



Kano State

POLICY ON FOOD AND NUTRITION



Ministry of Planning and Budget
Audu Bako Secretariat, Kano State.



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ABBREVIATIONS/ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
ARV	Anti-retroviral
BCC	Behaviour Change Communication
BMI	Body Mass Index
BMS	Breast Milk Substitute
CAADP	Comprehensive African Agriculture Development Programme
CBOs	Community-Based Organizations
CMAM	Community Management of Acute Malnutrition
CSOs	Civil Society Organizations
CS-SUNN	Civil Society - Scaling up Nutrition in Nigeria
DFID	Department for International Development
ENA	Essential Nutrition Action
FAO	Food and Agriculture Organization
FBOs	Faith Based Organizations
SMOH	State Ministry of Health
GARPR	Global Aids Response Country Progress Report, Nigeria
HIV	Human Immunodeficiency Virus
ICN	International Conference on Nutrition
IDA	Iron Deficiency Anemia
IDD	Iodine Deficiency Disorder
IFPRI	International Food Policy Research Institute
IMAM	Integrated Management of Acute Malnutrition
MNCH	Maternal Newborn and Child Health
ITP	In-Patient Therapeutic Program
IYCF	Infant and Young Child Feeding
LBNS	Liquid Based Nutrient Supplement
LGA	Local Government Area
LGCFN	Local Government Committee on Food and Nutrition
LO-ORS	Low Osmolarity Oral Rehydration Solution
MAM	Moderate Acute Malnutrition
MBNP	Ministry of Budget and National Planning
MDAs	Ministries Departments and Agencies
MDGs	Millennium Development Goals
M & E	Monitoring and Evaluation
MICS	Multiple Indicator Cluster Survey
MNDC	Micronutrient Deficiency Control
NAFDAC	National Agency for Food and Drug Administration and Control
NBS	National Bureau of Statistics
NCFN	National Committee on Food and Nutrition
NDHS	Nigeria Demographic and Health Survey
NFA	National Fortification Alliance
NFCNS	Nigeria Food Consumption and Nutrition Survey
NFSP	National Food Security Programme
NGOs	Non – Governmental Organizations
NCN	National Council on Nutrition
NNN	National Nutrition Network



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





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FOREWORD

Malnutrition and diet-related disorders are of public health issues in Kano State. Poor nutrition is generally classified as under nutrition, over nutrition and micronutrient deficiencies. In the last ten years, the correlation between malnutrition and under-development has continued to be emphasized, particularly at the various international summits and National Conferences with a view to improving the wellbeing of the vulnerable groups especially women and children. An important conclusion that emerged from these discussions, particularly from the 2014 Conference on Nutrition (ICN2), held in Rome, was that nutritional well-being of all people is a precondition for development and key instrument for progress in human development. Therefore, reducing malnutrition index and other nutrition related issues is a vital goal of development, since malnutrition not only slows development; it leads directly to women and young children morbidity and mortality.

As a step to address the nutrition situation of the state in line with the National Policy on Food and Nutrition, Kano state domesticated the Policy. Kano state has also developed strategic plan of action on food and nutrition. It is expected that all other plans that have any bearing on food and nutrition should be updated in line with this policy. As a follow up to this, robust intervention programme and cost effective action plan is to drive the implementation for effective results. This in turn will lay a solid foundation for higher productivity and improved physical and mental development among the citizenry.

With the approval of the Policy by the State Executive Council (EXCO), I therefore recommend effective implementation to achieve the objective of ensuring optimal nutritional status for the people of Kano State.



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PREFACE

Malnutrition leads to increased mortality, greater susceptibility to illness, and long-term effects on cognitive abilities, resulting in irreversible losses in human capital that contribute to future losses in economic productivity. Under-nutrition is responsible for approximately half of under-five child mortality and one-fifth of maternal mortality in developing countries, and children who have been malnourished early in life are more likely to experience cognitive deficiencies and poor schooling outcomes.

Undernutrition can result from inadequate dietary intake, where a person receives insufficient nutrients, which are then compounded by common infectious diseases, such as diarrhoea and pneumonia. Over nutrition, on the other hand, results from excess consumption of food and is associated with a number of diet related non communicable diseases (DRNCD) such as hypertension, diabetes, and cardiovascular disease. Nutrition is also essential for increasing the efficacy of medications, such as antiretroviral drugs and vaccines, and plays a critical role in the strategies for the prevention, treatment, and care of HIV/AIDS.

Inadequate and poor complementary feeding practices have been widely documented in developing countries such as Nigeria and particularly Kano state, despite the government and other stakeholders implementing a number of strategies aimed at improving or reversing the menace.

The implementation of multi-sectoral strategies which contribute to improved nutrition of children and their families is increasingly seen as the primary means for addressing immediate, underlying and basic causes of poor nutrition. Many different sectors contribute to achieving better nutritional outcomes and the following are particularly important: food security, social protection, education, public health, water and sanitation and poverty alleviation.

Malnutrition has continued to remain a key health challenge in developing economies, including Nigeria and Kano State in particular. In the present democratic dispensation, the country has undergone some social and economic transformations that have resulted in the improvement of the citizens standards of health and food consumption. These transformations have impacted on reducing poverty, social exclusion and consequently on hunger and malnutrition.

In realization of food security and access to adequate basic health services as prerequisites for good nutrition, the Kano State Government of Nigeria strongly committed itself to reducing hunger and malnutrition, using a multi-sectoral and multi-disciplinary programme approach including various interventions at the community level.

The domestication of the food and Nutrition Policy in Kano state allows the enactment of guiding principles and pertinent strategic options for efficient implementation mechanisms for nutrition interventions to address malnutrition in the State.

The Policy has been updated with the aim of addressing the problems of malnutrition and extreme hunger across the local governments ranging from individuals, households and communities, thus contributing to the overall State development. A holistic approach is envisioned for the implementation of this reviewed Policy, which shall involve sectoral Ministries and Agencies, institutions of higher learning, the private sector, individuals, families, communities, Community-Based Organizations (CBOs), Non-Governmental Organisations (NGOs), Faith-Based Organisations (FBOs), Civil Society Organisations (CSOs), Media, Professional Associations.



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CHAPTER ONE

1.0 INTRODUCTION


1.1 Background

Kano state Food and Nutrition Policy is a document that provides the framework for addressing the problems of food and nutrition insecurity, from individuals, households and communities. It guides the identification, design, and implementation of intervention activities across different relevant sectors. Nutrition is a multi-sectoral and multi-disciplinary issue involving various sectors including health, agriculture, education, water, rural and community development, women and people with special needs and Ministry for Local Government. In recognition of this, various sectors in the state have developed policies and strategies to address the nutrition perspectives of their mandates. These documents include:

- i. The Kano State Health Policy and Guidelines;
- ii. The Kano State Agricultural Policy;
- iii. The Agricultural Transformation Agenda (ATA);
- iv. Kano state Policy on Education;
- v. Kano state Policy on School Health;
- vi. Kano state Policy on Infant and Young Child Feeding (IYCF);
- vii. Early Child Care and Development;
- viii. Kano State Population policy;
- ix. Kano state Policy on HIV/AIDS and OVCs;
- x. Kano state Policy on Non-Communicable Diseases;
- xi. Kano state Policy on Gender Mainstreaming;
- xii. Kano state Policy on Security;
- xiii. Kano state Policy on Food Safety and its Implementation Strategy and
- xiv. Kano State Policy on Adolescent Health and Development

A State Strategic Plan of Action for Nutrition called Kano State Strategic Plan of Action for Nutrition (KNSSPAN), based on this Policy document has been developed as part of efforts to address the nutrition situation in Kano state. It is in view of addressing the various nutritional problems that the KNSSPAN has been formulated as a guide for action to implement the State Multi-sectoral Food and Nutrition Interventions.

- The KNSSPAN is designed based on the following guiding principles: Lifecycle approach to nutrition that recognizes the multifaceted and often changing nature of nutrition problems
- Community ownership and participation
- Evidence-based and cost-effective interventions
- Effective partnership and collaboration between various stakeholders within and outside the Line MDAs
- Commitment to global, regional, and national goals relating to food and nutrition such as SDGs, the Scaling-up Nutrition (SUN) initiative, and the African Regional Nutrition Strategy.
- The first Kano state Food and Nutrition Plan was developed through a multi-stakeholder process and produced by Ministry of Planning and Budget supported by UNICEF. However, this plan had little or no effect in bringing about improvement in nutrition situation in the state due to delay in completing vital part of the plan and the plan of action were not assented to by the Government for implementation.



Accordingly, on December 3rd, 2013, Kano State Committee on Food and Nutrition (SCFN) was re-constituted to include many relevant stakeholders such as civil society organisations, academia, media, religious, traditional institutions and additional MDAs, aimed to among other things, coordinate food and nutrition actions and formulate Kano State Food and Nutrition Policy, with Kano State Plan of Action.

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

Similarly, there is increasing recognition of nutrition as a necessary condition for Kano state development as espoused in the post-2015 Sustainable Development Goals (SDGs) require actions that will promote nutrition in the state.

The urgent need to scale up high-impact and cost-effective nutrition interventions, amplified by Nigeria's sign up with the Scaling Up Nutrition (SUN) movement in 2011 further justifies the need for the review.

1.2 Food and Nutrition Situation in Kano

Adequate food and optimal nutritional status are the foundation blocks for the building of healthy, secure lives and thus form the basis for development in any nation. It is well-known that the basic cause of the food and nutrition problem is poverty entrenched in the mechanisms of governance and institutions which drive the economy. Conceptually, malnutrition in Kano arises from poverty, gaps in governance and institutional weaknesses as basic causes whilst food insecurity, inadequate care, access to health services, culture, norms and values are underlying causes and inadequate food intake and diseases are the immediate causes. The malnutrition indicators of Kano State showed that severe acute malnutrition was 5.4% while global acute malnutrition amount 11.2 among 797 women of reproductive age (15 - 49 years) covered in the survey (NNHS 2018). Breastfeeding practices among children and initiation of breastfeeding after birth of Children 0-23 months was also reported by NNHS 2018 as 99.4% ever breastfed, 30.3% first hour of birth breastfed and 71.4% first day of birth breastfed out of 343 children investigated. The complementary feeding practices after 6 months is 31.3%, minimal meal frequency 31.7%, minimum acceptable diet 14, 4% and iron-rich/fortified food was 25.5% for the state. Also, MICS survey (2016-17), reported underweight children 40.3%, stunted 58.0% and wasted index 10.8% of data size 2508 children.

1.2.1 Poverty Situation in Kano


In pursuit of the Kano health development priority, it aims to improve health outcomes within the framework of key international, national and state policies and programs such as the Sustainable Development Goals (SDGs), which include Poverty Reduction, Health, Education, Water and Sanitation, Empowerment and Environment. The Kano health policy seeks to strengthen the state health system to provide effective, efficient, quality, accessible and affordable health services that will in turn improve the health status of its inhabitants. The State's investment in the health sector has been guided by the medium term sector strategy which aims at ensuring that priority activities are planned with the available resources and geared towards achieving set targets (result-based planning).

1.2.2 Food Security

Food insecurity is closely linked to hunger and malnutrition, whilst malnutrition is the most serious consequence of food insecurity. The nature and extent of hunger and food insecurity in Kano are of public health concern. Available data showed that total average household wealth index quartile indicate 20% for poor, the second, the middle, the fourth and the richest (MICS 2016-2017). The lack of food is the most critical dimension of poverty which is one of the SDGs indicators.

Agriculture provides employment for close to 70% of the Nigerian population and accounts for almost one-third of the country's Gross Domestic Product. Kano state government, in recognition of





the importance of the agricultural sector, initiated and endorsed several projects and programmes aimed at rapidly growing the sector. The initiatives include the buy-in into the Commercial Agriculture, National Fadama Project, the Kano state Food Security Program (NFSP), and the state initiatives on fish, cassava, rice, and other foods, as well as the Agricultural Transformation Agenda.

In Kano State, agricultural production has remained small-scale at subsistence level and largely dependent on rainfall and irrigation. Investment in agriculture by government has not significantly contributed to reduction of under-nutrition at the rate needed to meet the Kano state development goals. The economic consequence of this state of food insecurity in terms of productivity loss is huge and requires urgent attention.

The food distribution system in Kano remains largely inefficient due to factors such as crop seasonality, inadequate storage technology and facilities, inadequate transport and distribution systems, as well as market information. All of these result in considerable spatial and seasonal variation in food production and availability and are responsible for the considerable variations in food prices across the state. The problem is aggravated by lack of adequate storage facilities and basic preservation techniques at the household level.

1.2.3 Nutrition Situation

Malnutrition and nutrition-related morbidity continue to be of public health concern in Kano. Malnutrition is widespread in the entire state with 58% of the under 5 children stunted (MICS 2017), although the scale and scope varies between local governments. Malnutrition manifests mainly as under-nutrition, over-nutrition and micronutrients (minerals and vitamins) deficiencies.

The high disease burden resulting from nutrition-related factors can manifest as:


- Intra-uterine growth restriction (IUGR) resulting in low birth weight (LBW) babies
- Underweight - a reflection of low weight-for-age
- Stunting - a chronic restriction of growth in height indicated by a low height-for-age
- Wasting - an acute weight loss indicated by a low weight-for-height
- Micronutrient deficiencies - often referred to as “hidden hunger

In recent times, under-nutrition has been found to co-exist with over nutrition both at the community and household levels. Public health challenges in Kano have focused on issues related to under-nutrition and infectious diseases. Whilst the fight against under-nutrition has continued, change in lifestyle, diet and economic circumstances have predisposed some of the population towards over nutrition and emerging nutrition challenges. This duality of both under-nutrition and over-nutrition co-existing together in a community or household is referred to as 'double burden of malnutrition'. The cause of double burden of malnutrition is complex with many factors, including nutritional, biological, social, environmental and genetic.

Children age 6-59 months who received at least one high-dose vitamin A supplement in the 6 months preceding the survey was 37.0% while Children (12-59 months) who received an anthelmintic drug in the 6 months preceding the survey was 32.2% (NNHS 2018). The high maternal mortality is, in part, attributable to the high incidence of anaemia. The deficiencies of essential micronutrients have been reported to have substantial adverse effects on child survival and development. In particular, Vitamin A and iodine deficiency have adverse effects on child health and survival, whilst iodine and iron deficiency, together with stunting, have been reported to contribute to children not achieving their full developmental potential (Black et al, 2013).

1.2.4 Health System and Disease

It is estimated that in Nigeria, the number of people living with HIV/AIDS (PLWHA) is about 3.1 million, whilst its prevalence stands at 4.1% (GARPR, 2012). In Kano, HIV testing during Antenatal care for women in the reproductive age group who were offered test for HIV is 57.1%, those tested for HIV 54.0% and those received HIV test result 37.1%. (NNHS 2018) Therefore, promotion of good nutrition practices, access to health services including antiretroviral (ARV), and exclusive breastfeeding for the first six months for infants born



of mothers living with HIV/AIDS is part of the rapid advice policy for nutrition in the context of HIV. Nutrition consideration is a priority in ensuring optimal nutrition in special circumstances such as HIV/AIDS and other disease conditions.

Under-nutrition can result from inadequate dietary intake, where a person receives insufficient nutrients, which are then compounded by common infectious diseases, such as diarrhea and pneumonia. Over nutrition, on the other hand, results from excess consumption of food and is associated with a number of diet related non communicable diseases (DRNCD) such as hypertension, diabetes, cancer and cardiovascular disease.

In response to the poor state of maternal and child health, the Nigerian Government, in collaboration with development partners in the health sector, developed the Integrated Maternal Newborn and Child Health (IMNCH) strategy in 2007 to provide the framework that will guide the acceleration of the attainment of MDGs 4 and 5. The strategy comprises evidence-based interventions and an investment plan using the marginal budgeting for bottlenecks to guide implementation. The 2012 IMNCH strategy review and identified wider nutrition coverage as key to Maternal, Newborn and Child Health (MNCH) interventions, whilst IMNCH has been incorporated into the Kano state Strategic Health Development Plan (SSHDP). In furtherance of this effort, the Government developed several guidelines to direct implementation, including guidelines on IYCF, Nutritional Care and Support for People Living with HIV/AIDS, Control of Micronutrient Deficiencies, Community Management of Acute Malnutrition, etc.

In this regard, the Kano State Government is committed to the improvement of nutrition status of the citizen through several intervention to reduce the burden of under and over nutrition. In line with the National Policy on Food & Nutrition, the state is domesticating the policy to improve nutrition status and food security.

1.2.5 Nutrition in Emergencies

Although, the capacity to predict the occurrence and gravity of emergency situations has improved in the country, adherence to early warning and activation of response plans are poor. Whilst time lag is a constraint, the financial, technical and logistics capacities are challenging. Thus, nutrition considerations must be incorporated into emergency preparedness as well as the emergency response and management systems in the state.

1.2.6 Nutrition and the SDGs

Nutrition was key to the attainment of MDGs whose target was 2015. There has been little improvement in the health and nutrition status of children under five in the last decade. It was the realization of the need to fast track the attainment of the MDGs and subsequently Sustainable Development Goals (SDGs) that prompted the renewed focus on evidence-based, cost-effective interventions aligned to the SUN movement.

1.3 Guiding Principles of the Policy

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

- i. Prioritizations of poverty reduction and safety nets for the poor in government budgetary allocations;
- ii. Recognition of adequate food and nutrition as a human right and adopting a rights-based approach to planning, budgeting, and implementation of the policy;
- iii. Gender considerations and the needs of all vulnerable groups are integral to all components of the policy;
- iv. Recognition of the multi-sectoral and cross-cutting natures of food and nutrition;
- v. Utilization of partnership and the network of stakeholders in harnessing resources



for the implementation of the policy;

- vi. Recognition of nutrition as a developmental issue and incorporating food and nutrition considerations into development plans at all levels of government;
- vii. Establishment of a viable system for guiding and coordinating food and nutrition activities undertaken in the various sectors and at various levels of the society; and
- viii. Reduction of malnutrition (under-nutrition and over nutrition) through SUN activities with high impact and low cost interventions.





CHAPTER TWO

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

2.1 Vision Statement

A State where the people are equitably food and nutrition-secure with high quality of life and socioeconomic development contributing to human capital development objectives of Kano State by 2025

2.2 Goal

To attain optimal nutritional status for **all Kano State residents**, with particular emphasis on the most vulnerable groups such as children, adolescents, women, elderly, and groups with special nutritional needs.

2.3 Objectives


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

- I. To improve food security at the State, local Government, community and household levels;
- II. To increase the knowledge of nutrition among the populace and nutrition education into formal and informal trainings;
- III. To promote optimum nutrition for people in especially difficult circumstances, including PLWHA;
- IV. To promote and strengthen Research, Monitoring and Evaluation of food and nutrition programme;
- V. To strengthen systems for providing early warning information on the food and nutrition situation;
- VI. To strengthen intra ministerial relationship with all relevant Stakeholders in implementing Nutrition activities;
- VII. To reduce under-nutrition among infants and children, adolescents and women of reproductive age;
- VIII. To significantly reduce micronutrient deficiency disorders, especially among the vulnerable group
- IX. To prevent and control chronic nutrition-related non-communicable diseases;
- X. To incorporate food and nutrition considerations in the State and Local Government sectoral development plans
- XI. To ensure universal access to nutrition-sensitive social protection

2.4 Targets

The specific targets for this SPFN;

- i. Reduce the proportion of people who suffer hunger and malnutrition by 40% by 2025;
- ii. Increase exclusive breastfeeding rate from 14.3% in 2018 to 45% by 2025;
- iii. Increase the percentage of children age six months and above who receive appropriate complementary feeding from 10% in 2018 to 40% by 2025;
- iv. Reduce stunting rate among under-five children from 48.3% by 2018 to 15% by 2025;
- v. Reduce childhood wasting including Severe Acute Malnutrition (SAM) from 39.7% in



2018 to 20% in 2025;

- vi. Achieve and sustain universal household access to iodized salt by 2025;
- vii. Increase coverage of Zinc supplementation in diarrhoea management from 29.5% in 2018 to 60% of all children needing treatment by 2025;
- viii. Increase the proportion of children who receive deworming tablets by 50% by 2025ix. Reduction in anaemia among pregnant women by 40% in 2025;
- x. Reduce prevalence of diet-related non-communicable diseases by 25% in 2025;
- xi. Increase coverage of Vitamin A supplementation from 37.0% in 2018 to 65% by 2025;
- xii. Increase access to potable water from 55% in 2018 to 70% by 2025;
- xiv. Increase the number of relevant MDAs at all levels with functional nutrition unit by 75% in 2025;
- xv. Reduce the incidence of malnutrition among victims of emergencies by 50% in 2025;
- xvi. Mainstream nutrition into social protection and safety net programmes of all MDAs linked to nutrition by 2025;
- xvii. Achieve universal access of all school children in the pre- and basic school classes to school-based feeding programmes by 2025; and
- xviii. To arrest the emerging increase in obesity prevalence in adolescents and adults by 2025





CHAPTER THREE

3.0 STRATEGIES

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

3.1 Food and Nutrition Security

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

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

3.1.2 Increasing Availability, Accessibility and Affordability of Food

- i. Encourage and support integrated farming (crops, livestock and fisheries) as a means of increasing food diversity and income sustainability for small-holder farmers, especially women;
- ii. Promote increased production of priority-value chain crops, animal products, fruits and vegetables across the State;
- iii. Promote urban agriculture and support urban and rural women to adopt and set-up home and community gardening;
- iv. Promote food safety through mycotoxins prevention during production and storage;
- v. Discouraging the use of toxic chemical preservatives and promotion of risk free preservation alternatives
- vi. Promote bio-fortification of staple food crops with micronutrients as a long-term means of micronutrient deficiency control (MNDC); and
- vii. Promote effective market information, food distribution and transportation systems

3.1.3 Improving Food Harvesting, Processing and Preservation

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

3.1.4 Improving Food Preparation and Quality

- i. Develop and promote the use of nutritionally adequate recipes using locally available ingredients for all age groups;
- ii. Promote appropriate food-preparation methods for improved nutrition and encourage the consumption of hygienic and nutritious foods;
- iii. promote the development and enforcement of minimum standard for food quality and safety both for imported and locally produced foods, including street vended foods; and
- iv. Fortify staple foods during production, processing up to consumption level



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

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

3.1.6 School-based Strategies

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

3.2 Enhancing Care giving Capacity

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

- i. Improve nutritional care for adolescent girls and pregnant women;
- ii. Promote, protect and support early initiation of breastfeeding within thirty minutes of delivery, exclusive breastfeeding for the first six months and the continuation of breastfeeding well into the second year of life with the introduction of nutritionally adequate complementary foods at six months of age;
- iii. Promote a Kano state nutrition education programme which should target child caregivers, health workers and communities to increase awareness of the proper care and feeding of children;
- iv. Promote and sustain twice-yearly Vitamin-A supplementation for children aged 6 - 9 months and deworming for children aged 12 - 59 months;
- v. Promote hand washing, proper waste disposal and Community- led Total Sanitation (CLTS);
- vi. Ensure the establishments of crèches in work places having more than ten women in public and private institutions;
- vii. Provide and promote IYCF counseling and support for pregnant and lactating women at the community and health-facility levels in line with the Kano state Primary Health Care Management Board (PHCMB) strategies;
- viii. Promote an integrated approach for the management of Severe Acute Malnutrition (SAM, IMAM, CMAM, SC, ITP) as a minimum package of MNCH services; and
- ix. Enforce implementation of the existing regulation of maternity leave at all levels, including public- and private-sector institutions.

3.2.2 Caring for the Socioeconomically Disadvantaged and Nutritionally Vulnerable

- i. Promote adequate (both quantity and quality) food intake and adequate rest for pregnant and lactating women; and
- ii. Develop and encourage the use of labor-saving technologies to reduce the workload



of women and create more time for child care.

3.3 Enhancing Provision of Quality Health Services

3.3.1 Reduce Morbidity and Mortality Associated with Malnutrition

3.3.2 Preventing and Managing Nutrition-Related Diseases

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

3.3.3 Preventing Micronutrient Deficiencies

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

Control of iron-deficiency anemia (IDA) through provision of iron-folate supplements to pregnant women and deforming of children aged 12 to 59 months and school- aged children every six months.

Control and prevent Iodine-Deficiency Disorders (IDD) through the enforcement of legislation on universal salt iodization (USI) at 50mg per kg salt, and through regular monitoring of salt iodine levels;

- 1 Control and prevent Zinc-deficiency disorders;
- 1 Provide Zinc and low-osmolarity oral rehydration solution (LO-ORS) to treat diarrhea; Enforce food fortification standards in regulated food products;
- 1 Enhance micronutrient consumption through encouragement of the use of micronutrient powders and lipid-based nutrient supplements (LBNS) for food enrichment at the household level; and
- 1 Promote social and behavioral change communication (SBCC) to encourage appropriate food choices that favour consumption of micronutrient-rich foods.

3.3.4 Protecting the Consumer through Improved Food Quality and Safety

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



3.4 Improving Capacity to Address Food and Nutrition Insecurity Problems

3.4.1 Assessing, Analyzing and Monitoring Nutrition Situations

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

3.4.2 Providing a Conducive Macro-Economic Environment

- i. Incorporate nutrition objectives into MDAs' development policies, plans, and programmes;
- ii. Analyse macroeconomic and sectoral policies in terms of their potential impact and consequences for household income, food consumption, and delivery of human services, with a view for policy modification to ameliorate adverse effects;
- iii. Promote increase in social-sector spending and explore the potential role of the private sector; and
- iv. Promote productive capacity through encouraging private sector engagement in food and nutrition related investment.

3.4.3 Social Protection Programmes for the Vulnerable Groups

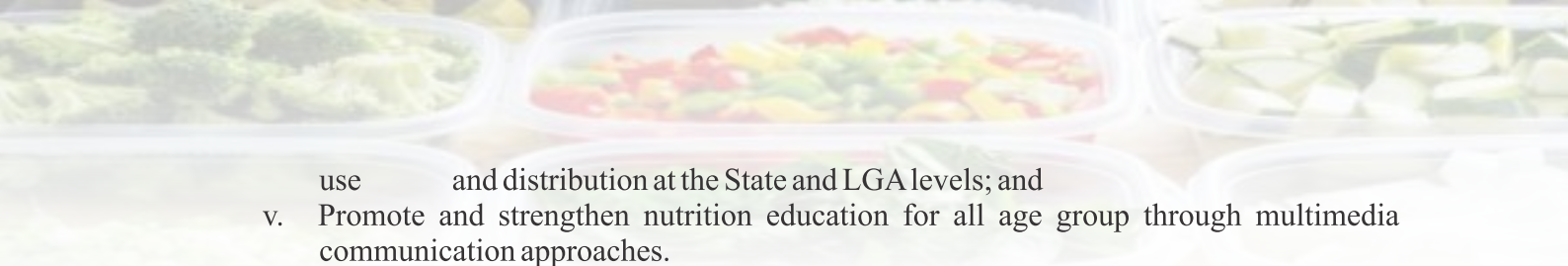
- i. Promote the establishment and expansion of existing social protection policy in all sectors with inclusion of nutrition considerations as conditions of social protection programmes to address poverty, malnutrition, and health of the most vulnerable groups;
- ii. To extend the services of Kano Contributory Health Management Agency (KACHMA) to incorporate Contributory Health Care to private sector and vulnerable groups, especially women and children; and
- iii. Develop social protection programmes that would provide safety nets, both short- and long-term, to protect the most vulnerable groups from negative effects of macro-economic and sectoral policies on purchasing power, food consumption, and the delivery of human services.

3.5 Raising Awareness and Understanding of the Problem of Malnutrition in Kano State

3.5.1 Promote Advocacy, Communication and Social Mobilization

- i. Develop an advocacy and social mobilisation strategy for food and nutrition
- ii. Sustain advocacy to policymakers at all levels for resource mobilization for food and nutrition activities;
- iii. Promote Behaviour Change Communication (BCC) for better understanding of food and nutrition security problems for improved food and nutrition practices;
- iv. Promote the design and production of harmonized, appropriate BCC materials for



- 
- use and distribution at the State and LGA levels; and
 - v. Promote and strengthen nutrition education for all age group through multimedia communication approaches.

3.5.2 Promoting Healthy Lifestyles and Dietary Habits

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

3.5.3 Research in Nutrition

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

3.6 Resource allocation for food and nutrition Security at all levels

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



CHAPTER FOUR

4.0 INSTITUTIONAL ARRANGEMENTS, LEGAL FRAMEWORK AND FINANCING

4.1 Preamble

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

In order to address this problem, the Government of Kano State designated the Ministry of Planning and Budget (MoPB) as the state focal point for food and nutrition policy, programme planning, and coordination in the State. High Level Committee on Nutrition (SHLCN) was constituted by the State Executive Council. The membership includes Commissioners from relevant MDAs, one representative from Local Government Chairmen, organized private-sector and relevant professional associations. The SHLCN also recognized the SCFN domiciled in MoPB as its technical arm. The SHLCN is chaired by the Secretary to the State Government (SSG)

4.2 Leadership, Structures, and Institutions

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

Administrative arrangements between the SHLCN, MoPB, the SCFN, State MDAs and Local Governments will form the basis for planning and implementation of the State Food and Nutrition Policy (SFNP).

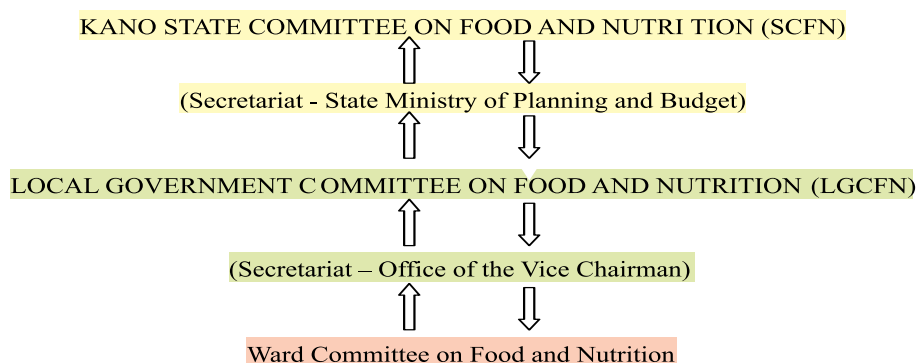
In this regard, MoPB and Office of the Vice Chairman will be responsible for Coordination of Food and Nutrition Programmes at the State and local Government levels respectively. Stakeholders are to work hand in hand with MoPB (Through SCFN) and the Office of the Vice Chairman of each Local Government of the State (Through LGCFN).

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

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

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

Institutional Structure for the Coordination of Policy Implementation



4.3 KANO STATE HIGH LEVEL COMMITTEE ON NUTRITION (SHLCN)

The SHLCN (established on 11th April, 2016) shall be the highest decision-making body on food and nutrition in Kano State. It will serve as the policy body for all efforts geared towards ensuring food and nutrition security for all residents of Kano State. The SHLCN will be chaired by the SSG of Kano State and will compose of Commissioners of relevant ministries, one representative each from local government chairmen, representatives of organized private sector/industry and relevant professional bodies as approved by the State Executive Council. The SHLCN will have secretariat at the SSG's office and shall meet on a bi-annual basis.

4.4 Terms of Reference of the SHLCN

- i. Identify, analyse, and ascertain the problem of nutrition in Kano State;
- ii. Identify the efforts already in place for tackling child malnutrition in Kano State;
- iii. Review strategies and their impact on household, community and local government levels;
- iv. Assess further action to be employed in dealing with malnutrition based on regular reviews of M&E reports and periodic surveys;
- v. Coordinate and harmonize efforts, strategies and programmes of nutrition; and
- vi. Ensure adequate resource mobilization and allocation to address nutrition issues.

4.5 The Membership of the SHLCN

- The SSG as Chairman
- The Emir of Kano
- Hon. Commissioner of Agriculture and Rural Development
- Hon. Commissioner of Health
- Hon. Commissioner of Education
- Hon. Commissioner of Information, Youth and Culture
- Hon. Commissioner of Planning and Budget
- Hon. Commissioner for Women Affairs and Social Development
- Hon. Commissioner of Finance
- Hon. Commissioner for Science and Technology
- Hon. Commissioner of Water Resources
- Permanent Secretary MoPB
- Executive Secretary of the State Primary Health Care Management Board
- State Chairman of the Nutrition Society of Nigeria
- State chairman of the Pediatric Association of Nigeria.
- Representative from food industry (2)
- State Representative UNICEF
- State Representative WHO
- State Representative FAO
- Representative of Local Government Chairmen
- Religious leaders
- Philanthropists of the state
- Civil Society Scaling –up Nutrition in Nigeria (CS-SUNN)Kano
- Academia
- Media

The SHLCN secretariat is to be at the SSG's office.

- Permanent Secretary (Special Duties) SSGs Office, UNICEF Coordinator SSGs Office



4.6 Kano State Ministry of Planning and Budget (MoPB)

The MoPB will serve as the Kano State focal point for food and nutrition policy programme planning and coordination in the state. The MoPB will also serve as the secretariat for the SCFN and shall coordinate with the state Secretariats and have regular fora for interactions. The MoPB shall have at least one qualified and experienced nutritionist (not less than a Deputy Director) as administrative head of the division or department that will house the SCFN secretariat. In addition, two planning officers and at least one M&E person should constitute the technical team in the division or department. Opportunities should be created for nutritionists to come on board as interns to complement the staff in the department.

The MoPB shall convene meetings of the SCFN and produce annual reports on progress made in food and nutrition. The Permanent Secretary of the Ministry will serve as chairman of SCFN or a designated officer not below the rank of a Director. In addition, a nutrition partners forum, state working groups, and sub-committees on food and nutrition shall be established and meet regularly (at least quarterly).

4.7 Mandates of the Kano State MoPB

The mandate of the MoPB is:

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

4.8 Kano State Committee on Food and Nutrition (SCFN)

In order to achieve the Kano State Food and Nutrition Policy objectives and implement its programmes, SCFN (established on 3rd November, 2016) is located in the State MoPB. Membership of the committee were drawn from relevant Ministries, Departments and Agencies of government as well as representatives of tertiary institutions dealing with issues of food and nutrition.

4.9 The Membership of the SCFN

- i. Ministry of Agriculture
- ii. Ministry of Economic, Planning and Budget



- iii. Ministry of Education
- iv. Ministry of Environment
- v. Ministry of Finance
- vi. Ministry of Health
- vii. Ministry of Information and culture
- viii. Ministry for Local Government
- ix. Ministry for Women Affairs Ministry for Rural and Community Development
- x. Kano State Primary Health Care Management Board
- xi. State Universal Basic Education Board
- xii. National Orientation Agency, Kano
- xiii. RUWASA , Kano,
- xiv. KNARDA
- xv. Media
- xvi. Civil Society Organisation
- xvii. CS-SUNN Kano.
- \ xviii. Professional Bodies /Academia
- xix. All other relevant Agencies to be co-opted

4.10 Mandate of the SCFN

The SCFN has a mandate of:

Providing necessary technical and professional assistance and support to the Secretariat (Kano State Food and Nutrition Policy requires an effective institutional arrangement to ensure a results-oriented programme implementation. Past implementation efforts have been principally sectoral (health, agriculture, science and technology and education etc.), uncoordinated, inadequately funded and limited in scope and coverage.

4.11 The SCFN Secretariat

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

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

4.12 Local Government Committee on Food and Nutrition (LGCFN)


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

4.13 Mandate of the LGCFN

The LGCFN has a mandate of:

- i. Providing necessary technical and professional assistance and support to the secretariat (Office of the LGA Vice Chairman) on food and nutrition programme implementation;
- ii. Ensure adequate financial provision and timely release of allocated funds in state development plans



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- iii. Proposing and reviewing, on a continuous basis, programmes that have a potential impact on food and nutrition issues;
 - iv. Ensuring that the representatives of relevant sectors on the committee undertake effective implementation of their various policies and programmes;
 - v. Implementing appropriate strategies for programme M&E;
 - vi. Supporting the Office of LGA Vice Chairman in the maintenance of ongoing advocacy for food and nutrition issues;
 - vii. Managing and maintaining database of nutrition activities; and
 - viii. Coordinating nutrition programme implementation at the LGA level

4.14 The LGCFN Secretariat

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

- i. Servicing all statutory LGCFN meetings;
- ii. Establishing appropriate linkages with other departments within the LGA; and
- iii. Undertaking any other duties as may be assigned by the Office of the LGA Vice Chairman towards effective nutrition programme implementation.

4.15 Roles of Professional Bodies and Development Partners

4.15.1 Professional Bodies, CBOs, CSOs, FBOs and NGOs

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

This partnership could benefit the policy implementation through:

- I. Resource mobilization;
- II. Project implementation;
- III. Community mobilization, participation, and ownership at the grassroots level as well as sustainability.

4.15.2 Private Sector

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

- a. Fortification of certain identified foods with mandatory micronutrients such as Vitamin A, B Vitamins, Zinc and Iron;
- b. Development of low-cost nutritious complementary foods and

RUTF;

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

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



4.15.3 Development Partners

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

This partnership has the following benefits:

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

4.16 Resource Mobilization

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

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

4.17 Sustainability and Programme Scale Up

4.17.1 Kano State Nutrition Network (KSNN)

The KSNN is a platform for SCFN and LGCFN to meet annually to share experiences and deliberate on annual progress, achievement, and challenges as well as chart a way forward for subsequent years. The MoPB, through the SCFN, will organise this KSNN meeting with representation from the State and local government levels, development partners and other relevant stakeholders.

4.17.2 Scaling Up Nutrition (SUN) Movement

This is domiciled in the Kano State Ministry of Health (MoH) and focused on promoting the implementation of evidenced-based nutrition interventions and scaling up successful practices, as well as integrating nutrition goals into broader efforts in critical sectors such as public health, education, social protection, food and agriculture

4.17.3 Working Groups and Sub Committees

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





CHAPTER FIVE

5.0 MONITORING AND EVALUATION

5.1 Monitoring and Evaluation Strategy

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

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

5.2 Food and Nutrition Information System

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

5.3 M&E System

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

To achieve this, a database shall be created to keep accurate and relevant information through vertical and horizontal collation of data from the LGAs and state levels so that progress and changes are tracked and impact measured. The system shall use a simple M&E approach with the primary aim to enable planners at each level to collect data that shall assist them in the ongoing planning and implementation of food and nutrition programmes and activities. A feedback mechanism shall be introduced to enable “downwards” sharing of data through regular communication about the progress of food and nutrition programme and activities at the state and LGA levels. The main M&E activities will include:

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



5.3.1 Objectives of the M&E

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

5.3.2 Techniques and Tools for Data Collection and Analysis

The main focus of the M&E system shall be to collect accurate, reliable and timely data on the food and nutrition programme results at prescribed intervals using appropriate tools. This will include routine data from health facilities and other relevant institutions as well as population-based data.

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

5.3.4 The Kano State Ministry of Planning and Budget

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

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

5.3.5 Kano State Ministries, Departments and Agencies

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

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





GLOSSARY OF TERMS

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

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

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

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

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

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

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

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

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

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

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

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

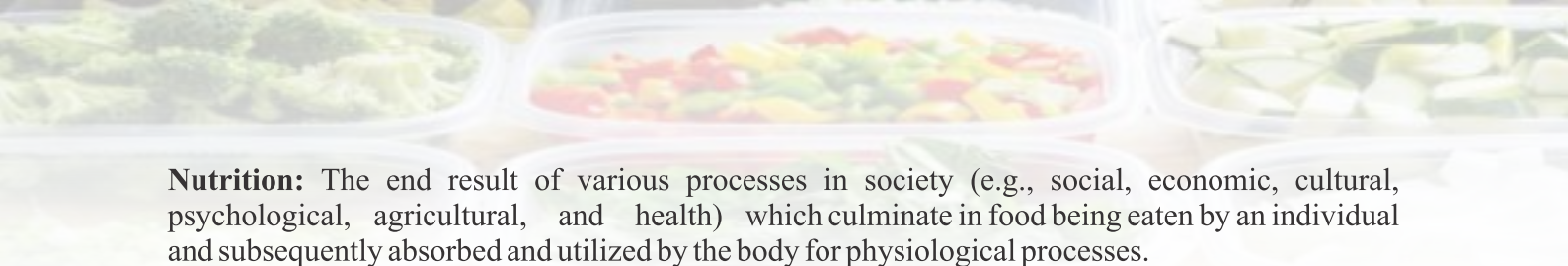
Macronutrients: Carbohydrates, fats, and proteins, comprising the major components of most foods that supply energy and amino acids for proper growth and development.

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

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

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





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

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

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

Prenatal Mortality: Death of babies before birth.

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

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



