

CIVIL SOCIETY SCALING UP NUTRITION IN NIGERIA (CS-SUNN)

# Communication Strategy for Partnership for Improving Nigeria Nutrition Systems (PINNS)

*Developed by:*

Centre for Communication and Social Impact (CCSI)



## **List of Acronyms**

BCC	Behaviour Change Communication
CCSI	Center for Communication and Social Impact
CMAM	Community Management of Acute Malnutrition
CS-SUNN	Civil Society Scaling Up Nutrition in Nigeria
CSOs	Civil Society Organizations
NGOs	Non-Governmental Organizations
EBF	Exclusive Breastfeeding
ES	Executive Secretary
HMB	Hospital Management Board
FMoH	Federal Ministry of Health
HE	Health Educator
IYCF	Infant and Young Child Feeding
JHCCP	Johns Hopkins Center for Communication Programs
LGAs	Local Government Areas
MBNP	Ministry of Budget and National Planning
MDD	Micronutrient Deficiency Diseases
MI	Micronutrient Initiative
MMD	Media Material Development
MND	Micro Nutrient Deficiency
MNCH	Maternal Newborn and Child Health
MNCHW	Maternal Newborn and Child Health Week
MNS	Micro Nutrient Supplementation
NMSPAN	National Multi-Sectoral Strategic Plan of Action for Nutrition
SNOs	State Nutrition Officers
NASS	National Assembly
NDHS	Nigeria Demographic and Health Survey
NIDs	National Immunization Days
NIPDs	National Immunization Plus Days
NPHCDA	National Primary Health Care Development Agency
PINNS	Partnership for Improving Nigeria Nutrition Systems
RESET	Result-driven, Effective, Serviceable, Efficient and Transparent
SBCC	Social and Behaviour Change Communication
SMoH	State Ministry of Health
SPHCDA	State Primary Health Care Development Agency
UNICEF	United Nations Children’s Fund
VAS	Vitamin A Supplement
WHO	World Health Organization
PHC	Primary Health Care

DG	Director General
NAFDAC	National Food and Drug Administration and Control
SON	Standards Organization of Nigeria
CG	Comptroller General

## **Table of Contents**

List of Acronyms.....	i
Background .....	1
Conceptual Framework .....	2
Enabling socio-political environment.....	3
Efficient social systems .....	3
Communities in action.....	3
Strategic Communication approach.....	5
Guiding Principles .....	5
‘A’ Frame for Advocacy.....	6
Shared Vision.....	8
Final Prioritized Audiences.....	9
Infant and Young Child Feeding.....	9
Micronutrient Supplementation.....	10
Message Matrix for the Audiences.....	11
Infant and Young Child Feeding (IYCF).....	11
Micro Nutrient Supplementation and Staple Foods Fortification (MNS) .....	13
Communication Objectives.....	16
Infant and Young Child Feeding (IYCF).....	16
Micro Nutrient Supplementation (MNS) .....	17
Message Development .....	22
Content for Materials .....	22
Improving Infant and Young Child Feeding (IYCF) Practices .....	22
Legislative Brief on Micronutrient Supplementation.....	25

Improving Infant and Young Child Feeding (IYCF) Practices .....	28
Micronutrient Supplementation (MNS).....	30
Media Advocacy Activities .....	32
Materials for Development and Production.....	34
Slogans.....	34
Implementation Workplan.....	35
Monitoring and Evaluation Framework.....	43
Indicator Definitions .....	47

## **Table of Figures**

Figure 1 - Communication Pathways for Social and Behavioural Changes .....	4
Figure 2 – P Process .....	5
Figure 3 – ‘A’ Frame for Advocacy.....	6

## **Background**

The Partnership for Improving Nigeria Nutrition Systems (PINNS) is a project designed to strengthen the Nigeria nutrition systems to be more Result-driven, Effective, Serviceable, Efficient and Transparent (RESET). This is to facilitate the delivery of Nutrition interventions and to hold government accountable on commitments made to allocate, release and transparently use funds for implementation of high impact nutrition interventions in Nigeria through evidence-based advocacy.

The goal of the project is to advocate for improved domestic financing and implementation of national strategic plans for nutrition. The transformational goal of the strategy is to successfully bring nutrition to the front burner of national discourse and demonstrate that it is possible for a country such as Nigeria to finance and deliver high quality, high-level functional/implementable nutrition policy at scale. The strategy also seeks to advocate for improved domestic financing and implementation of national strategic plans for nutrition. Many positive steps have been taken towards this goal in terms of policy formulation and plans; however, committed domestic financing remains the big challenge. This strategic approach will demonstrate over the next three years (2018-2021 lifespan of PINNS project) that it is possible to achieve policy implementation using domestic resources for Nutrition issues in a sustainable way.

Malnutrition in Nigeria is caused by several factors including lack of food, improper feeding and caring practices, economic and political structures, low status and lack of education among women, etc. Therefore, a multi-sectoral approach is required for a reduction and eventual eradication of the scourge. The UNICEF conceptual framework (UNICEF 2013) brings to the fore the need for multi-actors, disciplines, sectors and systems in this effort as evidence increasingly suggests that solving malnutrition can benefit from a systems approach (WHO 2009; Hammond & Dube, 2012).

PINNS project adopts a systems approach to strengthening bodies burdened with the responsibility of reducing malnutrition in Nigeria. It pays attention to the unpredictable interaction among factors, sectors, disciplines and determinants of nutrition, bringing to the table key tools and technical support required for the effective coordination and

implementation of programs. PINNS seeks to focus on strengthening governance, policy implementation, effective coordination, financing, building the capacity of state actors, generation and effective communication of evidence and promoting accountability. This collective effort will contribute to a reduction in malnutrition, thereby improving the nutritional status of Nigerians, particularly women and children. The organizational capacity of CS-SUNN to become a leading voice on nutrition advocacy in Nigeria by deepening expertise gained from her previous projects and building new ones is also one of the targeted outcomes of this engagement.

Based on this background information, it became important to develop a strategy that will serve as a roadmap for carrying out advocacy for the project. This strategy is a deliberate approach to facilitate a feasible and functional engagement with the identified audiences in order to achieve the desired behavioural objective(s). It was on this basis that CS-SUNN engaged CCSI for a collaborative effort to develop a strategy to drive the advocacy process for achieving the investment outcomes of the PINNS project.

## **Conceptual Framework**

The PINNS communication strategy is premised on the Communications Pathway Model of Social and Behavioural Change; a model of strategic communication for development, which draws from a variety of advocacy, social mobilization and BCC theories and is structured around three distinct but complementary domains of communication<sup>1</sup>. This model recognises that social and individual behaviour change will not happen because of one intervention alone or focusing on one level of society, but rather through social, individual, and structural change coming together to produce a supportive society. Thus, strengthening community capacity, changing social norms, and improving specific health behaviours require attention at three levels of society: 1) creating enabling environments; 2) improving service support; 3) mobilizing communities and engaging individuals. This conceptual framework charts the continuum of social change among these three levels to

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<sup>1</sup> Payne-Merritt, A, Johns Hopkins Bloomberg School of Public Health Center for Communication Programs, 2004.

illustrate how communication interventions including advocacy interventions lead to initial outcomes, subsequent behavioural outcomes, and finally sustained behavioural outcomes.

Research has shown that sustained healthy practices are more likely to happen when the following four elements are in place:

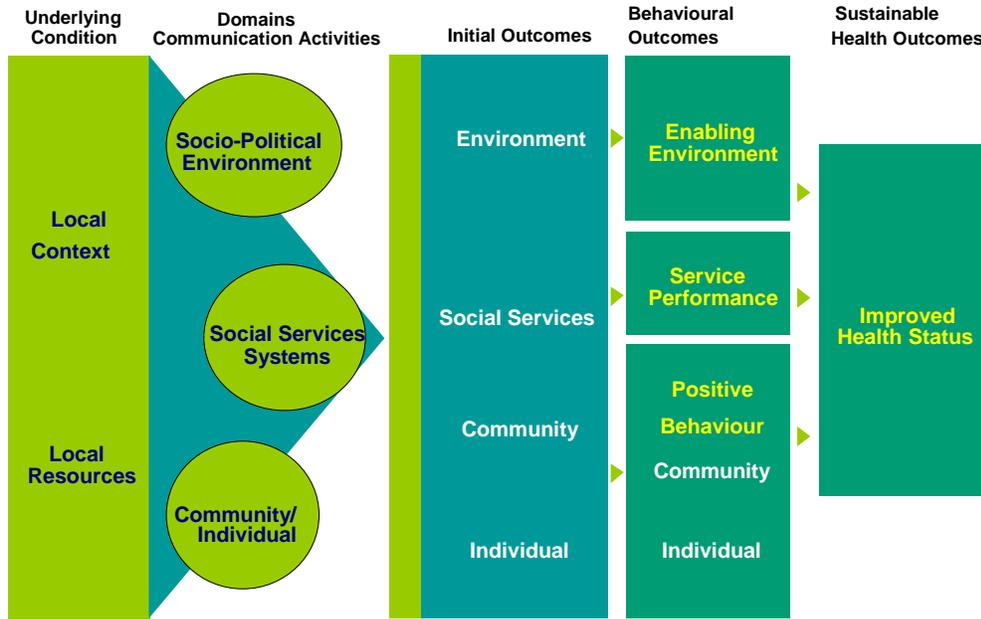
- ***An enabling socio-political environment***— where policy decision-makers and leaders are engaged and speaking out publicly, providing resources to support healthy practices, and with the media fully involved and committed to supporting the cause.

This is the domain where PINNS would need to direct efforts if indeed a difference would be made for policy support for Nutrition in Nigeria. The media will also be deliberately cultivated to push for a supportive policy environment for nutrition in Nigeria.

- ***Efficient social systems***— where services and products are available and efficient, all health providers promote priority behaviours.

There is a need for a reminder that every policy will require efficient social systems to be effective. PINNS communication strategy will seek to collaborate with partners especially MBNP, FMARD, FMWR, FMOE, Federal Ministry of Women Affairs and Social Development, FMOH and others to set up a robust system.

- ***Communities in action***— where healthy behaviours are the norm, support groups exist and are open to all, where community members fully own the dialogue and actions looking for solutions to the health problem; and **Individuals and households** have the skills, motivation, knowledge, attitudes, and resources to maintain their own health.



**Figure 1 - Communication Pathways for Social and Behavioural Changes**

PINNS activities would be in five states with engagement at decision-making levels, not at the community or household level. Through unique communication approaches, advocacy outcomes would positively trickle down and impact on the individuals and households.

By following the communication pathways model, PINNS project will be guided towards appropriate messages in support of all advocacy efforts for policy change at the national and state levels.

## Strategic Communication approach

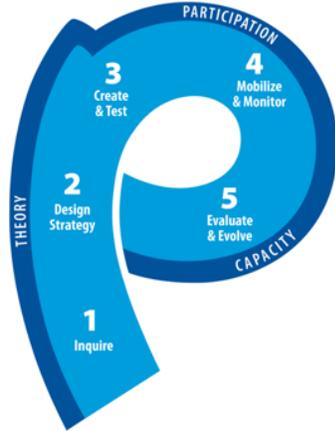


Figure 2 – P Process

Communication approach is premised on the proven concept of the **P Process**, which guides message and materials development. Combined with the A Frame of advocacy strategy development, these approaches are drawn upon to convey the essentials of a communication strategy for PINNS project.

The P Process is a strategic approach to communication planning guided by a flexible but comprehensive five-step process to developing communication strategies from concept to completion. The process comprises *Inquire*, *Design Strategy*,

*Create and Test*, *Mobilize and Monitor*, and *Evaluate and Evolve* stages. Overlaying those five steps are the embedded concepts of participation and capacity strengthening. Participation of stakeholders and beneficiaries from the outset is critical to the intervention’s short- and long-term success; capacity strengthening of key stakeholders and institutionalization of that work provides the foundation from which to improve quality over time.

## Guiding Principles

The guiding principles of this communication strategic framework draw from the overall goal of the National Policy on Food and Nutrition in Nigeria which aims to attain optimal nutritional status for all Nigerians with emphasis on the vulnerable groups. These would be achieved through:

- A strategically targeted communication support for advocacy on improved implementation of the National Multi-Sectoral Strategic Plan of Action for Nutrition (NMSPAN). This would focus on high impact nutrition interventions in the Health and Agriculture sector strategic plans designed to contribute to reduction in maternal and child malnutrition at national and focal states
- High level advocacy support for improved funding for Health and Nutrition (with reference to 1% consolidated revenue fund for nutrition- IYCF, EBF, Maternal nutrition and staple food fortification) at national and focal states

- Media strategy for creating a momentum for Scaling up Nutrition in Nigeria, through concerted stakeholders' and Civil Society Action
- Adequate nutrition education and awareness which is a fundamental cornerstone for any individual, especially for women whose nutrition has critical implications for both their own health as well as their children's health
- Evidence based/data usage would be critical to secure buy-in of all stakeholders who need evidences on the primacy of nutrition intervention if the future population is expected to fulfill its potential in an increasing knowledge-based society

### 'A' Frame for Advocacy

The A Frame for Advocacy developed by the JHCCP provides a detailed and systematic process for the advocacy considerations and intervention.



**Figure 3 – 'A' Frame for Advocacy**

**Analysis** is the first step to effective advocacy, just as it is the first step to any effective action. Activities or advocacy efforts designed to have an impact on public policy start with accurate information and in-depth understanding of the problem just as CS-SUNN has done. What information is available about the people involved, the policies, the implementation or non-implementation of those policies, the organizations, and the channels of access to influential people and decision-makers. The stronger the foundation of knowledge on these elements, the more persuasive the advocacy can be.

**Strategy:** Every advocacy effort needs a strategy. The strategy phase builds upon the analysis phase to direct, plan, and focus on specific goals and to position the advocacy effort with clear paths to achieve those goals and objectives.

**Mobilization:** Coalition-building strengthens advocacy. Events, activities, messages, and materials will be designed with objectives, audiences, partnerships, and resources clearly in mind. These should have maximum positive impact on the policy-makers and maximum participation by all coalition members, while minimizing responses from the opposition. In the case under consideration, there are hardly any opposition to issues of nutrition either from culture or religion.

**Action:** Keeping all partners together and persisting in making the case are both essential in carrying out advocacy. Repeating the message and using the credible materials developed over and over helps to keep attention and concern on the issue.

**Evaluation:** Advocacy efforts would be evaluated as carefully as any other communication campaign. Since advocacy often provides partial results, the advocacy team would need to measure regularly and objectively what has been accomplished and what more remains to be done. Process evaluation may be more important and more difficult than impact evaluation. Some of the ways to evaluate advocacy efforts include but are not limited to the following:

1. Establishing and measuring intermediate and process indicators.
2. Evaluating specific events and activities.
3. Documenting changes based on initial SMART objectives.
4. Comparing final results with indicators to measure change.
5. Identifying key factors contributing to policy changes.
6. Documenting unintended changes.
7. Sharing results. Publicizing successes in a clear and understandable manner to stakeholders.

**Continuity:** Advocacy, like other communication interventions, is an ongoing process rather than a single policy or piece of legislation. Planning for continuity includes articulating long-term goals, keeping functional coalitions together, and keeping data and arguments in tune with changing situations. Steps to planning for continuity include:

1. Evaluate resulting situations.
2. If desired policy changes occur, monitor implementation.
3. If desired policy changes do not occur, review previous strategy and action, revise, repeat advocacy process or identify other actions to be taken.
4. Develop plans to sustain/reinforce change.
5. Persevere.

### **Shared Vision**

*“By 2021, policy makers and key nutrition stakeholders would take ownership and responsibility for the delivery of a strengthened nutrition system that contributes to a reduction in malnutrition among women and children under 5 in Nigeria”.*

## Final Prioritized Audiences

The audiences were identified based on the main nutritional issues that require advocacy efforts.

### Infant and Young Child Feeding

Thematic Areas	Issues and challenges	Audience	
		Primary Audience	Secondary
Infant and Young Child Feeding (IYCF)	Inadequate number of skilled health workers	Commissioner of health Executive Secretary of the State Primary Healthcare Development Board (SPHCDA)	Governors Head of service
	Inadequate capacity	Executive Secretary of the State Primary Healthcare Development Board (SPHCDA)	School of nursing School of health technologies Health Management Board (HMB)
	Ineffective monitoring	ES (SPHCDA), HMB	LGAs PHC Coordinator
	Inadequate funding	Governor	Commissioner Ministry of budget and planning, MoH and ES-(S PHCDA)
	Lack of visual and job aids at facilities	Commissioner MoH	Ministry of LG and Chieftaincy affairs
	Harmful cultural practices	Traditional and Religious leaders	CSOs and NGOs,

## Micronutrient Supplementation

Thematic Areas	Issues and challenges	Audience	
		Primary Audience	Secondary
Micro Nutrient Supplementation	Low funding of Nutrition Activities	Minister FMoH NASS(chairmen committee of health and appropriation committee), State Governors State MoH State House of Assembly, National Council on Nutrition	Wife of the President, Minister for Women Affairs, Private sectors/ philanthropists, Council of traditional rulers, Wife of the state governors, Commissioner for health Media, Commissioner for Finance, Budget and Planning
	Coverage (in terms of reach)	State governors Commissioners for Health, Commissioners for LG and Chieftaincy affairs	Media, CSOs, Private sectors, Religious institutions
	Food fortification monitoring system	DG NAFDAC, SON CG Customs	Media, CSOs, Private sectors
	Biofortification of food crops	Ministry of Agriculture and National Planning Commission	Ministry of Agriculture

## Message Matrix for the Audiences

### Infant and Young Child Feeding (IYCF)

<b>Infant and Young Child Feeding (IYCF): Message Matrix for Priority Audiences of Governors, Commissioners of Health and LGAs</b>			
<b>Message Types</b>	<b>Governor</b>	<b>Commissioner for Health</b>	<b>Commissioner for LGA</b>
<b>Beliefs to promote</b>	<p>That the first 1000 days of life are critical and set the right foundation for life</p> <ul style="list-style-type: none"> <li>Malnutrition is a serious condition that requires governments' special attention</li> </ul>	<p>The first 1000 days of life are critical and set the right foundation for life</p> <ul style="list-style-type: none"> <li>Malnutrition is a serious condition that requires governments' special attention</li> </ul>	<ul style="list-style-type: none"> <li>Malnutrition is a serious condition that requires governments' special attention</li> <li>Rate of malnutrition in the state can be reduced by implementing IYCF programs</li> </ul>
<b>Action to promote</b>	<p>Provide adequate funding for the program in the state</p>	<ul style="list-style-type: none"> <li>Train health workers to improve their skills on IYCF</li> <li>Hire health workers at the PHC</li> <li>Influence decisions to promote IYCF in the state</li> </ul>	<p>Release a specific amount of funds dedicated to support IYCF programs from LGA monthly allowance</p>
<b>Mental mindset to change</b>	<p>Malnutrition does not exist in the state</p>	<p>Malnutrition does not exist in the state</p>	<ul style="list-style-type: none"> <li>Malnutrition does not exist in the state</li> </ul>

<b>Infant and Young Child Feeding (IYCF): Message Matrix for Priority Audiences of Governors, Commissioners of Health and LGAs</b>			
<b>Message Types</b>	<b>Governor</b>	<b>Commissioner for Health</b>	<b>Commissioner for LGA</b>
			<ul style="list-style-type: none"> <li>• IYCF programs should only be funded from SMoH budget</li> </ul>
<b>Misconceptions to address</b>	<ul style="list-style-type: none"> <li>• It requires huge funds to promote IYCF practices in the state</li> <li>• Focusing attention on IYCF is a misplaced priority</li> </ul>	<ul style="list-style-type: none"> <li>• It requires huge funds to promote IYCF practices in the state</li> <li>• Focusing attention on IYCF is a misplaced priority</li> </ul>	<ul style="list-style-type: none"> <li>• It requires huge funds to promote IYCF practices in the state</li> <li>• Focusing attention on IYCF is a misplaced priority</li> <li>• Too much attention is given to nutrition programs</li> </ul>
<b>Desired change</b>	<ul style="list-style-type: none"> <li>• Government prioritize issues around the first 1000 days of life</li> <li>• Fund campaigns for optimal breastfeeding and Exclusive breastfeeding in the first 6 months</li> <li>• Fund nutrition education to</li> </ul>	PHCs to render optimum IYCF services across LGAs in the state	Routine IYCF activities to be largely funded from LGA monthly allocation

<b>Infant and Young Child Feeding (IYCF): Message Matrix for Priority Audiences of Governors, Commissioners of Health and LGAs</b>			
<b>Message Types</b>	<b>Governor</b>	<b>Commissioner for Health</b>	<b>Commissioner for LGA</b>
	promote IYCF practices		
<b>Constraint</b>	Limited funds	<ul style="list-style-type: none"> <li>Limited funds</li> <li>Competing health programs that require immediate attention</li> </ul>	<ul style="list-style-type: none"> <li>Inadequate information on the importance of IYCF by LGA chairmen</li> <li>No budget lines for IYCF programs</li> </ul>

### **Micro Nutrient Supplementation and Staple Foods Fortification (MNS)**

<b>Message Matrix for Priority Audiences of: Governor, Minister of Health, States Houses of Assemblies and DG NAFDAC</b>				
<b>Audience</b>	<b>Governor</b>	<b>Minister of Health</b>	<b>State House of Assembly</b>	<b>DG NAFDAC</b>
Beliefs to promote	MNS is integral to reducing malnutrition in the state. It is realistic, affordable	MND country index is a big source of concern for Nigeria	MNS is integral to reducing malnutrition in the state. It is realistic, affordable	NAFDAC plays a critical role in ensuring quality of MNS
Action to promote	Allocate funding for MNS in the state budget	Allocate funding in the Federal budget	<ul style="list-style-type: none"> <li>Make budgetary input (ensure a certain</li> </ul>	Ensure manufacturers and producers comply with the

<b>Message Matrix for Priority Audiences of: Governor, Minister of Health, States Houses of Assemblies and DG NAFDAC</b>				
<b>Audience</b>	<b>Governor</b>	<b>Minister of Health</b>	<b>State House of Assembly</b>	<b>DG NAFDAC</b>
	Ensure MNS are available in PHCs		percentage of the budget is allocated to MNS) <ul style="list-style-type: none"> <li>• Carry out supervisory functions on MNS fund implementation</li> </ul>	minimum standard of food fortification in Nigeria
Mental mindset to change	MND does not exist in the state (It is not politically profitable)	Data on MND are doctored or unnecessarily amplified MND country index is insignificant in the scale of other health related issues	<ul style="list-style-type: none"> <li>• Legislators cannot compel the executives to respond to MNS issues</li> <li>• Legislators are not directly responsible to deliver healthcare services</li> </ul>	There is no reason to intensify actions on MNS compliance because enough is being done
Misconceptions to address	Food security, micronutrient sufficiency, or a MNS-free state is not achievable.	<ul style="list-style-type: none"> <li>• If the governors fail to allocate funds, donors will take up the</li> </ul>	<ul style="list-style-type: none"> <li>• Malnutrition should not be accorded due priority in the scale of other</li> </ul>	There is nothing more that NAFDAC can do

<b>Message Matrix for Priority Audiences of: Governor, Minister of Health, States Houses of Assemblies and DG NAFDAC</b>				
<b>Audience</b>	<b>Governor</b>	<b>Minister of Health</b>	<b>State House of Assembly</b>	<b>DG NAFDAC</b>
		responsibility or people will pay from their pockets. <ul style="list-style-type: none"> <li>• Government thinks they are readily affordable.</li> </ul>	health related issues <ul style="list-style-type: none"> <li>• MND is not a significant cause of death and does not require much needed attention</li> </ul>	
Desired change	Funds will be available for MNS	Budget allocation for MNS  Strong policy decision on MNS	<ul style="list-style-type: none"> <li>• Achieving a significant percentage of the state budget for MNS</li> <li>• Adopt MNS issues as constituency projects</li> </ul>	<ul style="list-style-type: none"> <li>• Intensify monitoring for compliance on MNS</li> <li>• Train personnel on MNS standard assessment at relevant points</li> </ul>
Constraint	Competing demands in the state for funding	Competing demands in the state for funding	Complacency on the side of the executive	Inadequate funds to efficiently monitor at the national and state levels

## Communication Objectives

### Infant and Young Child Feeding (IYCF)

<b>IYCF Communication Objective for: Governor, Commissioners for Health and LGA</b>			
	<b>Governors</b>	<b>Commissioner for Health</b>	<b>Commissioner for LGA</b>
<b>Communication objective</b>	By the end of PINNS project, there will be a budget line for Nutrition in the focal states	By the end of PINNS, there will be timely release of nutrition funds	LG chairmen will set aside specific amount of money for IYCF activities from their monthly allocation
<b>Know</b>	<ul style="list-style-type: none"> <li>• If nothing is done to end malnutrition, more children will die</li> <li>• The need to make funds available for IYCF is urgent</li> </ul>	Malnutrition is a multi-sectorial issue of serious concern that requires a collective response	<ul style="list-style-type: none"> <li>• A malnourished child will not meet up to his/her potential as an adult later in life</li> <li>• SAM most times stems from poor IYCF practices</li> </ul>
<b>Feel</b>	<ul style="list-style-type: none"> <li>• Investing in IYCF will save more money than management of malnutrition</li> <li>• The need to prioritize IYCF intervention</li> <li>• More children will be saved under your administration</li> <li>• Future generation will be grateful</li> </ul>	His role is critical in the prevention of new cases and reduction of malnutrition	<ul style="list-style-type: none"> <li>• His role is critical in prevention of new cases and reduction of malnutrition</li> <li>• Contribution to reduction in malnutrition will increase public confidence in his office</li> <li>• More children will survive under his/her administration</li> </ul>

<b>IYCF Communication Objective for: Governor, Commissioners for Health and LGA</b>			
	<b>Governors</b>	<b>Commissioner for Health</b>	<b>Commissioner for LGA</b>
<b>Do</b>	Create budget line for IYCF in the state	Utilize budget line created specifically for nutrition interventions on nutrition issues	Direct LG chairmen to disburse funds for nutrition activities at their level

### Micro Nutrient Supplementation (MNS)

<b>MNS Communication Objective for: Minister of Health, DG NAFDAC, DG SON &amp; CG Customs, Governors and State House of Assemblies</b>				
	<b>Minister of Health</b>	<b>DG NAFDAC, DG SON &amp; CG Customs</b>	<b>Governors</b>	<b>State House of Assembly</b>
<b>Communication Objectives</b>	By 2021, a policy decision is made for a 20% increase in nutrition budget allocated, released and spent on MNS which will contribute to	<ul style="list-style-type: none"> <li>By 2021, approximately 70% of locally manufactured and imported foods are MNS fortified</li> <li>Manufacturers and producers comply with the minimum standards of food fortification.</li> </ul>	By 2021, a policy decision is made for a 20% increase in nutrition budget allocated, released and spent on MNS which will contribute to reduction in	<ul style="list-style-type: none"> <li>BY 2021, State House of Assembly should have made a significant budgetary input for MNS in the state budget.</li> <li>2/3 of the members should</li> </ul>

<b>MNS Communication Objective for: Minister of Health, DG NAFDAC, DG SON &amp; CG Customs, Governors and State House of Assemblies</b>				
	<b>Minister of Health</b>	<b>DG NAFDAC, DG SON &amp; CG Customs</b>	<b>Governors</b>	<b>State House of Assembly</b>
	reduction in MND related diseases.	<ul style="list-style-type: none"> <li>DG NAFDAC, SON and CG customs have a strategy to intensify monitoring around MNS compliance</li> </ul>	MND related diseases.	have taken up MNS as part of their constituency projects.
<b>Know</b>	<p>A continuous increase in MND cases will account for a significant mortality rate in women of reproductive age and children under 5.</p> <p>Prompt intervention to MNS is cost-effective but if delayed, it will require more budgetary</p>	<p>That MND is a significant cause of diseases among women and children</p> <p>MND is an urgent national issue that should be addressed</p>	<ul style="list-style-type: none"> <li>He/she has the ultimate prerogative to decide the future of women and children in his state through making his policies for MNS work</li> <li>A continuous increase in MND cases will account for a significant</li> </ul>	<ul style="list-style-type: none"> <li>There is high need for MNS in the state</li> <li>They are key stakeholders in achieving an MND-free state.</li> <li>Can leverage on their position as legislators to seek for support from other key stakeholders in fight against MND in their constituencies</li> </ul>

<b>MNS Communication Objective for: Minister of Health, DG NAFDAC, DG SON &amp; CG Customs, Governors and State House of Assemblies</b>				
	<b>Minister of Health</b>	<b>DG NAFDAC, DG SON &amp; CG Customs</b>	<b>Governors</b>	<b>State House of Assembly</b>
	allocation and will escalate to a national emergency.		<p>rise in mortality rate among women of reproductive age and children under 5</p> <ul style="list-style-type: none"> <li>• A prompt intervention to MNS is cost-effective but if delayed, it will attract multiple cost effect to combat MND.</li> </ul>	
<b>Feel</b>	<ul style="list-style-type: none"> <li>• Confident that you playing a critical role in saving the lives of women and</li> </ul>	<ul style="list-style-type: none"> <li>• Interested to support the fight against MND</li> <li>• Fulfilled by playing a critical role in</li> </ul>	<ul style="list-style-type: none"> <li>• Fulfilled by playing a critical role in saving the lives of</li> </ul>	<ul style="list-style-type: none"> <li>• Fulfilled that your intervention will elevate the state's status on</li> </ul>

<b>MNS Communication Objective for: Minister of Health, DG NAFDAC, DG SON &amp; CG Customs, Governors and State House of Assemblies</b>				
	<b>Minister of Health</b>	<b>DG NAFDAC, DG SON &amp; CG Customs</b>	<b>Governors</b>	<b>State House of Assembly</b>
	<p>children in Nigeria</p> <ul style="list-style-type: none"> <li>• Confident that you will be leaving a legacy in the health sector</li> </ul>	<p>saving the lives of women and children in Nigeria</p>	<p>women and children in Nigeria</p> <ul style="list-style-type: none"> <li>• Fulfilled that your intervention will elevate the state's status on national index for fight against malnutrition thus becoming a nutrition champion, for MNS.</li> </ul>	<p>national index for fight against malnutrition thus becoming a nutrition champion, for MNS.</p> <ul style="list-style-type: none"> <li>• Fulfilled by playing a critical role in saving the lives of women and children in Nigeria</li> </ul>
<b>Do</b>	<p>Allocate, release and spend 20% of the nutrition budget for MNS in the country</p>	<ul style="list-style-type: none"> <li>• Effectively monitor for compliance</li> <li>• Establish punishment for defaulters</li> </ul>	<p>Allocate, release and spend 20% of the nutrition budget on MNS in the state</p>	<ul style="list-style-type: none"> <li>• Make significant allocation for MNS in the state budget and to ensure the funds are</li> </ul>

<b>MNS Communication Objective for: Minister of Health, DG NAFDAC, DG SON &amp; CG Customs, Governors and State House of Assemblies</b>				
	<b>Minister of Health</b>	<b>DG NAFDAC, DG SON &amp; CG Customs</b>	<b>Governors</b>	<b>State House of Assembly</b>
				<p>release and spent as defined.</p> <ul style="list-style-type: none"> <li>• Take up MNS issues as part of their constituency projects</li> <li>• Virement of the budget in favor of MNS as required.</li> </ul>

## Message Development

### Content for Materials

#### *Improving Infant and Young Child Feeding (IYCF) Practices*

##### **Role of the Executive (The Governor)**

Malnutrition is one of the most serious public health challenges affecting countries around the world, including Nigeria which is home to the third largest population of malnourished children globally. Malnutrition and nutrition related diseases continue to be problems of public health importance in Nigeria with the under-five mortality rate unacceptably high at 158 per 1,000 live births.<sup>2</sup> The major indicator for malnutrition is stunting. Stunting is a condition of physical and intellectual impairment that has lasting negative effects, defined by low height for age. This condition in which a child is too short for their age with accompanying poor brain development is currently a global indicator for measuring a country's development. Other indicators for malnutrition include; wasting, underweight and obesity.

##### **Current situation**

More than 5 million newborns in Nigeria lack essential nutrients and antibodies that would prevent them from diseases and death as they are not being exclusively breastfed<sup>3</sup>.

Up to 1 million Nigerian children under age 5 are affected by Severe Acute Malnutrition (SAM) each year<sup>4</sup>. These children have severely low weight for their height and are at risk of dying unless given urgent attention.

Nigerian children do not meet the World Health Organization's recommendation for Exclusive Breastfeeding (EBF) during the first 6 months of life. During the past 7 years, the

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<sup>2</sup>(United Nations Children's Fund (UNICEF). (2011). At a glance: Nigeria. Retrieved from [http://www.unicef.org/infobycountry/nigeria\\_statistics.html](http://www.unicef.org/infobycountry/nigeria_statistics.html))

<sup>3</sup> (NDHS 2013)

<sup>4</sup> (Percent of Children Stunted Under Age 5 by Region, 2013-Source: NDHS 2013: Preliminary Report, 2013).

number of under-five children affected by malnutrition has risen marginally across some states in Nigeria<sup>5</sup>.

Optimal Infant and Young Child feeding remains the foundation of child survival and child health because it provides essential nutrition for a child's growth and development. Adequate nutrition during the 1,000-day period (from the start of a woman's pregnancy until her child's 2nd birthday) represents a critical window of opportunity to prevent malnutrition in all its forms. Yet, much remains to be done to make optimal infant and young child feeding the norm for infant feeding in Nigeria.

### **Factors Contributing to Poor IYCF in Nigeria**

- Cultural practices and beliefs contrary to Exclusive Breastfeeding (EBF) but favoring mixed feeding (i.e. believing an infant needs additional liquids or solids before 6 months because breast milk alone is not adequate)
- Inadequate skilled health care workers in health facilities and in the communities
- Lack of job aids at facilities
- Inadequate funding/poor and late release of budgeted funds for nutrition activities
- Poor coverage of EBF promotion activities across the state
- Inadequate maternity and paternity leave and other workplace policies that support a woman's ability to breastfeed when she returns to work
- Promotion of infant formula, milk powder and other breastmilk substitutes
- Inadequate knowledge on the dangers of not exclusively breastfeeding among women, their partners, families, health-care providers and policy-makers
- Lack of proper understanding of breastfeeding techniques among women.

Acting on malnutrition can help drive progress against other global nutrition targets for Nigeria - stunting, anaemia in women of reproductive age, low birth weight, childhood overweight and wasting. It is one of the most powerful tools that policy-makers have at their disposal to improve the health of Nigerians and the economy.

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<sup>5</sup>(MICS 2016-2017 (2011)).

## **Key Facts on IYCF**

- Every infant and child have the right to good nutrition according to the “Convention on the Rights of the Child”
- Under-nutrition is associated with 45% of child deaths
- About 40% of infants 0–6 months old are exclusively breastfed
- Improving child development and reducing health costs through breastfeeding results in economic gains for individual families as well as at the national level.
- Globally in 2016, 155 million children under 5 were estimated to be stunted (too short for age), 52 million were estimated to be wasted (too thin for height), and 41 million were overweight or obese
- Over 820 000 children’s lives could be saved every year among children under 5 years, if all children 0–23 months were optimally breastfed
- Breastfeeding improves IQ, school attendance, and is associated with higher income in adult life.

## **What Your Government Can Do?**

- Take ownership of IYCF programmes in the state
- Prioritize nutrition issues by making adequate funding provision for nutrition in Health and all nutrition line ministries, departments and agencies in the budget always
- Facilitate the adaptation/ domestication and implementation of the National Strategic Plan of Action for Nutrition (NSPAN) and the agricultural Sector nutrition strategy by domesticating these plans to suit state specific nutrition needs
- Ensure timely release of funds allocated for nutrition in all nutrition line ministries in the budget
- Actively support the training of health workers and establishment of Baby Friendly Hospital Initiative (BFHI) center in secondary and primary health facilities across the state
- Expand the scope of EBF promotion activities across all Local Government Areas of the State

- Implement maternity and paternity leave and other workplace policies that support a woman's ability to breastfeed when she returns to work.

## ***Legislative Brief on Micronutrient Supplementation***

### **Role of the National Assembly**

#### **Introduction**

Micronutrient Deficiency is the enduring deficiency of essential vitamins and minerals (micronutrients) in the body. It is also known as “hidden hunger” because the symptoms of deficiency often manifest only when they become severe; yet the consequences of mild or moderate deficiency – frequently not detected – have large health, social and economic impacts on individuals and their countries.

Apart from poor feeding practices and shortfalls in food intake, micronutrient deficiency is a direct cause of child morbidity and mortality. The lack of iron, vitamins A and D and other minerals limits ability to fight diseases.

#### **Effects of Micro Nutrient Deficiency**

- Vitamin A deficiency often results in night blindness and may affect eye health and child survival
- Iron deficiency during the fetal period and early childhood can significantly impair child growth and mental development
- Iodine deficiency during pregnancy and the first years of life can cause permanent physical, mental and cognitive damage
- Zinc deficiency damages the immune system and may contribute to childhood stunting
- Folate and vitamin B12 deficiencies in early pregnancy can lead to devastating fetal neural tube defects
- Vitamin D and calcium deficiencies cause rickets and growth retardation in children as well as osteoporosis and osteopenia (weak bones) in adults. In addition, vitamin

D deficiency is associated with increased risk of common cancers, autoimmune diseases and hypertension (WHO & FAO, 2004).

### **Effects of Micro Nutrient Deficiency: Additional Facts**

- Nigeria is losing \$1.5 billion annually from micronutrient malnutrition. The economic cost of micronutrient deficiency in Nigeria is especially high, but this trend can be reversed
- In Nigeria, almost 63% of Nigerian women are anaemic and 31% are iodine deficient. This also manifests in children with close to 30% of under -fives being vitamin A deficient (VAD) and 20% zinc deficient<sup>6</sup>
- The National Nutrition and Health Survey using SMART Method (2014) affirms that, 49 out of 100 children of under- five did not receive Vitamin A supplement. This simply means that more than half of the Nigerian children who did not receive supplement then, have been growing up with Vitamin A Deficiency<sup>7</sup>
- The Vitamin and Mineral Damage Assessment Report (2004) states that 25% of Nigerian children are growing up with lower immunity, leading to frequent ill health and poor growth
- Only 27% of Nigerian children between 6 months and five years receive Vitamin A supplements routinely through health facilities; although an average of 70% received Vitamin A capsules during the National Immunization Days
- A mothers' nutritional status during pregnancy is important to ensure safe motherhood. A lack of iron causing anemia increases the risk of infants' death while the lack of folic acid can also cause severe birth defects. Yet, according to the NDHS 40 % of Nigerian pregnant mothers did not take any iron tablets, a recommended supplementation during pregnancy.

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<sup>6</sup> <http://siteresources.worldbank.org/NUTRITION/esources/281846-1271963823772/India.pdf>

<sup>7</sup> Micronutrient Initiative. (2013). Nigeria Country Profile. Retrieved from <<http://www.micronutrient.org/english/view.asp?x=596>>

## **What Nigeria Has Done Well**

- In Nigeria over the last years, some significant progress has been made in Micronutrient deficiency control.
- With respect to iodization of edible salt, Nigeria remains the only sub-Saharan country to attain universal Salt iodization with about 97% of the households using iodized salt. The adoption of the fortification of staple food with Vitamin A, so that children will naturally consume Vitamin A in their foods
- The then Ministry of Industry (Standards Organization of Nigeria) published mandatory standards for vitamin A fortification in flour, sugar, and vegetable oil in 2002. By 2004, 70% of sugar, 100% of wheat flour and 55% of vegetable oil sold on the market, were fortified with Vitamin A
- Nigeria is also fortifying wheat flour with iron, thereby helping to protect children and mothers' physical and mental health
- There is a National Fortification Alliance established in 2007 and a National Regulation on Food Fortification which is being implemented by NAFDAC and other relevant MDAs in the country.

Despite the above efforts, Micro Nutrient Deficiency (MND) remains a major contributor to high maternal newborn and child death rates in Nigeria.

## **What the National Assembly Can Do**

- Provide effective oversight in the process of harmonising the National Food Fortification Standards across Nigeria
- Provide leadership in making budgetary input while ensuring a certain percentage of the budget is designated to MNS
- Improve supervision and oversight on implementation of the National Regulation on Food Fortification and Micro-Nutrient Supplementation Funds
- Facilitate the legislation for the fortification of wheat flour with iron, folic acid and other essential micronutrients and edible oil/ghee with vitamin D (in addition to A)
- Develop regulations and mechanisms for enforcement of the legislation. Mechanisms should be in place to ensure that standards are followed

- Provide enabling environment to ensure that all required human and financial resources are in place and food inspectors and laboratories are resourced to undertake systematic, quality assured testing to sustain food fortification.

## ***Improving Infant and Young Child Feeding (IYCF) Practices***

### **Role of the Honourable Minister of Health**

#### **Background**

Malnutrition is one of the most serious public health challenges affecting countries around the world, including Nigeria, which is home to the third largest population of malnourished children globally. Malnutrition and nutrition related diseases continue to be problems of public health importance in Nigeria with the under-five mortality rate unacceptably high at 158 per 1,000 live births. The major indicator for malnutrition is stunting. Stunting is a condition of physical and intellectual impairment that has lasting negative effects, defined by low height for age. This condition in which a child is too short for their age with accompanying poor brain development is currently a global indicator for measuring a country's development. Other indicators for malnutrition include; wasting, underweight and obesity.

#### **Current Situation in Nigeria**

- More than 5million newborns in Nigeria lack essential nutrients and antibodies that would prevent them from diseases and death as they are not being exclusively breastfed
- Up to 1million Nigerian children under age 5 are affected by Severe Acute Malnutrition (SAM) each year. These children have severely low weight for their height and are at risk of dying unless given urgent attention
- Nearly 4 out of 5 Nigerian children do not meet the World Health Organization's recommendation for Exclusive Breastfeeding (EBF) during the first 6 months of life. During the past 7 years, the number of under-five children affected by malnutrition has risen marginally across some states in Nigeria.

## **Why We Need to Act Now!**

Optimal Infant and Young Child feeding remains the foundation of child survival and child health because it provides essential nutrition for a child's growth and development.

Adequate nutrition during the 1,000-day period (from the start of a woman's pregnancy until her child's 2nd birthday) represents a critical window of opportunity to prevent malnutrition in all its forms. Yet, much remains to be done to make optimal infant and young child feeding the norm for infant feeding in Nigeria.

## **Factors Contributing to Poor IYCF in Nigeria**

- Cultural practices and beliefs contrary to Exclusive Breastfeeding (EBF) but favoring mixed feeding (i.e. believing an infant needs additional liquids or solids before 6 months because breast milk alone is not adequate)
- Inadequate skilled health care workers in health facilities and in the communities
- Lack of job aids at facilities
- Inadequate funding/poor and late release of budgeted funds for nutrition activities
- Poor coverage of EBF promotion activities across the state
- Inadequate maternity and paternity leave and other workplace policies that support a woman's ability to breastfeed when she returns to work
- Promotion of infant formula, milk powder and other breastmilk substitutes
- Inadequate knowledge on the dangers of not exclusively breastfeeding among women, their partners, families, health-care providers and policy-makers
- Lack of proper understanding of breastfeeding techniques among women.

Acting on malnutrition can help drive progress against other global nutrition targets for Nigeria - stunting, anaemia in women of reproductive age, low birth weight, childhood overweight and wasting. It is one of the most powerful tools that policy-makers have at their disposal to improve the health of Nigerians and the economy.

## **What Your Ministry Can Do?**

- Prioritize nutrition issues by making adequate funding provision for nutrition issues in the ministry
- Facilitate the implementation of the National Strategic Plan of Action for Nutrition (NSPAN) and the Agricultural sector nutrition strategy
- Ensure timely release of funds allocated for nutrition in the budget
- Take lead in facilitating the implementation of IYCF programmes in the country
- Facilitate the enforcement of workplace policies that support a woman's ability to breastfeed when she returns to work.

## ***Micronutrient Supplementation (MNS)***

### **Role of The Director General, National Food Drugs Administration and Control (NAFDAC)**

#### **Introduction**

Micronutrients, also known as vitamins and minerals, are essential components of a high-quality diet and have a profound impact on health. While they are only required in tiny quantities, micronutrients are the essential building blocks of healthy brains, bones and bodies. Micro nutrient deficiency is the enduring deficiency of these essential vitamins and minerals (micronutrients) in the body. It is therefore important that women and children consume foods fortified with essential micronutrients such as Vitamin A, Iron, Iodine and Zinc, the absence of which will lead to Micronutrient deficiency.

Micronutrient malnutrition results in several health problems such as weak immune systems (increased disease occurrence), visual impairment, poor cognitive ability, and retarded growth.

While Nigeria has done relatively well in food fortification, it is important to know that there is still a lot to be done in attaining universal fortification of essential foods. The below current situation is not the best the nation can attain for its vulnerable groups

## **Current situation**

- In Nigeria, Vitamin A deficiency for children under 5 ranks at 23%, 13% in women and 19% in pregnant women (NDHS 2013)
- Iron deficiency anemia for children under 5 ranks at 34%, 24% in women, 48% in pregnant women (NDHS 2013)
- Iodine deficiency disorder for children under 5 is 13%, women 10% and 13% in pregnant women (NDHS 2013)
- Zinc deficiency for children under 5 is 20%, 28% in women and 4.4% in pregnant women (NDHS 2013)

## **Existing Policies and Structures**

There are existing structures and policies, which are positive development and may help in making regulating this sector easily achievable. The national regulating agency on food fortification is NAFDAC with the support of other relevant MDAs in the country. There is also a National Fortification Alliance established in 2007 led by NAFDAC, National Planning Commission and other key stakeholders. With these agencies working together, there is optimism that all designated food vehicles could be adequately fortified in the nearest future.

## **Challenges**

- Existing gaps in monitoring for compliance to regulation on food fortification in the country
- Inadequate skilled personnel to undertake surveillance activities in states.

## **Why We Need to Act Now**

- MND leads to high rate of morbidity which results in increased deaths among women and children
- MND leads to poor food and nutrition security in the country
- It also leads to poor cognitive development in children

- MND is a global leading factor on IQ deficiency among children
- NAFDAC's effective monitoring of food fortification in Nigeria will increase public confidence in their ability to deliver on their mandate
- Food fortification is one of the solutions to reducing occurrences of MND in the country

### **Action Required**

- Improve implementation of the national regulation on food fortification
- Increase consumer knowledge, attitudes and practices to food fortification through campaigns
- Train more personnel on MNS standard assessment at relevant points
- Enforce compliance to regulations on food fortification

### **Media Advocacy Activities**

S/N	Activity	Tools	Outputs	Responsible
1.	Capacity building	Training manuals on both media and Nutrition Advocacy Kits- (IYCF, MNS, M)	# of media personnel trained	CS SUNN/Media coalitions/Consultants
2.	Media tours	Informational materials on Nutrition Advocacy Kits- (IYCF, MNS,)	# of media tours # of media reports of the tour	CS SUNN/Media coalitions
3.	Bi annual Media/ Press conferences Briefing	Media Advocacy/Information Kits pack Advocacy Kits- IYCF, MNS,	# of media representatives present # of reports in the media # of Press and new releases	CS SUNN/Media coalitions

S/N	Activity	Tools	Outputs	Responsible
4.	International nutrition days/MNCHW	Press/Photo Releases Advocacy Kits- IYCF, MNS,	# of special events marked # of events organized for awareness of international nutrition days/MNCHW # of media/press releases # of special reports on international nutrition days/MNCHW	CS SUNN/Media coalitions
5.	Quarterly Media Appearances	Press/Picture Releases Media Advocacy/Information Kits pack Presentation- pictorial or illustrative Advocacy Kits- IYCF, MNS,	# of media appearances # of reportage # of commitments from media owners/auditors	CS SUNN/Media coalitions
6.	Courtesy visits	Advocacy Kits- (IYCF, MNS,) Presentation of pictorial or illustrative Audio visual documentary Illustrative videos	# of high level visits conducted # of commitments gotten from officials	CS SUNN/ Coalition partners/stake holders

## **Materials for Development and Production**

The workshop plenary decided to develop the following materials that would help in advocacy efforts for the PINNS project:

### ***Advocacy materials***

- Policy briefs
- Fact sheets
- Audience specific materials (Ministers, Governors, NASS members, First Ladies, Commissioners, Executive Secretary etc)
- Video documentary
- Graphical nutrition power point presentation

### ***Media Kits***

- Media information kits (Nutrition- IYCF, MNS,)
- Press releases
- Photo releases

## **Slogans**

Suggested ***pay-off*** for the project are:

- ***Good nutrition, better future***
- ***Good nutrition, healthy nation***
- ***Adequate nutrition is every child's right...***

## Implementation Workplan

Activity	Materials to Support Activities	Timeline	Responsible Organizations	Outputs	Remarks
<p><b>Production of Advocacy Print Materials</b></p> <ul style="list-style-type: none"> <li>Organize a meeting to validate the materials designed and submitted by CCSI</li> <li>Determine the quantity of each material needed</li> <li>Get a vendor through the procurement process</li> <li>Get materials produced</li> </ul>	<ul style="list-style-type: none"> <li>Why is this empty?</li> </ul>	<p>1 Month</p> <p>CS SUNN</p>	CS SUNN	<p>Meeting reports and photographs</p> <p>Advocacy materials produced</p>	
<p><b>Development of Power Point Presentation for Engagement</b></p> <ul style="list-style-type: none"> <li>Develop content for power point to be verified</li> </ul>	<ul style="list-style-type: none"> <li>Data and statistics to support claims</li> <li>Highly visual digital skills</li> </ul>	2 weeks	CS SUNN	Highly visual power point presentation	

Activity	Materials to Support Activities	Timeline	Responsible Organizations	Outputs	Remarks
by nutrition content and communication specialist <ul style="list-style-type: none"> <li>• Verify by CS SUNN members</li> </ul>					
<b>Production of Advocacy Video Materials</b> <ul style="list-style-type: none"> <li>• A micro planning meeting to set out plans for video production</li> <li>• Hiring a script writer/content specialist</li> <li>• Hiring of a production vendor</li> <li>• Shoot and edit video content</li> </ul>	<ul style="list-style-type: none"> <li>• List of groups (IYCF, EBF Centers and Facilities) to cover</li> </ul>	Month 1	CS-SUNN	High quality video documentary produced and delivered to the organization	
<b>Media Advocacy</b> <ul style="list-style-type: none"> <li>• Identification of media personnel and channels</li> </ul>	<ul style="list-style-type: none"> <li>• Capacity of identified media</li> </ul>	1 Month	CS SUNN	<ul style="list-style-type: none"> <li>• Number of media and media</li> </ul>	

Activity	Materials to Support Activities	Timeline	Responsible Organizations	Outputs	Remarks
<p>that could be engaged with</p> <ul style="list-style-type: none"> <li>• Capacity building</li> </ul>	<p>personnel developed</p> <ul style="list-style-type: none"> <li>• Capacity gap assessment for the media personnel conducted and the result used to develop training manuals</li> </ul> <p>.....</p>	<p>2 weeks</p>		<p>personnel identified</p> <p>.....</p> <ul style="list-style-type: none"> <li>• Number of media personnel trained</li> <li>• Number of quality reportage</li> </ul> <p>.....</p>	
<ul style="list-style-type: none"> <li>• Media advocacy tools developed</li> </ul>	<ul style="list-style-type: none"> <li>• Advocacy print materials</li> <li>• Advocacy Kits- (IYCF, MNS) Media Advocacy/Information Kits pack</li> </ul>	<p>1 month</p>		<ul style="list-style-type: none"> <li>• Advocacy print materials</li> <li>• Advocacy Kits- (IYCF, MNS) Media Advocacy/Info</li> </ul>	

Activity	Materials to Support Activities	Timeline	Responsible Organizations	Outputs	Remarks
<ul style="list-style-type: none"> <li>• Media tours</li> </ul>	<ul style="list-style-type: none"> <li>• Press/Photo Releases</li> <li>• .....</li> </ul> <p>All materials as listed above</p>	<p>Quarterly</p>		<ul style="list-style-type: none"> <li>• Information Kits pack</li> <li>• Press/Photo Releases</li> <li>• .....</li> <li>• Number of media tours</li> <li>• Number of media reports of the tour</li> <li>• Number of research releases</li> </ul>	
<ul style="list-style-type: none"> <li>• Bi annual Media/ Press conferences and briefing</li> </ul>	<p>All materials above including the video documentary</p>	<p>Twice a year</p>		<ul style="list-style-type: none"> <li>• Number of media</li> </ul>	

Activity	Materials to Support Activities	Timeline	Responsible Organizations	Outputs	Remarks
<ul style="list-style-type: none"> <li>International nutrition days/MNCHW</li> </ul>	<p>.....</p> <p>All materials above especially the power point presentation</p>	<p>As the days are designated in the international calendar</p>		<p>representatives present</p> <ul style="list-style-type: none"> <li>Number of reports in the media</li> <li>Number of Press and new releases</li> <li>.....</li> <li>Number of special events marked</li> <li>Number of events organized for awareness of</li> </ul>	

Activity	Materials to Support Activities	Timeline	Responsible Organizations	Outputs	Remarks
<ul style="list-style-type: none"> <li>Quarterly Media Appearances</li> </ul>	Fact sheets, Data and pictorials	Three times a year	CS SUNN/Coalition members/CSOs	<ul style="list-style-type: none"> <li>Number of media/press releases</li> <li>Number of special reports</li> <li>.....</li> <li>Number of media representatives present</li> <li>Number of reports in the media</li> <li>Number of Press and news releases</li> </ul>	

Activity	Materials to Support Activities	Timeline	Responsible Organizations	Outputs	Remarks
<ul style="list-style-type: none"> <li>Courtesy visits</li> </ul>	<ul style="list-style-type: none"> <li>Advocacy Kits- (IYCF, MNS)</li> <li>Presentation of pictorial or illustrative</li> <li>Audio visual documentary</li> <li>Illustrative videos</li> </ul>	As occasion demands		<ul style="list-style-type: none"> <li>Number of high level visits conducted</li> <li>Number of commitments gotten from officials</li> </ul>	
<p><b>Adaptation workshop for the focal states</b></p> <ul style="list-style-type: none"> <li>All administrative and logistics preparation including invitation letters, agenda, venue, travels, foods and beverages</li> </ul>	<ul style="list-style-type: none"> <li>All national centerpiece materials for adaptation</li> <li>National Communication strategy</li> </ul>	1 day	CS SUNN/CCSI	<p>Number of advocacy materials for each thematic issue developed</p> <p>Adapted state nutrition</p>	

Activity	Materials to Support Activities	Timeline	Responsible Organizations	Outputs	Remarks
				communication strategy	
<p><b>Endorsement and investiture of National Nutrition Ambassadors</b></p> <ul style="list-style-type: none"> <li>• Drawing of selection criteria for ambassadors</li> <li>• Identification of potential champions</li> <li>• Write letters to identified candidates, seeking for support</li> <li>• Investiture of selected ambassadors</li> </ul>	<ul style="list-style-type: none"> <li>• All printed advocacy materials</li> <li>• Advocacy documentary media kits</li> </ul>	On as-needed basis	CS SUNN	<p>Number and caliber of ambassadors who committed to working for the implementation of national nutrition policy</p> <p>Number and caliber of ambassadors who speak out in favour of nutrition policy</p>	

## Monitoring and Evaluation Framework

Objective/Activity	Baseline/Target	Indicators	Means of Verification/Source	Frequency of Data Collection	Responsible Person
To Increase budgetary allocation and release for nutrition	Baseline:	% budget allocation for nutrition	National and State level budgets Budget tracking sheet	Yearly	
	Target: 20% increase in nutrition budget allocated and released	% budget release for nutrition	<ul style="list-style-type: none"> <li>National and State level budgets</li> <li>Budget tracking sheet</li> </ul>	Yearly	
Reduction in MND related diseases among WRA and CU5	Baseline:	% reduction in MND cases among WRA	National Nutrition & Health survey	Yearly	
	Target: 50% reduction in MND related diseases among WRA				
	Baseline:	% reduction in MND cases among CU5	National Nutrition & Health survey	Yearly	
	Target: 50% reduction in MND related diseases among CU5				

Objective/Activity	Baseline/Target	Indicators	Means of Verification/Source	Frequency of Data Collection	Responsible Person
Increased compliance in MNS fortification of local and imported foods by NAFDAC	Baseline:	% of locally manufactured food fortified with MNS	NAFDAC Report	6 monthly	
	Target: 70% of locally manufactured and imported foods are MNS fortified	% of Imported food fortified with MNS	NAFDAC Report	6 monthly	
Adoption of MNS as part of constituency projects	Baseline:	# of house of representatives taken up MNS related intervention as part of their constituency projects	Media report/photo	6 Monthly	
	Target: 2/3 of members of house of representative adopt MNS as constituency project				

Objective/Activity	Baseline/Target	Indicators	Means of Verification/Source	Frequency of Data Collection	Responsible Person
Enhanced monitoring on MNS fortification compliance	DG NAFDAC and SON have a strategy to intensify monitoring around MNS compliance	# of monitoring visits conducted on MNS fortification compliance disaggregated by agency type (NAFDAC and SON)	NAFDAC Monitoring Report	Quarterly	
	Establish punishment for defaulters	# of defaulters on MNS fortification punished	NAFDAC Monitoring Report	Quarterly	
Allocate, release and spend 10% of the nutrition budget for MNS in the state	Baseline: Target: 10% of the nutrition budget for MNS in the state	% of nutrition budget spent on MNS	<ul style="list-style-type: none"> <li>National and State level budgets</li> <li>Budget tracking sheet</li> </ul>	Yearly	
Capacity building	Target:	# of media personnel trained on reporting nutrition related issues?	Training database/ Training report	Quarterly	

Communication Strategy for Partnership for Improving Nigeria Nutrition Systems

<b>Objective/Activity</b>	<b>Baseline/Target</b>	<b>Indicators</b>	<b>Means of Verification/Source</b>	<b>Frequency of Data Collection</b>	<b>Responsible Person</b>
Media tours	Target:	# of media tours conducted	Trip Report	Quarterly	
Bi-annual media/press conferences	Target:	# of media representatives present	Attendance sheets	Bi-annual	
		# of reports in the media	Media clips of the reports	Quarterly	
		# of press releases	Press release clips	Quarterly	
		# of special reports	Media clip	Quarterly	
Media Appearances	Target	# of media appearances	Media clip	Quarterly	
	Target	# of reportage	Media clip	Quarterly	
Courtesy visits	Target	# of courtesy visits conducted to high level stakeholders	Photos/Trip reports	Quarterly	

## Indicator Definitions

Indicator Name	Definition	Computation
% budget allocation for nutrition	Percentage of health budget earmarked for Nutrition related activities in the national/state budget	<u>Numerator</u> : total budget allocated for nutrition related activities in the national/state budget  <u>Denominator</u> : total national/state health budget
% budget release for nutrition	Percentage earmarked budget for Nutrition released at the national/state	<u>Numerator</u> : total budget released for nutrition related activities in the national/state budget  <u>Denominator</u> : total budget allocated for nutrition related activities in the national/state budget
% reduction in MND cases among WRA	Percentage of malnutrition deficiency among women aged 15-49years	<u>Numerator</u> : total number of women aged 15-49years with malnutrition deficiency.  <u>Denominator</u> : total number of women aged 15-49years
% reduction in MND cases among CU5	Percentage of malnutrition deficiency among children under five	<u>Numerator</u> : total number of children under five with malnutrition deficiency.

Indicator Name	Definition	Computation
		<u>Denominator</u> : total number of children under five
% of locally manufactured food fortified with MNS	Percentage of all locally manufactured food fortified with micronutrient supplement	<u>Numerator</u> : total number of locally manufactured food fortified with micronutrient supplement  <u>Denominator</u> : total number of locally manufactured food
% of Imported food fortified with MNS	Percentage of all imported manufactured food fortified with micronutrient supplement	<u>Numerator</u> : total number of imported food fortified with micronutrient supplement  <u>Denominator</u> : total number of imported food
# of house of representatives taken up MNS related intervention as part of their constituency projects	Number of house of representatives/senators sponsoring constituency projects that are focused/related on micronutrient supplement	Total number of house of representatives/senators sponsoring constituency projects focused/related to micronutrient supplement

Indicator Name	Definition	Computation
# of monitoring visits conducted on MNS fortification compliance disaggregated by agency type (NAFDAC and SON)	Number of monitoring visits conducted by NAFDAC and Standard organization of Nigeria to track compliance of food manufacturers on MNS	Total number of monitoring visits conducted by NAFDAC and Standard organization of Nigeria to track compliance of food manufacturers on MNS
# of defaulters on MNS fortification punished	Number of food manufacturers who do not comply with MNS and are punished for non-compliance	Total number of MNS non-compliant food manufacturers identified and punished
% of nutrition budget spent on MNS	Percentage of total nutrition budget spent on micronutrient supplements	<p><u>Numerator</u>: total nutrition budget spent on micronutrient supplements</p> <p><u>Denominator</u>: total nutrition budget</p>
# of media personnel trained on reporting nutrition related issues?	Number of media practitioners trained on reporting nutrition issues	Total number of media practitioners trained on reporting nutrition issues

Indicator Name	Definition	Computation
# of media tours conducted	Number of media visits by trained media practitioners	Total number of media visits by trained media practitioners during a given period
# of media representatives present	Number of media personnel present during the event	Total number of media representatives during a media event
# of reports in the media	Number of reports on different media outlets, both electronic and print	Total number of reports in the media about nutrition issues or activities during a given period
# of press releases	Prepared information by organization and sent to media organizations for publications	<p><u>Numerator</u>: Total number of press releases sent during a given period</p> <p><u>Denominator</u>: Total number of press releases actually published or disseminated during a given period</p>
# of special reports	News information commissioned by organization for publication or dissemination in the media	Total number of commissioned information disseminated on different platforms, either electronic or print during a given period

Indicator Name	Definition	Computation
# of media appearances	Appearances by members of the organization to provide nutrition information especially on electronic media	Total number of appearances that happened by the members of the coalition or their representatives during a given period
# of reportage	How many times a nutrition issue is reported in the media, both electronic and print	Total number of times a nutrition activity or issue is reported in the media during a given period
# of courtesy visits conducted to high level stakeholders	Number of visits to decision makers (game changers including governors, ministers, leadership of the national assembly, influential traditional and religious leaders) by the organization or in company of influencers (either bi or multilateral organizations, funders etc)	How many such visits happened during a given period

