 teachers on the establishment/ activation of school gardens in 200 schools (Primary and Secondary).	37,041,000.00	38,893,050.00	40,448,772.00	41,662,235.16	42,495,479.86	200,540,537.02
	Conduct training for 1,250 students on the Establishment/activation of school gardens in 200 schools (Primary and Secondary).	2,398,100.00	2,518,005.00	2,618,725.20	2,697,286.96	2,751,232.70	12,983,349.85
	Establishment/activation of school gardens in 200 schools (Primary and Secondary).	19,270,000.00	20,233,500.00	21,042,840.00	21,674,125.20	22,107,607.70	104,328,072.90
	Organize training to update 500 teachers in Primary and Secondary schools on Food and Nutrition in 7EZs	6,108,500.00	6,413,925.00	6,670,482.00	6,870,596.46	7,008,008.39	33,071,511.85
	Provide 875 SBCC materials on Nutrition for teachers	2,187,500.00	2,296,875.00	2,388,750.00	2,460,412.50	2,509,620.75	11,843,158.25
	Provide 1,250 SBCC materials on Nutrition for school children	625,000.00	656,250.00	682,500.00	702,975.00	717,034.50	3,383,759.50
	Employ 30 skilled and qualified nutritionists for relevant MDAs implementing sectoral nutrition programmes and LGAs	197,000.00	0	0	0	0	197,000.00
	Conduct awareness creation on the establishment of home gardens to 1,000 households in 10 communities in 6 LGAs.	1,250,000.00	1,312,500.00	1,365,000.00	1,405,950.00	1,434,069.00	6,767,519.00
	Conduct awareness campaign for Traditional Rulers and Religious leaders in 8 emirates on underutilised food crops.	3,700,000.00	0	0	0	0	3,700,000.00
	Build the capacity of 1,250 farmers on cultivation of functional foods and underutilised crops	750,000.00	787,500.00	819,000.00	843,570.00	860,441.40	4,060,511.40
	Develop the capacity of 35 No. State Committee on Food and Nutrition (SCFN) members and 25 No. LGAs Nutrition Focal Persons on current issues, new methodologies and priority nutrition actions	1,468,900.00	0	1,527,656.00	0	0	2,996,556.00
4.2 Providing a Conducive Macro Economic Environment	Activities	74,000.00	195,000.00	65,520.00	67,485.60	68,835.31	470,840.91

	Incorporate nutrition objectives into MDAs' development policies, plans and programmes.	60,000.00	63,000.00	65,520.00	67,485.60	68,835.31	324,840.91
	Review the existing State macro-economic framework to incorporate Nutrition considerations	-	66,000.00	-	-	-	66,000.00
	Review existing sectoral policies to incorporate Nutrition considerations	-	66,000.00	-	-	-	66,000.00
4.3 Social Protection Programs for the Vulnerable Groups	Activities	255,000.00	267,750.00	278,460.00	286,813.80	292,550.08	1,380,573.88
	Conduct landscape analysis of social protection strategies and programmes in all MDAs with nutrition component	210,000.00	220,500.00	229,320.00	236,199.60	240,923.59	1,136,943.19
	Incorporate Nutrition considerations (e.g Mothers with SAM children) into social protection programmes (CCT, For Women Programme) to address poverty, malnutrition and health of the vulnerable groups.	45,000.00	47,250.00	49,140.00	50,614.20	51,626.48	243,630.68
<b>RESULT AREA 5. RAISING AWARENESS AND UNDERSTANDING OF PROBLEM OF MALNUTRITION IN NIGERIA</b>							
<b>Education, Social Protection and Wash</b>							
5.1 Promote Advocacy, Communication and Social Mobilization	Activities	27,620,110	26,692,610	51,692,610	26,692,610	26,692,610	159,390,550
	Create awareness on problems of malnutrition using the mass media, (such as radio, TV drama, prints, film documentaries, home videos and posters in local Languages)	6,203,590	6,203,590	6,203,590	6,203,590	6,203,590	31,017,950
	Create awareness on positive nutrition practices through in 250 communities and 15 faith-based organizations (CBOs, NGOs) and professional groups	8,880,000	8,880,000	8,880,000	8,880,000	8,880,000	44,400,000
	Create awareness on positive nutrition practices (EBF, nutrition sensitive, NCD, Complementary feeding, women nutrition, WASH etc.) using the mass media in 5 radio houses, 2 TV stations and 3 print media houses in 4 major languages.	8,880,000	8,880,000	8,880,000	8,880,000	8,880,000	44,400,000
	Strengthen collaboration and synergy between relevant MDAs, local government Committee on Food and Nutrition and non-state actors	927,500	-	-	-	-	927,500
	Annual review meeting of SCFN with NCFN	2,403,520	2,403,520	2,403,520	2,403,520	2,403,520	12,017,600



	Build the capacity of 12 no. Nutrition desk officers on resource mobilization and allocation	44,160.00	0	45,926.40	0	46,844.93	136,931.33
	Build the capacity of 25 no. Nutrition Focal Persons in LGAs through training & retraining on resource mobilization and allocation	864,400.00	0	898,976.00	0	0	1,763,376.00
	Advocate for the conduct of Annual Nutrition week	14,000.00	0	0	0	0	14,000.00
	Conduct of Annual Nutrition Week	454,000.00	476,700.00	495,768.00	510,641.04	520,853.86	2,457,962.90
<b>6.3 Strengthening capacity to mobilise resources</b>	<b>Activities</b>	<b>5,360,500.00</b>	<b>5,603,325.00</b>	<b>5,827,458.00</b>	<b>6,002,281.74</b>	<b>6,122,327.37</b>	<b>28,915,892.11</b>
	Sustain budget lines on food and nutrition activities in MDAs and LGAs	12,000.00	-	-	-	-	12,000.00
	Promote timely release of funds for nutrition activities	12,000.00	12,600.00	13,104.00	13,497.12	13,767.06	64,968.18
	Train SCFN leaders on strategic level engagement, communication and resource mobilization to increase investment in nutrition	3,559,800.00	3,737,790.00	3,887,301.60	4,003,920.65	4,083,999.06	19,272,811.31
	Conduct Monitoring & Evaluation on Food and Nutrition activities in collaboration with partners	1,764,700.00	1,852,935.00	1,927,052.40	1,984,863.97	2,024,561.25	9,554,112.62
	Sustain budget lines on food and nutrition activities in MDAs and LGAs	12,000.00	-	-	-	-	12,000.00

**Annex 1: Consolidated NSMPAFN Logical Framework and Action Plan**

<b>Vision Statement:</b> A Country where the people are equitably food and nutritionsecure with high quality of life and socioeconomic development contributing to human capital development objectives of Nigeria Vision 20:20:20 and beyond.						
<b>Goal:</b> Attain optimal nutritional status for all Nigerians, with particular emphasis on the most vulnerable groups such as children, adolescents, Women, elderly, and groups with special nutritional needs.						
<b>Result Area 1:</b> Food and Nutrition Security						
<b>Objective:</b> To improve food Security at the National, Community and House Hold Levels.						
<b>Target:</b> Reduce the proportion of people who suffer hunger and Malnutrition by 50% by 2025.						
<b>Intervention Narrative</b>	<b>Medium Term Targets</b>	<b>Activities Narrative</b>	<b>Indicators</b>	<b>EXPECTED OUTPUT</b>	<b>Responsible MDA</b>	<b>Collaborating MDA (s)</b>
<b>1. Ensuring Food and Nutrition Security at the State, Community and Household levels</b>	<b>Reduce Food insecurity by 25% in 2021</b>	Quarterly campaigns on the consumption of Vitamin A, and micronutrient rich foods to 60,000 Households in 6 LGAs	No. of campaigns conducted of HHs reached	Campaigns on the consumption of Vitamin A, and micronutrient rich foods conducted	MARD	Organized Private Sector, BoA, Bol, Coop Dept., State Commodity promotion Agency, LGAs Dept. of Agric
		Promote production of nutrient rich varieties (orange flesh sweet potato, high protein maize, cassava, and cowpea) through distribution of certified seeds/cuttings of vitamin A & micronutrient enriched food crops to 500 small scale farmer groups in 6 LGAs	No. of farmer groups that produce vitamin A & micronutrient enriched food crops	Production of indigenous food rich in nutritional value promoted	MARD	Organised Private Sector, Development Partners, MWR & DD



		Conduct Capacity building for 1500 food and nutrition teachers on production of Nutritious foods	1. No. of Teachers trained (M/F)	1500 food and nutrition teachers trained on production of Nutritious foods	MOE	MoH,NSPHCDA ,MOARD
		Conduct Capacity building for 1500 food vendors and cooks in schools on nutritionally adequate meals using locally available foods	1. No. of food vendors and cooks trained (M/F)	Capacity of 1500 food vendors and cooks in schools on nutritionally adequate meals using locally available foods build	MOE	MoH,NSPHCDA ,MOARD
		Provide 2000 improved tree crop planting materials (Oil palm, mango, oranges cashew etc) to 50 farmer groups per zones across the State to promote food & nutrition security	1. No. of improved planting materials distributed to farmers groups	2000 improved tree crop planting materials (Oil palm, mango, oranges cashew etc.) provided to 50 farmers group per ecological zones across the State to promote food security	MARD	Organized Private Sector, BoA, Bol, Coop Dept., State Commodity promotion Agency, LGAs Dept. of Agric, NIHORT and Donor partners
		Conduct bi-monthly advocacy visit to relevant financial institutions to promote increased access to Micro - Credit facilities to farmers at single digit interest rate especially for Women farmer groups to expand farm operations	No. of advocacy visits conducted No. of women accessing micro credit facility	Advocacy to relevant Banks to promote increased access to Micro - Credit facilities for farmers especially Women farmers group to expand farm operations (interest rates and collaterals) conducted	MARD	Organized Private Sector, BoA, Bol, Coop Dept., State Commodity promotion Agency, LGAs Dept. of Agric, NAPRI and MLFD



		Conduct quarterly Advocacy visit to LGAs & traditional institution for land development/clearing for increased women access to land for agricultural activities in 10 LGAs	No. of hectareage developed/cleared No. of hectares accessed by women	Advocacy for land development/clearing towards increasing women access to land for agricultural activities conducted	MARD	Development Partners, Organized Private Sector, Academia, Professional Associations, and NAERLS
		Conduct quarterly coordination meeting on early warning mechanisms to cope with food emergencies at community level	1. No. of coordination meetings held 2. No. of partners involved	Coordination meeting on early warning mechanisms to cope with food emergencies at community level conducted	MARD	Organized Private Sector, BoA, Bol, Coop Dept., State Commodity promotion Agency, LGAs Dept. of Agric and MLFD
		Create linkages between farmers and processors to scale up offtake mechanism for food crops to increase availability of food products	No. of off takers identified	Linkages between farmers and processors to scale up offtake mechanism for food crops to increase availability of food products created	MARD	Ministry of lands, MOWASD and Donor partners
		Support water supply, , sanitation and hygiene interventions in 30 emergency settings and rural areas	No. of functional water supply systems, No. of functional toilet and hygiene systems both in emergency settings and rural areas	water supply, , sanitation and hygiene interventions in 30 emergency settings and rural areas supported	MWRs&DD	RUWATSAN, SEMA, NGOs, Development Partners
		Construction of 30 sanitation and hygiene facilities in IDPs camps, public places and institutions	No. of sanitation and hygiene facilities constructed, No. of functional water	30 sanitation and hygiene facilities in IDPs camps, public places and institutions	MWRs&DD	RUWATSAN, SEMA, NGOs, Development Partners

			Training 100 seed entrepreneurs across three zones	No. of youth and women trained No. quantity of seed / seedling produced	100 seed entrepreneurs across three zones trained	MARD	NSEMA, MOI, NOA, NIMET and Donor partners
		Promote the formation of women into sustainable 125 cooperative groups per annum for the provision of grants and revolving loans	1. No. of women cooperative groups formed in 25 LGAs in Niger State 2. No. of cooperative groups that received grants and revolving loan	formation of women into sustainable 125 cooperative groups per annum for the provision of grants and revolving loans promoted	MOWASD		BOI, BoA, MOARD,, and commercial banks. Min. of commerce and investment
		Promote awareness on improved food quality and safety through electronic and print media	1. No. of media airing Food safety and hygiene messages 2. No. of jingles aired 3. No. of jingles, Prints & messages produced	Awareness on improved food quality and safety through electronic and print media promoted	NOA		MOI,NSPHCDA,Media,
<b>Strategy 1.2: Increasing Availability, Accessibility and Affordability to Food</b>	<b>Availability, Accessibility and affordability of food increased by 20% by 2021</b>	Conduct quarterly advocacy visit to LGAs and communities for rehabilitation of the existing rural road network	1. No. of advocacy meeting held with relevant stakeholders No. of roads mapped for rehabilitation	Advocacy for rehabilitation of the existing rural road network and construction of new ones for easy transportation of farm produce conducted	MARD		Organized Private Sector, BoA, Bol, Coop Dept., State Commodity promotion Agency, LGAs Dept. of Agric and NIHORT

			Rehabilitation of rural roads (3km per LGAs) for easy transportation of farm produce	2. No. of rural roads rehabilitated	3km rural roads per LGAs rehabilitated for easy transportation of farm produce	MARD	RUWATSAN, SEMA, NGOs, Development Partners
			Construction of new rural roads (5km per LGAs) for easy transportation of farm produce	3. No. of new rural roads constructed of farmers linked with processors No. of farmers accessing offtake mechanisms	5km new rural roads per LGAs constructed for easy transportation of farm produce	MARD	RUWATSAN, SEMA, NGOs, Development Partners
		Increase food harvesting, processing and preservation by 30% in 2025	Train 1000 farmers on appropriate use of fertilizers (organic/inorganic), herbicides and pesticides	No. of trainings conducted. No. of farmers trained.	1000 farmers trained on appropriate use of fertilizers (organic/inorganic), herbicides and pesticides	MARD	MOW&ID, Donor PARTNERS, LGAs, CSO
			Conduct 16 regular Stakeholders meeting on reduction of postharvest losses	1. No. of meetings conducted; 2. No. of stakeholders reached	16 regular Stakeholders meeting on reduction of postharvest losses conducted	MARD	Organized Private Sector, MCI & C, NCEPA, CSOs and Donor partners
			Promote the use of hermetic storage bags to 10,000 small holder farmers for food preservation	1. No. of farmers reached 2. No. of hermetic storage bags procured and distributed	The use of hermetic storage bags by 10,000 small holder farmers for food preservation promoted	MARD	OPS, BoA, NOA/MOI, NCRI, IITA, NIHORT
<b>1.3: Improving Food Harvesting, Processing and Preservation</b>							

			Provide 6 modern drying slabs for women groups to present post-harvest losses, enhance quality and nutrient retention	1. No. of modern drying slabs constructed	6 modern drying slabs for women groups to present post-harvest losses, enhance quality and nutrient retention provided	MARD	LGAs, OPS, Partners,
<b>1.4: Improving Food Preparation and Quality</b>	Food preparation and quality improved by 30% in 2021	Review State food recipes book in line with the State Food Based Dietary Guidelines	No. of food recipes developed.	State food recipes book in line with the State Food Based Dietary Guidelines reviewed	MARD	MARD	Academia, UNRBDA, NARIs, OPS, NOA/MOI
		Print 10,000 copies of State food recipes book and disseminate to schools, workplaces and food vendors	No. of schools, workplaces and food vendors using the food recipes	10,000 copies of State food recipes book printed and disseminated to schools, workplaces and food vendors	MARD	MARD	Academia, NARIs, OPS, NOA/MOI
		conduct trainings for 5000 food vendors/processors for value addition	1 No. of training conducted	5000 food vendors/processors trained	MARD	MARD	NOA, Media, Organised Private Sector, Professional Associations, Mol, NGOs, Academia, NARIs
		Create awareness to 10,000 farmers on the use of Aflasafe to minimize aflatoxin contamination along the value chain	1. No. of farmers groups sensitized on availability of aflasafe	Awareness of Aflasafe promoted	MARD	MARD	Partners, MOWASD, MCI

<p><b>1.5: Improving Management of Food Security Crisis and Nutrition in Emergency</b></p>		<p>support to Construct 250 rainwater harvesting structures in schools and rural communities and other multi-use water systems in 25LGAs</p>	<p>1. No. of new rain harvesting structure constructed 2. No. of multi-use water system constructed</p>	<p>Construction of rain water harvesting structures and other multiuse water systems in public places supported</p>	<p>MARD</p>	<p>RUWATSAN, MARD, MOW&amp;DD</p>
		<p>Training of 250 Agricultural extension workers and Subject Matter Specialists (SMS) on security crisis &amp; nutrition in emergency</p>	<p>1. No. of Agric extension workers trained</p>	<p>250 Agricultural extension workers and Subject Matter Specialists (SMS) trained</p>	<p>MARD</p>	<p>Private Sector, Partners</p>
		<p>Provide mobility for 250 Agricultural extension workers and Subject Matter Specialists (SMS)</p>	<p>1. No. of operational agencies 2. No. of restaurants and eateries inspected 3. % of restaurants and eateries inspected at least 4 times in a year</p>	<p>Mobility for 250 Agricultural extension workers and Subject Matter Specialists (SMS) provided</p>	<p>MARD</p>	<p>OPS</p>
<p><b>Strategy 1.6: School-based Strategies</b></p>		<p>Review Modules in Agriculture, Livestock and fisheries training to improve nutrition</p>	<p>No. of meetings held No. of schools using module</p>	<p>Modules in Agriculture, Livestock and fisheries training reviewed</p>	<p>MARD</p>	<p>SMOE, MOH, Research Institutes, Universities, NARIs</p>
		<p>Promote and support dietary diversity through increased production and consumption of locally available foods in 120 sites.</p>	<p>1. No. of Nutrition corners (health facilities, community structures &amp; outreach campaigns) using diversified local foods for food demonstration. 2. No. of under-utilized crops integrated into the food</p>	<p>Dietary diversity through increased production and consumption of locally available foods in 120 sites promoted and supported</p>	<p>MARD</p>	<p>SMOE, MOH, Research Institutes, Universities, NARIs</p>

		Provide agro inputs to strengthen 200 school farms-garden	No. of schools that accessed agro inputs	Agro inputs to strengthen 200 school farms-garden provided	MIARD	SMOE, NSPC, SEB
Result Area 2: ENHANCING CAREGIVING CAPACITY						
<b>Objective: To reduce under nutrition among infants and children, adolescents and women of reproductive age</b>						
<b>Target: Increase by 50% households with relevant nutrition knowledge and practice that improve their nutritional status</b>						
Intervention Narrative	Targets	Activities Narrative	Indicators	EXPECTED OUTPUT	Responsible MDA	Collaborating MDA (s)
<b>1 Ensure Optimal Nutrition in the First 1,000 Days of life.</b>	<b>Increase Optimal Nutrition in the first 1,000 Days of life by 50% by 2025.</b>	Promote awareness on Girl Child Education, end Child Marriage and adolescent nutrition and health related practices	No. of Girls enrolled and complicated basic education. No of Child marriage less than 18 years	Awareness on Girl Child Education, end Child Marriage and adolescent nutrition and health related practices promoted	MOWASD	MOJ, MOE,NOA,MEDIA, NGOS, WASH, NSPHCDA, Community leaders, CBOs.
		Conduct Sentitization on Child Right Law implementation in 25LGAs of the State	Child right law in place and functional	Sentitization Child Right Law implementation in 25LGAs of the State conducted	MOWASD	NSPHCDA, MOA, MOJ, Security Agencies. NGOs/CBOs, FBOs

			Upgrade and functionalize the existing creche in the State secretariat complex and establish new one at the old secretariat to promote Exclusive Breastfeeding and complementary feeding	No. of creche established, No. of creche upgraded.	the existing creche in the State secretariat complex Upgraded and new one at the old secretariat established & functionalized	MOWASD	CBOS, NSPHDCA, MOI,
		1. Provide incentives to pregnant women, mothers and other care givers to motivate utilization of health facilities	No. of pregnant women the receives incentives No. of pregnant women that utilized health facilities.	Incentives to pregnant women, mothers and other care givers to motivate utilization of health facilities provided	SPHCDA	SPHCDA	SMOH, NSPC, MWASD, ANRIN, FMWASD
		2. Provision of Iron-folic acid supplementation for pregnant women during routine ANC services	No. pregnant women that receive Iron Folate	Iron-folic acid supplementation for pregnant women during routine ANC services provided	SPHCDA	SPHCDA	SMOH, NSPC, MOI&C, CSOs and Development Partners
		3. Provision of vitamin A supplementation during routine services for under-5 children at PHCCs	% of eligible children that receive Vitamin A supplementation	Vitamin A supplementation during routine services for under-5 children at PHCCs provided	SPHCDA	SPHCDA	SMOH, CSOs,
		4. Sustain on-going activities to promote women's nutritional status through Dietary Counselling during Adolescent, Pregnancy and Lactation	No. of adolescents, pregnant women and lactating mothers that receive dietary counselling	women's nutritional status through Dietary Counselling during Adolescent, Pregnancy and Lactation sustained	SPHCDA	SPHCDA	SMOH, NSPC, MWASD ANRIN, FMWASD,
		5. Promote Early initiation of breastfeeding within 30 minutes of delivery	No. of HCWs sensitized on exclusive breastfeeding. No. of HFIs promoting early initiation of breastfeeding within one hour after delivery	Early initiation of breastfeeding with in 30 minutes of delivery promoted	SPHCDA	SPHCDA	SMOH, NSPC, Ministry of Information & Culture, CSOs, Development Partners
		6. Promote and Support Exclusive Breastfeeding from 0 up to 6 months	No. of children exclusively breastfed No. of children above 12 months that	Exclusive Breastfeeding from 0 up to 6 months up	SPHCDA	SPHCDA	SMOH, ANRIN, UNICEF, Development Partners





<b>2.2: Caring for the Socioeconomically Disadvantaged and Nutritionally Vulnerable</b>		2. Training and Triggering 30 Communities on community led total sanitation	No. of communities triggered 2. No. of participants trained	Training and Triggering 30 Communities on community led total sanitation conducted	MWR&DD	RUWATSAN, NSPHCDA, NOA
		3. Training of 30 WASHCOMs and Establishment of WASHCOMs in 10 communities	No. of WASHCOMs established. 2.No. of WASHCOMs trained	Training of 30 WASHCOMs and Establishment of WASHCOMs in 10 communities conducted	MWR&DD	RUWATSAN, NSPHCDA, NOA
		4. Training on Hygiene and hand washing promotion; and menstrual hygiene management in 30 communities	No. of hand washing site. 2. No of hand washing demonstration sessions. 3. No. of available hygiene kits	Training on Hygiene and hand washing promotion; and menstrual hygiene management in 30 communities conducted	MWR&DD	RUWATSAN, NSPHCDA,NOA
		5. Provision of potable water supply (boreholes) in 50 PHCs to promote sanitation and hygiene	No. of boreholes drilled, availability of sanitation and hygiene facility	Potable water supply (boreholes) in 50 PHCs to promote sanitation and hygiene provided	MWR&DD	RUWATSAN, NSPHCDA, NOA
		Engage the WHDC members to support community level action in nutritional care of vulnerable groups in 5 LGAs	No. of dialogue meeting conducted No. of vulnerable groups receiving nutritional care	WHDC members to support community level action in nutritional care of vulnerable groups in 5 LGAs engaged	SPHCDA	SMoH, ANRIN, UNICEF,WASH, CSOs and development partners
<b>Result Area 3: Enhancing Provision of Quality Health Services</b>						
<b>Objective: Reduce Morbidity and Mortality Associated with Malnutrition.</b>						
<b>Target: Reduce the proportion of people who suffer hunger and Malnutrition by 50% by 2025.</b>						
<b>Intervention Narrative</b>	<b>Targets</b>	<b>Activities Narrative</b>	<b>Indicators</b>	<b>EXPECTED OUTPUT</b>	<b>Responsible MDA</b>	<b>Collaborating MDA (s)</b>
<b>Enhancing provision of quality, Health services</b>	<b>20% reduction of morbidity and mortality rate by 2020</b>	Review growth monitoring and promotion guidelines	No. Reviews conducted	Growth monitoring and promotion guidelines reviewed	SPHCDA	SMOH, UNICEF, ANRIN, Partners

			Promote regular monitoring of growth and development at health facilities and communities.	% of site visits carried out to health facilities No. of records of children monitored	Regular monitoring of growth and development promoted at health facilities	SPHCDA	SMOH, UNICEF, ANRIN, Partners
		Disseminate information on nutrition care and key household practices through mass media and institutions, FBOs, CBOs, CSOs, NGOs and Professional groups across the 5 LGAs	No. of handbills developed and disseminated No. of jingles aired on electronics media No. of newspaper publication, No. of seminars for CSO and coordination of stakeholders (FBOs, CBOs, NGOs).	Information on Nutrition care and key messages disseminated	SCFN	SCFN	SMoH; SPHCDA, MOI; NOA, Me(dia CSOs, FBOs, CBOs, NGOs
	Conduct advocacy visit to community leaders in 50 selected communities for utilization of PHC services	No. of community leaders visited No. of advocacy visits conducted	Advocacy visit to community leaders in 50 selected communities for utilization of PHC services conducted	NSPC	NSPC	NSPC	SCFN
	Training of community health promoters in catchment areas and Scale up the 7 CMAM sites.	No. of CMAM (O)sites established	Training of community health promoters in catchment areas and Scale up the 7 CMAM sites conducted	SPHCDA	SPHCDA	SPHCDA	SMoH; MWASD ; UNICEF, ANRIN
	Organize seminars, lectures, on key household practices including IYCF, HIV/AIDs for 100 Health Workers and 100 Religious Leaders in 5 LGAs	No. of people sensitized, No. of seminars conducted for Health workers.	Seminars, lectures, on key household practices including IYCF, HIV/AIDs for 100 Health Workers and 100 Religious Leaders in 5 LGAs conducted	NSPC	NSPC	NSPC	SPHCDA ; MWASD WASH ,SACA, UNICEF,ANRIN, PAR TNERS
	Counselling and food demonstration to 5000 caregivers (1250/quarter) of children 6-23 months with moderate acute malnutrition (MAM) in 5 LGAs	% of caregivers counselled on MAM % of caregivers who re(ceived	Counselling and food demonstration to 5000 caregivers (1250/quarter) of children 6-23 months with moderate acute malnutrition (MAM) in 5 LGAs	SPHCDA	SPHCDA	SPHCDA	UNICEF, ANRIN ,Development partners, CSOs

			Procurement of 3,785 cartons of RUTF for Blanket Supplementary Feeding (BSFP) in all areas of high prevalence malnutrition	No. of RUTF procured  No. of children under 5 reached with the supplementary feeding	3,785 cartons of RUTF for Blanket Supplementary Feeding (BSFP) in all areas of high prevalence malnutrition procured	SMOH	SMOH, MWASD, UNICEF, ANRIN
		Provide and scale up distribution of 2630,830 units of micronutrient powder (MNP) for children 6 - 23 months in 10 LGAs (2 LGAs per year)	No. of micronutrient powder provided  No. of children 6 - 23 months that receive MNP	scale up distribution of 2630,830 units of micronutrient powder (MNP) for children 6 - 23 months in 10 LGAs (2 LGAs per year) provided	SPHCDA	SPHCDA, MWASD, WASH, SACA, UNICEF, ANRIN, Partners	
		Strengthen active case finding of SAM and subsequent treatment 7 secondary health facilities	No. of SAM cases referred (from communities to CMAM sites) (No. of SAM cas(es) treated) (No. of trained (CVs) retained	Active case finding of SAM and subsequent treatment 7 secondary health facilities strengthen	SPHCDA	UNICEF, ANRIN, Development Partners, CSOs	
<b>Preventing and Managing Nutrition Related Diseases</b>		1. Identifying risk factors, providing education, and increasing services for DRNCD	No. of nutrition (lifestyle education) materials developed and produced;  No. of health facilities with activities to reduce DRNCD  No. of media houses airing (nutrition and lifestyle (education pr(ogrammes,  (No. of Health workers trained to identify risk factors(	risk factors, providing education, and increasing services for DRNCD identified	SMOH	SPHCDA, MOI, CSOs, NAFDAC, NOA	
		2. Promote advocacy, communication & social mobilization to strengthen the implementation of bi - annual MINCHW at community across the 25 LGAs		advocacy, communication & social mobilization to strengthen the implementation of bi-annual MINCHW at community across the	SMOH	SMOH, UNICEF, ANRIN, Development Partners	

<b>Preventing Micronutrient Deficiency</b>	1. Quarterly monitoring and evaluation of micronutrient supplementation programme performance at community and LGA levels	No. of mobilized communities No. of community gatekeepers reached No. of planning meeting conducted at community level	Quarterly monitoring and evaluation of micronutrient supplementation programme performance at community and LGA level conducted	SPHCDA	NSPC, UNICEF, ANRIN, Development Partners
	2. Strengthen Bi-annual implementation of MNCH Week	No. of supportive supervision of micronutrient supplementation programme conducted % of coverage of micronutrients supplementation (vit. A) No. of children reached with vitamin A supplementation	Bi-annual implementation of MNCH Week strengthened	SPHCDA	SMoH, ANRIN, SOML, UNICEF, Development Partners,
	3. Procurement and distribution of iron folate, folic acid and de-worming tablet for MNCHW	No. of MNCHW held % of children 6 - 59 months and pregnant women reached	Bi-Annual implementation of MNCH Week conducted	SPHCDA	SMOH, ANRIN, SOML, UNICEF, Development Partners
<b>Result Area 4: IMPROVING CAPACITY TO ADDRESS FOOD AND NUTRITION INSECURITY</b>					
<b>Objective:</b> To improve food Security at the National, Community and House Hold Levels					
<b>Target:</b> Reduce the proportion of people who suffer hunger and Malnutrition by 50% by 2025.					

Intervention Narrative	Targets	Activities Narrative	Indicators	EXPECTED OUTPUT	Responsible MDA	Collaborating MDA (s)
<b>Assessing, Analyzing and Monitoring Nutrition situations</b>		Conduct on the job training for 875 teachers on the establishment/activation of school gardens in 200 schools (Primary and Secondary).	No. of teachers trained on the establishment/activation of school gardens.	On the job training for 875 teachers on the establishment/activation of school gardens in 200 schools conducted	MOE	SUBEB; MARD; NSPC, OPS, Academia and Research Institutes
		Conduct training for 1,250 students on the Establishment/activation of school gardens in 200 schools (Primary and Secondary).	No. of students trained on the establishment/activation of school gardens.	1,250 students trained on the Establishment/activation of school gardens in 200 schools (Primary and Secondary).	MOE	SUBEB; MARD; NSPC, OPS, Academia and Research Institutes
		Establishment/activation of school gardens in 200 schools (Primary and Secondary).	No. of school gardens established/activated	school gardens in 200 schools (Primary and Secondary) established or activated	MOE	SUBEB; MARD; NSPC, OPS, Academia and Research Institutes
		Organise training to update 500 teachers in Primary and Secondary schools on Food and Nutrition in 25 LGAs	No. of teachers trained on food and nutrition	500 teachers in Primary and Secondary schools trained on Food and Nutrition in 25 LGAs	MOE	NSPC; SUBEB, SCFN; NITI and OPS
		Provide 875 SBCC materials on Nutrition for teachers	No. of SBCC materials provided to teachers	875 SBCC materials on Nutrition for teachers provided	MOE	MI&C; MoH; MARD; SCFN and OPS
		Provide 1,250 SBCC materials on Nutrition for school children	No. of SBCC materials provided to school children	1,250 SBCC materials on Nutrition for school children provided	MOE	MI&C; MoH; MARD; SCFN and OPS
		Employ 30 skilled and qualified nutritionists for relevant MDAs implementing sectoral nutrition programmes and LGAs	No. of qualified nutritionist employed No. of relevant MDAs with qualified nutritionist. No. of LGAs with qualified nutritionist	30 skilled and qualified nutritionists for relevant MDAs implementing sectoral nutrition programmes and LGAs employed	CSC	MARD; Academia, Research Institutes and OPS



			Review the existing State macro-economic framework to incorporate Nutrition considerations	State macroeconomic framework reviewed to incorporate nutrition considerations	State macro-economics framework to incorporate nutrition considerations reviewed	NSPC	MDAs, research institutions, Academia
			Review existing sectoral policies to incorporate Nutrition considerations	No. of sectoral policies reviewed	existing sectoral policies to incorporate Nutrition considerations reviewed	NSPC	MDAs, research institutions, Academia
<b>Social Protection Programmes for the Vulnerable Groups</b>			Conduct landscape analysis of social protection strategies and programmes in all MDAs with nutrition component	No of social protection strategies with nutrition component analysed No of social protection programmes with nutrition component analysed	Landscape analysis of social protection strategies and programmes in all MDAs with nutrition component conducted	NSPC	MDAs and Development partners
			Incorporate Nutrition considerations (e.g Mothers with SAM children) into social protection programmes (CCT, For Women Programme) to address poverty, malnutrition and health of the vulnerable groups.	No of Social Protection consideration incorporated into social protection programmes	Nutrition considerations (e.g Mothers with SAM children) incorporated into social protection programmes (CCT, For Women Programme) to address poverty, malnutrition and health of the vulnerable groups.	NSPC	MARD; MWASD and MoH
<b>Result Area 5: Raising Awareness and understanding of problem of malnutrition in Nigeria</b>							
<b>Objective:</b> To increase the knowledge of nutrition among the populace and nutrition education into formal and informal training.							
<b>Target:</b> To increase households with relevant nutrition knowledge and practice by 50% that improves their nutritional status by 2025.							
<b>Intervention Narrative</b>	<b>Targets</b>	<b>Activities Narrative</b>	<b>Indicators</b>	<b>EXPECTED OUTPUT</b>	<b>Responsible MDA</b>	<b>Collaborating MDA (s)</b>	

<p><b>Promote advocacy, communication and social mobilization</b></p>		<p>Create awareness on problems of malnutrition using the mass media, (such as radio, TV drama, prints, film documentaries, home videos and posters in local Languages)</p>	<p>1. No. of jingles produced and aired 2. No. of newspaper publications 3. No. of radio and TV programs produced and aired 4. No. of drama stage</p>	<p>Awareness on problems of malnutrition using the mass media (such as radio, TV drama, film documentaries, home video, and posters in local languages) created.</p>	<p>NOA</p>	<p>NSPHCDA, MOI, MEDIA</p>
	<p>Create awareness on positive nutrition practices through in 250 communities and 15 faith-based organizations (CBOs, NGOs) and professional groups</p>	<p>No. of Advocacy and dialogue sessions conducted.</p>	<p>No. of Advocacy and dialogue sessions conducted.</p>	<p>Awareness creation on positive nutrition practices through in 250 communities and 15 faith-based organizations (CBOs, NGOs) and professional groups conducted</p>	<p>NOA</p>	<p>MOH; NPHCDA, SPHCDA, MOI, MEDIA</p>
	<p>Create awareness on positive nutrition practices (EBF, nutrition sensitive, NCD, Complementary feeding, women nutrition, WASH etc) using the mass media in 5 radio houses, 2 TV stations and 3 print media houses in 4 major languages.</p>	<p>1. No. of jingles developed and aired 2. No. of tv spots developed and aired 3. No. of radio/tv drama developed and aired 4. No. of newspaper publications 5 Proportion of people with adequate nutrition knowledge</p>	<p>1. No. of jingles developed and aired 2. No. of tv spots developed and aired 3. No. of radio/tv drama developed and aired 4. No. of newspaper publications 5 Proportion of people with adequate nutrition knowledge</p>	<p>Awareness creation on positive nutrition practices (EBF, nutrition sensitive, NCD, Complementary feeding, women nutrition, WASH etc) using the mass media in 5 radio houses, 2 TV stations and 3 print media houses in 4 major languages conducted.</p>	<p>NOA</p>	<p>MoH; NPHCDA; MOI, MEDIA</p>
	<p>Bi- Annual review meeting of SCFN with LCFN</p>	<p>No. of review meetings held Report of meeting</p>	<p>Bi- Annual review meeting of SCFN with LCFN</p>	<p>Bi- Annual review meeting of SCFN with LCFN</p>	<p>NSPC</p>	<p>MDAs, SCFN</p>





		Create awareness on positive nutrition practices (EBF, nutrition sensitive, NCD, complementary feeding, women nutrition, WASH etc) using the mass media in 5 radio houses, 2 TV stations and 3 print media houses in 4 major languages	No. of jingles developed and aired No. of TV spots developed and aired No. of newspaper publications Proportion of people with adequate nutrition knowledge	Awareness on positive nutrition practices (EBF, nutrition sensitive, NCD, complementary feeding, women nutrition, WASH etc) using the mass media in 5 radio houses, 2 TV stations and 3 print media houses in 4 major languages created	NOA	MOH, NPHCDA, MOI, Media
		Create awareness on the benefits of nutrition sensitive and nutrition specific in 250 communities of 25 LGAs	No. of sensitizations conducted No. of caregivers reached	Awareness on the benefits of nutrition sensitive and nutrition specific in 250 communities of 25 LGAs created	NOA	MOI, Media, NSPHCDA
<b>Promoting Healthy Lifestyles and Dietary Habits</b>		Conduct awareness campaign on healthy living and good dietary habits in 250 communities of 25 LGAs.	1. No. of sensitization meetings conducted at all levels 2. No. of community outreach campaigns that promote appropriate feeding No. of advocacy meeting held with community and stakeholders	Awareness campaign on healthy living and good dietary habits in 250 communities of 25 LGAs conducted	NOA	NSPHCDA, MOI, MEDIA
		Conduct one-day state level training for 12,000 OICs within 2 years (6,000 per year)	No. of OICs trained	One-day state level training for 12,000 OICs within 2 years (6,000 per year) conducted	SMOH	SPHCDA
		Revise food based dietary training manual for healthy living	Food Based Dietary Guidelines for healthy living reviewed	Food based dietary training manual for healthy living revised	SMOH	MARD

		One-day zonal dissemination meeting of revised dietary guidelines for healthy living (40 people/zone)	No. of zonal dissemination meetings held No. of participants at zonal dissemination meetings	One-day zonal dissemination meeting of revised dietary guidelines for healthy living (40 people/zone) held	SMOH	MARD
		Develop a food based dietary training manual for health workers	Food based dietary Training Manual for health workers developed	Food based dietary training manual for health workers developed	SMOH	
		Develop and air radio jingles and prepare radio leaflets and posters to promote good dietary practices and WASH at household, community level and school	No. of jingles produced and aired No. of schools with trained PHE teachers	Air radio jingles and prepare radio leaflets and posters to promote good dietary practices and WASH at household, community level and school	SMOH	NOA, WASH, Media, NSPHCDA, Community gate Keepers
		Capacity building of 90 physical and health education teachers on nutrition education (30 PHE teachers per zone)	No. of teachers PHE trained No. of schools with trained PHE teachers	Capacity of 90 physical and health education teachers on nutrition education (30 PHE teachers per zone) built	MOE	NSPHCDA, Academia
		Capacity development training for 25 principal women development officers and 35 Gender Desk Officers on nutrition education	1 No. of PWDOs trained 2 No. of GDOs trained	Training for 25 principal women development officers and 35 Gender Desk Officers on nutrition education conducted		NSPHCDA, MLG&CA

			Capacity building of 450 Teachers on nutrition education in 3 geopolitical zones	No. of teachers trained No. of schools with trained teachers	Capacity of 450 Teachers on nutrition education in 3 geopolitical zones built		NSPHCDA; MARD; SUBEB
			Conduct awareness campaign on healthy living and good dietary habits in 250 communities of 25 LGAs.	No. of sensitization meetings conducted at all levels No. of community outreach campaigns that promote appropriate feeding No. of advocacy meeting held with community and stakeholders	Awareness campaign on healthy living and good dietary habits in 250 communities of 25 LGAs conducted		NSPHCDA; MOI, MEDIA;
<b>Promote Adequate Budgetary Allocation and Tracking</b>			Conduct assessment on determinants of low financial investments in Food & Nutrition programs	No of MDAs & LGAs that returned the assessment tool. Report published on the assessment.	Assessment on determinants of low financial investments in Food & Nutrition programs conducted	NSPC	MDAs, CS-SUNN and SCFN
			Conduct regular budget tracking, apply lessons learnt on F & N budgeting processes.	No of MDAs & LGAs with Budget tracking tool updated.	Regular budget tracking, apply lessons learnt on F & N budgeting processes conducted	SCFN/NSPC	MDAs and CS - SUNN
			Develop and use Score Cards of lessons learnt on Budget tracking & applications to MDAs and LGAs plan	No of MDAs & LGAs with Score card of lessons learnt applied	Score Cards of lessons learnt on Budget tracking & applications to MDAs and LGAs plan developed and used.	NSPC	MDAs, CS- SUNN and SCFN

<b>Strengthening Coordination capacity</b>	Organize bi-annual Nutrition Town-Hall Meetings	No of meetings held and reports produced	Bi-annual Nutrition Town-Hall Meetings organized	NSPC	SCFN, MDAs, Development Partners, CS-SUNN
	Organize bi-annual Nutrition Partners Forum	No of meetings held and reports produced	Bi-annual Nutrition Partners Forum organized	NSPC	MDAs and Development Partners
	Organize quarterly meetings of State Committee on Food and Nutrition	No of meetings held and reports produced	Quarterly meetings of State Committee on Food and Nutrition organized	NSPC	MDAs and Development Partners
	Advocate for domestication of Food and Nutrition Plan of Action at 25 LGAs	No of advocacy conducted No of LGAs with Plan of action	Advocacy for domestication of Food and Nutrition Plan of Action at 25 LGAs conducted	NSPC	MDAs, UNICEF and SCFN
	Build the capacity of 10 Nutrition desk officers in MDAs through training & retraining on resource mobilisation and allocation	No of Nutrition Desk officers trained No of trainings conducted	Capacity of 10 Nutrition desk officers in MDAs through training & retraining on resource mobilisation and allocation built	NSPC	MDAs, UNICEF and Development Partners
	Build the capacity of 25 no. Nutrition Focal Persons in LGAs through training & retraining on resource mobilisation and allocation	No of Nutrition Focal Persons trained No of trainings conducted	Capacity of 25 no. Nutrition Focal Persons in LGAs through training & retraining on resource mobilisation and allocation built	NSPC	MDAs, UNICEF and Development Partners
	Advocate for the conduct of Annual Nutrition week	No. of advocacy conducted	Advocacy for the conduct of Annual Nutrition week conducted	NSPC	MoH, MDAs, SCFN, Development Partners and Academia

		Conduct of Annual Nutrition Week	Nutrition Week conducted	Annual Nutrition Week conducted	NSPC	MoH, MDAs, SCFN, Development Partners and Academia
<b>Result Area 6: RESOURCE ALLOCATION FOR FOOD AND NUTRITION SECURITY AT ALL LEVELS</b>						
<b>Objective: To incorporate food and nutrition considerations into the Federal, State and Local Government sectoral development plan</b>						
Intervention Narrative	Targets	Activities Narrative	Indicators	EXPECTED OUTPUT	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	Conduct assessment on determinants of low financial investments in Food & Nutrition programs  Conduct quarterly budget tracking, apply lessons learnt on F & N budgeting processes.	No of MDAs assessment tool returned No of LGAs assessment tool returned Report on the assessment published  No of MDAs budget tracked No of LGAs Budget tracked No of budgeting processes guided by reports  No of meetings held No of reports produced  No of meetings held No of reports produced  No of meetings held No of reports produced	Budget lines on food and nutrition activities in MDAs and LGAs sustained  Timely release of funds for nutrition activities ensured  State Nutrition Agency established  State House of Assembly Committee on nutrition formed  Organizational leadership of SCFN for strategic level engagement, communication and	NSPC  NSPC  NSPC  SCFN  SCFN  SCFN	MoH, MARD, MWASD, MI&C and MoF          NSPC, CS-SUN and MDAs  NSPC, CS-SUN and MDAs  Academia and NSPC

		Advocate for domestication of Food and Nutrition Plan of Action at 25 LGAs	No of advocacy conducted No of LGAs with Plan of action	Research, monitoring & evaluation on food and nutrition activities in collaboration with partners and the private sector conducted	NSPC	MDAs, Academia, Research Institutes, SCFN, Development partners and Private Sector
		Develop a Portal and data tools for the collection of core Nutrition based interventions in partnership with research institutes	Nutrition Portal developed Nutrition data tools developed	Portal and data tools for the collection of core Nutrition based interventions in partnership with research institutes developed	NSBS/NSPC	MoH, MARD, MOE, UNICEF, Academia and Research Institutes
		Build the capacity of 394 Nutrition implementers (274 OICs, 25 NFPs, 50 Agric extension officers and 20 other nutrition officers/workers) on the use of data tools for capturing Nutrition activities	No of nutrition implementers whose capacities are built	Capacity of 394 Nutrition implementers (274 OICs, 25 NFPs, 25 M&E, 50 Agric extension officers and 20 other nutrition officers/workers) on the use of data tools for capturing Nutrition activities built	NSBS/NSPC	MoH, MARD, MI&C, MoE, Academia and Development Partners

**ANNEX 2: Interventions and activities by Sectors**

S/n	Lead Agency	Activities	Time Frame	Indicative Costing	Other Agencies/Organizations	Strategic Objective
1	MARD	Quarterly campaigns on the consumption of Vitamin A, and micronutrient rich foods to 60,000 Households in 6 LGAs	2020-2024	17,029,995.51	Organized Private Sector, BoA, Bol, Coop Dept., State Commodity promotion Agency, LGAs Dept. of Agric	1
2	MARD	Promote production of nutrient rich varieties (orange flesh sweet potato, high protein maize, cassava, and cowpea) through distribution of certified seeds/cuttings of vitamin A & micronutrient enriched food crops to 500 small scale farmer groups in 6 LGAs	2020-2024	19,013,750.00	Organised Private Sector, Development Partners, MWR & DD	1
3	MARD	TOT for 175 Agricultural extension officers on production of vitamin A & micronutrient enriched food crops	2020-2024	6,466,750.00	Organised Private Sector, Development Partners, MWR & DD	1
4	MARD	a. Provide starter packs for 30 fruits farmers groups (600 farmers) in 3 zones b. Provide starter packs for 30 vegetable farmers groups (600 farmers) in 3 zones (including women for HH gardening)		7,584,915.00		1
5	MARD	(a) Promote the production of small ruminant (sheep & Goat) by 120 women groups through provision of starter packs.	2020-2024	12,048,855.00	Academia, Higher institutions, Agency, LGAs Dept. of Agric, NAPRI, MLFD and Donor Partners	1
6	MARD	Provide support to prepare 2,000 copies of brochure on 5 value chain commodities for nutritional/health benefits.	2020-2024	1,050,000.00	MoH, NSPHCDA ,MOARD	1
7	MARD	Provide 200 smoking kilns to clusters of small-scale women fish farmers	2020-2024	4,073,000.00	MoH, NSPHCDA ,MOARD	1
8	MARD	Conduct Capacity building for 1500 food and nutrition teachers on production of Nutritious foods	2020-2024	60,827,300.00	MoH, NSPHCDA ,MOARD	1
9	MARD	Conduct Capacity building for 1500 food vendors and cooks in schools on nutritionally adequate meals using locally available foods	2020-2024	60,827,300.00	MoH, NSPHCDA ,MOARD	1
10	MARD	Provide 2000 improved tree crop planting materials (Oil palm, mango, oranges cashew etc ) to 50 farmer groups per zones across the State to promote food & nutrition security	2020-2024	2,513,300.00	Organized Private Sector, BoA, Bol, Coop Dept., State Commodity promotion Agency, LGAs Dept. of Agric, NIHORT and Donor partners	



11	MARD	Conduct bi-monthly advocacy visit to relevant financial institutions to promote increased access to Micro - Credit facilities to farmers at single digit interest rate especially for Women farmer groups to expand farm operations	2020-2024	9,117,291.56	Organized Private Sector, BoA, Bol, Coop Dept., State Commodity promotion Agency, LGAs Dept. of Agric, NAPRI and MLFD
12	MARD	Conduct quarterly Advocacy visit to LGAs & traditional institution for land development/clearing for increased women access to land for agricultural activities in 10 LGAs	2020-2024	2,486,534.06	Development Partners, Organized Private Sector, Academia, Professional Associations, and NAERLS
13	MARD	Conduct quarterly advocacy visit to LGAs and communities for rehabilitation of the existing rural road network	2020-2024	6,216,335.16	Organized Private Sector, BoA, Bol, Coop Dept., State Commodity promotion Agency, LGAs Dept. of Agric and NIHORT
14	MARD	Train 1000 farmers on appropriate use of fertilizers (organic/inorganic), herbicides and pesticides	2020-2024	6,790,063.17	MOW&ID, Donor PARTNERS, LGAs,CSO
15	MARD	Conduct 16 regular Stakeholders meeting on reduction of postharvest losses	2020-2024	5,745,396.63	Organized Private Sector, MCI & C, NCEPA, CSOs and Donor partners
16	MARD	Promote the use of hermetic storage bags to 10,000 small holder farmers for food preservation	2020-2024	1,052,675.00	OPS, BoA, NOA/MOI, NCRI, IITA, NIHORT
17	MARD	Create awareness to 10,000 farmers on the use of Aflasafe to minimize aflatoxin contamination along the value chain	2020-2024	370,672.75	Partners, MOWASD, MCI
18	MARD	Provide 6 modern drying slabs for women groups to present post-harvest losses, enhance quality and nutrient retention	2020-2024	11,072,000.00	LGAs, OPS, Partners,
19	MARD	Review State food recipes book in line with the State Food Based Dietary Guidelines	2020-2024	350,000.00	Academia, UNRBDA, NARIs, OPS, NOA/MOI
20	MARD	Print 10,000 copies and disseminate to schools, workplaces and food vendors	2020-2024	350,000.00	Academia, NARIs, OPS, NOA/MOI
21	MARD	conduct trainings for 5000 food vendors/processors for value addition	2020-2024	47,421,611.55	NOA,Media, Organised Private Sector, Professional Associations, Mol, NGOs,Academia, NARIs
22	MARD	Provide mobility for 250 Agricultural extension workers and Subject Matter Specialists (SMS)	2020-2024	64,062,500.00	OPS
23	MARD	Training of 250 Agricultural extension workers and Subject Matter Specialists (SMS) on security crisis & nutrition in emergency	2020-2024	6,794,151.00	Private Sector, Partners

24	MARD	Conduct quarterly coordination meeting on early warning mechanisms to cope with food emergencies at community level	2020-2024	442,050.50	Organized Private Sector, BoA, Bol, Coop Dept., State Commodity promotion Agency, LGAs Dept. of Agric and MLFD	1
25	MARD	Review Modules in Agriculture, Livestock and fisheries training to improve nutrition	2020-2024	4,440,000.00		1
26	MARD	Promote and support dietary diversity through increased production and consumption of locally available foods in 120 sites.	2020-2024	5,596,359.33	SMOE, MOH, Research Institutes, Universities, NARIs	1
	MARD	Rehabilitation of rural roads (3km per LGAs ) for easy transportation of farm produce	2020 – 2024	290,095,640.63	RUWATSAN, SEMA, NGOs, Development Partners	1
	MARD	Construction of new rural roads (5km per LGAs) for easy transportation of farm produce	2020 – 2024	690,703,906.25	RUWATSAN, SEMA, NGOs, Development Partners	1
27	MARD	Provide agro inputs to strengthen 200 school farms-garden	2020-2024	6,220,933.33	SMOE, NSPC, SEB	1
28	MARD	Conduct awareness creation on the establishment of home gardens to 1,000 households in 10 communities in 6 LGAs.	2020-2024	6,767,519.00	MoH and NSPHCDA	4
29	MARD	Conduct awareness campaign for Traditional Rulers and Religious leaders in 8 emirates on underutilised food crops.	2020-2024	3,700,000.00	MI&C, NAMDA, FADAMA; Academia; Research Institutes; SCFN, OPS, Development partners and MARD	4
30	MARD	Build the capacity of 1,250 farmers on cultivation of functional foods and underutilised crops	2020-2024	4,060,511.40	MTEST; MARD; Research Institutes; Academia and MWASD	4
31	MARD	Develop the capacity of 35 No. State Committee on Food and Nutrition (SCFN) members and 25 No. LGAs Nutrition Focal Persons on current issues, new methodologies and priority nutrition actions	2020-2024	2,996,556.00	MTEST; ; Research Institutes; Academia and MI&C	4

**Subtotal**

**₦1,368,287,872.83**

S/n	Lead Agency	Time Frame	Indicative Costing	Other Agencies/Organizations	Strategic Objective
37	MOE	2020 - 2024	200,540,537.02	SUBEB; MARD; NSPC, OPS, Academia and Research Institutes	4
38	MOE	2020 - 2024	12,983,349.85	SUBEB; MARD; NSPC, OPS, Academia and Research Institutes	4
39	MOE	2020 - 2024	104,328,072.90	SUBEB; MARD; NSPC, OPS, Academia and Research Institutes	4
40	MOE	2020 - 2024	33,071,511.85	NSPC; SUBEB; SCFN; NTI and OPS	4
41	MOE	2020 - 2024	11,843,158.25	MI&C; MoH; MARD; SCFN and OPS	4
42	MOE	2020 - 2024	3,383,759.50	MI&C; MoH; MARD; SCFN and OPS	4

**Subtotal**

**₦366,150,389.37**

S/n	Lead Agency	Time Frame	Indicative Costing	Other Agencies/Organizations	Strategic Objective
59	CSC	2020-2024	197,000.00	MARD; Academia, Research Institutes and OPS	4

**Subtotal**

**₦197,000.00**

S/n	Lead Agency		Time Frame	Indicative Costing	Other Agencies/Organizations	Strategic Objective
60	SMoH	Procurement 3,785 cartons of RUTF for Blanket Supplementary Feeding (BSFP) in all areas of high prevalence malnutrition	2020 – 2024	522,547,212	SPHCDA, ANRIN, UNICEF and Development Partners,	3
61	SMoH	Identifying risk factors, providing education, and increasing services for DRNCD	2020 – 2024	10,644,521	SPHCDA, MOI, CSOs, NAFDAC, NOA	3
62	SMoH	Promote advocacy, communication & social mobilization to strengthen the implementation of bi-annual MNCHW at community across the 25 LGAs	2020 – 2024	10,867,949	SMDH, UNICEF, ANRIN, Development Partners	3

**Subtotal**

**₦544,059,682**

S/n	Lead Agency		Time Frame	Indicative Costing	Other Agencies/Organizations	Strategic Objective
82	MWA&SD	Promote the formation of women into sustainable 125 cooperative groups per annum for the provision of grants and revolving loans	2020 – 2024	21,125,000.00	BOI, BoA, MOARD and commercial banks. Min. of commerce and investment	1
83	MWA&SD	Promote awareness on Girl Child Education, end Child Marriage and adolescent nutrition and health related practices	2020 – 2024	30,424,750.00	MOI, MOE, NOA, MEDIA, NGOS, WASH, NSPHCDA, Community leaders, CBOs.	2
84	MWA&SD	sanitization on Child Right Law implementation in 25LGAs of the State	2020 – 2024	19,475,000.00	NSPHCDA, MOA, MOI, Security Agencies. NGOs/CBOs, FBOs	2
85	MWA&SD	Upgrade and functionalize the existing creche in the State secretariat complex and establish new one at the old secretariat to promote Exclusive Breastfeeding and complementary feeding	2020 – 2024	13,173,100.00	CBOS, NSPHDCA, MOI,	2
86	MWA&SD	Capacity Development training for 25 Principal Women Development Officer (PWDO) and 35 Gender Desk Officers on Nutrition education	2020 – 2024	5,425,000	NSPHCDA, MLG&CA	2
87	MWA&SD	Training of Principal Women Development Officers (PWDOs) and Head of Department of Home Economics of the 25LGAs on production of food supplement to avert malnutrition	2020 – 2024	36,473,050	NSPHCDA, WASH, MARD	2

MWA&SD	Sensitization meeting with the officials of all groups of People With Disabilities (PWDs) in the state capital	2020 – 2024	2,847,160	NSPHCDA, WASH, MOI	2
MWA&SD	Sensitization and awareness creation by visiting Leprosarium Chanchaga	2020 – 2024	4,044,050	NSPHCDA, WASH, MOI	2
MWA&SD	Sensitization and awareness creation by visiting Leprosy Community Tunga, Minna	2020 – 2024	4,044,050	NSPHCDA, WASH, MOI	2
MWA&SD	Sensitization and awareness creation by visiting Blind Community Limawa, Minna	2020 – 2024	4,044,050	NSPHCDA, WASH, MOI	2
MWA&SD	Sensitization and awareness creation by visiting SCIAN Community Old People Home Minna	2020 – 2024	4,044,050	NSPHCDA, WASH, MOI	2

**Subtotal**

**₦92,506,483.05**

S/n	Lead Agency	Time Frame	Indicative Costing	Other Agencies/Organizations	Strategic Objective
89	NOA	2020-2024	10,360,000.00	MOI,NSPHCDA,Media,	1
	NOA	2020-2024	31,017,950	NSPHCDA, MOI, MEDIA	5
	NOA	2020-2024	44,400,000	MOH; NPHCDA, SPHCDA, MOI, MEDIA	5
	NOA	2020-2024	44,400,000	MoH; NPHCDA; MOI, MEDIA	5
	NOA	2020-2024	46,115,000	NSPHCDA; MOI, MEDIA;	5
	NOA	2020-2024	28,069,000	NSPHCDA; MOI, MEDIA;	5

**Subtotal** ₦204,361,950.00

Lead Agency	Time Frame	Indicative Costing	Other Agencies/Organizations	Strategic Objective
MWRs&DD	2024 – 2025	37,125,000.00	RUWATSAN, SEMA, NGOs, Development Partners	1
MWRs&DD	2020 – 2024	24,750,000.00	RUWATSAN, SEMA, NGOs, Development Partners	1
MWRs&DD	2020 – 2024	26,731,200	RUWATSAN, NSPHCDA, NOA	2
MWRs&DD	2020 – 2024	23,580,00	RUWATSAN, NSPHCDA, NOA	2
MWRs&DD	2020 – 2024	23,580,000	RUWATSAN, NSPHCDA, NOA	2
MWRs&DD	2020 – 2024	321,780,000.00	RUWATSAN, NSPHCDA, NOA	2

**Subtotal** ₦433,666,200.00

Lead Agency	Time Frame	Indicative Costing	Other Agencies/Organizations	Strategic Objective
NSPC	2020-2024	34,839,188	SMoH; SPHCDA, MOI; NOA; Me/dia CSOs, FBOs, CBOs, NGOs	3
NSPC	2020-2024	2,571,657	SCFN(	3
NSPC	2020-2024	12,078,678	SPHCDA, ; MWASD WASH ,SACA, UNICEF,ANRIN,PARTNERS	3

NSPC	Create nutrition departments/unit in Nutrition sensitive/specific MDAs	2020-2024	14,000.00	NSPC and MDAs	4
NSPC	Incorporate nutrition objectives into MDAs' development policies, plans and programmes.	2020-2024	324,840.91	NSPC and MDAs	4
NSPC	Review the existing State macro-economic framework to incorporate Nutrition considerations	2020-2024	66,000.00	MDAs; Research Institutes; Academia	4
NSPC	Review existing sectoral policies to incorporate Nutrition considerations	2020-2024	66,000.00	MDAs; Research Institutes; Academia	4
NSPC	Conduct landscape analysis of social protection strategies and programmes in all MDAs with nutrition component	2020-2024	1,136,943.19	MDAs and Development partners	4
NSPC	Incorporate Nutrition considerations (e.g Mothers with SAM children) into social protection programmes (CCT, For Women Programme) to address poverty, malnutrition and health of the vulnerable groups.	2020-2024	243,630.68	MARD; MWASD and MoH	4
NSPC	Strengthen collaboration and synergy between relevant MDAs, local Committees on F&N, and non-state actors	2020-2024	927,500		5
NSPC	day Annual review meeting of SCFN with IGNFP	2020-2024	12,017,600	MDAs, SCFN	5
NSPC	Conduct and Sustain advocacy to policy makers (Governor, Hon Commissioners for education, information, Budget, Health, Agriculture, Legislators, SSG, Wife of Governor and LGA Chairmen) at all levels for resource mobilization for food and nutrition action	2020-2024	1,377,500	MoH; CSOs	5
NSPC	10. Erection of Billboards to raise awareness on nutrition across the States/LGAs	2020-2024	25,000,000		5
NSPC	Conduct assessment on determinants of low financial investments in Food & Nutrition programs	2020-2024	2,870,000.00	MDAs, CS-SUNN and SCFN	6
NSPC	Conduct quarterly budget tracking, apply lessons learnt on F & N budgeting processes.	2020-2024	34,649.70	MDAs and CS – SUNN	6
NSPC	Develop and use score card of lessons learnt on budget tracking & application to MDAs & LGAs plan	2020-2024	460,191.29	MDAs and CS – SUNN	6
NSPC	Organize bi-annual Nutrition Town -Hall Meetings	2020-2024	24,308,711.69	SCFN, MDAs, Development Partners, CS-SUNN	6
NSPC	Organize bi-annual Nutrition Partners Forum	2020-2024	3,129,300.79	MDAs and Development Partners	6

NSPC	Organize quarterly meetings of State Committee on Food and Nutrition	2020-2024	20,583,544.39	MIDAs and Development Partners	6
NSPC	Conduct high level consultative round table meeting on Food and Nutrition	2020-2024	8,929,000		6
NSPC	Advocate for domestication of Food and Nutrition Plan of Action at 25 LGAs	2020-2024	1,760,000.00	MIDAs, UNICEF and SCFN	6
NSPC	Build the capacity of 12 no. Nutrition desk officers on resource mobilisation and allocation	2020-2024	136,931.33	MIDAs, UNICEF and Development Partners	6
NSPC	Build the capacity of 25 no. Nutrition Focal Persons in LGAs through training & retraining on resource mobilisation and allocation	2020-2024	1,763,376.00	MIDAs, UNICEF and Development Partners	6
NSPC	Advocate for the conduct of Annual Nutrition week	2020-2024	14,000.00	MoH, MIDAs, SCFN, Development Partners and Academia	6
NSPC	Conduct Annual Nutrition Week	2020-2024	2,457,962.90	MoH, MIDAs, SCFN, Development Partners and Academia	6
NSPC	Sustain budget lines on food and nutrition activities in MIDAs and LGAs	2020-2024	12,000.00	MoH, MARD, MWASD, MI&C and MoF	6
NSPC	Promote timely release of funds for nutrition activities	2020-2024	64,968.18		6
NSPC	Train SCFN leaders on strategic level engagement, communication and resource mobilization to increase investment in nutrition	2020-2024	19,272,811.31	Academia and NSPC	6
NSPC	Conduct Monitoring & Evaluation on Food and Nutrition activities in collaboration with partners	2020-2024	9,554,112.62	MIDAs, Academia, Research Institutes, SCFN, Development partners and Private Sector	

**Subtotal**

**₦ 186,015,098**



S/n	Lead Agency		Time Frame	Indicative Costing	Other Agencies/Organizations	Strategic Objective
136	SPHCDA	1. Provide incentives to pregnant women, mothers and other care givers to motivate utilization of health facilities 2. Provision of Iron-folic acid supplementation for pregnant women during routine ANC services	2020-2024	37,086,004.00	SMOH, ANRIN, Development Partners	2
137	SPHCDA	3. Provision of vitamin A supplementation during routine services for under-5 children at PHCCs	2020-2024	37,130,399.00	NSPC, UNICEF, SMOH, ANRIN	2
138	SPHCDA	4. Sustain on-going activities to promote women's through Dietary Counselling during Adolescent Pregnancy and Lactation	2020-2024	2,812,282,045.00	SMoH, NSPC, UNICEF	2
139	SPHCDA	5. Promote Early initiation of breastfeeding within 30 minutes of delivery	2020-2024	39,143,330	SMOH, NSPC, MWASD ANRIN, FMWASD,	2
140	SPHCDA	6. Promote and Support Exclusive Breastfeeding from 0 up to 6 months up until 24 months and beyond	2020-2024	6,724,206.00	SMOH, NSPC, Ministry of Information & Culture, CSOs, Development Partners	2
141	SPHCDA	7. Establish Baby Friendly Centers in health facilities	2020-2024	145,285,198.00	SMOH, ANRIN, UNICEF, Development Partners	2
142	SPHCDA	8. Promote the establishment of 15 Food demonstration corner in 15 health facilities across 3 LGAs	2020-2024	118,355,786.00	SMOH, UNICEF, Development Partners	2
143	SPHCDA	9. Scale up C-IYCF training and counselling for optimal infant and young child feeding practices.	2020-2024	14,807,331.00	SMOH, ANRIN, UNICEF, Development Partners	2
144	SPHCDA	10. Conduct Social and Behaviour Change Communication activities on IYCF targeted at adolescents, pregnant women, and caregivers at all levels.	2020-2024	26,624,820.00	NSPC, SMOH, CSOs, UNICEF, ANRIN, Development Partners	2
145	SPHCDA	11. Sensitization of care givers especially grandmothers, mothers - in-law for optimal nutrition practices.	2020-2024	8,026,278.00	MWASD, NSPC, SMOH, NOA, ANRIN, UNICEF MDAs	2
146	SPHCDA	12. Training Emergency Managers on mainstreaming Nutrition in Feeding Programmes targeted at the vulnerable groups in Emergency Situations	2020-2024	7,465,927.00	MWASD, SMOH, NOA, UNICEF, ANRIN, CSOs, Development Partners	2
147	SPHCDA	Engage the WHDC members to support community level action in nutritional care of vulnerable groups in 5 LGAs	2020-2024	16,213,351.00	SEMA, MARD, UNICEF, ANRIN, WASH Development Partners	2
148	SPHCDA	Review growth monitoring and promotion guidelines	2020-2024	9,542,203	SMOH, ANRIN, UNICEF, WASH, CSOs and development partners	2
149	SPHCDA	Promote regular monitoring of growth and development at health facilities and communities.	2020-2024	8,204,399	SMOH, UNICEF, ANRIN, Partners	3
150	SPHCDA	Training of community health promoters in catchment areas and Scale up the 7 CMAM sites.	2020-2024	88,746,537	SMOH, UNICEF, ANRIN, Partners	3
151	SPHCDA	Counselling and food demonstration to 5000 caregivers	2020-2024	140,457,962	SMOH, MWASD ; UNICEF, ANRIN	3
152	SPHCDA		2020-2024	36,436,322	UNICEF, ANRIN, Development partners, CSOs	3

SPHCDA	Provide and scale up distribution of 2 630,830 units of micronutrient powder (MNP) for children 6 - 23 months in 10 LGAs (2 LGAs per year)	2020-2024	683,075,470	SMOH, UNICEF, ANRIN, Development Partners	3
SPHCDA	Strengthen active case finding of SAM and subsequent treatment 7 secondary health facilities	2020-2024	129,882,225	UNICEF, SMOH, Development Partners	3
SPHCDA	1. Quarterly monitoring and evaluation of micronutrient supplementation programme performance at community and LGA levels 2. Strengthen Bi-annual implementation of MNCH Week	2020-2024	8,810,805	SMoH,SOML, UNICEF, NOA,CSOs, Development Partners, FMWASD	3
SPHCDA	3. Procurement and distribution of iron folate, folic acid and de - worming tablet for MNCHW	2020-2024	21,665,742	NSPC,UNICEF, ANRIN , Development Partners	3
SPHCDA		2020-2024	32,500,592	SMoH, ANRIN, SOML, UNICEF, Development Partners,	3

**Subtotal**

**₦4,418,924,729.00**

**Grand Total**

**₦7,614,169,404.25**



**NIGER STATE GOVERNMENT**