NIGER STATE POLICY ON FOOD AND NUTRITION

CS-SUNN

Niger State Planning Commission
Abdulkareem Lafene Secretariat Complex,
Paiko Road, Minna.
2017

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 Actions
FAO	Food and Agriculture Organization
FBOs	Faith Based Organizations
FMOH	Federal Ministry of Health
GARPR	Global Aids Response Country Progress Report, Nigeria
HIV	Human Immunodeficiency Virus
ICN	International Conference on Nutrition
IDA	Iron Deficiency Anaemia
IDD	Iodine Deficiency Disorder
IFPRI	International Food Policy Research Institute
IMAM	Integrated Management of Acute Malnutrition
IMNCH	Integrated Maternal Newborn and Child Health
ITP	In Patient Therapeutic 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
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
NSPC	Niger State Planning Commission
OTP	Out Patient Therapeutic Program
OVC	Orphan and Vulnerable Children
PATH	Programme for Appropriate Technology in Health
PLWHA	People Living With HIV/AIDS
RRA	Rapid Rural Appraisal
RUTF	Ready to Use Therapeutic Foods
SAM	Severe Acute Malnutrition
SBCC	Social and behavioral Change Communication
SCI	Save the Children International
SCFN	State Committee on Food and Nutrition
SDGs	Sustainable Development Goals
SMART	Standardized Monitoring Assessment of Relief and Transitions
SON	Standard Organization of Nigeria
SUN	Scaling Up Nutrition
UN	United Nations
UNICEF	United Nations Children's Fund
USI	Universal Salt lodization
USI-TF	Universal Salt lodization Task Force
VAD	Vitamin A Deficiency
VP	Vice President
WHA	World Health Assembly
WHO	World Health Organization

FOREWORD

Malnutrition and nutrition-related issues continue to be of public health concern in Niger State. It manifests itself mainly as under nutrition, over nutrition and micronutrient deficiencies. Since the beginning of this decade, the close relationship between malnutrition and under-development has continued to be emphasized at national level in order to improve the welfare of women and children. Nutritional well-being of all people is a pre-condition for development and a key objective of progress in human development. Therefore, reducing malnutrition is an important goal of development, since malnutrition not only slows development, it leads directly to suffering and death.

The recent domestication of the Food and Nutrition Policy by the State Government is another major land mark in the effort of the present administration in addressing the problem of malnutrition, which has been most devastating among young children, pregnant and lactating mothers. As a follow up to this, robust intervention programme and cost effective action plan is to be developed to drive the implementation of the policy 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, I therefore recommend effective implementation of this Policy to achieve the objective of ensuring optimal nutritional status for all Nigerlites.

Mohammad Nda
Honourable Commissioner,
Niger State Planning Commission

PREFACE

Malnutrition has continued to remain a key health challenge in Niger State. Regardless of which level, individual or community, it impacts negatively on the well-being of the people, draining the state's human resources, thus hindering adequate economic development with enormous costs in human, social and economic terms. In the present democratic dispensation, the state 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 State Government strongly committed herself to reducing hunger and malnutrition, using a multi-sectoral and multi-disciplinary programme approach including various interventions at the Local Government, Wards and Community levels. The domesticated Policy on Food and Nutrition provides an overarching framework, covering the multiple dimensions of food and nutrition improvement. The Policy has been domesticated to strengthen synergy among sectors and other initiatives of government and partners. It recognizes the need for public and private sector involvement and that hunger eradication and nutrition improvement is a shared responsibility of all Nigerlites.
The Policy is domesticated with the aim of addressing the problems of malnutrition and extreme hunger across different levels of the state ranging from the individual, household and communities, thus contributing to the overall state development. A holistic approach is envisioned for the implementation of the domesticated Policy, which shall involve sectoral Ministries, institutions of higher learning, the private sectors, individuals, families, communities, Community-Based Organizations (CBOs), Non-Governmental Organizations (NGOs), Faith -Based Organizations (FBOs), Civil Society Organizations (CSOs),Media, Professional Associations and the International Agencies.

The adoption of this Policy allows the enactment of guiding principles and pertinent strategic options for efficient implementation mechanisms for nutrition interventions to address malnutrition in the State.

Mohammed B. Mustafa
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CHAPTER ONE

1.1 Background

The Niger State Food and Nutrition Policy is a document that provides the framework for addressing the problems of food and nutrition insecurity in the State, from the individual, household, community, Local Government and up to the state level. It guides the identification, design, and implementation of intervention activities across different relevant sectors. Nutrition is a multi-sectoral and multi-disciplinary issue involving various sectors including health, agriculture, science and technology, education, trade, economy and industry. In recognition of this, various sectors in the State have adopted and domesticated some National policies and strategies to address the nutrition perspectives of their mandates. These documents include:

i. Niger State Strategic Health Development Plan
ii. Niger State Policy on Agriculture
iii. The Agricultural Transformation Agenda;
iv. Science, Technology, and Innovation Policy;
v. State Educational Medium Term Sector Strategy (SEMTSS);
vi. National Policy on School Health;
vii. National Policy on Infant and Young Child Feeding (IYCF);
viii. Early Child Care and Development;
ix. National Population Policy;
x. National Policy on HIV/AIDS and OVCs;
xi. National Policy on Non-Communicable Diseases;
xii. National Policy on Gender Mainstreaming;
xiii. National Policy on Security;
xiv. National Policy on Food Safety and its Implementation Strategy and
xv. National Policy on Adolescent Health and Development in Nigeria.

Despite these policies, strategies and programmes, the multi-sectoral and multi-disciplinary nature of nutrition makes the coordination of food and nutrition activities a challenge. In 1997, the State Committee on Food and Nutrition (SCFN)was constituted and resuscitated in 2010. The Committee is responsible for coordination and harmonization of food and nutrition policies and programmes in the State. The committee is made up of Permanent Secretaries of the front line Ministries, Departments and Agencies (MDAs), chaired by the Permanent Secretary, State Planning Commission. Other members include Head of Nutrition related Departments of all tertiary institutions in the State, Representatives of Children Parliament, Women Journalist, National Council of Women Society, Media, LIFEREHAB, RAISE Foundation, FOMWAN, WCAN, SON, NAFDAC and the State Nutritionist (secretary).

The mandates of the committee are as follows;

- Coordination and harmonization of all food and nutrition policies and programs of all MDAs into the State programmes.
- Providing forum for exchange of views and experiences among the bodies implementing nutrition related programs in the State.
- Conducting advocacy / sensitization on food nutrition and ensuring effective implementation of sectoral policies and programs as they relate to food and nutrition.

- Sources and ensures availability of funds from the State for implementation of Nutrition-related activities.
- Organizing policy and program reviews periodically with emphasis on impact on food and nutrition.
- Coordinate, analyzes and dissemination of food and nutrition statistics and data in the State.
- Liaising with Development Partners and other institutions to leverage funds and material to support Government initiatives.
- Collaborating closely with Agencies in the State in handling all food and nutrition related matters including planning, monitoring, coordination and administration of food and nutrition programs at the State and LGAs.
- Undertaking nutrition surveillance using specific harmonized nutrition indicators with a view to sharing such information and reports.

1.2 Food and Nutrition Situation in Niger State

Malnutrition and nutrition related diseases continue to be problems of public health importance in Niger State with the under-five mortality rate unacceptably high at 123 per 1,000 live births. Malnutrition is the underlying cause of 53% of these deaths.

In Niger State, about half a million people,8.5% of the total population are undernourished. The 2013 Nigeria Demographic and Health Survey (NDHS) reported 34.2% of children under five as being stunted, 26.0% as underweight, and 17.7% as wasted. In addition to inadequate basic protein and energy foods, the immediate causes of undernutrition are inadequate micronutrients such as vitamin A, iodine, iron, and zinc. Almost 13% of women are anemic and 31% are iodine deficient, while close to 30% of children under five years are vitamin A deficient (VAD) and 20% are zinc deficient.

In addition to high rates of undernutrition, Niger state is also witnessing a rise in the incidence of Diet Related Non-Communicable Diseases (DRNCD) such as Obesity, Diabetes Mellitus, and Cardiovascular diseases. The 2013 NDHS reported that 18.1% of women were overweight or obese, with the frequency increasing with age, education, and wealth. Globalization, urbanization, lifestyle transition, socio-cultural factors, and poor maternal, foetal and infant nutrition are all major causes of the increase in DRNCD.

Underlying these problems of malnutrition are a number of issues such as poor maternal nutrition, suboptimal infant and young child feeding (IYCF) practices, inadequate health services and limited access to nutritious foods. According to the 2014 SMART survey, breastfeeding is a common practice in Niger State, yet only 32.1% of children less than six months of age are exclusively breastfed (WHO recommendation). Infants should not be given water, juices, other milks, or complementary foods until six months of age. SMART survey conducted in North Central Zone where Niger State belongs found that 32.1 % mothers of infants under six months were practicing exclusive breastfeeding (EBF).

For those families that receive education surrounding appropriate IYCF, they lack access to affordable foods with sufficient quantities of micro and macronutrients required for a growing infant. These nutrients are lacking not only for the child, but also for the mother during pregnancy and breastfeeding, who often shares food with the rest of the family. Foods currently on the market are too expensive for many of the poorest and most

vulnerable, and do not reach rural areas where the majority of the population lives and the problem are most severe. Compounding these poor feeding practices is a high burden of disease with preventable or treatable infectious diseases such as malaria, pneumonia, diarrhea, measles, and HIV/AIDS accounting for more than 70% of the estimated one million under-five deaths in Nigeria.

1.3 Causes of Undernutrition in Niger State

It is widely accepted that malnutrition has many causes from lack of food and improper feeding and caring practices to economic and political structures and Niger State suffers from all of these. Poor infant and child feeding practices compound many nutritional problems in the State. Babies are deprived of crucial immunization against bacteria and various viruses when they are most vulnerable in some parts of the state. The low status and particularly the low level of education of women is another key cause of malnutrition. A mother's malnutrition is closely linked to malnourishment in her newborn and children.
Another key cause of malnutrition is inadequate access to good roads, healthcare, adequate water and sanitation. In Niger State 37.9% (NDHS 2013) of infants receive all basic vaccinations, 45.1% do not have safe drinking water, and 54.8% do not have a safe way of disposing of human waste. The poor environmental sanitation and unsafe drinking water result in a high prevalence of infectious and parasitic diseases, particularly in infants and children, which further aggravates their already poor nutritional status. Poverty also plays a prominent role as a cause of malnutrition. The poorest 20% of children are three times more likely to be underweight than the richest 20%.

1.4 Consequences and Impact of Malnutrition

There is growing evidence that maternal weight is strongly associated with the weight of newborn children. Undernourished women tend to become shorter adults, and thus are more likely to have small children. Some studies have even shown that for every 100g increase in maternal birth weight, her child's birth weight increased by 10-20g (in developed countries) and by 29g (in low-income countries). In low-income countries, the same studies also show that birth length can rise by as much as 0.2cm for every 1cm increase in a mother's birth length. In addition, maternal height is associated with birth weight of their grandchildren, confirming the long-term repercussions of maternal nutrition.
Undernutrition in pregnant women is also one of the causes of adverse pregnancy outcomes such as miscarriage, still birth, and Intra-Uterine Growth Restriction (IUGR). Children born with Low Birth Weight (LBW) are more susceptible to recurrent infections whose severity is closely linked with child nutritional status. Emerging evidence points to the fact that children who are undernourished in the first two years of life and who put on weight rapidly later in childhood and in adolescence are at high risk of Diet Related Non Communicable Diseases (DRNCD) such as diabetes, hypertension, arthritis, gout, certain types of cancers, and heart disease among others.

1.5 Nutrition in Emergencies

Nutrition response to emergency situations has been limited in Niger State. Natural and man-made disasters, climatic shock, conflicts and insecurity are major causes of hunger and malnutrition due to lack of access by individuals to produce, sell and buy food. Basic services become over-stretched; women and children under five and the elderly make up the largest percentage of vulnerable population and would therefore need urgent

humanitarian assistance, especially if they are also displaced. Although, the capacity to predict the occurrence and gravity of emergency situations has improved in the 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 Niger State

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1.6 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

viii. Reduction of malnutrition (undernutrition and overnutrition) through Scaling Up Nutrition (SUN)activities with high impact and low cost interventions.

1.7 Nutrition and the SDGs

Nutrition is key to the attainment of SDGs whose target is 2030. There has been little improvement in the health and nutrition status of children under five in the last decade. It was the realization of the need to fast track the attainment of Sustainable Development Goals (SDGs) especially goals 1,2 & 3 that prompted the renewed focus on evidence-based, cost-effective interventions aligned to the Scaling Up Nutrition (SUN) movement.

CHAPTER TWO

Vision, Mission, Goal and Objectives of the Food and Nutrition Policy

2.1 Vision Statement

A State where the people are well nourished with improved quality of life contributing to human capital development objectives of Niger State Development Blue Print.

2.2 Mission

To provide nutritional service that is equitable and with full participation of the people using locally available produced foods

2.3 Goal

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

2.4 Objectives

To achieve the goal of improving the nutritional status of people in Niger State, a number of specific objectives have been formulated, as follows:

I. To improve food security at the state, local government, community and household levels
ii. To reduce undernutrition among infants and children, adolescents and women of reproductive age
iii. To significantly reduce micronutrient deficiency disorders, especially among the vulnerable group
iv. To increase the knowledge of nutrition among the populace and Nutrition education into formal and informal training
v. To promote optimum nutrition for people in especially difficult circumstances, including PLWHA
vi. To prevent and control chronic nutrition-related non-communicable diseases
vii. To incorporate food and nutrition considerations into the State and Local Government sectoral development plans
viii. To promote and strengthen Research, Monitoring and Evaluation of food and nutrition programme
ix. To strengthen systems for providing early warning information on the food and nutrition situation
x. To ensure universal access to nutrition-sensitive social protection.

2.5 Target

i. To reduce the number of under-five children who are stunted from 38% in 2015 to 20% by 2025

ii. To reduce low birth weight from 16.7% in 2015 to 10.7% by 2025

iii. To reduce childhood wasting from 7.3% in 2015 to 3% by 2025

iv. To reduce anemia in women of reproductive age from 12.3% in 2015 to 9.8% by 2025

v. To increase exclusive breastfeeding rates in the first six months from 32.1%(27.0-37.3%) in 2015 to 50%by 2025

vi. To reduce the proportion of people who suffer hunger by 15%by 2025

vii. To increase the percentage of children age six months and above who receive appropriate complementary feeding from 29.7%in 2015 to 60% by 2025

viii. To achieve and sustain universal household access to iodized salt by 2025

ix. To increase coverage of Zinc supplementation in diarrhea management from 2.2% in 2015 to50% by 2025

x. To increase the proportion of children who receive deworming tablets from 16.3% in 2015 to 80% by 2025

xi. To reduce prevalence of diet-related non-communicable diseases by 25% in 2025

xii. To increase coverage of Vitamin A supplementation from 51.7% in2015 to 90% by 2025

xiii. To increase by 50%householdswithrelevant nutrition knowledge and practice that improve their nutritional status

xiv. To increase access to potable water from 54.9% in 2014 to 70%by2025

xv. To increase the number of relevant MDAs at all levels with functional nutrition unit from 75% in 2015 to 98% by 2025

xvi. To reduce the incidence of malnutrition among victims of emergencies by 50% in 2025

xvii. To mainstream nutrition objectives into social protection and safety net programmes of all MDAs linked to nutrition by2025

xviii. To achieve universal access of all school children in the pre- and basic school classes to school-based feeding programmes by 2025

xix. 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, 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, Wards, Community, and Household Levels

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

3.1.2 Increasing Availability, Accessibility and Affordability of Food

i. Encourage and support integrated farming (crops, livestock and fisheries) as a means of increasing food diversity and income sustainability for small-holder farmers, especially women
ii. Promote increased production of priority-value chain crops, animal products, fruits and vegetables across the different Senatorial zones of the State
iii. Promote urban agriculture and support urban and rural women to adopt and set-up home gardening
iv. Promote adoption of improved and cost-effective on-farm food storage technologies including use of silos, solar drying, fish smoking kiln, etc. by small holder farmers;
v. Promote food safety through mycotoxins prevention during production and storage
vi. Promote biofortification of staple food crops with micronutrients as a long-term means of micronutrient deficiency control (MNDC)
vii. Promote effective market information, food distribution and transportation systems.

3.1.3 Improving Food Harvesting, Processing and Preservation

i. Introduce and consolidate appropriate technologies for harvesting, processing, and preservation for crops, vegetables, fisheries and livestock
ii. Facilitate access of small-holder farmers to technologies for improved crop harvesting, processing, and preservation
iii. Strengthen the training of extension workers for adequate dissemination of 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 for locally produced foods including street-vended foods in collaboration with NAFDAC

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

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

3.1.6 School-basedStrategies

i. Strengthen the 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 public-private partnerships
iii. Promote and support the establishment of school gardens to provide complementary feeding and also stimulate interest in farming, food, and nutrition-related matters among growing children.

3.2 Enhancing Caregiving Capacity

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

i. Improve nutritional care for adolescent girls and pregnant women
ii. Promote, protect and support early initiation of breast feeding 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 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 to 59 months and de-worming for children aged12 to 59 months
v. Promote hand-washing, proper waste disposal and Community led Total Sanitation (CLTS)
vi. Revitalization of old crèches and establishments of new ones 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 Niger State Strategic Health Development Plan(NSHDP)

viii. Rigorously monitor the implementation of the national regulation and the international code and all World Health Assembly (WHA) resolutions on the marketing of Breast Milk Substitutes (BMS) and create accountability mechanisms for marketing of infant formulas
ix. Promote an integrated approach for the management of Severe Acute Malnutrition (SAM, IMAM, CMAM, SC, UP) as a minimum package of MNCH services
x. Extension 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
ii. Develop and encourage the use of labor-saving technologies to reduce the workload of women and create more time for childcare..

3.3 Enhancing Provision of Quality Health Services

3.3.1 Preventing and Managing Nutrition-Related Diseases and Reduce Morbidity and Mortality

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) in to 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
vi. Provide nutrition support in special cases such as preterm and small-for-gestation babies, PLWHA, abandoned babies and orphans, etc.

3.3.2 Preventing Micronutrient Deficiencies

I. Prevention of VAD by instituting short- and long-term sustainable interventions, including bi-annual Vitamin-A supplementation to children aged 6 to 59 months as well as promoting dietary diversification and food fortification
ii. Control of iron-deficiency anaemia (IDA) through:
   - The provision of iron-folate supplements to pregnant women.
   - De-worming of children aged 12 to 59 months and school aged children every six months.
iii. Control and prevent Iodine-Deficiency Disorders (IDD) through the enforcement of legislation on universal salt iodization (USI) at50mg per kg salt, and through regular monitoring of salt iodine levels
iv. Control and prevent Zinc-deficiency disorders
v. Provide Zinc and low-osmolarity oral rehydration solution (LO-ORS) to treat diarrhoea
vi. Enhance micronutrient consumption through encouragement of the use of micronutrient powders and other proven sources of food enrichment at the household level

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

3.3.3 Protecting the Consumer through Improved Food Quality and Safety

i. Strengthen existing institutional capacity for the effective control of food quality and safety in collaboration with NAFDAC
ii. Ensure enforcement of food safety regulation to guarantee food safety and quality in collaboration with NAFDAC
iii. Establish mechanisms for detection, monitoring, and control of chemical residues in foods; and promote appropriate and safe utilization of agricultural chemicals
iv. Establish standards for nutrition labeling and advertisement of all foods, including locally prepared indigenous foods, promote compliance and strengthen consumer education in collaboration with Standard Organization of Nigeria (SON).

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 access, analyze, and take appropriate actions to address food and nutrition problems
iii. Undertake capacity/skills-gap analysis at all levels of those involved in the planning and implementation of food and nutrition programme and activities
iv. Develop and strengthen the effective planning and managerial capacity of state government as well as local government authorities (LGAs) to address food and nutrition problems
v. Institute mechanism for regular review of nutrition curricula in tertiary institutions and vocational institutions
vi. Ensure training and re-training of Nutritionists, Nutrition Desk Officers and other relevant service providers to improve their capacity for food and nutrition programme management
vii. Ensure adequate staffing of relevant MDAs implementing sectoral nutrition programmes with skilled and qualified nutritionists.

3.4.2 Providing a Conducive Macro-Economic Environment

i. Incorporate nutrition objectives into MDAs' development policies, plans and programmes
ii. Analyze macro-economic and sectoral policies in terms of their potential impact and consequences for household income, food consumption, and delivery of human services, with a view for policy modification to ameliorate adverse effects
iii. Promote increase in social-sector spending and explore the potential role of the private sector
iv. Promote productive capacity through encouraging private sector engagement in food and nutrition related 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. Accelerate the implementation of the National Health Insurance Scheme to incorporate the Community Health Insurance health services to vulnerable groups, especially women and children

iii. Develop social protection programmes that would provide safety nets, both short- and long-term (including distribution of food), to protect the most vulnerable groups from negative effects of macroeconomic 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 Niger State

3.5.1 Promote Advocacy, Communication and Social Mobilization

i. Develop an advocacy and social mobilization strategy for food and nutrition

ii. Sustain advocacy to policymakers at all levels for resource mobilization for food and nutrition activities

iii. Continuous sensitization of religious and traditional rulers on food and nutrition activities

iv. Promote Behavior Change Communication (BCC) for better understanding of food and nutrition security problems for improved food and nutrition practices

v. Promote the design and production of harmonized, appropriate BCC materials for use and distribution at the state and LGA levels

vi. Promote and strengthen nutrition education for all age groups through multimedia communication approaches.

3.5.2 Promoting Healthy Lifestyles and Dietary Habits

i. Promote good dietary habits and healthy lifestyles for all age groups through appropriate social marketing and communication strategies

ii. Support the design and implementation of appropriate community based nutrition education programmes

iii. Develop appropriate food-based dietary guidelines for healthy living

iv. Promote healthy eating habits to reduce the incidence of non-communicable diseases such as diabetes, hypertension, and other cardiovascular disorders, etc. (reduction of salt and sugar intake, preparation methods to reduce fat intake, etc.)

v. Promote regular physical exercise and periodic medical checkups for nutrition-related, non-communicable diseases.

3.6 Research in Nutrition

i. Promote research and development of locally available staple diet sand use of under-utilized crops for improved utilization and Nutrition

ii. Encourage production of food-composition table for locally available food and agricultural produce (raw, processed and prepared) in collaboration with Federal University of Technology Minna

iii. Promote, support, and disseminate research findings on food processing and preservation technologies for adaptation at the village and household levels

iv. Promote research on local food fortification

v. Promote collaborative programme Implementation operations research to enhance programme outcomes

vi. Engage in periodic conduct of food consumption and nutrition survey to track policy impact
vii. Conduct research on preservation of fruits and vegetable and its utilization.

3.7 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 Niger State Planning Commission (NSPC) with the required resources (human, financial, and material) for effective management and coordination of the policy
iii. Strengthen the capacity of the NSPC 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 Leadership, Structures, and Institutions

The implementation of the State Policy on Food and Nutrition is the responsibility of the authorities at the two levels of government (i.e. State and LGAs) in collaboration with other stakeholders, including the organized private sector, development partners, professional bodies, Civil Society Organizations(CSOs) (i.e., Non-Governmental Organizations [NGOs], Faith Based Organizations (FBOs), and Community Based Organizations (CBOs). Administrative arrangements between the NCN, NSPC, the SCFN, State Ministries, and Local Governments will form the basis for planning and implementation of the State Food and Nutrition Policy. In this regard, Local Government counterparts of the NSPC will be the focal points for coordination of food and nutrition programmes at LGA levels and will be assisted by the State Committees on Food and Nutrition (SCFN) and Local Government Committees on Food and Nutrition (LGCFN). Implementation agencies at State and LGA levels are responsible for the implementation of specific projects and programmes relevant to the policy. The focal points at State and LGA levels will have the responsibility of identifying and mobilizing resources for executing given project or activity in a coordinated manner and paying due emphasis to the need for harmonization and synergy within each body's senatorial boundaries and authority. The government will ensure that the various organizations 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.

4.2 State Committee on Food and Nutrition (SCFN)

In order to achieve the State Food and Nutrition Policy objectives and implement its programmes, the SCFN was established and located in the State Planning Commission. Membership of the committee was drawn from relevant Ministries, Departments and Agencies of government, NGOs, CSOs, CBOs, FBOs as well as representatives of tertiary institutions dealing with issues of food and nutrition.

4.3 Mandate of the SCFN

The SCFN has a mandate of:

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

vii. Assisting the Niger State Planning Commission to set up and manage a database of nutrition activities.

4.4. The SCFN Secretariat

The SCFN have a secretariat established in the State Planning Commission which have a division within the Ministry responsible for decisions and the day-to-day operations of the state food and nutrition programme. The Permanent Secretary of the State Planning Commission is the head of the SCFN whilst the state nutrition officer is the secretary. The Committee has the requisite human and material resources to manage and implement the programme. In addition, the secretariat is responsible for:

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

4.5 Local Government Committee on Food and Nutrition (LGCFN)

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

4.6 Mandate of the LGCFN

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

4.7 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
iii. Undertaking any other duties as may be assigned by the Office of the LGA Vice Chairman towards effective nutrition programme implementation.

4.8 Roles of Professional Bodies and Development Partners

4.8.1 Professional Bodies, CSOs, CBOs, 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 State 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.

4.8.2 Private Sector

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

i. Fortification of certain identified foods with mandatory micro-nutrients such as Vitamin A,B Vitamins, Zinc and Iron

ii. Development of low-cost nutritious complementary foods and RUTF

iii. Promotion of nutrition education that complies with quality-control standards, participation and support of knowledge-sharing on research findings

iv. Adoption and transformation of research findings in to 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.

4.8.3 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 state programmes. The government will continue to appreciate the assistance provided by donor agencies in the execution of the State Food and Nutrition Policy.
This partnership has the following benefits:

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

4.9 Resource Mobilization

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

state and local government levels. These internal resources will be complemented, as required, by external grants, loans and contributions by the Development partners and the private sector. The communities will also be expected to contribute in cash or kind as appropriate.

4.10 Sustainability and Programme Scale Up

4.10.1 Working Groups and Sub Committees

Working groups have been established to aid the operational efficiency and effectiveness of the SCFN, such as the MNCHW Committee, IYCF Working Group, Community Management of Acute Malnutrition (CMAM) Task Force etc., with appropriate chair from relevant MDAs with comparative advantages.

CHAPTER FIVE

5.1 Monitoring and Evaluation (M&E)

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

To monitor and evaluate the nutritional impact of the 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 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 Ward, LGA and state levels so that progress and changes are tracked and impact measured. The system shall use a simple M&E approach with the primary aim to enable planners at each level to collect data that shall assist them in the ongoing planning and implementation of food and nutrition programmes and activities. A feedback mechanism shall be introduced to enable downwards sharing of data through regular communication about the progress of food and nutrition programme and activities at state and LGA levels. The main M&E activities will include:

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

5.3 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.

5.3.1 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

   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. The Niger State Planning Commission (NSPC)

The NSPC will have responsibility for overall M&E. The SCFN Secretariat in collaboration with the M&E office of the NSPC 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 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 providing data quality assurance

ix. Submitting timely data and M&E report to the national M&E system

x. Validating the accuracy of data before submission to national M&E system.

5.3.4 State Ministries, Departments and Agencies

The Planning Office has a statutory role for the coordination of overall M&E system at the state level. It is expected to be linked to the Planning, Research and Statistics departments of the relevant Ministries, Departments and Agencies for data collection, collation, and submission to the M&E office.

GLOSSARY OF TERMS

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

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

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

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

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

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

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

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

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

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), characterized by fatigue, decreased capacity to work, learning disorders and increased complications of pregnancy.

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

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

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

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

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

NIGER STATE GOVERNMENT