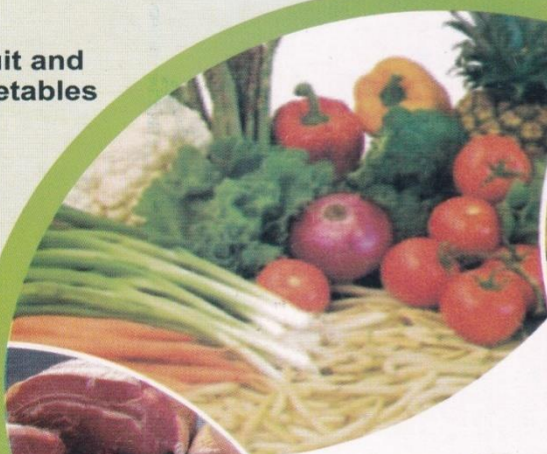




KWARA STATE POLICY ON FOOD AND NUTRITION

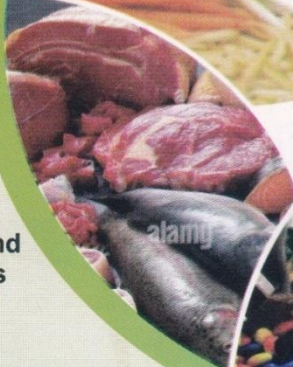
**Fruit and
vegetables**



**Bread,
other cereals,
and potatoes**



**Meat, fish and
alternatives**



**Food containing
fat and foods
containing sugar**



**Milk and dairy
products**



Produced by: Ministry of Finance and Planning



KWARA STATE POLICY ON FOOD AND NUTRITION

**Ministry of Finance and Planning
Ahmadu Bello Way, Ilorin- Kwara State.
2020.**

Abbreviations/Acronyms

AIDS	Acquired Immune Deficiency Syndrome
ANRiN	Accelerating Nutrition Results in Nigeria
ARV	Anti-retroviral
BCC	Behaviour Change Communication
BMI	Body Mass Index
BMS	Breast Milk Substitute
CAADP	Comprehensive African Agriculture Development Programme
CBOs	Community-Based Organizations
CMAM	Community Management of Acute Malnutrition
CSOs	Civil Society Organizations
CS-SUNN	Civil Society Scaling-up Nutrition in Nigeria
DFID	Department for International Development
ENA	Essential Nutrition Actions
FAO	Food and Agriculture Organization
FBOs	Faith Based Organizations
FMOH	Federal Ministry of Health
GARPR	Global Aids Response Country Progress Report, Nigeria
HIV	Human Immunodeficiency Virus
ICN	International Conference on Nutrition
IDA	Iron Deficiency Anaemia
IDD	Iodine Deficiency Disorder
IFPRI	International Food Policy Research Institute
IMAM	Integrated Management of Acute Malnutrition
IMNCH	Integrated Maternal Newborn and Child Health

ITP	In Patient Therapeutic Programme
IYCF	Infant and Young Child Feeding
LBNS	Liquid Based Nutrient Supplement
LGA	Local Government Area
LGCFN	Local Government Committee on Food and Nutrition
LO-ORS	Low Osmolarity Oral Rehydration Solution
MAM	Moderate Acute Malnutrition
MOPED	Ministry of Planning and Economic Development
MDAs	Ministries Departments and Agencies
MDGs	Millennium Development Goals
M & E	Monitoring and Evaluation
MICS	Multiple Indicator Cluster Survey
MNDC	Micronutrient Deficiency Control
MOPED	Ministry of Planning and Economic Development
MYFSS	Molete Youth Farm Settlement Scheme
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
NDHS	Nigeria Demographic and Health Survey
NFA	National Fortification Alliance
NFCNS	Nigeria Food Consumption and Nutrition Survey
NFSP	National Food Security Programme
NGOs	Non – Governmental Organizations
NLRP	National Livestock Resilience Programme
NNN	National Nutrition Network

NPC	National Planning Commission
NPHCDA	National Primary Health Care Development Agency
NSHDP	National Strategic Health Development Plan
OTP	Out Patient Therapeutic Programme
OVC	Orphan and Vulnerable Children
PATH	Programme for Appropriate Technology in Health
PLWHA	People Living with HIV/AIDS
RRA	Rapid Rural Appraisal
RUTF	Ready to Use Therapeutic Foods
SAM	Severe Acute Malnutrition
SBCC	Social and Behavioral Change Communication
SCI	Save the Children International
SCFN	State Committee on Food and Nutrition
SDGs	Sustainable Development Goals
SMART	Standardized Monitoring Assessment of Relief and Transitions
SOML PforR	Saving One Million Lives Program for Results
SUN	Scaling up Nutrition
UN	United Nations
UNICEF	United Nations Children's Fund
USI	Universal Salt Iodization
USI-TF	Universal Salt Iodization Task Force
VAD	Vitamin A Deficiency
VP	Vice President
WHA	World Health Assembly
WHO	World Health Organization

Table of Contents

ABBREVIATIONS / ACRONYMS	II
FOREWARD	VI
PREFACE	VIII

CHAPTER ONE

1.0 Introduction.....	1
1.1 Background.....	1
1.2 Food and Nutrition Situation.....	3
1.3 Guiding Principles of the Policy.....	8

CHAPTER TWO

2.0 Vision, Goal and Objective of the Food and Nutrition Policy.....	9
2.1 Vision Statement.....	9
2.2 Goal.....	9
2.3 Objectives.....	9
2.4 Targets.....	10

CHAPTER THREE

Strategies.....	12
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CHAPTER FOUR

Institutional Arrangement, Legal Framework and Financing.....	22
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CHAPTER FIVE

Monitoring and Evaluation.....	35
Glossary of Terms.....	39

FOREWORD

Malnutrition and nutrition–related issues continue to be of public health concern in Nigeria. It manifests itself mainly as under nutrition, over nutrition and micronutrient deficiencies. Since the beginning of this decade, the close relationship between malnutrition and under-development has continued to be emphasized, particularly at the various international summits aimed at improving the welfare of women and children. An important conclusion that emerged from these discussions and in particular, from the 2014 International Conference on Nutrition (ICN2), held in Rome, was that nutritional well-being of all people is a precondition 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 but it leads directly to suffering and death.

The domestication of the National Policy on Food and Nutrition by the Kwara State Government is another major landmark in the effort of the present administration in addressing the problems of malnutrition, which have 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 are to be developed to drive the implementation of the policy for effective results

In response to the nutrition situation in Kwara State, the present administration under His Excellency, the Executive Governor, Mallam Abdulrahman Abdulrazaq approved and released the sum of One Hundred Million Naira as counterpart fund for the Accelerating Nutrition

Results in Nigeria (ANRiN) project. To holistically address malnutrition in Kwara State, it is important that the National Policy on Food and Nutrition and its implementing instrument, which is the Costed Multi-Sectoral Action Plan be domesticated and developed respectively. This will provide a framework for planning and coordinating nutrition activities and interventions in the State for accelerated results and impacts.

This in turn will lay a solid foundation for higher productivity and improved physical and mental developments among the populace especially the vulnerable groups.

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 the residents of Kwara State.



Oyeyemi Olasumbo Florence

*Honourable Commissioner,
Ministry of Finance and Planning
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PREFACE

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


The present administration of the Executive Governor of Kwara State, Mallam Abdulrahman Abdulrazaq, recently forwarded a bill to create the Kwara State Social Intervention Scheme to the State House of Assembly which is expected to provide social and economic transformations that will result in the improvement of the citizens' standards of living and health. These interventions will help reduce poverty, social exclusion and consequently hunger and malnutrition.

It is a fact that about 50% of infant mortality is associated with underlying malnutrition. Therefore, any meaningful and result oriented attempt to effectively reduce infant mortality must critically address malnutrition in this age group. In addition, because the etiology of food insecurity and malnutrition is multi-factorial, the State Government is strongly committed to reducing hunger and malnutrition, using a multi-sectoral and multi-disciplinary programme approach including various interventions at both the State and Local Government levels.

The State Policy on Food and Nutrition provides an overarching framework covering the multiple dimensions of food and nutrition security. This Policy was developed to add value and strengthen synergy among sectors, other initiatives of government and partners. It recognizes the need for public and private sectors involvement, and that hunger eradication and nutrition improvement is a shared responsibility of all citizens.

The Policy also aim at addressing the problems of malnutrition and extreme hunger across different levels of the State ranging from the individual, household and communities, thus contributing to the overall development of Kwara State. A holistic multi-sectoral approach is envisioned for the implementation of this Policy, which shall involve sectoral Ministries, Institutions of Higher Learning, the Private Sector, Individuals, Families, Communities, Community-Based Organizations (CBOs), Non-Governmental Organizations (NGOs), Faith-Based Organizations (FBOs), Civil Society Organizations (CSOs), Media, Professional Associations and the International Agencies.

This policy allows for the enactment of plan of action in order to set priorities and focus resources on common goals and results as efficient implementation mechanisms to address nutrition situation in Kwara state.



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CHAPTER ONE INTRODUCTION



1.1 BACKGROUND

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

These documents include:

- i. The National Health Policy and Guidelines;
- ii. The National Agricultural Policy;
- iii. The Agricultural Transformation Agenda;
- iv. Science, Technology, and Innovation Policy;
- v. National Policy on Education;
- vi. National Policy on School Health;
- vii. National Policy on Infant and Young Child Feeding (IYCF);
- viii. Early Child Care and Development;

- ix. National Population Policy;
- x. National Policy on HIV/AIDS and OVCs;
- xi. National Policy on Non-Communicable Diseases;
- xii. National Policy on Gender Mainstreaming;
- xiii. National Policy on Security;
- xiv. National Policy on Food Safety and its Implementation Strategy and
- xv. National Policy on Adolescent Health and Development in Nigeria.

Despite these policies, strategies and programmes, the multi-sectoral and multi-disciplinary nature of nutrition makes the coordination of food and nutrition activities a challenge. In January, 2019, the State Committee on Food and Nutrition (SCFN) was resuscitated and domiciled in the State Ministry of Planning and Economic Development, to, among other things, coordinate food and nutrition actions and formulate the State Food and Nutrition Policy, with the State Plan of Action.

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

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

The urgent need to scale up high-impact and cost-effective nutrition interventions, amplified by the State collaboration with the Scaling Up Nutrition (SUN) movement in 2018 further justifies the need for the domestication of the policy.

1.2 Food and Nutrition Situation in Kwara State

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.

1.2.1: Poverty Situation in Kwara State

In spite of abundant natural and human resource endowment available in Kwara State, poverty has remained pervasive, multi-faceted 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.

1.2.2: Food Security

Food insecurity is closely linked to hunger and malnutrition, whilst malnutrition is the most serious consequence of food insecurity. The nature and extent of hunger and food insecurity in 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 indicates 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 and accounts for almost one-third of the country's Gross Domestic Product.

The Government of Kwara state, in recognition of the importance of the agricultural sector, initiated and endorsed several State projects and programmes aimed at rapidly growing the sector. The initiatives include Molete Youth Farm Settlement Scheme (MYFSS), Agricultural Development Project (ADP), FADAMA III A.F. Project and the National Livestock Resilience Programme (NLRP)

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.

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.

1.2.3: Nutrition Situation

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 newborns 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 under nutrition 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 over nutrition 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 over nutrition 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).

1.2.4: Health System and Disease

It is estimated that in Kwara State, the number of people living with HIV/AIDS (PLWHA) is about 7,959, whilst its prevalence stands at 1.1% (GARPR, 2012). Therefore, promotion of good nutrition practices, access to health services including antiretroviral (ARV), and exclusive breastfeeding for the first six months for infants born of mothers living with HIV/AIDS is part of the rapid advice policy for nutrition in the context of HIV. Nutrition consideration is a priority in ensuring optimal nutrition in special circumstances such as HIV/AIDS and other disease conditions.

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

identified wider nutrition coverage as key to Maternal, Newborn and Child Health (MNCH) interventions, whilst IMNCH has been incorporated into the

State Strategic Health Development Plan (SSHDP) for Kwara State. In furtherance of this effort, the Government developed several guidelines to direct implementation, including guidelines on IYCF, Nutritional Care and Support for People Living with HIV/AIDS, Control of Micronutrient Deficiencies, Community Management of Acute Malnutrition, etc. Other efforts made by the Kwara State government include the release of N50m commitment fund for ANRiN project. In line with the UN Commission on Life Saving Commodities and Information and Accountability for Women and Children, the

government launched the Saving One Million Lives Initiative in 2017 and gave approval for the 2012 National Essential Medicines Scaling Up Plan.

1.2.5: Nutrition in Emergencies

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

1.2.6: Nutrition and the SDGs

Nutrition is key to the attainment of SDGs whose target is 2030. There has been little improvement in the health and nutrition status of children under five in the last decade. It was the realization of the need to fast track the attainment of Sustainable Development Goals

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

1.3: Guiding Principles of the Policy

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

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

CHAPTER TWO

VISION, GOAL AND OBJECTIVE OF THE FOOD AND NUTRITION POLICY



2.1: Vision Statement

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

2.2: Goal

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

2.3: Objectives

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

- i. To improve food security in the State, community and at household levels;
- ii. To reduce undernutrition among infants and children, adolescents, youth and women of reproductive age;
- iii. To significantly reduce micronutrient deficiency disorders, especially among the vulnerable group;

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

2.4: Targets

- i. Reduce the proportion of people who suffer hunger and malnutrition by 50% by 2025;
- ii. Increase exclusive breastfeeding rate from 28% in 2018 to 75% by 2025;
- iii. 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. vii Reduce acute wasting 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. viii. 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 96% 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 62% by 2025;
- xv. Increase the number of relevant MDAs at all levels with functional nutrition unit by 90% in 2022;
- 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 2020;
- 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



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

3.1: Food and Nutrition Security

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

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

3.1.2: Increasing Availability, Accessibility and Affordability of Food

- i. Encourage and support integrated farming (crops, livestock and fisheries) as a means of increasing food diversity and income sustainability for small-holder farmers, especially women;

- ii. Promote increased production of priority-value chain crops, animal products, fruits and vegetables across the three senatorial districts of Kwara State.
- iii. Promote and support community-based care centres to identify and enhance access of vulnerable population to food and nutrition.
- iv. Promote urban agriculture and support urban and rural women to adopt and set-up home gardening.
- v. Promote adoption of improved and cost-effective on-farm food- storage technologies including use of silos, solar drying, fish smoking kiln, etc. by small-holder farmers.
- vi. Promote food safety through myco-toxins prevention during production and storage.
- vii. Promote bio-fortification of staple food crops with micronutrients as a long-term means of Micronutrient Deficiency Control (MNDC).
- viii. Promote effective market information, food distribution and transportation systems.

3.1.3: Improving Food Harvesting, Processing and Preservation

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

3.1.4: Improving Food Preparation and Quality

- i. Develop and promote the use of nutritionally adequate recipes using locally available ingredients for all age groups.

- ii. Promote appropriate food-preparation methods for improved nutrition and encourage the consumption of hygienic and nutritious food.
- iii. Promote the development and enforcement of minimum standard for food quality and safety both for imported and locally produced foods, including street-vended foods.
- iv. Fortify staple food during production and processing up to consumption level.

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

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

3.1.6: School-based Strategies

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

3.2: Enhancing Caregiving Capacity

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

- i. Improve nutritional care for adolescent girls and pregnant women.
- ii. Promote, protect and support early initiation of breastfeeding within an hour of delivery, exclusive breastfeeding for the first six months of life and continuation of breastfeeding well into the second year, with the introduction of nutritionally adequate complementary foods at six months of age.
- iii. Promote a State nutrition education programme which should target caregivers, health workers and communities to increase awareness of proper care and feeding of children.
- iv. Promote and sustain twice-yearly Vitamin-A supplementation for children aged 6 to 59 months and deworming for children aged 12 to 59 months during MNCH week.
- v. Promote and sustain routine Vitamin-A supplementation for children aged 6 to 59 months and deworming for children aged 12 to 59 months.

- vi. Promote hand-washing, proper waste disposal and Community- led Total Sanitation (CLTS).
- vii. Ensure the establishment of crèches in work places having more than five women in public and private institutions.
- viii. Provide and promote IYCF counseling and support for pregnant and lactating women at the community and health-facility levels in line with the National Primary Health Care Development Agency (NPHCDA) strategies.
- ix. Rigorously monitor the implementation of the national regulation and the international code and all WHA resolutions on the marketing of Breast Milk Substitutes (BMS) and create accountability mechanisms for marketing of infant formulas.
- x. Promote an integrated approach for the management of Severe Acute Malnutrition (SAM, IMAM, CMAM, SC, ITP) as a minimum package of MNCH services.
- xi. Review the existing regulation of three months maternity leave to a duration of six months at all levels, including public and private sector institutions.
- xii. Xiii. Promulgation of law for four weeks paternity leave for men whose wife delivers.

3.2.2: Caring for the Socioeconomically Disadvantaged and Nutritionally Vulnerable

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

3.3: *Enhancing Provision of Quality Health Services*

3.3.1: Reduce Morbidity and Mortality Associated with Malnutrition

3.3.2 : Preventing and Managing Nutrition-Related Diseases

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

3.3.3: Preventing Micronutrient Deficiencies

I. Prevention of VAD by

- Ÿ Routine vitamin A supplementation.
 - Ÿ Ensure the conduct of the bi-annual MNCHWs.
 - Ÿ Promote dietary diversification.
 - Ÿ Food fortification.
- ii. Control of iron-deficiency anaemia (IDA) through:
- Ÿ The provision of iron-folate supplements to pregnant women.

- • Deworming of children aged 12 to 59 months and school- aged children every six months.
- iii. Control and prevent Iodine-Deficiency Disorders (IDD) through the enforcement of legislation on universal salt iodisation (USI) and ensure regular monitoring of salt iodine levels.
- iv. Control and prevent Zinc-deficiency disorders: provision of Zinc and low-osmolarity oral rehydration solution (LO-ORS) to treat diarrhea.
- vi. Enforce food fortification standards in regulated food products.
- vii. Enhance micronutrient consumption through encouragement of the use of micronutrient powders and lipid-based nutrient supplements (LBNS) for food enrichment at the household level.
- viii. Promote social and behavioural change communication (SBCC) to encourage appropriate food choices that favour consumption of micronutrient-rich foods.

3.3.5: Protecting the Consumer through Improved Food Quality and Safety

- i. Strengthen existing institutional capacity for the effective control of food quality and safety.
- ii. Ensure enforcement of food safety regulation to guarantee food safety and quality.
- iii. Strengthen the mechanisms for detection, monitoring, and control of chemical residues in foods, promote appropriate and safe utilization of agricultural chemicals.
- iv. Establish standards for nutrition labeling and advertising of all foods, including locally prepared indigenous foods, promote compliance and strengthen consumer education

3.4: Improving Capacity to Address Food and Nutrition Insecurity Problems

3.4.1: Assessing, Analysing and Monitoring Nutrition Situations

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

3.4.2: Providing a Conducive Macro –Economic Environment

- i. Incorporate nutrition objectives into MDAs' development policies, plans, and programmes;
- ii. Analyse macroeconomic and sectoral policies in terms of their potential impact and consequences for household income, food consumption, and

delivery of human services, with a view for policy modification to ameliorate adverse effects.

- iii. Promote increase in social-sector spending and explore the potential role of the private sector.
- iv. Promote productive capacity through encouraging private sector engagement in food and nutrition related investments.

3.4.3: Social Protection Programmes for the Vulnerable Groups

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

3.5: Raising Awareness and Understanding of the Problem of Malnutrition in Kwara State

3.5.1: Promote Advocacy, Communication and Social Mobilisation

- i. Develop an advocacy and social mobilisation strategy for food and nutrition.
- ii. Sustain advocacy to policymakers at all levels for resource mobilisation for food and nutrition activities.

- iii. Promote Behaviour Change Communication (BCC) for better understanding of food and nutrition security problems for improved food and nutrition practices.
- iv. Promote the design and production of harmonised, appropriate BCC materials for use and distribution across the LGAs in the State.
- v. Promote and strengthen nutrition education for all age groups
- vi. Through multimedia communication approaches.

3.5.2: Promoting Healthy Lifestyles and Dietary Habits

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

3.5.3: Research in Nutrition

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

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

3.6: *Resource allocation for food and nutrition Security at all levels*

- i. Ensure adequate implementation of the policy through sufficient budgetary allocation and timely release of funds.
- ii. Strengthen the coordination capacity of the Ministry of Planning and Economic Development (MOPED) with the required resources (human, financial, and material) for effective management and coordination of the policy.
- iii. Strengthen the capacity of MOPED to mobilise resources both internally
- iv. (State and LGA) and externally (bi- and multilateral donors)

CHAPTER FOUR

INSTITUTIONAL ARRANGEMENTS, LEGAL FRAMEWORK AND FINANCING



4.1:

Preamble

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

In order to address this problem, the Government of Kwara State designated the Ministry of Planning and Economic Development (MOPED) as the State focal point for food and nutrition policy, programme planning, and coordination in the State. On 11th January 2019, the Kwara State Government resuscitated the State Committee on Food and Nutrition (SCFN). The membership includes Commissioners from relevant MDAs, one representative from organized private-sector and nutrition-related agencies. The Policy also recognized the SCFN to be domiciled in MOPED and the Permanent Secretary of MOPED will chair the SCFN.

4.2: Leadership, Structures, and Institutions

The implementation of the State Policy on Food and Nutrition is the responsibility of the authorities at the two levels of government (i.e., Kwara State and LGAs) in collaboration with other stakeholders, including the organised private sector, development partners, professional bodies, civil society organisations (CSOs) (i.e., Non-Governmental Organizations [NGOs], Faith Based Organizations [FBOs]), and communities.

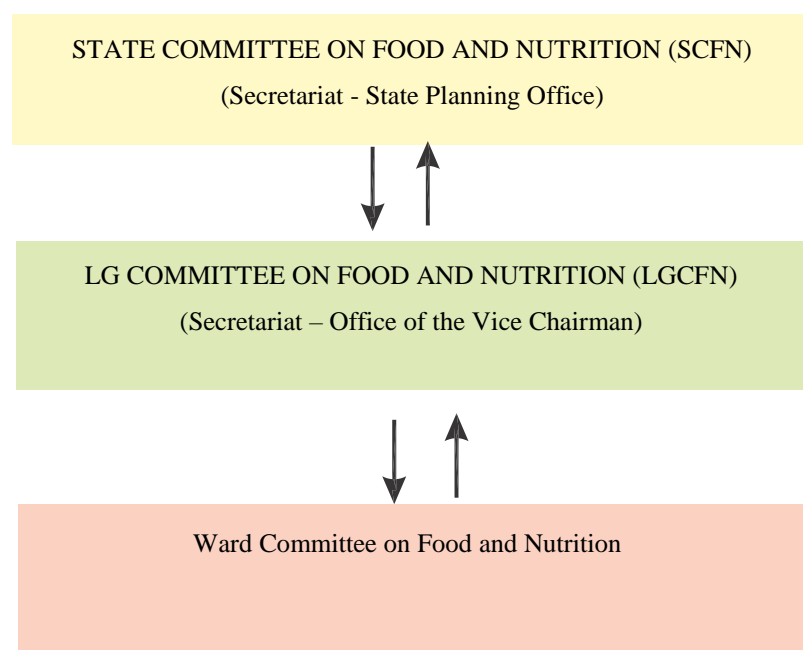
Administrative arrangements between the MOF&P, the SCFN, State Ministries and Local Governments will form the basis for planning and implementation of the State Food and Nutrition Policy. In this regard, state and local Government counterparts of the MOF&P will be the focal points for coordination of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

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

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

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

Institutional Structure for the Coordination of Policy Implementation



4.1: Ministry of Finance and Planning (MOF&P)

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

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

The MOF&P shall convene meetings of the SCFN and produce annual reports on progress made in food and nutrition. The Permanent Secretary of the Ministry will serve as chairman of SCFN or a designated officer not below the rank of a director. In addition, a nutrition partners forum, State working groups,

and sub-committees on food and nutrition shall be established and meet regularly (at least quarterly).

4.2: Mandates of the MOF&P

The mandate of the MOF&P is:

- i. To provide day-to-day support that will enhance the effectiveness of SCFN;
- ii. To serve as the focal point for the coordination and harmonization of all food- and nutrition-related policies and programmes being implemented by various ministries and agencies into a State programme consistent with the goals and aspirations outlined in this policy document;
- iii. To provide a forum for exchange of views and experiences among the bodies implementing nutrition programmes in Kwara State and thereby foster and strengthen their respective roles in the programme;
- iv. To coordinate the review, on a continuous basis, of policies and programmes with regard to their potential impact on food and nutrition issues;
- v. To ensure effective implementation of the different policies and programmes by putting in place effective machinery for M&E;
- vi. To maintain ongoing advocacy for food and nutrition issues;
- vii. To ensure adequate financial provisions and timely release of allocated funds in the State Development Plan and annual budget;
- viii. To liaise with international donor agencies, financial institutions, the private sector, community-based organizations (CBOs) and NGOs when soliciting funds and material support to complement government resources and efforts; and ensure that development partners incorporate nutritional considerations into their development strategies across all sectors, especially food security, maternal and child health, social

protection, education, agricultural research, and gender-based programmes; and

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

4.3: State Committee on Food and Nutrition (SCFN)

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

4.4: Mandate of the SCFN

The SCFN has a mandate of:

- i. Providing necessary technical and professional assistance and support to the Secretariat (Ministry of Finance and Planning) on food and nutrition planning and programme implementation;
- ii. Ensure adequate financial provision and timely release of allocated funds in state development plans
- iii. Proposing and reviewing, on a continuous basis, programmes that have a potential impact on food and nutrition issues;
- iv. Ensuring that the representatives of relevant sectors on the committee undertake effective implementation of their various policies and programmes;
- v. Advising on the formulation of appropriate strategies for programme M&E;

- vi. Supporting the Ministry of Finance and Planning in the maintenance of ongoing advocacy for food and nutrition issues; and
- vii. Assisting the Ministry of Finance and Planning set up and manage a database of nutrition activities.

4.5: The SCFN Secretariat

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

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

4.6: The Membership of the SCFN

- i. Ministry of Agriculture and Rural Development
- ii. Ministry of Finance & Planning
- iii. Ministry of Education and Human Capital Development
- iv. Ministry of Environment

- v. Ministry of Health
- vi. Ministry of Communications
- vii. Ministry of Local Government and Chieftaincy Affairs and Community Development
- viii. Ministry of Women and Social Development
- ix. Ministry of Youths and Sports
- x. Ministry of Water Resources
- xi. Hospital Management Bureau
- xii. State Primary Health Care Development Agency
- xiii. State Universal Basic Education Board
- xiv. Civil Society Scaling Up Nutrition in Nigeria
- xv. Professional Bodies

All other relevant Agencies and development partners to be co-opted

4.7: Local Government Committee on Food and Nutrition (LGCFN)

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

4.8: Mandate of the LGCFN

The LGCFN has a mandate of:

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

4.9: The LGCFN Secretariat

The LGCFN have a secretariat established in the Office of the LGA Vice Chairman who serves as Chairman of the LGCFN, and the LGA nutrition focal person shall serve as the Secretary. The Secretariat is responsible for:

- i. Servicing all statutory LGCFN meetings;
- ii. Establishing appropriate linkages with other departments within the LGA; and

- iii. Undertaking any other duties as may be assigned by the Office of the LGA Vice Chairman towards effective nutrition programme implementation.

4.10: Roles of Professional Bodies and Development Partners

4.10.1: Professional Bodies, CBOs, CSOs, FBOs and NGOs

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

This partnership could benefit the policy implementation through:

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

4.10.2: Private Sector

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

- i. Fortification of certain identified foods with mandatory micro- nutrients such as Vitamin A and B, Zinc and Iron;
- ii. Development of low-cost nutritious complementary foods and RUTF;

- iii. Promotion of nutrition education that complies with quality-control standards;
- iv. Participation and support of knowledge-sharing on research findings; and
- v. Adoption and transformation of research findings into commercially viable products.

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

4.10.3: Development Partners

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

This partnership has the following benefits:

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

4.11: Resource Mobilisation

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

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

4.12 : Sustainability and Programme Scale Up

4.12.1 National Nutrition Network (NNN)

The NNN is a platform for NCFN and SCFN to meet annually to share experiences and deliberate on annual progress, achievements, and challenges as well as chart a way forward for subsequent years. The MOF&P, through the SCFN, will organise the State level meeting of the NNN with representation from the Local Government levels, development partners and other relevant stakeholders.

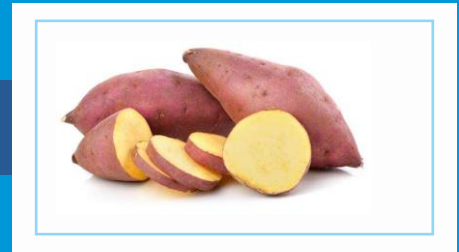
4.12.2: Scaling Up Nutrition (SUN) Movement

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

4.12.3 : Working Groups and Sub Committees

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

CHAPTER FIVE



5.1: Monitoring and Evaluation

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

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

well as timeliness of interventions that are aimed at different target groups in terms of their vulnerability.

5.2 : Food and Nutrition Information System

The food and nutrition information system will rely on administrative reporting systems that already exist in certain Ministries, routine data collected from all the relevant sectors as well as community-level food and nutrition information, including data from child growth monitoring and promotion programmes. Sample surveys will also be considered as well as Rapid Rural Appraisal (RRA) techniques as a possible means of obtaining information quickly. Information generated will be used to assess the food and nutrition situation as well as inform programmatic changes and amendments by programme managers to bring about improvement.

5.3: M&E System

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

To achieve this, a database shall be created to keep accurate and relevant information through vertical and horizontal collation of data from the LGAs and State levels so that progress and changes are tracked and impact measured. The system shall use a simple M&E approach with the primary aim to enable planners at each level to collect data that shall assist them in the ongoing planning and implementation of food and nutrition programmes and activities.

A feedback mechanism shall be introduced to enable “downwards” sharing of data through regular communication about the progress of food and nutrition programme and activities at State and LGA levels. The main M&E activities will include:

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

5.3.1: Objectives of the M&E

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

5.3.2: Techniques and Tools for Data Collection and Analysis

The main focus of the M&E system shall be to collect accurate, reliable and timely data on the food and nutrition programme results at prescribed intervals

using appropriate tools. This will include routine data from health facilities, health response and Non- Health response platforms and other relevant institutions as well as population-based data.

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

5.3.4: The Ministry of Finance and Planning

The MOF&P have responsibility for the overall M&E. The SCFN Secretariat in collaboration with the M&E office of the MOF&P will have responsibility for the following:

- i. Providing overall coordination of the food and nutrition M&E system;
- ii. Sourcing and collating M&E data from relevant Ministries, Departments and Agencies in the State, and LGAs for incorporation into the Kwara State M&E database;
- iii. Working with the M&E departments of the State and relevant MDAs to ensure timely submission and quality of data;
- iv. Preparing yearly reports on progress of implementation and achievement of objectives as stated in the policy;
- v. Identifying gaps and recommending necessary adjustments in programme implementation;
- vi. Preparing and submitting State reports on food and nutrition situations at intervals as contained in the performance management plan;
- vii. Engaging the State Bureau of Statistics on administration of surveys and the collection of data at specified intervals and period to document achievements of results;
- viii. Facilitating capacity-building for M&E officers and personnel; and
- ix. Providing data quality assurance

5.3.5: State Ministries, Departments and Agencies

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

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

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

GLOSSARY OF TERMS

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

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

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

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

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

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

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

Growth Monitoring and Promotion: A process which involves regular weighing of a child, plotting the weight on a growth chart, using the information obtained to assess how the child is growing, and then taking appropriate actions to improve or promote the health and growth of the child.

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

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

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

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

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

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

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

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

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

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

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

Prenatal Mortality: Death of babies before birth.

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

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