



NATIONAL MULTI-SECTORAL PLAN OF ACTION FOR FOOD AND NUTRITION (NMPFAN)



THE FEDERAL GOVERNMENT OF NIGERIA  
with support from  
CIVIL SOCIETY-SCALING UP NUTRITION IN NIGERIA

# NATIONAL MULTI-SECTORAL PLAN OF ACTION FOR FOOD AND NUTRITION (NMPFAN) 2021 - 2025

## MONITORING AND EVALUATION (M&E) FRAMEWORK

## **FOREWORD**

The adoption of the Sustainable Development Goals and the United Nations' proclamation of a Decade of Action on Nutrition (2016–2025) shows government commitment to strong actions required relating to food and nutrition issues. The National Policy on Food and Nutrition (NPFN) provides the framework for addressing the problems of food and nutrition insecurity at all levels in Nigeria. The National Multisectoral Plan of Action for Food and Nutrition (NMPFAN) on the other hand was developed in response to the NPFN to serve as a tool to guide the implementation of interventions and programmes to address the problems of hunger and malnutrition across all sectors in Nigeria.

The NMPFAN is to institute a Monitoring, Evaluation, Accountability and Learning (MEAL) system for the purpose of providing accurate, reliable and timely information on the progress of implementation and reporting on how far the strategic objectives to effect changes in the nutritional status of Nigerians especially women and children are being met, as well as being accountable to the stakeholders including the donor community.

The monitoring and evaluation (M&E) of nutrition programmes in Nigeria is important not only to assess the impact of various multidisciplinary interventions such as nutrition specific and nutrition sensitive interventions but also to identify other necessary efforts required to support the vulnerable groups especially the growing children, to achieve their maximum potential.

The current levels of monitoring of nutrition programmes in the country indicates there are cases of insufficient sampling which caused the magnitude of morbidity and mortality estimates to be suppressed with the financial and human resources spent on unsystematic surveys and assessments, prevents a more rational and effective use of limited resources like during emergencies.

The purpose of this document NMPFAN M&E framework, is to ensure continuous tracking of progress on nutrition, document lessons learned and replicate best practices of nutrition interventions as outlined in the NMPFAN 2021-2025. The monitoring of sectoral response to nutrition will contribute to the strengthening of the nutrition information system and sharing of good practices with all stakeholders, thereby enhancing effective feedback mechanisms to ensure greater accountability. It will also promote data use at national and sub-national levels to inform decision making and nutrition programming.

**Chairman, National Committee Food and Nutrition**  
***Permanent Secretary, MFBNP***



## ACKNOWLEDGEMENT

This National Multisectoral Plan of Action for Food and Nutrition (NMPFAN) Monitoring and Evaluation Framework was developed sequel to the directive to Technical Advisory Group (TAG) by His Excellency, Prof Yemi Osinbajo, The Vice President, Federal Republic of Nigeria / Chairman, National Council on Nutrition. The M&E framework is to help to generate baseline, mid-term and endline data on the level of implementation of the NMPFAN.

On behalf of TAG, we want to thank His Excellency, Prof Yemi Osinbajo, The Vice President, Federal Republic of Nigeria / Chairman, National Council on Nutrition, for the opportunity to contribute to ensuring accountability in addressing nutrition issues in the country.

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## ABBREVIATIONS AND ACRONYMS

ADP	Agricultural Development Project
ANC	Ante-natal Care
ANRiN	Accelerating Nutrition Results in Nigeria Project
ARCN	Agricultural Research Council of Nigeria
BMS	Breastmilk Substitutes
CCT	Conditional Cash Transfer Programmes
C-IYCF	Community-based infant and young child feeding
CMAM	Community Management of Acute Malnutrition
CSO	Civil Society Organisations
CS-SUNN	Civil Society Scaling-Up Nutrition in Nigeria
Cvs	Community Volunteers
DataDENT	Data for Decisions to Expand Nutrition Transformation
DRNCD	Diet Related Noncommunicable Diseases
DU	Delivery Unit
ECCC	Early Child Care Centers
ECCD	Early Child Care Development
FBDG	Food Based Dietary Guidelines
FBO	Faith-Based Organizations
FMARD	Federal Ministry of Agriculture and Rural Development
FME	Federal Ministry of Education
FMFBNP	Federal Ministry of Finance, Budget & National Planning
FMHADMD	Federal Ministry of Humanitarian Affairs, Disaster Management and Social Development
FMIA	Federal Ministry of Internal Affairs
FMIC	Federal Ministry of Information and Culture
FMITI	Federal Ministry of Industry, Trade and Investment
FMOH	Federal Ministry of Health
FMoWH	Federal Ministry Works & Housing
FMST	Federal Ministry of Science and Technology
FMWASD	Federal Ministry of Women Affairs and Social Development
FMWR	Federal Ministry of Water Resources
GAP	Good Agricultural Practices
Hhs	Households

HoS	Head of Service
IDPs	Internally Displaced Persons
IEC	Information Education and Communication
IR	Intermediate Result
LGA	Local government area
LGFN	Local Government Committee on Food and Nutrition
L-ORS	Low-Osmolarity Oral Rehydration Salts
M&E	Monitoring and Evaluation
MDAs	Ministries, Departments and Agencies
MEAL	Monitoring and Evaluation, Accountability and Learning
MFBNP	Ministry of Finance, Budget & National Planning
MICS	Multiple Indicator Cluster Survey
MIYCF	Maternal, Infant and Young Child Feeding
MNP	Micronutrient powder
MOI	Ministry of Information
MSTI	Ministry of Science & Technology
MUAC	Mid Upper Arm Circumference
NAFDAC	National Agency for Food and Drug Administration and Control
NASSCO	National Social Safety-Net Coordinating Office
NBS	National Bureau of Statistics
NCFN	National Committee on Food Nutrition
NCN	National Council on Nutrition
NCTO	National Cash Transfer Office
NDHS	Nigeria Demographic and Health Survey
NEMA	National Emergency Management Agency
NGOs	Non-governmental organizations
NIS	Nutrition Information System
NMPFAN	National Multi-Sectoral Plan of Action for Food and Nutrition
NNHS	National Nutrition and Health Survey,
NOA	National Orientation agency
NPHCDA	National Primary Health Care Development Agency
NSN	Nutrition Society of Nigeria
NUC	National Universities Commission
OPS	Organized Private Sector
PHC	Primary Health Care



RUTF	Ready-to-Use Therapeutic Food
SAM	Severe Acute Malnutrition
SBCC	Social and Behaviour Change Communication
SCFN	State Committee on Food Nutrition
SDGs	Sustainable Development Goals
SEMA	State Emergency Management Agency
SFP	Supplementary Feeding Programme
SMARD	State Ministry of Agriculture and Rural Development
SMART	Standardized Monitoring and Assessment of Relief and Transitions
SMoE	State Ministry of Education
SMoH	State Ministry of Health
SMoI	State Ministry of Information
SMoLG	State Ministry of Local Government
SMoWA	State Ministry of Women Affairs
SMoWR	State Ministry of Water Resources
SMPFAN	State Multi-Sectoral Plan of Action for Food and Nutrition
SO	Strategic Objective
SON	Standard Organization of Nigeria
SOP	Standard Operating Procedures
SPC	State Planning Commission
SPHCDA	State Primary Health Care Development Agency
SUN	Scaling Up Nutrition
TAG	Technical advisory Group
VAS	Vitamin A Supplementation
VP	Vice President
WASH	Water, Sanitation and Hygiene

## BASIC DEFINITION OF TERMS

**M**onitoring is the routine checking of information on progress, so as to confirm that progress is occurring against the defined direction. It is a continuous function that uses systematic collection of data on specified indicators to provide management and stakeholders of an ongoing intervention with indications of the extent of progress, achievement of objectives, and use of allocated funds. It commonly involves monthly to quarterly reporting, on outputs, activities and use of resources and used to ensure that the plan is going forward as intended and within the resources allocated.

**Evaluation** is a selective exercise that attempts to systematically and objectively assess progress towards the achievement of an outcome. It is used to ensure that the direction chosen is correct, and that the right mix of strategies and resources were used to get there. Evaluation can typically be formative (helping to develop learning and understanding within stakeholders) or summative (i.e indicating the degree of achievement). It focuses on outcomes and their relationship with outputs. Evaluation will be done at formative stage, mid-term and end of project, and will include assessments and surveys.

**Inputs** are those resources that go into the programme at the start-up phase or during the implementation to help the programme achieve its objectives. The inputs (i.e. number and qualifications of personnel, financial resources, institutional set-up, timing, etc.) must be such that they meet the requirements to achieve the objective. The inputs should be distributed to meet all targeted groups and be accessible financially, socially, and technically. If this does not happen, the outputs may not be met.

**Outputs** are all the goods and services delivered to the target population by the programme. Programme inputs have to be transformed into outputs. The quantity and quality of the outputs is very important.

**Outcomes** are changes in behaviours/practices as a result of programme activities. The outputs, if of the right quantity and quality, should produce an outcome. The skills of the nutrition service providers should change, and if they do their tasks well, the detrimental behaviour/practices of the mothers and/or caregivers should change in order to improve their children's health. The change in skills of the nutrition service providers and/or the change in behaviour/practices of the mothers is the outcome of the programme. The outcome is expected to influence the problem.

**Impacts** are the effect of the programme on the beneficiaries. The change in the problem is the impact of the programme on the beneficiaries. It helps to demonstrate project success or failure, and provide accountability to all stakeholders, including donors and beneficiaries. Impacts are the positive and negative, primary and secondary long-term effects produced by a development intervention, directly or indirectly, intended or unintended whereas outcome are the likely or achieved short-term and medium-term effects of an intervention's outputs.

# CHAPTER ONE

## 1.0 INTRODUCTION

### 1.1 Preamble

Malnutrition has multifaceted causes and requires solutions that are multidisciplinary and multisectoral, cutting across various sectors. Childhood mortality rates in the country remain stagnated and undernutrition in early childhood has serious consequences and contributes to high level of infant mortality. Nigeria has shown commitment to eradicating hunger (population below minimum level of dietary energy consumption) and malnutrition among her citizens in order to lay a strong foundation for improved standard of living for citizens and socioeconomic development of the nation. The national food and nutrition policy provides the framework for addressing the problems of food and nutrition insecurity at all levels in Nigeria.

### 1.2 National Multisectoral Strategic Plan of Action for Food and Nutrition

The National Multisectoral Strategic Plan of Action for Food and Nutrition (NMPFAN 2021 - 2025) was developed in line with the National Policy on Food and Nutrition with collaboration of government sectors, development partners, academia, civil society organizations and organized private sector. This NMPFAN will be used by Ministries, Departments and Agencies (MDAs) across sectors at federal, state and local government area (LGA) levels, and other stakeholders to respond to the challenges of nutrition in Nigeria especially to inform action plans that will direct all interventions, programme and activities to be implemented to reduce malnutrition and hunger among the vulnerable and generality of Nigerians leading to increased productivity and national development. The NMPFAN is to make Nigeria a Country where the people are equitably food and nutrition secure with high quality of life and socioeconomic development contributing to human capital development.

If well-funded and implemented, NMPFAN is expected to contribute significantly towards the elimination of all forms of malnutrition as a public health problem in Nigeria as well as contribute to the achievement of the Sustainable Development Goals (SDGs) target by 2030. The plan of action for the implementation of the policy gives consideration to the increasing recognition of nutrition as a necessary condition for national development as espoused in the SDG. Figure 1 shows key areas of contributions to NMPFAN implementation by MDAs.

#### 1.2.1 Goal

The goal of the plan is to attain optimal nutritional status for all Nigerians through accelerating the scaling up of priority high-impact nutrition specific and nutrition sensitive interventions as well as creating the enabling environment for improved nutrition focusing on the most vulnerable especially women and children as well as internally displaced persons (IDPs).

## **1.2.2 Objectives**

To achieve the goal, a number of objectives are articulated as follows:

- I. Reduce the proportion of people who suffer hunger and malnutrition by 50% by 2025;
- ii. Increase exclusive breastfeeding rate from 17% in 2013 to 65% by 2025;
- iii. Increase the percentage of children age six months and above who receive appropriate complementary feeding from 10% in 2013 to 40% by 2025;
- iv. Reduce stunting rate among under-five children from 37% in 2013 to 18% by 2025;
- v. Reduce childhood wasting including Severe Acute Malnutrition (SAM) from 18% in 2013 to 10% in 2025;
- vi. Achieve and sustain universal household access to iodized salt by 2025;
- vii. Increase coverage of Zinc supplementation in diarrhoea management from 7% in 2013 to 50% of all children needing treatment by 2025;
- viii. Increase the proportion of children who receive deworming tablets from 13.4% in 2013 to 50% by 2025;
- ix. Reduction in anaemia among pregnant women from 67% in 2013 to 40% in 2025;
- x. Reduce prevalence of diet-related non-communicable diseases by 25% in 2025;
- xi. Increase coverage of Vitamin A supplementation from 41% in 2013 to 65% by 2025;
- xii. Increase by 50% households with relevant nutrition knowledge and practice that improve their nutritional status
- xiii. Increase access to potable water from 49% in 2013 to 70% by 2025;
- xiv. Increase the number of relevant MDAs at all levels with functional nutrition unit by 75% in 2017;
- xv. Reduce the incidence of malnutrition among victims of emergencies by 50% in 2025;
- xvi. Mainstream nutrition objectives into social protection and safety net programmes of all MDAs linked to nutrition by 2020;
- 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

## **1.2.3 Monitoring and Evaluation, Accountability and Learning**

The National Multisectoral Strategic Plan of Action for Food and Nutrition will institute a Monitoring and Evaluation, Accountability and Learning (MEAL) system for the purpose of providing accurate, reliable and timely information on the progress of implementation and reporting on how far the strategic objectives are being met, changes in the nutritional status of Nigerians especially women and children as well as being accountable to the stakeholders including the donor community.

## **CHAPTER TWO**

### **2.0 CURRENT SITUATION ON MONITORING AND EVALUATION FOR NUTRITION IN NIGERIA**

The monitoring and evaluation (M&E) of nutrition programmes in Nigeria is important not only to assess the impact of various multidisciplinary interventions such as nutrition specific and nutrition sensitive interventions but also to identify other necessary efforts required to support the vulnerable groups especially the growing children, to achieve their maximum potential. This is to ensure nutrition is recognized and used as an important indicator to monitor and evaluate development policies and programmes.

Some levels of monitoring of programmes are carried out in the country but there are cases of insufficient sample size which caused the magnitude of morbidity and mortality estimates to be suppressed. Variation in sampling methods and survey implementation complicated comparisons across surveys with small scale surveys conducted by several partners on an opportunistic basis which do not allow a clear picture of conditions to be presented. Also, the financial and human resources spent on unsystematic surveys and/or assessments prevents a more rational and effective use of limited resources like during emergencies. There are some questions concerning data quality and inaccessible areas due to banditry and insurgencies.

Information collected through nutrition surveillance is used to improve coverage and quality of emergency lifesaving and sustaining services. Nutrition outcome and impact indicators are monitored through the Nigeria Demographic and Health Survey (NDHS), Multiple Indicator Cluster survey (MICS) and Standardized Monitoring and Assessment of Relief and Transitions (SMART) survey (National Nutrition and Health Survey, NNHS)

Challenges in M&E of activities in the country include limited capacity to collect, analyze and disseminate nutrition data. Report completeness and timeliness is relatively low which further constrain the quality of data and decision making. These challenges necessitate the need for developing an M&E framework to provide strategic information and a robust evaluation of programme effects on the population.



## **CHAPTER THREE**

### **3.0 MONITORING AND EVALUATION FRAMEWORK FOR NUTRITION**

The goal of the M&E Framework is to ensure a systematic monitoring and evaluation of nutrition sector activities in Nigeria in line with the strategic objectives as derived from the National Nutrition Action Plan 2021-2025. This logical framework identifies and illustrates the linear relationships flowing from programme inputs, processes, outputs, outcomes and impacts.

The purpose of the M&E framework is to ensure continuous tracking of progress, document lessons learned and replicate best practices of nutrition interventions as outlined in the NMPFAN 2021-2025.

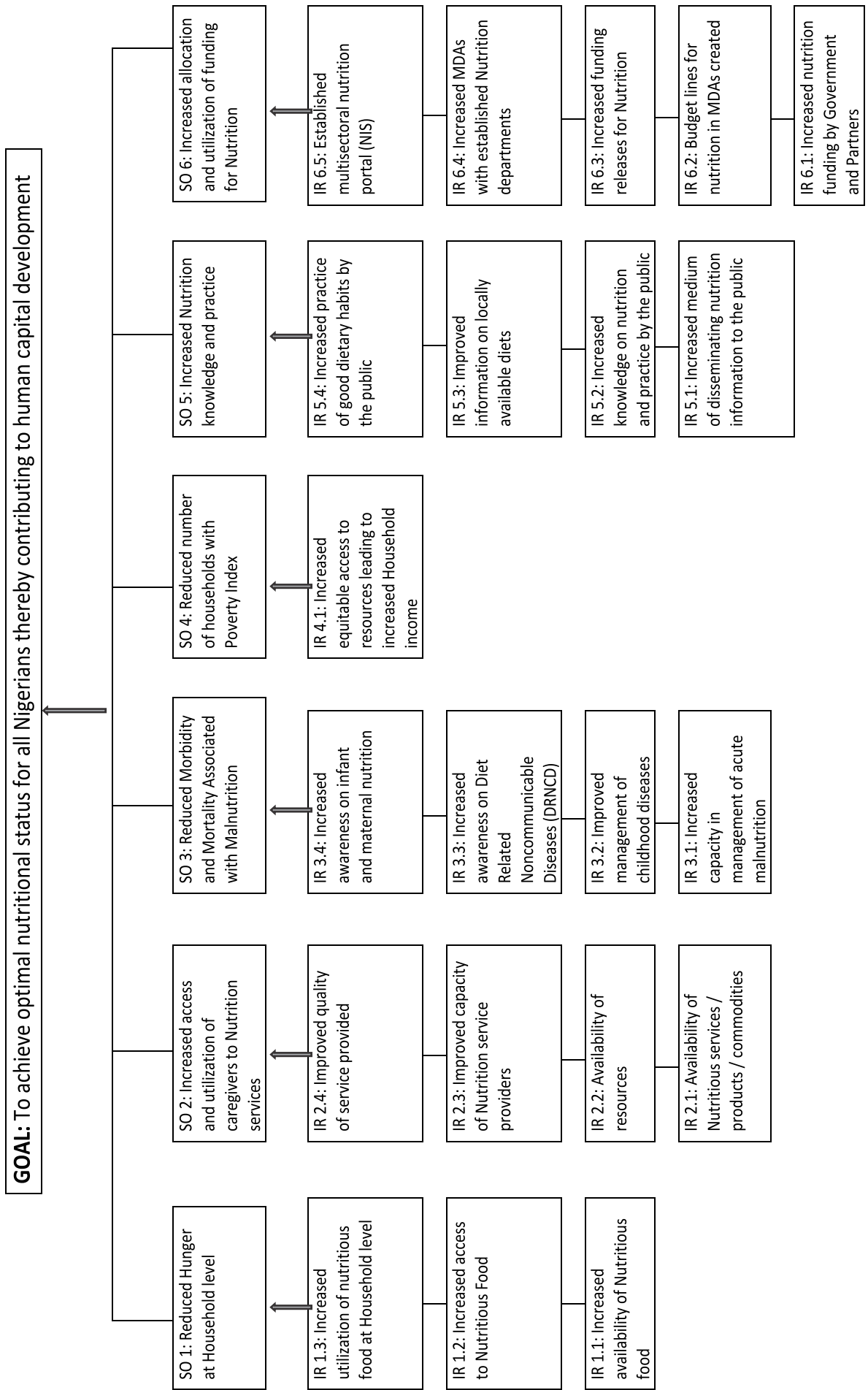
#### **3.1 Objectives**

- I. To provide guidelines on data collection, reporting, feedback and use for the nutrition programme
- ii. To develop a supervisory framework to facilitate high quality data collection, collation, analysis, reporting and use at all levels.
- iii. To provide a framework for the systematic linkage of nutrition and food security indicators at National and sub-national levels.
- iv. Collection of accurate, reliable and timely data to monitor the progress of implementation of the plan
- v. To produce and disseminate programme implementation reports at all levels
- vi. To promote data use at national and sub-national levels to inform decision making and nutrition programming
- vii. To monitor sectoral response to nutrition
- viii. To contribute towards strengthening the nutrition information system
- ix. Sharing lessons learned and good practices with the stakeholders, development community and policymakers
- x. Utilize effective feedback mechanisms to ensure greater accountability to programme beneficiaries and key stakeholders

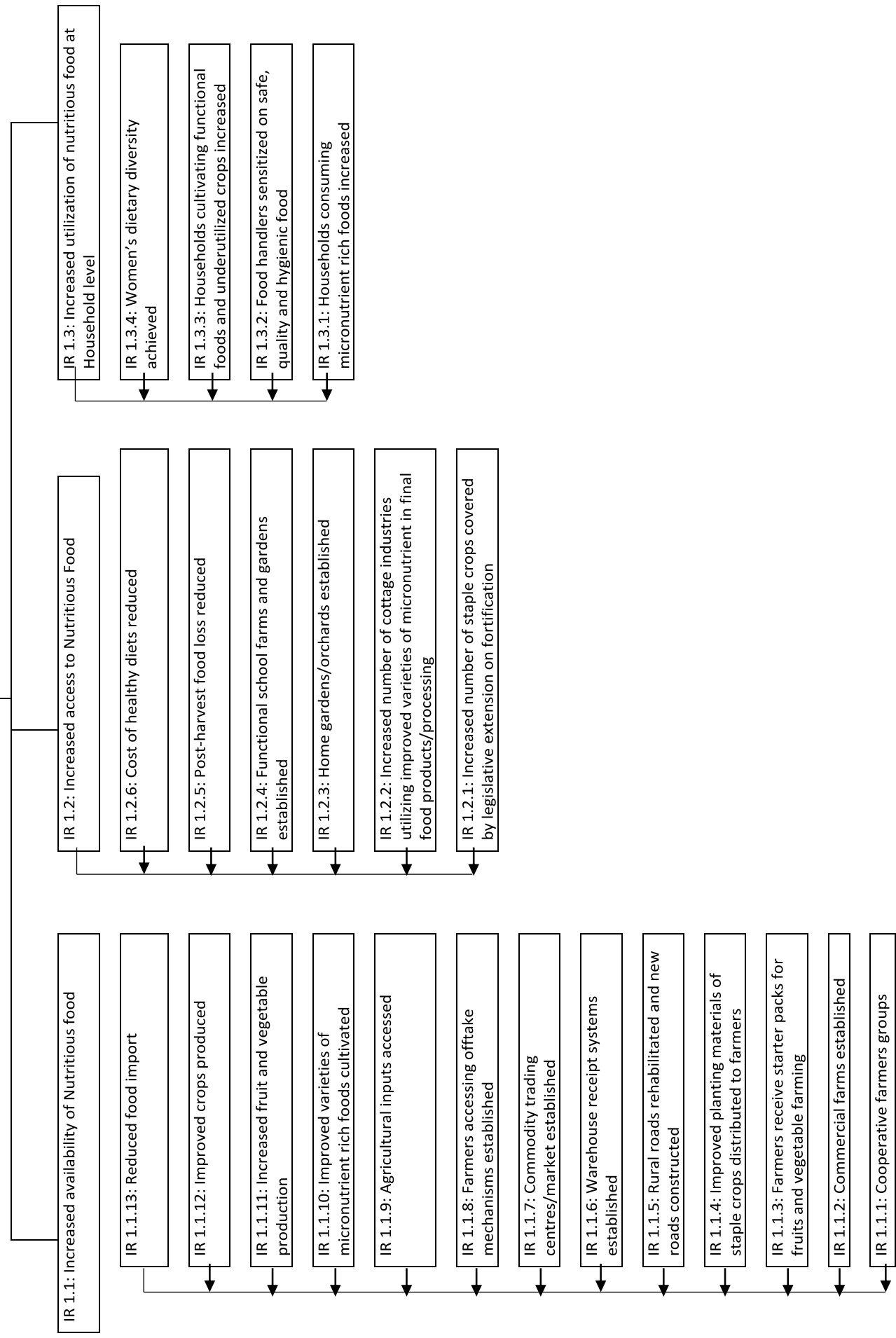
#### **3.2 Basic Monitoring and Evaluation Framework**

This framework is to drive greater action to inform, shape and inspire action with data and evidence on the policy, practice and financing that will result in greater accountability and progress on the implementation of the NMPFAN. The NMPFAN M&E result framework is presented below with the detailed M&E framework by strategic objectives outcome in Appendix I and the overall nutrition indicators shown in Appendix II.

# National Multisectoral Plan of Action for Food and Nutrition Results Framework

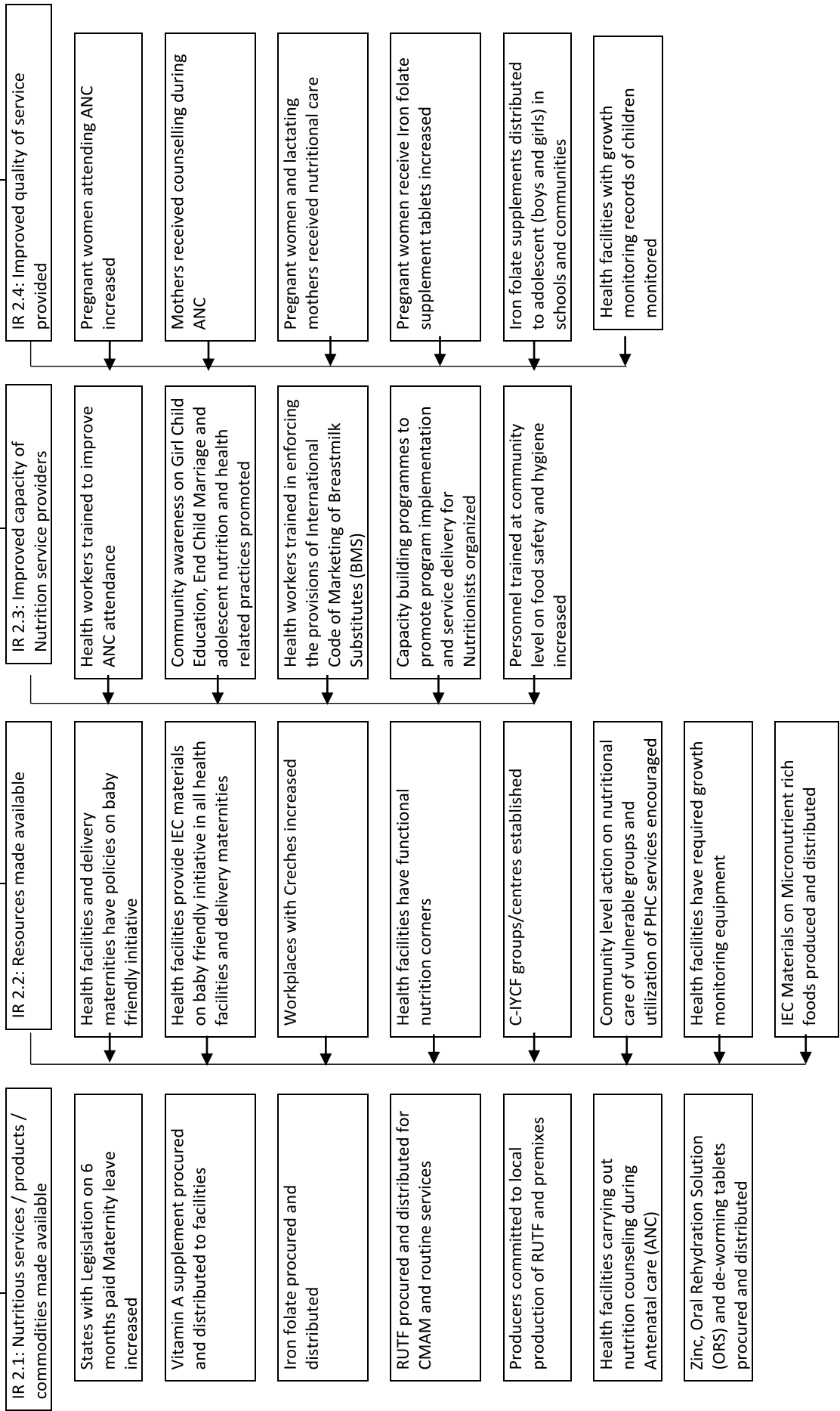


**Strategic Objective 1: Reduced Hunger at Household level**

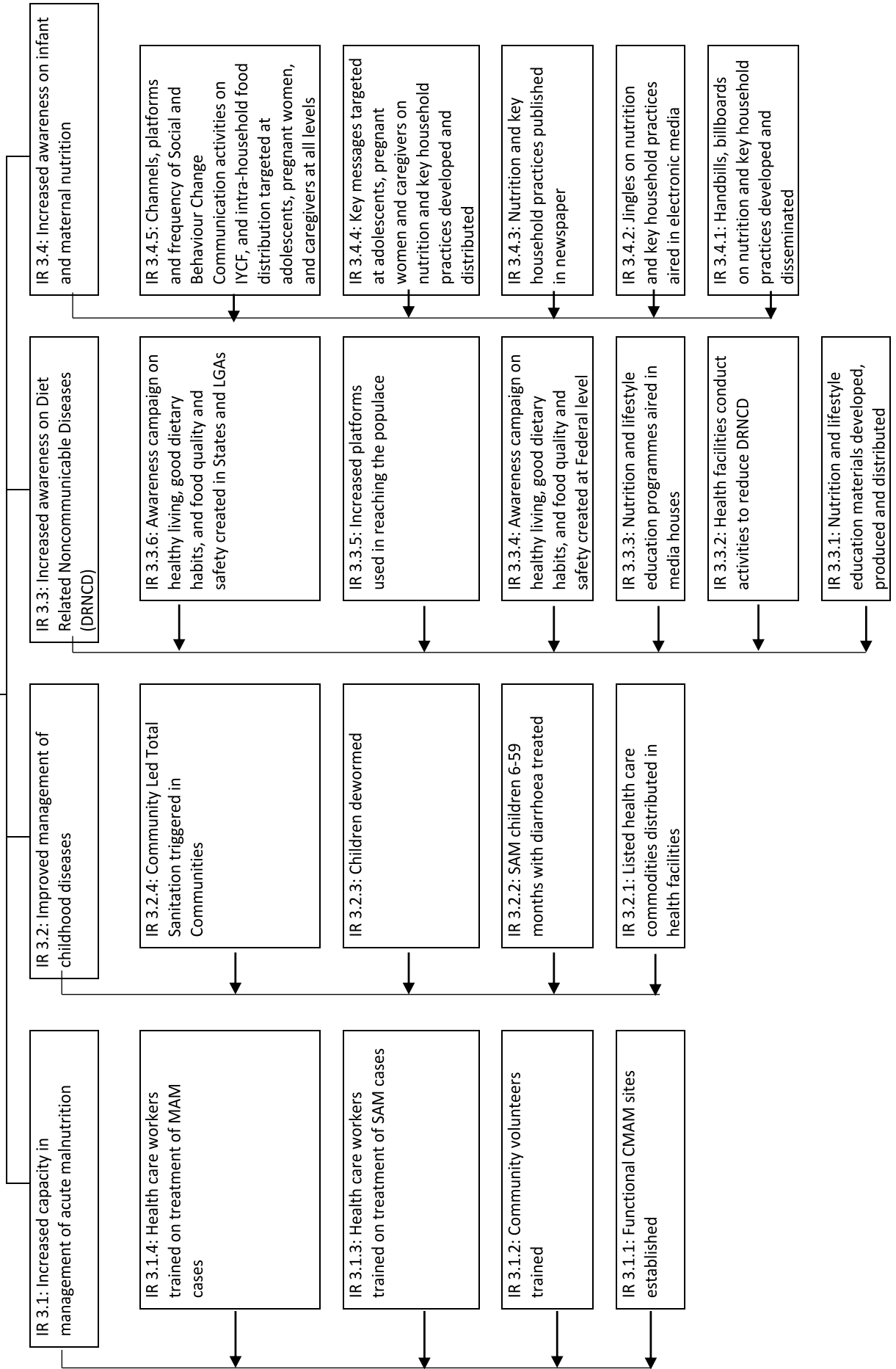


formed and empowered

## Strategic Objective 2: Increased access to and utilization of Nutrition services



## Strategic Objective 3: Reduced Morbidity and Mortality Associated with Malnutrition





**Strategic Objective 4: Reduced number of Households with Poverty Index**

IR 4.1: Increased equitable access to resources leading to increased Household Income

IR 4.1.9: Emergency managers trained on mainstreaming Nutrition in Feeding programmes

IR 4.1.8: Early warning mechanisms disseminated to MDAs/Communities

IR 4.1.7: Surveillance system in place in the Ministries of Agric and Health

IR 4.1.6: Farmers' cooperative groups received grants

IR 4.1.5: Women accessed micro credit

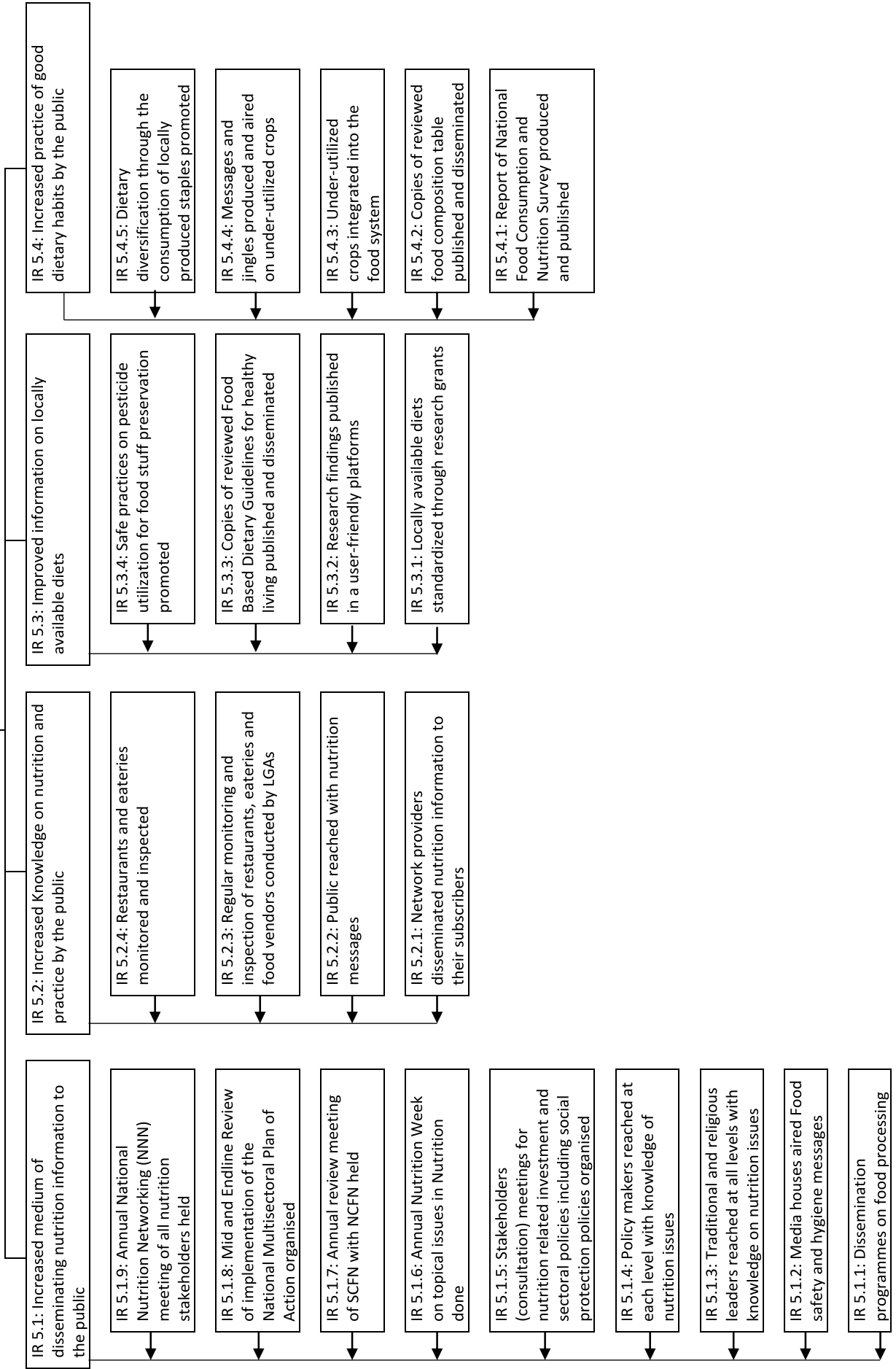
IR 4.1.4: Women farmers' cooperative groups established

IR 4.1.3: Coordinating platform for early warning mechanisms to cope with food emergencies at community level established

IR 4.1.2: Affected population benefiting from food ration or supplements

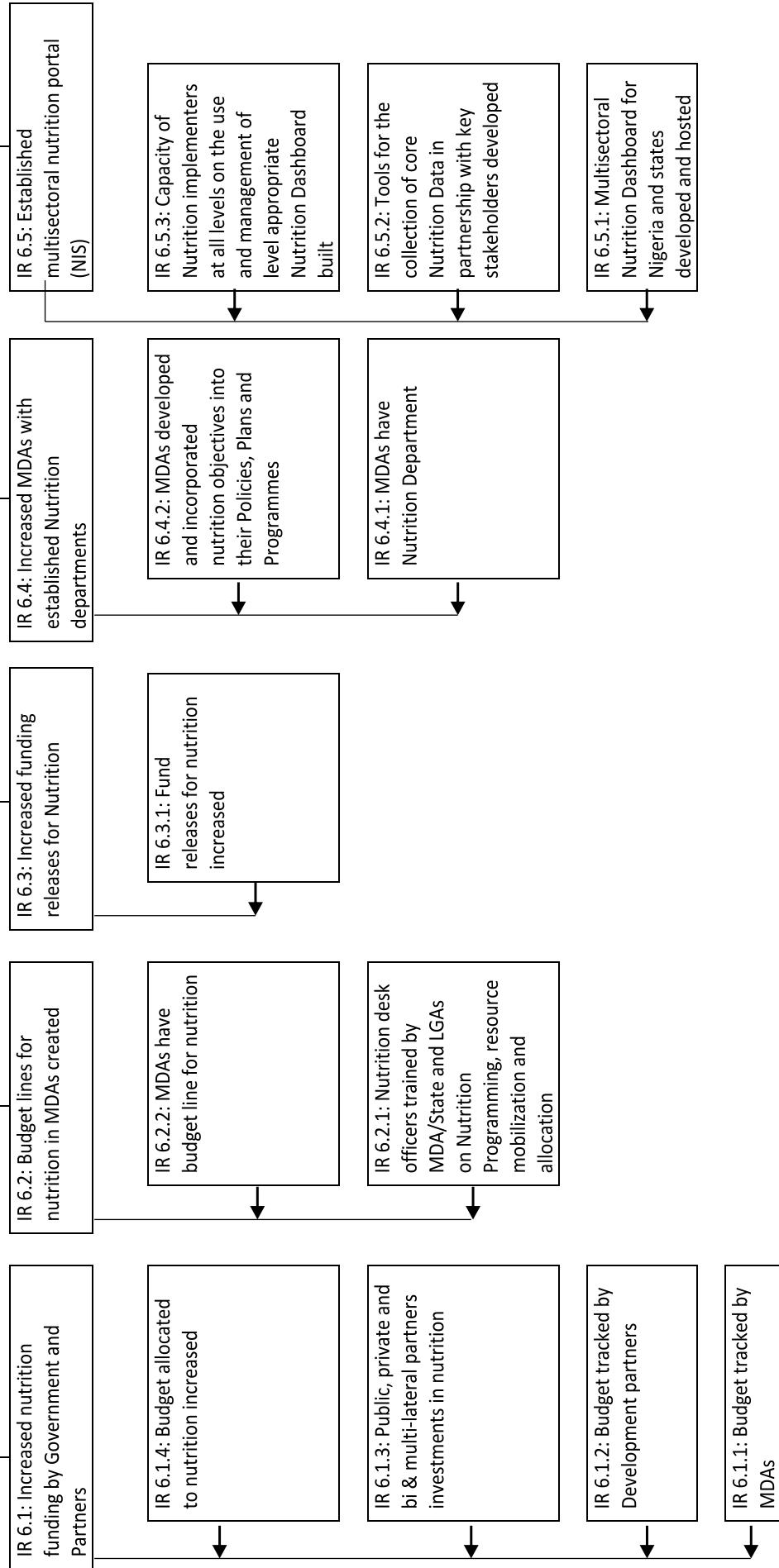
IR 4.1.1: Affected population enrolled in Conditional Cash Transfer (CCT)

## Strategic Objective 5: Increased Nutrition knowledge and practice



and preservation organised

### Strategic Objective 6: Increased allocation and utilization of funding for nutrition



## CHAPTER FOUR

### 4.0 DEVELOPMENT AND OPERATIONALIZATION OF THE MONITORING AND EVALUATION FRAMEWORK

#### 4.1 Overview of the Operationalization of M&E

The national policy on food and nutrition recognizes the importance of setting up a structured M&E mechanism to monitor and evaluate the incremental progress of implementation of the NMPFAN to ensure that objectives of the five-year strategic plan (2021-2025) are met. The Government recognizes the importance of monitoring and evaluation not only for tracking results but also for tracking financial resources and build an evidence-base for decision making.

There will be establishment of a regular multisectoral nutrition information system (NIS) that will be evaluative in nature for tracking progress the implementation of the NMPFAN to ensure a common information system and data sharing platform. These data systems will provide information that can be analysed at national, geopolitical zones and state levels. The M&E framework is to enhance operational monitoring through the several nutrition relevant stakeholders that collect nutrition-relevant routine data to be analysed from a nutrition perspective.

The operationalization of the M&E system will require significant capacity building which needs to be done for effective implementation at inception and regular on-going training on data tool use, guidelines for data collection and analysis as well as reporting to be carried out by the M&E team and personnel at the national, state and LGA levels.

Monitoring of the activities will be done through routine data collection, collation, analyzing, interpretation and dissemination of data using standardized tools. This will include using the sectoral routine data collection and reporting system existing in all relevant MDAs as well as community level food and nutrition information and data collection system. This will be complemented with a multisectoral annual review of operational achievements and progress, challenges of implementation, lessons learned and recommendations using such national platforms as National Committee on Food Nutrition (NCFN)/State Committee on Food Nutrition (SCFN) meetings, National Nutrition Networking and Nutrition Week.

Evaluation of on-going activities through the M & E system in every sector will accommodate periodic assessments of interventions. Baselines will be developed from the existing routine data and disaggregated to sub-national level while for new interventions baseline surveys will be conducted. Evaluation of National/State Multi-Sectoral Plan of Action for Food and Nutrition (N/SMPFAN) will rely on annual joint review meetings to evaluate performance in addition to annual and periodic surveys such as the NNHS, MICS and NDHS. The National Food Consumption and Nutrition Survey will provide further information and data to fill the data gap for baseline.

For the purpose of mid-term evaluation, NNHS 2023 will be used to evaluate progress in the achievement of results. The National Demographic and Health Survey (2023) though a few years old but a more definite decision will be reached closer to the end point and NNHS (2025) will provide data that will serve the purpose of the end of project evaluation.

The Ministry of Finance Budget and National Planning (MFBNP) and Development Partners will collaborate with the National Bureau of Statistics to ensure that critical indicators that are required to track the progress of implementation and results are included in the periodic health and nutrition survey.

#### **4.2. Establishment of a multisectoral Information System and Data Sharing Platform**

A multisectoral information system is important in ensuring a coordinated and unified way of information gathering, management, sharing and presentation. This shall link and bring together data from different sources for ease of analysis, reporting and information use for informed decision making.

The information system shall ensure efficiency and seek to avail data and information in real-time and shall ensure that there is a:

- Centralized database for data on the strategic plan performance for institutional memory.
- Clear mechanism and procedures for analysis and reporting.
- Data visualization and dashboards.

The proposed multisectoral information system strategy for the implementation of the M&E framework will include the following at the beginning which will be revised throughout to ensure accuracy:

- I. A thorough landscape analysis to be conducted on existing information systems for nutrition.
- ii. A nutrition partners' mapping will be conducted in line with the directive of NCN meeting.
- iii. A national, multi-sectoral nutrition dashboard will be developed
- iv. Effective implementation of the M&E framework will require continuous capacity building at all levels.
- v. This framework and reporting format would be used by all nutrition stakeholders for the implementation of the NMPFAN at both national and sub-national levels

#### **4.3. Data Collection Plan**

The framework also identifies the tools (separate document) for use in collecting data on the indicators and properly identifies the sources of such data and the frequency of data collection in the M&E implementation plan. The M&E data will be an integral part of all aspects of the nutrition intervention programmes and will be done at three levels which include:

- I. Community-level monitoring (routine) to be collected at health facility to improve service delivery
- ii. Health facility-based monitoring coverage to strengthen nutrition information systems and
- iii. Real time M&E of impact through periodic surveys (NNHS, MICS, NDHS).



Guidelines for data collection and reporting will be developed for both quantitative and qualitative data by MFBNP in collaboration with partners and other stakeholders. Through regular collection of data on activity indicators, output and outcome and M&E report, the progress of implementation of N/SMPFAN will be monitored and evaluated while scorecards will be developed with lessons learnt. This will be carried out through collaboration with NCFN at national and SCFN at states, NGF, partners, CSO, academia and other stakeholders.

#### **4.4. Data Management**

The data quality assurance process is very important to ensure nutrition data is accurate, valid, reliable, timely, relevant and complete. Data would be cleaned, collated, and analysed by the respective MDAs with the assistance of academia and CSO with support from NGF and partners. The collection of high-quality data starts at the source of information and persons responsible for data collection are responsible for its quality with validation checks enforced at the point of data entry such as defining data types, mandatory fields and checking valid data formats among others.

##### **4.4.1. Data cleaning, collation and validation**

This would involve checking the reported data for empty records, missing variables, duplicates, inconsistencies and incompleteness. Thus, the data collation would involve bringing together data and presenting it in a manageable form to enable easy interpretation and analysis which mostly involve summarizing and tabulating the data collected in readiness for analysis. The M&E officer of the relevant MDAs shall be responsible for the final data cleaning and validation.

##### **4.4.2. Data analysis**

This shall be undertaken by the M&E Officer who forwards regular and on-demand reports. The nutrition data (anthropometric, food security health, IYCF etc), collected through routine systems and through evaluations and assessments will be analyzed for use in decision making at all levels. For quantitative data collected, various pivot tables shall be created as per the indicator level of disaggregation, distributions, charts and mapping for visualizations as well as conducting trends analysis. For qualitative data, thematic areas shall be identified and analyzed into word clouds and/or analyzed quantitatively to determine distributions on the various thematic areas identified. For impact and outcomes indicators, a much more in-depth analysis will be conducted during outcome harvesting and impact evaluation, after the strategic plan has been implemented to completion. The nutrition information analysis will be complemented by more complex analyses that provide estimates of the burden of malnutrition, nutrition service coverage, trends in nutrition indicators, and performance. This will be validated by the SCFN at States with NGF support and NCFN at National level. This activity would require the support of partners, academia, CSO and other stakeholders with the need for engagement of experts where necessary.

#### **4.4.3. Data storage**

This is to institutional memory with a backup of the system either on a physical location or cloud. The data is to be stored on the Dashboard with the NCFN secretariat which would be linked by SCFN at the states and FCT with support from NGF. This information shall be reflected in the multisectoral national nutrition information system.

#### **4.5. Progress Review Reporting**

The progress review shall consist of both quarterly and annual reporting and shall be developed across all levels. MDAs will be required to adopt a reporting template with adjustments on peculiarities based on their mandate. The information generated will be disseminated through technical forums and meetings, bulletins, quarterly and annual reports and the nutrition website through the use of relevant infographics. The main outputs of the information generated from the M&E system will be shared quarterly and annually and shall also be disseminated to all stakeholders.

The Quarterly Strategic Plan Performance Review Report will review data for the indicators being reported quarterly, reporting on the performance based on these indicators for each of the Strategic Objectives. The report will also be presented during the N/SCFN quarterly meetings. The Annual Strategic Plan Performance Review Report will highlight the performance in line with the set Strategic Objectives and compares the performance to the set targets and the achievements from previous years. Lessons learnt and recommendations will be documented in the report.

This will be done in line with national data analysis standards to enhance the credibility of the results for users which include government, non-government stakeholders, development partners, civil societies etc. This will be by comparing achievements against the targets in the Annual Work Plan, and NMPFAN 2021-2025 and also compare achievement with international standards and thresholds.

#### **4.6. Dissemination plan**

The implementation of NMPFAN will demonstrate accountability to beneficiaries and stakeholders through generation of regular updates and reports on the progress of implementation.

The proposed M&E platform shall develop dashboards that will give at-a-glance view of the Key Performance Indicators and channels for dissemination will include but not be limited to, publication of evaluation report and annual reports on the website and portal, dissemination to staff through staff emails as well as in forums for presentations such as opportunity to present such updates at existing platforms such as NCFN/SCFN and National Council on Nutrition (NCN).

#### **4.7 Funding of the M&E system**

The funding of the M&E system will come from the relevant ministries and agencies at national and sub-national and partners. To ensure successful monitoring and evaluation of

activities, specific percentage of the total budget or any other partner project shall be allocated to monitoring and evaluation activities. This should be emphasized in all proposals/planning and budgeting as a requirement for production of data collection tools, trainings, improvement of computer hardware, development of software for nutrition database, communication and supportive supervision to give on the job technical assistance.

To ensure implementation of this requirement, a clause on this condition will be included in any agreement that will be sign with partners. This will also take advantage of the existing periodic surveys and systems e.g. MICS, NNHS, NDHS, Health facility Assessment survey to include specific programme indicators as defined through the M&E framework.

#### **4.8. Roles and Responsibilities of Key Actors**

The NMPFAN already identified the key actors and activities they are to carry out in the implementation of the plan with their responsibilities also clearly stated in this M&E framework for nutrition improvement.

The successful implementation of the M&E framework will be led by the Ministry of Finance Budget and National Planning in collaboration with the relevant MDAs, development partners and stakeholders at all levels with guidance by Technical Advisory Group of NCN.

The key implementers include Government Ministries, Departments and Agencies (MDA); States and Local Government Authorities (LGAs); Development Partners; NGOs, the Private Sector; Civil Society Organisations (CSO) including NGOs and Faith-Based Organizations (FBO); the Private Sector.

##### **4.8.1 Role of Delivery Unit**

- The Delivery Unit in the VP office is to House nutrition information dashboard for the NCN
- To provide overall technical coordination and leadership and management of the Nutrition information system dashboard.
- To support the multisectoral response to nutrition and ensuring that Nutrition is adequately mainstreamed in policies and strategies of the key stakeholders
- Connecting various stakeholders around nutrition to share and learn from the experience of others

##### **4.8.2 Role of TAG**

- To develop the M&E framework on the implementation of NMPFAN
- To develop standards and guidelines for M&E of nutrition project and programmes in the country.
- To be involve in the critical development of the capacity of MDAs at national and state levels on the implementation of M&E system.
- To support accountability and learning based on the outcome of implementation of M&E framework in order to enhance evidence-based decision making for corrective actions.

- Development of M&E implementation plan and operational manual
- Dissemination of M&E Framework to all stakeholders through MFBNP
- To facilitate utilization of the reports from M&E systems and research to guide programme interventions and decision making
- To support and guide in the designing/strengthening of an effective multisectoral NIS.
- To support capacity building for NIS systems
- Support development of existing and new indicators for monitoring and evaluating the progress and impact at all levels (national, state and local)
- Support measurement and operationalization of new and existing indicators
- To provide technical advice/guidance and ensuring quality control for monitoring and evaluation activities related to nutrition program
- Help facilitate exchange of concrete suggestions to improve M&E efforts and build capacity for broad participation in the monitoring and evaluation process;
- Periodically review progress and provide feedback to NCN

#### **4.8.3 Role of implementers MDAs**

- The report on the implementation of their nutrition interventions in the context of the NMPFAN is to be made to NCN through FMFBNP.
- The implementers will be reporting through relevant Monitoring System on programmatic activities.
- Where an implementer is responsible for a particular programme/ project will coordinate the implementation of the M&E framework using the required standard tools, capacity building, quality control in the system and management of the data in collaboration with FMFBNP and DU/TAG.

#### ***The implementer MDAs will be responsible for:***

- Monitoring and evaluating their activities
- Using existing systems/developing M&E sub systems that utilize existing structures at all levels of NIS
- Mainstreaming M&E for nutrition in their M&E systems
- Utilization of the data collected for decision making within the institution
- Submit reports to FMFBNP for all nutrition programmes/activities which they are implementing
- The role of line ministries and agencies will be to monitor nutrition related indicators and activities within their sector especially monitoring interventions that require multi-sector approach.
- The agencies will also be important in information sharing of nutrition related data and information in their interventions.

#### **4.8.4 Nigeria Governors Forum**

- Promote the establishment of M&E Unit in the line MDAs and support its operationalization
- Develop a coherent and comprehensive structure for institutionalizing the Monitoring and Evaluation system/framework in MDAs

- Ensure mainstreaming M&E for nutrition in the states M&E systems
- Develop comprehensive reporting templates for MDAs
- Develop a comprehensive M&E manual that would include guidelines for successful implementation of the M&E system.
- The manual should clearly specify standard operating procedures for data collection, collation, aggregation, reporting and analysis.
- Utilization of the data collected for decision making within the states
- MDAs to submit reports to SCFN for all nutrition programmes/activities which they are implementing
- MDAs to monitor nutrition related indicators and activities within their sector
- Ensure adequate capacity development through trainings is done for those who would manage the M&E system
- Organize workshop to disseminate the outputs to state executive councils

#### **4.8.5 Scaling Up Nutrition Networks (SUN)**

- The importance of a concerted approach is now widely accepted to address the threat that malnutrition poses to health and future development of children. The Movement's theory of change to achieve results is when multiple stakeholders from multiple sectors and at multiple levels work together, in a country-led force.
- The Movement will support effective partnerships that can lead to progress in spending and implementation and contribute to results and impact. Therefore, the SUN Movement will support efforts to define a system that would provide access to data and information for different purposes and audiences in the country.
- To collate reports from its networks and contribute to assessing progress towards the Sustainable Development Goals in country without hunger and malnutrition which requires alignment with globally agreed monitoring frameworks and initiatives for achieving results and impact.
- The information obtained including financial tracking, surveys and stakeholder mapping and reports will be fed as country data into the database managed by the SUN Movement Secretariat, thereby enable the SUN Movement to track changes and allow for comparability with other countries.

#### **4.8.6 Role of Development Partners Group**

- The role of development partners is crucial to developing and supporting the National M&E Framework and the subsequent strengthening of the M&E systems.
- They will be expected to provide substantive technical and financial support to ensure that the systems are functional.
- They are expected to ensure that their reporting requirements and formats are in line with the indicators outlined in the M&E framework.
- They are to synchronize efforts with existing development partners and stakeholder efforts based on an agreed upon one country-level M&E system.
- In addition, they will utilize reports from M&E in decision making, advocacy and engaging with other partners for resource mobilization.
- To ensure that their reporting requirements and formats are in line with the indicators



outlined in the M&E framework.

- There is need for collaboration among the stakeholders and reports obtained utilize in decision making, advocacy and engagement for resource mobilization
- They will play active role in the development and management of a multi-sectoral nutrition information dashboard

#### **4.8.7 Civil Society Organizations (CSO)**

- Take actions to make nutrition a priority in the national agenda and getting nutrition included in long-term national frameworks and strategies
- Ensure adequate Government policies and structures for nutrition, are in place for effective coordination of nutrition across Ministries
- Engage in nutrition planning, as part of multi-sectoral nutrition structures that can serve as a basis for mutual accountability on action plans and agreements
- Budget analysis and advocacy to ensure adequate resource allocation for nutrition
- Nutrition planning at the sub-national level is also essential and participating in multi-sectoral planning structures responsible for overseeing planning, budgeting and delivery
- In collaboration with the DPG and NGF tracking expenditure at national and sub national levels, to review how funds in the budget were actually allocated, disbursed and spent
- Support of development performance management tools, such as community scorecards, social auditing, or consensus-based monitoring
- Promoting the accountability of the private sector, within national laws and regulations (such as codes on breast milk substitute marketing)
- Promoting accountability of donors and other actors
- Support community mobilization and implementation of nutrition interventions up to household level
- Support capacity development for implementation of the M&E framework;
- Align their nutritional plans with the Government plans at the respective level within the context of the NMPFAN.
- Regular civil society reports on progress in nutrition to be submitted to SUNN

#### **4.8.8 Private Sector Institutions**

- The organized private sector will partner with Government and other stakeholders in the provision of nutrition relevant services at all levels in the implementation of the NMPFAN
- The organized private sector is crucial to the implementation and supporting the M&E framework and subsequent strengthening of the M&E systems.
- To provide substantive technical and financial support to ensure that the systems are functional.
- Increase investments in production, processing, storage and marketing of high-value nutritious and healthy products and provision of essential basic social services (food, health, water, sanitation and hygiene) for nutrition improvement;
- Integrate nutritional support in corporate social responsibility plans and activities;
- Make available appropriate technologies for nutrition improvement including for advocacy, creation of public awareness and for tracking progress



- Initiate and improve workplace nutrition programmes for their labour force
- Ensure compliance with all national laws, regulations, guidelines and international protocols for protection of consumer rights, health and the environment.

#### **4.8.9 Nutrition Society of Nigeria**

- Nutrition Society of Nigeria will promote the NMPFAN among their members
- Provide professional guidance in nutrition
- Set professional standards and participate in the development of nutrition curricula for pre-service, in-service and continuing education
- Supporting outreach activities on nutrition in communities
- Active involvement in the implementation of the M&E framework
- Conduct operation research to address gaps on the implementation of the NMPFAN

#### **4.8.10 Academia**

- Participate in monitoring and evaluation of food and nutrition interventions in the country
- Mobilise funding for research in nutrition, undertaking research and dissemination of research findings to stakeholders
- Provide technical advice and consultancy on implementation of the NMPFAN
- Analysis of data and preparation of national M&E reports
- Strengthen data, research and innovation to accelerate implementation
- Standardization of measures, mode of data collection, data harmonization for comparability
- Data analysis across all indicators and guidance for decision making and capacity building in these areas at the country level;
- Providing concrete suggestions for framing and designing monitoring and evaluation work
- Identify new advances in relevant research fields, particularly as they pertain to evaluation of impact of nutrition interventions.

## REFERENCES

- Akwa Ibom State Multisectoral Strategic Plan of Action for Food And Nutrition 2019-2023  
Health Sector Component Of National Food And Nutrition Policy National Strategic Plan  
Of Action For Nutrition (2014 - 2019) May 2014
- International Health Regulations (2005) IHR Monitoring And Evaluation Framework:  
Geneva: World Health Organization; 2018. License: CC BY-NC-SA 3.0 IGO
- Kaduna State Multi-Sectoral Strategic Plan of Action For Food And Nutrition (KDMSPAN)  
2020 - 2024
- Kano State Multisectoral Strategic Plan of Action For Food And Nutrition (KN-MSPAN)
- Lagos State Multisectoral Strategic Plan of Action For Food And Nutrition (LSMSPAN)  
Monitoring & Evaluation Framework (Final draft) SUN Movement 10 April 2013
- Monitoring and Evaluation Framework For Continuing Professional Development 2012
- Nasarawa State Multisectoral Strategic Plan of Action For Food And Nutrition (NSMPfN)
- National Multi-Sectoral Plan of Action For Food And Nutrition (NMPFAN) 2021 - 2025  
The Federal Government Of Nigeria
- National Nutrition Monitoring and Evaluation Framework National Nutrition Monitoring  
and Evaluation Framework 2013 Ministry of Health
- Niger state Multisectoral Strategic Plan of Action For Food And Nutrition (NSMPAFN)
- OPERATIONALIZATION OF THE M&E FRAMEWORK Report Title: Monitoring and  
Evaluation Framework 2019 - 2021 Report Author(s): African Population and Health  
Research Center Published by: African Population and Health Research Center (2020)  
Stable URL: <https://www.jstor.org/stable/resrep26373.8>
- United Republic of Tanzania (2016): National Multisectoral Nutrition Action Plan  
(NMNAP) for the period July 2016 - June 2021

**APPENDIX I: RESULT FRAMEWORK FOR MONITORING AND EVALUATION OF NMPFAN 2021 - 2025 BY STRATEGIC OBJECTIVES WITH PROGRAMME INDICATORS**

<b>Strategic Objectives</b>	<b>Intermediate Result</b>	<b>Output</b>	<b>Indicators</b>	<b>Data source</b>	<b>Frequency</b>	<b>Responsible MDA</b>
<b>SO1: REDUCED HUNGER AT HOUSEHOLD LEVEL</b>	IR 1.1: Increased availability of Nutritious food	IR 1.1.1: Cooperative farmers groups formed and empowered	Number of Cooperatives farmers groups formed and empowered	Activity reports	Quarterly/ Annually	FMARD/SMARD
			Number of specialized agriculture-based programmes for youth and women	Activity reports	Annually	FMARD/SMARD
			Percentage increase in women with access to land for agricultural activities	Activity reports	Annually	FMARD/SMARD
		IR 1.1.2: Commercial farms established	Number of commercial farms established	Activity reports	Annually	FMARD/SMARD
			Number of small-holder women farmers supported in integrated farming	Activity reports	Annually	FMARD/SMARD
			Number of prison farms established per geopolitical zone	Activity reports	Annually	FMARD/SMARD

			Increase in hectareage of land under cultivation of crops, livestock farming and fisheries	Activity reports	Annually	FMARD/SMARD
	IR 1.1.3: Farmers receive starter packs for farming	Number of farmers that receive starter packs for fruits and vegetable farming (and yield)	Activity reports	Annually	FMARD/SMARD	
		Number of vulnerable women farmers supported of starters pack of sheep/goats	Activity reports	Annually	FMARD/SMARD	
		Number of women farmers that received starter packs of smoking Kilns	Activity reports	Annually	FMARD/SMARD	
	IR 1.1.4: Improved planting materials of staple crops distributed to farmers	Number of Improved planting materials of staple crops distributed to farmers	Activity reports	Annually	FMARD/SMARD	
	IR 1.1.5: Rural roads rehabilitated and new roads constructed	Number of Rural Roads rehabilitated and new roads constructed.	Activity reports	Annually	FMoWHP/ADP	
	IR 1.1.6: Warehouse receipt systems established	Number of functional storage facility (s) established	Activity reports	Annually	FMARD/SMARD	



			environmentally friendly agricultural technologies		Number of farmers supported to diversify into production of drought-resistant crops and raising of animals tolerant to heat stress at household and community levels.	Activity reports	Annually	FMARD/SMARD
				IR 1.1.10: Improved varieties of micronutrient rich foods cultivated	Proportion of micronutrients rich food cultivated	Activity reports	Annually	SMOI/Organized Private Sector
					Number of new food vehicle identified	Activity reports	Annually	NAFDAC
				IR 1.1.11: Increased fruit and vegetable production	Percentage increase in fruit and vegetable production	Activity reports	Annually	FMARD/SMARD
				IR 1.1.12: Improved crops produced	Tonnes of improved crops produced	Activity reports	Annually	FMARD/SMARD
				IR 1.1.13: Reduced food import	Percentage reduction in food import	Activity reports	Annually	FMOIA
			IR 1.2: Increased access to Nutritious Food	IR 1.2.1: Increased number of staple crops covered by legislative extension on fortification	Number of staple crops covered by legislative extension	Activity reports	Annually	SON





			bags					
			Percentage reduction in post-harvest food loss		Activity reports	Annually	FMARD/SMARD	
			Number of households and communities adopting post-harvest handling and storage technologies		Activity reports	Annually	FMARD/SMARD	
		IR 1.2.6: Cost of healthy diets reduced	Percentage reduction in cost of healthy diets		Activity reports	Annually	FMARD/SMARD	
	IR 1.3: Increased utilization of nutritious food at Household level	IR 1.3.1: Households consuming micronutrients rich foods increased	Number of households consuming micronutrients rich foods		Activity reports	Annually	SMOI/OPS	
		IR 1.3.2: Food handlers sensitized on safe, quality and hygienic food	Developed Quality and Safety guidelines for food handlers/food operators printed and disseminated		Activity reports	Annually	FMOH/SMOH	
			Number of food handlers sensitized on safe, quality and hygienic food including women groups		Activity reports	Annually	FMOH/SMOH	

				Number of food handlers and eateries licensed	Activity reports	Annually	NAFDAC/SMOLG
		IR 1.3.3: Households cultivating functional foods and under-utilized crops increased		Number of households cultivating functional foods and under-utilized crops	Activity reports	Annually	FMARD/SMARD
		IR 1.3.4: Women dietary diversity achieved		Percentage increase in women dietary diversity score	Activity reports	Annually	FMARD/SMARD

Strategic Objectives	Intermediate Result	Output	Indicators	Data source	Frequency	Responsible MDA
<b>SO 2: INCREASED ACCESS AND UTILIZATION OF CAREGIVERS TO NUTRITION SERVICES</b>	IR 2.1: Availability of Nutritious services / products / commodities	IR 2.1.1: Zinc, Oral Rehydration Solution (ORS) and de-worming tablets procured and distributed	Number of Cartons of Zinc supplement procured	Activity reports	Annually	NPHCDA/SPHCDA
			Number cartons of ORS procured	Activity reports	Annually	NPHCDA/SPHCDA
			Number of cartons of deworming tablets procured.	Activity reports	Annually	NPHCDA/SPHCDA
			Percentage of procured cartons of zinc distributed to health facilities.	Activity reports	Annually	NPHCDA/SPHCDA

			Percentage of procured cartons of ORS distributed to health facilities.	Activity reports	Annually	NPHCDA/SPHCDA
			Percentage of cartons of deworming tablet distributed to health facilities.	Activity reports	Annually	NPHCDA/SPHCDA
	IR 2.1.2: Health facilities carrying out nutrition counselling during Antenatal care (ANC)		Number of Health facilities offering nutrition counselling during 1 <sup>st</sup> and 4 <sup>th</sup> ANC visits	Activity reports	Annually	NPHCDA/SPHCDA
			Number of Health facilities offering nutrition counselling during post-natal visits	Activity reports	Annually	NPHCDA/SPHCDA
	IR 2.1.3: Producers committed to local production of RUTF and premixes		Number of local manufacturers producing RUTF	Activity reports	Annually	FMITI
			Number of Cartons of RUTF produced locally	Activity reports	Annually	FMITI
			Number of local manufacturers producing premixes	Activity reports	Annually	FMITI
			Number of cartons of Premixes produced locally	Activity reports	Annually	FMITI



IR 2.2: Resources made available	IR 2.2.1: IEC Materials on Micronutrient rich foods produced and distributed	Number of IEC materials on micronutrient rich foods developed.	Activity reports	Annually	SPHCDA/OPS
		Number of IEC materials on Micronutrient rich foods produced.	Activity reports	Annually	SPHCDA/OPS
		Number of IEC materials on micronutrient rich foods distributed.	Activity reports	Annually	SPHCDA/OPS
	IR 2.2.2: Health facilities have required growth monitoring equipment	Number of Health facilities having growth monitoring equipment	Activity reports	Annually	NPHCDA/SPHCDA
		IR 2.2.3: Community level action on nutritional care of vulnerable groups and utilization of PHC services encouraged	Number of C-IYCF meetings held on nutritional care of vulnerable group	Activity reports	Annually
		Proportion of the caregivers using the PHC services	Activity reports	Annually	FMWASD/SPHCDA
		Number of states implementing reviewed minimum standards SOPs (Nutrition and Health) for early-child care centers (ECCC)	Activity reports	Annually	FME/FMoH/SMOE /SMOH

		Percentage of household consuming iodized salt	Activity reports	Annually	FME/NBS/SMOE
IR 2.2.4: C-IYCF groups/centres established		Number of communities with established C-IYCN Centres	Activity reports	Annually	NPHCDA/FMoH/SPHCDA
		Number of C-IYCN groups in a community	Activity reports	Annually	NPHCDA/FMoH/SPHCDA
IR 2.2.5: Health facilities have functional nutrition corners		Number of Health facilities with functional nutrition corners	Activity reports	Annually	NPHCDA/SPHCDA
IR 2.2.6: Workplaces with Creches increased		Number of private workplaces with Creches	Activity reports	Annually	FMWASD/SMOWA
		Number of public workplaces with Creches	Activity reports	Annually	FMWASD/SMOWA
IR 2.2.7: Health facilities provide IEC materials on baby friendly initiative in all health facilities and delivery maternities		Number of health facilities providing IEC materials on Baby Friendly Initiative	Activity reports	Annually	NPHCDA/SPHCDA
		Number of delivery maternities providing IEC materials on Baby Friendly Initiative	Activity reports	Annually	NPHCDA/SPHCDA





		<p>IR 2.3.2: Capacity building programmes to promote program implementation and service delivery for Nutritionists organized</p>	<p>Number of trainings conducted for nutritionists to promote program implementation and service delivery.</p> <p>Reviewed and published nutrition education and training in the curricula of early child care, primary and secondary schools</p> <p>Number of teachers trained to strengthen on the establishment of school farms and garden</p> <p>Number of Agric Extension Officers trained on improved techniques in nutrition integrated crop and animal production, improved techniques on micronutrient rich products along the entire agricultural</p>	<p>Training reports</p> <p>Published curricular</p> <p>Training reports</p> <p>Training reports</p>	<p>Annually</p> <p>Annually</p> <p>Annually</p> <p>Annually</p>	<p>NSN</p> <p>SMOE</p> <p>FMARD/SMOE</p> <p>FMARD/SMOE</p>
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			value chain and environmentally friendly agricultural technologies		Activity reports	Annually	NAFDAC/SMOE
	IR 2.3.3: Health workers trained in enforcing the provisions of International Code of Marketing of Breastmilk Substitutes (BMS)	Number of Health workers trained on the provisions of International Code of Marketing of Breastmilk Substitutes (BMS)		Activity reports	Annually	FMWASD/SMOWA	
	IR 2.3.4: Community awareness on Girl Child Education, End Child Marriage and adolescent nutrition and health related practices promoted	Number Community awareness programs on Girl Child Education and End Child Marriage		Activity reports	Annually	FMWASD/SMOWA	
	IR 2.3.5: Health workers trained to improve ANC attendance	Number of activities conducted for promotion of adolescent nutrition and health related practices		Activity reports	Annually	NPHCDA/SPHCDA	
	IR 2.4.1: Health facilities with growth monitoring records of children monitored	Number of Health workers trained to improve ANC attendance		Activity reports	Annually	NPHCDA/SPHCDA	
IR 2.4 Improved quality of service provided							



Strategic Objectives	Intermediate Result	Output	Indicators	Data source	Frequency	Responsible MDA	
<b>SO 3: REDUCED MORBIDITY AND MORTALITY ASSOCIATED WITH MALNUTRITION</b>	IR 3.1: Increased capacity in management of acute malnutrition	IR 3.1.1: Functional CMAM sites established	Total Number of CMAM sites established	Activity reports	Annually	NPHCDA/SPHCDA	
		IR 3.1.2: Community volunteers trained	Number of Functional CMAM sites	Activity reports	Annually	NPHCDA/SPHCDA	
	IR 3.2: Improved management of childhood diseases	IR 3.1.3: Health care workers trained on treatment of SAM cases	IR 3.1.3: Health care workers trained on treatment of SAM cases	Number of Community Volunteers trained on management of acute malnutrition	Activity reports	Annually	NPHCDA/SPHCDA
			IR 3.1.4: Health care workers trained on treatment of MAM cases	Number of Health care workers trained on treatment of SAM cases	Activity reports	Annually	NPHCDA/SPHCDA
			IR 3.2.1: Listed health care commodities distributed in health facilities	Number of Healthcare workers trained on management of MAM cases	Activity reports	Annually	NPHCDA/SPHCDA
	IR 3.2: Improved management of childhood diseases	IR 3.2.2: SAM children 6-59 months with	IR 3.2.1: Listed health care commodities distributed in health facilities	Number of health care commodities distributed in health facilities	Quarterly reports	Annually	NPHCDA/SPHCDA
			IR 3.2.2: SAM children 6-59 months with	Percentage of SAM children 6-59 months with	Quarterly reports	Annually	NPHCDA/SPHCDA

				diarrhoea treated	diarrhoea treated				
				IR 3.2.3: Children dewormed	Percentage of children dewormed	Quarterly reports	Annually		NPHCDA/SPHCDA
				IR 3.2.4: Community Led Total Sanitation triggered in Communities	Number of communities triggered on Community Led Total Sanitation	Activity reports	Annually		FMWR/FMoH/SMOWR
					Number of PHC with water supply to enhance sanitation and hygiene	Activity reports	Annually		FMWR/FMoH/SMOWR
				IR 3.3.1: Nutrition and lifestyle education materials developed, produced and distributed	Number of Nutrition and lifestyle education materials developed	Activity reports	Annually		FMOH/SMOH/SMOI
					Number of Nutrition and lifestyle education materials produced	Activity reports	Annually		FMOH/SMOH/SMOI
					Number of Nutrition and lifestyle education materials distributed	Activity reports	Annually		FMOH/SMOH/SMOI
			IR 3.3: Increased awareness on Diet Related Noncommunicable Diseases (DRNCD)						







			disseminated					
	IR 3.4.2: Jingles on nutrition and key household practices aired in electronic media	Number of jingles on nutrition and key household practices aired in electronic media	Training reports	Annually				FMIC/SCFN/NOA
	IR 3.4.3: Nutrition and key household practices published in newspapers	Number of Nutrition and key household practices published in newspapers	Training reports	Annually				FMIC/SCFN/NOA
	IR 3.4.4: Key messages targeted at adolescents, pregnant women and caregivers on nutrition and key household practices developed and distributed	Number of Key messages targeted at adolescents, pregnant women and caregivers on nutrition and key household practices developed	Activity reports	Annually				FMIC/FMoH/SPHCDA/NOA
		Number of Key messages targeted at adolescents, pregnant women and caregivers on nutrition and key household practices distributed	Activity reports	Annually				FMIC/FMoH/SPHCDA/NOA



Strategic Objectives	Intermediate Result	Output	Indicators	Data source	Frequency	Responsible MDA	
<b>SO 4: REDUCED NUMBER OF HOUSEHOLDS WITH POVERTY INDEX</b>	IR 4.1: Increased equitable access to resources leading to increased household income	IR 4.1.1: Affected population enrolled in Conditional Cash Transfer (CCT)	Number of persons enrolled in CCT	Training reports	Annually	NASSCO/NCTO	
		IR 4.1.2: Affected population benefiting from food ration or supplements	Number of individuals that benefit from food ration and supplement	Activity reports	Annually	NEMA/SEMA	
				Quantity of complementary food packages procured and distributed in emergency	Activity reports	Annually	SMOH
				Number nutrition in emergency affected children with moderate acute malnutrition (MAM) that received complementary food packages	Activity reports	Annually	SMOH
				Number of functional water supply systems interventions in	Activity reports	Annually	FMWR/SMOWR

		emergency settings and rural areas		Activity reports	Annually	FMWR/SMOWR
		Number of functional sanitation and hygiene facilities constructed in IDPs camps, public places and institutions		Annual reports	Annually	FMARD/FMOH/NEMA/SEMA/SMART
	IR 4.1.3: Coordinating platform for early warning mechanisms to cope with food emergencies at community level established	Number of functional coordinating platform for early warning mechanisms to cope with food emergencies at community level		Annual reports	Annually	FMARD/FMITI/SMART
	IR 4.1.4: Women farmers' cooperative groups established	Number of women farmers' cooperative groups established		Activity reports	Annually	MFBNP/SMART
	IR 4.1.5: Women accessed micro-credit	Number of women that accessed micro-credit		Activity reports	Annually	FMARD/FMITI/SMART
	IR 4.1.6: Farmers' cooperative groups received grants	Number of farmers' cooperative groups that received grants		Activity reports	Annually	FMARD/FMITI/SMART

	<p>IR 4.1.7: Surveillance system in place in the Ministries of Agric and Health</p>	<p>Number of functional Surveillance system in place in the Ministries of Agric and Health</p>	<p>Activity reports</p>	<p>Annually</p>	<p>FMARD/FMOH/SMARD /SMOH</p>
	<p>IR 4.1.8: Early warning mechanisms disseminated to MDAs/Communities</p>	<p>Number of early warning mechanisms disseminated to MDAs/Communities</p>	<p>Activity reports</p>	<p>Annually</p>	<p>FMARD/FMOH/SMARD/SMOH</p>
	<p>IR 4.1.9: Emergency managers trained on mainstreaming Nutrition in Feeding programmes</p>	<p>Number of emergency managers trained on mainstreaming Nutrition in Feeding programmes</p>	<p>Activity reports</p>	<p>Annually</p>	<p>FMOH/SMOH</p>

Strategic Objectives	Intermediate Result	Output	Indicators	Data source	Frequency	Responsible MDA	
<b>SO 5: INCREASED NUTRITION KNOWLEDGE AND PRACTICE</b>	IR 5.1: Increased medium of disseminating nutrition information to the public	IR 5.1.1: Dissemination programmes on food processing and preservation organised	Number of participants at the Programme	Activity reports	Annually	FMST/SMIARD	
			Percentage of programme pretest and post test	Activity reports	Annually	FMST/SMIARD	
		IR 5.1.2: Media houses aired Food safety and hygiene messages	IR 5.1.2: Media houses aired Food safety and hygiene messages	Number of media houses that aired jingles on food safety and hygiene messages	Activity reports	Annually	FMIC/SMOI
				Number of rushes newspaper advert produced	Activity reports	Annually	FMIC/SMOI
				Number of TV and Radio advert produced	Activity reports	Annually	FMIC/SMOI
				Number of TV and Radio documentary produced	Activity reports	Annually	FMIC/SMOI
				Number of individuals that receive the messages	Activity reports	Annually	FMIC/SMOI
				Number of traditional rulers with nutrition knowledge	Activity reports	Annually	MFBN/SPC
		IR 5.1.3: Traditional and religious leaders reached with knowledge on nutrition issues at	IR 5.1.3: Traditional and religious leaders reached with knowledge on nutrition issues at	Number of Religious leaders Mobilized	Activity reports	Annually	MFBNP/SPC





		Report of Nutrition weeks commemorated	Activity reports	Annually	MFBNP
IR 5.1.7: Annual review meeting of SCFN with NCFN held		Number of LGFN Quarterly meeting held by state	Activity reports	Annually	SPC
		Number of SCFN review meetings held in the year	Activity reports	Annually	SPC
		Number of NCFN Review meetings held	Activity reports	Annually	MFBNP
IR 5.1.8: Mid and Endline Review of implementation of the National Multisectoral Plan of Action organised		Number of participants at annual review meeting	Activity reports	Annually	MFBNP
		Report of annual review meeting	Activity reports	Annually	MFBNP
		Number of monitoring on food and nutrition activities in collaboration with partners and the private sector at all levels	Activity reports	Annually	MFBNP/DU/NCFN/SCFN /LGFN
		Number of Review meetings for the implementation of NMPFAN held	Activity reports	Annually	MFBNP/SCFN
		Number of participants that attended	Activity reports	Annually	MFBNP/SCFN
IR 5.1.9: Annual National		Report of Mid and Endline review meeting	Activity reports	Annually	MFBNP/SCFN
		Number of participants at the NNN meeting	Activity reports	Annually	MFBNP



				Number of documentaries, features/supplementary on nutrition matters	Activity reports	Annually	FMIC/SMOI
		IR 5.2.3: Regular monitoring and inspection of restaurants, eateries and food vendors conducted by LGAs		Number of monitoring and inspection carried out to access level of implementation of nutrition practice by food vendors	Activity reports	Annually	SMOH/MOLG
		IR 5.2.4: Restaurants and eateries monitored and inspected		Number of restaurants, eateries, bakeries and food vendors visited to access level of implementation of nutrition compliance include food preparation/wastes management	Activity reports	Annually	SMOH/MOLG
	IR 5.3: Improved information on locally available diets	IR 5.3.1: Locally available diets standardized through research grants		Number of locally available diets standardized through research grants	Activity reports	Annually	FMARD/SPC
		IR 5.3.2: Research findings published in a user-friendly platform		Number of research findings published in a user-friendly platform	Activity reports	Annually	FMARD/SMARD/SPC
		IR 5.3.3: Reviewed Food Based Dietary		Number of copies of reviewed Food Based Dietary Guidelines for	Activity reports	Annually	FMoH/SMARD

			healthy living published and disseminated	Guidelines for healthy living published and disseminated				
			IR 5.3.4: Safe practices on pesticide utilization for food stuff preservation promoted	IR 5.3.4: Safe practices on pesticide utilization for food stuff preservation promoted	Number of dissemination programmes on food processing and preservation held	Activity reports	Annually	NAFDAC/FMARD/SMARD
			IR 5.4: Increased practice of good dietary habits by the public	IR 5.4.1: National Food Consumption and Nutrition Survey conducted	Number of LGAs reached	Activity reports	Annually	NAFDAC/FMARD/SMARD
				IR 5.4.2: Reviewed food composition table	Report of the National Food Consumption and Nutrition survey produced and published	Activity reports	Annually	FMARD
				IR 5.4.3: Under-utilized crops integrated into the food system	Number of copies of reviewed food composition table published and disseminated	Activity reports	Annually	ARCN/NUC/Research Institutes
				IR 5.4.4: Messages and jingles produced and aired on under-utilized crops	Number of under-utilized crops integrated into the food system.	Activity reports	Annually	FMARD
					Number of messages and jingles produce and aired on under-utilized crops	Activity reports	Annually	FMARD/SMARD

		IR 5.4.5: Dietary diversification through the consumption of locally produced staples promoted	Number of campaigns to promote dietary diversification through the consumption of locally produced staples	Activity reports	Annually	FMARD/SMART/SPHCDA
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Strategic Objectives	Intermediate Result	Output	Indicators	Data source	Frequency	Responsible MDA
<b>SO 6: INCREASED ALLOCATION AND UTILIZATION OF FUNDING FOR NUTRITION</b>	IR 6.1: Increased nutrition funding by Government and Partners	IR 6.1.1: Budget tracked by MDAs	Domesticated policy and plan disseminated	Printed policy and plan	Annually	MFBNP/SPC
		IR 6.1.2: Budget tracked by Development partners	Number of MDAs tracking budget	Activity reports	Annually	MFBNP/SPC
		IR 6.1.3: Public, private and bi & multi-lateral partners investments in nutrition	Number of Development partners tracking budget	Activity reports	Annually	MFBNP/SPC
		IR 6.1.4: Budget allocated to nutrition increased	Percentage increase in public, private and bi & multi-lateral partners investments in nutrition	Activity reports	Annually	MFBNP/SPC

	IR 6.2: Budget lines for nutrition in MDAs created	IR 6.2.1: Nutrition desk officers trained by MDA/State and LGAs on Nutrition Programming, resource mobilization and allocation	Number of nutrition desk officers trained by MDA/State and LGAs on Nutrition Programming, resource mobilization and allocation	Training reports	Annually	MFBNP/SPC
		IR 6.2.2: MDAs have budget line for nutrition	Number of MDAs that have budget line for nutrition	Activity reports	Annually	MFBNP/SPC
	IR 6.3: Increased funding releases for Nutrition	IR 6.3.1: Fund releases for nutrition increased	Percentage increase on fund releases for nutrition	Activity reports	Annually	MFBNP/SPC
	IR 6.4: Increased MDAs with established Nutrition departments	IR 6.4.1: MDAs have Nutrition Department	Number of MDAs that have Nutrition Department	Activity reports	Annually	MFBNP/SPC
		IR 6.4.2: MDAs developed and incorporated nutrition objectives into their Policies, Plans and Programmes	Number of MDAs that have developed and incorporated nutrition objectives into their Policies, Plans and Programmes	Activity reports	Annually	MFBNP/SPC
			Number of skilled and qualified nutritionists employed relevant MDAs	Activity reports	Annually	HoS/SPC/SMOH



IR 6.5: Established multisectoral nutrition portal (NIS)	IR 6.5.1: Multisectoral Nutrition Dashboard for Nigeria and states	Multisectoral Nutrition Dashboard developed and hosted	Activity reports	Annually	DU/NBS/MFBNP
		Number of MDAs and States that are linked to Multisectoral Nutrition Dashboard developed and hosted	Activity reports	Annually	DU/NBS/MFBNP
	IR 6.5.2: Tools for the collection of core Nutrition Data in partnership with key stakeholders developed	Number of collection tools for core Nutrition Data developed in partnership with key stakeholders	Activity reports	Annually	DU/NBS/MFBNP
	IR 6.5.3: Capacity of Nutrition implementers at all levels on the use and management of level appropriate Nutrition Dashboard built	Number of State, LGAs and Community Based Agencies and Organizations and other stakeholders in the planning and implementation of food and nutrition programmes and activities	Activity reports	Annually	SPC

				Number of Nutrition implementers trained at all levels on the use and management of level appropriate Nutrition Dashboard built	Activity reports	Annually	DU/NBS/MFBNP
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## APPENDIX II: M&E INDICATOR COMPENDIUM

Indicator	Numerator/ denominator	Measurement/ calculation	Source documents	Frequency of data collectionc
Percentage of under-five children who are underweight	Number of children under the age of 5 years attending PHC Center with weight for age below -2 SD	No. Underweight/Total weighed in PHC *100	FMOH, NPHCDA, HMIS, PHC, SPHCDA, SPHCB	Monthly
	Total number of children under 5 years weighed at the PHC			
Proportion of children under-fives who are stunted	Number of children under the age of 5 years attending PHC with height for age below -2 SD	No. under- 5s with below -2 SD height for age in PHC/total under-5s weighed in PHC *100	FMOH, NPHCDA, HMIS, PHC, SPHCDA, SPHCB	Monthly
	Total number of children under 5 years attending PHC measured			
Percentage of children under the age of five years who are wasted	Number of under five-year old children attending the PHC whose weight-for-height Z-score is below -2SD	Number of under five year old children attending the PHC whose weight-for-height Z-score is below-2SD divided by the number of children younger than 5 years attending the PHC screened for wasting/population surveys multiplied by 100	NBS, MFBNP, FMOH	Periodically during SMART surveys and surveillance activities
	Number of children younger than 5 years attending the PHC screened for wasting/ population surveys			
Proportion of children 6-59 months	Number of children 6-59 months who	No. received VAS within 6 months/Total population projection of 6-59 Months	MNCH tally sheet, FMOH, NPHCDA,	Monthly / biannually

receiving at least one dose of Vitamin A supplementation (VAS) within six months	received a dose of Vitamin A within 6 months	children*100	HMIS, PHC, SPHCDA, SPHCB	
	Total number of children 6-59 months in the catchment area			
Percentage of pregnant women receiving iron and folate supplements	Number of pregnant women who received iron/folate supplements at ANC during the month	No of pregnant women who were supplemented with iron/ folate / total number of pregnant women in the catchment area * 100	ANC register FMOH, NPHCDA, HMIS, SPHCDA, SPHCB	Monthly
	Total number of pregnant women in the catchment area			
Percentage of children (new cases/re-attendances) with severe acute malnutrition receiving treatment	Number of new children (admitted into OTP or In-patient care) with severe acute malnutrition who received treatment at the end of the reporting month	Number of new children (admitted into OTP or In-patient care) with severe acute malnutrition who received treatment at the end of the reporting month divided by the number of children screened for malnutrition in the health facility multiplied by 100	FMOH, NPHCDA, HMIS, PHC, SPHCDA, SPHCB	Monthly
	Number of children screened for malnutrition in the health facility			
Percentage of new cases with moderate malnutrition receiving treatment	Number of new children (admitted into Supplementary Feeding Programme - SFP) with moderate acute malnutrition at	Number of new children (admitted into SFP) with moderate acute malnutrition at the end of the reporting month divided by the number of children screened for malnutrition in the health facility multiplied by 100	FMOH, NPHCDA, HMIS, PHC, SPHCDA, SPHCB	Monthly

	the end of the reporting month			
	Number of children screened for malnutrition in the health facility			
Proportion of infants less than 6 months age of age exclusively breastfed	Number of infants less than 6 months of age who received only breast milk during the previous day (24hours recall)	No. of infants exclusively breastfeed/ total number children less than 6 months *100	FMOH, NPHCDA, HMIS, PHC, SPHCDA, SPHCB	Monthly
	Total number of infants less than 6 months of age in the PHC			
Minimum acceptable diet	Number of youngest children age 6-23 months living with their mother who are fed a minimum acceptable diet / Number of youngest children age 6-23 months living with their mother surveyed	Number of youngest children age 6-23 months living with their mother who are fed a minimum acceptable diet / Number of youngest children age 6-23 months living with their mother surveyed *100	FMOH, NAPHCDA, SPHCDA, SPHCB PHC	Monthly
Proportion of households consuming iodized salts	Number of household salt samples collected with an iodine concentration of $\geq 15$ ppm	Number of household salt samples collected with an iodine concentration of $\geq 15$ ppm/ total number of household salt samples collected *100	SUBEB, FME, SMOE, FMOH, HMIS	Monthly
	Total number of household salt samples collected			

<b>% of pregnant women who are anaemic</b>	Number of pregnant women attending ANC clinic during a reference period and the number who were tested for anemia during the same reference period	Number of pregnant women who were tested for anemia during pregnancy/Total number of pregnant women attending ANC x 100	FMOH, NPHCDA, HMIS, PHC, SPHCDA, SPHCB	Monthly
<b>% Reduction in diet-related non-communicable diseases</b>	Age-standardized prevalence of the adult population regularly limiting dietary salt intake.	Number of respondents who have attempted to control salt intake on a regular basis/ Number of respondents in the survey*100	NBS/MFBNP, NAFDAC, FMOH, NAPHCDA, SPHCDA, SPHCB	Annually
	Age-standardized mean proportion of total energy intake from saturated fatty acids in persons aged 18+ years.	Daily energy intake from saturated fat among respondents aged 18+/ Total daily energy intake among respondents 18+ *100	FMOH, NAPHCDA, SPHCDA, SPHCB	Annually
	Age-standardized prevalence of persons (aged >18 years) consuming less than five total servings (400 grams) of fruit and vegetables per day	Number of respondents for whom the sum is less than 5' (Sum of total number of vegetable servings per day X days per week/7) + (sum of total number of fruit servings per day X days per week/7)/ Total of respondents 18+ years old for whom sum of above calculation is less than 5/total number of respondents *100	FMOH, NAPHCDA, SPHCDA, SPHCB	Annually
<b>% Reduction in obesity prevalence in adolescents and</b>	Percentage of adults (18+ years) who are overweight	Numerator: Number of respondents aged 18+ years who are overweight. Number of respondents aged 18+	NBS/MFBNP, FMOH, NAPHCDA, SPHCDA,	2-3years

<b>adults</b>	(defined as having a BMI $\geq$ 25 kg/m <sup>2</sup> ) and obese (defined as having a BMI $\geq$ 30 kg/m <sup>2</sup> ).	years who are obese Denominator: All respondents of the survey aged 18+ years. Numerator/Denominator *100	SPHCB	
	Number of overweight adolescents with sex-specific BMI-for-age above +1 SD from the WHO 2007 growth reference median, and number of obese adolescents with sex-specific BMI-for-age above +2 SD from the WHO 2007 growth reference median.	Number of overweight adolescents and obese adolescents /total number of adolescents surveyed *100	NBS/MFBNP, FMOH, NAPHCDA, SPHCDA, SPHCB	2-3years
<b>Under five years death rate</b>	The probability of a child born in a specific year or period dying before reaching the age of 5 years, if subject to age-specific mortality rates of that period, expressed per 1000 live births.	Number of deaths among children aged 0–4 years (0–59 months of age), broken down by age groups/ Number of live births (person-years of exposure) per 1000 live births	NBS, MFBNP	3-5years

**APPENDIX III: N/SMPFAN IMPLEMENTATION MONITORING AND EVALUATION TOOL/CHECKLIST**

SN	ITEM	MDAs	No success (1.0 -1.4)	Minimal success (1.5-2.4)	Little success (2.5-3.4)	Moderate success (3.5-4.4)	Considerable success (4.5-5.0)	Means of verification
<b>A</b>	<b>SO 1: REDUCED HUNGER AT HOUSEHOLD LEVEL</b>							
	<b>IR 1.1: Increased availability of Nutritious food</b>							
<b>1</b>	Establishment of Farmers cooperatives/clusters for commercial production of food crops by Government and Private sector	FMARD/SMART						Activity reports
<b>2</b>	Review all land tenure and land use laws with a view to increasing women access to land for agricultural activities	SMART/HOA						Copy of legislation
<b>3</b>	Facilitate the reactivation of prison farms in each geopolitical zone	FMIA						Activity reports
<b>4</b>	Provide starter packs for fruits and vegetable farming (in seven agro-ecological zones) for 1000 smallholder farmers by zone (including women for Household gardening)	FMARD/SMART						Activity reports
<b>5</b>	Provide small ruminant starter packs (5 sheep/goats, concentrates, minerals and vitamins, vaccines and drugs) to vulnerable women farmers	FMARD/SMART						Activity reports
<b>6</b>	Provide smoking kilns to clusters of small-scale fish processors /farmers including women fish farmers	FMARD/SMART						Activity reports



7	Provide improved planting materials (staple crops including Plantain, Banana and Pineapples) to farmers across the country to promote food security	FMARD/SMARD							Activity reports
8	Advocate for rehabilitation of the existing rural road network and construction of new ones for easy transportation of farm produce	FMoWHP/ADP							Activity reports
9	Advocate for the establishment of uniform Receipt system for warehouses in government food storage centres	FMARD/SMARD							Activity reports
10	Promote regulation for the establishment of commodity trading centres	FMARD/SMARD							Activity reports
11	Advocate for scale up of offtake mechanism for food crops to increase availability of food products	FMARD/SMARD							Activity reports
12	Promote access to agricultural inputs (including improved seeds, information on agricultural practices, and irrigation) to scale up production of fruits and vegetable.	FMARD/SMARD							Activity reports
13	Train farmers on appropriate use of fertilizers, herbicides and pesticides	FMARD/SMARD							Training reports
14	Promote the use of Aflasaft and activities to minimize aflatoxin contamination along the value chain, including GAP and modern drying and storage	FMARD/SMARD							Activity reports
15	Sensitization of Farmers on proper use of environmentally friendly	FMARD/SMARD							Activity reports



23	Conduct regular Stakeholders meeting on reduction of postharvest losses	FMARD/SMARD								Activity reports
24	Promote and provide hermetic storage bags to local farmers for food preservation	FMARD/SMARD								Activity reports
<b>IR 1.3: Increased utilization of nutritious food at Household level</b>										
25	Consumption of micronutrient rich foods in household	SMOI/ OPS								Activity reports
26	Promote safe, quality and hygienic food along the food supply chain	FMARD/SMOH								Activity reports
27	Register and license food handlers / food operators engaged in quality and safe food processing and storage	NAFDAC/SMOLG								Activity reports
28	Promote dietary diversification through the consumption of locally produced staples -functional and under-utilized crops	FMARD/SMARD								Activity reports
<b>SO 2: INCREASED ACCESS AND UTILIZATION OF CAREGIVERS TO NUTRITION SERVICES</b>										
<b>IR 2.1: Availability of Nutritious services / products / commodities</b>										
29	Procure and distribute Zinc, L -ORS and de-worming tablet for CMAM and routine services	NPHCDA/SPHCDA								Activity reports
30	Health facilities carrying out nutrition counselling during Antenatal care (ANC)	NPHCDA/SPHCDA								Activity reports
31	Support local production of RUTF through advocacy to potential industries in Nigeria	FMITI								Activity reports

32	Support local production of micronutrient power/Premixes through advocacy to potential industries in Nigeria	FMITI								Activity reports
33	Procure and distribute RUTF for CMAM	NPHCDA/SPHCDA								Activity reports
34	Procure and distribute Iron-folic acid supplementation to pregnant women during MNCH Weeks	NPHCDA/SPHCDA								Activity reports
35	Procure and distribute Vitamin A Supplements during MINCHW and other supplementary activities for under 5 children	NPHCDA/SPHCDA								Activity reports
36	Monitor and evaluate micronutrient supplementation programme performance at all level	FMOH/SMOH								Activity reports
37	Advocate for legislation of the prolongation of maternity leave and enactment of paternity leave	FMWASD/SMOW A								Activity reports
<b>IR 2.2: Resources made available</b>										
38	Production and distribution of IEC Materials on Micronutrient rich foods	SPHCDA/OPS								Activity reports
39	Provision of Health facilities with required growth monitoring equipment.	NPHCDA/SPHCDA								Activity reports
40	Community level action on nutritional care of vulnerable groups and utilization of PHC services encouraged	FMWASD/SPHCDA								Activity reports
41	Review minimum standards, print and distribute SOPs (Nutrition and Health) for early- child care centers (ECCC)	FME/FMOH/SMO E/SMOH								Activity reports

42	Conduct annual assessment of Household consumption of iodized salt using Primary School children	FME/NBS/SMOE								Activity reports
43	Scale up implementation of C-IYCF for optimal infant and young child feeding	NPHCDA/FMoH/SPHCDA								Activity reports
44	Promote the establishment of Nutrition/food demonstration corner (optimal MIYCF practices) in the health facilities	NPHCDA/FMoH/SPHCDA								Activity reports
45	Establishment of crèches in workplaces to promote Exclusive Breastfeeding.	FMWASD/SMOW A								Activity reports
46	Implementation of baby friendly initiative in all health facilities and delivery maternities	NPHCDA/SPHCDA								Activity reports
<b>IR 2.3: Improved capacity of Nutrition service providers</b>										
47	Promote safe, quality and hygienic food along the food supply chain - training of personnel	NSN								Activity reports
48	Conduct Capacity building and provide IEC materials for food and nutrition teachers and food vendors on the need to provide nutritionally adequate meals using locally available foods through linkages of food vendors and school system	FME/SMOE								Training reports
49	Strengthen nutrition education and training in the curricula of early child care, primary and secondary schools	SMOE								Published Curricular

50	Build the capacity of Agricultural Science teachers to strengthen the establishment of school farms and garden	FMARD/SMOE								Training reports
51	Scale – up activities in enforcing the provisions of International Code of Marketing of Breastmilk Substitutes (BMS)	NAFDAC/SMOH								Activity reports
52	Promote awareness on Girl Child Education, end Child Marriage and adolescent nutrition and health related practices	FMWASD/SMOW A								Activity reports
53	Provide Orientation for health staff to improve ANC attendance	NPHCDA/SPHCDA								Activity reports
<b>IR 2.4 Improved quality of service provided</b>										
54	Regular monitoring of growth and development of Children under 5 at health facilities and communities	NPHCDA/SPHCDA								Activity reports
55	Support distribution of Iron folate supplements to adolescent (boys and girls) in Schools and Communities	FMOH/SPHCDA								Activity reports
56	Sustain and scale up distribution of micronutrient powder (MNP) for children 6 - 23 months	FMOH/SPHCDA								Activity reports
57	Distribute Iron-folic acid supplementation to pregnant women during MNCH Weeks	NPHCDA/SPHCDA								Activity reports
<b>SO 3: REDUCED MORBIDITY AND MORTALITY ASSOCIATED WITH MALNUTRITION</b>										
C	<b>IR 3.1: Increased capacity in management of acute malnutrition</b>									
58	Scale up and strengthen CMAM sites	NPHCDA/SPHCDA								Activity reports

<b>IR 3.2: Improved management of childhood diseases</b>									
59	Listed health care commodities distributed in health facilities	NPHCDA/SPHCDA							Activity reports
60	Distribute Zinc, L -ORS, de-worming tablet and RUTF for CMIAM and routine services	NPHCDA/SPHCDA							Activity reports
61	Training on hygiene promotion, Community Water Safety Plan and triggering on Community Led Total Sanitation (CLTS)	FMWR/SMOWR							Activity reports
62	Provide portable water supply in PHC to enhance sanitation and hygiene.	MOWR							Activity reports
<b>IR 3.3: Increased awareness on Diet Related Noncommunicable Diseases (DRNCD)</b>									
63	Health Promotion activities to provide education and increasing services for prevention and management of DRNCD	FMOHSMOH/SMO							Activity reports
64	Conduct awareness campaign on healthy living, good dietary habits and food quality and safety	FMIC/FMoH/SMoH/SMOI							Activity reports
<b>IR 3.4: Increased awareness on infant and maternal nutrition</b>									
65	Disseminate information on nutrition and key household practices through mass media	FMIC/SCFN/NOA							Activity reports
66	Conduct Social and Behaviour Change Communication activities on IYCF, and intra-household food distribution targeted at adolescents, pregnant women, and caregivers at all levels	FMIC/FMoH/SPHCDA/NOA							Activity reports
<b>D SO 4: REDUCED NUMBER OF HOUSEHOLDS WITH POVERTY INDEX</b>									

IR 4.1: Increased equitable access to resources leading to increased household income						
67	Support effective implementation of Conditional Cash Transfer Programmes (CCT), food rations or food supplements in emergency situation	NEMA/SEMA				Activity reports
68	Procurement and distribution of complementary food packages to nutrition-in -emergency affected people	SMOH				Activity reports
69	Support water supply interventions in emergency settings and rural areas	FMWR/SMOWR				Activity reports
70	Construction of sanitation and hygiene facilities in IDPs camps, public places and institutions	FMWR/SMOWR				Activity reports
71	Strengthen coordination platform for early warning mechanisms to cope with food emergencies at community level	FMARD/SEMA				Activity reports
72	Advocate to relevant Banks to promote increased access to Micro-Credit facilities for farmers especially Women farmers to expand farm operations (interest rates and collaterals)	MFBNP/SMART				Activity reports
73	Promote the formation of women farmers into sustainable cooperative groups for the provision of grants and revolving loans	FMARD/FMITI/SMART				Activity reports
74	Empower Farmers cooperatives/clusters for commercial production to received grants and loan	FMARD/SMART				Activity reports



75	Strengthen Nutrition surveillance for early warning mechanisms to cope with emergency	FMARD, FMOH/SMARD/SMOH								Activity reports
76	Training Emergency Managers on mainstreaming Nutrition in Feeding Programmes targeted at the vulnerable groups in Emergency Situations	FMoH/SMOH								Training reports
<b>SO 5: INCREASED NUTRITION KNOWLEDGE AND PRACTICE</b>										
E	<b>IR 5.1: Increased medium of disseminating nutrition information to the public</b>									
77	Promotion and dissemination of research findings on food processing and preservation technology for use in households	FMST/SMARD								Activity reports
78	Promote awareness on improved food quality and safety through electronic and print media	FMIC/SMOI								Activity reports
79	Conduct sustained advocacy to policy makers, traditional and religious leaders, for improved nutrition funding	MFBNP/SPC								Activity reports
80	Conduct stakeholders (consultation) meetings for nutrition related investment and sectoral policies including social protection policies	MFBNP/SPC								Activity reports
81	Advocate and accelerate the implementation of the State Health Insurance Scheme to incorporate the Community Health Insurance health services to vulnerable groups, especially women and children	SMOH								Activity reports

82	Conduct Annual Nutrition Week on topical issues in nutrition	MFBNP								Activity reports
83	Annual review meeting of SCFN with NCFN	MFBNP								Activity reports
84	Mid and End-line Review of implementation of the National Multisectoral Plan of Action for Nutrition	MFBNP								Activity reports
85	Conduct regular and periodic monitoring on food and nutrition activities in collaboration with partners and the private sector at all levels	NCFN/SCFN/ LGFN								Activity reports
86	Organize annual National Nutrition Networking NNN meeting of all nutrition stakeholders	MFBNP/SCFN								Activity reports
<b>IR 5.2: Increased knowledge on nutrition and practice by the public</b>										
87	Collaboration with network providers like MTN, Airtel, GLO, 9mobile etc. to disseminate nutrition information to the general public	FMIC/SCFN								Activity reports
88	Strengthen LGAs for regular and sustained monitoring and inspection on the preparation of food in Restaurants, Eateries and Food vending	SMOH								Activity reports
<b>IR 5.3: Improved information on locally available diets</b>										
89	Provide small grants to conduct food and nutrition research on standardization of food recipes and portion sizes of locally available diets	FMARD/SPC								Activity reports

90	Review, publish and disseminate the Food Based Dietary Guidelines (FBDG) for healthy living	FMOH/SMART								Activity reports
91	Promotion of safe practices on Pesticide utilization for food stuff preservation	NAFDAC/FMARD /SMART								Activity reports
<b>IR 5.4: Increased practice of good dietary habits by the public</b>										
92	Conduct the National Food Consumption and Nutrition Survey	FMARD								Activity reports
93	Review, update, publish and disseminate existing food composition table for Nigeria	ARCN/NUC/ Research Institutes								Activity reports
94	Building the capacity of farmers on cultivation of underutilized crop varieties	FMARD/SMART								Activity reports
95	Promote dietary diversification through the consumption of locally produced staples	FMARD/SMART								Activity reports
<b>SO 6: INCREASED ALLOCATION AND UTILIZATION OF FUNDING FOR NUTRITION</b>										
<b>IR 6.1: Increased nutrition funding by Government and Partners</b>										
96	Conduct regular budget tracking to evaluate budget performance of F &N in all sectors.	MFBNP/SPC								Activity reports
97	Domesticate and disseminate State policy on Food and Nutrition and the Plan of Action at the State Levels	MFBNP/SPC								Printed Policy and Plan
98	Conduct assessment at all levels on determinants of low financial investments in Food & Nutrition programs compared to other life-saving interventions in partnership	MFBNP/SPC								Activity reports



	and qualified nutritionists									
	<b>IR 6.5: Established multisectoral nutrition portal (NIS)</b>									
105	Establish a nutrition Portal for the collection of core Nutrition data in partnership with key stakeholders	NBS/MFBNP								Activity reports
106	Conduct training and retraining of State, LGAs, Community Based Agencies and Organizations and other stakeholders in the planning and implementation of food and nutrition programmes and activities.	SPC								Activity reports
107	Build the capacity of Nutrition implementers (OICs, NFPs, M & E, agric extension officers and other nutrition officers/ workers at all levels on the use and management of level appropriate nutrition dashboard	NBS/MFBNP /SPC								Activity reports
108	State the amount in budget proposal by your MDA for nutrition (in Naira)	MDAs								Documented budgeting reports
109	What is the allocated in your approved budget (in Naira)	MDAs								Documented evidence of budgetary allocation
110	What was the amount released (in Naira)	MDAs								Documented evidence of fund release
111	What was the amount expended (in Naira)	MDAs								Documented evidence of fund expended

H		CHALLENGES/SUGGESTIONS	
112	What are barriers to the smooth implementation of nutrition programmes	MDAs	
113	What are challenges to the allocation and release of funds	MDAs	
114	What do you see as major opportunities	MDAs	
115	What do you think would help achieve meaningful impacts in nutrition	MDAs	