

# Mapping Nutrition Stakeholders at National Level and 3 States in Nigeria

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Conducted in the Federal Capital Territory,  
Kaduna, Niger and Nasarawa States

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## Executive Summary

**M**alnutrition remains a major health and development issue in Nigeria and contributes to as much as 50% of under-five mortality in the country. The need to focus on nutrition sensitive development as opposed to nutrition specific development cannot therefore be underestimated in resource constrained environments. The first 1000 days of a child's life (from conception until the first two years of life) is the most important time for any type of intervention as the effect of under-nutrition after a child reaches the age of two years may become irreversible.


According to the 2013 Nigeria Demographic and Health Survey (NDHS) an increasing percentage of stunted children under age of 5 exists across the six geo-political zones in Nigeria: 55% in the North-West, 42% in the North-East, 29% in the North-Central, 22% in the South-West, 18% in the South-South and 16% in the South-East.

This report is the outcome of a rapid assessment of stakeholders in the area of Nutrition in the Federal Capital Territory (FCT), Niger, Nasarawa and Kaduna States, conducted between March and April, 2015. It was commissioned by CS-SUNN a national alliance of civil society organization. The main objective of the mapping exercise is to create a credible database of CSOs working in nutrition in these locations as part of formative research of the Partnership for Advocacy in Child and Family Health (PACFaH) advocacy project, a coalition of some seven civil society groups working on nutrition and child health.

This non-intervention study was carried out, using a combination of quantitative and qualitative methodologies, involving the use of facilitated workshops, in-depth interviews with Key informants at national and state levels from within agriculture, education, health and women affairs sub sectors. The assessment covered four areas, with a focus on organizational capacity for delivering advocacy; organizational environment, organizational capacity, organizational performance and organizational motivation.

In the initial report, 52 stakeholders were mapped and their capacity to conduct advocacy assessed. Haven worked with several other new stakeholders at the national and in the three focal states, an additional 222 were mapped, making a total of 274 stakeholders mapped from the National/Federal Capital Territory (FCT), Kaduna, Niger and Nasarawa States.

Findings showed that many organizations especially in Niger and Nasarawa States do not have the organizational capacity to effectively advocate for nutrition specific and nutrition sensitive interventions. Knowledge on availability of funds at State level was low, and being a part of a network organization was a credible means to seek knowledge on funds availability. Efforts should be underway to ensure State level presence of network organizations as a means to encourage and



advocate for nutrition sensitive and specific programming to achieve the targets in the National Strategic Plan of Action. Ongoing organizational capacity development should be undertaken to strengthen organizations and position them to uptake grant opportunities. A platform of sustainable donors from within the local population (consisting of corporations etc) should be instituted to ensure corporate social responsibility dividends accrues to the Nigerian children. The country should ensure a fuller understanding of nutrition sensitive programming and engage womenfolk more actively in economic endeavors as a means of effective household food security.

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## Acronyms

BYI	Beacon Youth Initiative
CAI	Community AID Initiatives
CRF	Childs Right Foundation
CISHAN	Coalition of HIV/AIDs in Nigeria
CSOs	Civil Society Organizations
CS-SUNN	Civil Society for Scaling Up Nutrition in Nigeria
FACHI	Family Health Care
FCT	Federal Capital Territory
GAWON	Gantys Aids for Widows Orphans and Needy Foundation
IDRC	International Development Research Centre
IWYI	I Care Women and Youths Initiative
LGAs	Local Government Areas
MAM	Moderate Acute Malnutrition
MDAs	Ministries Departments and Agencies
MICS	Multiple Indicator Cluster Survey
MNCH	Mother Neonatal Child Health
MTCT	Mother to Child Transmission
NDHS	National Demographic and Health Survey
NSPAN	National Strategic Plan of Action on Nutrition
OVC	Orphans and Vulnerable Children
PACFaH	Partnership for Advocacy in Child and Family Health
POHSAC	Positive Hope Support and Care
PHCDA	Primary Health Care Development Agency
SACA	State Action Committee on AIDS
SAM	Severe Acute Malnutrition
SUN	Scaling Up Nutrition
UNICEF	United Nations Education Fund
WCBA	Women of Child Bearing Age
YMCA	Young Men's Christian Association





## 1.0 Introduction

This report is the outcome of a rapid assessment of stakeholders in the area of Nutrition in the Federal Capital Territory (FCT), Niger, Nassarawa and Kaduna States, conducted between March and April, 2015. It was commissioned by CS-SUNN a national alliance of civil society organization. The main objective of the mapping exercise is to create a credible database of CSOs working in nutrition in these locations as part of formative research of the Partnership for Advocacy in Child and Family Health (PACFaH) advocacy project, a coalition of some seven civil society groups working on nutrition and child health. The Partnership for Advocacy in Child and Family Health in Nigeria project is a social accountability investment implemented through the strategy of coalition building to achieve the goal of catalyzing government's responsiveness on policies, budgets and administration on the most daunting challenges to child and family health at national and state levels in Nigeria. PACFaH is set to ensure that The National Strategic Plan of Action on Nutrition (NSPAN) which was approved by the National Council on Health in 2014 is adopted and implemented by States and Local Government Areas. NSPAN was approved by the National Council on Health in 2014. The plan estimated to cost N425.6 billion until 2018 on interventions will drastically reduce stunting by 20%, reduce low birth weight among newborns by 15% and increase exclusive breastfeeding in the first six months of infant life by 50%.

CS-SUNN is a non-governmental, non-profit making coalition, made up of organizations with a shared vision to transform Nigeria into a country where every citizen is food and nutrition secured. CS-SUNN was launched on August 7, 2014 to provide a platform to engage government and non-state actors to advocate for policy implementation, create public awareness, and increase local demand for appropriate nutrition service delivery, track service provision and budget implementation. CS-SUNN in its effort to contribute to the reduction in the incidence of malnutrition in Nigeria, subcontracted a consultant to map Civil Society Organizations (CSOs) and relevant stakeholders working in the area of nutrition. This has become imperative seeing that malnutrition is the largest contributor to non-communicable diseases in the world especially in the developing countries with physiological manifestation at an early age which could induce reduced physical and mental development during childhood. The importance of child malnutrition as an indicator for tracking the nutrition and health status of populations is well recognized. The link between malnutrition, morbidity, and child mortality makes under nutrition the underlying cause of over half of all child deaths, especially in sub-Saharan Africa, where an estimated 4.8 million children die before age 5 every year. The combined effects of child and maternal underweight or micronutrient deficiencies account for about 15% of the global burden of disease worldwide.



## 1.1 Background

*“Nigeria has over the years recognized the role of nutrition as a development issue and has committed to addressing the unacceptably high rate of malnutrition among under-fives in the country.”*

*Professor C.O. Onyebuchi Chukwu, (Minister of Health of Nigeria) November 2011.*

Nigeria is a high burden country (stunting) having high prevalence rates of stunting among children younger than 5. Malnutrition remains a major health and development issue in Nigeria and contributes to as much as 50% of under-five mortality in the country. The need to focus on nutrition sensitive development as opposed to nutrition specific development cannot therefore be underestimated in resource constrained environments. The first 1000 days of a child's life (from conception until the first two years of life) is the most important time for any type of intervention as the effect of under-nutrition after a child reaches the age of two years may become irreversible. According to the 2013 National Demographic and Health Survey (NDHS) an increasing percentage of stunted children under age of 5 exists across the six geo-political zones in Nigeria: 55% in the North-West, 42% in the North-East, 29% in the North-Central, 22% in the South-West, 18% in the South-South and 16% in the South-East.

## 1.2 Nutrition Sensitive and Nutrition Specific Programming

Nutrition-specific interventions are interventions whose primary objective is to address nutrition and target the immediate causes of under nutrition. Examples of nutrition-specific interventions are:

*Targeted Supplementary Feeding to treat moderate acute malnutrition*

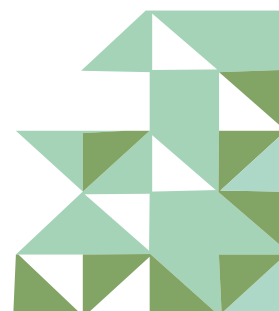
*Blanket Supplementary Feeding to prevent acute malnutrition*

*Complementary Feeding to prevent chronic malnutrition*

*Distribution of micronutrient powders to address micronutrient deficiencies*

Nutrition-sensitive interventions are those whose primary objective is not nutrition, but that have the potential to improve the food and nutrition security of beneficiaries (as defined by the SUN framework). There is no consensus yet on which interventions are covered by this definition, but most often these are activities that impact nutrition by addressing the underlying causes of under nutrition, e.g. agriculture and food security, health, care, education, water and sanitation etc.

<sup>1</sup>Prevalence and trends of stunting among children are based on the World Health Organization (WHO) growth standards.





### **1.3 Rationale for Mapping Exercise**

Nigeria, as earlier stated, is a high burden country having high prevalence rates of stunting among children younger than 5. There is, thus, an urgent need to focus on nutrition sensitive development rather than nutrition specific ones, given the limited resources available. This study is set to create a credible database of CSOs working in nutrition in the said locations which is a part of a formative research of the Partnership for Advocacy in Child and Family Health (PACFaH).

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<sup>2</sup>Prevalence and trends of stunting among children are based on the World Health Organization (WHO) growth standards.

## 2.0 Aims and Objectives and Project Assessment Framework

### 2.1 The specific objectives for the assessment includes the following:

1. Map new CSOs and existing nutrition stakeholders at national levels in the three focal states (Kaduna, Niger and Nasarawa)
2. Document the activities of the key stakeholders; CSOs
3. Develop survey tool to undertake assessment
4. Assess the capacity of the CSOs to conduct advocacy in nutrition
5. Highlight recommendations that will support the advocacy and policy stream of work for CS- SUNN

### 2.2 Research Questions

This mapping exercise will seek to assess the capacity of Nutrition stakeholders in the following largely to identify their capacities inherent to programme for advocacy, for data generation etc. Each of these variables were accessed for quality and impact using appropriate scales.

*Box 1: Stages of preparedness (Taken from the SUN movement Strategy -*

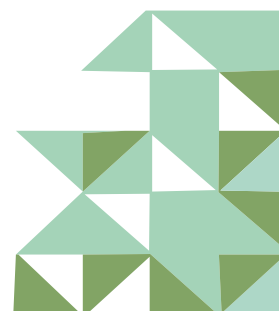
*[http://scalingupnutrition.org/wp-content/uploads/2012/10/SUN-MOVEMENT-](http://scalingupnutrition.org/wp-content/uploads/2012/10/SUN-MOVEMENT-STRATEGY-ENG.pdf)*

*STRATEGY-ENG.pdf*): **Stage 1:** Taking stock and starting out: Taking stock of needs, capacities and commitments: Identifying current needs and capacities, and confirming high-level commitment.

**Stage 2:** Ready for scaling up: In-country stakeholder platforms are being established, and common strategies are being developed including budgeted plans for scaling up effective actions, with national capacity for implementation and monitoring being strengthened.

**Stage 3:** Scaling up rapidly to deliver results: Programmes and interventions are being operated at scale when resources are available; progress reporting around expected results is in place; relevant sectors are working together to ensure delivery.

**Stage 4:** Sustaining impact: Once scaling up has started, the challenge is to maintain political leadership, expand activities and monitor achievement, maintain the financial investment and sustain impact.



## 3.0 Methodology

**3.1 Study type:** This was an observational, non-interventional study carried out, using a combination of quantitative and qualitative methodologies. Following this, a qualitative assessment using facilitated workshops, in-depth interviews with Key informants at national and state levels from within agriculture, education, health and women affairs sub sectors was conducted. The assessment covered four areas, with a focus on organizational capacity for delivering advocacy. The framework that was adopted in this assessment was developed by the International Development Research Centre (IDRC) in Canada, in order to assess organization's performance and capacity. Organizational performance when studied in detail is central to the quality of internal operations and the results that can be achieved at this level and also the impact of the organization within the wider society.

Figure 1: Assessing Organizational parameters



### **3.2 Research Methodology**

The exercise focused largely on non-state actors, however, where available data on state actors were also collected. The methodology used therefore was largely quantitative in nature. It portrayed the profile of the organizations and the situation regarding their capacity to carry out advocacy for scaling up nutrition actions in Nigeria.

### **3.3 Sampling Technique**

The selection of the geographic locations to map out in this exercise was purposively determined. Three of the locations were situated in the North-Central Zone, while the fourth location is in the North-Western Zone.

### **3.4 Deployment, Training and Data Collection**

Research Assistants were selected to head each of the 3 states and FCT and deployed to collect information. These Research Assistants were trained by the consultant and provided with field guides that included contacts of focal persons. Data was collected over a period of 3-7 days in each of the states.

### **3.5 Research Modality:**

Tools developed were pre-tested and re-adapted as required. 4 Research Assistants were trained to administer the tools.

**3.6 Data Analysis and Reporting:** Excel and SPSS were used to collate and analyse data and reflect measures of central tendency

### **3.7 Study Limitations**

Some limitations to the study include the following;

- i. Poor understanding of the difference between nutrition sensitive and nutrition specific programming amongst stakeholders
- ii. Nutrition relevant MDAs not programming in the area of nutrition, and poor understanding of their relevance
- iii. Inadequate time for assessment and resources given to the mapping exercise



## 4.0 Geographic and Nutritional Profile of Target Locations

All the four locations in the study sample are in the Northern region of the country and were accessed by road travel because of the proximity to Abuja, the capital city of Nigeria

### 4.1 Brief Profile of Federal Capital Territory (FCT)

The Federal Capital Territory is the home of Abuja, the capital of Nigeria. The territory was formed in 1976 from parts of former Nasarawa, Niger, and Kogi States and it is in the central region of Nigeria, bordered to the north by Kaduna State, to the east by Nassarawa State, to the south-west by Kogi State and to the west by Niger State. The Federal Capital Territory lies between latitudes 8° 25'N and 9° 20'N and longitude 6° 39'. The FCT is divided into six area councils namely, Abuja Municipal, Gwagwalada, Abaji, Kuje, Bwari and Kwali.

Phase 1 of the city is divided into five (5) districts – Central Area, Garki, Wuse, Maitama, and Asokoro. Phase 2 is divided into five (5) districts - Kado, Durumi, Gudu, Utako and Jabi. Phase 3 districts is divided into four (4) districts - Mabushi, Katampe, Wuye and Gwarimpa. It has a landmass of 45,567 square kilometers, with an estimated population of 979,876. Major languages spoken in the territory include; Gade, Gbagyi, Gbari and Nupe. Like other parts of Nigeria, English is spoken as the official language.

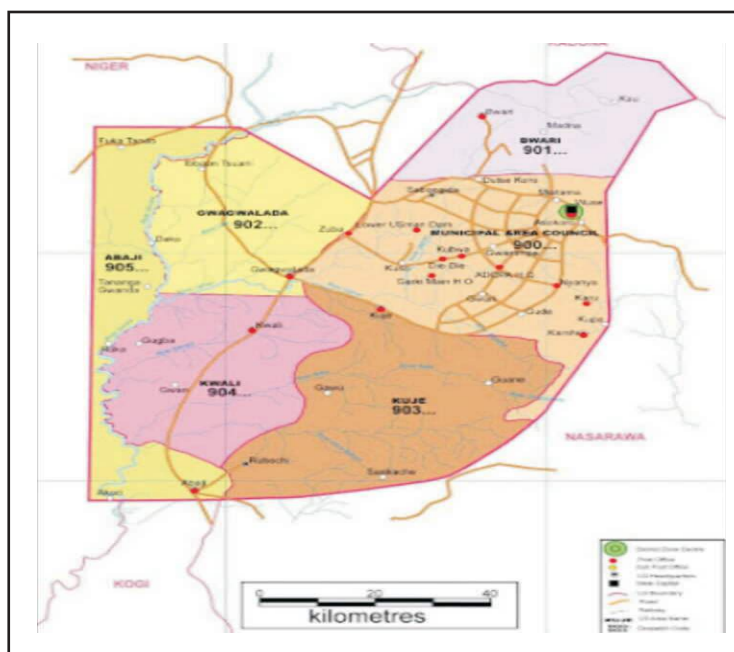


Figure 2: Map of Abuja

#### 4.1.1 FCT Nutrition Profile

2015 Projected Population (Based on 2006 census).....	3,128,383
Children 0 - 5years. ....	625,676
Women of child bearing age.....	688,244

Number of area councils.....	6
Number of wards.....	62
Children with minimum acceptable diet.....	28.6%
Malnourished Women of Child Bearing Age (WCBA).....	1.6%
Underweight.....	16%
Wasting.....	18.8%
Stunting.....	29.6%
Severe Acute Malnutrition (SAM).....	0.8%
Moderate Acute Malnutrition (MAM).....	4.2%
Breastfeeding rate.....	26.7%
Source: SMART Survey	

## 4.2 Brief Profile of Niger State

Niger State is a state in north-central Nigeria and the largest state in the country. The state capital is Minna, and other major cities are Bida, Kontagora, and Suleja. It was formed in 1976 when the then North-Western State was bifurcated into Niger State and Sokoto State. The state is named from the River Niger. Two of Nigeria's major hydroelectric power stations, the Kainji Dam and the Shiroro Dam, are located in Niger State. The famous Gurara Falls is in Niger State, although there is dispute in some sections, some arguing that the fall entered Abuja Landmark while others maintain it is strictly in Niger State; also situated in Niger state is the Kainji National Park, the largest National Park of Nigeria, which contains, the Borgu Game Reserve and the Zugurma Game Reserve.



Figure 3: Map of Niger State

### 4.2.1 Niger State Nutrition Profile

2015 Projected Population .....	5,161,653
Children under 5 .....	1,032,331
Children 6-59 months .....	929,097
Children 6-11 months.....	232,274



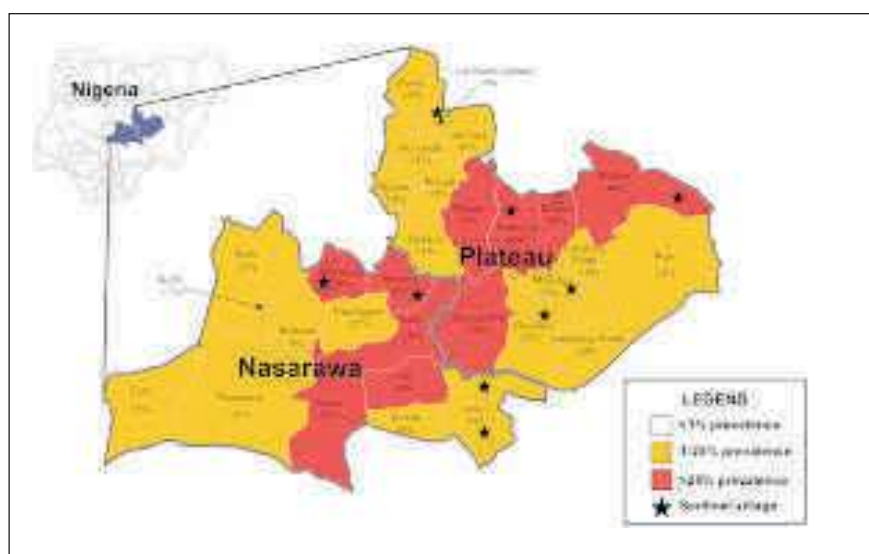
Children 12-59 months-----	696,823
Women of Child Bearing Age -----	258,083
Population Pregnant Women-----	83,662
No. of LGAs -----	25
No. of Wards-----	275
Stunting-----	0.0%
SAM-----	222
Malnourished WCBA-----	0.0%
Breastfeeding Rate-----	58%
Vitamin A Supplementation (6-59 Mo)-----	95%
Source: 2014 SMART Survey	

### 4.3 Brief Profile of Nasarawa

Nasarawa state was created in 1996 out of neighboring Plateau state. Located in the North-Central region of Nigeria, it is bordered on the West by the Federal Capital Territory, the North by Kaduna, the South by Benue and Kogi, and on the East by Plateau and Taraba states. Nasarawa's main economic activity is agriculture; cash crops such as yam, cassava and egusi (melon). Production of minerals such as salt is also another major economic activity in the state; Nasarawa produces a large proportion of the salt consumed in the country.

Nasarawa has a diverse range of ethnic groups indigenous to the state. According to the 2006 census a little less than 2 million people reside in the state. The state has 13 local governments and the capital is located in Lafia. The state is home to many tertiary institutions: Nasarawa State and Federal University, Federal and State Polytechnics, the Federal College of Agriculture and the Federal College of Education.

**Figure 4 : Map of Nasarawa State**





#### 4.3.1 Nasarawa State Nutrition Profile

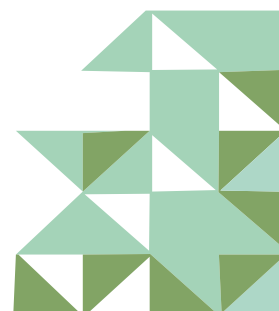
2015 projected population (based on 2006 census)	2,440,602	
Children under -1	97,624	
Children under - 5	488,120	
Women of Child Bearing Age	536,932	:
Population of Pregnant Women	122,030	
Number of LGAs	13	
Number of Wards	147	
Stunting	34.4%	
SAM	0.7%	
Malnourished WCBA	2.5%	
Breast Feeding Rate	41.8%	
Vitamin A Supplementation (6-59mo)	46.4%	
Children received minimum acceptable diet	19.1%	
Wasting	6.2%	
Underweight	5.1%	

Source: 2014 SMART Survey results MICS 2011

#### 4.4 Brief Profile of Kaduna State

Kaduna State occupies the central portion of Northern Nigeria and lies between latitude 9°00' and 14°00' north of the equator. The State has two distinct seasons, the dry season and rainy season. The temperature is hot during the dry season and cool during the rainy season, from November to February the cold dry harmattan wind blows across the State, the Northern part of the state being, affected most. The southern part of the State enjoys heavier rainfall than the Northern part; lasting between 5-6 months in the Southern part and 4-5 months in the Northern part of the state. Generally the rains start in April and end in October. Kaduna State shares borders with Kano, Katsina, Zamfara, Niger, Nassarawa, Plateau, Bauchi States and Abuja the Federal Capital Territory. Its landmass of 45,567 square kilometers, with an estimated population of 6,066,562 makes it the 3rd most populous State in the Federation.

The State has vast expanse of fertile land growing both food and cash crops like rice, cassava, ginger, potatoes, millet, groundnut, shea-nut, benni-seed and soya beans alongside animal husbandry. Its major rivers are River Kaduna (from where the State derives its name), Gurara, Kogon, Matsirga (River Wonderful) and Galma, in addition to several streams. All of these provide opportunities for irrigation and fish farming.



**Figure 5: Map of Kaduna**

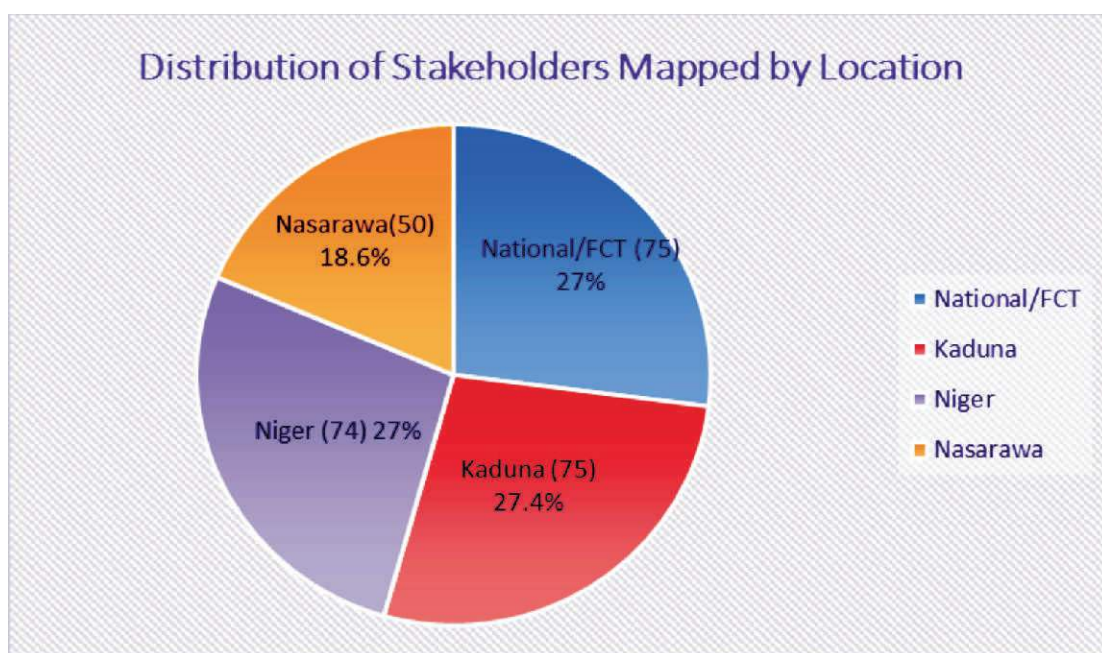


#### **4.4.1 Kaduna State Nutrition Profile**

Projected population (Based on 2006 census).....	8,068,761
Children under 0-5yrs.....	1,583,097
Women of child bearing age.....	87,070
Number of local governments .....	23
Number of wards .....	256
Children with minimum acceptable diet.....	5.0%
Malnourished WCBA.....	6.2%
Underweight.....	21.6%
Wasting.....	18.8%
Stunting.....	38.6%
SAM.....	0
MAM.....	4.4%
Breastfeeding rate.....	19.3%

## 5.0 Key Findings of the Mapping Exercise

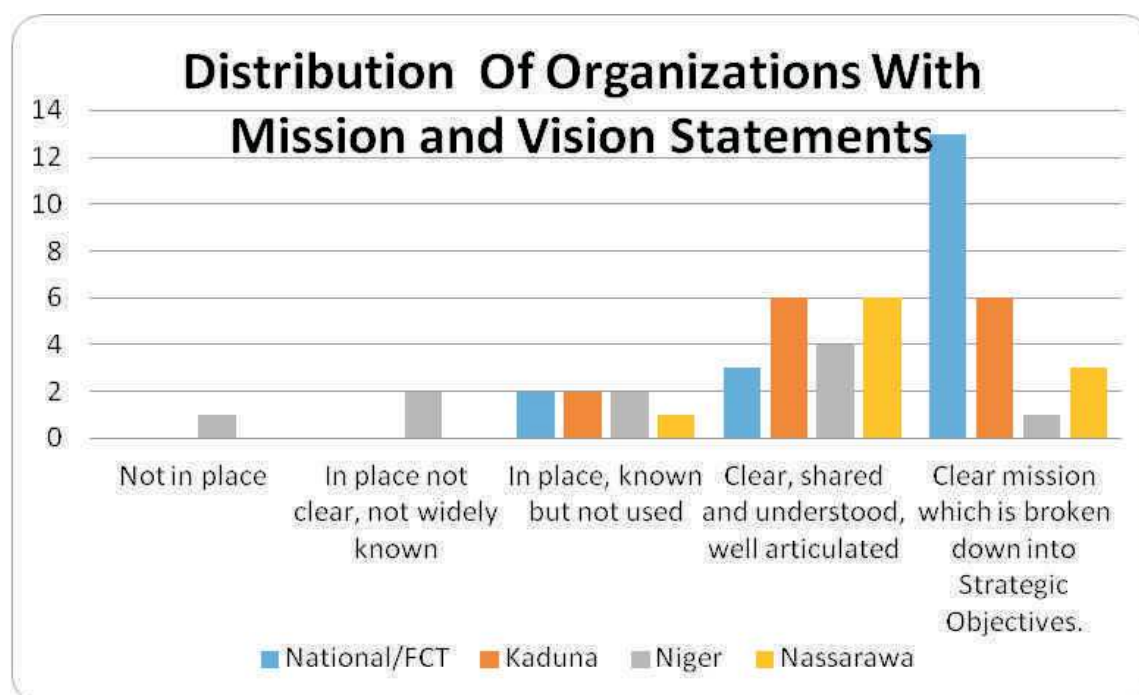
In the initial report, 52 stakeholders were mapped and their capacity to conduct advocacy assessed. Haven worked with several other new stakeholders at the national and in the three focal states, an additional 222 were mapped, making a total of 274 stakeholders mapped., the organizations mapped included organizations that are nutrition sensitive and those providing nutrition specific programmes. Stakeholders included government actors, non-government actors and international NGOs, Community based organizations etc.



**Figure 6: Distribution of Stakeholders Mapped by Location**

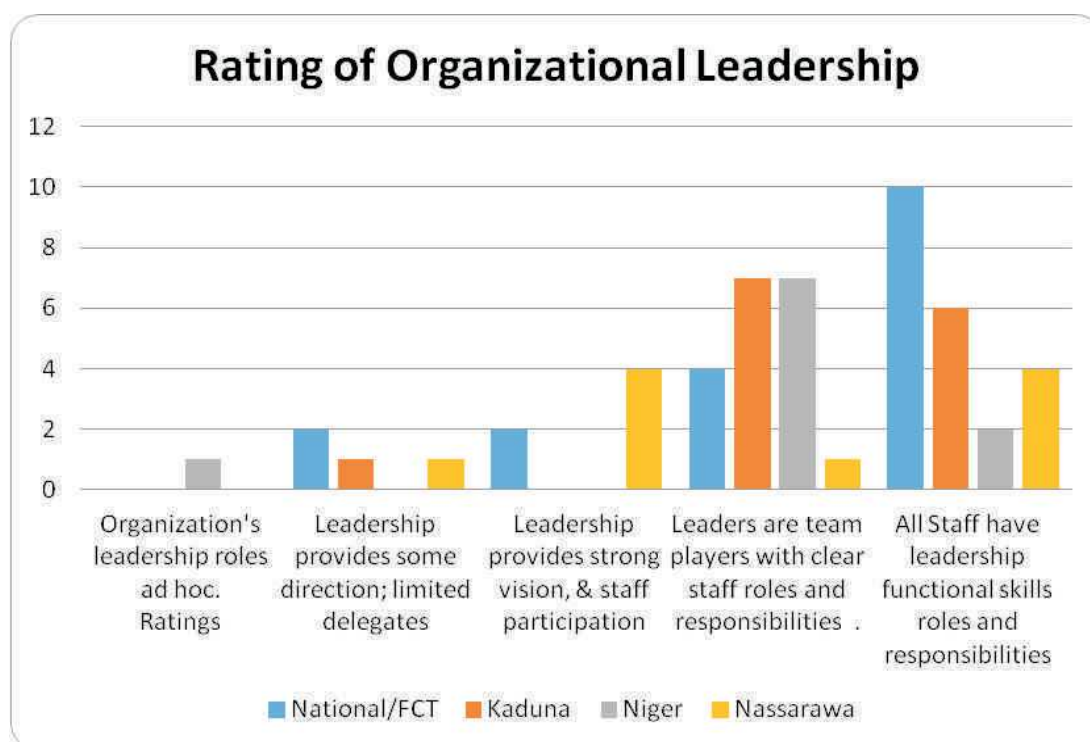
Figure 6 above shows distribution of stakeholders according to location. The chart shows the National/FCT and Niger had the most number of stakeholders with a total number of 74 which is equivalent to 27 percent, Kaduna state has 75 stakeholders which is equivalent to 27.4 percent and Nasarawa states has 51 stakeholders, equivalent to 18.6 percent.

Figure 7: Distribution of Organizations with Mission and Vision Statements



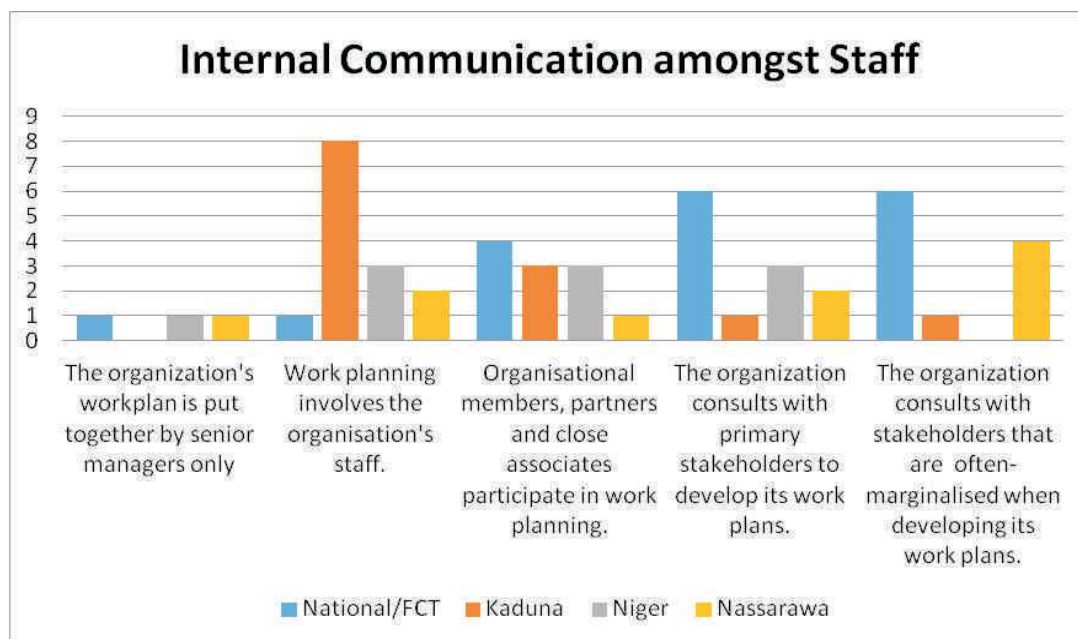
**Figure 7** above shows the distribution of stakeholders with organisational mission and vision statements. A total of 23 stakeholders had a clear mission which was broken down into strategic objectives, most of which were in the FCT (13), of this Kaduna, Nassarawa and Niger states had 6, 3, and 1 stakeholders respectively. Nineteen other stakeholders had a clear, shared and well understood, well-articulated organisational mission and vision, with Kaduna and Nasarawa having 6 stakeholders each in this category, FCT and Niger state had 3 and 4 respectively. Seven other stakeholders had mission statements in place, known but not used, 1 stakeholder in Nasarawa and 2 each in Niger, Kaduna and FCT. In Niger state a stakeholder was found with no mission and vision statement in place while two others had one in place which was not clear and not widely known

Figure 8: Rating of Organizational Leadership



**Figure 8** above shows Ratings of Organizational leadership of stakeholders across the three states and the FCT. Forty two percent of stakeholders had staff with leadership functional skills, roles and responsibilities; 37 percent had leaders that are team players with clear staff role and responsibilities. While 12 percent of stakeholders had leadership that provided strong vision and staff participation, 8 percent had leadership with only some level of direction and limited delegation, and 2 percent had leadership roles on an ad hoc basis.

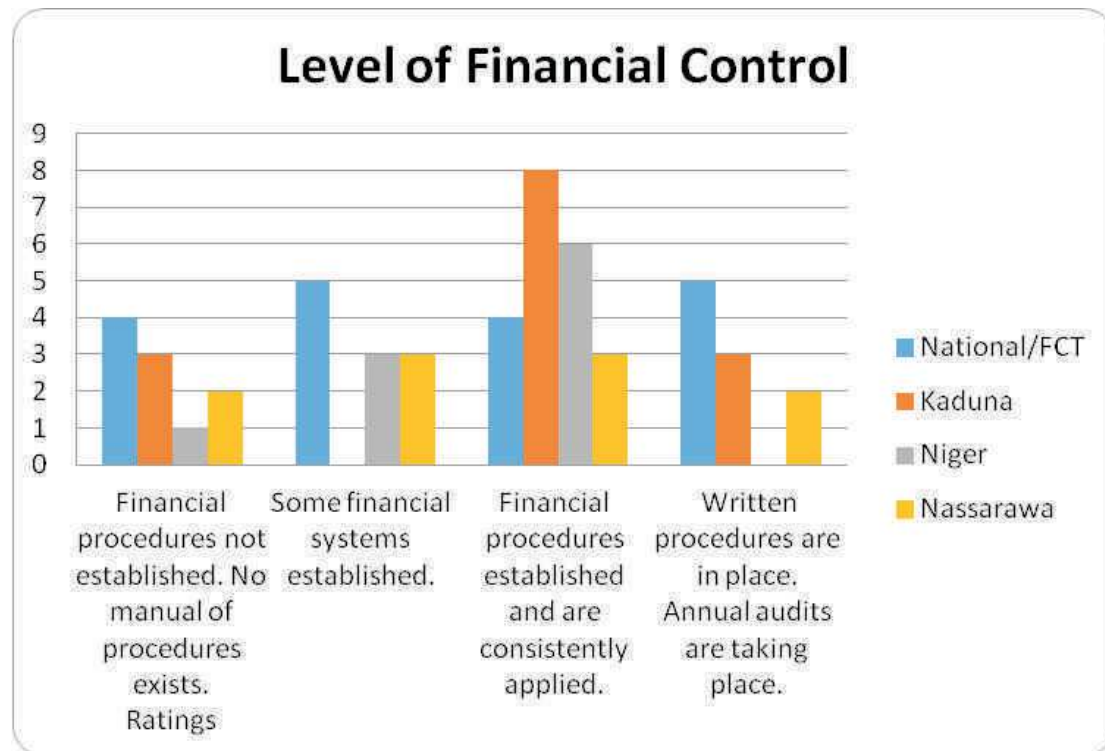
**Figure 9: Internal Communication amongst Staff**



**Figure 9** shows internal communication amongst staff of the mapped stakeholders. Forty two percent of staff of various stakeholders under review had only some level of formal communication, 33 percent had established formal communication in place. Twenty one percent had informal communication while 4 percent had very poor access to any information.

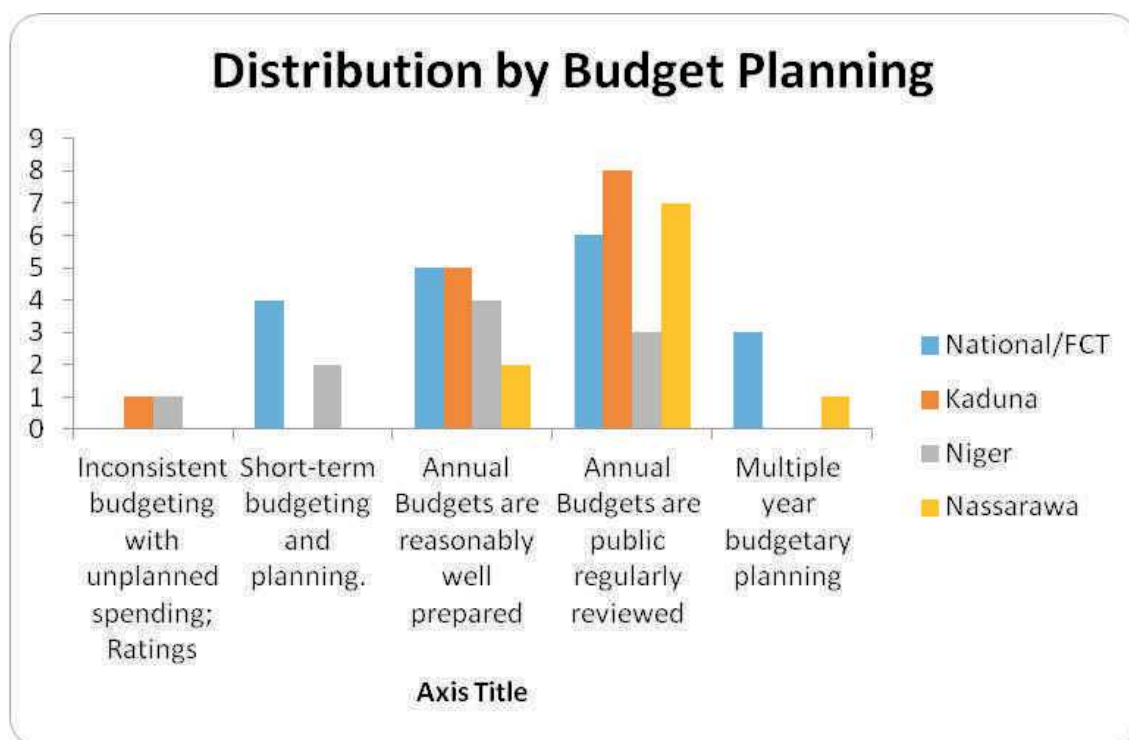


Figure 10: Level of Financial Control



**Figure 10** shows the level of financial control for stakeholders most of which had financial procedures established and consistently applied (41%), 20% had no established financial procedures.

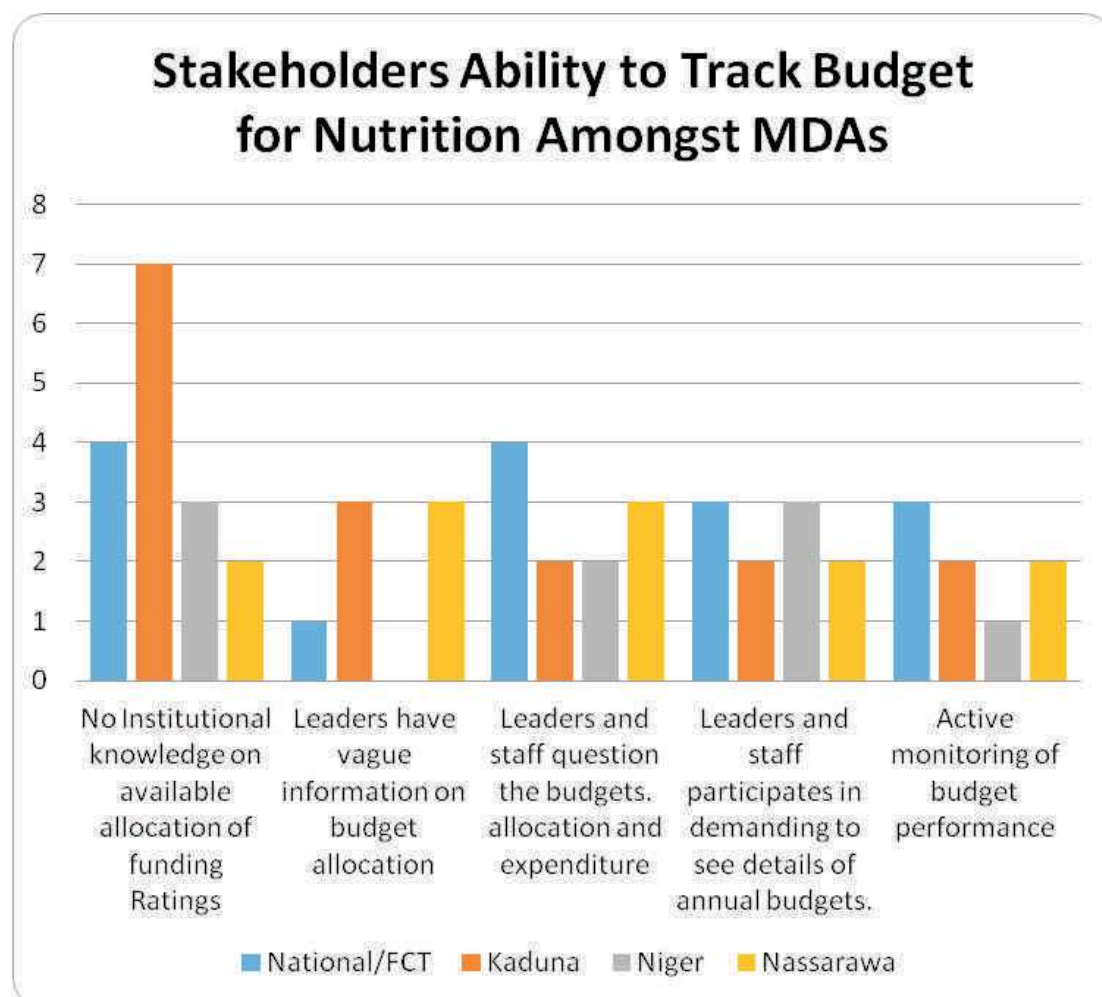
Figure 11: Distribution of States by Capacity for Budget Planning



**Figure 11** shows the capacity for budget planning amongst mapped states. The most used method of budgeting amongst organization was annually prepared budgets, available for public viewing. 24 % of stakeholders used this type of budget. On the contrary only 2% of mapped organizations had inconsistent budgeting with unplanned spending.

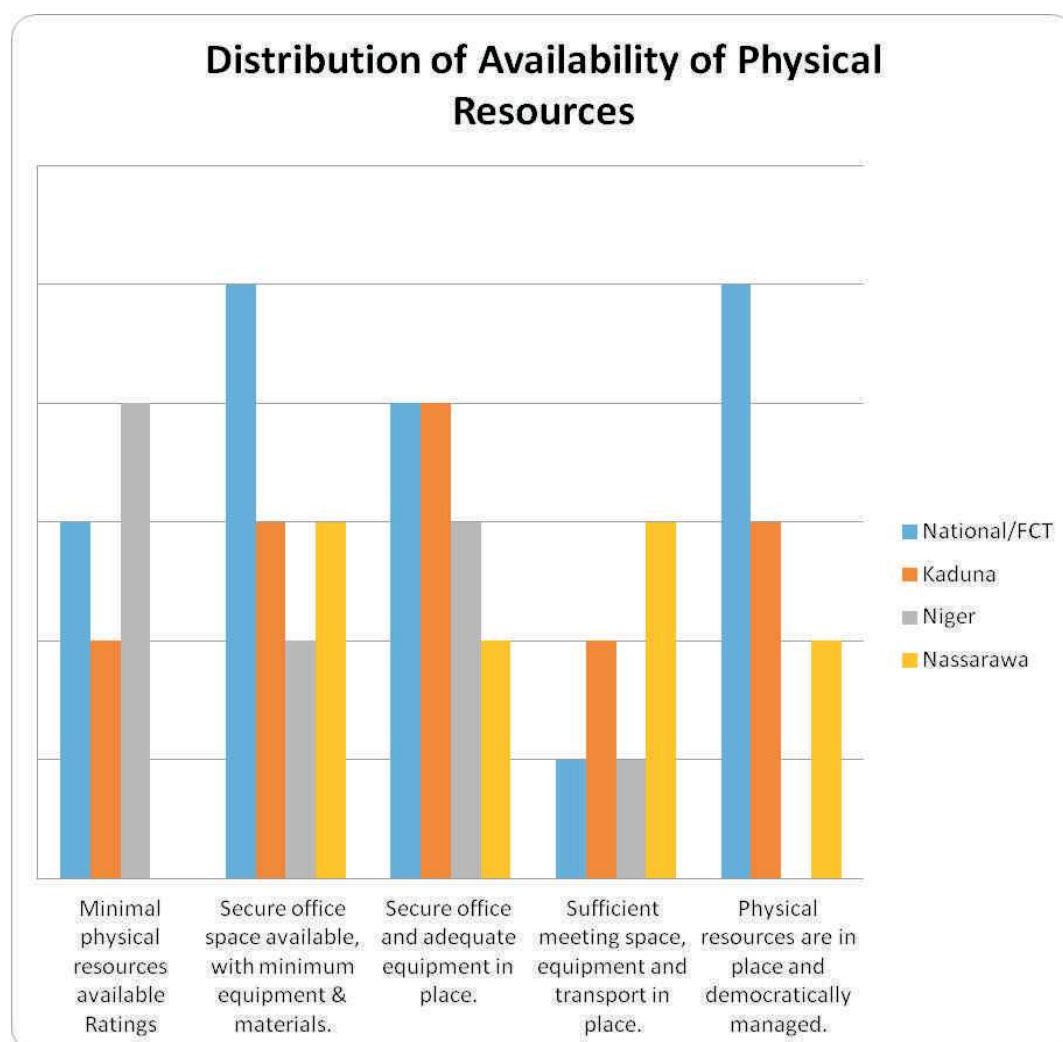


**Figure12: Distribution of Stakeholders Ability to Track Budget for Nutrition amongst Ministries, Departments and Agencies (MDA)**



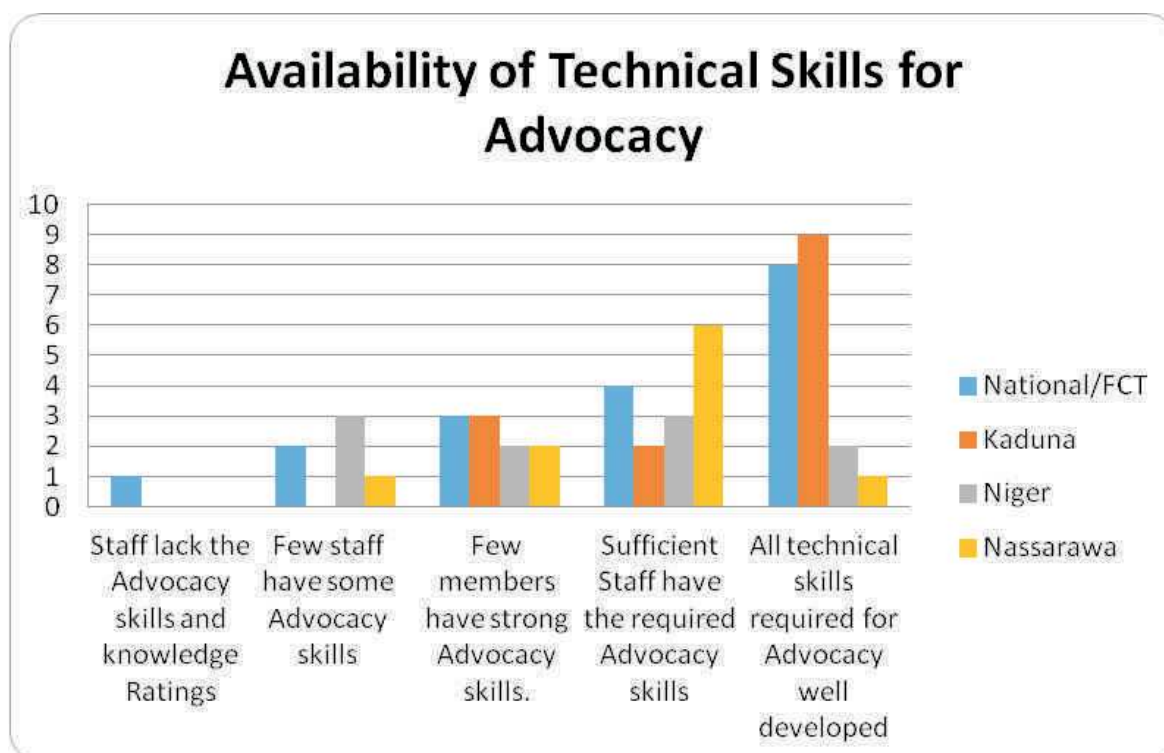
**Figure 12** shows the distribution of stakeholders according to their ability to track budget for nutrition from MDAs. The chart shows that only 8 stakeholders (16%) had active monitoring of budget performance and 15(31%) which is the majority of mapped stakeholders had no institutional knowledge on available allocation of fundings.

Figure 13: Distribution of Availability of Physical Resources



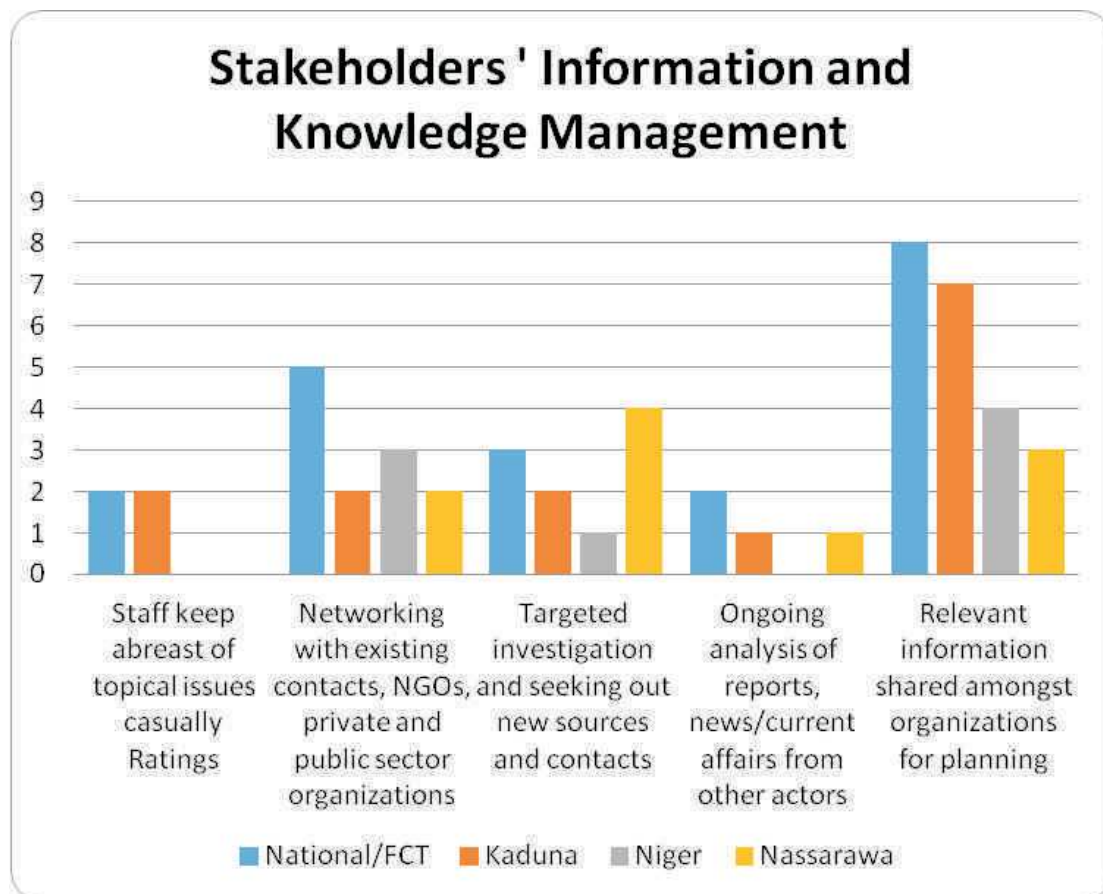
**Figure 13** shows the distribution of physical resources amongst stakeholders. The figure shows that majority of stakeholders (25%) had a secure office with adequate equipment in place.

Figure 14: Distribution of availability of Technical Skills for Advocacy



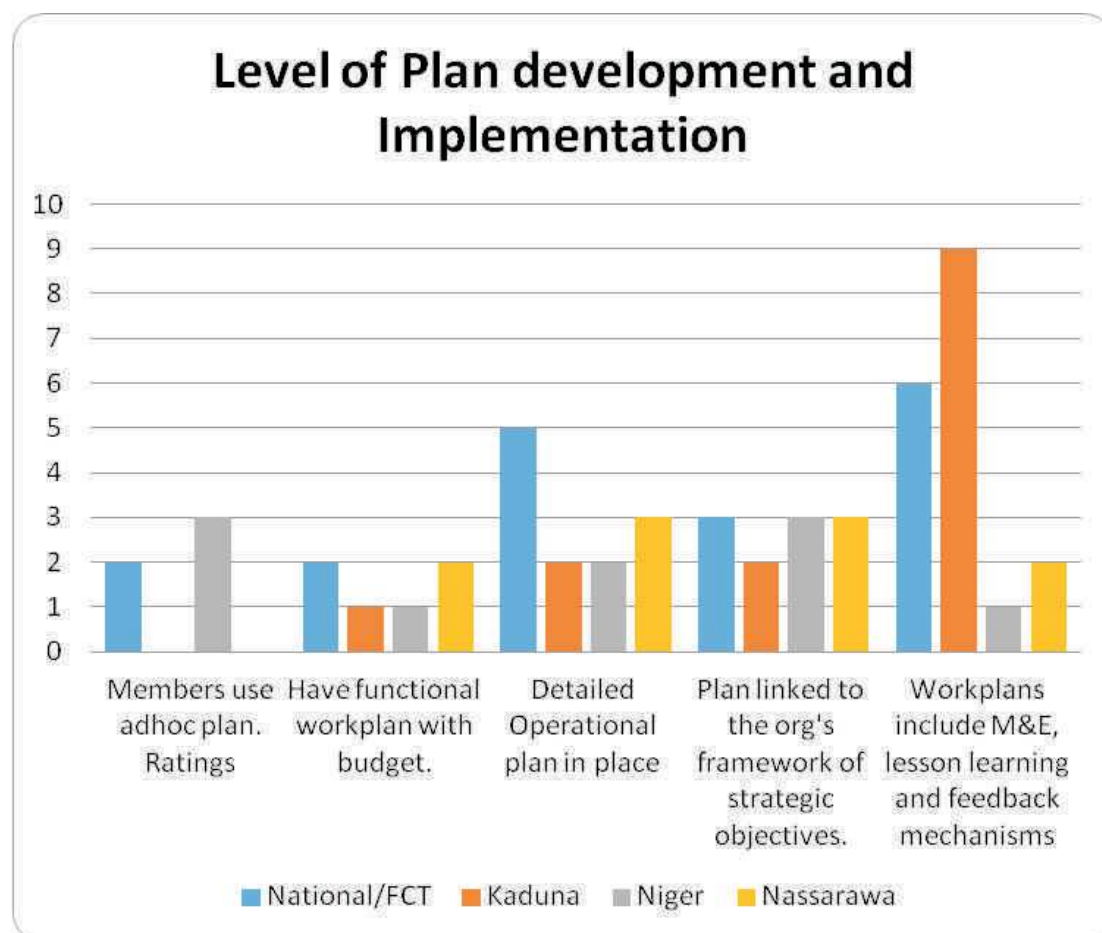
**Figure 14** above shows the distribution of technical skills amongst staff of the mapped stakeholders. The figure shows that only one (2%) of the total stakeholders had staff that lacked the technical knowledge and skills for advocacy.

Figure 15: Information and Knowledge Management of Stakeholders



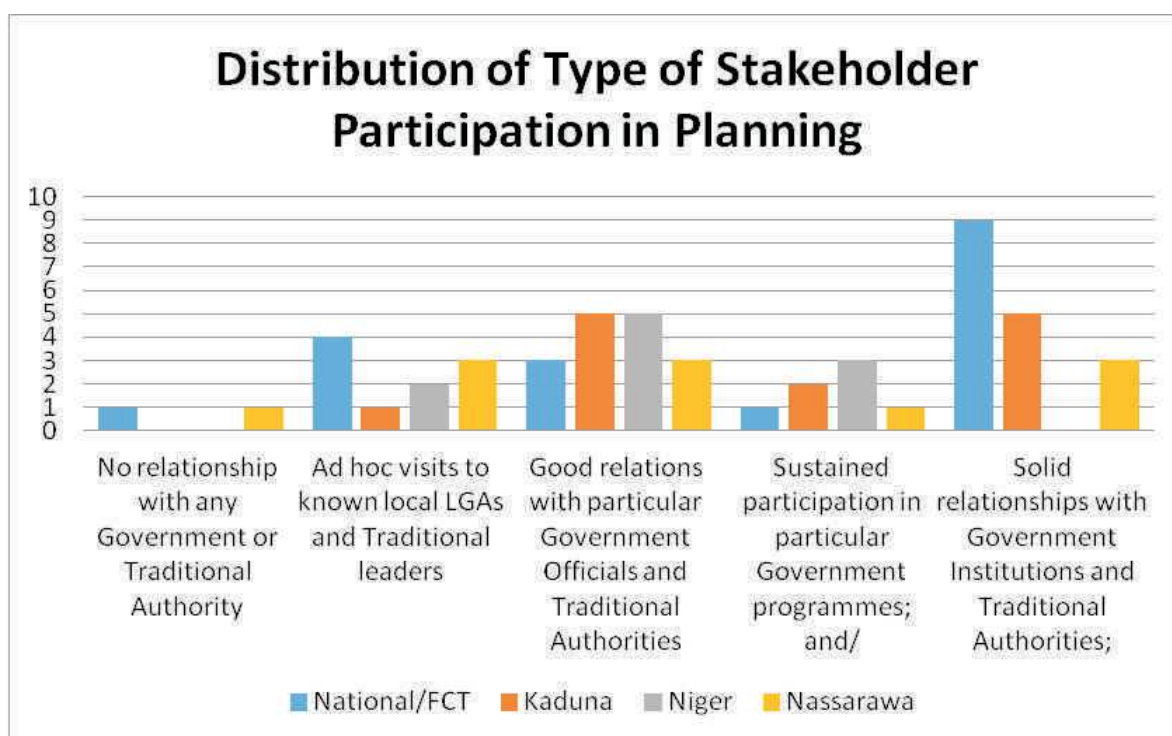
**Figure 15** above shows the distribution of knowledge and information amongst stakeholders. The figure shows that staff from various stakeholders had knowledge and information to various degrees. Four (8%) out of the total mapped stakeholders casually kept abreast with topical issues.

Figure 16: Level of Plan Development and Implementation



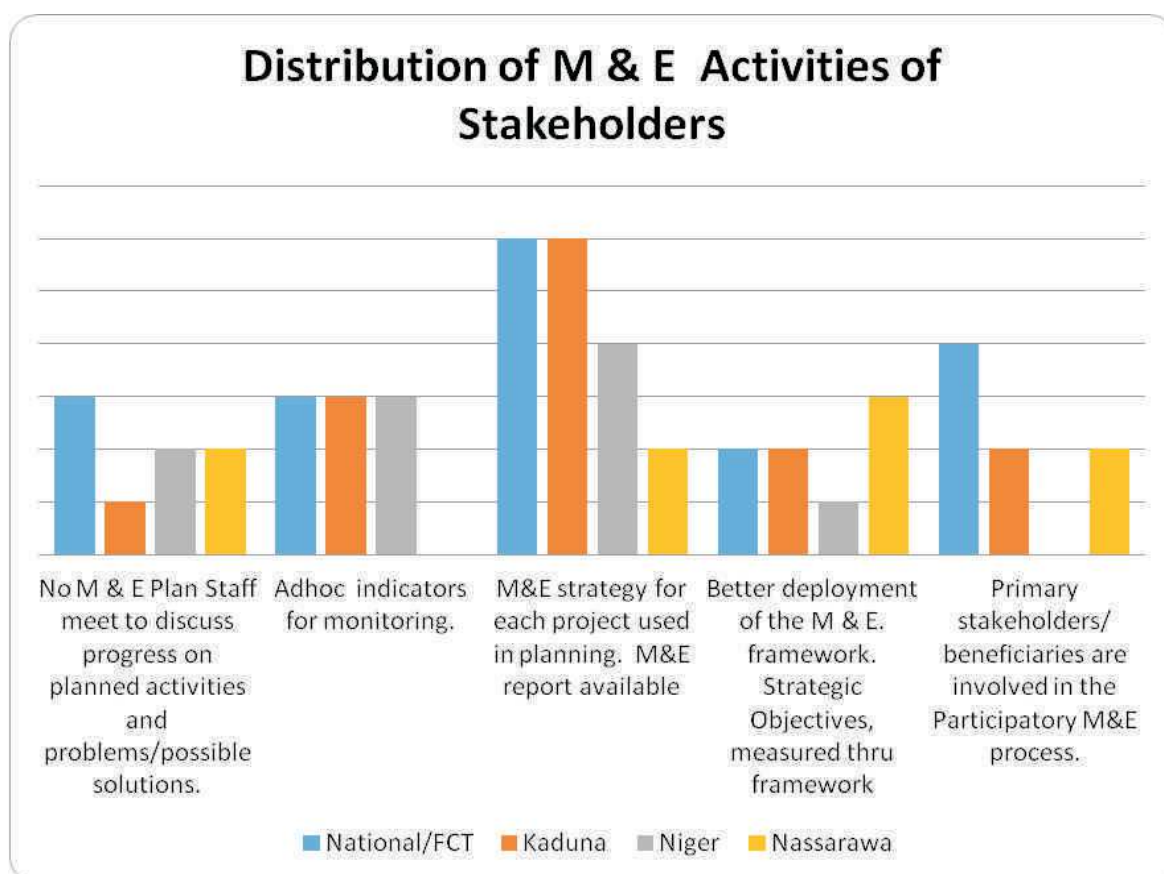
**Figure 16** shows level of plan development and implementation by stakeholders. Majority of the mapped stakeholders (35%) had work plans including monitoring and evaluation lesson, learning and feedback mechanisms. In 10% of stakeholders, members of the organization work towards agreed plan.

**Figure 17: Distribution of Type of Stakeholder Participation in Planning**



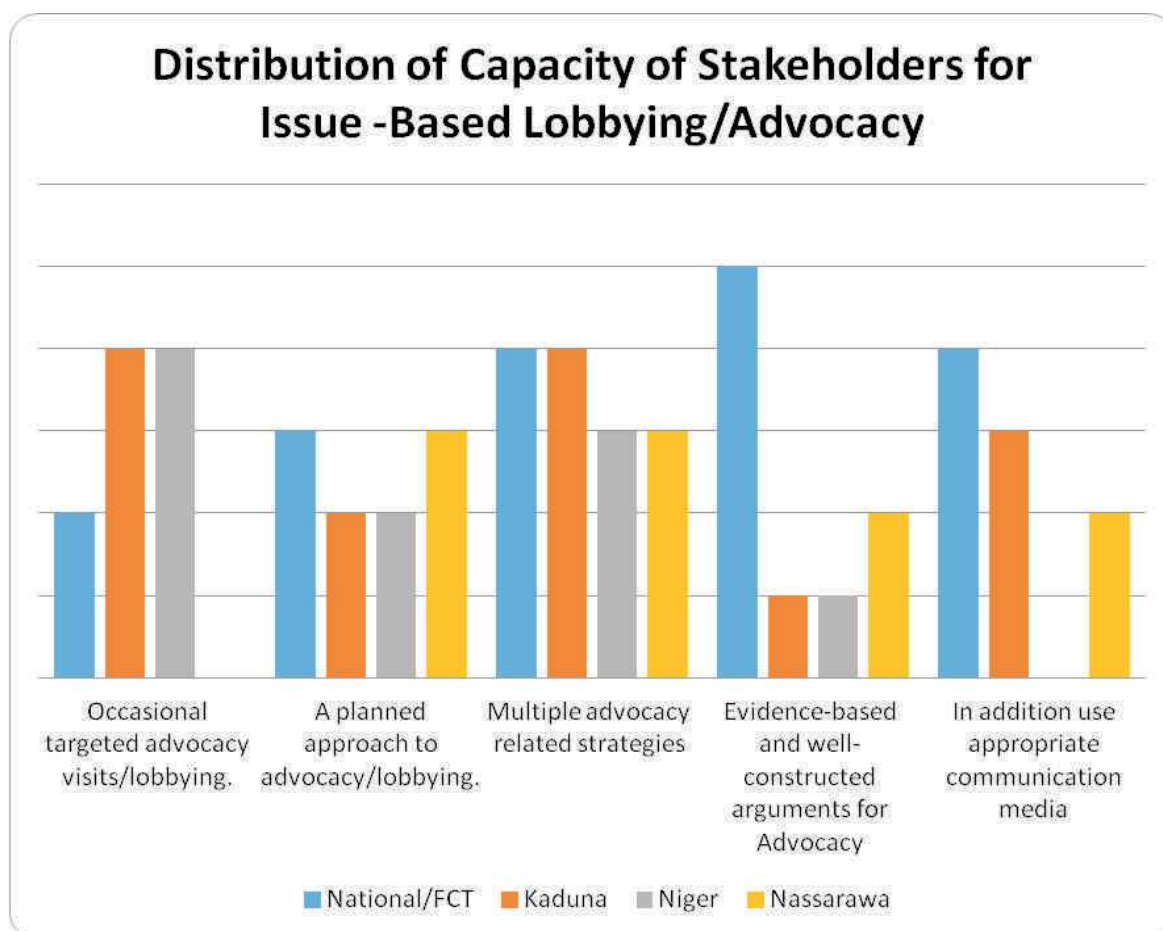
**Figure 17** shows the distribution type of stakeholder participation in planning. In the majority of mapped organizations (29%), work planning involves the organization's staff while in 6% of the mapped organizations, work plans were put together by senior managers only. Others (21%) consult with stakeholders that are often marginalized when developing its work plan.

**Figure 18: Distribution of Monitoring and Evaluation (M&E) Activities of the Stakeholders**



**Figure 18** shows a distribution of monitoring and evaluation activities amongst stakeholders. The chart shows most of the stakeholders, 18, (35%) have monitoring and evaluation strategy and report for each project. however, 8 stakeholders (16%); 3 in the FCT 1 in Kaduna and 2 each in Niger and Nassarawa had no monitoring and evaluation plans.

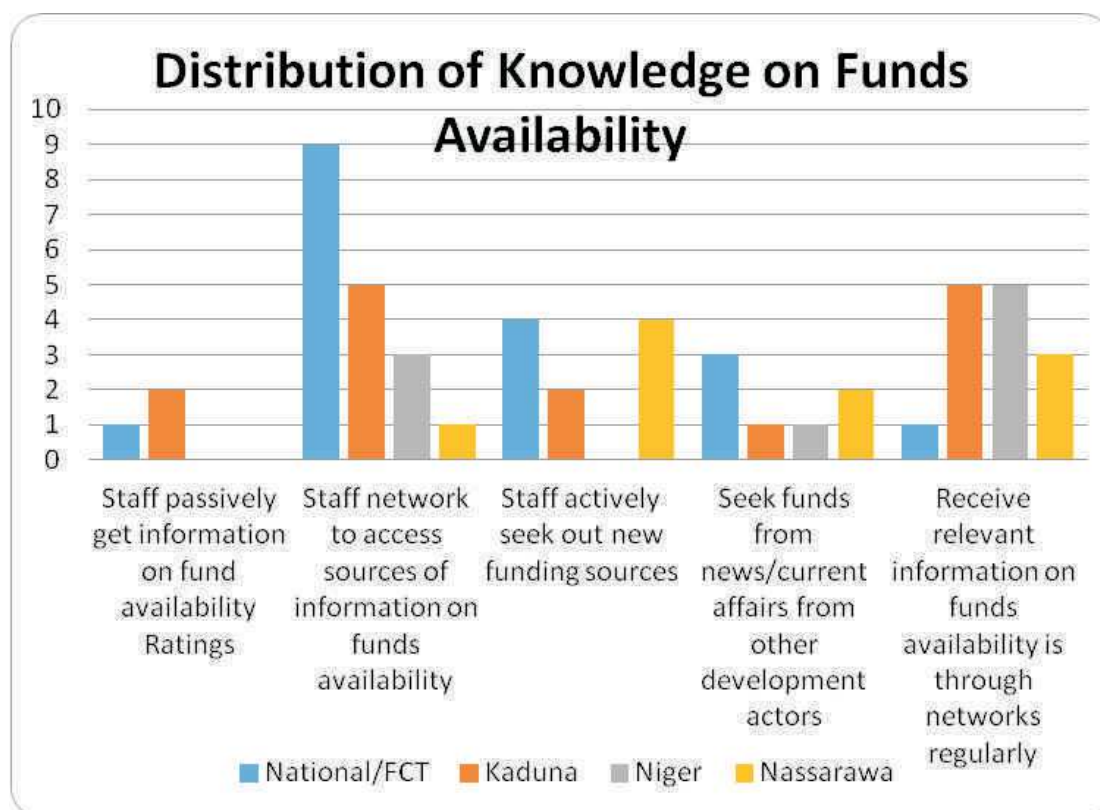
**Figure 19: Distribution of Capacity of Stakeholders for Issue -Based Lobbying/Advocacy**



**Figure 19** shows distribution of capacity of stakeholders for issue based lobbying/advocacy. Most stakeholders (28%) employ multiple advocacy strategies. Almost equal number of stakeholders employ either planned approach to advocacy, occasional targeted advocacy, evidence based arguments or the use of appropriate communication media.

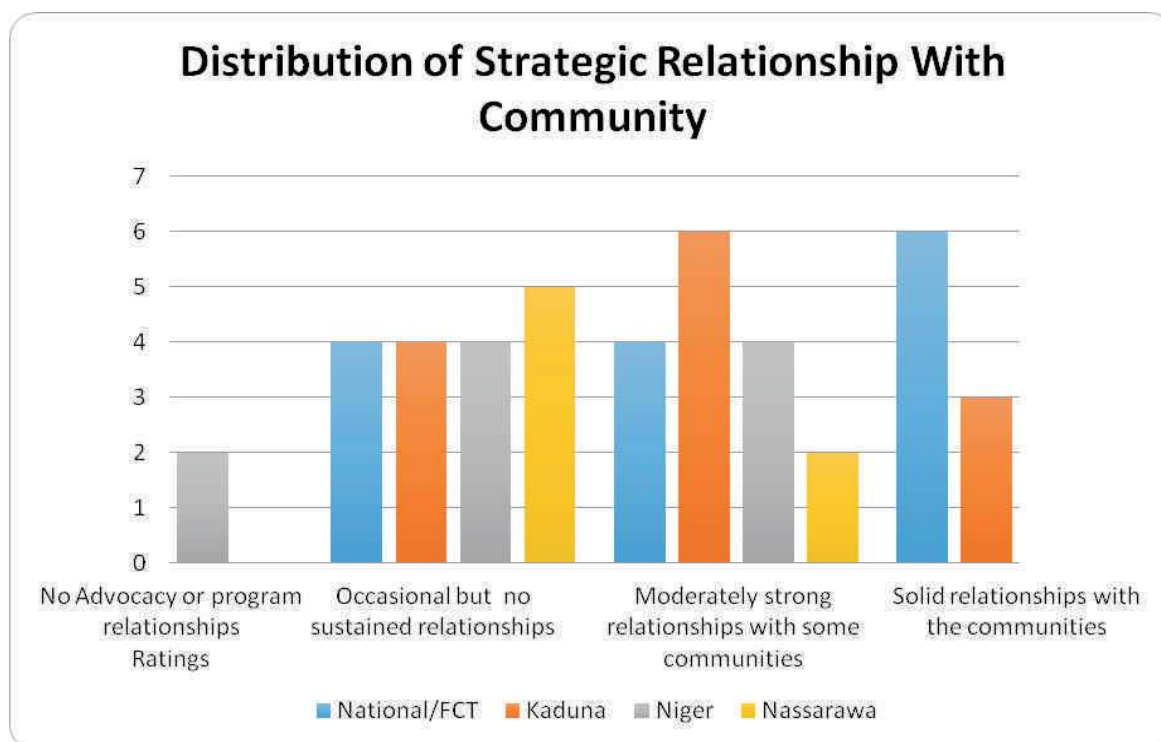


**Figure 20: Distribution of Knowledge on Funds Availability for nutrition Programmes**



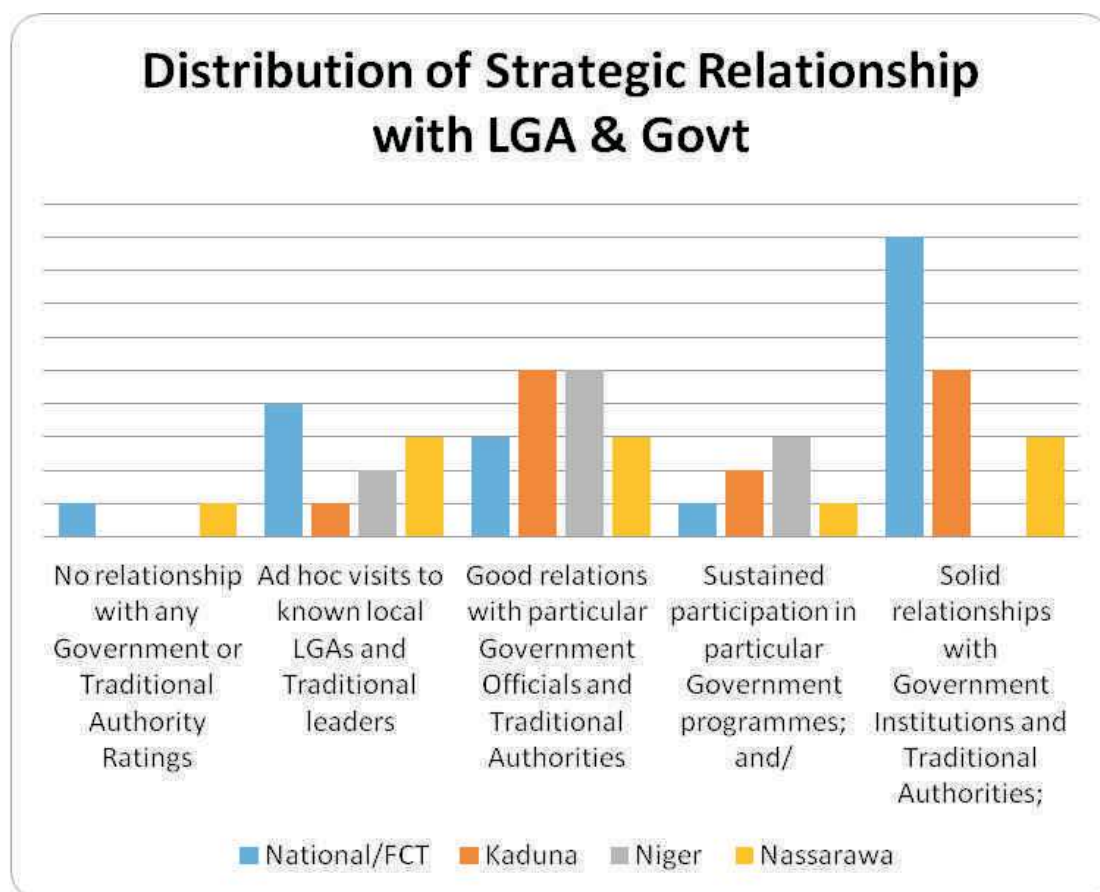
**Figure 20** shows the distribution of knowledge on availability of food for nutrition programmes . the chart shows that all the staff had knowledge about funding and access in various ways. The majority of stakeholders 18(35%) have network links to access information on funds availability and only 3 (6%) get their information on funding passively.

Figure 21: Distribution of Strategic Relationship with Community



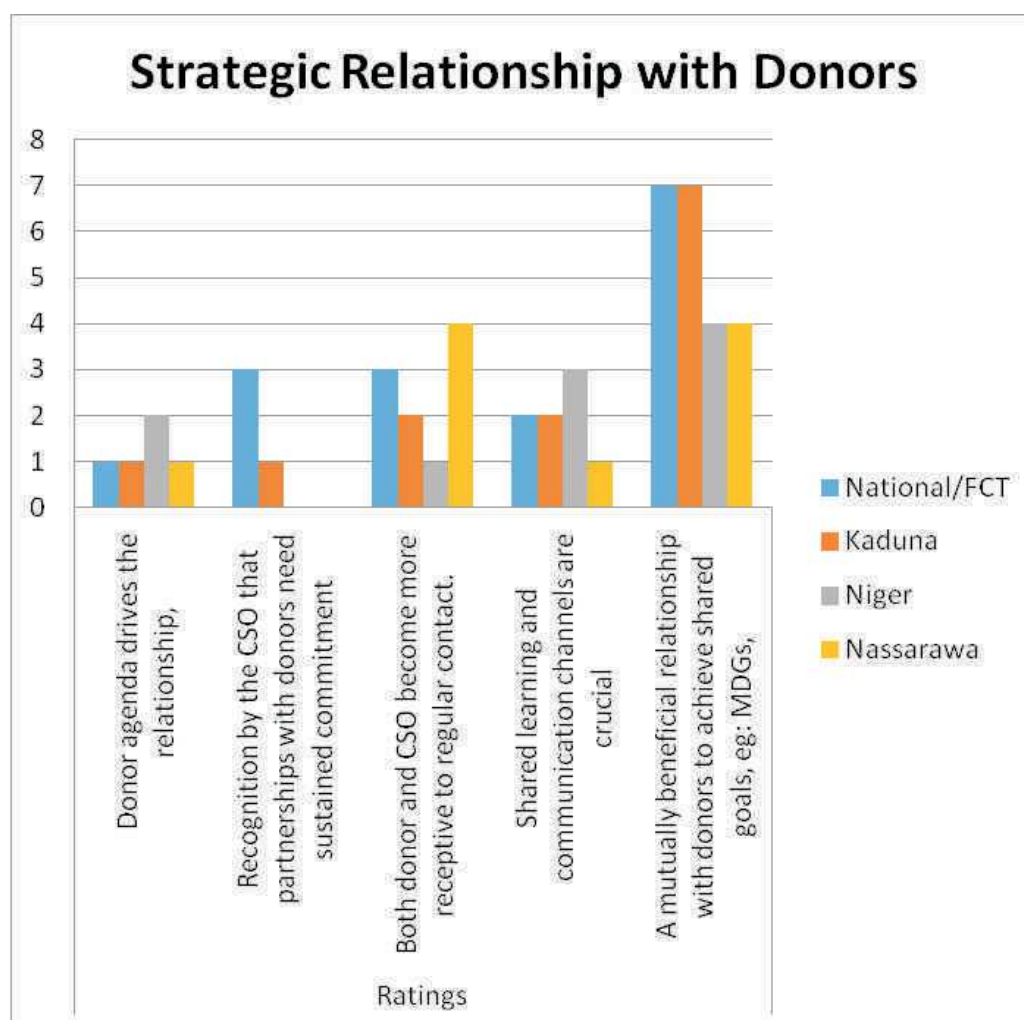
**Figure 21** shows the distribution of stakeholders based on their relationship with their communities. The figure shows that the majority of mapped stakeholders, 17 (33%) had only occasional relationship with their communities and 6 (12%) of stakeholders had no advocacy programs to strengthen relationship with communities

Figure 22: Distribution of Strategic Relationship with LGA and Government



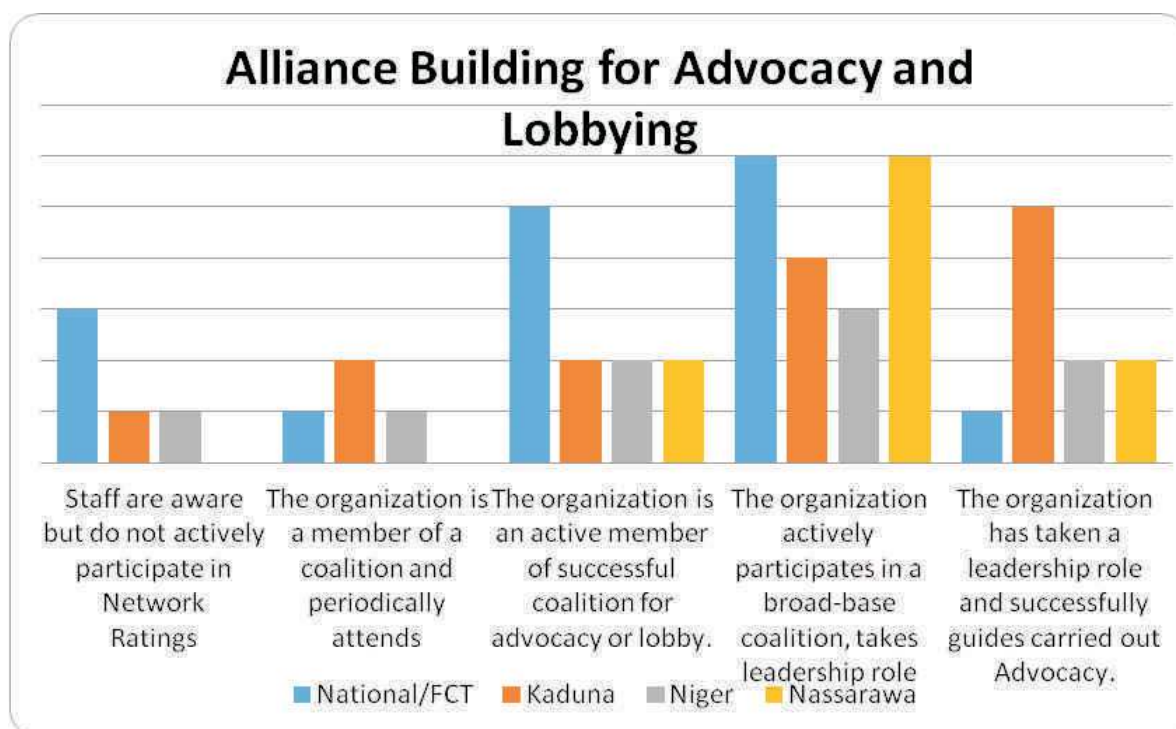
**Figure 22** shows a distribution of stakeholders based on relationship with LGAs and Government. The figure shows that 17 (33%) of stakeholders had solid relationship with government institutions and traditional authorities, and only 2 (4%) had no relationship with any government or any traditional authority

**Figure 23: Distribution of Type of Stakeholder Relationship with Donor**



**Figure 23** shows the distribution of stakeholders based on their relationships with donors. The chart shows that there were varied relationships with donors amongst stakeholders. Twenty two (42%) of stakeholders had a mutually beneficial relationship with donors to achieve shared goals. On the extreme end, 5(10%) of the stakeholder relationship with their donors was based on donor's agenda.

Figure 24: Alliance Building (Networking) for Advocacy and Lobbying



**Figure 20** shows organizational networking for advocacy. All stakeholders are involved in advocacy. In 10% of mapped stakeholders, the staff are aware but not actively involved in advocacy, while in the majority (37%), the organization actively participates in a broad based coalition, taking leadership roles.

## 6.0 Discussion


A report by the United Nations Education Fund (UNICEF) in 2013 revealed that Northern Nigeria was at risk of a Sahelian crisis, following increasing incidents of severe acute malnutrition of the Sahel region. Experts hinged the causes of the crisis on scarce rains in 2011, resulting in poor harvest, displacement of people and disruption of food production due to violence and conflicts, increased food crisis in the previous year and structural poverty of the region.

Nutrition is crucial to both individual and national development. However, the main challenge being faced in nutrition today is to ensure that all children grow to reach their full potential, in order to be part of a meaningful nation state development. Acceleration of progress in nutrition will require effective, large-scale nutrition-sensitive programmes that address key underlying determinants of nutrition and enhance the coverage and effectiveness of nutrition-specific interventions. However, Ruel and Alderman, in their study noted that the evidence of the nutritional effect of many nutritional sensitive programmes including agricultural programmes is inconclusive, largely because of the absence of quality evaluation. They also found that many of the programmes they reviewed were not originally designed to improve nutrition yet had great potential to do so. They concluded that ways to enhance programme nutrition-sensitivity include: improve targeting; the use specific conditions to stimulate participation; strengthening nutrition goals and actions; and optimisation of women's nutrition, time, physical and mental health, and empowerment. They concluded that nutrition-sensitive programmes can help scale up nutrition-specific interventions and create a stimulating environment in which young children can grow and develop to their full potential. Findings from this study showed that organizations programming in Nutrition outside the major cities of Abuja and Kaduna was weak, with poor organizational capacity to programme in nutrition specific and nutrition sensitive areas. This capacity is required to meet the needs of the nutritionally underserved in Nigeria.

23(44%) of the organizations visited had clear mission and vision statements, with the highest number of such organizations being in the FCT, followed by Kaduna. Niger State had the least number of organizations having mission statements. The mission and vision statements are key organizational instruments that enable programmatic focus and ensure all the different components of the organization rally around a single interest. 1 organization, in Niger State claimed to have organizational leadership roles that were adhoc, showing the least leadership capability. Over 50% of the organizations with staff whose skills have been well developed to provide key leadership in

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<http://www.nigeriaintel.com/2013/01/08/addressing-malnutrition-a-major-health-challenge/>  
MT Ruel, H Alderman 2013; Nutrition-sensitive interventions and programmes:  
how can they help to accelerate progress in improving maternal and child nutrition?  
www.thelancet.com Published online June 6, 2013 [http://dx.doi.org/10.1016/S0140-6736\(13\)60843-0](http://dx.doi.org/10.1016/S0140-6736(13)60843-0)



their functional roles, came from the FCT. In Kaduna State, most of the organizations had leaders who were team players with staff given distinct roles and responsibilities.

Internal communication amongst staff is important to ensure that staff have the information they need in a timely and appropriate manner, to ensure projects run smoothly. 33% of organizations had formal communication channels in place, 22 (42%), the majority, however shared information formally to an extent via meetings, sharing of reports etc. Only 2 organizations claimed to have very poor access to information. Most of the organizations in Niger (60%) depended on informal communication channels. In Nasarawa 5 (50% of all the organizations mapped in that state) and Kaduna 7 (53% of the mapped organizations) had some form of communication mechanism within the organization. Evident need for strengthening organizational capacity especially in Niger and Nasarawa states.

Only 5 organizations in the FCT, 3 in Kaduna and 2 in Nasarawa had organizations in which audit procedures were taking place annually. Most organizations 21 (41%) had good financial procedures established and used consistently. Kaduna and Niger States had the highest number of organizations falling into this category. In Niger, there was no organization that was able to perform annual audits, again buttressing the relative weak capacities of organizations in this State. Budget planning is important in internal management systems, overall, only 4 organizations were able to have multiple year budgetary planning. Most organizations 24 (46%) had annual budgets that are publicly viewed. Kaduna and Niger each reported 1 organization in each State having inconsistent budgeting and unplanned spending. Regarding budget tracking on nutrition spending, 15 (31%) organizations reported no institutional knowledge on available allocation of funds. Active monitoring of budget performance was overall low at 8(16%).

In the FCT, Kaduna and Niger, most of the organizations had a means (most of which was by being part of a network organization) by which relevant information is shared amongst organizations for planning, buttressing the veritable role Networks play in organizational reach and relevance. There was a weakness in plan development as most organizations 14 (29%) conducted organizational planning that was limited in scope, only involving staff. Only 12 (23%) of organization were able to consult with primary stakeholders in developing plans, and they were mainly in the FCT and Kaduna. Strategic planning and programme implementation skills are key aspects of institutional capacity that is needed by organizations outside the FCT and Kaduna States. Indeed weaknesses in participatory plan development could be attributed poor organizational structures. Interestingly, though, M & E capacity was relatively well developed and organizations were capable of monitoring their results as a requirement by donors..





## 7.0 Conclusion

The fifth report on World Nutrition Situation states that Nigeria is home to 10 million of 147 million pre-school children in developing countries that are stunted. The 2008 National Demographic and Health Survey showed that 41 percent of Nigerian children were stunted as a result of malnutrition, recent data show that the figure dropped only marginally. There are regional and social disparities, with particularly high levels of stunting in the north-east and north-west and among the poorest quintile. Stakeholder organizations in the nutrition sector need to be strengthened to provide the needed leadership in nutritional programming. Continuous sensitization is needed on the relevance of nutrition to national development. Active utilization of the National Strategic Plan of Action for Nutrition in Nigeria as a framework is key to effective programming and reducing the prevalence of under nutrition in the country. Advocacy should be integrated into both nutrition sensitive and specific programmes to ensure that policy makers and end users alike have the needed messages to ensure a healthier and productive nation.

Coalition organizations and networks are key conduits of information to organizations, and provide a platform to engage and build the organizational capacity for sustainable programming





# APPENDIX

1. PROFILE OF MAPPED ORGANIZATIONS
2. TABLES OF RESULTS FINDINGS

**Table 1: Mapped NGOs, CSOs and government stakeholders in Nutrition from Four States**

State	Frequency	Percentage
National/FCT	18	34.6
Kaduna	14	26.9
Niger	10	19.2
Nassarawa	10	19.2
Total	52	100.0

**Table 2: Organizational Mission and Vision**

State	Ratings				
	Not in place	In place not clear, not widely known	In place, known but not used	Clear, shared and understood, well articulated	Clear mission which is broken down into Strategic Objectives.
National/FCT	0	0	2	3	13
Kaduna	0	0	2	6	6
Niger	1	2	2	4	1
Nassarawa	0	0	1	6	3
Total	1 (2%)	2 (5%)	7 (13%)	19 (37%)	23 (44%)

**Table 3: Organizational Leadership**

State	Ratings				
	Organization's leadership roles adhoc.	Leadership provides some direction; limited delegates	Leadership provides strong vision, & staff participation	Leaders are team players with clear staff roles and responsibilities.	All Staff have leadership functional skills roles and responsibilities
National/FCT	0	2	2	4	10
Kaduna	0	1	0	7	6
Niger	1	0	0	7	2
Nassarawa	0	1	4	1	4
Total	1 (2%)	4 (8%)	6 (12%)	19 (37%)	22 (42%)

Table 4: Internal Communication amongst Members/Staff

State	Ratings			
	Have very poor access to any information.	There is informal communication	Some formal communication mechanisms eg: meetings, reports, etc..	Formal communication mechanisms in place.
National/FCT	1	3	6	8
Kaduna	1	0	7	6
Niger	0	6	4	0
Nassarawa	0	2	5	3
<b>Total</b>	<b>2 (4%)</b>	<b>11 (21%)</b>	<b>22 (42%)</b>	<b>17 (33%)</b>

Table 5: Financial Control

State	Ratings			
	Financial procedures not established. No manual of procedures exists.	Some financial systems established.	Financial procedures established and are consistently applied.	Written procedures are in place. Annual audits are taking place.
National/FCT	4	5	4	5
Kaduna	3	0	8	3
Niger	1	3	6	0
Nassarawa	2	3	3	2
<b>Total</b>	<b>10 (20%)</b>	<b>11 (21%)</b>	<b>21 (41%)</b>	<b>10 (19%)</b>

Table 6: Budgeting planning

State	Ratings				
	Inconsistent budgeting with unplanned spending	Short-term budgeting and planning.	Annual Budgets are reasonably well prepared	Annual Budgets are public regularly reviewed	Multiple year budgetary planning
National/FCT	0	4	5	6	3
Kaduna	1	0	5	8	0
Niger	1	2	4	3	0
Nassarawa	0	0	2	7	1
<b>Total</b>	<b>2(4%)</b>	<b>6(12%)</b>	<b>16(31%)</b>	<b>24(46%)</b>	<b>4(8%)</b>

**Table 7: Budget Tracking of Nutrition Amongst MDAs**

State	Ratings				
	No Institutional knowledge on available allocation of funding	Leaders have vague information on budget allocation	Leaders and staff question the budgets. allocation and expenditure	Leaders and staff participates in demanding to see details of annual budgets.	Active monitoring of budget performance
National/FC T	4	1	4	3	3
Kaduna	7	2	2	1	2
Niger	3	0	2	3	1
Nassarawa	1	2	3	2	2
<b>Total</b>	<b>15 (31%)</b>	<b>5(13%)</b>	<b>11(21%)</b>	<b>9(19%)</b>	<b>8(16%)</b>

**Table 8: Physical Resources for Advocacy**

State	Ratings				
	Minimal physical resources available	Secure office space available, with minimum equipment & materials.	Secure office and adequate equipment in place.	Sufficient meeting space, equipment and transport in place.	Physical resources are in place and democratically managed.
National/FCT	3	5	4	1	5
Kaduna	2	3	4	2	3
Niger	4	2	3	1	0
Nassarawa	0	3	2	3	2
<b>Total</b>	<b>9(17%)</b>	<b>13(25%)</b>	<b>13(25%)</b>	<b>7(14%)</b>	<b>10(19%)</b>

**Table 9: Technical Skills for Advocacy**

State	Ratings				
	Staff lack the Advocacy skills and knowledge	Few staff have some Advocacy skills	Few members have strong Advocacy skills.	Sufficient Staff have the required Advocacy skills	All technical skills required for Advocacy well developed
National/FCT	1	2	3	4	8
Kaduna	0	0	3	2	9
Niger	0	3	2	3	2
Nassarawa	0	1	2	6	1
<b>Total</b>	<b>1(2%)</b>	<b>6(12%)</b>	<b>10(19%)</b>	<b>15(29%)</b>	<b>20(38%)</b>

**Table 10: Analysis of the External Environment (Information and Knowledge Management)**

State	Ratings				
	Staff keep abreast of topical issues casually	Networking with existing contacts, NGOs, private and public sector orgs	Targeted investigation and seeking out new sources and contacts	Ongoing analysis of reports, news/current affairs from other actors	Relevant information shared amongst organizations for planning
National/FCT	2	5	3	2	8
Kaduna	2	2	2	1	7
Niger	0	3	1	0	4
Nassarawa	0	2	4	1	3
<b>Total</b>	<b>4(8%)</b>	<b>12(23%)</b>	<b>10(19%)</b>	<b>4(8%)</b>	<b>22(42%)</b>

**Table 11: Project Plan, Development & Implementation**

State	Ratings				
	Members of the organization work towards an agreed plan.	Objectives and activities tabled in the workplan with budget.	Detailed breakdown of activities in terms of dates, venues, responsibilities, resources etc	All planned activities are linked to the org's framework of strategic objectives.	Workplans include M&E, lesson learning and feedback mechanisms
National/FCT	2	2	5	3	6
Kaduna	0	1	2	2	9
Niger	3	1	2	3	1
Nassarawa	0	2	3	3	2
<b>Total</b>	<b>5(10%)</b>	<b>6(11%)</b>	<b>12(23%)</b>	<b>11(21%)</b>	<b>18(35%)</b>

Table 12: Stakeholder Participation in Planning

State	Ratings				
	The organization's workplan is put together by senior managers only	Work planning involves the organisation's staff.	Organisational members, partners and close associates participate in work planning.	The organization consults with primary stakeholders to develop its work plans.	The organization consults with stakeholders that are often-marginalised when developing its work plans.
National/FCT	1	1	4	6	6
Kaduna	0	8	3	1	1
Niger	1	3	3	3	0
Nassarawa	1	2	1	2	4
<b>Total</b>	<b>3(6%)</b>	<b>14(29%)</b>	<b>11(21%)</b>	<b>12(23%)</b>	<b>11(21%)</b>

Table 13: Monitoring and Evaluation of Planned Activities

State	Ratings				
	No M & E Plan Staff	Adhoc staff and indicators for monitoring.	M&E strategy for each project M&E report available	Better deployment of the M & E. framework.	Primary stakeholders/ beneficiaries are involved in the Participatory M&E process.
National/FC T	3	3	6	2	4
Kaduna	1	3	6	2	2
Niger	2	3	4	1	0
Nassarawa	2	0	2	3	2
<b>Total</b>	<b>8(16%)</b>	<b>9(17%)</b>	<b>18(35%)</b>	<b>8(16%)</b>	<b>8(16%)</b>

Table 14: Issues – Based Lobbying with Advocacy Partners

STATE	Occasional targeted advocacy visits/lobbying.	A planned approach to advocacy/lobbying.	Multiple advocacy related strategies	Evidence-based and well-constructed arguments for Advocacy	In addition use appropriate communication media
National/FCT	2	3	4	5	4
Kaduna	4	2	4	1	3
Niger	4	2	3	1	0
Nassarawa	0	3	3	2	2
<b>Total</b>	<b>10(19%)</b>	<b>10(19%)</b>	<b>14(28%)</b>	<b>9(17%)</b>	<b>9(17%)</b>

Table 15: Knowledge on Funds Availability for Nutrition Programmes

State	Ratings				
	Staff passively get information on fund availability	Network to access sources of information on funds availability	Staff actively seek out new funding sources	Seek funds from news/current affairs from other development actors	Receive relevant information on funds availability is through networks regularly
National/FCT	1	9	4	3	1
Kaduna	2	5	2	1	5
Niger	0	3	0	1	5
Nassarawa	0	1	4	2	3
<b>Total</b>	<b>3(6%)</b>	<b>18(35%)</b>	<b>10(19%)</b>	<b>7(14%)</b>	<b>14(28%)</b>

Table16: Strategic Relationship with Community

State	Ratings			
	No Advocacy or program relationships with communities.	Occasional but no sustained relationships	Moderately strong relationships with some communities	Solid relationships with the communities
National/FC T	4	4	4	6
Kaduna	0	4	6	3
Niger	2	4	4	0
Nassarawa	0	5	2	3
<b>Total</b>	<b>6 (12%)</b>	<b>17(33%)</b>	<b>16(31%)</b>	<b>12(23%)</b>

Table 17: Strategic Relationship with LGA &amp; Government

State	Ratings				
	No relationship with any Government or Traditional Authority	Ad hoc visits to known local LGAs and Traditional leaders	Good relations with particular Government Officials and Traditional Authorities	Sustained participation in particular Government programmes; and/	Solid relationships with Government Institutions and Traditional Authorities ;
National/FCT	1	4	3	1	9
Kaduna	0	1	5	2	5
Niger	0	2	5	3	0
Nassarawa	1	3	3	1	3
<b>Total</b>	<b>2(4%)</b>	<b>10(19%)</b>	<b>16(31%)</b>	<b>7(14%)</b>	<b>17(33%)</b>

Table 18: Strategic Relationship with Donors

State	Ratings				
	Donor agenda drives the relationship,	Recognition by the CSO that partnerships with donors need sustained commitment	Both donor and CSO become more receptive to regular contact.	Shared learning and communication channels are crucial	A mutually beneficial relationship with donors to achieve shared goals, eg: MDGs,
National/FCT	1	3	3	2	7
Kaduna	1	1	2	2	7
Niger	2	0	1	3	4
Nassarawa	1	0	4	1	4
<b>Total</b>	<b>5(10%)</b>	<b>4(8%)</b>	<b>10(19%)</b>	<b>8(15%)</b>	<b>22(42%)</b>



Table 19: **Alliance Building for Advocacy & Lobbying**

State	Ratings				
	Staff are aware but do not actively participate in Advocacy	The organization is a member of an Advocacy/ Lobby coalition	The organization is an active member of successful coalition for advocacy or lobby.	The organization actively participates in a broad-base coalition, takes leadership role	The organization has taken a leadership role in an Issues-based Coalition and successfully guides carried out Advocacy.
National/FC T	3	1	5	6	1
Kaduna	1	2	2	4	5
Niger	1	1	2	3	2
Nassarawa	0	0	2	6	2
<b>Total</b>	<b>5 (10%)</b>	<b>4(8%)</b>	<b>11(21%)</b>	<b>19(37%)</b>	<b>10(19%)</b>



## Mapping of Relevant Nutrition Stakeholders

### Niger State Nutrition Stakeholders

Nutrition State Actors					
S/N	Name	Designation	Organization	Email	Phone number
1	Dr. Aliyu Yabagi Shehu	Executive Director	NSPHCDA	<a href="mailto:ayshehu@yahoo.com">ayshehu@yahoo.com</a>	08033499556
2	Ndanusa B. Usman	DF&D	NSPHCDA	<a href="mailto:ndanusabu@gmail.com">ndanusabu@gmail.com</a>	08034530635
3	Mrs Amina Isah	DDF&D/SNO	NSPHCDA	<a href="mailto:meenah_isah@yahoo.com">meenah_isah@yahoo.com</a>	08034516204
4	Dr. Ibrahim N' 'llah	ASDCHS	NSPHCDA	<a href="mailto:naallahpashehu@yahoo.com">naallahpashehu@yahoo.com</a>	08036519601
5	Anna Simon	MCH. Coordinator	NSPHCDA	<a href="mailto:anna.dawaba@yahoo.com">anna.dawaba@yahoo.com</a>	08036015355
6	Mrs Rhoda Usman	Coordinator PHC	NSPHCDA		08065641178
7	Abraham Bako	State M & E Officer	NSPHCDA	<a href="mailto:abrahambako49@gmail.com">abrahambako49@gmail.com</a>	08065706921
8	Dr. Samuel Jiya	SIO Niger (Immunization)	NSPHCDA	<a href="mailto:Drfati82@gmail.com">Drfati82@gmail.com</a>	08039526515
9	Pharm. Hamza T.Y.	DDPRS	SMOH	<a href="mailto:thamza65@yahoo.com">thamza65@yahoo.com</a>	08035905221
10	Mohammed B. Mustafa	Perm sec.	Niger State Planning Commission (NSPC)	<a href="mailto:babatifin@gmail.com">babatifin@gmail.com</a>	08035882102
11	Ramatu Umar	Director, NSPC	Niger State Planning Commission (NSPC)	<a href="mailto:ramatumar65@yahoo.com">ramatumar65@yahoo.com</a>	08034525305
12	Sanusi Aliyu	Nutrition Focal Person	Niger State Planning Commission (NSPC)	<a href="mailto:Saliyu87@yahoo.com">Saliyu87@yahoo.com</a>	08035885775
13	Shabako Abdullahi	CAO	Niger State Ministry of Agric and Rural Dev.		
14	Hajiya Amina Ndatsu	DD&ECD DO	NSUBEB	<a href="mailto:aminandatsu@yahoo.com">aminandatsu@yahoo.com</a>	
15	Musa Ladan Badegi		Ministry of Information, Communication and Integration	<a href="mailto:nigerinfocom@yahoo.com">nigerinfocom@yahoo.com</a> <a href="mailto:mladanbadegi@yahoo.com">mladanbadegi@yahoo.com</a>	
16	Rabi S.R. Mohammed	Local Govt. Nut. Focal Person	Agaje LGA	NA	07036447267

17	Briskila Majanbu	Local Govt. Nut. Focal Person	Agwara	NA	8056917600
18	Salamatu Shettima	Local Govt. Nut. Focal Person	Bida	NA	8032212358
19	Aisha M. Waziri	Local Govt. Nut. Focal Person	Borgu	NA	8076223839
20	Karimat Abdulmalik	Local Govt. Nut. Focal Person	Bosso	NA	8035889473
21	Fati Saidu	Local Govt. Nut. Focal Person	Chanchaga	NA	8065737883
22	Baba Yanma Sakpe	Local Govt. Nut. Focal Person	Edati	NA	8039678268
23	Zainab Adamu	Local Govt. Nut. Focal Person	Gbako	NA	8068982972
24	Docas A. Mali	Local Govt. Nut. Focal Person	Gurara	NA	8054507813
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