



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

2021-2025



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



Ministry Of Finance And Planning
2021-2025

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LIST of ABBREVIATIONS

ADP	Agricultural Development Programme
AFAN	All Farmers Association of Nigeria
ANRiN	Accelerating Nutrition Results in Nigeria
ASFNS	Agriculture Sector Food Security and Nutrition Strategy
BCC	Behaviour Change Communication
BoA	Bank of Agriculture
BoI	Bank of Industry
BoS	Bureau of Statistics
BSFP	Blanket Supplementary Feeding Programme
CBN	Central Bank of Nigeria
CBOs	Community Based Organizations
CCT	Conditional Cash Transfer
CSOs	Civil Society Organizations
CS-SUNN	Civil Society Scaling Up Nutrition in Nigeria
C-IYCF	Community-Infant and Young Child Feeding
CMAM	Community Management of Acute Malnutrition
CPI	Commodity Price Index

CV	Community Volunteers
DALY	Disability-Adjusted Life Year
DRNCD	Diet Related Non-Communicable Disease
EBF	Exclusive Breast Feeding
ECCD	Early Child Care Development
EIMS	Education Information Management System
ERGP	Economic Reconstruction and Growth Plan
FBOs	Faith Based Organizations
FCT	Federal Capital Territory
FEWS	Food Security Early Warning System
GM	Growth Monitoring
HGSFP	Home Grown School Feeding Programme
HH	Household Head
HIV&AIDs	Human Immunodeficiency Virus and Acquired Immunodeficiency Syndrome
IDP	Internally Displaced Persons
IEC	Information Education and Communication
IYCF	Infant and Young Child Feeding
KMPFAN	Kwara Multi-Sectoral Plan for Food and Nutrition

LGA	Local Government Area
LGCFN	Local Government Committee on Food and Nutrition
MAM	Moderate Acute Malnutrition
MAN	Manufacturers Association of Nigeria
MARD	Ministry of Agriculture and Rural Development
MDAs	Ministries, Departments and Agencies
MDG	Millennium Development Goals
MEAL	Monitoring and Evaluation, Accountability and Learning
MF&P	Ministry of Finance and Planning
MICS	Multi Indicator Cluster Survey
MNCHW	Maternal New-born Child Health Week
MNP	Micronutrient Powder
MOC	Ministry of Communications
MoE	Ministry of Enterprise
MoE&HCD	Ministry of Education and Human Capital Development
MoH	Ministry of Health
MoSD	Ministry of Social Development
MoTEST	Ministry of Tertiary Education, Science and Technology

MWR	Ministry of Water Resources
NABG	Nigeria Agribusiness Group
NACCIMA	Nigerian Association of Chambers of Commerce, Industry, Mines and Agriculture
NAFDAC	National Agency for Food and Drug Administration and Control
NBS	National Bureau of Statistics
NCFN	National Committee on Food and Nutrition
NCN	National Council on Nutrition
NCS	Nigeria Customs Services
NCS	Nigeria Correctional Service
NDHS	National Demographic and Health Survey
NEMA	National Environmental Management Agency
NEPC	Nigeria Export Promotion Council
NFCNS	National Food Consumption and Nutrition Survey
NGOs	Non-Governmental Organizations
NHIS	National Health Insurance Scheme
NHMIS	National Health Management Information System

NHSPAN	National Health Strategic Plan of Action for Nutrition
NHNS	National Health and Nutrition Survey
NIHORT	Nigeria Institute for Horticultural Research
NPFN	National Policy on Food and Nutrition
NPHCDA	National Primary Health Care Development Agency
NPopC	National Population Commission
NS	Nutrition Surveillance
NSN	Nutrition Society of Nigeria
OPS	Organized Private Sector
PHC	Primary Health Centre
PLWHA	People Living With HIV/AIDS
SAM	Severe Acute Malnutrition
SCFN	State Committee on Food and Nutrition
SDG	Sustainable Development Goals
SEMA	State Environmental Management Agency
SMPFAN	State Multi-sectoral Plan of Action for Food and Nutrition in Nigeria
SMS	Subject Matter Specialists

SOML PforR	Saving one Million Lives, Programme for Results
SPHCDA	State Primary Health Care Development Agency
SUBEB	State Universal Basic Education Board
SUN	Scaling Up Nutrition
U-5	Under five
UBEC	Universal Basic Education Commission
UNICEF	United Nations International Children Education Fund
VAD	Vitamin A Deficiency
WASH	Water Sanitation and Hygiene
WCFN	Ward Committee on Food and Nutrition

FOREWORD

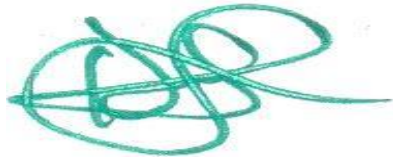
Malnutrition and nutrition-related issues continue to be of public health concern in Kwara State. It manifests itself mainly as under nutrition, over nutrition and micronutrient deficiencies. Since the beginning of this decade, the close relationship between malnutrition and under-development has continued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

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

implementation of the policy for effective results.

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

With the approval of the Policy by the State Executive Council (SEC), I therefore recommend effective implementation of this Policy to achieve the objective of ensuring optimal nutritional status for all Kwara State residents.



Oyeyemi Olasumbo Florence

***HONOURABLE COMMISSIONER,
MINISTRY OF FINANCE AND PLANNING,
KWARA STATE.***

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Special thanks to the entire team of CS-SUNN, especially Jayne Arinze-Egemonye and Ambrose Evhoesor who provided incredible support and technical guidance to the State Committee on Food and Nutrition throughout the process of the development of this document.

We would like to express our appreciation to the resource person/consultant-Professor Anigo Kola, facilitator who has remarkably contributed to the development of this strategy. Also to every member of the State Committee on Food and Nutrition (comprising representatives from different MDAs, Kwara CS-SUNN State Coordinator-Fatoye Francis and members, CSOs, Academia and Professional bodies) who dedicated hours of their valuable time to provide inputs, comments and feedbacks during the consultation workshops as well as during the process of development of the document. The financial and technical support of CS-SUNN that ensured the domestication and development of this strategic costed plan has come to fruition, is highly acknowledged.

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



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PERMANENT SECRETARY,

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EXECUTIVE SUMMARY

The nutrition situation in Kwara State has not improved significantly in the past 10 years and the burden of malnutrition among under-five children remains high. Poverty, inadequate social investment, inadequate dietary intake, poor dietary diversity, poor care practices, frequent infections, diseases, and recently economic hardships are key determinants of malnutrition in Kwara State. The consequences of malnutrition in Nigeria is worrisome including daily loss of about 2,300 under-five children and 145 women of child bearing age, poor physical and mental development, poor productivity and 2-8% reduction in Nigeria's economic growth. Higher mortality and other consequences are inevitable if malnutrition is not squarely addressed in the country and several efforts have been put in place to address this menace.

Taking into consideration the multidisciplinary and multisectoral nature of nutrition, the Kwara State Multisectoral Plan of Action for Food and Nutrition (KWMPAFN) is intended to guide the implementation of nutrition specific and nutrition sensitive interventions and programmes by all Ministries, Departments and Agencies, Development Partners at all levels across the three Senatorial Districts in Kwara State. The goal of the plan is to attain optimal nutritional status for all residents of Kwara State through accelerating the scaling up of priority high impact nutrition specific and nutrition sensitive interventions as well as creating the enabling environment for improved nutrition focusing on the most vulnerable especially women and children as well as internally displaced persons.

The KWMPAFN was developed in line with the National Policy on Food and Nutrition, National Health Strategic Plan of Action for Nutrition and Nigeria Agricultural Sector Plan for Food Security and Nutrition using a multi-stakeholder participation approach including the relevant MDAs, Development

Partners, the Academia, Civil Society Organizations and the Private Sector. The plan is to run for a period of five years (2021 -2025). KWMPAFN consists of six result programme areas, eighteen intervention areas and 95 key activities with each of them having an expected outcome and performance indicator(s). The six result programme areas are: achieving food and nutrition security through investment in agriculture; enhancing care-giving capacity; enhancing provision of quality health services; improving capacity to address food and nutrition insecurity problems; raising awareness and understanding of the problem of malnutrition and resource allocation for food and nutrition security at all levels. The National Health Insurance Scheme used the National Data Health Survey NDHS (2018) and MICS (2016) as baseline and targets to reduce hunger and malnutrition by 50%, childhood wasting to 10%, child stunting to 18%, anaemia among pregnant women to 40%, and prevalence of diet-related non-communicable diseases to 25% while increasing exclusive breastfeeding, intake of appropriate complementary feeding, coverages of vitamin A supplementation, zinc, deworming and access to potable water to 65%, 40%, 90%, 50%, 50% and 80% respectively by 2025.

The costing of the KWMPAFN was done at the activity level over a five-year period taking into consideration all possible costs to implement an intervention or programme. The KWMPAFN prioritize the nutritionally vulnerable groups, particularly pregnant women, lactating mothers and children under 5.

The implementation of the plan of action will involve multi-sectoral actions by the various MDAs across the sectors (Health, Agriculture and Rural Dev., Education, Communications, Tertiary, Science and Technology, Water resources, Finance and Planning, Enterprise, Local Govt., Chieftaincy Affairs and Community Dev., Social Dev. and Bureau of Statistics at multiple levels (State, LGAs and Wards) involving multiple partners (UN Agencies, Bilateral Organizations,

Foundations and NGOs) and other stakeholders using existing delivery platforms, community structures and systems, and the Ministry of Finance and Planning (MF&P) is tasked to coordinate the implementation and resource mobilization. The estimated total cost of implementing 18 specific and nutrition-sensitive interventions over 5 years across the country "full coverage scenario" is ₦4,156,524,503.15; with an average annual public investment cost estimated at ₦831,304,900.63 .

This costed plan could be used as an advocacy tool for improved nutrition financing in Kwara State and incorporates monitoring and evaluation, accountability and learning component for easy tracking of progress and impact evaluation. It will also give Kwara State the leverage to achieve some of the Sustainable Development Goals target by 2030.

CHAPTER ONE

1.0 INTRODUCTION

1.1 State Context Policy Framework

The Kwara State Policy on Food and Nutrition (KSPFAN) provides the framework for addressing the problems of food and nutrition insecurity at all levels in the State. It serves as a guide for the identification, design and implementation of the intervention activities across the various sectors to ensure adequate nutrition and health of Kwara citizens. Malnutrition is the impairment of health due to inadequate or imbalance of one or more nutrients. Malnutrition has multifaceted causes and requires solutions that are multidisciplinary and multisectoral cutting across various sectors including health, agriculture, science and technology, education, trade, economy, and industry. Although many sectors usually develop their sector specific policies, the coordination of programmes and interventions emanating from the implementation of such policies has always been a challenge. The State Policy on Food and Nutrition has placed the responsibility for the coordination of nutrition activities on the Ministry of Finance and Planning (MoF&P) which has the overarching responsibility to coordinate all State policies and programmes across the various sectors. The State Committee on Food and Nutrition (SCFN) resuscitated in 2019 is expected to serve as the platform for the coordination of nutrition programmes and strategies across all sectors.

The idea behind the plan of action in the State was conceived as a result of prevalence of malnutrition across the State. It is hoped that the policy and plan of action will be adequately implemented and thus, bring about needed improvement and interventions in nutrition in the state. This can be accomplished through adequate funding of nutrition programmes and activities, effective coordination and monitoring of the policy in the plan of action.

The National plan of action was developed in 2019 to serve as a guide for the implementation of the National Policy on Food and Nutrition with duration of five years. Despite the policy and the plan of action that emanated from it, nutrition situation in Nigeria continue to deteriorate especially among women and children who are the most vulnerable. This situation is only an indication that the policy and the plan of action were not adequately implemented and thus were unable to bring about the needed improvement in the nutrition situation in Nigeria. Poor funding of nutrition programmes and activities, ineffective coordination and monitoring of the policy and the plan of action were some of the major reasons for this poor performance.

Based on the recognition of the prevalence of malnutrition in the State, non-performance of various interventions and other developments and concerns in the science, practice and programming of food and nutrition, the idea and process of domestication was conceived and started in 2019 and was concluded, printed and unveiled in 2022. The process for the domestication of the plan of action started in 2019 through a multi-stakeholder participation process. The plan of action gives considerations to evidence based nutrition specific and nutrition sensitive interventions and such emerging critical nutrition issues including nutrition in the first one thousand days of life, nutrition during emergencies and the emerging increase in the incidence and prevalence of diet-related Non-Communicable Diseases. The plan of action also takes into consideration the increasing recognition of nutrition as a necessary condition for State development as espoused in the post 2015 Sustainable Development Goals (SDG) and the Scaling-up Nutrition (SUN) movement and activities.

The urgent need to domesticate high impact and cost-effective nutrition interventions to reduce the worsening nutrition situation in Kwara as demonstrated by Nigeria's signing into the Scaling Up Nutrition (SUN) movement in 2011 further justifies the need for the policy domestication and development of a multi-sectoral plan of action for food and nutrition. The economic recovery and growth plan of Kwara State Government as well as the strong

impetus and commitment to invest in nutrition provide a strong justification for the development of a comprehensive Multi-Sectoral Plan of Action that will form the foundation for human capital development to drive the State Economic Development Plan.

1.2 Food and Nutrition Situation in Kwara

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

In spite of abundant natural and human resource endowment available in Kwara State, poverty has remained pervasive, multifaceted and chronic. Given the most recent data available, it is estimated that approximately 63% of residents of Kwara live below the poverty line (IJEP2015). Children from the poorest economic quartile have been shown to be four times more likely to be malnourished than children from the richest households [MICS, 2011]. Thus, analysis of the current food and nutrition situation needs to recognise the effects of poverty and make realistic projections of how the goals and objectives of poverty-reduction efforts, including the macro-economic framework, will affect the achievements of this domesticated policy.

The nature and extent of hunger and food insecurity in Kwara State are of public health concern. Available data showed that total average household expenditure on food for the

period between 2009 and 2010 was about 65% (NBS, 2012). Nigeria was ranked 93rd out of 117 on the 2019 Global Hunger Index (GHI report, 2019) whilst another report indicated that the absolute number of food-insecure people was 17 million in 2012, and projected to rise to 43 million by 2022 if the situation is not addressed. The SDG indicators were adopted in 2015 following the MDGs which indicate that at least 12 of the 17 SDGs contain indicators that are highly relevant for nutrition, reflecting nutrition's central role in SDGs. Agriculture provides employment for close to 70% of the Nigerian population.

In Kwara State, agricultural production has remained small-scale at subsistence level and largely dependent on rainfall. Investment in agriculture by Government has not significantly contributed to reduction of under nutrition at the rate needed to meet the Sustainable Development Goals. The economic consequence of this state of food insecurity in terms of productivity loss is huge and requires urgent attention and accounts for almost one-third of the country's Gross Domestic Product.

The food distribution system in Kwara State remains largely inefficient due to factors such as crop seasonality, inadequate storage technology and facilities, inadequate transport and distribution systems, as well as market information. All of these result in considerable spatial and seasonal variation in food production and availability and are responsible for the considerable variations in food prices across the State. The problem is aggravated by lack of adequate storage facilities and basic preservation techniques at the household level. To mitigate this, intervention programmes targeted at the above mentioned challenges should be instituted.

Malnutrition and nutrition-related morbidity continue to be of public health concern in Nigeria and in particular Kwara State. Malnutrition is widespread in the entire State, although the scale and scope varies between the 16 Local Government Areas. Malnutrition manifests mainly as undernutrition, over nutrition and micronutrients (minerals and vitamins) deficiencies generally now referred to as the triple burden of malnutrition.

The trend in undernutrition among children under five has not shown significant changes as revealed by the Nigeria Demographic and Health Surveys (NDHS) 2003, 2008, 2013 and 2018. Stunting rate among under-five in Kwara State was put at 32.5%, wasting at 7.0% and underweight within the same period was 19.9% (NNHS 2018).

The poor state of child nutrition in Kwara State is an indication of inadequate dietary intake, inadequate care of women and children as well as inadequate access to health care and living in an unhealthy environment. That 10.9% of new-borns receive breast milk within one hour of birth, whilst the exclusive breastfeeding rate is 28% (NDHS, 2018).

Indices such as above, position Kwara State among the 12 states experiencing malnutrition in Nigeria. Prevalence of chronic malnutrition among women of childbearing age was put at 7.4% obese, 18.6% overweight ($BMI \geq 25.0$) and 11.1% are thin ($BMI \leq 18.5$) (NDHS, 2018). This is an indication of the emerging triple burden of malnutrition in the State. Maternal undernutrition results in low birth weight which, in turn, contributes to high infant mortality and a significant factor in the high incidence of maternal mortality in the State. Infant and under-five mortality in the State are 45/1000 live births (NDHS, 2018).

In recent times, undernutrition has been found to co-exist with overnutrition both at the community and household levels. Public health interventions in Kwara State have focused on issues related to undernutrition and infectious diseases. Whilst the fight against undernutrition has continued, change in lifestyle, diet and economic circumstances have predisposed some of the population towards overnutrition and emerging nutrition challenges. The cause of triple burden of malnutrition is complex with many factors, including nutritional, biological, social, environmental and genetic.

Data on micronutrient deficiency status is limited, and the available summary reports show that 29.5% and 13.1% of children and women respectively are Vitamin-A deficient (NFCNS, 2003). Nutritional anaemia prevalence among mothers and children, were 24.3 and 27.5% respectively. The high maternal mortality is, in part, attributable to the high incidence of anaemia. The deficiencies of essential micronutrients have been reported to have substantial adverse effects on child survival and development. In particular, Vitamin A and

iodine deficiency have adverse effects on child health and survival, whilst iodine and iron deficiency, together with stunting, have been reported to contribute to children not achieving their full developmental potential (Black et al, 2013).

TABLE 1: NUTRITIONAL INDICES FOR KWARA STATE

	NDHS 2013	NDHS 2018	NNHS 2018
STUNTING	27.1	34.2	32.5
WASTING	6.5	7.9	7.0
UNDERWEIGHT	13.8	19.4	19.9
BREAST-FEEDING WITHIN (1 ST 1 HOUR)	71.4	0	10.9

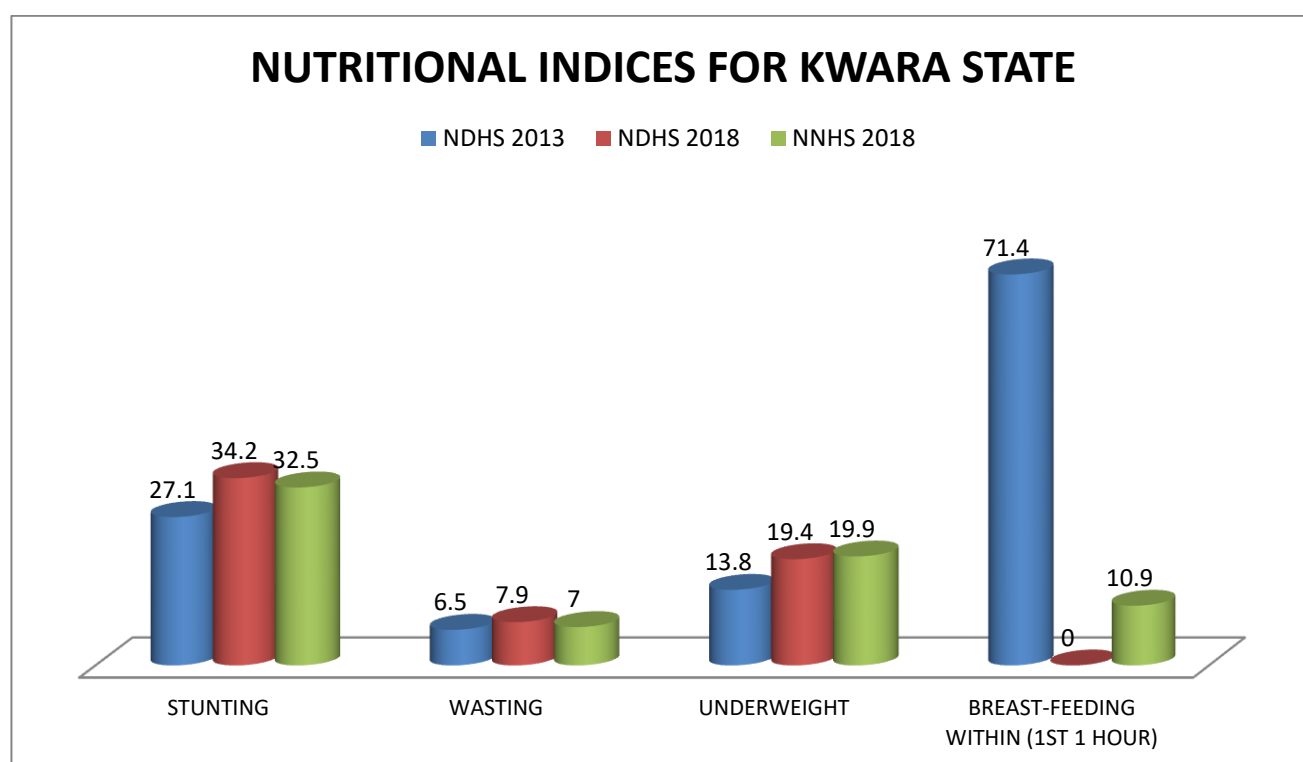


Figure 1

TABLE 2: IYCF pattern base on NNHS 2018

Body/Item	Minimum Dietary Diversity	Minimum Meal Frequency	Minimum Acceptable Diet	Exclusive Breast Feeding	Breast Fed in the first one hour (Early initiation of Breast Feeding)	Children age 6 to 59 Months who received at least one high - dose of vitamin A supplement
Kwara %	45.4	45.4	15.4	34.7	10.9	7.9
National %	34.5	40.2	16.5	27.2	19.2	40.8

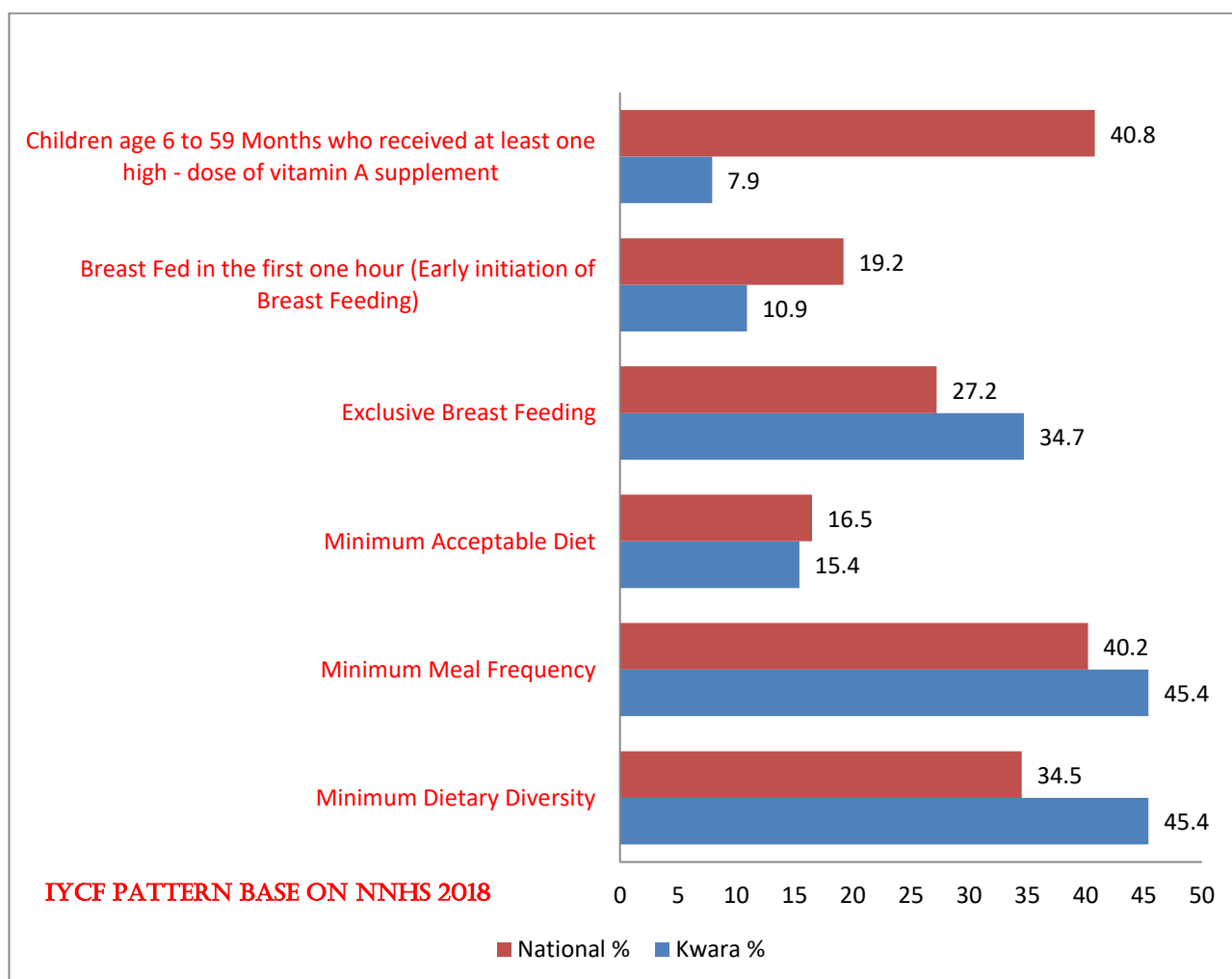


Figure 2

State Nutrition Response

Kwara State has shown commitment to eradicating hunger and malnutrition among her citizens in order to lay a strong foundation for improved standard of living for citizens and socio-economic development of the State. Although the State has invested in some of the key sectors of the economy especially agriculture, health, education, water and sanitation, the impacts of such investments are usually low due to the large population of the State.

The Kwara State Government adopted in 2007 the Maternal Newborn Child Health Week (MNCHW) as a strategy to reduce maternal new-born and child morbidity and mortality in line with MDG targets. MNCHW is a simple one-time delivery mechanism that consolidates services that immediately demonstrates impact in terms of significantly increasing coverage levels of all the core preventive and curative interventions that improve the health of mothers and children. MNCHW is carried out twice every year with the aim of increasing population coverage of needed low cost, high impact interventions and thereby contribute to reduction of morbidity and mortality in mothers, newborns and children less than 5 years of age in the State. However, close to a decade of implementation of these low-cost high impact interventions, there has not been any appreciable improvement in the nutritional status of women and children who are the targets.

1.3 Gaps in Intervention Coverage and Challenges

The coverage of the MNCHW package of interventions has been very low and as such could not make any appreciable impact judging by the large population of the target beneficiaries. Apart from iodized salt consumption, vitamin A supplementation, deworming and focused antenatal care, none of the interventions recorded up to 50% coverage of the target population of beneficiaries.

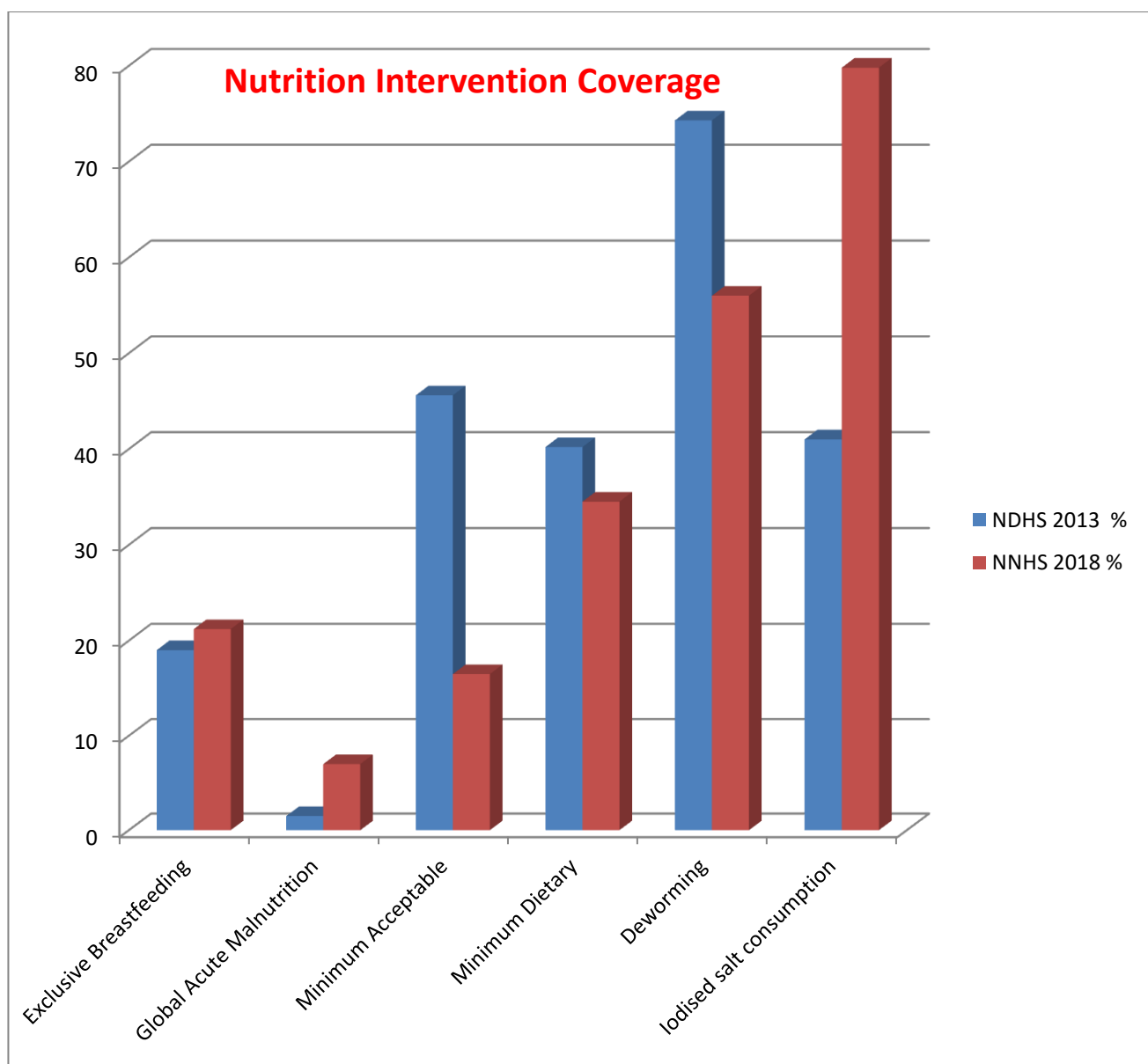


Figure 3

Nutrition Intervention Coverage

Source: NDHS 2013, NNHS 2018, NBS

CHAPTER TWO

2.0 FOOD AND NUTRITION ACTION PLAN (2021-2025)

2.1 Background Information

The Kwara State Government is committed to the reduction of hunger and malnutrition in the State. Hence, the State Policy on Food and Nutrition was developed in 2019, in recognition of the multidisciplinary and multisectoral nature of nutrition, the 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. This State Multisectoral Plan of Action for Food and Nutrition (SMPFAN) was developed in line with the National Policy on Food and Nutrition in collaboration with Development Partners, Academia, Civil Society Organizations and Private Sectors. This Plan of Action builds on some sectoral plan of action such as the National Health Strategic Plan of Action for Nutrition (NHSPAN, 2009), 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 Development, Science and Technology, Finance as well as Partnership and Coordination. The plan is to run for a period of five years (2021 -2025). It is expected that if the plan is implemented effectively by all the sectors, it will address the challenges posed by malnutrition and contribute in promoting optimal nutrition for all Kwara State residents and reduce malnutrition among the vulnerable groups thereby increasing productivity and economic development of the State.

2.2 Rationale

The rationale for the development of the Kwara State Multisectoral Plan of Action for Food and Nutrition (KMPFAN) is to have a document that will serve as a tool to guide the implementation of interventions and programmes by all sectors to address the problems of hunger and malnutrition across the three Senatorial Districts in the State. It evolves from the framework of the strategies outlined in the State Policy on Food and Nutrition and will

serve as a working tool to all MDAs and Local Government Areas (LGAs) in their efforts to fight malnutrition and hunger while also serves as a reference material in all current and future interventions to bring about improvement in the nutritional status of Kwara State residents.

2.3 Purpose of Nutrition Action Plan

This SMPFAN will be used by all Ministries, Departments and Agencies (MDAs) across all sectors and Local Government Area (LGAs) to respond to the challenges of nutrition in the State and especially to inform Action Plans that will direct all interventions, programme and activities to be implemented to reduce malnutrition and hunger among the vulnerable and generality of Kwara residents leading to increase productivity and development. If well-funded and implemented, KMPFAN is expected to contribute significantly towards reduction of all forms of malnutrition as a public health problem in the State and as well contribute to the achievement of the Sustainable Development Goals target 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 Kwara State residents through accelerating the scaling up of priority high impact Nutrition Specific and Nutrition Sensitive interventions as well as creating the enabling environment for improved nutrition focusing on the most vulnerable especially Women and Children as well as internally displaced persons.

2.4.2 Objectives

- i. To achieve the goal of attaining an optimal nutritional status by the year 2025, a number of objectives are articulated as follows:
- ii. To improve food security at the State, LGA, Community, and Household levels.

- iii. To reduce undernutrition in infants, children, adolescents, and women of reproductive age.
- iv. To significantly reduce micronutrient deficiency disorders, especially among the vulnerable.
- v. To ensure incorporation of nutrition education into formal and informal trainings.
- vi. To promote optimum nutrition for people in difficult circumstances, including people living with HIV/AIDS (PLWHA).
- vii. To prevent and control chronic Nutrition-Related Non-Communicable diseases.
- viii. To incorporate food and nutrition considerations into the State and Sectoral Development Plans.
- ix. To strengthen systems for providing early warning information on the food and nutrition situation.
- x. To ensure universal access to Nutrition-Sensitive social protection.
- xi. SMPFAN consist of six result areas and eighteen strategic objectives with each of them having an expected outcome. These result areas and strategic objectives were derived from the policy and aimed at achieving the policy objectives.

2.4.3 Programme Areas

The six result programme areas are the following

2.4.3.1 Food and Nutrition Security

The Strategic Plan of Action will focus on achieving Food and Nutrition Security through investment in agriculture to increase food production, availability, accessibility and affordability to all Kwara State residents. Measures will be taken to improve food harvesting, processing and preservation to reduce postharvest losses, improve food preparation and food quality as well as improve the management of food security crisis and nutrition in emergency situations. It will also include School-Based strategies to reduce

malnutrition among school age children and improve their learning, health and nutrition status.

2.4.3.2 Enhancing Care-giving Capacity

Nutrition Specific interventions are a major focus of this Plan of Action and programmes and activities will be implemented to ensure optimal nutrition in the first 1000 days of life. Activities and programme that will address the needs of the socioeconomically disadvantaged are also included.

2.4.3.3 Enhancing Provision of Quality Health Services

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

2.4.3.4 Improving Capacity to Address Food and Nutrition Insecurity Problems

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

2.4.3.5 Raising Awareness and Understanding of the Problem of Malnutrition

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

2.4.3.6 Resource Allocation for Food and Nutrition Security at all Levels

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

2.5 Coordination

The framework for institutional arrangement for the State Policy on Food and Nutrition vested the overall responsibility for the coordination of the Policy and Plan of Action on the State Ministry of Finance and Planning, in order to ensure a Result-Oriented programme implementation and coordination. The State Council on Nutrition under the Chairmanship of the Deputy Governor is the highest decision making body in Kwara State. The State Committee on Food and Nutrition is made up of representatives of relevant MDAs, representatives of relevant Professional bodies, Development Partners and Civil Society Organizations (CSOs), Tertiary Institutions and Research Institutes. All food and nutrition activities will be coordinated at the State and LGA levels by the State Committee on Food and Nutrition (SCFN) and Local Government Committee on Food and Nutrition (LGCFN)

respectively. It is expected that Ward Committee on Food and Nutrition (WCFN) will also be formed to coordinate the implementation of nutrition activities and programmes at the ward level. The Planning Research and Statistics Department of Local Governments in the State will serve as the secretariat of the Local Government Committees on Food and Nutrition.

2.6 KMPFAN Strategies

In order to achieve the set objectives of the Plan of Action, the following strategies will be adopted

- i. Service Delivery
- ii. Capacity Building
- iii. Behaviour Change Communication
- iv. Advocacy and Resource Mobilization
- v. Research Monitoring and Evaluation
- vi. Coordination and Multi-Sectoral Partnership

STATE MULTI-SECTORAL PLAN OF ACTION FOR FOOD AND NUTRITION (SMPFAN) KEY TARGETS BY 2025

- I. Reduce the proportion of people who suffers hunger and malnutrition by 50% by 2025;
- II. Increase exclusive breastfeeding rate from 28% in 2018 to 75% by 2025;
- III. Increase the percentage of children age six months and above who receive appropriate complementary feeding from 10% in 2013 to 40% by 2025;
- IV. Reduce stunting rate among Under-Five children from 32.5% in 2018 to 13% by 2025;
- V. Reduce childhood wasting including Severe Acute Malnutrition (SAM) from 18% in 2013 to 10% in 2025
- VI. Increase coverage of Zinc supplementation in diarrhoea management from 9% in 2018 to 50% of all children needing treatment by 2025,
- VII. Reduce acute wastage including Severe Acute Malnutrition (SAM) from 7% in 2018 to 2% in 2025;
- VIII. Achieve and sustain universal household access to iodized salt by 2025
- IX. Increase the proportion of children who receive deworming tablets from 19.5% in 2018 to 75% by 2025;
- X. Reduction in anaemia among pregnant women from 67% in 2013 to 40% in 2025;
- XI. Reduce prevalence of diet-related non-communicable diseases by 25% in 2025;
- XII. Increase coverage of Vitamin A supplementation from 7.9% in 2018 to 80% by 2025;
- XIII. Increase by 50% households with relevant nutrition knowledge and practice that improve their nutritional status
- XIV. Increase access to potable water from 49% in 2013 to 70% by 2025;
- XV. Increase the number of relevant MDAs at all levels with functional nutrition unit by 90% in 2025;
- XVI. Reduce the incidence of malnutrition among victims of emergencies by 50% in 2025;
- XVII. Mainstream nutrition objectives into social protection and safety net programmes of all MDAs linked to nutrition by 2025;
- XVIII. Achieve universal access of all school children in the pre- and basic school classes to school-based feeding programmes by 2025; and
- XIX. To arrest the emerging increase in obesity prevalence in adolescents and adults by 2025

CHAPTER THREE

3.0 COSTING

The costing of the KMPFAN 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 overheads) that will be required to implement an intervention or programme. Thus, the costing matrix contains the costing spreadsheet based on the six result areas, interventions and activities reflecting the following information:

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

3.1 Basic assumptions

This costing activity required that some assumptions be made about the type and scale of the proposed programmes and interventions. The assumptions about the scope and content of all the interventions were discussed during the three Senatorial Districts consultative meetings as well as the final costing workshop both under the leadership and guidance of the MF&P.

3.2 Costed KMPFAN Timeframe

Although the State Policy on Food and Nutrition has an operational duration which is over a 5-year period, it was agreed among stakeholders that the proposed costing of the KMPAFAN should only be for a five-year (5) period. This is in line with costing done in the National Policy. 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

¹ \sum - a mathematical symbol for sum

certainly have material effect on the units cost therefore estimating the cost over a five-year period (2021-2025) is most appropriate.

3.3 Target groups and intervention by Kwara State.

In line with the Scaling Up Nutrition (SUN) strategy and 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 the State such as school age children, orphans and vulnerable children, adolescents, young adults.

The Strategic Plan of Action proposes the scaling up of nutrition interventions across the State but priority should be given to scaling up interventions (both specific and sensitive) in LGAs where the incidence of stunting exceeds 40% and that of severe stunting 20%, in line with the recommendations of the costing study carried out by the World Bank. It is recommended that full package of nutrition specific and nutrition sensitive interventions be implemented simultaneously in these priority LGAs during the five years of the strategy to maximize impact.

The Strategic Plan of Action is designed to be implemented under six (6) result areas as contained in the State Policy on Food and Nutrition. This operational document shows the intervention logic and activities, unit costs of these activities and budget required for their implementation over the five (5) years period.

3.4 Intervention Approach

The interventions of this Operational Plan are the activities selected to achieve the expected results of the Multisectoral Strategic Plan for Nutrition 2021-2025. These interventions have been identified through multi-stakeholder participatory process which

brings together representatives from MDAs in the State Government, LGAs, CS-SUNN, UN Agency (UNICEF), as well as some implementing organizations and organized private sectors. These interventions were chosen due to their proven efficiency and cost effectiveness and within the specific nutrition context in the State and recommendations of the SUN movement.

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 short-term and sustainable development planning to combat chronic malnutrition in the State.

3.5 Efficiency and Effectiveness – Value for Money Approach

The nutrition-specific preventive and curative interventions that make up the intervention packages are highly effective and cost effective according to WHO-CHOICE criteria (WHO 2014). They have all been effective in the State specifically in the LGAs where they have been implemented. The packages are as proposed by The Lancet for the eradication of maternal and infant undernutrition.

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)² 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. These

² World Bank. 2014. Costed Plan for Scaling Up Nutrition : Nigeria. Health, nutrition and population discussion paper;. Washington, DC. © World Bank. <https://openknowledge.worldbank.org/handle/10986/21808>

includes: 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 Ministries of Health; Agriculture; Education; Water Resources, Women Affairs and Social Development etc.

3.6 Costing Methodology

The costed scaling up plan presents the estimated costs for all six result areas and 18 interventions (both nutrition specific and nutrition sensitive interventions) that represent the modified version of the 10 specific and sensitive intervention programmes advocated by the Lancet series.

The 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 Nigeria, 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 (2-3). 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, though the State Policy on Food and Nutrition will be operational through 2025, stakeholders agreed that the costing should be done over a medium period of five years in line with global best practices.

3.7 Total Annual Costs

The main objective of this section is to provide cost estimates for the period of five years (2021 to 2025) in order to allow the government and other stakeholders know the cost required to operationalize the policy and plan of action during the 5-year period. The section also provides the cost estimates to be used for advocacy and resource mobilization from stakeholders (international donors and private sector, civil society and government) in the effort to reduce nutritional disorders in Kwara State.

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

Table 3: Shows the cost of interventions. The estimated total cost of implementing 18 specific and nutrition-sensitive interventions across the State "full coverage scenario" that would require a public investment over the five-year period (2021-2025) is **₦4,156,524,503.15**; with an average annual public investment cost estimated at **₦831,304,900.63**

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

RESULT AREA	2021	2022	2023	2024	2025	Total Cost	%
FOOD AND NUTRITION SECURITY	141,352,882.00	158,207,882.00	159,694,391.00	159,694,391.00	161,081,800.00	780,031,346.00	19%
ENHANCING CAREGIVING CAPACTY	310,466,780.75	314,394,046.75	310,466,780.75	314,028,380.75	310,466,780.75	1,559,822,769.75	38%
ENHACING PROVISION OF QUALITY HEALTH SERVICES	119,946,420.00	274,642,736.00	184,849,197.00	147,871,281.00	175,946,420.00	903,256,054.00	23%
IMPROVING CAPACITY TO ADDRESS FOOD AND NUTRITION INSECURITY	125,752,487.80	86,663,670.00	122,732,295.80	85,153,563.00	117,840,134.80	538,142,151.40	12%
RAISING AWARENESS AND UNDERSTANDING OF PROBLEM OF MANUTRITION IN NIGERIA	15,035,900.00	14,284,624.00	14,750,711.00	16,072,416.00	18,459,675.00	78,603,326.00	1%
RESOURCE ALLOCATION FOR FOOD AND NUTRITION SECURITY AT ALL LEVELS	97,565,338.00	57,374,778.00	47,242,914.00	47,242,913.00	47,242,913.00	296,668,856.00	7%
Estimated total cost	810,119,808.55	905,567,736.75	839,736,289.55	770,062,944.95	831,037,723.55	4,156,524,503.15	100%

When viewed across the sectors as shown in Fig 4, 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 38% and 23% of the total budget over the next five years. This is an indication that the main thrust of the NMPFAN 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 19% of the total cost of the overall investment required over the five-year period. The low cost of implementing the interventions in this sector is however due to the fact that most of the interventions that were originally identified have been included in the agriculture sector strategic plan i.e. ASFNS document with appropriate costing. Other reasons included the lack of target population and current coverage figure.

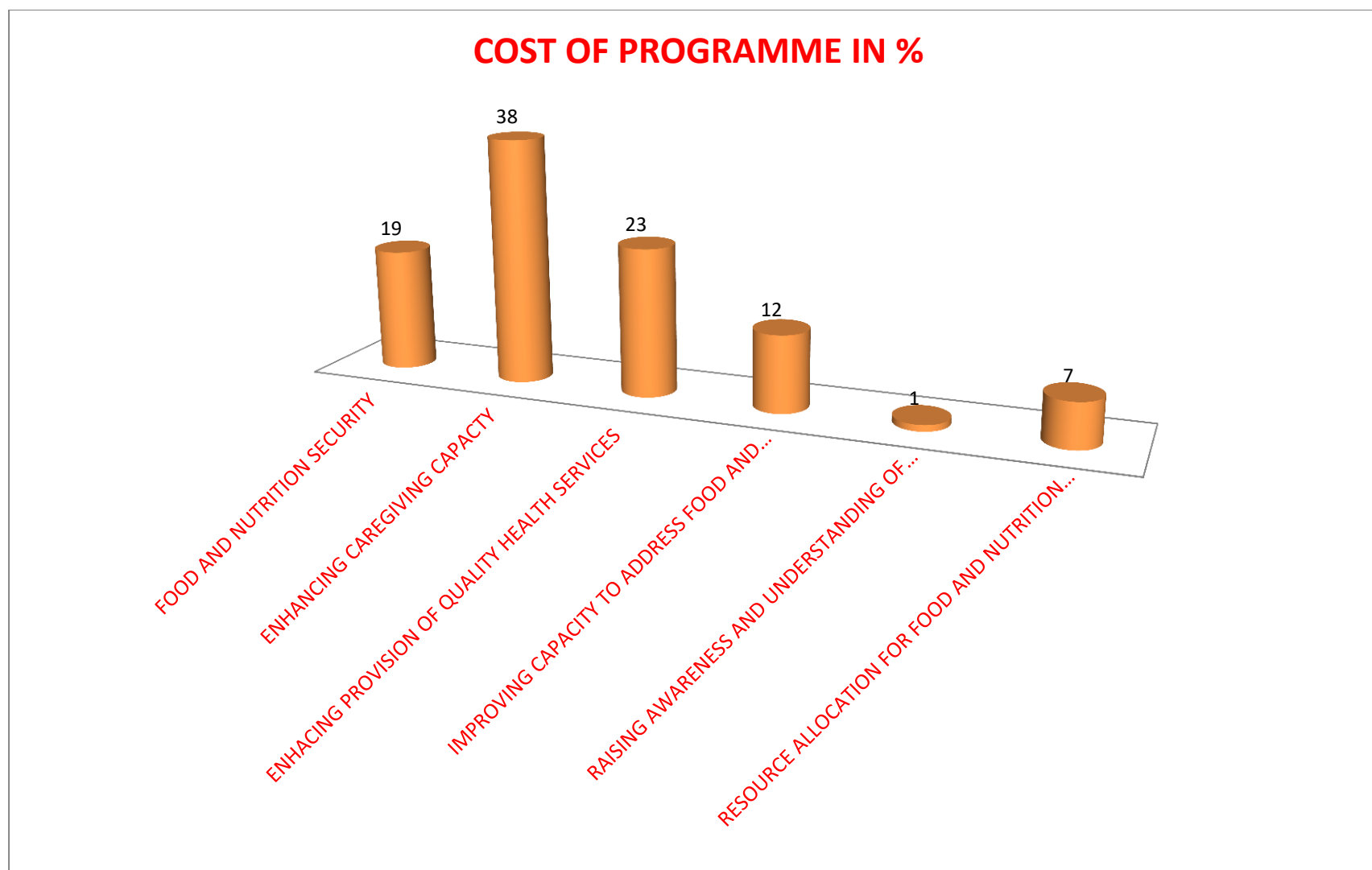


Figure 4

STRATEGIC ACTIVITIES FOR IMPLEMENTATION OF THE NATIONAL POLICY ON FOOD AND NUTRITION (2021-2025)					
PROGRAMME AREA 1: FOOD AND NUTRITION SECURITY TOTAL COST: ₦ 780,031,346.00					
Strategic Objective 1.1: Ensuring Food and Nutrition Security at the State, Community and Household ₦362,645,000					
Activities	Indicators	Lead Agency	Time Frame	Indicative cost (₦)	Other Agencies/ Organizations
1.1. 1. Advocacy to relevant financial Institutions to increase access to Credit facilities with reduced interest rates and collaterals for farmers especially women farmers.	1. No of advocacy visits carried out 2. No of farmers accessing credit facilities. 3. No of women farmers accessing credit facilities	MARD	2021 - 2025	2,175,000.00	KWADP, CSSUNN, MOW&SD, MOF&P, MOE

Activities	Indicators	Lead Agency	Time Frame	Indicative cost (₦)	Other Agencies/ Organizations
1.1. 2. Training of Agric Extension Officers on improved techniques in crop and animal production.	1. No of training sessions carried out. 2. No of Agric Extension officers trained. 3. No of Equipment and logistics provided	KWADP /MARD	2021 - 2025	189,360,000.00	Development partners, NGOs, CSOs
1.1. 3. Monitoring of compliance on food fortification through the value chain	1. No of monitoring visit carried out 2. No of industry visited 3. No of industry compliance	MARD	2021 - 2025	7,000,000.00	SCFN, KWADP, CSSUNN, MOF&P, MOH

Activities	Indicators	Lead Agency	Time Frame	Indicative cost (K)	Other Agencies/ Organizations
1.1. 4 Sensitization and Support the establishment of homestead gardening by women.	1. No of women farmers sensitized. 2. No of input distributed 3. No of homestead gardening established	KWADP /MARD	2021 - 2025	23,562,000.00	MoWASD, MOI, SCFN
1.1.5. Establishment of nutrition corners in communities	1. No of nutrition corners established.	KWADP /MARD	2021 - 2025	11,648,000.00	SCFN, MoWASD, MOI, MOH, KWSPHCDA, MOLG&CD
1.1. 6. Establish specialized agriculturally based programmes for youth (crop, Fishery, ruminant and poultry)	1. No of fishery farm established 2. No of ruminant farm established 3. No of poultry farm established 4. No of crop farm established 5. No of youth supported	KWADP /MARD	2021 - 2025	128,900,000.00	MoWASD, MY&S, Min Of Enterprise

Strategy 1.2: Increasing Availability, Accessibility and Affordability of Food ₦77,500,000

Activities	Indicators	Lead Agency	Time Frame	Indicative cost (₦)	Other Agencies/ Organizations
1.2. 1. Support provision of land for cultivation of crops, livestock farming and fisheries for youth and women	1. No of youth with access to land for cultivation. 2. No of women with access to land for cultivation	MARD	2021 - 2025	64,100,000.00	SCFN, KWADP, Kwara Agro Mall
1.2.2 Training of stakeholders on biofortified crop farms (Farmers group, Women in Agric, Extension workers, OPS, Market women org, Faith Based Org, etc)	No of stakeholders trained	MARD	2021 - 2025	8,400,000.00	KWADP, CSOs
1.2. 3. Establishment of biofortified crop farms - Orange Fleshed Sweet Potato (OFSP), Vit A cassava, cocoa yam and Vit A maize.	No of biofortified crop farms established	MARD	2021 - 2025	5,000,000.00	KWADP, Kwara Agro Mall, Relevant CSOs

Strategy 1.3: Improving Food Harvesting, Processing and Preservation ₦265,401,500

Activities	Indicators	Lead Agency	Time Frame	Indicative cost (₦)	Other Agencies/ Organizations
1.3.1. Provision of smoking kilns to 45 clusters of small scale fish processors /farmers in each of the 3 senatorial districts	1. No of trainings carried out 2. No of participants trained 3.No of smoking kilns provided to farmers/ processors	MARD	2021 - 2025	83,821,500.00	SCFN, MoW, MLGCA, KWADP
1.3.2. support the establishment of commodity trading centres across the state	1. No of commodity trading centres established.	MARD /Min of Enterprise	2021 - 2025	103,300,000.00	KWADP, MOLG&CD
1.3.3. Support establishment of women and youth cooperative groups for the provision of grants and revolving loans	1.No of women cooperative group established 2. No of women cooperative groups with access to grant and loan 3. No of youth cooperative groups with access to grants and loan	MARD	2021 - 2025	17,330,000.00	KWADP, MLGCA&CD
1.3.4.Train farmers on appropriate use of organic fertilizers and pesticides management in the value chain	60 farmers trained in each of the 4 locations across the state	MARD	2021 - 2025	10,800,000.00	SCFN, MOEF

Activities	Indicators	Lead Agency	Time Frame	Indicative cost (₦)	Other Agencies/ Organizations
1.3.5. Training of farmer cooperatives, Agric extension workers and processors on reduction of postharvest losses.	1.No of training carried out 2. No of farmers supported	MARD	2021 - 2025	4,200,000.00	CSOs, KWADP, MLGCA&CD
1.3.6 Sensitization of the public on adequate consumption on food groups based on existing locally available recipe in line with the National Food Based Dietary Guidelines.	No of participants trained on adequate consumption of existing food groups.	MARD	2021 - 2025	11,400,000.00	KWADP, MOI&C, MOEHCD, SUBEB, CSOs, NGOs, MOW&SD
1.3.7. Support establishment of School Gardening and scale up demonstration farms.	1.No of Training conducted 2. No of schools trained 3. No of school garden established	MOEHCD/ /MARD	2021 - 2025	34,550,000.00	SUBEB/ KWADP, SCFN

Strategy 1.4: School-based Strategies ₱74,484,846

Activities	Indicators	Lead Agency	Time Frame	Indicative Costing (₱)	Other Agencies/ Organizations
1.4.1 Conduct capacity building for food and nutrition teachers and food vendors on the need to provide nutritionally adequate meals using locally available foods through linkages of food vendors and school system	1. Training manuals produced 2. No of trainings conducted 3. No of teachers trained 4. No Food vendors trained	MoEHCD & SUBEB	2021 - 2025	39,301,775.00	MOC, CSO, MOH, MOA&RD
1.4.2 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 & messages produced	MOC	2021 -2025	4,330,000.00	MOH, MOA&RD

Activities	Indicators	Lead Agency	Time Frame	Indicative Costing (₦)	Other Agencies/ Organizations
1.4.3 Sensitization and orientation on home-grown school feeding at the local and state levels	No of sensitization to all the 16 LGAs in the State	MOC	2021-2025	2,370,000.00	Security Agencies, MoE&HCD, SUBEB, MLGCA&CD, ANCOPSS, NUT, MoWASD & CSOs
1.4.4 Conduct periodic school quizzes and debates on food and nutrition in 3 selected primary & secondary schools from each LGAs	No of school quizzes/debates organised in primary schools No of school quizzes/debates organised in secondary schools	MoE&HCD & SUBEB	2021-2025	28,483,071.00	MARD, MLGCA&CD, MOC, CS-SUNN

DRAFT STRATEGIC ACTIVITIES FOR IMPLEMENTATION OF THE NATIONAL POLICY ON FOOD AND NUTRITION (2021-2025)

PROGRAMME AREA 2: ENHANCING CARE GIVING CAPACITY TOTAL COST: ₦ 1,559,822,769.75

Strategic Objective 2.1 Ensure Optimal Nutrition in the First 1,000 Days of life ₦1,422,880,929.75

S/N	Activities	Indicators	Lead Agency	Time Frame	Indicative Costing (₦)	Other Agencies/ Organizations
1	Capacity building of care-givers in Early Child Care Development Centres (ECCD)	No of mothers & care-givers trained No of workshops held	SMOH	2021-2025	84,560,083.75	MANR, SPHCDA, MSD, Development Partners, NGOs, CSOs
2	Advocate for legislation of the prolongation of maternity leave to six months and enactment of paternity leave to two weeks	Legislation enacted	MWASD	2021-2025	130,666.00.00	State House of Assembly, SMOH, KWSPHCDA
3	Provide incentives to pregnant women to motivate utilization of health facilities (completed 3 doses of IFA and Vitamin A)	No of pregnant women that received incentives	KWSPHCDA	2021-2025	179,200,000.00	SMOH, MOF&P, Development Partners, NGOs, CSOs

S/N	Activities	Indicators	Lead Agency	Time Frame	Indicative Costing(₦)	Other Agencies/ Organizations
4	Support routine Vitamin A supplementation and deworming to children under five during immunization sessions, Iron-folic acid supplementation for pregnant women during Antenatal visits	No of eligible children who received Vitamin A No of eligible children who received deworming No pregnant women that received Iron folate	KWSPHCDA	2021-2025	134,400,000.00	SMOH, MWASD, MOF&P

S/N	Activities	Indicators	Lead Agency	Time Frame	Indicative Costing(₦)	Other Agencies/ Organizations
5	Sustain the conduct of the Bi-annual Maternal, Newborn and Child Health Weeks (MNCHW). To strengthen Vitamin A supplementation and deworming to children under five, Iron-folic acid supplementation for pregnant women during MNCH Weeks	1. No of eligible children that received Vitamin A 2. No of eligible children that received deworming 3. No pregnant women that receive Iron Folate 4. No of MNCHW conducted	KWSPHCDA	2021-2025	605,920,000.00	SMOH, MOF&P, Development Partners, NGOs, CSOs
6	Improve nutritional care for adolescent girls and pregnant women through Dietary Counselling at health facilities	1. No of adolescents Girl Counselling 2. No of pregnant women 3. No of lactating mothers that receive dietary counselling	KWSPHCDA	2021-2025	6,912,887.50.00	SMOH, MOF&P, MWASD, Development Partners, NGOs, CSOs

S/N	Activities	Indicators	Lead Agency	Time Frame	Indicative Costing(₦)	Other Agencies/ Organizations
7	Promote Early initiation of breastfeeding within 1 hour of delivery.	1. No of children who were put to breast within 1 hour of birth	KWSPHCDA	2021-2025	5,413,332.50.00	SMOH, Development Partners, NGOs, CSOs
8	Conduct intensive campaign and awareness activities to promote, protect and support EBF and elimination of water and fluids for children 0 - 6 months while breastfeeding continue until two years of age.	1. No of campaign conducted on exclusive breastfeeding.	KWSPHCDA	2021-2025	73,836,841.25.00	SMOH, MOF&P, MOI, NGOs, CSOs, Development Partners
9	Capacity building of Health care workers (Skilled Birth Attendants) and train health facilities staff at all levels on lactation management.	1.No of health facility staff trained on IYCF 2. No of Health Facilities with functional Baby friendly centers	KWSPHCDA	2021-2025	46,914,000.00	SMOH, MOF&P, Development Partners, NGOs, CSOs

S/N	Activities	Indicators	Lead Agency	Time Frame	Indicative Costing(₦)	Other Agencies/Organizations
10	Promotion of Baby Friendly Centres in health facilities and public places.	No of Baby friendly Health facility centres established No of public places with baby friendly initiatives established	KWSPHCDA	2021-2025	53,760,000.00	SMOH, Development Partners, CSOs, NGOs
11	Establishment of crèches in all work places and MDAs having more than 10 women in public and private sectors to promote Exclusive Breastfeeding	No of Creches established in work places No of workplaces with Creches No of MDAs with Creches	SMOH	2021-2025	235,000.00	KWSPHCDA, MWASD, KWHA, Development Partners
12	Promote the establishment of Nutrition/food demonstration corners in the health facilities	1. No of functional nutrition corners established	KWSPHCDA	2021-2025	48,010,665.00	SMOH, KWADP, Development Partners, CSOs, NGOs

S/N	Activities	Indicators	Lead Agency	Time Frame	Indicative Costing(N)	Other Agencies/Organizations
13	Scale-up of C-IYCF training and counseling and support for lactating women at the community and health facility level.	1. No of dialogues conducted. 2. No of communication channels utilized 3. No of pregnant women, caregivers and mothers that received C-IYCF counselling	KWSPHCDA	2021-2025	118,700,253.75	MOF&P, SMOH, CSOs, Development Partners
14	Enforce implementation of the existing regulation of maternity leave at all levels, including public and private - sector institutions	1. No of public institutions implementing existing regulation on maternity leave 2. No of private institutions implementing existing regulation on maternity leave	SMOH	2021-2025	7,560,000.00	KWSPHCDA; MWASD
15	Conduct Social and Behaviour Change Communication activities on IYCF targeted at adolescents, pregnant women at all levels.	1. No of dialogues conducted. 2. No of adolescents reached 3. No of pregnant women reached	KWSPHCDA	2021-2025	32,704,000.00	SMOH, MWASD, MOF&P

S/N	Activities	Indicators	Lead Agency	Time Frame	Indicative Costing (K)	Other Agencies/Organizations
16	Sensitization of caregivers especially grandmothers, mothers-in-law for optimal nutrition practices	1. No of sensitization visits conducted. 2. No of grandmothers, mothers-in-law reached	KWSPHCDA	2021-2025	8,750,000.00	MWASD, SMOC, CSOs, Development Partners
17	Promote awareness on adolescent girls nutrition and health related practices	1. No of adolescent girls reached 2. No of focused group meetings held	MWASD	2021-2025	8,750,000.00	KWSPHCDA, SMOC, ME&HCD, Development Partners
18	Training Emergency Managers on mainstreaming Nutrition in Feeding Programmes targeted at the vulnerable groups in Emergency Situations	1. No of emergency managers trained 2. No of training conducted	KWSPHCDA	2021-2025	7,123,200.00	SMOH, SEMA, MANR, Development Partners

Strategic Objective 2.2: Caring for the Socioeconomically Disadvantaged and Nutritionally Vulnerable N136,941,840						
S/N	Activities	Indicators	Lead Agency	Time Frame	Indicative Costing(₦)	Other Agencies/Organizations
19	Engage traditional, religious and opinion leaders to support community level action in nutritional care of vulnerable groups	1. No of dialogues conducted No of vulnerable children identified and referred No of pregnant and lactating mothers reached	MWASD	2021-2025	53,515,840.00	SMOH, KWSPHCDA, CSOs and development partners
20	Poverty alleviation schemes i.e. CCT to empower Vulnerable households after receiving of interventions	No of household empowered No of women who received 4 doses of IFA No of children who received Vitamin A No of children who are fully immunized	MWASD	2021-2025	83,426,000.00	SMOH, MOF&P, MOE&HCD, MANR

RESULT AREA 3: ENHANCING PROVISION OF QUALITY HEALTH SERVICE ₦ 903,256,054.						
Strategic Objective 3.1: Reduce Morbidity and Mortality Associated with Malnutrition ₦ 707,450,277.00						
S/N	Activities	Indicator	Lead Agency	Timeframe	Indicative Cost(₦)	Other Agencies/ Organizations
1	Build Capacity for regular monitoring of growth and promotion (GMP) at health facilities and communities and key household practices including Infant and Young Child Feeding, HIV/AIDs Counselling and Testing	No of Training conducted No of health workers trained No of community leaders sensitized	KWSPHCDA	2021-2025	10,000,000.00	SMOH, Development Partners
2	Procurement and distribution of basic Growth Assessment and Monitoring Equipment/ IEC materials	No of Growth monitoring equipment's procured No of IEC materials produced	KWSPHCDA	2021-2025	25,000,000.00	SMOH
3	Promote regular monitoring of growth and promotion at health facilities and communities.	No of monitoring visits carried out No of health facilities visited No of Health facilities carrying out growth monitoring	KWSPHCDA	2021-2025	113,940,400.00	SMOH, Developmental Partners

S/N	Activities	Indicator	Lead Agency	Timeframe	Indicative Cost (₦)	Other Agencies/ Organizations
4	Dissemination of information on nutrition care and key household practices	No of handbills developed and disseminated, No of jingles on electronics media, No of newspaper publication, No of seminars for CSO and coordination of stakeholders (FBOs, CBOs, NGOs).	SMOH	2021-2025	61,357,100.00	KWSPHCDA, SMOC, SMWASD; NSN; CSOs, SBOs, CBOs, NGOs
5	Procure and support routine distribution of Iron folate supplements to adolescent girls.	No of Iron folate supplements distributed, No of adolescent girls reached No of Basic schools reached with iron folate supplements	KWSPHCDA	2021-2025	67,550,000.00	SMOH, MWASD, SUBEB

S/N	Activities	Indicator	Lead Agency	Timeframe	Indicative Cost(₦)	Other Agencies/ Organizations
6	Provide portable water supply in Secondary and primary health facilities to enhance sanitation and hygiene.	No of PHC provided with portable water supply	RUWASSA	2021-2025	300,300,000.00	SMOH, KWSPHCDA SMWASD; SMARD,
7	Training of IYCF Support Group members in catchment areas on IYCF, CMAM and MNP.	No of support groups members trained on IYCF No of support group trained	KWSPHCDA	2021-2025	8,902,777.00	SMOH, Development Partners
8	Provision of adequate supplementary foods to children with moderate acute malnutrition (MAM)	No of supplementary foods procured No of children 6 - 23 months reached	KWSPHCDA	2021-2025	112,000,000.00	SMOH, MOF&P, Development Partners

S/N	Activities	Indicator	Lead Agency	Timeframe	Indicative Cost (₦)	Other Agencies/ Organizations
9	Sustain and scale up of micronutrient powder (MNP) for children 6-23 months	No of children 6 - 23 months that received MNP	KWSPHCDA	2021-2025	8,400,000.00	SMOH, Development partners
Strategic Objective 3.2. Preventing and Managing Nutrition Related Diseases ₦105,990,000						
S/N	Activities	Indicator	Lead Agency	Timeframe	Indicative Cost(₦)	Other Agencies/ Organizations
10	Awareness to the general public on risk factors and increase services for Diet Related Non-Communicable Diseases (DRNCD) at health facilities and at the community level.	1. No of nutrition and lifestyle education materials developed and produced; 2. No of health facilities with activities to reduce DRNCD, 3. No of media houses airing nutrition and lifestyle education programmes, 4. No of Health workers trained to identify risk factors	SMOH	2021-2025	9,990,000.00	KWSPHCDA, SMWASD, SMC, NAFDAC,

S/N	Activities	Indicator	Lead Agency	Timeframe	Indicative Cost (₦)	Other Agencies/ Organizations
11	Conduct community meetings on personal hygiene, hand washing promotion and menstrual hygiene management for adolescents and caregivers in communities	No meetings conducted No of adolescents reached No of Caregivers reached	SMOH	2021-2025	80,000,000.00	KWSPHCDA, MWASD, MLG&CA
12	Formation and strengthening of WASH Committees for Community Led Total Sanitation	No of WASH committees formed No of WASH committee members trained	KWSPHCDA	2021-2025	16,000,000.00	SMOH, RUWASSA
Strategic Objective 3.3: Protecting the Consumer through Improved Food Quality and Safety ₦89,815,777						
13	Conduct Nutrition and consumer education on improved food quality and safety at the community level	No of community sensitization and dialogue held No of community members reached	SMOH	2021-2025	45,859,722.00	KWSPHCDA, SMARD, SMOC, NAFDAC, Development Partners.

S/N	Activities	Indicator	Lead Agency	Timeframe	Indicative Cost(₦)	Other Agencies/ Organizations
14	Production, distribution and monitoring of food Safety guidelines for food handlers/food operators.	No of guidelines produced No of guideline distributed No of monitoring visits conducted No of food handlers complying with the guideline	SMOH / NAFDAC	2021-2025	12,831,055.00	SMARD, SON
15	Monitoring the registration and Licensing of food handlers/food operators and private sectors along the food chain	No of food operators registered & licensed	SMOH / NAFDAC	2021-2025	16,125,000.00	SMARD, SON
16	Nutrition surveillance for prompt identification and prevention of malnutrition	No of vulnerable groups with malnutrition identified No of nutrition screening conducted No of data screening generated	KWSPHCDA/SMOH	2021-2025	15,000,000.00	BOS

RESULT AREA 4:IMPROVING CAPACITY TO ADDRESS FOOD AND NUTRITION INSECURITY ₦538,142,151						
Strategic Objective 4.1: Assessing, Analysing and Monitoring Nutrition Situations ₦517,655,531						
S/N	Activities	Indicators	Lead Agency	Timeframe	Indicative Cost(₦)	Other Agencies/ Organizations
1	Conduct a state study on functional traditional foods/diets and use of underutilized crops for dietary diversification	no of functional traditional foods identified Compendium of traditional/functional foods published	SCFN/Academia	2021-2025	5,620,628.00	MARD, Research Institutes
2	Advocacy to MoH and CSC to ensure adequate staffing of relevant line MDAs at all levels implementing sectoral nutrition programmes with skilled and qualified nutritionists	No of advocacy meetings with relevant line MDAs	MoF&P	2021-2025	106,268,198.00	SCFN, Line MDAs
3	Building the capacity of farmers on cultivation of nutritional foods and underutilised crop varieties	No of farmers educated on nutritional foods and underutilized crops No of households cultivating nutritional foods and underutilized crops	MARD, Academia	2021 - 2025	15,662,920.00	MoC, CS-SUNN, ADP, Research Institutes, SCFN

S/N	Activities	Indicators	Lead Agency	Timeframe	Indicative Cost(₦)	Other Agencies/ Organizations
4	Sensitization of key opinion leaders - Traditional Leaders, Village Heads, Religious Leaders, Community Health Extension workers, CSOs, and other advocacy groups to address food and nutrition problems	No of sensitization meeting held No of community leaders sensitized	SCFN	2021 - 2025	19,568,640.00	MoF&P, Line MDAs, CS-SUNN
5	Sensitization meeting of LGA Education Secretaries, AOPSHON and relevant MDAs on the establishment/activation of school gardens/farms.	No of sensitization meetings with LGA Education Secretaries.[AOPSHON No of school gardens/farms established	MoE&HCD & SUBEB	2021-2025	717,379.00	MOC, CSOs, MOARD
6	Training of caregivers and teachers in schools on adequate diets to impart nutrition education to community care-givers	No of care-givers and teachers trained in primary school No of community care-givers trained	SUBEB & MoE&HCD	2021-2025	39,301,775.00	MOC, CSOs, MOLGCA&CD, MoH
7	Provide SBC materials on Nutrition education for	No of schools provided with SBC materials	MoE&HCD& SUBEB	2021-2025	80,586,000.00	MOC, MoH, MOARD, CSOs

	teaching and learning of school children					
8	Monitoring and supervision of home-grown school feeding programme to ensure proper implementation according to nutrition guidelines across the 16 LGAs.	No of monitoring visits conducted on the school feeding programme	SUBEB, MoE&HCD, & MoH	2021 - 2025	245,600,000.00	SCFN, MoF&P
9	Awareness creation on the establishment of home gardens /farms through electronic media.	No of jingles aired	MOC/MoA&RD	2021 - 2025	4,330,000.00	Security Agencies, MoE&HCD, SUBEB, MLGCA&CD, ANCOPSS, NUT, MoWASD & CSO
Strategic Objective 4.2: Providing a Conducive Macro Economic Environment ₦ 9,688,140						
S/N	Activities	Indicators	Lead Agency	Timeframe	Indicative Cost(₦)	Other Agencies/ Organizations
1	Creation of Nutrition Units in Line MDAs	No. of Line MDAs with Nutrition units.	SPHCDA	2021-2025	3,220,140.00	MoF&P, MoH, Line MDAs

2	Review and strengthen the existing macro-economic policies to incorporate Nutrition considerations	1. No. of macroeconomic policies with nutrition considerations	MoF&P	2021-2025	6,468,000.00	SCFN, Line MDAs; Research Institutes; Academia
Strategic Objective 4.3: Social Protection Programmes for the Vulnerable Groups ₦ 10,798,480						
S/N	Activities	Indicators	Lead Agency	Timeframe	Indicative Cost(₦)	Other Agencies/ Organizations
1	Conduct disseminating meetings for stakeholders on nutrition related investment and sectoral policies including social protection policies	No. of disseminating meetings conducted	SCFN	2021-2025	4,338,320.00	Line MDAs, Institutions
2	Expand the coverage of the Health Insurance Scheme to incorporate the Community Health Insurance Services for vulnerable groups.	No. of vulnerable persons that are enrolled in Health Insurance Scheme.	MoF&P/KWHIA	2021-2025	6,460,160.00	MoH; KWSPHCDA

RESULT AREA 5: RAISING AWARENESS AND UNDERSTANDING OF PROBLEM OF MALNUTRITION IN NIGERIA ₦78,603,326						
Strategic Objective 5.1: Promote Advocacy, Communication and Social Mobilization ₦66,439,824						
S/N	Activities	Indicators	Lead Agency	Timeframe	Indicative Cost(₦)	Other Agencies/ Organizations
1	Create awareness on malnutrition through press briefing twice a year in the 3 senatorial districts.	No of press briefing conducted	MOC	2021-2025	5,309,229.00	MoH, Security Agencies & MLGCA&CD, CS-SUNN, Communities' Stakeholders
2	Create public awareness on malnutrition using radio, TV jingles and film documentaries English and local languages	No of radio & television jingles film documentaries aired	MOC	2021-2025	44,620,800.00	MoH, CSOs, CBOs, FBOs & MLGCA&CD
3	Create public awareness on malnutrition using posters and flyers in English in the 3 senatorial districts.	No of posters and flyers in English produced	MOC	2021-2025	15,018,045.00	MoH, Security Agencies, MOA&RD, SPHCDA & MLGCA&CD
4	Collaborate with network providers like MTN, Airtel, GLO etc. to disseminate nutrition information to the	No of network providers disseminating nutrition information to their subscribers	MOC	2021 -2022	1,491,750.00.00	SCFN, MOH, NETWORK PROVIDERS, MOA&RD

	public across the state	No of nutrition messages developed No of the public reached with nutrition messages				
S/N	Activities	Indicators	Lead Agency	Timeframe	Indicative Cost(₦)	Other Agencies/ Organizations
Strategic Objective 5.2: Promoting Healthy Lifestyles and Dietary habits ₦ 7,163,502						
5	Strengthening existing TV & radio programmes to enlighten the public on nutrition issues once a year	No of radio programmes on nutrition issues.	MOC	2021 - 2025	7,163,502.00	MOH; MOA&RD, CSOs
Strategic Objective 5.3: Research In Nutrition ₦ 5,000,000						
6	Promote research on development of Nutritious diets from locally available staple foods	No report of the research No of nutritious diets developed No of research findings successfully disseminated to key stakeholders	MOTEST	2021- 2025	3,000,000.00	MOA&RD, MOH, TERTIARY INSTITUTION S
7	Conduct researches on emerging nutritional issues	No of researches carried out	MOTEST	2021, 2025	2,000,000.00	MOE &HCD, MOH, MOARD, TERTIARY INSTITUTION S

RESULT AREA 6:RESOURCE ALLOCATION FOR FOOD AND NUTRITION SECURITY AT ALL LEVELS ₦ 296,668,856						
Strategic Objective 6.1 Promote Adequate Budgetary Allocation and Tracking ₦ 36,117,760						
S/N	Activities	Indicators	Lead Agency	Timeframe	Indicative Cost(₦)	Other Agencies/ Organizations
1	Conduct regular budget tracking and apply lessons learnt to all-levels of F &N budgeting processes.	No of Line MDAs with Budget tracking tool updated No of LGAs with Budget tracking tool updated	SCFN/MoF&P	2021 - 2025	11,444,160.00	CS - SUNN
2	Use Score Cards of lessons learnt on Budget tracking & applications to SPFN	No of Line MDAs with Score card of lessons learnt. No of LGAs with Score card of lessons learnt.	SCFN/MoF&P	2021 - 2025	5,600,000.00	Line MDAs, CS- SUNN
3	Ensure adequate implementation of the policy through sufficient budgetary allocation and timely release of funds.	No of MDAs with budgetary allocation for nutrition. No of MDAs with releases for food and nutrition	MOF&P	2021-2025	19,073,600.00	Line MDAs, SCFN

Strategic Objective 6.2. Strengthen the coordination capacity of the Ministry of Finance & Planning in the State and its Local Government counterparts with the required resources (human, financial, and material) for effective management and coordination of the policy N243,452,168						
S/N	Activities	Indicators	Lead Agency	Timeframe	Indicative Cost(₦)	Other Agencies/ Organizations
1	Organize quarterly Nutrition Partners meetings at all levels	No of meetings held and reports produced	MoF&P	2021-2025	4,737,600.00	Line MDAs, SCFN, CS-SUNN
2	Creation of Local Government Food and Nutrition Committees	No of Local Governments with Food and Nutrition Committees created	SCFN	2021 - 2025	16,000,000.00	MoF&P, SPHCDA
3	Organize quarterly meetings of Committee on Food and Nutrition at the State and Local Govt levels	No of meetings held and reports produced	MoF&P	2021-2025	90,000,000.00	Line MDAs, SCFN, CS-SUNN
4	Dissemination of the policy on Food and Nutrition and the Plan of Action at the Local Govt Levels	No of advocacies conducted	MOF&P	2021-2025	5,499,648.00	MOH,SCFN,CS-SUNN

S/N	Activities	Indicators	Lead Agency	Timeframe	Indicative Cost(₦)	Other Agencies/ Organizations
5	Build the capacity of Nutrition Desk Officers in MDAs and LGAs	No of officers trained No of trainings conducted	SCFN	2021- 2025	35,411,200.00	Line MDAs, ANRiN, UNICEF and CS-SUNN
6	Organize Nutrition Week yearly	Nutrition Week organized	SCFN	2021-2025	33,320,000.00	MoH, KWSPHCDA, SCFN, CS-SUNN Universities
7	Printing reporting tools for nutrition intervention (HMIS) at facility level	No of HMIS reporting tools printed	MoF&P	2021-2025	3,920,000.00	MoH, SPHCDA,SCFN
8	Procurement of working tools for SCFN Secretariat	No of working tools procured	MoF&P	2021-2025	6,888,000.00	SCFN
9	Procurement of one Hilux for SCFN	Hilux procured	MoF&P	2021-2025	30,000,000.00	SCFN
10	Running cost for the SCFN Secretariat	Payment receipts and vouchers	MoF&P	2021-2025	10,000,000.00	SCFN, Line MDAs

S/N	Activities	Indicators	Lead Agency	Timeframe	Indicative Cost(₦)	Other Agencies/ Organizations
11	Build the capacity of Information Officers and Media on Nutrition	No of Media and Information Officers trained.	MoF&P	2021 -2025	4,675,720.00	MoH, MARD, MoC, MoE, Universities, Development Partners
12	Printing and production of Policy Brief	No of policy briefs printed and produced	MoF&P	2021-2025	2,000,000.00	SCFN, Line MDAs
13	Capacity building for SCFN members	No of SCFN members trained	MoF&P	2021-2025	1,000,000.00	SCFN, SPHCDA, MoH
Strategic Objective 6.3: Strengthening capacity of MOF&P to mobilize resources for food & nutrition interventions ₦ 17,098,928						
14	Advocate for the creation of budget lines on Food and Nutrition activities in MDAs/LGAs and ensure timely release of funds	No of MDAs with budget heads created	MOF&P	2021 - 2025	343,728.00	SCFN, MA&RD, MOC , MLGCA&CD, RUWASSA, MOH, MoWA&SD, Min of Water Resources ,MOE&HCD,MOTEST
15	Conduct research, monitoring & evaluation on food and nutrition activities in collaboration with partners and the private sector	No of surveys conducted No of monitoring & evaluation reports produced	SCFN	2021- 2025	16,755,200.00	Line MDAs, Universities, Research Institutes, Development Partners and Private Sector

3.8 Financing of the KMPFAN

The cost estimates for the KMPFAN will be used by the Ministry of Finance and Planning 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, the 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 and support from partners will be embraced to create impact.

3.9 Investment contribution by Ministries, Departments and Agencies

The causes of malnutrition are multifactoral and multifaceted and as such require multisectoral interventions. Several Ministries and Departments of government have critical roles to play in ensuring that malnutrition is reduced in Kwara 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 lies with the other sectors including agriculture, education, information, water resources, science and technology and trade and investment etc.

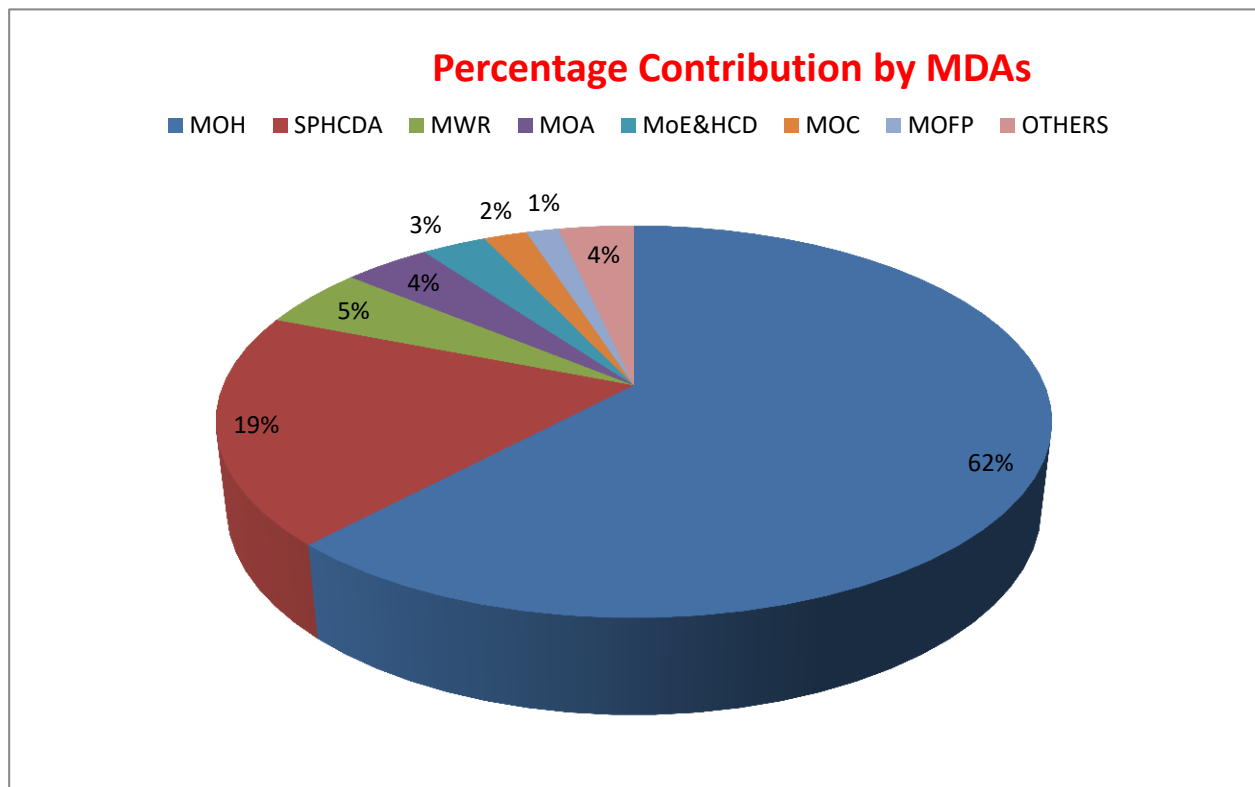


Figure 6:

The State Ministry of Health is expected to contribute sixty two percent of the total investment required for nutrition interventions over the five years period followed by SPHCDA with nineteen percent. The State Ministry of Water Resources and State Ministry of Agriculture and Rural Development will contribute 5% and 4% respectively while the State Ministry of Education and Human Capital Development, State Ministry of communication and Ministry of Finance and Planning will contribute 3%, 2%, and 1.5% respectively. The details of the interventions and activities are contained in Annex 4.

CHAPTER FOUR

4.0 MONITORING AND EVALUATION, ACCOUNTABILITY AND LEARNING (MEAL)

Monitoring and evaluation, accountability and learning are part of everyday programme management and are critical to the success of all projects. A MEAL system will allow the tracking of progress, make adjustments and discover any unplanned effects of programmes as well as evaluate the impact the project has made on the lives of the beneficiaries. In addition to this, a MEAL system also helps us to be accountable to our stakeholders through information sharing and developing a complaints or feedback mechanism which can help to guide programme implementation. This 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 people in Kwara State especially women and children as well as being accountable to the stakeholders including the donor community. The SMPFAN MEAL system will have the following objectives:

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

4.1 Monitoring

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

4.2 Evaluation

Evaluation of SMPFAN 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 (NHNS) and others including Multi Indicator Cluster Survey (MICS) and National Demographic and Health Survey (NDHS).

4.3 Baseline data

The annual National Health and Nutrition Survey (NHNS) 2018 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.

4.4 Mid-Term Evaluation

For the purpose of mid-term evaluation, MICS 2021-2022 and NHNS 2021-2022 will be used to evaluate progress in the achievement of result. MF&P and Development Partners will collaborate with State Bureau of Statistics to ensure that critical indicators that are required to track the progress of implementation and result are included in the periodic health and nutrition surveys.

4.5 End Term Evaluation

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

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

4.6 Accountability

The implementation of KMPFAN 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.

4.7 State Committee on Food and Nutrition

MDAs will be required to present and submit quarterly updates on the progress of implementation and result at the quarterly meetings of the State Committee on Food and Nutrition to be called by the Ministry of Finance and Planning. It is expected that a

total of four updates will be generated in each year and will form the basis for an annual report.

4.8 National Council on Nutrition

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

4.9 Learning

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

4.10 The M&E System

The M&E system will be established and domiciled in MOF&P with a robust food and nutrition information collection and management system. The M and E system will have a portal that will be horizontally linked with the M and E unit of the relevant MDAs at the State level as well as vertical link with M and E at the LGA levels. It will provide information on how and to what extent progress is being made towards achieving specified Strategic objectives and targets of the KMPFAN. Data tools and instruments as well as guidelines for data collection and reporting will be developed for both quantitative and qualitative data by MOF&P Monitoring and Evaluation unit in

collaboration with other stakeholders especially the donor community and other levels of government. Capacity building at inception and regular on-going training on data tool use, guidelines for data collection and analysis as well as reporting will be carried out for the M and E team and personnel at the State and LGAs levels. Through regular collection of data on activity indicators, output and outcome and M and E report, the progress of implementation of KMPFAN will be monitored and evaluated while scorecards will be developed with lessons learnt.

ANNEX I

		Cost 2021	Cost 2022	Cost 2023	Cost 2024	Cost 2025	Total
RESULT AREA 1. FOOD AND NUTRITION SECURITY		(A=) 141,352,882	(A=) 158,207,882	(A=) 159,694,391	(A=) 159,694,391.	(A=) 161,081,800	(A=) 780,031,346
1.1 Ensuring Food and Nutrition Security at the National, State, Community and Household levels	Activities	53,685,000.00	77,240,000.00	77,240,000.00	77,240,000.00	77,240,000.00	362,645,000.00
	1.1.1 Advocacy to relevant financial Institutions to increase access to Credit facilities with reduced interest rates and collaterals for farmers especially women farmers.	435,000.00	435,000.00	435,000.00	435,000.00	435,000.00	2,175,000.00

	1.1.2 . Training of Agric Extension Officers on improved techniques in crop and animal production	21,040,000.00	42,080,000.00	42,080,000.00	42,080,000.00	42,080,000.00	189,360,000.00
	1.1.3. Monitoring of compliance on food fortification through the value chain	1,400,000.00	1,400,000.00	1,400,000.00	1,400,000.00	1,400,000.00	7,000,000.00
	1.1.4. Sensitization and Support the establishment of homestead gardening by women.	3,366,000.00	5,049,000.00	5,049,000.00	5,049,000.00	5,049,000.00	23,562,000.00
	1.1.5. Establishment of nutrition corners in communities	1,664,000.00	2,496,000.00	2,496,000.00	2,496,000.00	2,496,000.00	11,648,000.00
	1.1.6.Establish specialized agriculturally based programmes for youth (crop, Fishery, ruminant and poultry)	25,780,000.00	25,780,000.00	25,780,000.00	25,780,000.00	25,780,000.00	128,900,000.00

1.2 Improving Food Harvesting, Processing and Preservation		15,500,000.00	15,500,000.00	15,500,000.00	15,500,000.00	15,500,000.00	77,500,000.00
	1.2. 1. Support provision of land for cultivation of crops, livestock farming and fisheries for youth and women	12,820,000.00	12,820,000.00	12,820,000.00	12,820,000.00	12,820,000.00	64,100,000.00
	1.2.2 Training of stakeholders on biofortified crop farms (Farmers group, Women in Agric, Extension workers, OPS, Market women org, Faith Based Org, etc)	1,680,000.00	1,680,000.00	1,680,000.00	1,680,000.00	1,680,000.00	8,400,000.00
	1.2.3. Establishment of biofortified crop farms - Orange Fleshed Sweet Potato (OFSP), Vit A cassava, cocoa yam, yellow rice and Vit A maize.	1,000,000.00	1,000,000.00	1,000,000.00	1,000,000.00	1,000,000.00	5,000,000.00

1.3 Improving Food Preparation and Quality	Activities	Cost 2021	Cost 2022	Cost 2023	Cost 2024	Cost 2025	Total
		₦53,080,300.00	₦53,080,300.00	₦53,080,300.00	₦53,080,300.00	₦53,080,300.00	₦265,401,500.00
	1.3.1. Provision of smoking kilns to 45 clusters of small scale fish processors /farmers in each of the 3 senatorial districts	16,764,300.00	16,764,300.00	16,764,300.00	16,764,300.00	16,764,300.00	83,821,500.00
	1.3.2. support the establishment of commodity trading centres across the state	20,660,000.00	20,660,000.00	20,660,000.00	20,660,000.00	20,660,000.00	103,300,000.00
	1.3.3. Support establishment of women and youth cooperative groups for the provision of grants and revolving loans	3,466,000.00	3,466,000.00	3,466,000.00	3,466,000.00	3,466,000.00	17,330,000.00
	1.3.4 Train farmers on appropriate use of organic fertilizers and pesticides management in the value chain	2,160,000.00	2,160,000.00	2,160,000.00	2,160,000.00	2,160,000.00	10,800,000.00

	1.3.5. Training of farmer cooperatives, Agric extension workers and processors on reduction of postharvest losses.	840,000.00	840,000.00	840,000.00	840,000.00	840,000.00	4,200,000.00
	1.3.6. Sensitization of the public on adequate consumption on food groups based on existing locally available recipe in line with the National Food Based Dietary Guidelines.	2,280,000.00	2,280,000.00	2,280,000.00	2,280,000.00	2,280,000.00	11,400,000.00
	1.3.7. Establishment of School Gardening as scale up demonstration farms for Secondary School students	6,910,000.00	6,910,000.00	6,910,000.00	6,910,000.00	6,910,000.00	34,550,000.00

1.4 School Based Strategies	Activities	₱19,087,582.00	₱12,387,582.00	₱ 13,874,091.00	₱ 13,874,091.00	₱ 15,261,500.00	₱ 74,484,846.00
	1.4.1 Conduct capacity building for food and nutrition teachers and food vendors on the need to provide nutritionally adequate meals using locally available foods through linkages of food vendors and school system	7,182,342.00	7,182,342.00	8,044,223.00	8,044,223.00	8,848,645.00	39,301,775.00
	1.4.2 Promote awareness on improved food quality and safety through electronic and print media	4,330,000.00	0	0	0	0	4,330,000.00
	1.4.3 Sensitization and orientation on home-grown school feeding at the local and state levels	2,370,000.00	0	0	0	0	2,370,000.00
	1.4.4 Conduct periodic school quizzes and debates on food and nutrition in 3 selected primary & secondary schools from each LGAs	5,205,240.00	5,205,240.00	5,829,868.00	5,829,868.00	6,412,855.00	28,483,071.00

		Cost 2021	Cost 2022	Cost 2023	Cost 2024		Cost 2025	Total
Result Area 2. ENHANCING CAREGIVING CAPACITY		₱310,466,780.75.00	₱ 314,394,046.75.00	₱ 310,466,780.75.00	₱ 314,028,380.75.00		₱ 310,466,780.75.00	₱ 1,559,822,769.75.00
Strategic Objective 2.1 Ensure Optimal Nutrition in the First 1,000 Days of life	Activities	₱ 283,078,412.75.00	₱ 287,005,678.75.00	₱ 283,078,412.75.00	₱ 286,640,012.75.00		₱ 283,078,412.75.00	₱ 1,422,880,929.75.00
	Capacity building of mother and care-givers in Early Child Care Development Centres (ECCD)	16,912,016.75	16,912,016.75	16,912,016.75	16,912,016.75		16,912,016.75	84,560,083.75
	Advocate for legislation of the prolongation of maternity leave to six months and enactment of paternity leave to two weeks	0	130,666.00.00	0	0		0	130,666.00

	Provide incentives to pregnant women to motivate utilization of health facilities (completed 3 doses of IFA and Vitamin A)	35,840,000.00	35,840,000.00	35,840,000.00	35,840,000.00	35,840,000.00	179,200,000.00
	Support Routine Vitamin A supplementation and deworming to children under five during immunization sessions, Iron-folic acid supplementation for pregnant women during Antenatal visits	26,880,000.00	26,880,000.00	26,880,000.00	26,880,000.00	26,880,000.00	134,400,000.00
	Sustain the conduct of the Bi-annual Maternal,	121,184,000.00	121,184,000.00	121,184,000.00	121,184,000.00	121,184,000.00	605,920,000.00

	Newborn and Child Health Weeks (MNCHW).						
	To strengthen Vitamin A supplementation and deworming to children under five, Iron-folic acid supplementation for pregnant women during MNCH Weeks						
	Improve nutritional care for adolescent girls and pregnant women through Dietary Counselling at health facilities	1,382,577.50	1,382,577.50	1,382,577.50	1,382,577.50	1,382,577.50	6,912,887.50

	Promote Early initiation of breastfeeding within 1 hour of delivery.	1,082,666.50	1,082,666.50	1,082,666.50	1,082,666.50	1,082,666.50	5,413,332.50
	Conduct intensive campaign and awareness activities to promote, protect and support EBF and elimination of water and fluids for children 0 - 6 months while breastfeeding continue until two years of age.	14,767,368.25	14,767,368.25	14,767,368.25	14,767,368.25	14,767,368.25	73,836,841.25

	Capacity building of Health care workers (Skilled Birth Attendants) ; Train health facilities staff at all levels on lactation management.	9,382,800.00	9,382,800.00	9,382,800.00	9,382,800.00	9,382,800.00	46,914,000.00
	Promotion of Baby Friendly Centres in health facilities and public places.	10,752,000.00	10,752,000.00	10,752,000.00	10,752,000.00	10,752,000.00	53,760,000.00
	Establishment of crèches in all work places and MDAs having more than 10 women in public and private sectors to promote Exclusive Breastfeeding	0	235,000.00	0	0	0	235,000.00

	Promote the establishment of Nutrition/food demonstration corner s in the health facilities	9,602,133.00	9,602,133.00	9,602,133.00	9,602,133.00	9,602,133.00	48,010,665.00
	Scale-up of C-IYCF training and counseling and support for lactating women at the community and health facility level.	23,740,050.75	23,740,050.75	23,740,050.75	23,740,050.75	23,740,050.75	118,700,253.75
	Enforce implementation of the existing regulation of maternity leave at all levels, including public and private - sector institutions	1,512,000.00	1,512,000.00	1,512,000.00	1,512,000.00	1,512,000.00	7,560,000.00
	Conduct Social and Behaviour Change Communication	6,540,800.00	6,540,800.00	6,540,800.00	6,540,800.00	6,540,800.00	32,704,000.00

	activities on IYCF targeted at adolescents, pregnant women, and caregivers at all levels.						
	Sensitization of care givers especially grandmothers, mothers-in-law for optimal nutrition practices	1,750,000.00	1,750,000.00	1,750,000.00	1,750,000.00	1,750,000.00	8,750,000.00

		Cost 2021	Cost 2022	Cost 2023	Cost 2024	Cost 2025	Total
	Promote awareness on adolescent girls nutrition and health related practices	1,750,000.00	1,750,000.00	1,750,000.00	1,750,000.00	1,750,000.00	8,750,000.00
	Training Emergency Managers on mainstreaming Nutrition in Feeding Programmes targeted at the vulnerable groups in Emergency Situations	0	3,561,600.00	0	3,561,600.00	0	7,123,200.00

Strategic Objective 2.2: Caring for the Socioeconomically Disadvantaged and Nutritionally Vulnerable	Activity	₦ 27,388,368.00	₦ 27,388,368.00	₦ 27,388,368.00	₦ 27,388,368.00	₦ 27,388,368.00	₦ 136,941,840.00
	Engage traditional, religious and opinion leaders to support community level action in nutritional care of vulnerable groups	10,703,168.00	10,703,168.00	10,703,168.00	10,703,168.00	10,703,168.00	53,515,840.00
	Poverty alleviation schemes i.e CCT to empower Vulnerable households after receiving of interventions	16,685,200.00	16,685,200.00	16,685,200.00	16,685,200.00	16,685,200.00	83,426,000.00

		Cost 2021	Cost 2022	Cost 2023	Cost 2024	Cost 2025	Total
RESULT AREA 3. ENHANCING PROVISION OF QUALITY HEALTH SERVICES		₦ 119,946,420	₦ 274,642,736	₦ 184,849,197	₦ 147,871,281	₦ 175,946,420	₦ 903,256,054
Strategic Objective 3.1: Reduce Morbidity and Mortality Associated with Malnutrition	Activities	₦ 94,521,420.00	₦ 208,461,820.00	₦ 159,424,197.00	₦ 94,521,420.00	₦ 150,521,420.00	₦ 707,450,277.00
	Build Capacity for regular monitoring of growth and promotion (GMP) at health facilities and communities and on key household practices including Infant and Young Child Feeding, HIV/AIDS Counselling and Testing	2,000,000.00	2,000,000.00	2,000,000.00	2,000,000.00	2,000,000.00	10,000,000.00

	Procurement and Distribution off basic growth assessment and monitoring Equipment/ IEC Materials	5,000,000.00	5,000,000.00	5,000,000.00	5,000,000.00	5,000,000.00	25,000,000.00
	Promote regular monitoring of growth and promotion at health facilities and communities.	0	113,940,400.00	0	0	0	113,940,400.00
	Dissemination of information on nutrition care and key household practices	12,271,420.00	12,271,420.00	12,271,420.00	12,271,420.00	12,271,420.00	61,357,100.00
	Procurement and Support routine distribution of Iron folate supplements to adolescent girls.	13,510,000.00	13,510,000.00	13,510,000.00	13,510,000.00	13,510,000.00	67,550,000.00
	Provide portable water supply in Secondary and	60,060,000.00	60,060,000.00	60,060,000.00	60,060,000.00	60,060,000.00	300,300,000

	primary health facilities to enhance sanitation and hygiene						
	Training of IYCF Support Group members in catchment areas on IYCF, CMAM and MNP.	0	0	8,902,777.00	0	0	8,902,777.00
	Provision of adequate supplementary foods to children with moderate acute malnutrition (MAM)	0	0	56,000,000.00	0	56,000,000.00	112,000,000.00
	Sustain and scale up of micronutrient powder (MNP) for children 6-23 months	1,680,000.00	1,680,000.00	1,680,000.00	1,680,000.00	1,680,000.00	8,400,000.00

Strategic Objective 3.2. Preventing and Managing Nutrition Related Diseases	Activities	₦ 19,200,000.00	₦ 24,195,000.00	₦ 19,200,000.00	₦ 24,195,000.00	₦ 19,200,000.00	₦105,990,000.00
	Awareness to the general public on risk factors and increase services for Diet Related Non-Communicable Diseases (DRNCD) at health facilities and at the community level.	0	4,995,000.00	0	4,995,000.00	0	9,990,000.00
	Conduct community meetings on personal hygiene, hand washing promotion and menstrual hygiene management for	16,000,000.00	16,000,000.00	16,000,000.00	16,000,000.00	16,000,000.00	80,000,000.00

	adolescents and caregivers in communities						
	Formation and strengthening of WASH Committees for Community Led Total Sanitation	3,200,000.00	3,200,000.00	3,200,000.00	3,200,000.00	3,200,000.00	16,000,000.00
Strategic Objective 3.3: Protecting the Consumer through Improved Food Quality and Safety	Activities	₦ 6,225,000.00	₦ 41,985,916.00	₦ 6,225,000.00	₦ 29,154,861.00	₦ 6,225,000.00	₦ 89,815,777.00
	Conduct Nutrition and consumer education on improved food quality and safety at the community level	0	22,929,861.00	0	22,929,861.00	0	45,859,722.00

	Production, distribution and monitoring of food Safety guidelines for food handlers/food operators.	0	12,831,055.00	0	0	0	12,831,055.00
	Monitoring the registration and Licensing of food handlers/food operators and private sectors along the food chain	3,225,000.00	3,225,000.00	3,225,000.00	3,225,000.00	3,225,000.00	16,125,000.00
	Nutrition surveillance for prompt identification and prevention of malnutrition	3,000,000.00	3,000,000.00	3,000,000.00	3,000,000.00	3,000,000.00	15,000,000.00

RESULT AREA 4.: IMPROVING CAPACITY TO ADDRESS FOOD AND NUTRITION INSECURITY

Planning, M&E, Research and Financing

4.1 Assessing, Analyzing and Monitoring Nutrition Situations	Activities	₦ 119,662,235.80	₦ 83,536,938.00	₦ 118,257,083.80	₦ 82,834,351.00	₦113,364,922.80	₦ 517,655,531
	1. Conduct a state study on functional traditional foods/diets and use of underutilized crops for dietary diversification	2,107,728.00	1,405,163.00	702,576.00	702,576.00	702,576.00	5,620,628.00
	2. Advocacy to MoH and CSC to ensure adequate staffing of relevant line MDAs at all levels implementing sectoral nutrition programmes with skilled and	35,422,732.80	0	35,422,732.80	0	35,422,732.80	106,268,198.00

	qualified nutritionists						
	3. Building the capacity of farmers on cultivation of nutritional foods and underutilised crop varieties	3,132,584.00	3,132,584.00	3,132,584.00	3,132,584.00	3,132,584.00	15,662,920.00
	4. Sensitization of key opinion leaders - Traditional Leaders, Village Heads, Religious Leaders, Community Health Extension workers, CSOs, and other advocacy groups to address food and nutrition problems	4,892,160.00	4,892,160.00	4,892,160.00	4,892,160.00	0	19,568,640.00
	5. Sensitization meeting of LGA Education Secretaries, AOPSHON and relevant MDAs on	143,476.00	143,476.00	143,476.00	143,476.00	143,475.00	717,379.00

	the establishment/activation of school gardens/farms.						
	6.Training of caregivers and teachers in schools on adequate diets to impart nutrition education to community care-givers	7,860,355.00	7,860,355.00	7,860,355.00	7,860,355.00	7,860,355.00	39,301,775.00
	7. Provide SBC materials on Nutrition education for teaching and learning of school children	16,117,200.00	16,117,200.00	16,117,200.00	16,117,200.00	16,117,200.00	80,586,000.00
	8.Monitoring and supervision of home-grown school feeding programme to ensure proper implementation according to nutrition guidelines across the 16 LGAs.	49,120,000.00	49,120,000.00	49,120,000.00	49,120,000.00	49,120,000.00	245,600,000.0

	9. Awareness creation on the establishment of home gardens /farms through electronic media.	866,000.00	866,000.00	866,000.00	866,000.00	866,000.00	4,330,000.00
4.2 Providing a Conducive Macro Economic Environment		₦ 2,800,028.00	₦ 644,028.00	₦ 2,800,028.00	₦ 644,028.00	₦ 2,800,028.00	₦ 9,688,140.00
	1. Creation of Nutrition Units in Line MDAs	644,028.00	644,028	644,028	644,028	644,028	3,220,140
	2. Review and strengthen the existing macro-economic policies to incorporate Nutrition considerations	2,156,000	0	2,156,000	0	2,156,000	6,468,000
4.3 Social Protection Programs for the Vulnerable Groups	Activities	₦3,290,224.00	₦2,482,704.00	₦ 1,675,184.00	₦ 1,675,184.00	₦1,675,184.00	₦10,798,480.0
	1. Conduct disseminating meetings for stakeholders on	867,664	867,664	867,664	867,664	867,664	4,338,320

	nutrition related investment and sectoral policies including social protection policies						
	2. Expand the coverage of the Health Insurance Scheme to incorporate the Community Health Insurance Services for vulnerable groups.	2,422,560	1,615,040	807,520	807,520	807,520	6,460,160

RESULT AREA 5. RAISING AWARENESS AND UNDERSTANDING OF PROBLEM OF MANUTRITION IN NIGERIA		2021	2022	2023	2024	2025	
		₦15,035,900.00	₦14,284,624.00	₦14,750,711.0	₦16,072,416.	₦18,459,675.00	₦78,603,326.
Education, Social Protection and Wash							
5.1 Promote Advocacy, Communication and Social Mobilization	Activities	₦ 12,247,900.00	₦ 12,470,304.00	₦ 12,766,486.00	₦13,925,899	₦ 15,092,235.00	₦66,439,824
	1. To create public awareness on malnutrition through press briefing twice a year in the 3 senatorial districts.	846,450.00	948,024.00	1,042,826	1,178,609	1,293,320	5,309,229
	2.. To create public awareness on malnutrition using radio and TV jingles and film documentaries in English and local languages	7,436,800	8,180,480	8,924,160	9,667,840	10,411,520	44,620,800
	3.. To create public awareness on malnutrition	2,901,300	2,850,400	2,799,500	3,079,450	3,387,395	15,018,045

	using the posters and flyers printed in English for 3 senatorial districts.						
	4.. Collaborate with network providers like MTN, Airtel, GLO etc. to disseminate nutrition information to the public across the state	1,000,350	491,400	0	0	0	1,491,750
5.2 Promoting Healthy Lifestyles and Dietary habits	Activities	₦ 1,188,000.00	₦ 1,214,320.00	₦ 1, 384, 225.00	₦ 1, 578,017.00	₦ 1, 798, 940.00	₦ 7, 163, 502.00
	5.. Strengthening existing TV & radio programmes to enlighten the	1,188,000	1,214,320	1, 384, 225	1, 578,017	1, 798, 940	7, 163, 502

	public on nutrition issues once a year						
Strategic Objective 5.3: Research in Nutrition		₦ 1,600,000.00	₦ 600,000.00	₦ 600,000.00	₦ 600,000	₦ 1,600,000	₦ 5,000,000
	6.. Promote research on development of Nutritious diets from locally available staple foods	600,000	600,000	600,000	600,000	600,000	3,000,000
	7. Conduct researches on emerging nutritional issues	1,000,000	0	0	0	1,000,000	2,000,000

RESULT AREA 6. RESOURCE ALLOCATION FOR FOOD AND NUTRITION SECURITY AT ALL LEVELS 296,668,856

Planning, M&E, Research and Financing

6.1 Promote Adequate Budgetary Allocation and Tracking	Activities	₦ 8,749,440		₦ 6,842,080	₦ 6,842,080	₦ 6,842,080	₦ 36,117,760
	1 Conduct regular budget tracking and apply lessons learnt to all-levels of F &N budgeting processes.	3,814,720	1,907,360	1,907,360	1,907,360	1,907,360	11,444,160
	2 Use Score Cards of lessons learnt on Budget tracking & applications to SPFN	1,120,000	1,120,000	1,120,000	1,120,000	1,120,000	5,600,000
	3 Ensure adequate implementation of the policy through	3,814,720	3,814,720	3,814,720	3,814,720	3,814,720	19,073,600

	sufficient budgetary allocation and timely release of funds.						
6.1.2. Strengthen the coordination capacity of the Ministry of Finance & Planning in the state and its Local Government counterpart s with the required resources (human, financial, and material) for effective	Activities	₦ 80,266,434.00	₦ 48,266,434.00	₦ 38,306,434.0	₦ 38,306,433.0	₦ 38,306,433.0	₦ 243,452,168

management and coordination of the policy							
	1 Organize quarterly Nutrition Partners meetings at all levels	947,520.00	947,520.00	947,520.00	947,520.00	947,520.00	4,737,600
	2 Creation of Local Government Food and Nutrition Committees	8,000,000	8,000,000	0	0	0	16,000,000
	3 Organize quarterly meetings of Committee on Food and Nutrition at the State and Local Govt levels	18,000,000	18,000,000	18,000,000	18,000,000	18,000,000	90,000,000
	4 Dissemination of the policy on Food and	1,099,930	1,099,930	1,099,930	1,099,929	1,099,929	5,499,648

	Nutrition and the Plan of Action at the Local Govt Levels						
	5 Build the capacity of Nutrition Desk Officers in MDAs and LGAs	7,082,240	7,082,240	7,082,240	7,082,240	7,082,240	35,411,200
	6 Organize Nutrition Week yearly	6,664,000.00	6,664,000.00	6,664,000.00	6,664,000.00	6,664,000.00	33,320,000
	7 Printing reporting tools for nutrition intervention (HMIS) at facility level	1,960,000	1,960,000	0	0	0	3,920,000
	8 Procurement of working tools for SCFN Secretariat	1,377,600.00	1,377,600.00	1,377,600.00	1,377,600.00	1,377,600.00	6,888,000
	9 Procurement of one Hilux for SCFN	30,000,000	0	0	0	0	30,000,000
	10 Running cost for the SCFN	2,000,000	2,000,000	2,000,000	2,000,000	2,000,000	10,000,000

	Secretariat						
	11 Build the capacity of Information Officers and Media on Nutrition	935,144	935,144	935,144	935,144	935,144	4,675,720
	12 Printing and production of Policy Brief	2,000,000	0	0	0	0	2,000,000
	13 Capacity building for SCFN members	200,000	200,000	200,000	200,000	200,000	1,000,000
6.1.3. Strengthen the capacity of Ministry of Finance & Planning to mobilise resources for F & N interventions		₦ 8,549,464.00	₦ 2,266,264.00	₦ 2,094,400.00	₦ 2,094,400.0	₦ 2,094,400.0	₦ 17,098,928
	Advocate for the creation of	171,864.00	171,864.00	0	0	0	343,728

	budget lines on Food and Nutrition activities in MDAs/LGAs and ensure timely release of funds						
	Conduct research, monitoring & evaluation on food and nutrition activities in collaboration with partners and the private sector	8,377,600	2,094,400	2,094,400	2,094,400	2,094,400	16,755,200

ANNEX 2

ANNUAL COST OF INTERVENTIONS 2021 - 2025 (MILLIONS OF NAIRA)

N°							
I	Result Area 1. FOOD AND NUTRITION SECURITY						
	Sectors: Agriculture, Education, Social Protection and Wash	2021	2022	2023	2024	2025	TOTAL
	Interventions	₦ 141,352,882.00	₦ 158,207,882.00	₦ 159,694,391.00	₦ 159,694,391.00	₦ 161,081,800.00	₦ 780,031,346.00
	1.1 Ensuring Food and Nutrition Security at the National, State, Community and Household levels	53,685,000.00	77,240,000.00	77,240,000.00	77,240,000.00	77,240,000.00	362,645,000.00
	1.2 Improving Food Harvesting, Processing and Preservation	15,500,000.00	15,500,000.00	15,500,000.00	15,500,000.00	15,500,000.00	77,500,000.00

	1.3 Improving Food Preparation and Quality	53,080,300.00	53,080,300.00	53,080,300.00	53,080,300.00	53,080,300.00	265,401,500.00
	1.4 School Based Strategies	19,087,582	12,387,582	13,874,091	13,874,091	15,261,500	74,484,846.00

II	Result Area 2. ENHANCNG CAREGIVING CAPACTY						
	Sector: Health	2021	2022	2023	2024	2025	TOTAL
	Interventions	₱ 310,466,780.75	₱ 14,394,046.75	₱ 310,466,780.75	₱ 314,028,380.75	₱ 310,466,780.75	₱ 1,559,822,769.75
	Strategic Objective 2.1 Ensure Optimal Nutrition in the First 1,000 Days of life	283,078,412.75	287,005,678.75	283,078,412.75	286,640,012.75	283,078,412.75	1,422,880,929.75
	Strategic Objective 2.2: Caring for the Socioeconomically Disadvantaged and Nutritionally Vulnerable	27,388,368.00	27,388,368.00	27,388,368.00	27,388,368.00	27,388,368.00	136,941,840.00

III	Result Area 3. ENHASING PROVISION OF QUALITY HELATH SERVICES						
	Sector: Health	2021	2022	2023	2024	2025	TOTAL
	Interventions	₦ 119,946,420.00	₦ 274,642,736.00	₦ 184,849,197.00	₦ 147,871,281.00	₦ 175,946,420.00	₦ 903,256,054.00
	Strategic Objective 3.1: Reduce Morbidity and Mortality Associated with Malnutrition	94,521,420.00	208,461,820.00	159,424,197.00	94,521,420.00	150,521,420.00	707,450,277.00
	Strategic Objective 3.2. Preventing and Managing Nutrition Related Diseases	19,200,000.00	24,195,000.00	19,200,000.00	24,195,000.00	19,200,000.00	105,990,000.00
	Strategic Objective 3.3: Protecting the Consumer through Improved Food Quality and Safety	6,225,000.00	41,985,916.00	6,225,000.00	29,154,861.00	6,225,000.00	89,815,777.00

IV	Result Area 4. IMPROVING CAPACITY TO ADDRESS FOOD AND NUTRITION INSECURITY						
	Sectors: Planning, M&E, Research and Financing	2021	2022	2023	2024	2025	TOTAL
	Interventions	125,752,487.80	86,663,670.00	122,732,295.80	85,153,563.00	117,840,134.80	538,142,151.40
	4.1 Assessing, Analyzing and Monitoring Nutrition Situations	119,662,235.80	83,536,938.00	118,257,083.80	82,834,351.00	113,364,922.80	517,655,531.40
	4.2 Providing a Conducive Macro Economic Environment	2,800,028.00	644,028.00	2,800,028.00	644,028.00	2,800,028.00	9,688,140.00
	4.3 Social Protection Programs for Vulnerable Groups	3,290,224.00	2,482,704.00	1,675,184.00	1,675,184.00	1,675,184.00	10,798,480.00

V	Result Area 5. RAISING AWARENESS AND UNDERSTANDING OF PROBLEM OF MANUTRITION IN NIGERIA						
	Sectors: Education, Social Protection and Wash	2021	2022	2023	2024	2025	TOTAL
	Interventions	15,035,900.00	14,284,624.00	14,750,711.00	16,072,416.00	18,459,675.00	78,603,326.00
	5.1 Promote Advocacy, Communication and Social Mobilization	12,247,900	12,470,304	12,766,486	13,894,399	15,060,735	66,439,824
	5.2 Promoting Healthy Lifestyles and Dietary habits	1,188,000	1,214,320	1,384,225	1,578,017	1,798,940	7,163,502
	5.3. Research in Nutrition	1,600,000	600,000	600,000	600,000	1,600,000	5,000,000

VI	Result Area 6. RESOURCE ALLOCATION FOR FOOD AND NUTRITION SECURITY AT ALL LEVELS						
	Sectors: Planning, M&E, Research and Financing	2021	2022	2023	2024	2025	TOTAL
	Interventions	₦ 97,565,338	₦ 57,374,778	₦ 47,242,914	₦ 47,242,913	₦ 47,242,913	₦ 296,668,856
	a. Promote Adequate Budgetary Allocation and Tracking	8,749,440	6,842,080	6,842,080	6,842,080	6,842,080	36,117,760
	b. Strengthening the coordination capacity	80,266,434.00	48,266,434.00	38,306,434.00	38,306,433.00	38,306,433.00	243,452,168.00
	c. Strengthening capacity to mobilize resources	8,549,464.00	2,266,264.00	2,094,400.00	2,094,400.00	2,094,400.00	17,098,928.00

ANNEX 3

Consolidated KSMSPAN Logical Framework and Action Plan

Vision Statement: A Country where the people are equitably food and nutrition-secure with high quality of life and socioeconomic development contributing to human capital development objectives of Nigeria Vision 20:20:20 and beyond.						
Goal: 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.						
Result Area 1: Food and Nutrition Security						
Objective: To improve food Security at the National, Community and House Hold Levels.						
Target: Reduce the proportion of people who suffer hunger and Malnutrition by 50% by 2025.						
EXPECTED INTERMEDIATE OUTCOME: Increased food production leading to a reduced hunger and Malnutrition						
Intervention Narrative	Medium Term Targets	Activities Narrative	Indicators	EXPECTED OUTPUT	Responsible MDA	Collaborating MDA (s)
1. Ensuring Food and Nutrition Security at the State, Community and Household levels	Reduce Food insecurity by 25% by 2025	1.1.1 Advocacy to relevant financial Institutions to increase access to Credit facilities with reduced interest rates and collaterals for farmers especially women farmers.	1. No of advocacy visits carried out 2. No of farmers accessing credit facilities. 3. No of women farmers accessing credit facilities	Advocacy to relevant financial Institutions to increase access to Credit facilities with reduced interest rates and collaterals for farmers (especially women to expand their operations) carried out	MARD	KWADP, CSSUNN, MOW&SD, MOF&P, MOE
		1.1.2. Training of Agric Extension Officers on	1. 200 Agric Extension officers	175 Agricultural Extension officers	KWADP /MARD	Development partners,

		improved techniques in crop and animal production	trained. 2. No of training sessions carried out. 3. Consumables and logistitics available	trained		NGOs, CSOs
		1.1.3. Monitoring of compliance on food fortification through the value chain	1. No of monitoring visit carried out 2. No of industry visited 3. No of industry compliance	Advocacy to House of Assembly Committee on Agriculture on extension of legislation on food fortification, processing and value chain carried out	MARD	SCFN, KWADP, CSSUNN, MOF&P, MOH
		1.1.4. Sensitization and Support the establishment of homestead gardening by women.	1. No of women farmers sensitized. 2. No of input distributed 3. No of homestead gardening established	Establishment of backyard farms by women sensitized and supported.	KWADP /MARD	MoWASD, MOI, SCFN
		1.1.5. Establishment of nutrition corners in communities	1. No of nutrition corners established.	Sensitization of community farmers on prioritization of value chain crops conducted	KWADP /MARD	SCFN, MoWASD, MOI, MOH, KWSPHCDA, MOLG&CD

		1.1.6.Establish specialized agriculturally based programmes for youth (crop, Fishery, ruminant and poultry)	1.No of fishery farm established 2. No of ruminant farm established 3. No of poultry farm established 4. No of crop farm established 5. No of youth supported	Specialized agriculturally based programmes for youth established	KWADP /MARD	MoWASD, MY&S, Min Of Enterprise
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Intervention Narrative	Medium Term Targets	Activities Narrative	Indicators	EXPECTED OUTPUT	Responsible MDA	Collaborating MDA (s)
Strategy 1.2: Increasing Availability, Accessibility and Affordability to Food	Availability, Accessibility and affordability of food increased by 20% by 2025	1.2. 1. Support provision of land for cultivation of crops, livestock farming and fisheries for youth and women	1. No of youth with access to land for cultivation. 2. No of women with access to land for cultivation	Advocacy for rehabilitation of the existing rural road network and construction of new ones for easy transportation of farm produce conducted	MARD	SCFN, KWADP, Kwara Agro Mall
		1.2.2 Training of stakeholders on biofortified crop farms (Farmers group, Women in Agric, Extension workers, OPS, Market women org, Faith Based Org, etc)	No of training carried out	Capacity of farmers and fish farmers on food value chain built	MARD	KWADP, CSOs
		1.2.3. Establishment of biofortified crop farms - Orange Fleshed Sweet Potato (OFSP), Vit A cassava, cocoa yam, yellow rice and Vit A maize.	No of biofortified crop farms established	Capacity of farmers on appropriate use of organic fertilizers and pesticides built	MARD	KWADP, Kwara Agro Mall, Relevant CSOs

1.3: Improving Food Harvesting, Processing and Preservation	Increase food harvesting, processing and preservation by 30% in 2025	1.3.1. Provision of smoking kilns to 45 clusters of small scale fish processors /farmers in each of the 3 senatorial districts	1. No of participants trained 2.No of smoking kilns provided to farmers/ processors	Smoking kilns to clusters of small-scale fish processors /farmers provided	MARD	SCFN, MoW, MLGCA, KWADP
		1.3.2. support the establishment of commodity trading centres across the state	No of commodity trading centres established		MARD /Min of Enterprise	KWADP, MOLG&CD
		1.3.3. Support establishment of women and youth cooperative groups for the provision of grants and revolving loans	1.No of women cooperative group established 2. No of women cooperative groups with access to grant and loan 3. No of youth cooperative groups with access to grants and loan		MARD	KWADP, MLGCA&CD

		1.3.4 Train farmers on appropriate use of organic fertilizers and pesticides management in the value chain	60 farmers trained in each of the 4 locations across the state	capacity of farmers on appropriate use of organic fertilizers and pesticides built	MARD	SCFN, MOEF
		1.3.5. Training of farmer cooperatives, Agric extension workers and processors on reduction of postharvest losses.	1.No of training carried out 2. No of farmers supported		MARD	CSOs, KWADP, MLGCA&CD
		1.3.6. Sensitization of the public on adequate consumption on food groups based on existing locally available recipe in line with the National Food Based Dietary Guidelines.	No of participants trained on adequate consumption of existing food groups		MARD	KWADP, MOI&C, MOEHCD, SUBEB, CSOs, NGOs, MOW&SD

Intervention Narrative	Medium Term Targets	Activities Narrative	Indicators	EXPECTED OUTPUT	Responsible MDA	Collaborating MDA (s)
		1.3.7. Establishment of School Gardening as scale up demonstration farms for Secondary School students	1.No of Training conducted 2. No of schools trained 3. No of school garden established		MOEHCD/ /MARD	SUBEB/ KWADP, SCFN
Strategy 1.4: School-based Strategies		1.4.1 Conduct capacity building for food and nutrition teachers and food vendors on the need to provide nutritionally adequate meals using locally available foods through linkages of food vendors and school system	1. Training manuals produced 2. No of trainings conducted 3. No of teachers trained 4.No Food vendors trained	Nutrition education included in early child care, primary and post primary school curricula	MoEHCD & SUBEB	MOC, CSO, MOH, MOA&RD
		1.4.2 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 2. No of jingles & messages produced	Agro-based teaching aids in primary and secondary schools provided	MOC	MOH, MOA&RD

		1.4.3 Sensitization and orientation on home-grown school feeding at the local and state levels	No of sensitization to all the 16 LGAs in the State	periodic school quiz and debates on food and nutrition conducted	MOC	Security Agencies, MoE&HCD, SUBEB, MLGCA&CD, ANCOPSS, NUT, MoWASD & CSOs
		1.4.4 Conduct periodic school quizzes and debates on food and nutrition in 3 selected primary & secondary schools from each LGAs	No of school quizzes/debates organised in primary schools No of school quizzes/debates organised in secondary schools	Teachers and relevant MDAs on establishment of school farms sensitized	MoE&HCD & SUBEB	MARD, MLGCA&CD, MOC, CS-SUNN

Result Area 2: ENHANCING CAREGIVING CAPACITY						
Objective: To reduce under nutrition among infants and children, adolescents and women of reproductive age						
Target: Increase by 50% households with relevant nutrition knowledge and practice that improve their nutritional status						
EXPECTED INTERMEDIATE OUTCOME: Child survival, growth and development improved						
Intervention Narrative	Targets	Activities Narrative	Indicators	EXPECTED OUTPUT	Responsible MDA	Collaborating MDA (s)
1 Ensure Optimal Nutrition in the First 1,000 Days of life.	Increase Optimal Nutrition in the first 1,000 Days of life by 50% by 2025	2.1.1. Promote early initiation of breastfeeding within 1 hour of delivery. Promote and Support Exclusive Breastfeeding from 0 to 6 months and continued breastfeeding up to 2 years and beyond	1. No of advocacy visits 2. No of Legislations enacted	IYCF strategies for the first 1000 days of life supported	KPHCDA, MOH	MOWA,MOIC,NOA, CSOs, SCFN
		2.1.2. Capacity building of Health care workers (Skilled Birth Attendants); Train health facilities staff at all levels on lactation management.	No of healthcare workers trained No of health facilities	Capacity of Health care workers (Skilled Birth Attendants) built; Health facilities	MOH, KPHDA	SCFN, CSOs,MOIC

				staff at all levels on lactation management trained		
		2.1. 3. Advocate for legislation of the prolongation of maternity leave to Six Months and enactment of paternity leave for a month.	No of advocacy visits conducted No of commitments made	Advocacy for legislation of the prolongation of maternity leave to Six Months and enactment of paternity leave for a month conducted	SCFN, CSOs, MOH, HOS,	MOJ, MOWA & SW
		2.1.4. Enforce implementation of the existing regulation of maternity leave at			HOS, MOH	MOWA & SD

		all levels, including public and private - sector institutions				
		2.1.5 Ensure the establishment of crèches in all work places having more than 5 women in public and private sectors to promote Exclusive Breastfeeding.	No of establishments with creches No of creches	Establishment of crèches in all work places having more than 5 women in public and private sectors to promote Exclusive Breastfeeding ensured.	HOS,MOWA,	MOE,MOJ
		2.1.6 . Establishment and promotion of Baby Friendly Centers in health facilities and public places.	No of established Baby Friendly Centers in public places and health facilities	Baby Friendly Centers in health facilities and public places established	MOH, KPHDA	SSG,MOWA

		2.1.7 .Monitor the implementation of the international code on the marketing of breastmilk substitutes (BMS) in health facilities and create accountability mechanisms for marketing of infant formulas.	No of monitoring visits conducted No of Health Facilities Visited	Implement ation of the international code on the marketing of breastmilk substitutes (BMS) in health facilities and create accountabil ity mechanism s for marketing of infant formulas monitored	MOH, KPHDA	NAFDAC, CSOs
		2.1.8. Encourage the celebration of the World Breastfeeding Week and all other	No of events marking WBW and other nutrition events held	World Breastfeed ing Week and all other	KPHCDA, MOH,CSOs	MOIC,NOA,CSO

		nutrition events at the - State, LGAs and Wards		nutrition events at the - State, LGAs and Wards celebrated		
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Intervention Narrative	Targets	Activities Narrative	Indicators	EXPECTED OUTPUT	Responsible MDA	Collaborating MDA (s)
		2.1.9. Provide incentives to pregnant women, mothers and other care givers to motivate them to utilize health facilities.	1. No of pregnant women, caregivers and mothers that received incentives 2. No of pregnant women, mothers and other care givers assessing care	Incentives to pregnant women, mothers and other care givers to motivate them to the utilization of health facilities provided	MoWA	SCFN, MOH, MoWA,
		2.1.10. Promote the establishment of food demonstration corners in the health facilities	No of food demonstration corners established No of health facilities with established food demonstration corners	The establishment of food demonstration corner (optimal MIYCF practices) in the health facilities promoted		

	2.1. 10. Sustain the conduct of the Bi-annual Maternal, Newborn and Child Health Weeks (MNCHW). To strengthen Vitamin A supplementation and deworming to children under five, Iron-folic acid supplementation for pregnant women during MNCH Weeks	No of MNCH Weeks conducted No of pregnant women that received Iron Folate during MNCH weeks No of children under five that received Vit. A and Deworming tablets	Bi-annual Maternal, Newborn and Child Health Weeks (MNCHW) conducted	MoH	LGSC, SCFN
	2.1. 11. Support Routine Vitamin A supplementation and deworming to children under five during	No pregnant women that received IFA during routine antenatal services	Routine Vitamin A supplementation and deworming to children under five during immunization sessions, Iron-folic acid supplementation for pregnant women	MoH	LGSC, HMB, SCFN

		immunization sessions, Iron-folic acid supplementation for pregnant women during Antenatal visits		during Antenatal visits supported		
		2.1.12. Scale up C-IYCF training and counseling and support for lactating women at the community and health-facility levels in line with the National Primary Health Care Development Agency (NPHCDA) strategies.	No of IYCF trainings and counselling support conducted	C-IYCF training and counseling and support for lactating women at the community and health-facility levels in line with the National Primary Health Care Development Agency (NPHCDA) strategies scaled up		
		2.1.13. Improve	No of dietary counselling for	Nutritional care for adolescent girls and	MoH	LGSC, HMB, SCFN

		nutritional care for adolescent girls and pregnant women through Dietary Counseling during Adolescence, Pregnancy and Lactation	adolescent girls conducted	pregnant women through Dietary Counseling improved		
		2.1. 14. Build capacity of Health Care workers and community Based Support groups to promote women's nutritional status especially at ward levels.	No of health workers trained % increase in knowledge No of trainings held for health care workers	Advocacy for the adoption and implementation of existing laws including Child Rights Acts 2003 at state level conducted	MoH	LGSC, HMB, SCFN

Intervention Narrative	Targets	Activities Narrative	Indicators	EXPECTED OUTPUT	Responsible MDA	laborating MDA (s)
		2.1. 15. Sensitization of adolescents, care givers especially grandmothers, mothers- in- law on optimal nutrition practices.	No of sensitization activities conducted No of adolescents, pregnant women and lactating mothers that receive dietary counseling.	Sensitization of adolescents, care givers especially grandmothers, mothers- in- law on optimal nutrition practices conducted	MoH	HMB,MoWA, SCFN
		2.1. 16. Conduct Social and Behaviour Change Communcation activities on IYCF for pregnant women, and caregivers at the health facilities	% of children who were put to breast within 1 hour of birth in these health facilities	Social and Behaviour Change Communcation activities on IYCF for pregnant women, and caregivers at the health facilities conducted	MoH	HMB,MoWA, SCFN
		2.1. 17. Promote sensitization programmes aimed at men involvement in child care.	1.No of sensitization activities conducted	Emergencies managers on mainstreaming Nutrition feeding programs targeting vulnerable delivered.	MoH	LGSC, HMB, SCFN, MoWA
		2.1. 18.Train Caregivers in Orphanages in the State on assessment of nutritional status and appropriate infant and young child feeding practices	No of caregivers trained on assessing nutritional status	WHDC members to support community level action in nutritional care of vulnerable groups engaged	MoH	LGSC, HMB, SCFN

		2.1. 19. Train Emergency Managers on mainstreaming Nutrition in Feeding Programmes targeted at the vulnerable groups in Emergency Situations	1. No of Emergency Managers trained 2. No of trainings conducted	Poverty alleviation schemes developed and institutionalized	MoH	HoS, LGSC, HMB, SCFN, MoWA,
		2.1. 20. Promote an integrated approach for the management of severe acute malnutrition (SAM, IMAM, CMAM, SC, ITP)	No of activities conducted to promote integrated approaches for the management of SAM	Integrated approach for the management of severe acute malnutrition promoted		
		2.1.21. Engage traditional, religious and opinion leaders to support community level action in nutritional care of vulnerable groups	1. No of leaders engaged. 2. Number of engagements held	Engagements of Traditional, religious and opinion leaders to support community level action in nutritional care of vulnerable groups conducted		
		2.1.22. Develop and institutionalize poverty alleviating schemes/projects to empower vulnerable households	1. No of poverty alleviation schemes institutionalized No of vulnerable households empowered	Poverty alleviating schemes/projects to empower vulnerable households institutionalized		

Result Area 3: Enhancing Provision of Quality Health Services						
Objective: Reduce Morbidity and Mortality Associated with Malnutrition.						
Target: Reduce the proportion of people who suffer hunger and Malnutrition by 50% by 2025.						
EXPECTED INTERMEDIATE OUTCOME: Morbidity and Mortality Reduced						
Intervention Narrative	Targets	Activities Narrative	Indicators	EXPECTED OUTPUT	Responsible MDA	Collaborating MDA (s)
Enhancing provision of quality, Health services	20% reduction of morbidity and mortality rate by 2020	"3.1.1. Build Capacity for regular monitoring of growth and promotion (GMP) at health facilities and communities.	No of health facilities with trained health workers No of health workers trained on growth promotion	Growth monitoring and promotion guidelines reviewed	SPHCDA	MoE, MARD, MWASD, NSIP
		"3.1. 2. Promote regular monitoring of growth and promotion at health facilities and communities.	% of site visits carried out to health facilities % increase recorded of children monitored	Regular monitoring of growth and development promoted at health facilities	SPHCDA	SMOH, UNICEF, ANRIN, Partners
			No of handbills developed and disseminated, no of jingles on electronics media, no of newspaper	Information on Nutrition care and key messages disseminated	SCFN	SMOH, SPHCDA, MOI, NOA, Media, CSOs, FBOs, CBOs, NGOs

		publication, no of seminars for CSO and coordination of stakeholders (FBOs, CBOs, NGOs).			
	"	No of studies conducted within a medium term No of primary schools covered in each state		NSPC	SMOH, SPHCDA, NAFDAC, SUBEB, MOE, Partners
	3.1. 3. Capacity building of Christian Faith Based Leaders for dissemination of messages on nutrition care and key household practices	No of trainings held for Faith based Leaders on nutrition No of Faith Based Leaders trained	Capacity of Christian Faith Based Leaders for dissemination of messages on nutrition care and key household practices built	NSPC	SMOH, SUBEB, MoE, Partners
	3.1. 4. Capacity building of Islamic Faith Based Leaders for dissemination of messages on nutrition care and key household practices	No of Faith based Leaders trained No of trainings for Faith Based Leaders held	Capacity of Christian Faith Based Leaders for dissemination of messages on nutrition care and key household practices built	MWRS&DD	SPHCDA, SMOH, RUWATSAN

		3.1. 5. Conduct annual assessment of Household consumption of iodized salt using Primary Schools in the State	Availability of report of annual assessment	Advocacy visits to community level carried out	NSPC	SCFN
		3.1. 6. Support routine distribution of Iron folate supplements to adolescent girls	No of girls reached with iron folate supplements No of iron folate supplements distributed	Routine distribution of Iron folate supplements to adolescent girls supported	SPHCDA	SMOH, MWASD, UNICEF, ANRIN

Intervention Narrative Enhancing provision of quality, Health services	Targets	Activities Narrative	Indicators	EXPECTED OUTPUT	Responsible MDA	Collaborating MDA (s)
		3.1. 7. Provide portable water supply in PHC and at the communities to enhance sanitation and hygiene.	No of communities with portable water supply to enhance sanitation and hygiene	Portable water supply provided in communities	NSPC	SPHCDA, MWASD, WASH, SACA, UNICEF, ANRIN, Partners
		3.1. 8. Conduct sensitization visits to community leaders in selected communities for the promotion and utilization of Health Care facilities services in the State.	No of sensitization activities conducted	Sensitization visits to community leaders in selected communities for the promotion and utilization of Health Care facilities services in the state conducted	SPHCDA	UNICEF, ANRIN, Development Partners, CSOs
		3.1. 9. Training of IYCF Support Group members in catchment areas on IYCF, CMAM and MNP.	No of trainings held No of IYCF Support Groups/ Members trained	Training of IYCF Support Group members in catchment areas on IYCF, CMAM and MNP conducted	SMOH	SPHCDA, ANRIN, UNICEF and Developmental Partners

		3.1. 10. Train health workers on key household nutrition practices including Infant and Young Child Feeding, HIV/AIDs Counseling and Testing	No of health workers trained on key household nutrition practices	Training for health workers on key household nutrition practices including Infant and Young Child Feeding, HIV/AIDs Counseling and Testing conducted	SPHCDA	SMOH, UNICEF, ANRIN, Development Partners
		3.1. 11. Organize orientation workshop on key household practices including IYCF, HCT for HIV/AIDs for community dwellers (Religious ,Traditional Leaders and community groups)	No of workshops on key household nutrition practices held No of community dwellers, leaders and groups trained	Orientation workshop on key household practices including IYCF, HCT for HIV/AIDs for community dwellers (Religious ,Traditional Leaders and community groups) conducted	SPHCDA	UNICEF, SMOH, Development Partners
Preventing and Managing Nutrition Related Diseases		3.2. 1. Provide education to the general public on risk factors and increase services for Diet Related Non-Communicable Diseases (DRNCD) at health facilities and at the community level.	1.No of awareness engagements held	Education to the general public on risk factors and increase services for Diet Related Non-Communicable Diseases (DRNCD) at health facilities and at the community level provided.	SPDCA,MOH, MOIC, CSOs	SPDCA,MOH, MOIC, CSOs

		3.2. 2. Organize town hall meetings on personal hygiene, hand washing promotion and menstrual hygiene management for adolescents and caregivers in communities	1. No of training carried out 2. No of adolescents and caregivers trained	Training of community on sanitation conducted	SPCDA,MOH, WASH, MOIC	SPCDA,MOH, WASH, MOIC
		3.2.3. Formation and strengthening of WASH Committees for Community Led Total Sanitation	1. No of WASH Committees formed 2. No of WASH Committee members trained	WASH Committees formed and trained	WASH,SPCDA ,MOH	WASH,SPCDA, MOH

Intervention Narrative Enhancing provision of quality, Health services	Targets	Activities Narrative	Indicators	EXPECTED OUTPUT	Responsible MDA	Collaborating MDA (s)
		3.2. 1. Provide education to the general public on risk factors and increase services for Diet Related Non-Communicable Diseases (DRNCD) at health facilities and at the community level.	1. No of nutrition and lifestyle education materials developed, printed and distributed 2. No of health facilities with activities to reduce DRNCD 3. No of media houses airing nutrition and lifestyle education programmes	Education to the general public on risk factors and increase services for Diet Related Non-Communicable Diseases (DRNCD) at health facilities and at the community level provided	SPDCA, MOH, MOIC, CSOs	SPDCA, MOH, MOIC, CSOs
		3.2. 2. Organize town hall meetings on personal hygiene, hand washing promotion and menstrual hygiene management for adolescents and caregivers in	1. No of trainings carried out 2. No of adolescents and caregivers trained	Town hall meetings on personal hygiene, hand washing promotion and menstrual hygiene management for adolescents and	SPCDA, MOH, WASH, MOIC	SPCDA, MOH, WASH, MOIC

		communities		caregivers in communities conducted		
		3.3.3. Formation and strengthening of WASH Committees for Community Led Total Sanitation	1. No of WASH Committees formed 2. No of WASH Committee members trained	WASH Committees for Community Led Total Sanitation formed and trained	WASH,SPCDA,MOH	WASH,SPCDA,MOH
Preventing Micronutrient Deficiency		3.3. 1. Listing and mobilization of children and pregnant women for MNCHW micronutrient supplementation	1. No of children and pregnant women listed and mobilized 2. No of children and pregnant women who received supplements	Children and pregnant women for MNCHW micronutrient supplementation listed and mobilized	MoH,SPCDA,CSOs	MoH,SPCDA,CSOs
		3.3. 2. Strengthen routine implementation of Vitamin A Supplementation and other commodities	1. No of MNCH weeks carried out annually	Quarterly monitoring and evaluation of micronutrient supplementation programme performance at community and LGA level conducted	MoH,SPCDA,SCFN,CSOs	MoH,SPCDA,SCFN,CSOs
		3.3. 3. Procure and distribute Zinc and ORS, de-	No of commodities procured and distributed	Bi-Annual implementation of	MoH,SPCDA	MoH,SPCDA

		worming tablet for MNCHW and routine services		MNCH Week conducted		
		3.3. 4. Promote social and behavioural change communication (SBCC) to encourage appropriate food choices that favour consumption of micronutrient-rich foods	1.No of SBCC materials developed, printed and distributed 2. No of media houses airing nutrition and lifestyle education programmes	Zinc and L-ORS, iron folate, fesoate de worming tablet, for MNCHW and routine services procured and distributed	MoIC,SPHCDA,MOA	MoIC,SPHCDA,MOA
Protecting the Consumer through improved food quality and safety		3.4. 1. Domesticate national Quality and Safety guidelines for food handlers in the state	1. State quality and safety guidelines for food handlers developed 2. No of food handlers trained on the guidelines	National Quality and Safety guidelines for food handlers in the state domesticated	MOH,SPCDA	SCFN
		3.4. 2. Promotion of safe practices on food stuff storage and preservation	1. No of trained wholesale raw food seller, 2.No of farmers and extension officers trained	Safe practices on the utilization for food stuff preservation promoted	MoA,MOWA	SCFN, MoH,SPCDA,CSOs
		3.4. 3. Conduct Nutrition and consumer education on improved food quality and safety in the State	No of trainings conducted No of participants trained	Nutrition and consumer education on improved food quality and safety conducted	MoA,MOWA	SCFN, MoH,SPCDA,CSOs
		3.4. 4. Strengthen the registration and Licensing of food handlers/food operators along the food chain in the state and LGAs	No of food operators registered & licensed trained	food handlers/food operators along the food chain in the state and LGAs registered and capacity strengthened	MoA,MOWA	SCFN, MoH,SPCDA,CSOs

Result Area 4: IMPROVING CAPACITY TO ADDRESS FOOD AND NUTRITION INSECURITY					
Objective: To improve food Security at the National, Community and House Hold Levels					
Target: Reduce the proportion of people who suffer hunger and Malnutrition by 50% by 2025.					
EXPECTED INTERMEDIATE OUTCOME: Increased knowledge and use of functional traditional food diets and underutilized foods					
Intervention Narrative	Targets	Activities Narrative	Indicators	EXPECTED OUTPUT	EXPECTED INTERMEDIATE OUTCOME
Assessing, Analyzing and Monitoring Nutrition situations		4.1. 1. Establish community-based groups to monitor healthy growth, detect child growth faltering, and recommend appropriate actions	"1. No. of groups established 2. No. of monitoring visits undertaken 3. No. of children reached	Community-based groups to monitor healthy growth, detect child growth faltering, and recommend appropriate actions established	Increased knowledge and use of functional traditional food diets and underutilized foods
		4.1. 2. Promote community participation to assess, analyse, and take appropriate actions to address food and nutrition problems through key opinion leaders - Traditional Rulers, Village Heads, Religious Leaders, Community Health	1. No of activities to promote community participation to address malnutrition	Community participation to assess, analyse, and take appropriate actions to address food and nutrition problems promoted	

		Extension Workers, NGOs and other advocacy Groups.			
		4.1. 3. Conduct training and retraining of State and Community Based Agencies and Organizations and all those involved in the planning and implementation of food and nutrition programmes and activities.	1. No. of trainings held 2. No. of CBOs trained and involved in nutrition activities	Training and retraining of State and Community Based Agencies and Organizations and all those involved in the planning and implementation of food and nutrition programmes and activities conducted	
		4.1. 4. Develop and strengthen the effective planning and managerial capacity of state government as well as local government authorities (LGAs) to address food and nutrition problems through advocacy	1. No. of trainings conducted 2. No. of target groups trained	State government as well as local government authorities (LGAs) to address food and nutrition problems through advocacy strengthened	
		4.1. 5. Institute/strengthen mechanism for regular	1. No. of activities to strengthen mechanism for	Mechanism for regular review of nutrition curricula in primary,	

		review of nutrition curricula in primary, secondary, tertiary and vocational institutions	review of nutrition curricula held 2. No. of institutions reached	secondary, tertiary and vocational institutions strengthened	
		4.1. 6. Conduct training and re-training of Nutritionists, Nutrition Desk Officers and other relevant service providers to improve their capacity for food and nutrition programme management	No of trainings for nutrition desk officers held	Training and re-training of Nutritionists, Nutrition Desk Officers and other relevant service providers to improve their capacity for food and nutrition programme management conducted	
			of nutrition desk officer trained		

Intervention Narrative	Targets	Activities Narrative	Indicators	EXPECTED OUTPUT	EXPECTED INTERMEDIATE OUTCOME
		4.1. 7. Ensure adequate staffing of relevant MDAs in implementing sectoral nutrition programmes with skilled and qualified nutritionists	1. No. of trainings conducted 2. No. of nutritionists trained	State study on traditional foods/ diets and use of under-utilised crops for dietary diversification conducted	
		4.1. 8. Establish working groups and sub committees to aid the operational efficiency and effectiveness of the SCFN.	No. of skilled and qualified nutritionists recruited/deployed to relevant MDAs	30 skilled and qualified nutritionists for relevant MDAs implementing sectoral nutrition programmes and LGAs employed	
Providing a conducive Macro Economic Environment		4.2. 1. Establish community-based groups to monitor healthy growth, detect child growth faltering, and recommend appropriate actions	No. of functional working groups and sub-committees established	Community-based groups to monitor healthy growth, detect child growth faltering, and recommend appropriate actions established	

		<p>4.2. 2. Promote community participation to assess, analyse, and take appropriate actions to address food and nutrition problems through key opinion leaders - Traditional Rulers, Village Heads, Religious Leaders, Community Health Extension Workers, NGOs and other advocacy Groups.</p>	<p>1. No. of groups established 2. No. of monitoring visits undertaken 3. No. of children reached</p>	<p>Community participation to assess, analyse, and take appropriate actions to address food and nutrition problems promoted</p>	
		<p>4.2. 3. Conduct training and retraining of State and Community Based Agencies and Organizations and all those involved in the planning and implementation of food and nutrition programmes and activities.</p>	<p>4. No. of children detected having growth deficiencies"</p>	<p>capacity of 6,250 farmers on cultivation of functional foods and under-utilized crops built</p>	

		4.2. 4. Develop and strengthen the effective planning and managerial capacity of state government as well as local government authorities (LGAs) to address food and nutrition problems through advocacy	1. No. of advocacy meetings held 2. No. of community members reached	Capacity of 35 members of State Committee of Food and Nutrition and 25 LG NFPs on current issues, new methodologies and priority nutrition actions developed	
		4.2. 5. Institute/strengthen mechanism for regular review of nutrition curricula in primary, secondary, tertiary and vocational institutions	1. No. of trainings conducted 2. No. of people trained	Capacity of 5 Academia to conduct research on nutrition strengthened	

Intervention Narrative	Targets	Activities Narrative	Indicators	EXPECTED OUTPUT	EXPECTED INTERMEDIATE OUTCOME
Social Protection Programmes for the Vulnerable groups		4.3. 1. Expand existing social protection policy in all sectors to address poverty, malnutrition, and health of the most vulnerable groups	No. of MDAs with expanded social protection policies No of engagements to expand social protection policies held	Existing social protection policy in all sectors to address poverty, malnutrition, and health of the most vulnerable groups expanded	
		4.3. 2. Conduct advocacy to promote the expansion of existing social protection policy in all sectors with inclusion of nutrition considerations as conditions of social protection programmes to address poverty, malnutrition and health of the most vulnerable group	No of Advocacy engagements held	Advocacy to promote the expansion of existing social protection policy in all sectors with inclusion of nutrition considerations as conditions of social protection programmes conducted	

		<p>4.3 3. Advocate and accelerate the implementation of the State Health Insurance Scheme to incorporate the Community Health Insurance health services to vulnerable groups, especially women and children</p>	<p>Evidence of incorporation of Community Health Insurance into SHIS</p>	<p>State macroeconomics framework to incorporate nutrition considerations reviewed</p>	
		<p>4.3. 4. Expand existing social protection policy in all sectors to address poverty, malnutrition, and health of the most vulnerable groups</p>	<p>No. of policies expanded</p>	<p>Landscape analysis of social protection strategies and programmes in all MDAs with nutrition component conducted</p>	

Result Area 5: Raising Awareness and understanding of problem of malnutrition in Nigeria						
Objective: To increase the knowledge of nutrition among the populace and nutrition education into formal and informal training.						
Target: To increase households with relevant nutrition knowledge and practice by 50% that improves their nutritional status by 2025.						
EXPECTED INTERMEDIATE OUTCOME: Improved nutritional status and habits of the population due to correct knowledge and practice on nutrition						
Intervention Narrative	Targets	Activities Narrative	Indicators	EXPECTED OUTPUT	Responsible MDA	Collaborating MDA (s)
Promote advocacy, communication and social mobilization		Create awareness on malnutrition through press briefing twice a year in the 3 senatorial districts.	No of press briefing conducted	Media representatives of electronic ,online, print, Communities Leaders and other relevant stakeholders educated and informed on issues of malnutrition and dietary habits available across the state.	MOC	MoH, Security Agencies & MLGCA&CD, CS-SUNN
		Create public awareness on malnutrition using radio, TV jingles and film documentaries English and local languages	No of radio & television jingles film documentaries aired	Awareness on malnutrition using the mass media (such as radio, TV drama, film documentaries in local languages) created.	MOC	MoH, CSOs, CBOs, FBOs & MLGCA&CD
		Create public awareness on malnutrition using	No of posters and flyers in	Road shows/rallies across selected local communities to promote 4 local food	MOC	MoH, Security Agencies, MOA&RD,

		posters and flyers in English in the 3 senatorial districts.	English produced	varieties and create awareness on malnutrition carried out and promoted.		SPHCDA & MLGCA&CD
		Collaborate with network providers like MTN, Airtel, GLO etc. to disseminate nutrition information to the public across the state	No of network providers disseminating nutrition information to their subscribers No of nutrition messages developed No of the public reached with nutrition messages	Network providers like MTN, Airtel, GLO etc. to disseminate nutrition information to the general public ensured and implemented	MOC	SCFN, MOH, NETWORK PROVIDERS, MOA&RD
Promoting Healthy Lifestyles and Dietary Habits		Strengthening existing TV & radio programmes to enlighten the public on nutrition issues once a year	No of radio programmes on nutrition issues.	Food diversification through the consumption of locally produced staples promoted, awareness on malnutrition and its negative effects on the society in the state created and good dietary	MOC	MOH; MOA&RD, CSOs

				habits and healthy lifestyles promoted.		
Strategic Objective Research In Nutrition		Promote research on development of Nutritious diets from locally available staple foods	No report of the research No of nutritious diets developed No of research findings successfully disseminated to key stakeholders	Bi-annual Nutrition Town-Hall Meetings organized	MOTEST	MOA&RD, MOH, TERTIARY INSTITUTIONS
		Conduct researches on emerging nutritional issues	No of researches carried out	Bi-annual Nutrition Partners Forum organized	MOTEST	MOE &HCD, MOH, MOARD, TERTIARY INSTITUTIONS

Result Area 6: RESOURCE ALLOCATION FOR FOOD AND NUTRITION SECURITY AT ALL LEVELS						
Objective: To incorporate food and nutrition considerations into the State and Local Government sectoral development plan						
EXPECTED INTERMEDIATE OUTCOME: Increased investment and funding of nutrition programmes and activities						
Intervention Narrative	Targets	Activities Narrative	Indicators	EXPECTED OUTPUT	Responsible MDA	Collaborating MDA (s)
Strengthening existing Institutional capacity to mobilize resources and effectively coordinate nutrition activities	Increase the resource allocation to nutrition activity by 60% by 2022	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	Budget lines on food and nutrition activities in MDAs and LGAs sustained	SMF&P	MoH,SPHCDA ,MARD, MWASD, MI&C, MoF, CS-SUNN,UNICEF and other development partners
		Ensure timely release of funds for nutrition activities	Period taken for fund to be released for nutrition activities	Timely release of funds for nutrition activities ensured	SMF&P/SCFN	SCFN, CS-SUNN,UNICEF and other development partners
		Establish State Nutrition Agency	No of advocacy conducted State Nutrition agency established	State Nutrition Agency established	SMF&P, SCFN	SCFN, CS-SUNN,UNICEF and other development partners
		Formation of State House of	House of Assembly Committee on	State House of Assembly	HoA, SHCoH,SCFN	SCFN, CS-SUNN,UNICEF

		Assembly Committee on nutrition	nutrition formed	Committee on nutrition formed		and other development partners
		Strengthen the organizational leadership of SCFN for strategic level engagement, communication and resource mobilization to increase investment in nutrition	SCFN leadership trained	Organizational leadership of SCFN for strategic level engagement, communication and resource mobilization to increase investment in nutrition strengthened	SCFN	Academia, UNICEF, AnRIN, CS-SUNN, and other development partners
		Conduct research, monitoring & evaluation on food and nutrition activities in collaboration with partners and the private sector	No of survey conducted No of monitoring conducted & report produced	Research, monitoring & evaluation on food and nutrition activities in collaboration with partners and the private sector conducted	SMF&P /SCFN	Academia, Research Institutes, SCFN, UNICEF, SOML PforR, ANRiN, CSSUNN, 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 develop Nutrition data tools developed	Portal and data tools for the collection of core Nutrition based interventions in partnership with research institutes developed	SBS/SMoH-HMIS	MoH, MARD, MOE, UNICEF, Academia, Development partners, and Research Institutes
		Build the 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	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	MOH,SPHCDA	Academia,UNICEF,CSSUNN, SOML PforR and Development Partners

ANNEX 4

Nutrition Investments According to MDAs

S/n	Lead Agency	Activities	Time Frame	Indicative Costing(₦)	Other Agencies/Organizations	Strategic Objective
1	MARD	Advocacy to relevant financial Institutions to increase access to Credit facilities with reduced interest rates and collaterals for farmers especially women farmers.	2021 - 2025	2,175,000.00	KWADP, CSSUNN, MOW&SD, MOF&P, MOE	1
2	MARD	Training of Agric Extension Officers on improved techniques in crop and animal production.	2021 - 2025	189,360,000.00	Development partners, NGOs, CSOs	1
3	MARD	Monitoring of compliance on food fortification through the value chain	2021-2025	7,000,000.00	SCFN, KWADP, CSSUNN, MOF&P, MOH	1
4	MARD	Sensitization and Support the establishment of homestead gardening by women.	2021 - 2025	23,562,000.00	MoWASD, MOI, SCFN	1
5	MARD	Establishment of nutrition corners in communities	2021-2025	11,648,000.00	SCFN, MoWASD, MOI, MOH, KWSPHCDA, MOLG&CD	1

6	MARD	Establish specialized agriculturally based programmes for youth (crop, Fishery, ruminant and poultry)	2021 - 2025	128,900,000.00	MoWASD, MY&S, Min Of Enterprise	1
7	MARD	Support provision of land for cultivation of crops, livestock farming and fisheries for youth and women	2021 - 2025	64,100,000.00	SCFN, KWADP, Kwara Agro Mall	1
8	MARD	Training of stakeholders on biofortified crop farms (Farmers group, Women in Agric, Extension workers, OPS, Market women org, Faith Based Org, etc)	2021-2025	8,400,000.00	KWADP, CSOs	1
9	MARD	Establishment of biofortified crop farms - Orange Fleshed Sweet Potato (OFSP), Vit A cassava, cocoa yam and Vit A maize.	2021 - 2025	5,000,000.00	KWADP, Kwara Agro Mall, Relevant CSOs	1
10	MARD	Provision of smoking kilns to 45 clusters of small scale fish processors /farmers in each of the 3 senatorial districts	2021-2025	83,821,500.00	SCFN, MoW, MLGCA, KWADP	1

S/n	Lead Agency	Activities	Time Frame	Indicative Costing(₦)	Other Agencies/ Organizations	Strategic Objective
11	MARD	Support the establishment of commodity trading centres across the state	2021 - 2025	103,300,000.00	KWADP, MOLG&CD	1
12	MARD	Support establishment of women and youth cooperative groups for the provision of grants and revolving loans	2021-2025	17,330,000.00	KWADP, MLGCA&CD	1
13	MARD	Train farmers on appropriate use of organic fertilizers and pesticides management in the value chain	2021 - 2025	10,800,000.00	SCFN, MOEF	1
14	MARD	Training of farmer cooperatives, Agric extension workers and processors on reduction of postharvest losses.	2021-2025	4,200,000.00	CSOs, KWADP, MLGCA&CD	1

15	MARD	Sensitization of the public on adequate consumption on food groups based on existing locally available recipe in line with the National Food Based Dietary Guidelines.	2021 - 2025	11,400,000.00	KWADP, MOI&C, MOEHCD, SUBEB, CSOs, NGOs, MOW&SD	1
16	MARD	Support establishment of School Gardening and scale up demonstration farms.	2021-2025	34,550,000.00	SUBEB/ KWADP, SCFN	1
Subtotal				₱ 705,546,500.00		

S/n	Lead Agency	Activities	Time Frame	Indicative Costing(₦)	Other Agencies/Organizations	Strategic Objective
1	MOC	Promote awareness on improved food quality and safety through electronic and print media	2021 -2025	4,330,000.00	MOH, MOA&RD	4
2	MOC	Sensitization and orientation on home-grown school feeding at the local and state levels	2021-2022	2,370,000	Security Agencies, MoE&HCD, SUBEB, MLGCA&CD, ANCOPSS, NUT, MoWASD & CSOs	4
3	MOC	Awareness creation on the establishment of home gardens /farms through electronic media.	2021, 2023	5,727,816	Security Agencies, MoE&HCD, SUBEB, MLGCA&CD, ANCOPSS, NUT, MoWASD & CSO	1
4	MOC	Create awareness on malnutrition through press briefing twice a year in the 3 senatorial districts.	2021-2025	3,859,000	MoH, Security Agencies & MLGCA&CD, CS-SUNN	1
5	MOC	Create public awareness on malnutrition using radio, TV jingles and film documentaries English and local languages	2021-2025	44,620,800	MoH, CSOs, CBOs, FBOs & MLGCA&CD	1

6	MOC	Create public awareness on malnutrition using posters and flyers in English in the 3 senatorial districts.	2021-2025	15,018,045	MoH, Security Agencies, MOA&RD, SPHCDA & MLGCA&CD	1
7	MOC	Collaborate with network providers like MTN, Airtel, GLO etc. to disseminate nutrition information to the public across the state	2021 -2022	1,491,750	SCFN, MOH, NETWORK PROVIDERS ,MOA&RD	1
8	MOC	Strengthening existing TV & radio programmes to enlighten the public on nutrition issues once a year	2021 - 2025	6,047,040	MOH; MOA&RD, CSOs	2
Subtotal				₦ 79,134,451		

S/n	Lead Agency	Activities	Time Frame	Indicative Costing(₦)	Other Agencies/Organizations	Strategic Objective
1	MOE&HCD	Conduct capacity building for food and nutrition teachers and food vendors on the need to provide nutritionally adequate meals using locally available foods through linkages of food vendors and school system	2021-2025	39,301,775	MOC, CSO, MOH, MOA&RD	3
2	MOE&HCD	Conduct periodic school quizzes and debates on food and nutrition in 3 selected primary & secondary schools from each LGAs	2021-2025	28,483,071	MARD, MLGCA&CD, MOC, CS-SUNN	3
3	MOE&HCD	Awareness creation and sensitization meeting of LGA Education Secretaries, AOPSHON and relevant MDAs on the establishment/activation of school gardens/farms.	2021-2025	717,379	MOC, CSOs, MOARD	1
4	MOE&HCD	Training of caregivers and teachers in schools on adequate diets to impart nutrition education to	2021-2025	39,301,775	MOC, CSOs, MOLGCA&CD, MoH	1

		community care-givers				
5	MOE&HCD	3. Provide SBC materials on Nutrition education for teaching and learning of school children	2021 - 2025	80,586,000	MOC, MoH, MOARD, CSOs	1
6	MOE&HCD	Monitoring and supervision of home-grown school feeding programme to ensure proper implementation according to nutrition guidelines across the 16 LGAs.	2021 - 2025	245,600,000	CSO, SCFN, MOLGCA&CD, MoF&P	1
Subtotal				₦394,688,225		
1	MOTEST	Promote research on development of Nutritious diets from locally available staple foods	2021-2025	3,000,000	MOA&RD, MOH, TERTIARY INSTITUTIONS	3
2	MOTEST	Conduct researches on emerging nutritional issues	2021, 2025	2,000,000	MOE &HCD, MOH, MOARD, TERTIARY INSTITUTIONS	3
Subtotal				₦ 5,000,000		

S/n	Lead Agency	Activities	Time Frame	Indicative Costing(₦)	Other Agencies/Organizations	Strategic Objective
1	SMoH	Promote safe, quality and hygienic food along the food supply chain	2021 - 2025	18,360,000	SME, SMoEnv. SPHCDA	1
2	SMoH	Strengthen relevant government bodies to inspect the preparation of food in Restaurants, Eateries and Food vending	2021 - 2025	60,000	NAFDAC, OTHER PARTNERS, Professional Associations, SMoEv. LGA WES DEPT	1
3	SMoH	Conduct Social and Behaviour Change Communication activities on IYCF targeted at adolescents, pregnant women, and caregivers	2021 - 2025	88,692,228	SMWASD, MB&NP, SPHCDA, MDAs	2

		at all levels.				
4	SMoH	Training Emergency Managers on mainstreaming Nutrition in Feeding Programmes targeted at the vulnerable groups in Emergency Situations	2021 - 2025	83,426,000	NEMA, SMA&NR, Development Partners	2
5	SMoH	Support distribution of Iron folate supplements to adolescent girls at Basic Schools	2021 - 2025	86,051,000	SMoE; SUBEB	3
6	SMoH	Organize seminars, lectures, on key household practices including IYCF, HIV/AIDs for Health Workers and Religious Leaders	2021 - 2025	9,098,065	SPHCDA, ; SMWASD;SMA &NR, SMEVN	3
7	SMoH	Provision of adequate complementary food to children with moderate acute malnutrition (MAM)	2021 - 2025	121,905,000	SPHCDA,Development partners, CSOs	3

8	SMoH	Procurement of RUSF for Blanket Supplementary Feeding (BSFP) in all area of high prevalence malnutrition	2021 - 2025	315,770,000	SPHCDA, MBNP, Partners, Development Partners,	3
9	SMoH	Sustain and scale up distribution of micronutrient powder (MNP) for children 6 - 23 months	2021 - 2025	201,523,000	SPHCDA, MB & NP, Development Partners	3
10	SMoH	Identifying risk factors, providing education, and increasing services for DRNCD	2021 - 2025	76,482,000	SMWASD, SMC, NAFDAC,	3
11	SMoH	Training on Hygiene and hand washing promotion; and menstrual hygiene management in communities	2021 - 2025	49,796,460	SMWR; SMWASD, SMEVN, CSOs , Development Partners	3

S/n	Lead Agency	Activities	Time Frame	Indicative Costing(₦)	Other Agencies/Organizations	Strategic Objective
12	SMoH	Monitor and evaluate micronutrient supplementation programme performance at community, LGA, Senatorial and State levels	2021 - 2025	167,930,000	SMP, SPHCDA, Development Partners	3
13	SMoH	Procure and distribute Zinc and L -ORS, iron folate, de-worming tablet, MNP, RUTF for MNCHW and routine services	2021 - 2025	86,051,000	SPHCDA; Development Partners	3
14	SMoH	Conduct Nutrition and consumer education on improved food quality and safety at the community level	2021 - 2025	82,547,500	SMoH, CPC, SMARD, FMI, NAFDAC, Development Partners.	3
15	SMoH	Develop national Quality and Safety guidelines for food handlers/food operators.	2021 - 2025	17,619,875	NAFDAC; SMC; SON, SMARD	3
16	SMoH	Create awareness on problems of malnutrition using the mass media (such as radio, TV drama, film documentaries, home	2021 - 2025	80,470,000	SPHCDA; Development Partners,	5

		videos and posters in local Languages)				
17	SMoH	Conduct 1-day state level training for 12,000 OiCs within 2 years (6,000 per year)	2021 - 2025	59,964,000	SPHCDA	5
18	SMoH	Revise Food Based Dietary Guidelines (FBDG) for healthy living	2021 - 2025	54,229,000	SMA&RD; SMF&P; SMC	5
19	SMoH	One day zonal dissemination meeting of revised food based dietary guidelines for healthy living (40 people/zone)	2021 - 2025	48,707,500	SMA&RD	5
20	SMoH	Develop a Food Based Dietary Training Manual for health workers	2021 - 2025	24,390,000	SMoH; SMARD; Universities	5
21	SMoH		2021 - 2025	1,673,072,628	SMWR; SMWASD, SMEVN, CSOs , Development Partners	3
Sub-Total				₦3,346,145,256		

S/n	Lead Agency	Activities	Time Frame	Indicative Costing(₦)	Other Agencies/Organizations	Strategic Objective
1	SPHCDA	Provide incentives to pregnant women, mothers and other care givers to motivate utilization of health facilities for antenatal and postnatal care	2021 - 2025	3,372,334,	SMOH, MB&NP, Development Partners	2
2	SPHCDA	Sustain On-going Iron-folic acid supplementation for pregnant women during MNCH Weeks	2021 - 2025	26,044,246,	SMF&P, MWASD, SMOH	2
3	SPHCDA	Sustain on-going Vitamin A Supplementation during MNCHW for under 5 children	2021 - 2025	80,859,565	SMOH, MB&NP	2
4	SPHCDA	Sustain on-going activities to promote women's nutritional status through Dietary Counselling during Adolescence, Pregnancy and Lactation	2021 - 2025	379,679	SMOH, MB&NP, SMWASD,	2
5	SPHCDA	Promote Early initiation of breastfeeding within one hour of delivery	2021 - 2025	71,367,736	SMOH, Development Partners	2
6	SPHCDA	Conduct intensive campaign and awareness activities to promote, protect and support EBF and elimination of water and fluids for	2021 - 2025	94,330,820	SMOH, MB&NP, Ministry of Culture, CSOs, Development	2

		children 0 - 6 months while breastfeeding continue until two years of age.			Partners	
8	SPHCDA	Train health facilities staff at all levels to promote early initiation of breast feeding and establish Baby Friendly Centers in health facilities	2021 - 2025	16,360,032	SMOH, MB&NP, Development Partners	2
9	SPHCDA	Promote establishment of Baby Friendly Centres in Public places	2021 - 2025	17,277,546	SMOH	2
10	SPHCDA	Promote the establishment of Nutrition/food demonstration corner (optimal MIYCF practices) in the health facilities	2021 - 2025	17,138,773	SMOH, MB&NP, Development Partners	2
11	SPHCDA	Scale up C-IYCF training and counselling for optimal infant and young child feeding	2021 - 2025	17,189,038	MB&NP, SMOH, CSOs, Development Partners	2
12	SPHCDA	Sensitization of care givers especially grandmothers, mothers-in-law for optimal nutrition practices	2021 - 2025	24,471,490	SMWASD, SMC, CSOs, Development Partners	2
13	SPHCDA	Promote regular monitoring of growth and development at health facilities and communities.	2021 - 2025	22,964,000	SMOH, SCOs, Partners	3
14	SPHCDA	Conduct advocacy visit to community leaders in selected communities for utilization of PHC services	2021 - 2025	39,474,000	SMWASD; SMARD, SMEVN, SMOH	3

15	SPHCDA	Conduct training of community health promoters in catchment areas on IYCF CMAM and MNP.	2021 - 2025	29,704,000	SMoH; SMWASD;	3
16	SPHCDA	Strengthen active case finding of SAM and subsequent treatment	2021 - 2025	50,097,600	SMoH, Development Partners	3
17	SPHCDA	Promote advocacy, communication & social mobilization to strengthen the implementation of bi- annual MNCHW at community level	2021 - 2025	20,567,234	SMoH, CSOs, Development Partners, FMWASD	3
18	SPHCDA	Strengthen Bi-annual implementation of MNCH Week	2021 - 2025	123,456,234	SMoH; Development Partners,	3
	Sub-Total			N 481,614,279.0		

S/n	Lead Agency	Activities	Time Frame	Indicative Costing(₦)	Other Agencies/Organizations	Strategic Objective
1	MF&P	1. Conduct a state study on functional traditional foods/diets and use of underutilized crops for dietary diversification	2021-2025	5,620,628	MARD, Research Institutes	1
2	MF&P	2. Advocacy to MoH and CSC to ensure adequate staffing of relevant line MDAs at all levels implementing sectoral nutrition programmes with skilled and qualified nutritionists	2021-2025	106,268,198	SCFN, Line MDAs	1
3	SCFN	3. Sensitization of key opinion leaders - Traditional Leaders, Village Heads, Religious Leaders, Community Health Extension	2021-2025	19,568,640	MoF&P, Line MDAs, CS-SUNN	1
		workers, CSOs, and other advocacy groups to address food and nutrition problems				

4	MF&P	4. Review and strengthen the existing macro-economic policies to incorporate Nutrition considerations	2021-2025	6,468,000	SCFN, Line MDAs Research Institutes, Academia	2
5	SCFN	5. Conduct disseminating meetings for stakeholders on nutrition related investment and sectoral policies including social protection policies	2021-2025	4,338,320	Line MDAs, Institutions	3
6	MF&P/KW HIA	1. Expand the coverage of the Health Insurance Scheme to incorporate the Community Health Insurance Services for vulnerable groups.	2021-2025	6,460,160	MoH, SPHCDA	3
7	SCFN/MF &P	Conduct regular budget tracking and apply lessons learnt to all-levels of F & N budgeting processes.	2021-2025	11,444,160	CS-SUNN	1
8	SCFN/MF &P	Use Score Cards of lessons learnt on Budget tracking & applications to SPFN	2021-2025	5,600,000	Line MDAs, CS-SUNN	1
9	MF&P	Ensure adequate implementation of the	2021-2025	19,073,600	Line MDAs, SCFN	1


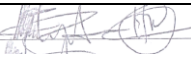
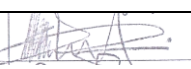



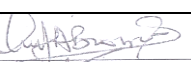
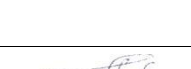

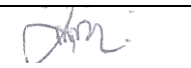
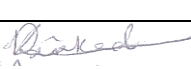


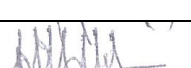



		policy through sufficient budgetary allocation and timely release of funds.				
10	MF&P	Organize quarterly Nutrition Partners meetings at all levels	2021-2025	4,737,600	Line MDAs, SCFN, CS-SUNN	2
11	SCFN	Creation of Local Government Food and Nutrition Committees	2021 - 2025	16,000,000	MoF&P, SPHCDA	2
12	MF&P	Organize quarterly meetings of Committee on Food and Nutrition at the State and Local Govt levels	2021-2025	90,000,000	Line MDAs, SCFN, CS-SUNN	2
13	MF&P	Dissemination of the policy on Food and Nutrition and the Plan of Action at the Local Govt Levels	2021-2025	5,499,648	MOH, SCFN, CS-SUNN	2
14	SCFN	Build the capacity of Nutrition Desk Officers in MDAs and LGAs	2021- 2025	35,411,200	Line MDAs, ANRiN, UNICEF and CS-SUNN	2
15	MF&P	Organize Nutrition Week yearly	2021-2025	33,320,000	MoH, KWSPHCDA, SCFN, CS-SUNN Universities	2
16	MF&P	Printing reporting tools for nutrition intervention	2021-2025	3,920,000	MoH, SPHCDA, SCFN	2





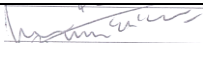





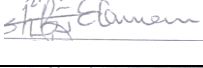


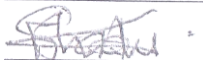


		(HMIS) at facility level				
17	MF&P	Procurement of working tools for SCFN Secretariat	2021-2025	6,888,000	SCFN	2
18	MF&P	Procurement of one Hilux for SCFN	2021-2025	30,000,000	SCFN	2
19	MF&P	Running cost for the SCFN Secretariat	2021-2025	10,000,000	SCFN, Line MDAs	2
20	MF&P	Build the capacity of Information Officers and Media on Nutrition	2021 -2025	4,675,720	MoH, MARD, MoC, MoE, Universities, Development Partners	2
21	MF&P	Printing and production of Policy Brief	2021-2025	2,000,000	SCFN, Line MDAs	2
S/n	Lead Agency	Activities	Time Frame	Indicative Costing (A)	Other Agencies/Organizations	Strategic Objective
22	MF&P	Capacity building for SCFN members	2021-2025	1,000,000	SCFN, SPHCDA, MoH	2
23	MF&P	Advocate for the creation of budget lines on Food and Nutrition activities in MDAs/LGAs and ensure timely release of funds	2021 - 2025	343,728	SCFN, MA&RD, MOC, MLGCA&CD, RUWASSA, MOH, MoWA&SD, Min of Water Resources, MOE&HCD, MOTE ST	3

24	SCFN	Conduct research, monitoring & evaluation on food and nutrition activities in collaboration with partners and the private sector	2021- 2025	16,755,200	Line MDAs, Universities, Research Institutes, Development Partners and Private Sector	3
		Sub-Total		N 445,392,802.00		

KWARA STATE MULTI-SECTORAL PLAN OF ACTION AND POLICY ON FOOD AND NUTRITION.

DOMESTICATION COMMITTEE.

S/N	NAME	ORGANISATION/ MDA	SIGNATURE
1	DR. MARION .O. ADEKEYE	KWSPHCDA	
2	DR. HABIB .A. LAWAL	MoH(ANRiN)	
3	MR. FATOYE FRANCIS OLANIYI	CS-SUNN/AHSO	
4	MR. ADEBIYI SAYOMI	CS-SUNN/PHSI	
5	HAJIA NIMAT .O. LABAIKA	CS-SUNN/FDF	
6	PST. ADE BODUNDE	CS-SUNN/TRIOS FOUNDATION	
7	YUNUSA JIBRIL	MoH	
8	PST. OLUSHOLA AJAYI	CS-SUNN/RHHF	
9	MRS. OLARINKE .H. SOWEMIMO	MOPED	
10	MR. SAKA RAUF ANIFOWOSE	MOPED	
11	HAJIA NAJIBAT AL-MUSTAPHA	MARD	
12	MRS. SEUN AJIBOYE	HOUSE OF ASSEMBLY	
13	MR. DAIBU ABUBAKAR	MOPED	
14	DR. FATIMA AMUDA	MoC	
15	MRS. IYABO DUPE ADEKEYE	MoE&HCD	
16	MR. ATOBILOYE SUNDAY	MoE&HCD	
17	MRS. JOLA KUDABO	MoWA&SD	

S/N	NAME	ORGANISATION/ MDA	SIGNATURE
18	MRS. ADERONKE ADESHINA	MOTEST	
19	MRS. BILIKIS SIDIQ	MoJ	
20	MR. ADDULRASAQ .A. BABATUNDE	MoLG,CA&CD	
21	MR. SALAM YUSUF OLATUNDE	SUBEB	
22	MR. BAMMEKE MUSBAU OLAITAN	SUBEB	
23	DANIJU SHEHU TIJANI WOLEOLA	MoJ	
24	MR. AJAO RASHEED LANRE	MoE&HCD	
25	MR. SAMUEL ZUBAIRU ISAAC	KWSPHCDA	
26	MRS. GIWA MAIMUNAT PEJU	MoH	
27	MRS. OWOLABI BUKOLA FLORENCE	MARD	
28	ALH. ISSA NDAMAN IBRAHIM	MOPED	
29	ABDULKAREEM ABDULHAFIS	MoC	
30	JOKOTOLA OLUBUNMI SEUN	MoWA&SD	
31	OLADIRAN FLORENCE OYELADUN	MOTEST	
32	YUNUS RODIYAT RONKE	ADP	
33	BABAALARO KEHINDE	MLGCA&CD	



MINISTRY OF FINANCE AND PLANNING

Ahmadu Bello Way, P.M.B. 1380 Ilorin, Kwara State.

SIGNATURE PAGE

KWARA STATE POLICY ON FOOD AND NUTRITION AND MULTI-SECTORAL PLAN OF ACTION FOR NUTRITION

DESIGNATION	NAME	SIGNATURE
Chairman House Committee on Health	Hon. Olorunso Olufunke R.	
Chairman House Committee Finance and Appropriation		
PERMANENT SECRETARY Min of Fin & Planning	Abdulsazaf Folorunso	
PERMANENT SECRETARY Min of Health	Dr. Abraham Aj. nls	
PERMANENT SECRETARY MOE&HCD	Adeosun, Mary Kemi	
PERMANENT SECRETARY Min of Communications	Rabiat Mapelela Abdulrahman	
PERMANENT SECRETARY Min of Water Resources	Olufunke MUSA Olufunke	
PERMANENT SECRETARY MOWA&SD	Hajia Afisat Nike Ibrahim	
PERMANENT SECRETARY MARD	Maryam Nurudeen Mohammed	
PERMANENT SECRETARY MOLGCA&CD	Atk. Rasag B. Alabere	
PERMANENT SECRETARY MOTEST	Hajia Hafsat J. Abdulrahman	
PERMANENT SECRETARY Bureau of Statistics	Mr. P.N. KOLO	
PERMANENT SECRETARY Min of Justice	Musa Idris	
PERMANENT SECRETARY Ministry of Enterprise	H. A. Eletu	
EXECURIVE SECRETARY KWPHCDA	Dr. N. Golu	

MINISTRY OF FINANCE AND PLANNING

