GOMBE STATE POLICY

ON FOOD AND NUTRITION

2023 - 2027

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ABBREVIATIONS/ACRONYMS

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

LBNS	-	Liquid-Based Nutrient Supplement
LGA	-	Local Government Area
LGCFN	-	Local Government Committee on Food and Nutrition
LO-ORS	-	Low Osmolarity Oral Rehydration Solution
MAM	-	Moderate Acute Malnutrition
MDAs	-	Ministries Departments and Agencies
MDGs	-	Millennium Development Goals
M & E	-	Monitoring and Evaluation
MICS	-	Multiple Indicator Cluster Survey
MNDC	-	Micronutrient Deficiency Control
NAFDAC	-	National Agency for Food and Drug Administration and Control
NBS	-	National Bureau of Statistics
NCFN	-	National Committee on Food and Nutrition
NDHS	-	Nigeria Demographic and Health Survey
NFA	-	National Fortification Alliance
NFCNS	-	Nigeria Food Consumption and Nutrition Survey
NFSP	-	National Food Security Programme
NGOs	-	Non – Governmental Organisations
NCN	-	National Council on Nutrition
NNN	-	National Nutrition Network
NPC	-	National Planning Commission
NPHCDA	-	National Primary Health Care Development Agency
NSHDP	-	National Strategic Health Development Plan
OTP	-	Out Patient Therapeutic Program
OVC	-	Orphan and Vulnerable Children
PATH	-	Programme for Appropriate Technology in Health

PLWHA	-	People Living With HIV/AIDS
RRA	-	Rapid Rural Appraisal
RUTF	-	Ready to Use Therapeutic Foods
SAM	-	Severe Acute Malnutrition
SBCC	-	Social and Behavioral Change Communication
SCI	-	Save the Children International
SCFN	-	State Committee on Food and Nutrition
SDGs	-	Sustainable Development Goals
SMART	-	Standardised Monitoring Assessment of Relief and Transitions
SUN	-	Scaling Up Nutrition
UN	-	United Nations
UNICEF	-	United Nations Children's Fund
USI	-	Universal Salt Iodization
USI-TF	-	Universal Salt Iodization Task Force
VAD	-	Vitamin A Deficiency
VP	-	Vice President
WHA	-	World Health Assembly
WHO	-	World Health Organization

FOREWORD

Malnutrition and Nutrition-related issues manifest themself mainly as Undernutrition, Overnutrition, and Micronutrient deficiencies. The International Conference on Nutrition reaffirmed what Food and Agricultural Organization (FAO) stated "Hunger and Malnutrition are unacceptable in a world that has both the knowledge and the resources to end this human catastrophe… We recognise that globally there is enough food for all and pledge to act in solidarity to ensure freedom from hunger becomes a reality". The Government of Gombe State aligns with the assertion that the State could also do that, thus the commitment to review the Gombe State Food and Nutrition Policy to reflect today's reality and work on it. Therefore, reducing Malnutrition is a fundamental goal of development since Malnutrition not only manifests in health outcomes but leads to lower productivity and reduced economic development.

In Nigeria, Malnutrition has grossly affected mothers, children, and the aged, prevalent amongst children under the age of five. Gombe state, has experienced its fair share of malnutrition-related issues and has taken a step to develop the first Gombe state policy on Food and Nutrition (2016 to 2021). The approach is to strengthen the synergy among sectors and other initiatives of the government and partners to galvanise efforts toward addressing the underlying causes of Malnutrition in our society. The expectation is that the policy will serve as a guide for programs across the different sectors related to food and nutrition to ensure alignment with the Government's vision for the nutritional outcomes of the people. To complement the policy, a comprehensive costed operational plan has been developed to drive its implementation for effective results.

The state government and partners such as UNICEF, ANRIN, Taimaka Project, Mercy Corps, WHO, MNCH COALITION, and CS-SUNN, among others, are committed to eradicating malnutrition. However, despite these laudable efforts, the menace is still an issue.

For emphasis, I want to state this administration's commitment to the successful implementation of the Food and Nutrition Policy for better and more robust citizens of the State, resulting in the development of the State and the nation in general. That is why the review of the Gombe State Food and Nutrition Policy in line with current realities and my administration commitment eradicate Malnutrition in Gombe State.

Therefore, I approved and recommend the effective implementation of this policy to ensure optimal nutritional status for all the people of Gombe state.

His Excellency,
Muhammadu Inuwa Yahaya
(Dan Maje Gombe)
The Executive Governor of Gombe State

PREFACE

Over the years, Malnutrition has remained a critical health challenge in developing economies, including Nigeria. Malnutrition in an individual or at the community level generally impacts the well-being of the people; it is a drain on the nation's human resources and a hindrance to development with enormous costs in human, social and economic terms.

The Federal Government has realised that food security and access to adequate essential health services are prerequisites for healthy people. That is why the Federal Government of Nigeria has committed itself to reducing hunger and Malnutrition, using a multi-sectoral and multi-disciplinary program approach including various community and national interventions.

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

It is, therefore, in line with this National Policy that Gombe State Government has taken the lead in reviewing the state policy on Food and Nutrition. The approach builds on the strategic framework provided by the National Policy and aims to address the specific problems of Malnutrition and extreme hunger peculiar to Gombe society, taking into considering social, political and economic changes within the last five years. It focuses on the various levels, from an individual, household, and communities to the state level, thus contributing to National development. The policy allows the enactment of guiding principles and appropriate strategic options for efficient implementation mechanisms for Nutrition interventions to address Malnutrition in Gombe State.

In line with the first policy (2016 to 2021) document, a multi-sectoral approach is anticipated for implementing this policy through robust coordination mechanisms and partnerships between the Public and Private sectors. The Private sector includes Donors, Non-Government Organisations (NGOs), Professional bodies, Academic Institutions, Local Communities, Civil Society Organizations (CSOs), Religious bodies and other International and local agencies).

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CHAPTER ONE

1.1 Background

The National Food and Nutrition Policy is a document that provides the framework for addressing the problems of food and nutrition insecurity in Nigeria, from the individual, household, community, and up to the National level. It guides the identification, design, and implementation of intervention activities across relevant sectors. Nutrition is a multi-sectoral and multi-disciplinary issue involving various sectors, including Health, Agriculture, Science and Technology, Education, Trade and Industry, Water Resources, and Sanitation. In recognition of this, different sectors in Nigeria have developed policies and strategies to address their nutrition perspectives and needs. These documents include the following:

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.
xvi. School feeding Programme.
xvii. Anchor Borrower fund.

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

The first National Food and Nutrition Policy was developed through a multi-stakeholder process and produced by the NPC in 2001. However, this policy had little or no effect on improving the Nutrition situation in Nigeria because the NPC did not adequately implement the policy mainly because of funding issues, in addition to the ineffective policy implementation and coordination.

Since Gombe State Government domesticated the food and nutrition policy in 2016, it becomes necessary after the period set aside for the 1st policy (2016 to 2021) to measure, evaluate, and re-strategise for a more effective food and nutrition policy. The procedure becomes necessary, primarily because of the social, economic, and political changes that took. A factor worth mentioning is the high population growth that does not tally with the rate at which food increases, thus, increasing abject poverty with accompanying Food and Nutrition challenges. Recognising the growing importance of the need to tackle Malnutrition which is often the underlying causes of diseases in about fifty percent of cases, the Government decided to review the National Food and Nutrition Policy to address the context-specific considerations for Nutrition in the State that reflect current realities. The policy serves as a document to provide the necessary framework for addressing problems of Food and Nutrition in the State from the individual to households, community, and state levels. It will cut across all sectors to ensure program coherence and implementation of interventions.

1.2 Food and Nutrition Situation in Gombe State

Adequate food and optimal nutritional status are the foundation blocks for building healthy secured lives, thus forming the basis for development in any nation. Nutrition is a critical part of all development sectors. Good Nutrition is related to the improved infant, child, and maternal health, more robust immune systems, safer pregnancy and childbirth, and lower risks of non-communicable diseases. Studies have shown that the primary cause of the Food and Nutrition problem is poverty, aggravated by corruption in the mechanisms of governance and institutions that drive the economy. Conceptually, food insecurity, inadequate dietary intake, and infectious diseases are the immediate causes of Malnutrition. Malnutrition in all its form continues to hinder the lives and opportunities of many people in Gombe State. The negative consequences impact future generations through a vicious cycle. A malnourish mother gives birth to a malnourish child from birth, and thus, the process continues. Undernutrition is most severe in Northern Nigeria. Across this region of the Sahel belt, a third of children under five are underweight, half stunted, and a fifth wasted.

The stunting rate for children under the age of 5 is put at 51% in the North West, 48% in the North East, 29% in the North Central, 20% in the South West, 20% in the South-South, and 10% in the South East while wasting is 10% in North West, 12% in North East, 29% in North Central, 7% in South West, 6% in South-South, and 5% in South East (NDHS 2013). According to UNICEF (2021), Nigeria has the second-highest burden of stunted children globally, with a national prevalence rate of 32% of children under 5. An estimated 2 million children in Nigeria suffer from severe acute Malnutrition, but only 2 out of every ten children affected have access to treatment. The States in Northern Nigeria are the most affected by the two forms of Malnutrition – stunting and wasting. Gombe State's stunting rate is 51%, much higher than the national average.

1.2.1 Poverty Situation

Despite Nigeria's abundant natural and human resource endowment, poverty has remained pervasive, multifaceted, and chronic. A report by the World Bank (2022) on the profile and drivers of poverty in Nigeria indicates that as many as 4 in 10 Nigerians live below the national poverty line – especially in the country's north. Climate and conflict shocks – which disproportionately affect Nigeria's poor are multiplying, and their effects have been aggravated by COVID – 19, yet government support for the poor is scanty. The report added that households had adopted dangerous coping strategies, including reducing education and scaling back food consumption, which could have long-term consequences for human capital. 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 policy.

Recent Statistics revealed that 74.6 per cent of Gombe State residents live below the poverty line (UNICEF, November 2021). The statistics show that 8 out of 10 Gombe State residents are poor, making Gombe State one of the top poorest States in Nigeria. On the issue of child poverty, the Multi-Dimensional Child Poverty Analysis shows that 71.9 (8 out of 10) children in Gombe are Multi-dimensionally Poor. The implication is that most children in the State don't have access to Nutrition, Healthcare Services, Education, Housing, Sanitation, Water and Information (UNICEF, 2021). The review of the Food and Nutrition policy and implementation will go a long way in tackling the issue of Food and Nutrition challenges in the State.

1.2.2 Food Security

Food insecurity leads to hunger and Malnutrition, whilst Malnutrition is the most severe consequence of food insecurity. The nature and extent of hunger and food insecurity in Nigeria are of public health concern. Available data shows that the total average household expenditure on food for the period 2018/2019 was about 56.65% (NBS, 2019). Nigeria was ranked 98th out of 107 countries on the 2020 Global Hunger Index (IFPRI, 2020), whilst another report indicated that the absolute number of food-insecure people was 116 million in 2021 and could rise higher by 2022 if the situation is unattended. The lack of food is the most critical dimension of poverty and is one of the MDG//SDG indicators.

Agriculture employs nearly 70% of the Nigerian population and accounts for almost one-third of the country's Gross Domestic Product. In recognition of the importance of the agricultural sector, The Federal Government initiated and endorsed several National projects and programs aimed at rapidly growing the industry. The initiatives include the buy-in into the Comprehensive Africa Agriculture Development Program (CAADP), the Seven-Point Agenda, the National Food Security Program (NFSP), and the presidential initiatives on fish, cassava, rice, and other foods, as well as the Agricultural Transformation Agenda.

In Nigeria, agricultural production has remained at a subsistence level and is mainly dependent on rainfall. Investment in Agriculture by Government has not significantly contributed to the reduction of Undernutrition at the rate needed to meet the National Development Goals. The economic

consequence of the State of food insecurity in terms of productivity loss is enormous and requires urgent attention. The food distribution system in Nigeria remains inefficient mainly due to crop seasonality, inadequate storage technology and facilities, inadequate transport and distribution systems, and market information. These result in considerable spatial and seasonal variations in food production and availability, which are responsible for the significant variations in food prices across the country. The problem is worsened by a lack of adequate storage facilities and basic preservation techniques at the household level. Cumulatively this has resulted in a high cost of food beyond the level of most households in Nigeria.

Similarly, the State is among the country's primary producers of cotton, corn, millet, groundnut, beans, vegetables, and livestock. The State Government has also invested significantly in Agriculture development. In 2022, the government budgeted for the agricultural sector the sum of ₦3,840,975,000.00, which is 2.4 per cent of the total amount budgeted in 2022 for Gombe State.

1.2.3 Nutrition Situation

According to the 2015 SMART Survey, Gombe State has relatively poor indices of Malnutrition compared to the National average. Figure 1 below shows the prevalence of Global Acute Malnutrition, Underweight, and Severe Acute Malnutrition in the State.

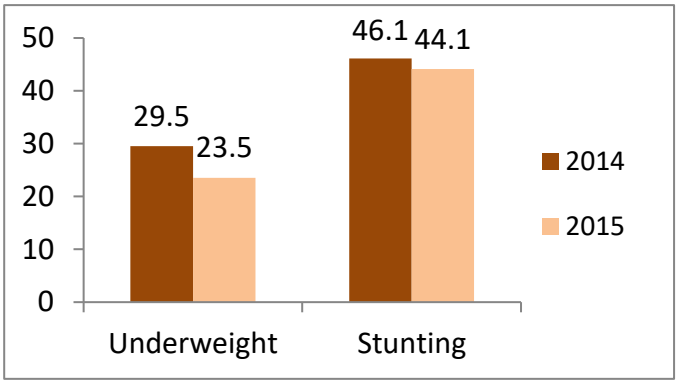
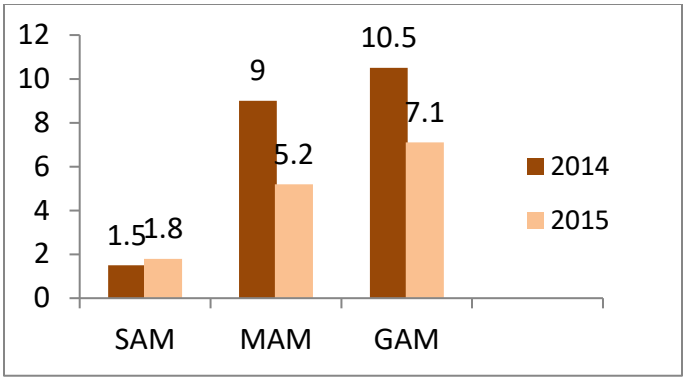


Figure 1. Prevalence of GAM, MAM, SAM, Underweight, and Stunting in Gombe state (Source: SMART Survey reports 2014, 2015)



It is believed and proven that Malnutrition has many causes – from lack of food and improper feeding and caring practices to Economic and Political structures – and Gombe state suffers from all of these. Poor infant and child feeding practices compound many nutritional problems in the State. Babies are denied necessary immunisation against bacteria and viruses when they are most vulnerable (0 – 9 months). The low status, most notably the low level of education of women, is another critical cause of Malnutrition. A mother's Malnutrition manifest in the malnourishment of her new-born babies and children.

Another critical cause of Malnutrition is a lack of access to Healthcare, Water, and Sanitation. Access to routine immunisation is a robust public health tool for improving child survival, a fundamental right for all children. However, it seems far removed from many children, especially in northern Nigeria. A study in two LGAs in Northern Nigeria revealed that only 0.9% of infants receive all essential vaccinations, 34% do not have safe drinking water, and 22% do not have a safe way of disposing of human waste. Poor environmental sanitation, hygiene, and unsafe drinking water result in a high prevalence of infectious and parasitic diseases, particularly in infants and children. Additionally, it further aggravates their already poor nutritional status.

1.2.4 Health System and Disease

A conservative estimate of the people living with HIV/AIDS (PLWHA) is about 1.8 million (Spectrum estimate, 2019), whilst its prevalence stands at 1.4% (UNAID, 2019). The promotion of good Nutrition practices, access to health services including Antiretroviral (ARV), and HIV/AIDS is part of the rapid advice policy for Nutrition in the context of HIV. In ensuring this, optimal Nutrition in exceptional circumstances such as HIV/AIDS and other disease conditions is necessary.

In response to the poor State of Maternal and Child Health, the Nigerian Government, in collaboration with development partners in the Health sector, developed the Integrated Maternal New-born and

Child Health (IMNCH) strategy in 2007 to provide the framework that will guide the acceleration of the attainment of MDGs 4 and 5. The method comprises evidence-based interventions and an investment plan using marginal budgeting for bottlenecks to guide implementation. The 2012 IMNCH strategy review identified more comprehensive Nutrition coverage as key to Maternal, Newborn, and Child Health (MNCH) interventions, whilst IMNCH has been part of the National Strategic Health Development Plan (NSHDP) for Nigeria. In furtherance to this effort, the Government developed several guidelines to direct implementation, including guidelines on IYCF, Nutritional Care and Support for People Living with HIV/AIDS, Control of Micronutrient Deficiencies, Community Management of Acute Malnutrition, Etc. Other efforts made by the government include its pledge to fund the health system at US$31.63 per capita through increasing budget allocation, strengthening the integration of services for MNCH, and increasing the number of core service providers. In line with the UN Commission on Life-Saving Commodities and Information and Accountability for Women and Children, the government launched the Saving One Million Lives Initiative in 2012. It approved the 2012 National Essential Medicines Scale-up Plan.

1.2.5 Nutrition in Emergencies

Nutrition response to emergencies IS limited in Nigeria. Natural and unnatural disasters, climatic shocks, conflicts, and insecurity are significant causes of hunger and Malnutrition due to the lack of access by individuals to produce, sell, and buy food. Essential services become overstretched; women and children under five and the elderly comprise the most significant percentage of the vulnerable population. Therefore, humanitarian assistance is urgently required if they are displaced. Although the capacity to predict the occurrence and gravity of emergencies has improved, adherence to early warning and activation of response plans is poor. Whilst time lag is a constraint, the financial, technical, and logistics capacities are challenging. Thus, nutrition must incorporate consideration in emergency preparedness and the country's emergency response and management systems.

Gombe has been severely affected by the insurgency, terrorism, and kidnapping directly or indirectly that has plagued the North Eastern region and the nation in general for over a decade. The recurrent terrorist attacks and activities of bandits and kidnappers in Nigeria have disrupted economic activities in most states of the federation. Added to these are shifting dynamics of health threats occasioned by population growth, economic development, and human migration and displacement. These have resulted in increased food insecurity as the prices of food products have increased, as well as limited

access to water and sanitation services. These harsh conditions predispose the populations to increased exposure to diseases and Malnutrition. Therefore, a policy must be in place to ensure the availability of food supplies and adequate Nutrition during emergencies in the State.

1.3 Guiding Principles of the Policy

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

i. Prioritization 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; the emphasis being sufficient budgetary allocation and releases.
iii. Gender considerations and taking care of the needs of all vulnerable groups are integral to all components of the policy;
iv. Recognition of the multi-sectoral and cross-cutting nature of food and Nutrition;
v. The utilisation of partnership and the network of stakeholders to harness 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. Establish a viable system for guiding and coordinating Food and Nutrition activities at different levels of society and
viii. Reduction of Malnutrition (Undernutrition and overnutrition) through Scaling up Nutrition activities with high-impact and low-cost interventions.
ix. Recognising that a comprehensive transformation of the food systems is a sure way of achieving optimal health and Nutrition for all.
x. The establishment of a food bank focused on solving the problem of hunger and Malnutrition, especially among infants, school children, pregnant women, and senior citizens that are vulnerable and undeserved.
xi. Cooperating with development partners to ensure preventing measures as regards Food and Nutrition challenges.

CHAPTER TWO

2.0 VISION, GOAL, AND OBJECTIVES OF THE FOOD AND NUTRITION POLICY

2.1 Vision Statement

A state where the people are food and nutrition-secure will result in high quality of life and socioeconomic development, contributing to the achievement of Sustainable Development Goals (SDGs) objectives.

2.2 Goal

To attain optimal nutritional status for people in Gombe state, with particular emphasis on the most vulnerable groups such as children, adolescents, women, elderly, and groups with special nutritional needs. The focus is through prevention.

2.3 Objectives

i. To improve food security at the State, LGA, community, and household levels;
ii. Reduce Undernutrition among infants and children, adolescents, and women of reproductive age;
iii. To reduce micronutrient deficiency disorders, especially among vulnerable groups;
iv. To increase the knowledge of Nutrition among the populace and introduce Nutrition education into formal and non/informal training;
v. Promote optimum Nutrition for people in challenging circumstances, including PLWHA and IDPs;
vi. To prevent and control chronic Nutrition-related non-communicable diseases;
vii. Incorporating food and Nutrition considerations into the State and Local Government sectoral development plans and improve coordination;
viii. To promote and strengthen Research, Monitoring, and Evaluation of food and Nutrition programs.
ix. Strengthening systems for providing early warning information on the food and Nutrition situation;
x. Ensure universal access to Nutrition-sensitive social protection.
xi. To improve access to water and sanitation services at the community and household levels.
xii. Ensure compulsory education at least at the primary school level.

2.4 Targets

i. Reduce the proportion of people who suffer hunger by 25% by 2027 from the baseline 2018
ii. Increase exclusive breastfeeding rate from 30.1% in 2021 to 40% by 2027;

iii. Increase the percentage of children aged six months and above who receive appropriate complementary feeding to 30% by 2027;
iv. Reduce stunting rate among under-five children from 51,2% in 2018 to 40% by 2027;
v. Eradication of childhood wasting, including Severe Acute Malnutrition (SAM), from 0.4% in 2018 to 0.2% in 2027;
vi. Increase coverage of Zinc supplementation in diarrhoea management from 55.2% in 2018 to 65% of all children needing treatment by 2027;
vii. Increase the proportion of children who receive deworming tablets from 80% in 2021 to 90% by 2026;
viii. Reduce anaemia among pregnant women by 50% from baseline 2018 by the year 2027;
ix. Reduce the prevalence of diet-related non-communicable diseases by 50% from baseline 2018, by 2027;
x. Increase coverage of Vitamin A supplementation from 50% in 2021 to 70% by 2027;
xi. Increase by 50% from baseline 2018, households with relevant Nutrition knowledge and practice that improve their nutritional status;
xii. Increase access to potable water supply from 21% in 2018 to 40% by 2027;
xiii. Increase the number of relevant MDAs at all levels with functional Nutrition unit from 10% IN 2018 to 50% by 2027;
xiv. Reduce the incidence of Malnutrition among victims of emergencies by 30% by 2027 from 10% in 2018;
xv. Increase appropriate complementary feeding from 34.5% in 2018 to 45% by 2027.
xvi. Increase deworming tablet administration from 44.7% in 2018 to 60% by 2027.

CHAPTER THREE

3.0 Strategies

Available data shows a severe Food and Nutrition crisis in Gombe State and the nation. Thus the need for a plan of action, master plan, proposed action, blueprint, program, procedure, approach, schedule (or whatever accolade to use) designed to achieve the Food and Nutrition policy. The strategies should be a way to focus energy and figure out how you're going to get things done, as well as set priorities and focus energy and resources on common goals and results. The strategies outlined aim to achieve the policy objectives described in the previous chapter. The design will employ interventions and approaches that are Nutrition-specific, Nutrition-sensitive, and Nutrition-enhancing as well as build an enabling environment for sustaining this policy. Amongst other things, the policy should focus on resource allocation across high-impact Nutrition interventions to accelerate the reduction of stunting, wasting, underweight, and overweight children under five years of age and Malnutrition of the vulnerable. The strategies were eight and outlined each strategy activity. These activities will form the operational plan for the food and nutrition policy.

3.1 Food and Nutrition Security

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

The strategic framework will focus on food production, processing, storage, trade, marketing, distribution and consumption, explicitly targeting the food system (A general overhaul of the food system). Presently food systems (value chain) in Nigeria are deficient in all aspects resulting in the high cost of foods and the fact that foods are unsafe and unhealthy. In Nigeria today, hunger and Malnutrition have been on the increase. Statistics have shown that in 2020, 55% of Nigerians were experiencing moderate to severe food insecurity. 72% could not afford a diet that contained all essential nutrients, and 91% could not afford healthy diets that meet all food consumption recommendations. All these indicators today (2022) have been made much worst by rising inflation.

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 smallholder farmers, especially women;

ii. Promote increased production of priority-value chain crops, animal products, fruits, and vegetables across the different senatorial districts of the State.

iii. Promote the adoption of improved and cost-effective on-farm food-storage technologies, including the use of silos, solar drying, fish smoking kiln, Etc. by smallholder farmers;

iv. Promote food safety through micro-toxin prevention during production and storage;

v. Promote 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 of crops, vegetables, fisheries, and livestock;

ii. Facilitate access of smallholder farmers to technologies for improved crop harvesting, processing, and preservation;

iii. Improve food aggregation, storage, processing, and market access to increase incomes and reduce poverty.

iv. Improve food-related policies and standards by strengthening the training of extension workers for adequate dissemination of environmentally friendly agricultural technologies.

3.1.4 Improving Food Preparation and Quality

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

ii. Promote appropriate food-preparation methods for improved Nutrition and encourage the consumption of hygienic and nutritious foods;

iii. Promote the development and enforcement of the minimum standard for food quality and safety for imported and locally produced foods, including street vendors of foods and restaurants.

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

i. Improve food security and Nutrition by disseminating necessary knowledge and building essential skills among all food system actors, including consumers.

ii. Increase access to factors necessary for food production to ensure that food production is consistent, sufficient, safe, and sustainable.

iii. Establish a system for timely intervention and food price stabilisation during periods of food shortfalls by constituting a state food and fodder reserve (buffer stock) as well as community-level strategic stock/cereal banks;

iv. Identify, develop, implement and sustain programs that would provide safety nets to protect the most vulnerable groups from the adverse effects of food crises due to natural disasters, diseases, and economic policies.

v. Develop and provide comprehensive guidelines for managing Nutrition during emergencies.

vi. Facilitate effective coordination of interventions by government, humanitarian actors, and development partners during emergencies.

3.1.6 School-based Strategies

i. Strengthen the nutrition education and training in the curricula of early child care, primary and secondary schools;

ii. Promote school feeding programs in all early childhood care and primary schools to improve nutritional status, learning capacities, and enrolment/retention of school-age children through community participation and public-private partnerships.

iii. Promote and support the establishment of school gardens/home gardens and farms to provide complementary feeding and stimulate interest in farming, food, and nutrition-related matters among growing children.

3.2. Enhance Caregiving Capacity

i. Strengthening the capacity of health workers and others in the State on maternal, Infant, and young child feeding programs through training.

ii. Evidence-based scale-up and results-based approaches through proper data collation.

iii. Monitoring and evaluation

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

i. Improve nutritional care for pregnant women and adolescent girls;

ii. Facilitate the consumption of adequate amounts of nutritious, safe, and healthy foods by increasing physical and financial access to such foods for all households.

iii. Promote, protect and support early initiation of breastfeeding within thirty minutes of delivery, exclusive breastfeeding for the first six months, and the continuation of breastfeeding well into the second year of life with the introduction of nutritionally adequate complementary foods at six months of age;

iv. Promote a state Nutrition education program that should target child caregivers, health workers, and communities to increase awareness of the proper care and feeding of children;

v. Promote and sustain twice-yearly 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 workplaces having more than ten women in public and private institutions;

viii. Provide and promote IYCF counselling and support for pregnant and lactating women at the health facility and community levels in line with the National primary healthcare 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); create accountability mechanisms for marketing of infant formulas;

x. Promote an integrated approach for the management of Severe Acute Malnutrition (SAM, IMAM, CMAM, SC, OTP) as a minimum package of MNCH services; and

xi. Enforce implementation of the existing maternity leave regulation at all levels, including public- and private-sector institutions.

xii. Cooperate with development partners in the prevention of food and nutrition challenges.

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. Develop and encourage labour-saving technologies to reduce women's workload and create more time for child care.

3.3. Enhance the Provision of Quality Health Services

3.3.1 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. Ensure adequate supply and provision of Ready-to-Use Therapeutic Food (RUTF) and locally available food for the treatment of SAM and Malnutrition among PLWHA and vulnerable children;

iv. Promote prevention and treatment of diseases associated and linked with Malnutrition; and

v. Provide nutrition support in exceptional cases such as preterm and small-for-gestation babies, PLWHA, abandoned babies and orphans, Etc.

3.3.2 Preventing Micronutrient Deficiencies

i. Prevention of VAD by instituting short- and long-term sustainable interventions, including bi-annual Vitamin-A supplementation to children aged 6 to 59 months, as well as promoting dietary diversification and food fortification;

ii. Control of iron-deficiency anaemia (IDA) through:

- The government provides pregnant women with iron-folate supplements.
- Deworming of children between 12 to 59 months every six months.

iii. Control and prevent Zinc-deficiency disorders;

iv. Provide Zinc and low-osmolarity oral rehydration solution (LO-ORS) to treat diarrhoea;

v. Enforce food fortification standards in regulated food products;

vi. Enhance micronutrient consumption through the encouragement of the use of micronutrient powders and lipid-based nutrient supplements (LBNS) for food enrichment at the household level

vii. Promote social and behavioural change communication (SBCC) to encourage appropriate food choices that favour the consumption of micronutrient-rich foods.

3.3.3 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 regulations to guarantee food safety and quality;

iii. Strengthen the mechanisms for detection, monitoring, and control of chemical residues in foods; and promote appropriate and safe utilisation of agricultural chemicals;

iv. Establish standards for nutrition labelling and advertisement of all foods, including locally prepared indigenous foods, and promote compliance;

v. Strengthen consumer nutrition education

3.4. Behaviour change and demand generation for Nutrition

Good Nutrition could unlock the potential of a nation's human resources, thus the need to develop and encourage behavioural change towards good Nutrition in Gombe State.

3.4.1 Advocacy, Communication, and Social Mobilisation

i. Develop advocacy and social mobilisation strategies 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 a better understanding of Food and Nutrition problems for improved Food and Nutrition practices;

iv. Promote the design and production of harmonised, appropriate BCC materials for use and distribution at the State and LGA levels;

v. Promote and strengthen Nutrition education for all age groups through multimedia communication approaches;

3.4.2 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 proper community-based nutrition education programs;
iii. Develop applicable food-based dietary guidelines for healthy living;
iv. Promote healthy eating habits to reduce the incidence of non-communicable diseases such as diabetes, hypertension, 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 check-ups for Nutrition-related, non-communicable diseases.

3.5 Promote Research in Food and Nutrition

i. Promote research and development of locally available staple diets and use of underutilised crops for improved utilisation and Nutrition;
ii. Produce a complete food-composition table for locally available food and agricultural produce (raw, processed, and prepared);
iii. Promote, support, and disseminate research findings on food processing and preservation technologies for adaptation at the village and household levels;
iv. Promote research on local food fortification;
v. Promote collaborative program implementation operations research to enhance program outcomes.
vi. Promote regular conduct of food consumption and nutrition survey to track policy impact.

3.6. Improve resource mobilisation, utilisation, and accountability 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 MDAs with the required resources (human, financial, and material) for effective management and coordination of the policy; and
iii. Strengthen the capacity of the MDAs to mobilise resources internally (State and LGA) and externally (bi- and multilateral donors).
iv. Ensure increased spending on Nutrition interventions.
v. Strengthen M&E mechanisms to ensure financial tracking against program performance

vi. Ensure a robust mechanism that will eliminate corrupt practices in government Institutions.

vii. Advocacy by Food and Nutrition Committees at the State and Local Government Levels.

3.7. Expand the provision of safe water and improved sanitation facilities at all levels

3.7.1 Promote access to potable water

i. Promote the expansion of the existing water supply in the State.

ii. Promote water purification and treatment.

iii. Promote Public Private Partnership on provision water in the State.

3.7.2 Promote improved sanitation facilities

i. Promote and increase access to hygienic sanitary facilities.

ii. Promote environmental water and sanitary hygiene services supported by Government.

iii. Promote Public Private Partnership on sanitation facilities.

3.8. Coordination and multi-sectoral partnerships

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

ii. Analyse macroeconomic and sectoral policies regarding their potential impact and consequences for household income, food consumption, and delivery of human services, with a view to policy modification to ameliorate adverse effects.

iii. Promote an increase in social-sector spending and explore the potential role of the private sector in Nutrition interventions

iv. Promote productive capacity through encouraging private sector engagement in Food and Nutrition-related investment.

CHAPTER FOUR

4.0 Institutional Arrangements, Legal Framework, and Financing

4.1. Preamble

Malnutrition is a multifaceted problem requiring the involvement of all sectors, which has direct or indirect participation in the promotion of Nutrition and prevention and control of Malnutrition. While a multi-sectoral approach with central coordination is necessary to deal with the complex nature of Malnutrition and to appreciate the intricate interplay of a number of its determinants, individual technically sound programs need to be implemented by each critical sector, according to its mandate and in line with the national policy on Food and Nutrition and the multi-sectoral strategy for its implementation. The State Food and Nutrition Policy requires an adequate institutional arrangement to ensure a results-oriented program implementation. The State Committee on Food and Nutrition (SCFN) provides the technical leadership for the performance of Nutrition-related programs across the different sectors. At the same time, specific MDAs focus on their core strength areas.

4.2 Leadership, Structures, and Institutions

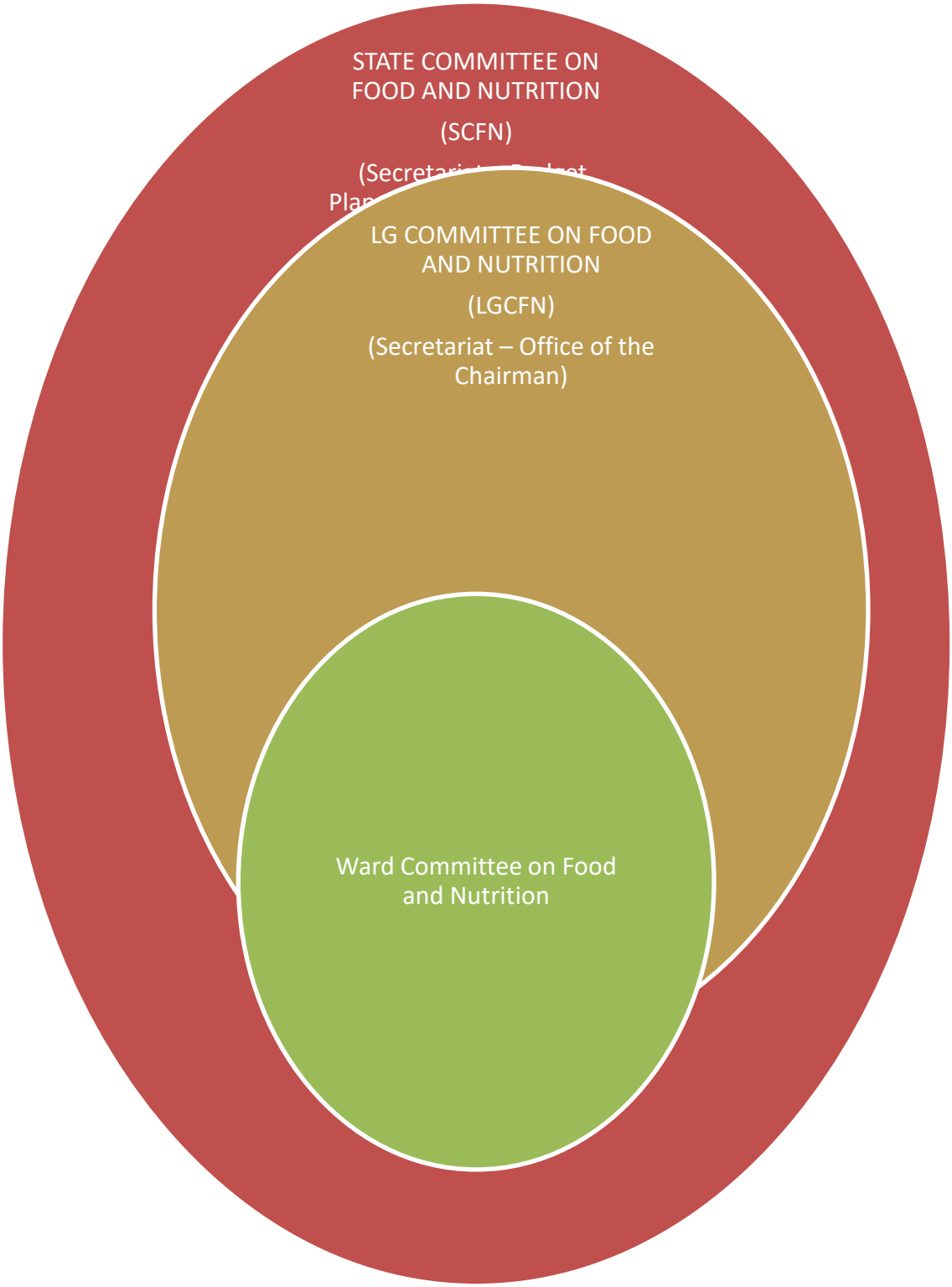
The implementation of the State Policy on Food and Nutrition is the responsibility of the State and Local Government Area Councils (LGAs) in collaboration with other stakeholders, including the organised private sector, development partners, professional bodies, Civil Society Organisations (CSOs), Non-Governmental Organisations (NGOs), Faith Based Organisations [FBOs], and communities. Government should ensure the revitalise State committees on food and Nutrition.

Administrative arrangements between the SCFN, Ministry of Economic Planning (MOEP), Ministry of Health, Ministry of Agriculture, Ministry of Finance, Ministry of Water Resources, Ministry of Education, Ministry of Information, Ministry of Youth Development, Ministry of Women Affairs, Ministry of Science and Technology, Ministry of Rural Development, Ministry of Water Resources, and Local Governments will form the basis for planning and implementation of the State Food and Nutrition Policy. In this regard, The Budget, Planning and Development Partner Coordination Office (BPDPCO) will be the focal point for coordinating food and nutrition programs at the state level. The State Committee on Food and Nutrition (SCFN) and the Local Government Committee on Food and Nutrition (LGCFN) will assist the committee.

Implementation agencies at State and LGA levels are responsible for implementing specific projects and programs relevant to the policy. The SCFN will be responsible for identifying and mobilising resources for executing given projects or activities in a coordinated manner and emphasising the need for harmonisation and synergy within each body's geographic boundaries and authority.

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

Institutional Structure for the Coordination of Policy Implementation



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4.3. State Committee on Food and Nutrition (SCFN)

To achieve the State Food and Nutrition Policy objectives and implement its programs, an SCFN shall be established and located in the BPDPCO. Membership of the committee will be from relevant Ministries, Departments, And Agencies of government, as well as representatives of tertiary institutions dealing with food and nutrition issues. The SCFN shall be the highest decision-making body on Food and Nutrition in Gombe State. It will serve as the policy body for all efforts geared towards ensuring Food and Nutrition security for all people in Gombe State. The SCFN will be chaired by the Permanent Secretary, BPDCO, and will be composed of Permanent Secretaries from relevant MDAs and representatives of organised private sector/industry as approved by the State Executive Council. The State Committee on Food and Nutrition will meet quarterly or as may be decided.

4.4. Mandate of the SCFN

The SCFN has a mandate of:

i. Providing necessary technical and professional assistance and support to the Secretariat (BPDPCO) on Food and Nutrition planning and program implementation;
ii. Ensure adequate financial provision and timely release of allocated funds in state development plans
iii. Proposing and reviewing continuously programs that have a potential impact on food and nutrition issues;
iv. Ensuring that the representatives of relevant sectors on the committee undertake the effective implementation of their various policies and programs;
v. Advising on the formulation of appropriate strategies for program M&E;
vi. Supporting the State BPDPCO in the maintenance of ongoing advocacy for Food and Nutrition issues; and
vii. Assisting the State BPDPCO in setting up and managing a database of nutrition activities.

4.5. The Membership of the SCFN

i. The Permanent Secretary, BPDPCO Chairman
ii. Permanent Secretary, Min. of Agriculture

iii. Permanent Secretary, Min. of Rural Development
iv. Permanent Secretary, Min. of Health
v. Permanent Secretary, Min. of Education
vi. Hon Commissioner of Communications and Perm Sec Min. of Information
vii. Permanent Secretary, Min. of Finance
viii. Permanent Secretary, Min. of Water Resources
ix. Permanent Secretary, Min. of Local Government
x. Permanent Secretary, Min. of Women Affairs and Youth Development
xi. Permanent Secretary, Min. of Science and Technology
xii. Director General National Institute of Medical Research.
xiii. Executive Director National Primary Health Care Development Agency.
xiv. Project Manager, GomSACA
xv. State Director, Standard Organization of Nigeria (SON)
xvi. State Director National Agency for Food & Drug Administration & Control (NAFDAC)
xvii. State Chairman, Paediatric Association of Nigeria
xviii. State Chairman, Nutrition Society of Nigeria
xix. Representatives from the Food Industry (2)
xx. State Representative, UNICEF
xxi. State Representative, WHO
xxii. Chairman, MNCH Coalition
xxiii. State Representative, Save the Children International
xxiv. Chairman, All LGA Chairmen Forum
xxv. MNCH Coalition Members
xxvi. Director, National Orientation Agency
xxvii. Representative of Traditional Rulers
xxviii. Permanent Secretary, Min. of Trade, Industry and Tourism
xxix. Representative of Security Agencies.
xxx. Chairman ALGON
xxxi. Representative of Accountant General Office.

4.6. State Budget, Planning and Development Partner Coordination Office (BPDPCO)

The BPDPCO will serve as the state focal point for Food and Nutrition policy program planning and coordination in the State. The BPDPCO will serve as the Secretariat for both SCFN and LGCFN and shall coordinate with the state secretariats and have regular forums for interactions. The SCFN has at least one qualified and experienced nutritionist (not less than a Deputy Director) as the administrative head of the State 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 State. The SFCN hhould create opportunities for nutritionists to come on board as interns to complement the staff in the BPDPCO

The BPDPCO shall convene meetings of the SCFN and produce annual reports on progress made in Food and Nutrition. The Permanent Secretary of the BPDPCO will serve as chairman of SCFN or a designated officer not below the rank of a Director.

In addition, a state technical committee on food and Nutrition shall be established and meet regularly (at least quarterly).

4.7. The SCFN Secretariat

SCFN shall have a secretariat established in the State BPDPCO 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 program. The Permanent Secretary BPDPCO will head the SCFN, whilst the state Nutrition officer will serve as the secretary. The staff should be 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 the following:

i. Servicing all statutory SCFN meetings;
ii. Establishing appropriate linkages with other departments BPDPCO; and
iii. Undertaking any other duties by the BPDPCO may be assigned towards effectively implementing this policy.

4.8. Local Government Committee on Food and Nutrition (LGCFN)

An LGCFN shall be established and located in the Office of the LGA Chairman to accomplish the State Food and Nutrition Policy objectives and implement its programs. Membership of the committee

will be from relevant Departments and Agencies of government as well as representatives of CSOs dealing with food and nutrition issues at the LGA level.

4.9. 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 Chairman) on Food and Nutrition program implementation;
ii. Ensure adequate financial provision and timely release of allocated funds in state development plans
iii. Proposing and reviewing continuously programs that have a potential impact on Food and Nutrition issues;
iv. Ensuring that the representatives of relevant sectors on the committee undertake the effective implementation of their various policies and programs;
v. Implementing appropriate strategies for program M&E;
vi. Supporting the Office of LGA Chairman in the maintenance of ongoing advocacy for Food and Nutrition issues;
vii. Managing and maintaining the database of Nutrition activities; and
viii. Coordinating Nutrition program implementation at the LGA level.

4.10. The LGCFN Secretariat

The LGCFN shall have a secretariat established in the Office of the LGA Vice Chairman, who shall serve as chair of the LGCFN, and the LGA Nutrition focal person shall serve as the secretary. The Secretariat will be responsible for the following:

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 program implementation.

4.11. Roles of Professional Bodies and Development Partners

4.11.1 Professional Bodies, CBOs, CSOs, FBOs, and NGOs

To ensure proper coordination of activities and to avoid duplication of efforts, the coordinating agencies at the Federal, State and Local Government levels will work closely with relevant

professional bodies. The appropriate Professional Bodies includes the Nutrition Society of Nigeria, Dietetic Association of Nigeria, and Nigeria Institute for Food Science and Technology), NGOs, CBOs, CSOs, FBOs and local communities in pursuit of the State Food and Nutrition Policy objectives.

This partnership could benefit the policy implementation through the following:

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

4.11.2. Private Sector

Apart from providing funds to accelerate growth in food supplies and to manufacture essential drugs, plant machinery, and equipment, the private sector should support the Food and Nutrition program effort of the government by collaborating in specific areas, including:

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

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

4.11.3 Development Partners

Government and development partners (bilateral and multilateral agencies) have worked closely on Food and Nutrition issues in program design, training, capacity-building, research, and pilot regional and national programs. 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. Resources mobilisation in the forms of grants and loans;

ii. Providing best practices to be used in refining and re-designing existing programs and introducing new ones; and

iii. Full participation in program implementation and review as well as M&E.

4.12. Resource Mobilisation

Government shall regularly ensure the mobilisation and timely release of resources required from budgetary allocations to fully implement Food and Nutrition security at all levels.

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

4.13. Sustainability and Programme Scale Up

4.13.1 National Nutrition Network (NNN):

The NNN is a platform for NCFN and SCFN to meet annually to share experiences on annual progress, achievement, and challenges and chart a way forward for subsequent years. The BPDPCO, through the SCFN, will organise this representation of Gombe state at the NNN with representation from the State and Local Government levels, Development Partners, and other relevant stakeholders.

4.13.2 Scaling Up Nutrition (SUN) Movement

SUN is domiciled in the FMOH 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. The SCFN will lease with SUN FMOH to ensure SUN at the State level.

4.13.3 Working Groups and Sub Committees

Working groups shall aid the operational efficiency and effectiveness of the SCFN, such as the MNDC Advisory Committee, IYCF Working Group, National Technical Committee on the Implementation of International Code of Marketing of BMS, Technical Committee on Food and Nutrition, Community Management of Acute Malnutrition (CMAM) Task Force, Etc., with the appropriate chair from relevant MDAs with comparative advantages.

CHAPTER FIVE

5.1 Monitoring and Evaluation

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

The core component of this M&E strategy will be an appropriate Food and Nutrition information monitoring system. This type of information system will monitor food and nutrition situations in the State at regular intervals and 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 to refine policies and programs and the timeliness of interventions 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 specific ministries, routine data collected from all the relevant sectors, and community-level Food and Nutrition information, including data from child growth monitoring and promotion programs. The SCFN will also consider Rapid Rural Appraisal (RRA) techniques as possible means of obtaining information quickly. The information generated will be used to assess the Food and Nutrition situation and inform programmatic changes and amendments by program managers to bring about improvement.

5.3 M&E System

Monitor and evaluate the nutritional impact of the State Food and Nutrition Policy and its consequent programs; consider relevant indicators to assess whether they met targets and goals. The M&E system will use the information generated through the Food and Nutrition information system and scheduled NDHS, MICS, and SMART surveys to inform decision-makers of the result achieved and the impact.

Shall create a database to keep accurate and relevant information through the vertical and horizontal collation of data from the LGAs and State levels are tracked, so that progress and changes, and impact are measured. The system shall use a simple M&E approach to enable planners at each level to collect data that will assist them in the ongoing planning and implementation of Food and Nutrition programs and activities. Shall be introduced a feedback mechanism to enable the "downward" sharing of data through regular communication about the progress of Food and Nutrition programs and activities at the State and LGA levels. The main M&E activities will include:

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

5.3.1 Objectives of the M&E:

i. Measure the progress, achievements, and performance through the strategy results framework and a set of specific indicators on Food and Nutrition;
ii. Provide policymakers and different stakeholders with relevant qualitative and quantitative information to enable them to:
iii. Undertake the strategy performance assessment to make corrections for a satisfactory implementation and capitalisation on best practices;
iv. Conclude the effectiveness of the achievements;
v. Increase skills in the area of quality assurance in Food and Nutrition strategic implementation, and use the appropriate information for policy adjustment; and
vi. Provide data to all stakeholders for communication to create 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 program results at prescribed intervals using appropriate tools. The techniques and data collection will include routine data from health facilities and other relevant institutions and population-based data.

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

5.3.3.1. The Budget, Planning and Development Partner Coordination Office

The BPDPCO will have responsibility for overall M&E. The SCFN Secretariat, in collaboration with the M&E office of the BPDPCO, 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 for incorporation into the national M&E database;
iii. Working with the M&E departments of State and relevant MDAs to ensure timely submission and quality of data;
iv. Preparing yearly reports on the progress of implementation and achievement of objectives as stated in the policy;
v. Identifying gaps and recommending necessary adjustments in program 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 DPRSs of the MDAs in the administration of surveys and the collection of data at specified intervals and periods to document achievements of results;
viii. Facilitating capacity-building for M&E officers and personnel; and
ix. Providing data on quality assurance

5.3.3.2. State Ministries, Departments, and Agencies

In each Ministry, 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 specifications;
ii. Submitting timely data and M&E report to the state M&E system;
iii. Validating the accuracy of data before submission to the state M&E system.

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 segments of the population most likely to suffer from nutritional deprivation.

Baby-Friendly Hospital Initiative: A hospital-based program that promotes good breastfeeding practices by mothers (i.e., exclusive breastfeeding for the first six months of life).

Complementary Foods: shall be given to infants after six months of age.

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

Food Security: All people can access enough food for an active, healthy life.

Food Insecurity: refers to when a household cannot provide adequate food for its members on a sustainable basis, either due to the inability to produce its food or through food purchases.

Growth Monitoring and Promotion: A process that involves a 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: refers to 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 foetus 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, stillbirths, and physical disabilities.

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

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

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

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

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

Nutrition: The result of various societal processes (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 healthy situation of a community or a population and the factors that affect it to take appropriate actions that will forestall problems or improve nutrition.

Nutritive Value: refers to 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: refers to the percentage of individuals in a sample or population affected by a particular disorder or condition.

Provitamin A refers to the substance (beta carotene) found in plants that the body can convert to Vitamin A.