



KADUNA STATE MULTI-SECTORAL STRATEGIC PLAN OF ACTION FOR FOOD AND NUTRITION (KDMSPAN)

2020 - 2024



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LIST OF ABBREVIATION AND ACRONYMS

AYP	Adolescent and Young People
CBO	Community Based Organization
CS-SUNN	Civil Society Scaling Up Nutrition in Nigeria
CSO	Civil Society Organizations
CMAM	Community Management of Acute Malnutrition
CISLAC	Civil Society Legislative Advocacies Centre
CV	Community Volunteers
DC	Demand Creators
DAC	Development Aid Coordination
DP	Development Partners
EBF	Exclusive Breast Feeding
ES	Education Secretary
EFNEP	Expanded Food and Nutrition Education Programme
FBO	Faith Based Organizations
GM	General Manager
HC	Honorable Commissioner
HTS	HIV Testing Services
ITN	Insecticide Treated Net
IPTp	Intermittent Preventive Treatment in Pregnancy
IYCF	Infant and Young Child Feeding
IDPs	Internally Displaced Persons
KADA	Kaduna Agricultural Development Agency
KADENAP	Kaduna State Emergency Nutrition Action Plan
KADSACA	Kaduna State Aids Control Agency
KASHMA	Kaduna State Health Supply Management Agency
KDBS	Kaduna State Bureau of Statistics
KDMSPAN	Kaduna State Multi-Sector Plan of Action on Nutrition
KDSSHDP	Kaduna State Strategic Health Development Plan
KADMAM	Kaduna State Maternal Accountability Mechanism
LG	Local Government

LIST OF --- ABBREVIATION AND ACRONYMS

LGA	Local Government Area
LGEA	Local Government Education Authority
LMCU	Logistics Management Coordinating Unit
LLIN	Long Lasting Insecticide Treated Nets
MIS	Management Information Unit
MDA	Ministries, Departments and Agencies
MDG	Millennium Development Goals
M&E	Monitoring and Evaluation
MNCH	Maternal, Newborn and Child Health
MoA	Ministry of Agriculture
MoE	Ministry of Education
MoF	Ministry of Finance
MoH	Ministry of Health
MoLGA	Ministry of Local Government Affairs
MoPW&I	Ministry of Public Works and Infrastructures
MoHS&SD	Ministry of Human Services and Social Development
MICS	Multiple Indicator Cluster Survey
NAFDAC	National Agency for Food and Drug Administration and Control
NDHS	National Demographic and Health Survey
NNHS	National Nutrition and Health Survey
NOA	National Orientation Agency
NSPAN	National Strategic Plan of Action on Nutrition
OiC	Officer in charge
OPS	Organized Private Sector
PHC	Primary Healthcare Center
PLWHA	People Living With HIV/AIDS
PTA	Parents Teachers Association
PBC	Planning and Budget Commission
RUWASSA	Rural Water Supply and Sanitation
SBMC	School Based Management Committee

LIST OF

ABBREVIATION AND ACRONYMS

SUN	Scaling Up Nutrition
SIP	Sector Implementation Plan
SAM	Severe Acute Malnutrition
SBCC	Social and Behaviour Change Communication
SCFN	State Committee on Food and Nutrition
SEMA	State Emergency Management Agency
SFNP	State Food & Nutrition Policy
SSPAN	State Strategic Plan of Action on Nutrition
SPHCDA	State Primary Health Care Development Agency
SDGs	Sustainable Development Goals
TBA	Traditional Birth Attendant
VCM	Voluntary Community Mobilizers

FOREWORD

The Kaduna State Multi-Sectoral Strategic Plan of Action on Nutrition (KDMSPAN 2020-2024) sets out modest, realistic and achievable goals and objectives, which will be the driving force behind all the actions and activities of Nutrition intervention in Kaduna State. The overall goal of the Plan is to improve the nutritional status of all people in the State particularly children aged 0 to 23 months, lactating mothers, pregnant women and adolescents.

The KDMSPAN comprises of six result areas and eight strategic objectives that Kaduna State Government is committed to implement in the next five years. The result areas include; food and nutrition, care-giving capacity, quality health services, food and nutrition insecurity, malnutrition, and resource allocation. The eight strategic objectives are: to improve food and nutrition security at the State, community, and household levels; to reduce under-nutrition among infants and children under five, adolescents, and women of reproductive age; to significantly reduce micronutrient deficiency disorders, especially among the vulnerable groups; to ensure incorporation of nutrition education and promotion into formal and informal trainings; to promote optimum nutrition for people especially in difficult circumstances, including People Living with HIV/AIDS (PLWHA); to prevent and control chronic nutrition-related non-communicable diseases; to incorporate food and nutrition considerations into the State and Local Government Areas sectoral development plans; and to strengthen systems for data management and early warning information on the food and nutrition situation.

Malnutrition manifests itself mainly in under-nutrition, over-nutrition, micronutrient deficiency and related issues, which continue to be of public health concern to Kaduna State Government. The high rate of malnutrition for children and women in the State has enormous economic and social consequences. It impairs learning and cognitive ability, and thus, directly affects academic performance and chance of graduation. We seek the commitment of the LGAs to actualize the output and outcome indicators of the Plan and to ensure that adequate resources are available for the successful implementation.

We remain committed to seeing the full implementation of the KDMSPAN over the next five years. Stakeholders and Local Government Authorities (LGAs) are invited to deliver on their respective roles as outlined in the Plan. This will ensure that Kaduna State Government, with support from Development Partners, is able to make informed decisions on program planning, budget forecasting, and resource allocation as well as impact analyses for much-needed funding to curb the prevalence of malnutrition in the State.

At this juncture, I wish to express my deep gratitude and appreciation to all those who facilitated, contributed and worked hard to develop this document. I have no doubt that it will serve as a strong tool in the fight against malnutrition in Kaduna State.

Thank You.



Nasir Ahmad El-Rufa'i
Governor,
Kaduna State.

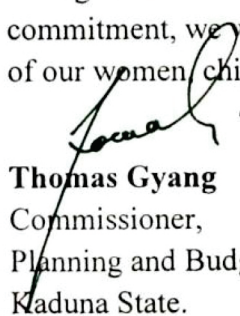
ACKNOWLEDGEMENT

The Kaduna State Multi-Sectoral Strategic Plan of Action on Nutrition (KDMSPAN) 2020 to 2024 is a 5-year plan developed to improve the nutritional status of the Kaduna State population, particularly children aged 0 to 23 months, lactating women, pregnant women and adolescents, through implementation of nutrition-specific and nutrition-sensitive interventions. The Plan will ensure that Kaduna State Government in collaboration with its Development Partners is able to make informed decisions on program planning, budgeting, resource mobilization, resource allocation and impact analyses for a much-needed funding to curb the prevalence of malnutrition in the State while strengthening the systems for delivery of nutrition and related services.

I acknowledge the huge contributions of staff of the Kaduna State Planning and Budget Commission, relevant Ministries, Departments and Agencies (MDAs), both at Federal and State level, who worked tirelessly on the production of this document. Also, the Kaduna State Emergency Nutrition Action Plan (KADENAP), under the leadership of Her Excellency, the Wife of the Governor, Aisha Umni Garba El- Rufai, whose hard work cannot go without being recognised, played an active role in making this plan a reality. The efforts of our development partners, especially those supporting the State on nutrition issues are cordially acknowledged. We look forward to a continued collaboration and working closely to implement this plan. Specifically, I would like to appreciate the efforts of the Development Partners - UNICEF, Save the Children, FHi360, Alive and Thrive, and CS-SUNN for their financial and technical support in ensuring the development of this Multi-Sectoral Strategic Plan of Action for Nutrition. Special mention must also be made of our lead facilitator, Dr. Zainab Kwaru Muhammad-Idris and co-facilitator, Dr. Monday Dakare, who guided the entire process of the KDMSPAN and M&E framework development.

Our most sincere gratitude and appreciation goes to His Excellency, the Governor of Kaduna State Nasir Ahmad El-Rufa'i, and members of the State Executive Council for providing the enabling ground for the actualization and approval of this plan.

Though there is a lot of work ahead, however, we believe that with team work, perseverance and commitment, we will overcome all hurdles and achieve greater results that will transform the lives of our women, children and entire people of Kaduna State.



Thomas Gyang
Commissioner,
Planning and Budget Commission,
Kaduna State.

EXECUTIVE SUMMARY

Kaduna State Government recognizes nutrition as an essential component of the State's human capital, economic growth and development. In line with the national sustainable development as espoused in the Millennium Development Goals (MDGs), the post 2015 Sustainable Development Goals (SDGs) and the Scaling Up Nutrition (SUN) movement and activities, the Government developed the Kaduna State Multi-Sectoral Strategic Plan of Action (KDMSPAN) 2020-2024 in collaboration with the development partners, the academia, civil society organizations and the media. The goal of this plan is to have a well-nourished Kaduna State citizens who will effectively contribute to the economic growth and prosperity of the State. The nature and extent of hunger and food insecurity in Kaduna State are of public health concern. Insufficient food causes hunger and malnutrition, which is the most serious consequence of food insecurity. Malnutrition is widespread in the entire state especially the rural areas which are vulnerable to chronic food shortages, erratic food supply, poor quality of foods, high cost of food items, and in some instances total lack of food. These have been the State's experience despite its been blessed with abundant human and natural resources. However, Kaduna State has been listed among the States with high burden of malnutrition in the northern part of the country with 11.7% of the children under-5 years classified as wasted from acute under nutrition, 4.1% severely wasted, 47% stunted, 27% severely stunted and 34% underweight (MICS 2017).

The nutrition situation in the state remained poor until 2015 when it was declared an emergency. However, it is encouraging to note that the prevalence of moderate and severe underweight among children under five years dropped from 57.6% and 36.9% (NDHS 2013) to 24.3% and 9.1% (NDHS 2018), respectively. Similar drop was also recorded in the NNHS 2013 and 2018 as well as the MICS 2011 and 2016/17 surveys; these outcome indicators give the impression that the various interventions carried out have resulted in improved nutritional status especially among the vulnerable groups of women and children in the State.

A number of policies and strategies towards eradicating malnutrition especially among children and women of child bearing age have also been instituted in the state. These include the State Policy on Food and Nutrition (SPFN), which was domesticated from the National Nutrition Policy in 2016 and the State Strategic Plan of Action on Nutrition (SSPAN) 2016-2020, which is mainly focused on nutrition-specific interventions. This warranted the need to develop the 2020-2024 Multi-Sectoral Strategic Plan of Action on Nutrition (KDMSPAN) that sets out both nutrition-specific and nutrition sensitive interventions with measurable targets. Kaduna State nutrition response is therefore consistent with these policies and plans. The rationale for the development of the Kaduna Multi-

sectoral Strategic Plan of Action for Food and Nutrition (KDMSPAN) is, therefore, to have a document that will serve as a road map for coordinated implementation of nutrition interventions by Kaduna State Government through relevant MDAs and sectors with support from nutrition stakeholders and partners for maximum impact. This is crucial in ensuring value for every investment made in the implementation of interventions and programmes to curb the problem of malnutrition and hunger in the state. The main goal of the KDMSPAN is to build on the framework outlined in the State Food and Nutrition Policy (SFNP) to reduce malnutrition with particular focus on vulnerable groups especially women of reproductive age group and children less than five years of age as well as the internally displaced persons. To achieve this goal, a number of objectives are articulated as follows:

1. To improve food and nutrition security at the State, community, and household levels.
2. To reduce under-nutrition among infants and children under five, adolescents, and women of reproductive age.
3. To significantly reduce micronutrient deficiency disorders, especially among the vulnerable groups.
4. To ensure incorporation of nutrition education and promotion into formal and informal trainings.
5. To promote optimum nutrition for people in especially difficult circumstances, including People Living with HIV/AIDS (PLWHA).
6. To prevent and control chronic nutrition-related non-communicable diseases.
7. To incorporate food and nutrition considerations into the state and local government areas sectoral development plans.
8. To strengthen systems for data management and early warning information on the food and nutrition situation.

Key strategies to be adopted in order to achieve the objectives of KDMSPAN include:

- i. Service delivery
- ii. Capacity building
- iii. Social and Behavioural Change Communication
- iv. Advocacy and Resource Mobilization
- v. Research, Monitoring and Evaluation
- vi. Coordination and Multi-Sectoral Partnership

The KDMSPAN consists of six priority result areas which are:

Result Area 1: Food and Nutrition Security.

Result Area 2: *Enhancing Care-giving Capacity.*

Result Area 3: *Enhancing Provision of Quality Health Services*

Result Area 4: *Improving Capacity to Address Food and Nutrition Insecurity Problems*

Result Area 5: *Raising Awareness and Understanding of the Problem of Malnutrition*

Result Area 6: *Resource Allocation for Food and Nutrition Security at all Levels*

CHAPTER ONE

INTRODUCTION

1.1 State Context and Policy Environment

Malnutrition is the impairment of health due to inadequate or imbalance of one or more nutrients. Malnutrition has multifaceted causes and requires solutions that are multi disciplinary and multi-sectoral, cutting across various sectors including health, agriculture, education, science and technology, commerce and industry, information and communication and social development. Although many sectors usually develop their sector specific policies, the coordination of programmes and interventions emanating from the implementation of such policies has always been a challenge.

Kaduna State Government has in place a number of policies and strategies geared towards eradicating malnutrition especially among children and women of child bearing age. In 2015, the present Government declared a state of emergency on malnutrition in order to address the cases of severe acute malnutrition affecting children under five years in the state. The National Policy on Food and Nutrition was domesticated in 2016 to produce the Kaduna State food and nutrition policy. This provides the framework upon which interventions to address food and nutrition issues in the state are undertaken. In line with the national policy document, the state specific policy provides the direction and guidance for the identification, design and implementation of interventions and activities across various sectors that have a stake with a view to promoting adequate nutrition and health of all persons in Kaduna state. A State Strategic Plan of Action on Nutrition (SSPAN) 2016-2020 was also developed in 2016. The SSPAN has duration of five years. However, its relative low level of implementation due to inadequate funding, inadequate human resource for health especially absence of nutritionists, delay in cash backing, inadequate coordination and monitoring of the policy and the plan of action were some of the major reasons for its low performance. It was also observed that the SSPAN was more nutrition-specific with less attention paid to nutrition sensitive aspects. This

warranted the need to develop this multi-sectoral strategic plan that sets out both nutrition-specific and nutrition-sensitive interventions with measurable targets set to be achieved for the period 2020 to 2024.

The policy provides the framework for addressing the problems of food and nutrition insecurity at all levels in the State. The State's food and nutrition policy has placed the responsibility for coordinating nutrition activities on the Kaduna state Planning and Budget Commission, which has the overarching responsibility to coordinate all State policies and programmes across various sectors. The State Committee on Food and Nutrition (SCFN) is expected to serve as the platform for the coordination of nutrition programmes and strategies across all sectors in the State.

In view of the fore going, the State Government, through the Planning and Budget Commission, deemed it imperative to develop a Multi-sectoral Nutrition Strategic Plan giving considerations to evidence based nutrition-specific and nutrition-sensitive interventions and such emerging critical nutrition issues occurring in the first one thousand days of life, nutrition crises during emergencies and the increased prevalence of diet-related non-communicable diseases. The plan of action also takes into consideration the increasing place of nutrition as a necessary condition for not only national development but also a key pre-requisite for Kaduna State's growth and progress as espoused in the Millennium Development Goals (MDG); the post-2015 Sustainable Development Goals (SDG) and the Scaling Up Nutrition (SUN) movement and activities.

1.2 Food and Nutrition Situation in Kaduna State

The population of Kaduna State is currently estimated at nine million people according to the 2015 to 2030 population projections made for Kaduna State (PBC, 2018). The State is blessed with abundant human, natural and other material resources. However, in 2017 it was listed among states with high burden of malnutrition in the northern geo-political zone of the country with 11.7% of children under-5 years classified as wasted from acute under nutrition, 4.1% severely wasted, 47% stunted, 27% severely stunted, and 34% described as underweight (MICS 2017). The infant mortality rate is 67/1000 live births while Under 5 Mortality rate is 132/1000 live births (NDHS 2018).

The nutrition situation in the state remained poor until 2015 when it was declared an emergency by the Government. It is however encouraging to note that the proportion of children that are either stunted, underweight or wasted currently are less than what they used to be three years ago in 2015 (Kaduna State Nutrition Data, 2018). This gives the impression that, the various interventions carried out have resulted in improved nutritional status especially among the vulnerable groups, particularly the children under-five years. This is further buttressed by the most recently released NDHS 2018 data as depicted in figure 1 below.

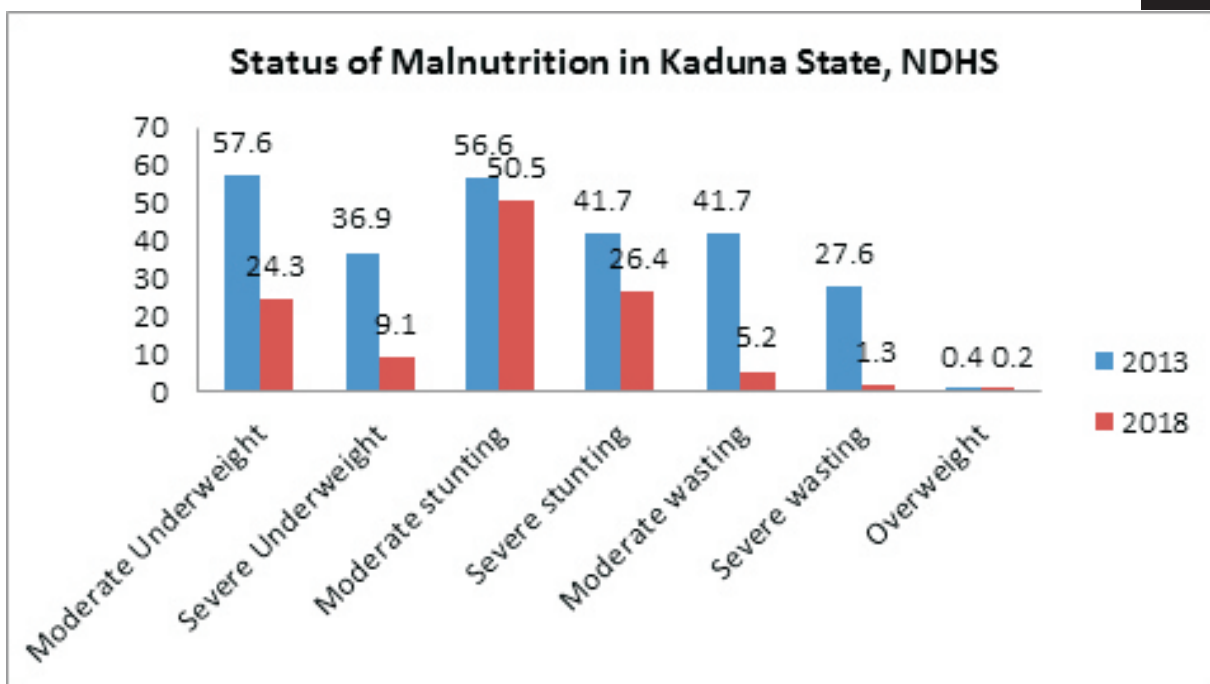


Figure 1: Nutritional status of Kaduna State according to NDHS 2013 and 2018

From the NDHS 2018 and 2013 data, the following changes in the nutritional status of children in Kaduna State were recorded (figure 1):

- Prevalence of moderate and severe underweight among children under five years dropped from 57.6% and 36.9% (NDHS 2013) to 24.3% and 9.1% in 2018 (NDHS 2018), respectively.
- Prevalence of moderate and severe stunting also decreased from 56.6% and 41.7% in 2013 (NDHS 2013) to 50.5% and 26.4% by 2018 (NDHS 2018), respectively.

Poverty underlies malnutrition and majority of State citizens are reported to be living in poverty (i.e. live on less than \$2 per day) while others are reported to be in extreme poverty (live on less than \$1.25/day). Inadequate investments in nutrition programme, the social sector, inadequate dietary intake, and diseases have been identified as the major determinants of malnutrition in the State. In the recent past, the extent of malnutrition has increased as a result of economic hardships faced in the country, thereby making it one of the critical barriers to development. The situation was made worse by the menace of kidnapping, religious and communal clashes in some parts of the State leading to internal displacement of hundreds to thousands of people who consequently live in Internally Displaced Persons (IDPs) camps where they depend on humanitarian assistance.

Malnutrition occurs mainly in the form of under nutrition either of macro- and micronutrients or both, progressing to specific dietary deficiency diseases, lifestyle and diet-related non-communicable disease. Eliminating the problem of malnutrition is complex, since many issues that are involved need to be addressed. Dietary diversity have also been reported to be low in Kaduna State with fruit and vegetable consumption being very low resulting in poor intake of micronutrient and consequently deficiencies of essential micronutrients. According to the Multiple Indicator Cluster Survey (MICS 2016/17) 11.7 % of children under the age of five years are wasted from acute under nutrition, 4.1% severely wasted (MICS 2017), 47.0% of Children under 5 years old are stunted while 27% are

severely wasted (MICS 2017).

Inadequate food intake, poor child care practices and frequent infections are the underlying causes of malnutrition among children. Poor infant and young child feeding practices are demonstrated by low rates of exclusive breastfeeding. Breastfeeding is not only an investment in improving children's health and saving lives, but also an investment in human capital development that can benefit the State's economy. Breastfeeding is one of the best investments in global health practices, it has been reported that every N1 invested in breastfeeding generates N35 in economic returns. The current exclusive breastfeeding rate in Kaduna State is 28.9% (MICS 2016/17) meaning that about 3 million children each year do not get the health and immunological benefits of breastfeeding.

Undernutrition in early childhood has serious consequences and contributes to high level of infant mortality. Underweight children tend to have more serious illnesses including diarrhoea and acute respiratory infections which can directly reduce the child's physical and mental development. Apart from these direct consequences of malnutrition, it also has an indirect effect on a country's economic development as it has been estimated that malnutrition reduces a nation's economic growth by between 2% to 8%.

Various programmes and interventions carried out over the past three years have been focused on proven high impact low cost interventions. The outcome has demonstrated the likelihood of a gap between programmes and projects implemented being bridged and this has resulted in remarkable improvement when compared with the previous years.

The NNHS and MICS data also showed similar drop in trend over the years as shown in Figures 2 and 3 below.

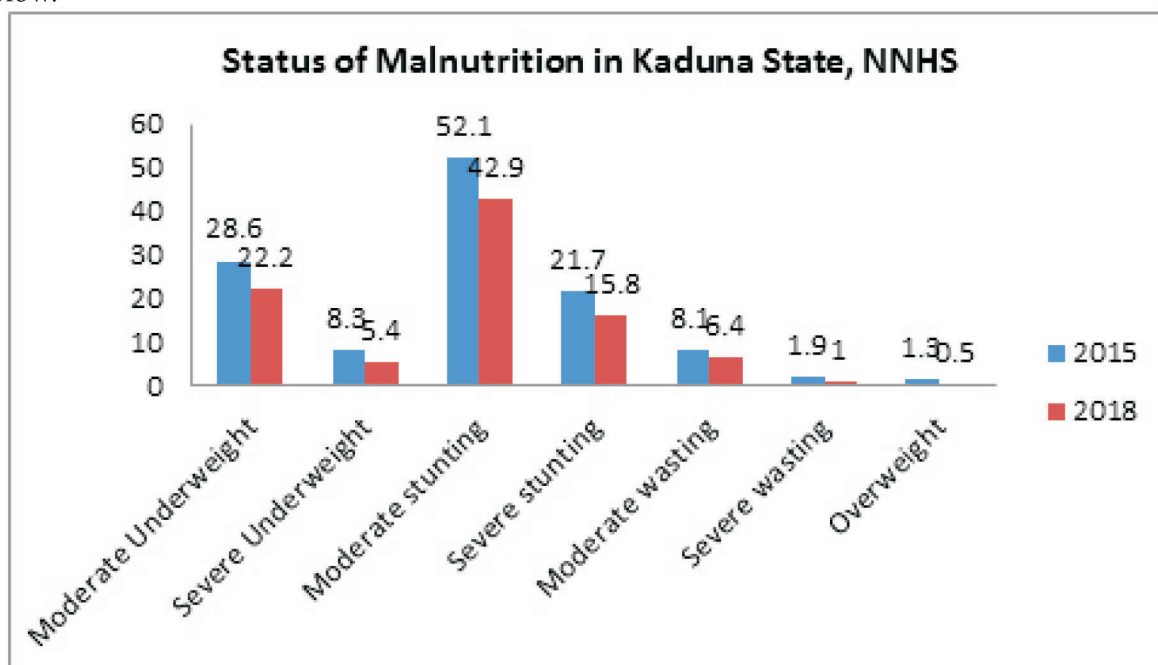


Figure 2: Nutritional status of children in Kaduna State according to NNHS 2015 & 2018

- Marginal decrease was recorded across all indicator types such as severe underweight from 8.3% (NNHS 2015) to 5.4% (NNHS 2018) and for severe stunting from 21.7% (NNHS 2015) to 15.8% (NNHS 2018).

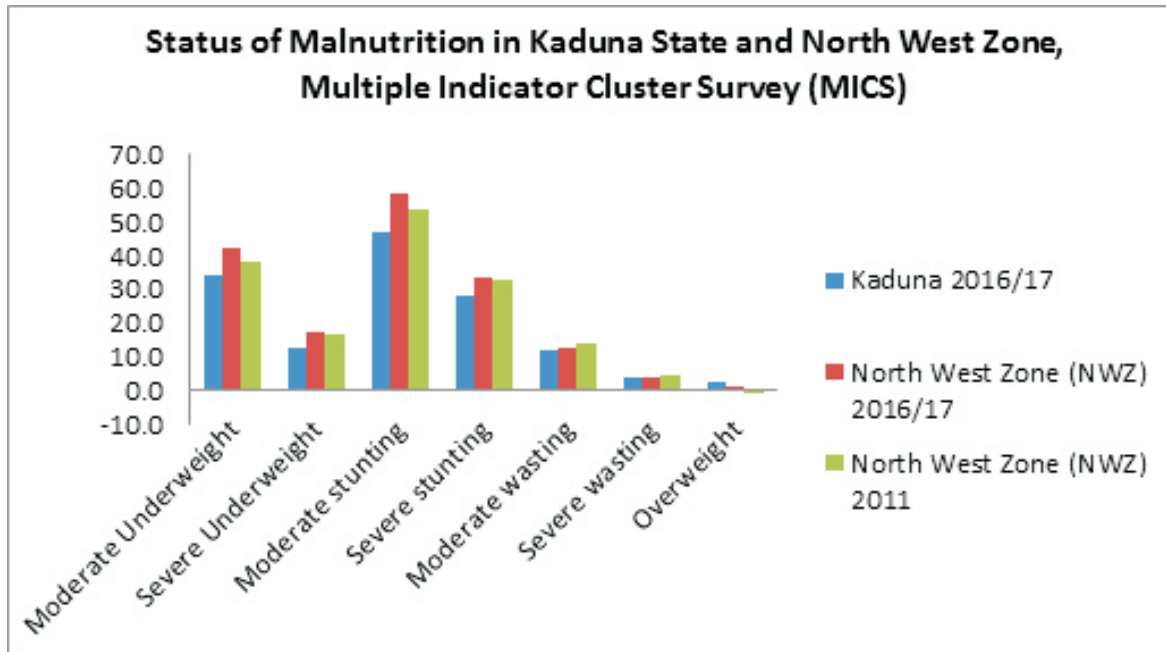


Figure 3: Nutritional status of children in Kaduna State according to MICS 2016/17 and MICS 2011

- Kaduna state's nutritional indices are much lower than what obtains for the values recorded for the North West Zone (NWZ). For example, in 2017 the prevalence of stunting in the state was 27.9% as against 33.8% (MICS 2016/17) and 33.2% (MICS 2011) recorded respectively for the zone.

Overall therefore, these trends show a general improvement on the nutritional indices and status of Kaduna State even though much still needs to be done to further reduce the prevalence to much lower levels.

1.3 Kaduna State Nutrition Response

Kaduna State nutrition response is consistent with the Health Sector Implementation Plan (SIP) and other relevant MDAs Implementation Plans (2017-2019), the State Strategic Health Development Plan (2018-2022), and the State Policy on Food and Nutrition. However, only few sectors' plans contain nutrition and nutrition-related interventions. These include Agriculture, Education, Water resources, Human Services and Social Development. These sectors draw money to implement their strategies from the funds allocated for nutrition under the State Planning and Budget commission while other sectors such as information, community and rural development did not capture nutrition in their respective strategic plans.

The State Health Policy thrust is centred around prevention of illnesses through appropriate strategies and measures, which offer the lowest cost and highest impact; an effective and efficient Primary Health Care services delivery that is community centred for all but targeting the most vulnerable groups of the society (i.e. women of child bearing age and children under five years); and provision of free healthcare to pregnant women and children under 5 years who constitute 41% of the state population. Equally, one of the specific objectives in the medium term of the State Development Plan under the health sector is 'to create and sustain an enabling environment promoting environmental and preventive healthcare (such as sanitation, good nutrition and Immunization)'. Similarly, the State Policy on Food and Nutrition acknowledges a multi-sectoral approach towards eliminating factors responsible for inadequate food intake and disease, food insecurity, poor child-rearing practices, inadequate water

supply and poor environmental sanitation, low level of education and poverty leading to upsurge of malnutrition among children, pregnant women, and adolescent girls in the state.

In line with the state government's sustained commitments to implementing relevant policies and development plans organised towards attaining optimum nutrition among citizens of the state, a comprehensive multi-sectoral food and nutrition strategy that would guarantee an enabling environment for the implementation of high-impact, nutrition-specific and nutrition-sensitive interventions is being prioritized with support from development partners. Currently, the state government through Planning and Budget Commission (PBC) with support from Kaduna State Emergency Nutrition Action Plan (KADENAP) had been playing a significant role in strengthening multi-sectoral coordination and implementation of nutrition programming in the state. Some of the key Ministries, Departments and Agencies (MDAs) that are frequently engaged in this multi-sector arrangement include but not limited to; Ministry of Health (MoH), Ministry of Agriculture (MoA), Ministry of Human Services and Social Development (MHSSD), Ministry of Education (MoE), Ministry of Finance (MoF), Ministry of Local Government Affairs (MoLGA), and Ministry of Public Works and Infrastructure (MPW&I). Others are the State Primary Health Care Development Agency (SPHCDA), Kaduna State AIDs Control Agency (KADSACA), Kaduna State Health Supply Management Agency (KASHMA), State Emergency Management Agency (SEMA), Kaduna State Bureau of Statistics (KDBS), Kaduna Agricultural Development Agency (KADA), National Orientation Agency (NOA), National Agency for Food and Drug Administration and Control (NAFDAC) the Academia, Civil Society Organizations (CSOs), and the Media. These are very essential in addressing the underlying causes of malnutrition.

The present state government developed and approved a State Policy on Food and Nutrition, State Strategic Plan of Action on Nutrition (SSPAN) 2016-2020, State Social and Behaviour Change Communication (SBCC) Strategy for Infant and Young Child Feeding (IYCF), and State Maternal, Infant and Young Child Nutrition Strategy (2018-2022). The state had recently revitalized its state specific 'Nutrition Intervention' budget line with allocation of funds under PBC to support nutrition related MDAs access funds for nutrition programming. In addition, efforts are being made by the PBC to facilitate creation of additional nutrition related budget lines and allocation of funds across relevant nutrition MDAs going forward. In addition, following consistent advocacy engagement with the local governments, the State Ministry of Local Government had facilitated the creation of at least three nutrition related budget lines for Community Management of Acute Malnutrition (CMAM), Infant and Young Child Feeding (IYCF), and other Food and Nutrition activities across 23 LGAs of the state.

1.4 Gaps in intervention coverage

There are various nutrition interventions that are currently going-on in the State. These include Community Management of Acute Malnutrition (CMAM), Community – Infant and Young Child Feeding (C-IYCF), Treatment of Children with Severe Acute Malnutrition (SAM) at selected Stabilization Centres and interpersonal communication interventions on IYCF. An adolescent and young people (AYP) intervention, which targets HIV positive adolescents and young people through provision of nutrition counselling support and referral for treatment in health facilities, is also being implemented in the state. The Bi-annual Maternal, Newborn and Child Health (MNCH) Week is an intervention that is implemented by the state in collaboration with development partners. It provides an avenue through which specific nutrition intervention services are being provided to the communities. It is aimed at ensuring 80% of children 6-59 months are given Vitamin A, children 12-59 months are dewormed, children 6-59 months are screened and referred for Acute Malnutrition, pregnant women are provided iron and folic acid supplements, long lasting insecticide treated nets (LLINs) are being distributed to pregnant women, lactating mothers and children under five and HIV Testing Services (HTS) available and provided to all.

However, the major gaps around nutrition intervention in the state are inadequate funding and inadequately skilled personnel, despite the total number of health facilities present in the state. Equally, there is low synergy of government agencies in tracking and reporting food security situation in areas that are both traditionally vulnerable and non-vulnerable. Apart from iodized salt consumption, vitamin A supplementation, deworming and focused antenatal care, none of the health interventions recorded up to 20% coverage of targeted health facilities and beneficiaries.

1.5 Key Challenges

- Lack of dedicated nutrition related budget lines across relevant nutrition MDAs including Ministry of Health and the State Primary Health Care Development Agency among others.
- Inadequate skilled manpower to provide nutrition services at health facilities
- Gross shortage of trained nutritionists especially at the LGA levels.
- Cultural and religious misconceptions around early initiation of breastfeeding, exclusive breastfeeding, and dietary diversification.
- Delay in cash backing of approved funds to implement nutrition activities.
- Low capacity of nutrition focal persons in many MDAs and LGAs to plan, implement, and document successes, case studies and lessons learnt.
- Weak coordination of food and nutrition programming at State, LGA and Ward levels.
- Weak monitoring and supervision of nutrition programming at all levels in the state.
- Inadequate research and low uptake of research findings, which is now within the State Bureau for Statistics' mandate around nutrition thematic areas.
- Weak utilization of available national and state-driven research outcomes to inform policy makers and lawmakers' decisions during budgetary allocations and expenditure for nutrition and related activities.

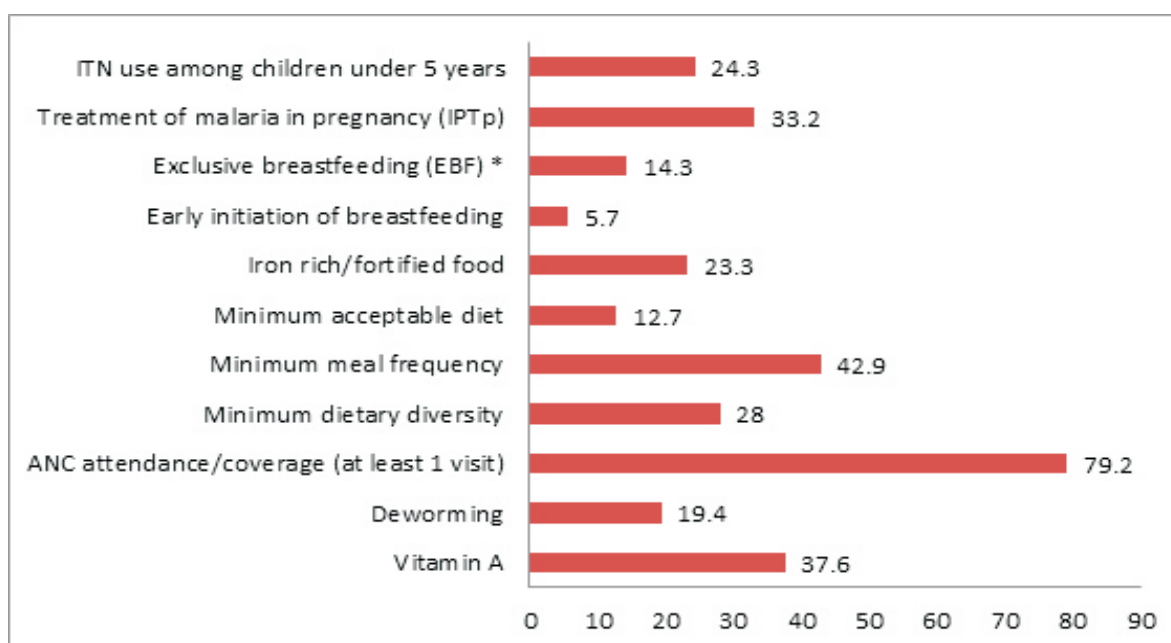


Figure 4: Some nutrition interventions coverage in Kaduna State (NNHS 2018)

*EBF value available only for NW Zone

Coverage values for nutrition interventions remain low in the state (Figure 4).

CHAPTER TWO

KADUNA STATE MULTI-SECTOR PLAN OF ACTION ON FOOD AND NUTRITION (2020-2024)

2.1 Background Information

The Government of Kaduna State is committed to the reduction of hunger and malnutrition in the state and to this end, it has adapted and domesticated the National Policy on Food and Nutrition using a multi-stakeholder participatory approach - first developed in 2001, reviewed and launched in November, 2016. This is in recognition of the multi-disciplinary and multi-sectoral nature of nutrition in the state. The KDMSPAN was developed in line with the National Policy on Food and Nutrition and in collaboration with development partners, the academia, civil society organizations and the private sector. This strategic document builds on some sectoral plans of action such as KDSSHDP (2010 - 2015), KDSSHDP 2 (2018-2022) and KDSDP (2016-2020).

The KDMSPAN also covers other sectoral activities such as education, water sanitation and hygiene, commerce & industries, social development, budget & planning, information & communication, gender and protection, health, science and technology, environment and agriculture. The document is expected to cover a period of five years (2020 -2024). The KDMSPAN, if adhered to by all the sectors during implementation will contribute to promoting optimal food and nutrition security for all Kaduna State citizens while reducing the burden of malnutrition among the vulnerable; thereby increasing productivity and economic development of the state.

2.2 Rationale

Improving nutritional status by preventing macro-nutrient deficiencies and reducing hidden hunger are crucial for Kaduna State to make progress toward achieving Sustainable Development Goals (SDGs) targets by 2030. Kaduna State has implemented several interventions to reduce the burden of malnutrition in the State, but the coverage has remained very low due to inadequate resources, uncoordinated interventions and low prioritisation of investments in nutrition. It is also clear that

investment in nutrition is not commensurate to its critical role in reducing child mortality and improving productivity. As such, the attainment of SDGs targets as well as meaningful development in Kaduna State by 2030 will not be visible without an urgent improvement in the nutritional status of the state's population. The multi-sectoral approach to nutrition interventions have proven to be cost effective, feasible and crucial to winning the war against malnutrition and hunger (EFNEP, 2015–2020; USAID, 2014-2025). Therefore, ensuring food security and improving the nutritional status of the state's population can only be realized through a strong synergy among relevant MDAs and stakeholders implementing complimentary interventions and programmes for healthy development and wellbeing of the people (WHO, 2002).

The rationale for the development of the Kaduna Multi-sectoral Strategic Plan of Action for Food and Nutrition (KDMSPAN) is, therefore, to have a document that will serve as a road map for coordinated implementation of nutrition intervention by Kaduna State Government and nutrition stakeholders across relevant MDAs and sectors for maximum impact. This is crucial in ensuring value for investment in the implementation of interventions and programmes to curb the problem of malnutrition and hunger in the state. The KDMSPAN, developed to operationalise the strategies outlined in the SSPAN and by extension the NSPAN, will serve as a reference tool in all efforts by the state, local governments and relevant stakeholders towards improving the nutrition status of the people in the state, particularly women and children.

2.3 Purpose of the Kaduna State Multi- sectoral Strategic Plan of Action on Food and Nutrition

The purpose of the KDMSPAN is to provide guidance for a coherent, coordinated and multi-sectoral approach to interventions, programmes and activities to be implemented by relevant MDAs across all sectors in the State and Local Governments. It intends to significantly reduce the burden of malnutrition through priority actions that contribute to improving food production system and the people's diet choices for the overall quality of life of the state's population. The plan has been designed to deliver on nutrition policy measures across MDAs and define targets and many possible measures that will be taken to achieve the desired nutrition results in Kaduna State. It provides the needed direction to all interventions, sensitive or specific that will be implemented to reduce malnutrition and hunger in Kaduna State, particularly among the vulnerable groups for increased productivity that will lead to overall development of the state. The KDMSPAN is expected to contribute significantly towards the elimination of all forms of malnutrition in Kaduna State and put the state on course to the attainment of the SDGs targets by 2030.

2.4 Coordination

The State Planning and Budget Commission (PBC), because of its unique position as a central State Government agency, is responsible for policy formulation, plans development, budgeting, and

coordination of all development assistance as well as monitoring and evaluation of projects and programmes. The framework for institutional arrangement for the State Policy on Food and Nutrition vested the overall responsibility for the coordination of the policy and the plan of action on the PBC working in close coordination with KADENAP in order to ensure a result-oriented programme implementation and coordination.

The State Committee on Food and Nutrition (SCFN), under the Chairmanship of the Commissioner Planning and Budget, is the highest decision making body on Food and Nutrition in Kaduna State. The committee is made up of representatives of relevant MDAs not below the rank of a Director, relevant Professional bodies, Development Partners (DP), Civil Society Organizations (CSO), Tertiary Institutions, and Research Institutes. All food and nutrition activities are coordinated at the State and LGA levels by the State and LGA Committees on Food and Nutrition respectively. It is expected that Ward Committees on Food and Nutrition (WCFN) will also be formed to coordinate the implementation of nutrition activities and programmes at the ward level. The PBC serves as the secretariat of the SCFN.

2.5 The KDMSPAN Strategies

In order to achieve the set objectives of this plan, the following strategies will be adopted:

1. **Service delivery:** In line with relevant MDAs and LGAs mandates, interventions designed to reduce malnutrition will be driven simultaneously at both the State and LGA levels.
2. **Capacity building:** The technical capacity of the SCFN will be strengthened through the continuous training of its members across all MDAs concerned with food and nutrition. This will be extended to the LGA and ward level Committees on Food and Nutrition.
3. **Social and Behavioural Change Communication:** Public awareness will be created through extensive community mobilization to impact caregivers, women of reproductive age and other segments of the population on good dietary habits towards better health outcomes including the reduction of chronic nutrition related diseases.
4. **Advocacy and Resource Mobilization:** The SCFN together with civil society will conduct high level advocacy targeted at all levels of government, the private sector, development partners and the donor community to improve funding for nutrition in order to improve the nutrition indices in the State.
5. **Research, Monitoring and Evaluation:** Research for development and identification of drivers of good nutrition as well as nutritional value of indigenous foods are key components of

the KDMSPAN. Research will be driven by academic institutions (Universities, Polytechnics, Monotechnics, and Research Institutes). Monitoring and evaluation are an integral part of the the plan. As such, it provides for routine tracking and periodic evaluation of nutrition-specific and nutrition-sensitive interventions to be able to identify gaps and proffer solutions to address malnutrition.

6. **Coordination and Multi-Sectoral Partnership:** The PBC in collaboration with KADENAP will coordinate all activities related to the implementation of the KDMSPAN through the State Committee on Food and Nutrition with KADENAP reinforcing strategies to address emergency situations for effective and efficient nutrition services delivery. The PBC will also maintain a constant link with MDAs, LGAs, development partners (DPs), Organized Private Sector (OPS), and CSOs to ensure effective implementation of their mandates and responsibilities in KDMSPAN.

2.6 Goal, Objectives, Priority Areas and Expected Outcomes

2.1.1 Goal

The main goal of the KDMSPAN is to build on the framework outlined in the State Food & Nutrition Policy (SFNP) to reduce malnutrition (under and over nutrition). This can be achieved through scaling up of high impact and low cost nutrition-specific and nutrition-sensitive interventions with a particular focus on vulnerable groups especially women of reproductive age and children less than five years of age as well as internally displaced persons.

2.1.2 Objectives

To achieve the goal of reducing malnutrition significantly by the year 2024, a number of objectives and targets are articulated as follows:

1. To improve food security at the State, community, and household levels.
2. To reduce under-nutrition among infants and children, adolescents, and women of reproductive age.
3. To significantly reduce micronutrient deficiency disorders, especially among the vulnerable.
4. To ensure incorporation of nutrition education and promotion into formal and informal trainings.
5. To promote optimum nutrition for people in especially difficult circumstances, including PLWHA.
6. To prevent and control chronic nutrition-related non-communicable diseases.
7. To incorporate food and nutrition considerations into the state and local government areas sectoral development plans.
8. To strengthen systems for data management and early warning information on the food and nutrition situation.
9. To ensure universal access to nutrition specific and nutrition-sensitive social protection interventions.

2.6.3 Priority Areas

The KDMSPAN consists of six result areas and eighteen strategic objectives with each of them having an expected outcome. These result areas and strategic objectives were derived from the policy and were aimed at achieving the policy objectives. The priority result areas are as follows:

2.6.3.1 Food and Nutrition Security

The KDMSPAN will focus on achieving food and nutrition security through investment in agriculture to increase food production, availability, accessibility and affordability to all citizens residing in the state. Measures will be taken to conserve and improve soil quality through agricultural training, food harvesting, processing and preservation to reduce postharvest losses, improve food preparation, quality and utilization as well as improve the management of food security crisis and nutrition in emergency situations. It will also include school based strategies to reduce malnutrition among school age children and improve their learning, health and nutrition status.

2.6.3.2 Enhancing Care-giving Capacity

The expected outcomes of this result priority area are; ensuring optimal nutrition in the first 1000 days of life and caring for socio-economically disadvantaged and nutritionally vulnerable groups through implementation of nutrition-specific interventions focusing on promotion of Infant & Young Child Feeding (IYCF) practices.

2.6.3.3 Enhancing Provision of Quality Health Services

In order to address the underlying causes of malnutrition, the KDMSPAN will enhance the provision of quality health services through preventing and managing nutrition-related diseases to reduce morbidity and mortality associated with malnutrition. Specific interventions to prevent micronutrient deficiencies as well as protect the consumer through improved food quality and safety are also included.

2.6.3.4 Improving Capacity to Address Food and Nutrition Insecurity Problems

Strengthening the enabling environment and building capacity of programme implementers is a priority and activities will be implemented to improve capacity to address food and nutrition insecurity problems as well as provide a conducive socio-economic environment for improved nutrition status. The needs of the vulnerable groups will be taken care of through implementation of nutrition-specific and nutrition-sensitive social protection programmes.

2.6.3.5 Raising Awareness and Understanding of the Problem of Malnutrition

Some of the causes of malnutrition are socio-cultural and behavioural in nature. Programmes and activities will be instituted and used to promote positive behaviour change and lifestyle through advocacy, communication and social mobilization to improve healthy lifestyles and dietary habits.

2.6.3.6 Resource Allocation for Food and Nutrition Security at all Levels

Adequate funding and resource mobilization for implementation of food and nutrition activities to reduce malnutrition have always been a challenge not only in Kaduna State but nationally and globally

as well. The KDMSPAN includes aggressive strategies for resource mobilization and investment for nutrition such as promoting public-private partnership investments on food and nutrition. Activities to ensure budget allocation, timely release and utilization as well as strengthening the coordination capacity of both the institutions and personnel responsible for policy and programme coordination are also included.

CHAPTER THREE

MONITORING, EVALUATION, ACCOUNTABILITY AND LEARNING (MEAL)

3.1 Concept of MEAL

Monitoring and evaluation, accountability and learning are part of everyday programme management and are critical to the success of all projects. A MEAL system will allow the tracking of progress, make adjustments and discover any unplanned effects of programmes as well as evaluate the impact the project has made on the lives of the beneficiaries – particularly women and children under five years of age. In addition to this, a MEAL system will also enhance accountability to stakeholders through information sharing and development of complaints or feedback mechanism which can help to guide programme implementation.

The Kaduna State Multi-sector Strategic Plan of Action on Food and Nutrition (KDMSPAN), that was adapted from the national, will include a 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. It will also help to track changes in the nutritional status of Kaduna citizens especially women and children as well as enhancing accountability to the stakeholders including all nutrition partners working in the state. The MEAL system will be guided by the following key objectives:

1. Collect accurate, reliable and timely data to monitor the progress of implementation of the plan
2. Systematically measure results, incorporate and document experiential learning
3. Utilize effective feedback mechanisms to ensure greater accountability to program beneficiaries and key stakeholders
4. Facilitate decisions based on evidence and learning that will lead to improvement in programme delivery
5. Share lessons learned with all stakeholders ranging from policy and decision-makers, development partners, and community members.

3.2 Monitoring

The KDMSPAN implementation progress will be monitored through routine and on-going evaluation of activities in every sector. This will include monitoring using sector MDAs routine data collection and reporting systems as well as community level food and nutrition information and data collection systems. There are several nutrition-relevant information systems that collect nutrition-relevant routine data such as Food Security Early Warning System (FEWS), Commodity Price Index, District and National Health Management Information System (DHIS/NHMIS), Growth Monitoring, Nutrition Surveillance, Education Information Management System (EIMS) etc. Other Community Level Food and Nutrition Information System including Growth Monitoring and Promotion, Nutrition Surveillance and Food Price Index. This will be complemented with multi-sectoral annual review of operational achievements and progress, challenges of implementation, lessons learned and recommendations using such platforms as SCFN meetings, Nutrition Networking at national, state and LGA levels as well as commemoration of relevant Nutrition Week.

3.3 Evaluation

Evaluation of KDMSPAN will rely on annual LGA, state and national level joint review meetings to evaluate performance. This is in addition to periodic surveys to be conducted at the state and national levels such as the Annual State Household Surveys usually conducted by the Kaduna Bureau of Statistics (KDBS), and the National Nutrition and Health Survey (NNHS), Multiple Indicator Cluster Survey (MICS) and National Demographic and Health Survey (NDHS) usually anchored by the collaborative efforts of the National Bureau of Statistics, National Population Commission and the relevant Federal MDAs.

3.3.1 Baseline data

The National Demographic and Health Survey (NDHS) 2018, National Nutrition and Health Survey (NNHS) 2018 and Multiple Indicator Cluster Survey (MICS) 2016 were used to set some baseline data in this plan. The proposed National Food Consumption and Nutrition Survey, once available, will also provide further information and data to fill the data gaps for baseline.

3.3.2 Mid-Term Evaluation

For the purpose of mid-term evaluation, available surveys such as MICS 2021 and NNHS 2021 will be used to evaluate progress in the achievement of results. The KADENAP, PBC and nutrition Partners in the state will collaborate with the State and National Bureau of Statistics as applicable to ensure that critical indicators that are required to track progress of implementation of the plan and attainment of results are included in the periodic health and nutrition surveys to be conducted by the state and relevant federal level institutions.

3.3.3 End Term Evaluation

The NDHS (2023) and NNHS (2023) will provide data that will serve the purpose of end of plan implementation evaluation. The PBC and KADENAP management will need to make budgetary

provisions for establishing collaboration and partnerships with the relevant State and Federal data producing bodies such as the Kaduna Bureau of Statistics (KDBS), National Bureau of Statistics (NBS), and the National Population Commission (NPC) especially to include in the data tool, some of the important data needed to measure progress of target achievements.

3.4 The Monitoring and Evaluation System

Drawing from what obtains at the national level; a multi-sector M&E system will be established and domiciled in the PBC with a robust food and nutrition information collection and management system. The M & E system will have a portal that will be horizontally linked with the M & E unit of relevant MDAs at the state level as well as vertical link with M & E systems at the National and LGA levels. It will provide information on how and to what extent progress is being made towards achieving specified Strategic objectives and targets of the KDMSPAN.

Data tools and instruments as well as guidelines for data collection and reporting will be developed for both quantitative and qualitative data by PBC M & E department in close coordination and collaboration with KADENAP and other stakeholders especially the implementing nutrition partners and CSOs. Capacity building at inception and regular on-going training on data tool use, guidelines for data collection and analysis as well as reporting will be carried out for the M&E team and personnel at the state, LGA and community levels. Through regular collection of data on activity indicators, output and outcome and M&E report, the progress of implementation of KDMSPAN will be monitored and evaluated while scorecards will be developed with lessons learnt clearly highlighted.

In line with standard allocation for MEAL as contained in the Kaduna State Planning and Budget Commission monitoring and evaluation policy, certain percentage will be allocated to fund MEAL in any given food and nutrition program or intervention. The Commission will lead funding drive mechanism to ensure that adequate budgetary provision is made for implementation of the MEAL.

3.4.1 Data management

An effective data management system will be employed to secure all nutrition and related data collected. However, data for different indicators may be stored in different ways and by different MDA and sector coordinators.

- a) Data at the community level will be collected and stored in a file cabinet while soft copies will be saved in computerised forms to establish database at the LGA level.
- b) Data so collected from LGAs will be sent to the State Health Information System (HIS) in hard and soft copies also.
- c) The Data is to be analysed and reviewed by the central MIS within 2 months and report disseminated to stakeholders.
- d) Data management system handles the storage, retrieval and update of the elementary data items records and files.

To ensure that food and nutrition data is effectively and efficiently managed, data collected will be stored in spread sheet, database, online platforms (Email, websites, cloud,) and hard copies secured in file cabinet, where necessary. The means of backing up the data will be through E-drive and archive systems. The stored data will last for a period of five years and above, and will be regularly updated, although, how long the data will be stored depends on their usefulness and validity. In Kaduna state, the National Health Management Information System (NHMIS) has been the tool used by the SPHCDA in collecting data on nutrition indicators, including information on the Community Management of Acute Malnutrition (CMAM), micronutrient data (on vitamin A, de-worming, iron and folic acid supplements) and low birth weight, Infant and Young Child Feeding practices (IYCF), Severe Acute Malnutrition (SAM), growth monitoring and promotion data, food demonstration. This information is to be collected and stored monthly while reporting on quarterly basis and shared with relevant nutrition stakeholders regularly. Notwithstanding, there is need for the State Planning and Budget Commission to develop 'Common Results Framework' (CRF) that would enable the state to collate, analyse and report data across key sectors and ensure it informs some high level decision making across sectors.

Data collected will be subjected to various forms of qualitative and quantitative analysis using standard tools and soft wares like SPSS, Stata, EPI Info, Excel, Nutri survey, household economic analysis tool, Tableau Public, Python SAS, and QLINKVIEW among others. Presently, the SPHCDA is using District Health Information System 2 (DHIS2) in analysing its health sector information including nutrition. But, in order to establish suitable software that can accommodate and analyse data from multiple nutrition sectors, we recommend the use of Statistical Package for the Social Sciences (SPSS), software that is being used by various kinds of researchers for complex statistical data analysis and for the management and statistical analysis of social science data. Equally, the ordinary Excel sheet can be used particularly at the LGA level in analysing potential data for the implementation of multi-sectoral nutrition strategic plan in the state.

There is no comprehensive data management without privacy of data roots. Ethical backup shall be secured in every stage of data collection. For confidentiality, coding mechanisms shall be in place such as using phone numbers instead of names, colour codes, street/community codes etc. Personal medical and insurance records shall be encrypted to make such data confidential. However, the consent of the person concerned shall be required using a consent form or any other recognised legal instrument before such information is transmitted or made public where necessary. Confidentiality is an obligation and it is recognised to be an important bond of trust. A right to privacy is a fundamental right recognised by the Constitution and as such will be upheld by the KDMSPAN. The central M&E officer shall have access to such data and will destroy it after a prescribed period of time such as five years or above.

Access to data and or data management tools should be restricted to only certified and trusted personnel. Data should be treated with full confidentiality and secured. The data collected at all levels will be maintained by the responsible officers in the prescribed manner and shall only be released to the appropriate body for further analysis and review. Any breach of procedure as with the release of information without adequate authorization, the responsible officer will be held to account.

3.4.2 Data flow

Result area 1: The data will be collected from Extension Agent to Zonal Extension Officer to M&E officer to Director Agric services to GM to HC, In ministry of Education, the data will be collected from school to zonal desk officer to zonal director to ministry desk officer to HC. In SUBEB, the data will be collected from school to LGEA desk officer to ES to desk officer SUBEB to Executive chairman to HC.

Result area 2: Data from Voluntry Community Mobilizers (VCMs), Demand Creators (DCs), Traditional Birth Attendants (TBAs), Community Volunteers (CVs), Head Teachers, Agriculture Extension Officers, Welfare Officers, CSOs etc. are sent to relevant desk officers at PHC centers, schools, agriculture and other relevant facilities. They in turn forward to the Ward Focal Person (WFP). The Ward FP aggregate data from facilities, and send to the LGA. The LGA M&E team aggregate data from the Wards and send to the State through the DHIS, EMIS and other relevant platforms. The State M&E team finally aggregates data received from the LGAs and transmit to the relevant National authority and donor agencies where applicable.

Result area 3: Currently, there is an M&E system at the State Primary Health Care Development Agency which generate data/information on nutrition through various engagement of all stakeholders. However, despite the fact that a number of MDAs are engaged in nutrition programming, there is no consistency in the flow of data on nutrition programming in the other relevant government organizations. On the health sector, nutrition information is collected from the community to health facilities, to ward levels, to Local Governments level, and to the State Primary Health Care Development Agency through community monitoring tools by community health workers across the levels. After the SPHCDA collate and analyze the report, the agency will submit a monthly or quarterly nutrition programming report to the State Ministry of Health. However, there is need for the state government through Planning and Budget Commission to strengthen coordination, as well as, establish a state framework to collate information from multiple sources in order to inform multi-sectoral responses in line with the new State Multi-Sectoral Nutrition Strategic Plan (2020-2024).

Result area 4 to 6:

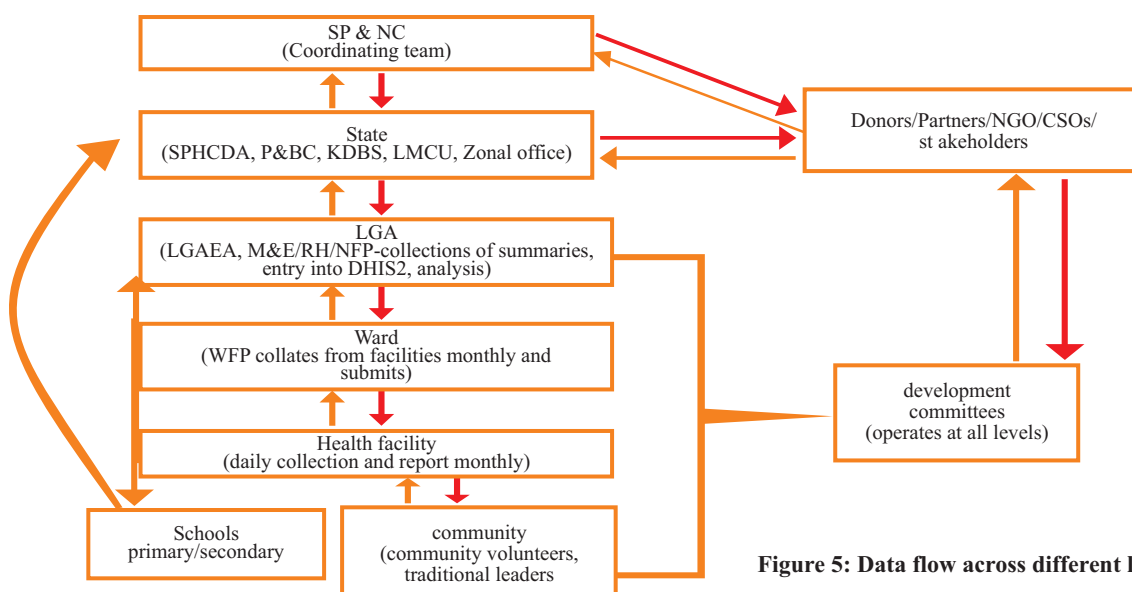


Figure 5: Data flow across different levels

The channel of communicating nutrition data for better decision-making will be two-way i.e. top-down and bottom-up for effective participation and involvement. The data reporting will be regular (i.e. monthly and quarterly).

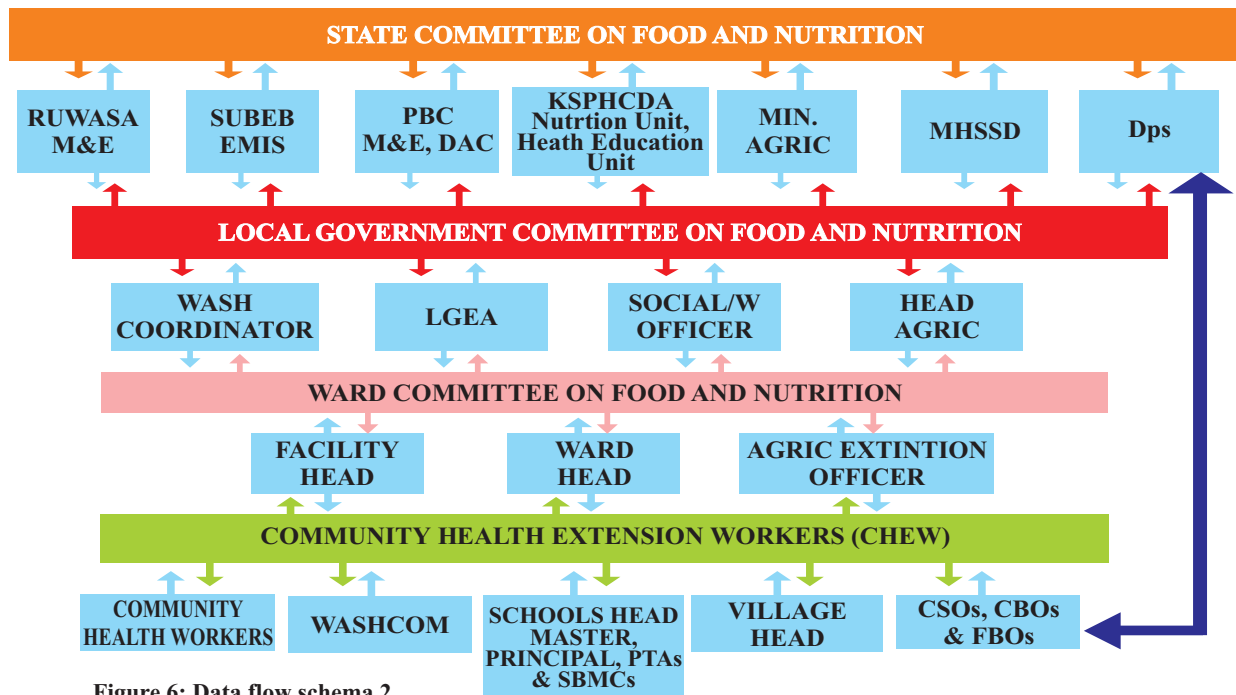


Figure 6: Data flow schema 2

The KDMSPAN M&E framework and road map details are documented below as annex 2.

3.5 Accountability

The accountability measures, platforms or mechanisms that will be deployed in enhancing delivery of the KDMSPAN include but not limited to various Open Government Partnerships, which different sectors are expected to key into. The main ones include Kaduna State Basic Education Accountability Mechanism, and Kaduna Citizens Feedback App, a digital citizens' engagement platform as well as CSOs engaged in monitoring spending on social and development activities in the state. The implementation of KDMSPAN will therefore demonstrate accountability to beneficiaries and stakeholders through generation of regular updates and reports on the progress of implementation. MDAs will be required to adopt a reporting template with adjustments on peculiarities based on their mandate. Opportunity to present such updates will use the existing platforms such as the following:

Kaduna State Emergency Nutrition Action Plan (KADENAP) Steering Committee and TWGs

Implementation progress reports, issues and challenges especially as relates to emergency situations will be presented, reviewed and addressed on a monthly and quarterly basis by the TWG and steering committee respectively. Key collaborations and partnerships will be strengthened with appropriate linkage to and mobilization of resources to improve nutritional interventions in the state.

Kaduna State Committee on Food and Nutrition (SCFN)

The MDAs will be required to present and submit quarterly reports with updates on the progress of

implementation and result at the quarterly meetings of the State Committee on Food and Nutrition to be called by the Planning and Budget Commission. It is expected that a total of four quarterly updates will be generated in each year and will form the basis for an annual report thereafter.

State and National Council on Nutrition

The Secretariat of the State Committee on Food and Nutrition will compile state report on a biannual basis to present and submit to the biannual meetings of the State and National Council on Nutrition to be chaired by the Deputy Governor of Kaduna State and by the Vice President of the Federal Republic of Nigeria respectively. This report will present information on the level of implementation of interventions and achievement of result across the relevant sectors in the state. The accountability report will also include report on budget allocation, release and utilization. The concern, feedback and complaints of the stakeholders across all levels in the state will be used to adjust implementation and influence decisions on programme policies, priorities and actions.

This accountability mechanism aims to ensure that food and nutrition is politically visible and prioritized, at the highest level of government, and that it is sustained even beyond every political administration in the state. It aims to ensure transparency and accountability in nutrition budgetary provision, build commitment at every level, raising community awareness via civic mobilization and holding leaders accountable. The platforms to be used should include: CS-SUNN; National Nutrition Network (state level chapter); Civil Society Legislative Advocacy Centre – CISLAC (state level); KADMAM; Open Government Partnership – OGP; BudgIT (Tracka); Follow the money; The Inspection Panel – IPN (World Bank); and routine supervision.

3.6 Learning

The KDMSPAN will include learning by incorporating lessons learnt, recommendation and observations from accountability mechanisms and joint review meetings into programme design. From a detailed trend analysis, observations are made followed by recommendations to re-design, fine-tune programmes and timelines of interventions aimed at different target groups. Furthermore, needs assessment will be conducted to all nutrition relevant MDAs so as to assess their level of knowledge and competence in implementing the KDMSPAN. Methods which can be carried out to check knowledge on nutrition and data collection to all relevant MDAs will be applied as follows:

- Conduct an internal needs assessment or gap analysis of all nutrition relevant MDAs
- Check the skills and competency of those in charge of program implementation and reporting level of implementation
- Apply questionnaires to nutrition desk officers to be able to come up with their training needs.
- Develop a training goal based on the training needs assessment conducted
- Plan and implement assessed training gaps to all relevant MDAs personnel involved in nutrition intervention programmes.

CHAPTER FOUR

COSTING

4.1 Introduction

The costing of the KDMSPAN was done at the activity level taking into consideration all possible costs (i.e. input cost, transport, personnel, training, supervision, monitoring and evaluation as well as relevant overhead) that will be required to implement an intervention or programme. Thus the costing matrix contains the costing spread sheet based on the six result areas, interventions and activities reflecting the following information:

- (1) **Annual Activity cost** = unit cost * annual target units
- (2) **Total activity cost** = (annual cost * annual target units)
- (3) **Intervention total cost** = activity total cost
- (4) **Program total cost** = total interventions cost
- (5) **KDMSPAN total cost** = Program total cost

4.2 Basic assumptions of costing the plan

This costing activity was based on the format prescribed by the national level and required that some assumptions be made about the type and scale of the proposed programs and interventions.

Additionally, where unit costs were not available or could not be properly estimated by participants during the costing workshop, previous cost estimation from the World Bank, the cost estimation done by the Ministry of Health and Ministry of Agriculture as contained in their respective strategic plans of action as well as experience of nutrition programming from other countries in the region to make assumptions about certain costing variables were considered.

4.3 Costed KDMSPAN Timeframe

The costing of the KDMSPAN was based on a five-year period. This is in line with the NMSPAN 5 year projection with that of Kaduna planned to commence by 2020.

4.4 Target groups and intervention by the State

In line with the Scaling Up Nutrition (SUN) strategy and the recognition of the "first 1000 days of the child" as the window of opportunity to have a better impact on the health and development of the child, the Strategic Plan of Action primarily targets pregnant women, lactating mothers and children under 5, particularly those aged 0 to 23 months without necessarily excluding other categories of people such as school age children, orphans and vulnerable children, adolescents and young adults affected by the scourge of malnutrition in Kaduna State.

The Strategic Plan propose the scaling up of nutrition intervention across the state but priority will be given to scaling up interventions (both specific and sensitive) in LGAs where the incidence of stunting exceeds 40% and that of severe stunting 20%, in line with the recommendations of the costing study carried out by the World Bank. It is recommended that full package of nutrition specific and nutrition sensitive interventions should be implemented simultaneously in these priority LGAs to maximize impact. The Strategic Plan is also designed to be implemented under six (6) result areas as contained in the national and state policy on food and nutrition. This operational document shows the interventions and activities, unit costs of these activities and the budget required for their implementation over the five-year period.

4.5 Intervention approach

The interventions contained in the Operational Plan are the activities selected to achieve the expected results of the Multi-sectoral Strategic Plan of Action for Nutrition 2020-2024. These interventions have been identified through multi-stakeholder participatory process which brought together representatives from various sectors such as public, private, implementing partners, NGOs and civil society stakeholder groups. These interventions were chosen because of their proven efficiency and cost effectiveness and within the specific nutrition context in Kaduna State and Nigeria and the recommendations of the SUN movement. The implementation of the plan of action will be led by the various MDAs of government across the state supported by other stakeholders using existing governments' delivery platform (e.g. Health Facilities, Schools) and community structures and systems.

4.6 Costing methodology

Costing was done through a multi-sectoral participation process involving relevant programme implementers across MDAs at the LGA and State levels. A micro-costing approach was adopted which involved the estimation of unit cost of all aspects of service delivery and programme implementation. The costed scaling up plan presents the estimated costs for all six result areas and 18

interventions contained in the plan of action. The cost of scaling up was calculated by estimating unit costs for all aspects of service delivery (e.g. input costs, transportation and storage, staffing, training, supervision, monitoring and evaluation, relevant overheads, waste, etc.) for each intervention of the actual programs that are currently offered (current coverage) in the state, taking into account the context in which these services are delivered.

This micro-costing method provided opportunity to establish costs by activities and results are presented in the costing matrix tables. At this stage of strategic planning, the future value of costs was not calculated and therefore the effect of inflation is not neutralized on cost estimates. It should be noted that the cost estimate was made in Nigeria National Currency (Naira).

4.7 Total Annual Costs

This section describes the cost estimates for the five year planned period (2020 to 2024). It provides the government and other stakeholders information on the cost required to operationalize the policy and plan of action articulated in the KDMSPAN for the 5-year period. The section also provides the cost estimates to be used for advocacy and resource mobilization from diverse stakeholder groups (international donors and local private sector, civil society and government) involved in tackling nutritional challenges in Kaduna State.

The Kaduna State Planning and Budget Commission (PBC) is the institution tasked to coordinate the implementation of the KDMSPAN. The costs calculated are linked to this institution. Given the multi-disciplinary, multi-sectoral nature of nutrition and its integration of nutrition in other Sector Strategic Plans, a large proportion of the interventions costs are expected to be captured in existing sectoral plans while the additional costs reflected in the KDMSPAN will be met through resource mobilization initiatives of the PBC in collaboration with KADENAP and other relevant sectors. For example, the Health sector is already financing some of the nutrition-specific and health-related interventions and the same applies to the nutrition-sensitive education and agriculture interventions some of which have been costed in their respective Sector Implementation Plans (SIPs). Thus, only the most cost-effective nutrition sensitive interventions are covered in this multi-sectoral plan of action.

The estimated total cost of implementing the KDMSPAN, which would largely require public investment spanning the five-year period (2020 - 2024), is one billion, three hundred and eighty-five million, seven hundred and seventy -six thousand, seven hundred and fifty naira (**₦ 1,385,776,750:00**) only; with an average annual public investment cost estimated at two hundred and seventy-seven million, one hundred and fifty-five thousand, three hundred and fifty naira (**₦ 277,155,350:00**) only.

When viewed across the sectors, the health sector which covers two result areas (2 and 3) i.e. enhancing caregiving capacity and strengthening the provision of quality health services will require 25.7% of the total budget over the next five years. The seemingly low cost of implementing the interventions in this sector is however due to the fact that most of the interventions that were originally identified have been

included in the already costed State Strategic Plan of Action on Nutrition (SSPAN), which is mainly health and nutrition-specific focused. The agriculture sector covers result area 1, which is ensuring food and nutrition security at all levels. The total cost of implementing the interventions in this sector amounts to 16.2% of the total cost of the overall investment for the five year period. This is an indication that the main thrusts of the KDMSPAN are both prevention and cure and also seeks to strengthen household and community food security. A substantial amount (**35.8%**) is also allocated to improve communities and institutions' capacity to address food and nutrition insecurity (Annex 1, Table 1 and 2).

4.8 Financing of the KDMSPAN

The cost estimates for the KDMSPAN will be used by the PBC with support from KADENAP to advocate for financial support from government, donor agencies and partners, the private and business sectors, and international and local non-governmental organizations (NGOs). Stakeholders must meet regularly to have a consensus on prioritization of interventions and budget allocation for effective utilization of available funds. Kaduna state will scale up the result areas at the same time and effectively in all LGAs based on needs, burden of malnutrition and resources availability within the five year period defined in the plan. It is therefore suggested that a scaling scenario based on the burden of stunting, impact, costs and implementation capacity within existing delivery platforms in Kaduna State should be considered.

ANNEXURE

Annex 1: Tables

Table 1: Summary of Annual Costs per Results Area (in Naira)

RESULT AREA	COST PER IMPLEMENTATION YEAR						Total Cost	%
	2020	2021	2022	2023	2024			
Food and nutrition security	44,280,680.00	59,352,380.00	43,290,530.00	42,584,630.00	35,171,630.00	224,679,850.00	16.2	
Enhancing caregiving capacity	80,180,700.00	66,434,500.00	67,528,500.00	66,434,500.00	67,528,500.00	348,106,700.00	25.1	
Enhancing provision of quality health services	3,253,400.00	1,105,400.00	1,105,400.00	1,105,400.00	1,105,400.00	7,675,000.00	0.6	
Improving capacity to address food and nutrition insecurity	102,336,200.00	6,873,200.00	49,413,200.00	53,097,200.00	6,873,200.00	218,593,000.00	15.8	
Raising awareness and understanding of problem of malnutrition in Kaduna state, Nigeria	44,741,100.00	131,977,700.00	106,298,700.00	106,739,900.00	106,298,700.00	496,056,100.00	35.8	
Resource allocation for food and nutrition security at all levels	29,111,850.00	12,160,300.00	17,028,500.00	12,160,300.00	20,205,150.00	90,666,100.00	6.5	
Total Cost	303,903,930.00	277,903,480.00	284,664,830.00	282,121,930.00	237,182,580.00	1,385,776,750.00	100%	

Table 2: Detailed Cost by Result Area, Sector and Interventions, KADMSpan 2020 – 2024 (in Naira)

S/N°	Result Area	Cost-2020	Cost-2021	Cost- 2022	Cost- 2023	Cost-2024	Total Intervention Cost	% of total 5-year intervention cost
1.0	FOOD AND NUTRITION SECURITY	44,280,680.00	59,352,380.00	43,290,530.00	42,584,630.00	35,171,630.00	224,679,850.00	16.2
Sectors: Agriculture, Education, Social Protection and WASH								
Interventions								
1.1	Ensure Food and Nutrition Security at the National, State, Community and Household levels	27,997,530.00	37,243,630.00	33,935,630.00	37,243,630.00	29,830,630.00	166,251,050.00	
1.2	Improve Food Harvesting, Processing and Preservation	4,655,000.00	4,687,000.00	5,787,000.00	4,655,000.00	4,655,000.00	24,439,000.00	
1.3	Improve Food Preparation and Quality	-	-	-	-	-	-	
1.4	Improve Management of Food Security Crisis and Nutrition in Emergency	11,628,150.00	686,000.00	3,567,900.00	686,000.00	686,000.00	17,254,050.00	
1.5	Increase Availability, Accessibility and Affordability to Food	-	14,899,500.00	-	-	-	14,899,500.00	
1.6	Implement School Based Strategies	-	1,836,250.00	-	-	-	1,836,250.00	
2.0	ENHANCING CAREGIVING CAPACITY	80,180,700.00	66,434,500.00	67,528,500.00	66,434,500.00	67,528,500.00	348,106,700.00	25.1
Sector: Health								
Interventions								
2.1	Improve child survival, growth and development	77,876,500.00	65,514,500.00	66,608,500.00	65,514,500.00	66,608,500.00	342,122,500.00	
2.2	Improve Poverty Alleviation Schemes	2,304,200.00	920,000.00	920,000.00	920,000.00	920,000.00	5,984,200.00	
3.0	ENHANCING PROVISION OF QUALITY HEALTH SERVICES	3,253,400.00	1,105,400.00	1,105,400.00	1,105,400.00	1,105,400.00	7,675,000.00	0.6
Sector: Health								
Interventions								
3.1	Prevent and Manage Nutrition Related Diseases	3,092,400.00	944,400.00	944,400.00	944,400.00	944,400.00	6,870,000.00	
3.2	Prevent Micronutrient Deficiency	161,000.00	161,000.00	161,000.00	161,000.00	161,000.00	805,000.00	
3.3	Protect the Consumer through Improved Food Quality and Safety	-	-	-	-	-	-	
3.4	Reduce Morbidity and Mortality Associated with Malnutrition	-	-	-	-	-	-	
4.0	IMPROVING CAPACITY TO ADDRESS FOOD AND NUTRITION INSECURITY	102,336,200.00	6,873,200.00	49,413,200.00	53,097,200.00	6,873,200.00	218,593,000.00	15.8
Sectors: Planning, M&E, Research and Finance								
Interventions								
4.1	Assessing, Analyzing and Monitoring Nutrition Situations	95,637,200.00	6,873,200.00	49,413,200.00	53,097,200.00	6,873,200.00	211,894,000.00	
4.2	Providing a Conducive Macro Economic Environment	4,610,000.00	-	-	-	-	4,610,000.00	
4.3	Social Protection Programs for the Vulnerable Groups	2,089,000.00	-	-	-	-	2,089,000.00	

5.0	RAISING AWARENESS AND UNDERSTANDING OF PROBLEM OF MALNUTRITION IN NIGERIA	44,741,100.00	131,977,700.00	106,298,700.00	106,739,900.00	106,298,700.00	496,056,100.00	35.8
Sectors: Education, Social Protection and Wash								
Interventions								
5.1	Promote Advocacy, Communication and Social Mobilization	37,622,900.00	26,622,500.00	24,172,500.00	24,172,500.00	24,172,500.00	136,762,900.00	
5.2	Promote Healthy Lifestyles and Dietary habits	6,359,000.00	103,718,000.00	80,889,000.00	80,889,000.00	80,889,000.00	352,744,000.00	
5.3	Conduct Research in Nutrition	759,200.00	1,637,200.00	1,237,200.00	1,678,400.00	1,237,200.00	6,549,200.00	
6.0	RESOURCE ALLOCATION FOR FOOD AND NUTRITION SECURITY AT ALL LEVELS	29,111,850.00	12,160,300.00	17,028,500.00	12,160,300.00	20,205,150.00	90,666,100.00	6.5
Sectors: Planning, M&E, Research and Finance								
Interventions								
6.1	Promote Adequate Budgetary Allocation and Tracking	29,111,850.00	12,160,300.00	17,028,500.00	12,160,300.00	20,205,150.00	90,666,100.00	
Total Cost		303,903,930.00	277,903,480.00	284,664,830.00	282,121,930.00	237,182,580.00	1,385,776,750.00	100%

Table 3: M&E Indicator Framework

Result Area 1: Food and Nutrition Security												
S/N	Activities	Indicators	Milestone targets					Source (s) of Data	Data collection tool	Data reporting tool	Frequency of data reporting	Responsible agency/MDA
			2020 (Baseline)	2021	2022	2023	2024 (End target)					
Ensuring Food and Nutrition Security at the State, Community and Household												
1.1.1	Government should promote commercial production of food crops by encouraging farmers cooperatives/clustering	Quantity of food crops produced	TBD-MoAF									
1.1.2	Scale-up the production, and promote the consumption of Vitamin A, and micronutrient rich foods (orange flesh sweet potato, pro-vitamin A cassava, yellow maize, quality protein maize (QPM) iron sorghum, and cowpea)	No. of farmers engaged in the production of foods	1,322,226	1,322,236	1,322,286	1,322,336	1,322,336	KDBS	Survey	Kad. State Agric. Structure Survey (KASS2017)	Annual	KDBS
1.1.3	Support production and diversification of fruits and vegetables around the homesteads, schools, orchards and farm	Proportion of people that consume vitamin A and micronutrient rich food No. of school farms established								Survey		
		No. of school garden established	30	50	70	90	110	Admin Data	Check List	Annual report	Annual	MOE

Result Area 1: Food and Nutrition Security

S/N	Activities	Indicators	Milestone targets					Source (s) of Data	Data collection tool	Data reporting tool	Frequency of data reporting	Responsible agency/MDA
			2020 (Baseline)	2021	2022	2023	2024 (End target)					
1.1.4	Capacity building for 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	No of food vendors trained on the need to provide nutritionally adequate meals in schools	12,376	12,700	13,000	13,500	14,000	Admin	Check list	Performance	Annual	MoE/SUBEB
1.1.5	Provision of starter packs for fruits and vegetable farming (in the 23 LGAs of the state) for 1000 smallholders farmers by zone (including women for HH gardening.)	No of small holders farmers who benefited from fruits and vegetable farming	440,742	500,000	550,000	600,000	650,000	Admin data	Check list	Annual report	Annual	MoA/KADA
1.1.6	Provision of small ruminant starter packs (5 sheep/goats, concentrates, minerals and vitamins, vaccines and drugs) to women farmers	No of women farmers benefited/empowered	50	100	150	250	300	Admin data	Check list	Annual report	Annual	MoA/KADA
1.1.7	Support value chain units to prepare brochures on products, including messages on nutritional /health benefits of consuming products	% of people reached with nutrition messages	TBD-SMoH									
1.1.8	Provision of smoking kilns for cluster to small scale fishprocessors /farmers	No. of smoking Kilns supplied to fish processors and farmers	TBD-KADA									
1.1.9	Provision of improved planting materials (staple crops including Guava, Cashew, Mangoes, Plantain, Banana and Pineapples) to farmers across the country to promote food security	No. of farmers supplied with improved planting materials	TBD-KADA									
1.1.10	Support water supply interventions in emergency settings and rural areas	% of IDPs supplied with portable water	TBD-SEMA	38%	48%	58%	68%	EMIS	UIS	Annual Sch.Census Report	Annual	MOE
		% of communities supplied with portable water	TBD-MRD									

Result Area 1: Food and Nutrition Security

S/N	Activities	Indicators	Milestone targets					Source (s) of Data	Data collection tool	Data reporting tool	Frequency of data reporting	Responsible agency/MDA
			2020 (Baseline)	2021	2022	2023	2024 (End target)					
		% of schools supplied with portable water	Primary 28%	84%	89%	91%	96%	EMIS	UIS	Annual Sch. Census Report	Annual	MOE
			Junior Secondary 79%	86%	88%	90%	92%	EMIS	UIS	Annual Sch. Census Report	Annual	MOE
			Senior Sec. 84%							Annual Sch. Census Report	Annual	
1.1.11	Construction of sanitation and hygiene facilities in IDPs camps, public places and institutions	% of IDPs with hygienic toilet facilities	TBD-SEMA	1/224	1/174	1/124	Jan-74	EMIS	UIS	ASC	Annual Sch. Census Report	Annual
		% of communities with hygienic toilet facilities	TBD-MRD								Annual Sch. Census Report	Annual
		Proportion of Pupils/students with clean toilet facilities (primary)	Primary 1/274					EMIS	UIS	ASC	Annual Sch. Census Report	Annual
		Proportion of students provided with clean toilet facilities (secondary)	Junior sec. 1/164 Senior Sec. 1/77					EMIS	UIS	ASC		Annual
1.1.12	Liaise with relevant Banks to promote increased access to Micro Credit facilities for Women to expand farm operations. (interest rates and collaterals)	No. of cooperative groups selected for farming & small scale business operation	25	50	75	100	125	Admin	Check list	Performance report	Annual	MHS&SD
		No. of women accessing micro credit	4,116	8000	10,000	15,000	20,000	Admin	Check list	Performance report		MHS&SD
1.1.13	Review all land tenure and land use laws with a view to increasing women access to land for agricultural activities	No. of legislations reviewed	1	2	3	3	5	Admin	Check list	Performance report	Annual	MoF/KADA
1.1.14	Promote the formation of women into sustainable cooperative groups for the provision of grants and revolving loans	No. of women cooperative groups formed in 23 LGAs	200	300	450	500	600	Admin	Check list	Performance report	Annual	MHS&SD
		No. of cooperative groups/individuals that received grants and revolving loan	4,116	8000	10,000	12,000	15,000	Admin	Check list	Performance report	Annual	MHS&SD

Result Area 1: Food and Nutrition Security												
S/N	Activities	Indicators	Milestone targets					Source (s) of Data	Data collection tool	Data reporting tool	Frequency of data reporting	Responsible agency/MDA
			2020 (Baseline)	2021	2022	2023	2024 (End target)					
1.1.15	Ensuring quality, safe and hygienic food are available along the food supply chain	% of households supplied with quality, safe and hygienic food	TBD-KADA									
1.1.16	Ensure registration and licensing of food handlers / food operators engaged in quality and safe food processing and storage	No. of food handlers that received license	TBD-SMOH	TBD	TBD	TBD	Admin	Check list	Performance report	Annual	SMoH	
1.1.17	Promote improved food quality and safety through electronic and print media	No. of jingles on improved Food quality and hygiene aired	TBD-SMOH	TBD	TBD	TBD	Admin	Check list	Performance report	Annual	SMoH	
1.1.18	Strengthen coordination platform for early warning mechanisms to cope with emergencies at community level	No. of stakeholders supporting early warning mechanism strengthened	TBD	TBD	TBD	TBD	Admin	Check list	Performance report	Annual	SEMA	
1.1.19	Ensure effective implementation of Cash Transfer Programmes, food rations or food supplements in emergency situation	No. of IDPs reached with CCT and food supplement programme	TBD-SEMA									
Strategic Objective: 1.2	Increasing Availability, Accessibility and Affordability to Food											
1.2.1	Advocate for rehabilitation of the existing rural road network and construction of new ones for easy transportation of farm produce	No. of rural roads rehabilitated	TBD	TBD	TBD	TBD	Admin	Check list	Performance report	Annual	MRD	
1.2.2	Advocate for the scaling up of farmers market to increase accessibility of food products	No. of new rural roads constructed No. of farmers market constructed/scaled up	TBD TBD-KADA	TBD	TBD	TBD	Admin	Check list	Performance report	Annual	MRD	
1.2.3	Promote access to agricultural inputs (including improved seeds, information on agricultural practices, and irrigation) to scale up production of fruits and vegetable.	No. of agricultural inputs supplied to farmers (e.g. fertilizer, agro chemicals, seeds)	14.5mt	15mt	15.5mt	16mt	16.5mt	Admin	Check list	Performance report	Annual	MoA/KADA

Result Area 1: Food and Nutrition Security												
S/N	Activities	Indicators	Milestone targets					Source (s) of Data	Data collection tool	Data reporting tool	Frequency of data reporting	Responsible agency/MDA
			2020 (Baseline)	2021	2022	2023	2024 (End target)					
1.2.4	Advocate for subsidized agricultural inputs at the point of manufacturing and import.	% reduction in agricultural input (e.g. fertilizer, agro chemicals, seeds)	TBD								MoA/KADA	
1.2.5	Train farmers on appropriate use of organic fertilizers and pesticides	No. of farmers trained	TBD								MoA/KADA	
Improving Food Harvesting, Processing and Preservation												
Strategic Objective: 1.3												
1.3.1	Conduct regular Stakeholders meeting on reduction of postharvest losses	% postharvest losses reduced	TBD-									
1.3.2	Promote and provide hermetic storage bags to local farmers for food preservation	% increase in utilization of hermetic storage bags	TBD					Survey			MoA	
1.3.3	Enlightenment of Farmers on proper use of environmentally friendly agricultural technologies	% of farmers adopting environmentally friendly technologies	TBD								MoA/KADA	
1.3.4	Promote learning centres as processing hub for women farmers	No. of processing hub established	TBD								MoA/KADA	
1.3.5	Promote the use of Aflasaft and activities to minimize aflatoxin contamination along the value chain, including GAP and modern drying and storage	% reduction in aflatoxin contamination										
		% of farmers using Afla-safe										

Result Area 1: Food and Nutrition Security												
S/N	Activities	Indicators	Milestone targets					Source (s) of Data	Data collection tool	Data reporting tool	Frequency of data reporting	Responsible agency/MDA
			2020 (Baseline)	2021	2022	2023	2024 (End target)					
1.3.6	Develop food recipes in line with the National Food Based Dietary Guidelines, and disseminate to schools, farmers, communities, workplaces and food vendors	No. of food recipes developed						Administrative data	Check list		Bi-annual	MoE
1.3.7	Strengthening of relevant government bodies to inspect the preparation of food in Restaurants, Eateries and Food vendors	% utilization of food recipes by schools % of Restaurants, eateries and food vendors complying with set standards					TBD	Administrative data	Check list		Bi-annual	SMoH
Improving Management of Food Security Crisis and Nutrition in Emergency												
1.5.1	Conduct trainings and provide IEC materials for threshing, milling, grinding or other processing activities to food vendors	% of food vendors utilizing/practicing the acquired knowledge					TBD					SMoH
1.5.2	Strengthen and Provide inputs, training and mobility for Agricultural extension workers and Subject Matter Specialists (SMS)	No. of Agric. extension workers trained and supported with mobility	188	200	210	220	235	Admin Data	Check list	Performance report	Annual	MoA/KADA
1.5.3	Provide safety nets to protect the most vulnerable groups from negative effects of food crises	No. of vulnerable groups (women, children & person's with disability) protected from negative effects of food crises					TBD					SEMA
School-based Strategies												
1.6.1	Review and update minimum standards (Nutrition and Health) for early-child care centres (ECC)											

Result Area 1: Food and Nutrition Security

S/N	Activities	Indicators	Milestone targets					Source (s) of Data	Data collection tool	Data reporting tool	Frequency of data reporting	Responsible agency/MDA
			2020 (Baseline)	2021	2022	2023	2024 (End target)					
1.6.2	Promote food diversification through the consumption of locally produced staples	% of people consuming diversified local staple food	TBD									SMoH
1.6.3	Provide agriculture extension services and inputs to strengthen school farms and garden	No. of schools with functional school farms and gardens										
1.6.4	Promote Monitoring and supportive supervision of school feeding program	No of supervisory visit to school feeding program carried out	TBD	100	200	300	400	Adm data	Check list	Performance report	Annual	MoE
1.6.5	Create regulatory framework to ensure food procurement from small scale farmers, for school feeding programs and other institutional markets	No. of regulatory framework for food procurement from small scalefarmers domesticated and enforced	0	1	NA	NA	NA	NA				

Result Area 2: Enhancing caregiving capacity												
S/N	Activities	Indicators	Milestone targets				Source (s) of data	Data collection tool	Data reporting tool	Frequency of data reporting	Responsible agency/MDA	
			2020 (Baseline)	2021	2022	2023						2024 (End target)
Child survival, growth and development improved												
2.1.1	Capacity building on food handling and hygiene practices of mother and care-givers in Early Child Care Centres(ECCD)	No. of mothers & care-givers trained on food handling and hygiene practices	0	501	244	244	1,233	EMIS	Kobo Collect, Questionnaire,	Annual School Census (ASC) 2017/2018	Annual	SUBEB
2.1.2	Advocate for legislation of the prolongation of maternity leave and enactment of paternity leave legislation enacted	No. of advocacies conducted.	Current 3-month maternity leave				Legislation Enacted	Human Resource Policy	Activity Report	N.A	Bi-annual	KADENAP, CSOs and Development Partners
2.1.3	Provide incentives to pregnant women, mothers and other care givers to motivate utilization of health facilities	No. of pregnant women, caregivers and mothers that received incentives	Revised 2012					Civil Service Scheme DHIS 2	HFR	HMIS	Monthly	SPHCDA
2.1.4	Sustain Ongoing Iron-folic acid supplementation for pregnant women during MNCH Weeks	No. of Children<5 who sleep under LLIN No. of pregnant women that receive Iron Folate	47,238 78%	83.50%	89%	94.50%	100%	Daily Call-in Data	HMIS Facility routine register	HMIS State Register	Bi-annual	SPHCDA

2.1.5	Sustain on-going Vitamin A Supplementation during MNCHW for under 5 children	% of eligible children received Vitamin A	83%	87.30%	91.50%	95.80%	100%	Daily Call-in Data	HMIS Facility routine register	HMIS State Register	Bi-annual	SPHCDA
2.1.6	Sustain on-going activities to promote pregnant women's nutritional status through Dietary Counselling during Adolescence, Pregnancy and Lactation	No. of adolescents, pregnant women and lactating mothers that receive dietary counselling										SPHCDA
2.1.7	Promote Early initiation of breastfeeding within one hour of delivery	% of children who were put to breast within 1 hour of birth (Early Initiation (EI) of BF)	28.90%	41.70%	54.50%	67.20%	80%	MICs 2017	Survey	NBS Website	Every 2 years	SPHCDA
2.1.8	Conduct intensive activities to protect, promote and support EBF for 6 months and continued breastfeeding until two years of age.	% of infants 0-6months exclusively breastfed (EBF)	19.70%	32.30%	44.90%	57.50%	70%	MICs	Survey	NBS Website	Every 2 years	NOA, SPHCDA
2.1.9	Conduct activities to support breastfeeding from 2 months till 12 months for HIV-exposed infants	No. of children 12 months and above that continued breastfeeding No. of HIV exposed infants EBF from 2 months										Ministry of Health, KADSACA

2.1.10	Train health facilities staff at all levels to promote early initiation of breast feeding.	No. of health facility staff trained on IYCF	100	Healthcare workers trained in 5 LGAs												SPHCDA/ Ministry of Health
2.1.11	Establish Nutrition Corners for demonstration of Optimal Maternal Infant & Young Child feeding (MIYCF) practices	No. of functional nutrition corners	47		255											SPHCDA
2.1.12	Provide MIYCF counseling for optimal Maternal infant and young feeding	No. of pregnant women, caregivers and mothers that received MIYCF counseling														SPHCDA
2.1.13	Establishment of creches in all MDAs to promote Exclusive Breastfeeding.	No. of creches established	0													Office of the Head of Service
		No. of MDAs with Creches	0													
2.1.14	Conduct Social and Behaviour Change Communication activities on IYCF targeted at adolescents, pregnant women, and caregivers at all levels.	% of infants >6months who received appropriate complementary feeding	62.1							Survey						NOA, SPHCDA
2.1.15	Sensitization of care givers especially grandmothers, mothers-in-law for optimal nutrition	No. of dialogues conducted.														SPHCDA

2.1.19	Training Emergency Managers on mainstreaming Nutrition in Feeding Programmes targeted at the vulnerable groups in Emergency Situations	No. of emergency managers trained on mainstreaming Nutrition in Feeding programmes	0	60	60	60	60	60	N.A	TBD	TBD	Annual	SEMA, SPHCDA
Strategic Objective 2.2:	Caring for the Socioeconomically Disadvantaged and Nutritionally Vulnerable through Improved Poverty Alleviation Schemes												
2.21	Engage traditional, religious and opinion leaders to support community level action in nutritional care of vulnerable groups	No. of traditional, religious and opinion leaders engaged											Ministry of Local Government
2.22	Develop and institutionalize poverty alleviating schemes/projects to empower Vulnerable households	No. of vulnerable groupreceiving community nutritional care No. of household empowered	HH Empowered 10,540						HH Empowered 696,746	State Social Register 2018 MoWASD report	Teasy Pay Teasy Pay	Monthly	MHS&SD, Planning and Budget Commission
		No. of caregivers empowered											

Result Area 3: Enhancing provision of quality health services											
S/N	Activities	Indicators	Milestone Targets				Source(s) of Data	Data collection tool	Data reporting tool	Frequency of data reporting	Responsible agency/MDA
			2020 (Baseline)	2021	2022	2023					
Strategic Objective 3.1: Reduce Morbidity and Mortality Associated with Malnutrition											
3-1.1	Promote regular monitoring of growth and development at health facilities and communities.	No. of Monitoring Visits to sites conducted	TBD								SPHCDA
		No. of children with improved nutritional status									
3-1.2	Disseminate information on nutrition care and key household practices through mass media and institutions, FBOs, CBOs, CSOs, NGOs and Professional groups	No. of handbills developed and disseminated, No. of jingles aired on electronic media, No. of newspaper publication,	1000 Handbills produced	1000 Handbills	1200 Handbills	1200 Handbills	1500 Handbills	Interview		Annual	SPHCDA
		No. of jingles aired on electronic media	400 Jingles aired	500 jingles to be aired	600 jingles to be aired	700 jingles to be aired	850 jingles to be aired				Public Affairs
		No. of newspaper publication,									Public Affairs

		No. of meetings with CSO on nutrition promotion (FBOs, CBOs, NGOs).	0	12	12	12	12	12	SPHCDA	Interview	Monthly	SPHCDA
3-1.3	Conduct annual assessment of Household consumption of iodized salt using Primary School children	No. of studies conducted										KDBS
3-1.4	Support distribution of Iron folate supplements to adolescent girls and children at basic Schools	No. of iron supplements distributed	NA									
3-1.5	Provide portable water supply in PHC to enhance sanitation and hygiene.	No. of adolescent girls reached with iron folate No. of PHC with potable and dependable water supply										
3-1.6	Conduct advocacy visit to community leaders in selected communities for utilization of PHC services	No. of community leaders visited										
3-1.7	Conduct training of community health promoters in catchment areas	No. of advocacy visits. No. of community health promoters trained	280	300	400	500	600		SPHCDA			SPHCDA

3.1.8	Organize seminars, on key lectures, on key household practices including IYCF, HIV/AIDs for Health Workers and Religious Leaders	No. of people sensitized																							
3.1.9	Provision of adequate complementary food to children with moderate acute malnutrition (MAM)	No. of seminars conducted for Health workers. No. of children 6-23 months who had minimum acceptable diet																							
3.1.10	Provision of Blanket Supplementary Feeding (BSFP) in all area of high prevalence malnutrition	No. of children under 5 reached with the supplementary feeding	NA																						
3.1.11	Sustain and scale up distribution of micronutrient powder (MNP) for children 6-23 months	No. of children 6-23 months that receive MNP	NA																						

			No. of LGAs distributing MNP																		
3.1.12	Strengthen active case finding of SAM and subsequent treatment	225	No. of CVs trained																		
		10,604	No. of SAM cases referred from communities to CMAM sites																		
		12,858	No. of SAM cases treated																		
Strategic Objective 3.2. Preventing and Managing Nutrition Related Diseases																					
3.2.1	Identifying risk factors, providing education, and increasing services for DRNCD		No. of nutrition and lifestyle education materials developed and produced																		
			No. of health facilities with activities to reduce DRNCD																		
			No. of media houses airing nutrition and lifestyle education programmes																		
3.2.2	Train and trigger communities on community led total sanitation	23	No. of states trained and triggered																		
		1,174	No. of WASH Committees formed																		
3.2.3	Train WASH Committees on WASH practices	1,500	No. of states trained and triggered																		
		2,000	No. of states trained and triggered																		
		2,500	No. of states trained and triggered																		
		3,000	No. of states trained and triggered																		

		No. of WASH Committees trained																		
3-2.4	Train communities on hygiene and hand washing promotion; and menstrual hygiene management	No. of community members trained on hygiene and hand washing	6,421	7,000	7,500	8,000	8,500		RUWASSA	Sensitisation and interview	RUWASSA	Annually		RUWASSA						
3-2.5	Train communities on water safety plan	No. of communities trained on water safety plan	2,513	3,000	3,500	4,000	4,500		RUWASSA	Sensitisation and interview	RUWASSA	Annually		RUWASSA						
Preventing Micronutrient Deficiency																				
Strategic Objective 3-3:																				
3-3-1	Monitor and evaluate micronutrient supplementation programme performance at community, LGA, zonal and national levels	% of coverage with micronutrients																		
		No. of supportive supervision of micronutrient supplementation programme conducted nationwide.																		
3-3-2	Strengthen Bi annual implementation of MNCH Week	No. of children 6-59 months reached with vitamin A																		
3-3-3	Procure and distribute Zinc and I _o -ORS, iron folate, de worming tablet, MNP, RUTF for MNCHW and routine services	No. of Nutrition commodities procured and distributed																		

		No. of children with improved micronutrient status																	
Strategic Objective 3.4:	Protecting the Consumer through Improved Food Quality and Safety																		
3-4-1	Conduct Nutrition and consumer education on improved food quality and safety at the community level	No. of selected community for sensitization and dialogue																	
3-4-2	Promotion of safe practices on Pesticide utilization for food stuff preservation	No. of community people reached with consumer education																	
3-4-3	Develop national Quality and Safety guidelines for food handlers/food operators.	% of farmers practicing appropriate pesticide utilization for storage	No. of food handlers complying with the guideline																
3-4-4	Strengthen the registration and Licensing of food handlers/food operators along the food chain	No. of guidelines produced and distributed	No. of food operators registered & licensed																

Result Area 4: Improving capacity to address food and nutrition insecurity												
S/N	Activities	Indicators	Milestone target				Source (s) of Data	Data collection tool	Data reporting tool	Frequency of data reporting	Responsible agency/MDA	
			2020 (Baseline)	2021	2022	2023						2024 (End target)
Strategic Objective 4.1												
Assessing, Analyzing and Monitoring Nutrition Situations												
4.1.1	Conduct on the job training for teachers and students on the Establishment/activation of school gardens.	No. of teachers trained.	-30	300	600	900	1200	KADENAP REPORT,	Training activity attendance sheet,	Training database, training activity report	Quarterly	MoE and SUBEB
		No. of school gardens established.	30	350	700	1050	1400	KADENAP REPORT, 2018,	checklist	School garden logbook, School gardens database	Quarterly	MoE and SUBEB
4.1.2	Organise capacity building training to update teachers in Primary and Secondary schools on Food and Nutrition.	No. of teachers trained on food and nutrition	TBD	300	600	900	1,200	MoE and SUBEB	Training activity attendance sheet.	Training activity report, teachers' data base	Bi-annually	
4.1.3	Provide SBCC materials on Nutrition for teaching and learning of teachers and school children	No. of schools provided with SBCC materials	Group 5 (Result area 6) is handling SBCC. This should be linked with their activity 5.1.1									

4.1.4	Conduct a National/State study on functional traditional foods/diets and use of under-utilised crops for dietary diversification	No. of studies conducted.	Link with Kaduna State Bureau of Statistics (KDBS) to incorporate this component into the Annual Household Survey	9	12	13	15	SIP (2017-2019)	Recruitment exercise attendance sheet copy of employment letter	Recruitment exercise report, staff database	Annual	HoS/CSC and SPHCDA
4.1.5	Ensure adequate staffing of relevant MDAs at State and LGAs levels implementing sectoral nutrition programmes with skilled and qualified nutritionists.	No. of functional traditional foods identified	No. of relevant MDAs with qualified nutritionist at State.	5	10	15	23	SIP (2017-2019)	Recruitment exercise attendance sheet copy of employment letter	Recruitment exercise report, staff database	Annual	LGAs
4.1.6	Awareness creation about Home Garden	No. of relevant departments at LGAs with qualified nutritionist.	Link with the SBCC group to incorporate into Result area 5	5								
4.1.7	Awareness creation of Gate Keepers (Traditional Rulers, Religious leaders) on functional and underutilized food crops	Link with the SBCC group to incorporate into Result area 5										

4.1.8	Build the capacity of farmers on functional foods and underutilized crops varieties	No. of farmers trained on functional and underutilized crops varieties.	0	2,500	5000	7,500	10,000	Nil	Training activity attendance sheet, checklist	Training database for farmers	Annual	MoA/KADA
Providing a Conducive Macro Economic Environment												
Strategic Objective 4.2:												
4.2.1	Incorporate nutrition objectives into MDAs and Departments development policies, plans and programmes	No. of MDAs with Nutrition desk established.	5	5	10	15	20	SIP (2017-2019)	Workshop attendance sheet	MDAs and Departments database, workshop report	Annual	PBC
4.2.2	Review and strengthen the existing Macroeconomics and sectoral policies to incorporate nutrition consideration	No. of MDAs Policies Plans and Programmes with nutrition objectives. This is linked with activity 4.2.1	5	5	10	15	20	SIP (2017-2019)	Workshop attendance sheet	MDAs and Departments database, workshop report	Annual	PBC
Social Protection Programs for the Vulnerable Groups												
Strategic objective 4.3:												
4.3.1	Conduct stakeholders meeting on validation of nutrition related investment and sectoral policies.	This is linked with activity 4.2.1										

4.3.2	Incorporate Nutrition considerations (e.g Mothers with SAM children, CCT) into social protection programs to address poverty, malnutrition and health of the vulnerable groups.	No. of Social Protection programmes with nutrition intervention	2	3	6	9	12	Kaduna state Social Register and MHSSD Performance Report, 2019.	Social protection programmes checklist, list of social protection programmes conducted.	Social protection activities report, social protection programmes database/register	Monthly	MHSSD
		% improvement in nutritional status of social protection beneficiaries.	0	5%	30%	45%	60%	Nil	Social protection programmes checklist, list of social protection programmes conducted.	Social protection activities reports, social protection programmes database	Monthly	MoWA
4.3.3	Expand the coverage of the state's Contributory Health Management Authority to incorporate the state's vulnerable groups.	No. of vulnerable groups that are enrolled in KADCHMA.	TBD	3	6	9	12	Nil	List of enrollees' groups under KADCHMA	KADCHMA dashboard	Monthly	KADCHMA
		No. of LGAs participating in KADCHMA	TBD	23	23	23	23	KADCHMA	List of enrolled HF's by LGA	KADCHMA dashboard	Monthly	KADCHMA

Result Area 5: Raising awareness and understanding of problem of malnutrition in Nigeria

S/N	Activities	Indicators	MILESTONE TARGETS					Source(s) of Data	Data collection tool	Data reporting tool	Frequency of data reporting	Responsible agency/MDA
			2020 (Baseline)	2021	2022	2023	2024(End target)					
Promote Advocacy, Communication and Social Mobilization												
5.1.1	Create awareness on problems of malnutrition using the mass media (such as radio jingles, TV drama, film documentaries, homevideo, and posters in local languages). The Print Media, Social Media, Online Media	Number of jingles aired	400	464	528	592	656	SPHCDA (administrative source)	Check list	Programme report	Monthly	Kaduna State Primary Health Care Development Agency
		% of people reached with awareness and knowledge of nutrition		10%	20%	40%	50%					
5.1.2	Conduct Capacity Building Training for Journalists Working around Nutrition Issues (Content to include integration of social media to mainstream media)	No. of Trainings Conducted	4	6	8	10	14	KADENAP/UNICE F (Administrative Source)	Interview	Activity Report	Annual	KADENAP/UNICE F
		No. of Journalists Trained	60	90	120	150	210					

5.1-3	Promotion and dissemination of research findings on food processing and preservation technology for use in villages and households	No. of dissemination programmes on food processing and preservation	TBD	1	2	4	4	5		Interview	Publication	Annually	Ministry of Agriculture
5.1.4	Strengthen collaboration and synergy between relevant MDAs, between state and local Committees on Food and Nutrition and between state and non-state actors (Development Partners) NB: This activity is linked to activity 6.1.5 in result area 6	No. of meetings organized for all the MDAs.	2	4	6	8	10	10	PBC (Administrative source)	Interview/questionnaire	Minutes of meeting	Bi-annual	PBC
		No. of MOUs signed.	4	6	8	10	12						
5.1.5	Annual review meeting of SCFN with Local Committee on Food and Nutrition NB: This activity is linked to activity 6.1.6 in result area 6	No. of review meetings organised	2	3	4	4	4	4	PBC (Administrative source)	Interview/questionnaire	Minutes of meeting	Biannual	PBC
		No. of SCFN that participated in review meeting.											

5.1.6	Develop clear advocacy strategy of engagement with relevant policy makers and stakeholders	No. of advocacy strategies for engagement with policy makers and stakeholders developed	TBD	1							Activity report	Annually	SPHCDA
5.1.7	Conduct and Sustain advocacy to policy makers (Governor, Hon Commissioners for education, information, Budget, Health, Agriculture, Legislators, SSG, Wife of Governor and LGA Chairmen) at all levels for resource mobilization for food and nutrition activities including establishment of school farms & gardens NB: This activity is linked to activity 6.1.9 in result area 6	No. of Policy makers reached at all levels for resource mobilization for food and nutrition activities.		1						CS-SUNN, SCI, Alive and Thrive- Administrative	Activity report	Biannual	PBC
		No. of advocacy visits conducted with reports produced											

5-1.8	Update and use profiles to advocate for Nutrition investment at all levels of government and the communities	No. of Advocacy meetings held	This activity is linked to the indicators and targets in 5.1.5 and activity 5.1.6	4	4	4	7	9				Activity report	Biannual	NAFDAC
5-1.9	Conduct dissemination of appropriate standards on nutrition labels for packaged foods in Kaduna (Nigeria) with stakeholders including NAFDAC, SON, RUWASSA, Consumer protection agency, Produce departments, Veterinary dept, relevant MDAs, CSOs, Institutions, and private sectors	No. of stakeholder meetings held to set up standards for nutrition labels in Kaduna State	No. of MDAs with increased nutrition investment	4	4	4	4	20				Checklist/ Questionnaire		

		No. of packaged foods with set standards in Kaduna	TBD																											
5.1.10	Conduct advocacy to State Assembly to legislate on implementation of home-grown School feeding program	No. of school benefiting from the school feeding programme.	3,922	3,989	4,056	4,123	4,257	4,257	1,815,000	1,516,656	1,357,484		1,218,312	1,069,140	1,218,312	1,357,484	1,516,656	1,815,000		Ministry of Education	Annual	Programme report/Publication	Survey	Ministry of Education, (Administrative Source)						
5.1.11	Erect Billboards to raise awareness on nutrition across the States/LGAs in major local languages	No. of pupils benefiting from the school feeding programme	Refer to activity 5.1.1 on billboards																	PBC										
5.1.12	Collaborate with network providers like MTN, Airtel, GLO etc. to disseminate nutrition information to the general public	No. of network providers disseminating nutrition information to their subscribers.	TBD	1	1	1	4	4												PBC	Quarterly	Publication	Survey							
		% of the Public reached with nutrition messages	TBD	15%	30%	45%	75%	75%																						
5.1.13	Conduct regular budget tracking to evaluate budget performance of Food and Nutrition in all sectors.	No. of budget tracking conducted (No of MDAs tracking budget)	TBD	2	2	2	10	10													PBC	Annual	Programme report	Questionnaire						
		% of budgeted fund released	TBD																											

5.1.1.4	Promote appropriate food choices that encourages micronutrient rich food consumption through Social Behaviour Change Communication (BCC)	No. of IEC materials promoting appropriate food choices produced.	Activity linked with activity 2.1.13 in result area 2									SPHCDA
		No. of persons reached with information on consuming foods rich in micronutrients										
5.1.15	Disseminate information on nutrition care and key household practices through mass media and institutions, FBOs, CBOs, CSOs, NGOs and Professional groups	No. of jingles on nutrition and key household practices aired on radios/TVs.	Linked to 5.1.1,									SPHCDA
		No. of IEC materials on nutrition and key household practices printed and distributed.	5.1.11									
		No. of people reached with nutrition messaging by FBOs, CSOs, NGOs and Professional groups										

5-1.16	Build capacity of Food vendors, famers and extension officers on safe methods of preparation, processing and preservation of food	No. of road food sellers trained on food preservation.	Activity linked to activity 1.1.7 in result area 1.																	SPHCDA
		No. of farmers and extension officers trained on food preservation																		
Promoting Healthy Lifestyles and Dietary Habits																				
Strategic Objective 5.2																				
5-2.1	Promote awareness on good dietary habits and healthy lifestyles	No. of sensitization meetings conducted at all levels	Linked to activity 5.1.1																	
		No. of health facilities, communities and outreach campaign delivery platforms that promote optimal feeding.																		
5-2.2	Conduct Nutrition Assessment, Counselling Support (NACS) to Identify, classify, counsel on risk factors to Diet related non Communicable Disease (DRNCD) at the Health facilities, communities.	No. of HF delivering services on DRNCD with referral	TBD																	SPHCDA

5.26	Create Television Programmes that demonstrates the preparation of meals to incorporate nutrition considerations	No. of TV programmes that addresses nutrition consideration in meal preparation.	4	5	6	7	8	NBC (Administrative source)	Checklist	Briefs/bulletin	Monthly	SPHCDA
			TBD	800,000	1,600,000	2,400,000	4,000,000					
5.27	Develop and air Radio jingles and prepare leaflets and posters to promote good dietary practices and WASH at household, community levels and schools	No. of radio jingles and slots aired.	Activity linked with activity 5.1.1									SPHCDA
	Conduct Media Field Visit to communities to determine the impact of nutrition intervention programmes	No. of IEC materials produced and distributed										
5.2.8	a) Conduct capacity building of physical and health education teachers on the need for regular physical exercise & nutrition sensitive education	No. of teachers trained	4,825	5425	6025	6625	7825	Annual School Census, SUBEB (Administrative source),EMIS	Interview	Activity report	Annual	Ministry of Education
		No. of schools with trained teachers	4,305	4,451	4,598	4,744	5,036					

5.3.2	Provision of small grants for research on development of nutritious diets from locally available staple foods	No. of researches awarded	TBD	2	4	6	10		Case study	Publication/ websites	Annual	PBC
		No. of nutritious diets developed	TBD	2	6	6	10					
5.3.3	Participate in the conduct of the National Food Consumption and Nutrition Survey	No. of LGAs included in the survey.	23	23	23	23	23	KDDBS (Administrative Source)	Survey	Publication, websites	Annual	PBC
5.3.4	Create food composition table	No. of meetings conducted	TBD	1	2	3	5		Interview, Survey	Activity Report	Annual	Ministry of Education
		No. of identified gaps updated	TBD				TBD					
5.3.5	Promote, support and disseminate research findings on food processing and preservation technologies for adoption at the village and household levels	No. of dissemination meetings held.	TBD	1	2	3	5		Case study	Publication/ website	Annual	Ministry of Education
		No. of new technologies adopted	TBD	1	2	3	5					

Result Area 6: Resource allocation for food and nutrition security at all levels												
S/N	Activities	Indicators	Milestone Targets					Source(s) of Data	Data collection tool	Data reporting tool	Frequency of data reporting	Responsible agency/MDA
			2020 (Baseline)	2021	2022	2023	2024 (End target)					
Promote Adequate Budgetary Allocation and Tracking												
6.1	Conduct assessment at all levels on determinants of low financial investments in Food & Nutrition programs compared to other lifesaving interventions in partnership with private sector	Number of Assessment of Financial gap for nutrition conducted	TBD	1	1	1	1	Accountant General Report, Annual Budget	Questionnaire, Interview	Assessment Report	Annually	M&E Officer PBC
6.1.1												
6.1.2	Conduct regular budget tracking and apply lessons learnt to all-levels of F &N budgeting processes.	No. of MDAs with Budget tracking tool completed and applied lessons learnt	TBD	2	5	5	12	CS-SUNN Score card	Excel sheet	Factsheet	Annually	M&E Officer PBC
6.1.3	Develop Score Cards of lessons learnt on Budget tracking & applications to KDMSPAN	No. of LGAs with Budget tracking tool completed and applied lessons learnt No. of score card developed with lessons learnt and applied KDMSPAN	TBD	6	6	11	23	CS-SUNN Score card	Excel sheet	Factsheet	Annually	M&E Officer PBC

6.1.4	Participate in bi-annual National Council on Nutrition meeting	No. of meetings held at State Council on Nutrition and reports produced	0	1	1	1	1	1	1	1	PBC archive/record	Documentation	Annual Report	Annually	M&E Officer PBC
		No. of meetings attended at National level	0	1	2						Reports of meetings	Documentation	Annual Report	Annually	M&E Officer PBC
6.1.5	Organize quarterly Nutrition Partners meetings at state and LGA levels	No. of meetings held and reports produced	2	3	4						PBC records	Documentation	Annual Report	Quarterly	M&E Officer PBC
6.1.6	Organize quarterly meetings of committee on Food and nutrition at state and LGA levels	No. of meetings held and reports produced	2	2	4						PBC records	Documentation	Annual Report	Quarterly	M&E Officer PBC
6.1.7	Domestication of policy on Food and Nutrition and the Plan of Action at the State Level	No. of State Food and Nutrition policy produced	1	1	1						PBC website	observation	State policy	Annually	PBC
		No. of State Plan of Action on Food and Nutrition produced											State Plan of Actions		
6.1.8	Advocate for the Creation of budget lines on food and nutrition activities in MDAs/LGAs and ensure timely release of funds	No. of advocacy visit conducted	8	8	12					24	CS-SUN website	Checklist	Report	Annually	M&E Officers PBC,
		No. of MDAs with budget line on food & Nutrition	6	8	10					12	State Budget	Document	Assessment report	Annually	

			23	23	23	23	23	23	23	23	23	23	No. of LGAs with budget line on food & Nutrition			Assessment report	Annually	M&E Officers PBC, M&E MoLG
6.1.9	Build the capacity of Nutrition desk officers in MDAs/LGAs through training & retraining on resource mobilisation and allocation		TBD	35	35	35	35	35	35	35	35	35	Number of officers trained on resource mobilisation and allocation			Annual Report	Annually	PBC, MoH, MoLG,
													Number of MDAs and LGAs with increased resources	PBC and MoLG				
6.1.10	Conduct monitoring & evaluation on food and nutrition activities in collaboration with partners and the private sector		4	4	4	4	4	4	4	4	4	4	No. of monitoring visits conducted and report produced		PHCDA Monitoring Report	Report	Quarterly	PBC M&E Officers/ M&E SPHCDA
			TBD										No. of evaluation studies conducted		Evaluation Report	Reports	Annually	PBC M&E Officers/ M&E SPHCDA
6.1.11	Conduct research on food and nutrition activities in collaboration with partners and the private sector		TBD	1	1	1	1	1	1	1	1	1	No. of research conducted and report produced		Relevant Documents	Report	Annually	PBC M&E Officers
6.1.12	Develop a Portal and data tools for the collection of core Nutrition based interventions in partnership with research		0	1	1	1	1	1	1	1	1	1	No. of nutrition interventions portal developed		PBC website	Report	Annually	M&E PBC

	institutes										Checklist, excel sheet	Report	Annually	M&E Officer SPHCDA, PBC
		No. of nutrition interventions data collection tools developed	0	1	1	1	1	1	1	1				M&E Officer SPHCDA, PBC
6.1.1.13	Build the capacity of Nutrition implementers (OICs, NFPs, M & E, agric extension officers and other nutrition officers/ workers at state, LGA and community levels on the use of data tools for capturing of Nutrition activities	No. of nutrition implementers whose capacities are built on data collection tools	142	230	310	310	310	310	400	PHCDA	Record	Report	Annually	M&E Officer SPHCDA, PBC
6.1.1.14	Conduct results based monitoring and evaluation for nutrition activities													

Table 4: Roles and Responsibilities for M&E

Level	Role	Responsibility
State	<ul style="list-style-type: none"> Coordinate and manage the nutrition M&E System Develop and review nutrition data collection and reporting tools Maintain a functional database within the state Collect, analyze and disseminate data Detect and identify gaps in the management of data Produce information products and disseminate to stakeholders Supervise and ensure data and information use Sensitize on use of data & Information for decision making and planning Utilize data for planning and decision making Review raw data, establish patterns/trends and communicate findings Scrutinize data for quality and reliability to understand enterprise-wide data flow and management of inter-departmental relationship Create a robust archiving system Sustain a good accountability system for rewards and sanctions Follow up on data quality Conduct regular spot-checks to LGA and HFs levels Coordinate state capacity building for M&E at all levels Facilitate researches on food and nutrition with research institution Serve as Secretariat to SCFN Give feedback to MDAs. 	MDAs M&E Officers, MDAs, SBS, MDAs Nutrition Desk Officers, State Nutrition Officer, PBC, KADENAP, State level F&NC
LGA	<ul style="list-style-type: none"> Maintain LGA database and good archiving system Coordinate and manage data at the LGA Collate nutrition data from the facilities through Ward focal persons and implementing partners Supervise nutrition data collection in facilities Train LGA M&E team, NFPs, LGA data and information focal persons and ward focal persons Transmit nutrition data/information using the approved platforms Maintain LGA dashboard and give regular feedbacks to the LGA, ward, health facility and community levels Utilize data for planning and decision making at the LGA level Sensitize other stakeholders on data management for decision making and planning. Development of supportive supervision plan Follow up on data quality and timely reporting Ensure monthly harmonization meeting Conduct regular HF level spot-checks and community level household surveys Serve as Secretariat to LGCFN 	LGA Nutritionist/ NFP, Planning Officers, M&E Officers, Head of School etc.
Ward	<ul style="list-style-type: none"> Collect, compile, analyze and forward data/reports to the LGA Store data at the ward level Receive feedback from the LGA Provide regular Feedbacks to the facilities and communities Conduct regular supportive supervisions and mentoring visits Develop supervision plan and share with LGA level Conduct ward level harmonization meeting with facilities Develop high risk analysis and update quarterly Serve as Secretariat to WCFN 	Ward Focal Person, WDC,
Facility	<ul style="list-style-type: none"> Collect, compile, analyze and forward data/reports to the WFP/LGA Store data Use data for planning and decision making Document daily activities into the national approved facility-based registers Collate daily data into the monthly summaries and report to the LGA level through the ward focal person Develop regular analysis of data, paste on the wall and share with colleagues 	Facility in charge/Nutritionist, WDC SBMC/PTA,

	<p>Properly archive/Store data</p> <p>Use data for planning and decision making</p> <p>Receive feedback from the LGA/WFP</p> <p>Provide Feedback regularly to the Community/traditional leaders</p>	
Community	<p>Routinely collect data from the community into a designed spreadsheet and/or register</p> <p>Compile and forward data to the Health Facility</p> <p>Track facility services and attend meetings with service providers</p> <p>Receive feedback from the HF/WFP/LGA/State/National levels and disseminate to the community members</p>	<p>CHEW/Health workers, WDC, VCMs, Community volunteers, traditional leaders, community mobilizers, TBAs, CBOs, CSOs etc</p>

Annex 4: List of participants

S/N	Name	Designation (In Full)	Organisation/LGA
1.	Dr. Zainab Kwaru Muhammad Idris	Project Manager/Lead Facilitator	Kaduna State Emergency Nutrition Action Plan (KADENAP)
2.	Dr. M.A Dakare	Senior Lecturer/Facilitator	Kaduna State University
3.	Salisu Baba Lawal	Director, Development Aid Coordination	Planning and Budget Commission, Kaduna
4.	Yusuf Auta	Deputy Director Development Aid Coordination	Planning and Budget Commission, Kaduna
5.	Chinwe Ezeife	Nutrition Specialist	UNICEF
6.	Sophie Bako	Principal Planning Officer	Planning and Budget Commission, Kaduna
7.	Jessica Bartholomew	Nutrition Officer	POHSAC Initiative
8.	Isah Ibrahim	Nutrition Advocacy Adviser	Save The Children International
9.	Mbochi A.L. Caroline	Principal Lecturer	Shehu Idris College of Health Sciences & Technology, Makarfi
10.	Dauda R. Anchau	Quality Assurance Officer	KADENAP
11.	Adams John	Monitoring & Evaluation	Kaduna State HIV/AIDS Control Agency (KADSACA)
12.	Sarki Babangida	Planning Officer	Planning and Budget Commission, Kaduna
13.	Hauwa Aliyu	Nutrition Officer	State Primary Health Care Development Agency (SPHCDA)
14.	Lawal Haruna	Deputy Director	National Orientation Agency (NOA), Kaduna
15.	Mu'azu L. Abdullahi	Assistant Director, Monitoring & Evaluation	Ministry of Education
16.	Jibril Abdullahi	Principal Planning Officer	Planning and Budget Commission, Kaduna
17.	Philip D. Yatai	Reporter	News Agency of Nigeria (NAN)
18.	Abdulrahman A. Mukail	Public Relation Officer	Civil Society Scaling Up Nutrition In Nigeria
19.	Abubakar Adamu Musa	State Program Officer	Alive & Thrive/Fhi360
20.	Barem Habila Bako	Director, Primary Health Care	Igabi LGA
21.	Engr. Ameen M. Tanko	Assistant Director	Ministry of Public Works & Infst
22.	Jummai Ibrahim	Monitoring & Evaluation Officer	Ministry of HS&SD
23.	Hauwa M. Baba	Planning Officer	Planning and Budget Commission, Kaduna
24.	Saleh Adamu	Planning & Budget Officer	Ministry for Local Government Affairs Kaduna
25.	Idris Garba Mayere	Health Planning Officer	Ministry of Health
26.	Medickoh J. Victor	Monitoring & Evaluation Officer	State Primary Health Care Development Agency (SPHCDA)
27.	John Sunday	Procurement Officer	Ministry of Agriculture, Kaduna
28.	Yohanna H. Bature	Deputy Director Planning, Monitoring & Evaluation	Ministry of Agriculture, Kaduna
29.	Victoria B.A Ba'ah	Assistant Director Prevention (C&So)	KADSACA

30.	Rahila Maishanu	Breast Milk Substitute Desk Officer	National Agency For Food & Drugs Administration and Control (NAFDAC)
31.	Hauwa Usman	State Nutrition Officer	SPHCDA
32.	Muhammad Awwal Waziri	Director Planning, Monitoring & Evaluation	SPHCDA
33.	Dauda Idris Doka	Director Public Affairs	Department for Public Affairs, Kaduna
34.	Sani S. Hassan	State Nutrition Local Government Facilitator	UNICEF, Kaduna
35.	Usman Inuwa	Principal Executive Officer Accounts	Rural Water Supply & Sanitation Agency
36.	Ashafa Ahmad	Director Primary Health Care	Kaduna North LGA
37.	Rebecca B. Gaiya	Senior Planning Officer	State Emergency Management Agency (SEMA), Kaduna
38.	Irowa Erhabor	Project Manager	Global Alliance For Improved Nutrition (GAIN)
39.	Oluseyi Abejide	Advocacy & Campaign Project Manager	Save The Children
40.	Deborah L. Yusufu	Head Of Women In Agriculture	Kaduna Agricultural Development Agency (KADA)
41.	Aisha Mohammed	Director, Sustainable Development Goals (SDGs)	Planning and Budget Commission, Kaduna
42.	Zainab Musa	Senior Planning Officer	Planning and Budget Commission, Kaduna
43.	Doris Sani	Principal Statistical Officer	Kaduna State Bureau of Statistics (KDBS)
44.	Lawal Nuradeen Muhammed	Planning Officer	Planning and Budget Commission
45.	Abdulrasheed Mohammed	STL	Save the Children International (SCI)
46.	Jamil Sani Ladan	Budget Officer	Planning and Budget Commission
47.	Hadiza Hayatudeen	Planning Officer	Planning and Budget Commission
48.	Murjanatu Gidado	State Nutrition Local Government Facilitator	UNICEF
49.	Grace Adeleye	State Nutrition Local Government Facilitator	UNICEF
50.	Adamu F.D	PA	FHI360 A&T
51.	Dawong Nina Yakwal	State Coordinator	State Operation Coordinating Unit , Planning and Budget Commission
52.	Hadiza Abdulsalam	SPO	Wellbeing foundation Africa (WBFA)
53.	Abdulraheem Abdul	Kaduna Bureau Chief	Blueprint Newspaper
54.	Adole E.I	Focal Officer	FMARD Kaduna
55.	Priscilla Dariya	Principal Planning Officer	Planning and Budget Commission, Kaduna
56.	Ibrahim Lawal Suleiman	DD/DE	K/North LGA
57.	Victoria N. Adams	Program Assistant	FHI360 A&T
58.	Sarah Didi Kwasu	STL	FHI360 A&T
59.	Hassan Shehu Muhammad	Lecturer	ABU, Zaria

60.	Hamisu Abubakar	DD Special Service & LGO	National Orientation Agency
61.	Dr. Oyefabi Adegboye Moses	Consultant Public Health Physician	
62.	Dr. Baka I. Shatsoun	Executive Secretary	Kaduna State Aids Control Agency
63.	Ramatu Musa Haruna	Nutrition Focal Person	Chikun LGA
64.	Wada Nafisatu	M&E Asst	Well being formulation A&T
65.			
66.			
67.			
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69.			
70.			
71.			

Result Area, Sector, and Interventions									
S/N°	Result Area	Cost - 2020	Cost-2021	Cost - 2022	Cost - 2023	Cost- 2024	Total Intervention Cost	% of total 5-year intervention cost	
1.0	FOOD AND NUTRITION SECURITY	44,280,680.00	59,352,380.00	43,290,530.00	42,584,630.00	35,171,630.00	224,679,850.00	16.2	
	Sectors: Agriculture, Education, Social Protection and WASH								
	Interventions								
1.1	Ensuring Food and Nutrition Security at the National, State, Community and Household levels	27,997,530.00	37,243,630.00	33,935,630.00	37,243,630.00	29,830,630.00	166,251,050.00		
1.2	Improving Food Harvesting, Processing and Preservation	4,655,000.00	4,687,000.00	5,787,000.00	4,655,000.00	4,655,000.00	24,439,000.00		
1.3	Improving Food Preparation and Quality	-	-	-	-	-	-		
1.4	Improving Management of Food Security Crisis and Nutrition in Emergency	11,628,150.00	686,000.00	3,567,900.00	686,000.00	686,000.00	13,685,050.00		
1.5	Increasing Availability, Accessibility and Affordability to Food	-	14,899,500.00	-	-	-	14,899,500.00		
1.6	School Based Strategies	-	1,836,250.00	-	-	-	1,836,250.00		
2.0	ENHANCING CAREGIVING CAPACITY	80,180,700	66,434,500	67,528,500	66,434,500	67,528,500	348,106,700.00	25.1	
	Sector: Health								
	Interventions								
2.1	Child survival, growth and development improved	77,876,500.00	65,514,500.00	66,608,500.00	65,514,500.00	66,608,500.00	342,122,500.00		
2.2	Improved Poverty Alleviation Schemes	2,304,200.00	920,000.00	920,000.00	920,000.00	920,000.00	5,984,200.00		

3.0	ENHANCING PROVISION OF QUALITY HEALTH SERVICES	3,253,400.00	1,105,400.00	1,105,400.00	1,105,400.00	1,105,400.00	1,105,400.00	1,105,400.00	7,675,000.00	0.6
Sector: Health										
Interventions										
3.1	Prevent and Manage Nutrition Related Diseases	3,092,400.00	944,400.00	944,400.00	944,400.00	944,400.00	944,400.00	944,400.00	6,870,000.00	
3.2	Prevent Micronutrient Deficiency	161,000.00	161,000.00	161,000.00	161,000.00	161,000.00	161,000.00	161,000.00	805,000.00	
3.3	Protect the Consumer through Improved Food Quality and Safety	-	-	-	-	-	-	-	-	
3.4	Reduce Morbidity and Mortality Associated with Malnutrition	-	-	-	-	-	-	-	-	
4.0	IMPROVING CAPACITY TO ADDRESS FOOD AND NUTRITION INSECURITY	102,336,200.00	6,873,200.00	49,413,200.00	6,873,200.00	53,097,200.00	6,873,200.00	6,873,200.00	218,593,000.00	15.8
Sectors: Planning, M&E, Research and Finance										
Interventions										
4.1	Assessing, Analyzing and Monitoring Nutrition Situations	95,637,200.00	6,873,200.00	49,413,200.00	6,873,200.00	53,097,200.00	6,873,200.00	6,873,200.00	211,894,000.00	
4.2	Providing a Conducive Macro Economic Environment	4,610,000.00	-	-	-	-	-	-	4,610,000.00	
4.3	Social Protection Programs for the Vulnerable Groups	2,089,000.00	-	-	-	-	-	-	2,089,000.00	
5.0	RAISING AWARENESS AND UNDERSTANDING OF PROBLEM OF MALNUTRITION IN NIGERIA	44,741,100.00	131,977,700.00	106,298,700.00	106,298,700.00	106,739,900.00	106,298,700.00	106,298,700.00	496,056,100.00	35.8
Sectors: Education, Social Protection and Wash										
Interventions										
5.1	Promote Advocacy, Communication and Social Mobilization	37,622,900.00	26,622,500.00	24,172,500.00	24,172,500.00	24,172,500.00	24,172,500.00	24,172,500.00	136,762,900.00	

5.2	Promote Healthy Lifestyles and Dietary habits	6,359,000.00	103,718,000.00	80,889,000.00	80,889,000.00	80,889,000.00	80,889,000.00	352,744,000.00	
5.3	Research in Nutrition	759,200.00	1,637,200.00	1,237,200.00	1,678,400.00	1,237,200.00	1,237,200.00	6,549,200.00	
6.0	RESOURCE ALLOCATION FOR FOOD AND NUTRITION SECURITY AT ALL LEVELS	29,111,850.00	12,160,300.00	17,028,500.00	12,160,300.00	20,205,150.00	90,666,100.00	6.5	
Sectors: Planning, M&E, Research and Finance									
Interventions									
6.1	Promote Adequate Budgetary Allocation and Tracking	29,111,850.00	12,160,300.00	17,028,500.00	12,160,300.00	20,205,150.00	90,666,100.00		
Total Cost		303,903,930.00	277,903,480.00	284,664,830.00	282,121,930.00	237,182,580.00	1,385,776,750.00	100%	

STRATEGIC ACTIVITIES FOR IMPLEMENTATION OF THE KADUNA POLICY ON FOOD AND NUTRITION (2020-2024)										
S/N ¹	Result Area	Sub-activities and tasks	Cost elements	Cost - 2020	Cost -2021	Cost - 2022	Cost - 2023	Cost- 2024	Total Cost	Remarks
I	Result Area 1. FOOD AND NUTRITION SECURITY			44,280,680.00	59,352,380.00	43,290,530.00	42,584,630.00	35,171,630.00	224,679,850.00	
Sectors: Agriculture, Education, Social Protection and WASH										
Interventions										
1.1 Ensuring Food and Nutrition Security at the National, State, Community and Household levels										
1.1.1	Promote commercial production of food crops by encouraging farmers cooperatives/clustering	1. Generate data base 2. Conduct one day planning meeting 3. Conduct annual Stakeholder meeting (6 cluster)	1. Data generation Staff time 2. Planning meeting Refreshment@2000x6 3. Annual stakeholder meeting Lunch @ #2500 x100 persons	822,000.00	822,000.00	822,000.00	822,000.00	822,000.00	4,110,000.00	Participants from 6 crop cluster per LGA and rep PBC, KADENAP, MoA, Media, All Farmers Association of Nigeria, Cluster President,
1.1.2	Facilitate the cultivation of prison farms in each geopolitical zone			-	-	-	-	-	-	
1.1.3	Build capacity of Prison inmates in agro-based skills			-	-	-	-	-	-	
1.1.4	Scale-up the production, and promote the consumption of Vitamin A, and micronutrient rich foods (orange/flesh sweet potato, pro-vitamin A cassava, yellow maize, iron sorghum, and cowpea)	1. Conduct 4 number 4 days ToT of extension agents 2. Procure vines	1. ToT for extension agents DSA@3000x5 DSA driver@2000x4 Fueling@80000 Honorarium@20000x2 x4 W/shop materials@250x2000 ext agents 2. Procure and distribute	883,000.00	883,000.00	883,000.00	883,000.00	883,000.00	4,415,000.00	
1.1.5	Promote the extension of existing legislation on fortification to cover food staples and promote Hammer mill and household level fortification of cerea and legumes not presently covered, industrially processed rice, Noodles and Palm oil			1,448,000.00	-	-	-	-	1,448,000.00	200 extension workers to be train by 8 facilitators
1.1.6	Support production and diversification of fruits and vegetables around the homesteads, schools, orchards and farms.	1. Conduct one day planning meeting 2. Conduct ToT 3. Purchase seedling	1. Planning meeting Refreshment@2000x9 2. Training @1200x55 3. Ten break Lunch@2500x55	472,500.00	472,500.00	472,500.00	472,500.00	472,500.00	2,362,500.00	

1.1.7	Capacity building for 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	1. Conduct one day planning meeting 2. mapping of food vendors 3. Conduct training of nutrition teachers and food vendors	1. Planning meeting Refreshment@2000x10 2. Mapping Staff time 3. Training 4. Tea break Lunch@2500x40x12 clusters Transport@x3000x40x12 cluster	4,316,000.00	4,316,000.00	4,316,000.00	4,316,000.00	4,316,000.00	4,316,000.00	4,316,000.00	21,580,000.00	3,000 would have been trained in 5 years out of 4,267
1.1.8	Provision of starter packs for fruits and vegetable farming (in seven agro ecological zones) for 1000 small holders farmers by zone (including women for HH gardening)	1. Procure starter packs 2. Orientate and Distribute starter packs to farmers 3. Conduct bi-annual Monitoring of home garden	1. Starter packs Citrus@250x150 Pawpaw@150x150 Mangoes@250x150 Oil palm@350x150 Ugu@100x150 Moringer@100x150 Furadan@700x12 2. Orientation Refreshment@210x3	1,161,030.00	1,161,030.00	1,161,030.00	1,161,030.00	1,161,030.00	1,161,030.00	1,161,030.00	5,805,150.00	
1.1.9	Provision of small ruminant starter packs (5 sheep/goats, starter pack concentrates, minerals and vitamins, vaccines and drugs) to women farmers	1. Purchase ruminant starter pack 2. Procure concentrates and concentrates	1. Ruminants Sheep & Ram@16000x40 goats & Billy @12000x40 piglets (male & female) @10000x40 2. Supplementary feeds (concentrates)	2,690,000.00	2,690,000.00	2,690,000.00	2,690,000.00	2,690,000.00	2,690,000.00	2,690,000.00	13,450,000.00	
1.1.10	Support for 24 value chain units to prepare brochures on products, including messages on nutritional/health benefits of consuming products	1. Conduct one day planning meeting 2. Conduct 2 number 3 days w/shop to develop brochure 4. Conduct one day validation meeting 5. Print 1000 copies of brochures	1. Refreshment @2000x9 2. Message Develop W/shop Teabreak @1500x2.5persons X3days	-	3,308,000.00	3,308,000.00	3,308,000.00	3,308,000.00	3,308,000.00	3,308,000.00	6,616,000.00	
1.1.11	Provision of smoking kilns for cluster of small scale fish processors/farmers	1. Procure smoking kilns for x number clusters 2. Distribute x number kilns to x number	1. Smoking Kilns Kilns@350000x6 2. Distribution of Kilns Fuel @15000x5 3. Training on smoking kilns	-	2,649,000.00	2,649,000.00	2,649,000.00	2,649,000.00	2,649,000.00	2,649,000.00	10,596,000.00	
1.1.12	Provision of improved planting materials (staple crops including Plantain, Banana and Pineapples) to farmers across the state to promote food security	1. Planning Meeting 2. Purchase improved planting materials 3. Distribute improved planting materials to farmers 4. Conduct one day Orientation meeting of Farmers		-	1,449,100.00	1,449,100.00	1,449,100.00	1,449,100.00	1,449,100.00	1,449,100.00	5,796,400.00	Provision of 100 plantain suckers by LGA
1.1.13	Support water supply interventions in emergency settings and rural areas	1. Site analysis assessment 2. Procure mobile pumpboreholes	1. Site analysis Site analysis@350000x100 2. Geophysists@30000x1	-	-	-	-	-	-	-	-	Refer to SEMA and RUWASA budget
1.1.14	Construction of sanitation and hygiene facilities in IDPs camps, public places and institutions	1. Construct VIP toilets 2. Procure mobile toilets	1. VIP toilet These compartment toilet@4,000,000x50 2. Mobile toilet@250,000x50	-	-	-	-	-	-	-	-	Refer to SEMA and Public Works and Infrastructure

1.1.15	Construction of sanitation and hygiene facilities in IDPs camps, public places and institutions																		Cell content of 1.1.14 repeated
1.1.16	Liaise with relevant Banks to promote increased access to Micro-Credit facilities for Women to expand farm operations. (interest rates and collaterals)	1. Mapping of women cooperative groups 2. Training of women cooperative groups on group dynamics and linkages to financial institutions	1. Mapping /Planning Meeting Refreshment @2000x9 2. Training of women cooperative group Lunch @2500x510 Facilitator @2000x2x10 zones DSA@3000x4x10 Administrative cost	-	-	1,963,000.00	1,963,000.00	1,963,000.00	1,963,000.00	-	-	1,963,000.00	-	-	-	-	7,852,000.00	-	
1.1.17	Review all land tenure and land use laws with a view to increasing women access to land for agricultural activities	1. Raise memo to the executive governor with a view to increase women access to land activities	Administrative cost	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
1.1.18	Promote the formation of women into sustainable cooperative groups for the provision of grants and revolving loans	1. Train extension workers to promote formation cooperative provision of grants and revolving loans	Administrative cost	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
1.1.19	Ensuring quality, safe and hygienic food are available along the food supply chain	1. Orient food handlers on food hygiene 2. Conduct quarterly monitoring of food handlers	1. Orient food handlers in 3 zones 15000 per zone Refreshment @2000x300	600,000.00	600,000.00	600,000.00	600,000.00	600,000.00	600,000.00	600,000.00	600,000.00	600,000.00	600,000.00	600,000.00	600,000.00	3,000,000.00			
1.1.20	Ensure registration and licensing of food handlers / food operators engaged in quality and safe food processing and storage	1. Identify number of food handlers/operators engaged in 2. Print x copies of certificates 3. Construct storage bin of 10 metric tone	1. Identification of foodhandlers 2. Print 1000 copies for food handlers (refer to SMOHHS budget) 3. 10 metric tone	11,500,000.00	11,500,000.00	11,500,000.00	11,500,000.00	11,500,000.00	11,500,000.00	11,500,000.00	11,500,000.00	11,500,000.00	11,500,000.00	11,500,000.00	11,500,000.00	57,500,000.00			
1.1.21	Promote improved food quality and safety through electronic and print media	1. Develop message for electronic and print media 2. Jingles production 3. Place jingles on	1. Message content development lunch@2500x15x2day team:caak@1500x15x2 2. Jingles	-	-	1,325,000.00	1,325,000.00	1,325,000.00	1,325,000.00	1,325,000.00	1,325,000.00	1,325,000.00	1,325,000.00	1,325,000.00	5,300,000.00				
1.1.22	Strengthen coordination platform for early warning mechanisms to cope with emergencies at community level	1. Conduct orientation on early warning mechanism 2. Air 5000 slots on emergency at community level 3. Place jingles on	1. Orientation DSA @3000x20persons 2. Air 5000 slots on emergency at community level 3. Place jingles on	4,105,000.00	4,105,000.00	4,105,000.00	4,105,000.00	4,105,000.00	4,105,000.00	4,105,000.00	4,105,000.00	4,105,000.00	4,105,000.00	4,105,000.00	16,420,000.00				
	Sub-total 1.1			27,997,530.00	37,243,630.00	33,935,630.00	37,243,630.00	37,243,630.00	37,243,630.00	37,243,630.00	37,243,630.00	37,243,630.00	37,243,630.00	37,243,630.00	166,251,050.00				
	1.2	Improving Food Harvesting, Processing and Preservation																	
1.2.1	Advocate for Increase import levies and excise duties on commodities that can be locally produced																		

1.2.2	Advocate for rehabilitation of the existing rural road network and construction of new ones for easy transportation of farm produce	1. Conduct advocacy visit to KADRA & MoRCD	1. Advocacy visit Fueling@5000	5,000.00	5,000.00	5,000.00	5,000.00	5,000.00	5,000.00	5,000.00	25,000.00	
1.2.3	Advocate for the establishment of uniform Receipt system for warehouses in government food storage centers			-	-	-	-	-	-	-	-	
1.2.4	Promote regulation for the establishment of commodity trading centers			-	-	-	-	-	-	-	-	
1.2.5	Advocate for the scaling up of farmers market to increase accessibility of food products	1. Construct market stores 2. Construct shades 3. Plant wind break trees 4. Construct hand pump borehole 5. Construct waste disposal site	1. Market store@800000x3 2. Construct shade@150000x3 3. Tree planting - Wind breaks@200x1000x3 4. Incinerator@150000x3 5. Wash bole@250000x3	4,650,000.00	4,650,000.00	4,650,000.00	4,650,000.00	4,650,000.00	4,650,000.00	4,650,000.00	23,250,000.00	
1.2.6	Promote access to agricultural inputs (including improved seeds, information on agricultural practices, and irrigation) to scale up	1. Purchase improved seeds for distribution to farmers 2. Air x number of jingles on Agricultural practice	1. Improved seeds Maize@1000x60 Rice@1000x sorghum@ Soya beans@ Tomatoes@ Ginger@ 2. Jingles Slot@4000x100	-	-	-	-	-	-	-	-	
1.2.7	production of fruits and vegetable.	1. Production of fruits and vegetables 2. Orient farmers on new farming techniques	1. Fruits and vegetables Refer to 1.1.8 2. Monthly training of farmers Staff time	-	-	-	-	-	-	-	-	

1.2.8	Advocate for subsidized agricultural inputs at the point of manufacturing and import.	1. Conduct advocacy visit	1. Advocacy visit to agro base manufacturing companies Within the State Fueling @15000 DSA@3000x5 Driver@2000 Out side the State DTA@32000x5x3x2 DTA driver@12000x3x2 Fueling@100000 Transport@	-	32,000.00	1,132,000.00	-	-	-	1,164,000.00	
	Sub-total 1.2			4,655,000.00	4,687,000.00	5,787,000.00	4,655,000.00	4,655,000.00		24,439,000.00	
	1.3 Improving Food Preparation and Quality										
1.3.1	Advocate for Increase import levies and excise duties on commodities that can be locally produced			-	-	-	-	-	-	-	-
1.3.2	Advocate for rehabilitation of the existing rural road network and construction of new ones for easy transportation of farm produce			-	-	-	-	-	-	-	-
1.3.3	Advocate for the establishment of uniform Receipt system for warehouses in government food storage centers			-	-	-	-	-	-	-	-
	Sub-total 1.3			-	-	-	-	-	-	-	-
	1.4 Improving Management of Food Security Crisis and Nutrition in Emergency										
1.4.1	Promote the use of Atlasafe and activities to minimize aflatoxin contamination along the value chain, including GAP and modern drying and storage	1. Conduct ToT training for extension agents on GAP, modern drying and storage	1. Training Fueling@15000x4 zones DSA@3000x4x4 DSA driver2000x4 Printing@250x200	146,000.00	146,000.00	146,000.00	146,000.00	146,000.00	146,000.00	146,000.00	730,000.00

1.4.2	Develop food recipes in line with the National Food Based Dietary Guidelines, and disseminate to schools, workplaces and food vendors	<ol style="list-style-type: none"> 1. Identify schools, work places and food vendors 2. Conduct one day planning meeting 3. Conduct 3 days meeting to develop recipes 4. Conduct one day validation meeting 5. Print 10000 copies of food recipes 6. Conduct one day dissemination meeting of food recipes 	<ol style="list-style-type: none"> 1. Identification of schools, work places and food vendors Staff time 2. Develop recipes Refreshment@2000x10 Teabreak@1200x35x3x2 Lunch@2500 Transport@6000x35 Accommodation@9000x35x4 DSA@\$700 Stationery and writing materials@2000x35 Photocopy of materials@2500x35 Hall hire@100000x3 Honourarium strategy session@20000x5x3days Honourarium for cleaning and report writing@20000x5x5days 3. Validation meeting Tea break@1500x35 Lunch@2000x35 Transport@2000x35 Honourarium@20000x3 4. Production@300x1000 0 5. Dissemination Refreshment@2000x 	7,191,250.00	-	-	-	-	7,191,250.00
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1.4.3	Strengthening of relevant government bodies to inspect the preparation of food in Restaurants, Eateries and Food vendors	1. Conduct one day plannin meeting 2. Conduct mid term review to assess implementation status	1. Planning meeting Refreshment@2000x10 2. Mid term review Teabreak@1200x53x2 x2 Lunch@2500x2 Transport@6000x50 Accommodation@9000x50x3 DSA@5700x50x2 Stationery and writing materials@200x50 Photocopy of materials@250x50 Hall hire@100000x2 Honourarium strategy session@20000x3x2days Honourarium for report writing@20000x2days	2,881,900.00	-	2,881,900.00	-	-	5,763,800.00	Key stakeholders and target beneficiaries
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1.4.4	Strengthening of relevant government bodies to inspect the preparation of food in Restaurants, Eateries and Food vendors	<ol style="list-style-type: none"> 1. Conduct one day planning meeting 2. mapping of food vendors 3. Conduct training of monitors 4. Develop/review monitoring checklist 5. Conduct quarterly monitoring visit 	<ol style="list-style-type: none"> 1. Planning meeting Refreshment@2000x10 2. Mapping Staff time 3. Develop/review, pre-testing and finalization of checklist Tea break@1500x10x3 Lunch@2500x10x3 Honorarium@20000*10x3 4. Training Tea break@1500x60x2 Lunch@2500x60x2 Transport@x6000x60 w/shop materials@2500x60 Honorarium@20000x3x2 Accommodation@9000*38 5. Monitoring Transport@6000x5x3x4 Lunch@3000x5x3x4 	1,409,000.00	540,000.00	540,000.00	540,000.00	540,000.00	540,000.00	2 participants each from the 23 LGAs, 6 participants from the state and 3 facilitators
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Sub-total 1.4		11,628,150.00	686,000.00	3,567,900.00	686,000.00	686,000.00	13,685,050.00
1. Planning meeting Refreshment@20000x10							
2. Mapping Staff time							
3. Develop/review, pre-testing and finalization of checklist							
Tea break@1500x10x3							
Lunch@2500x10x3							
Honourarium@20000*10x3							
4. Training							
Tea break@1500x60x2							
Lunch@2500x60x2							
Transport@x6000x60							
w/shop materials@250x60							
Honourarium@20000x3x2							
Accommodation@9000*38							
5. Monitoring							
Transport@6000x5x3x4							
Lunch@3000x5x3x4							
1.5 Increasing Availability, Accessibility and Affordability to Food							
1.5.1 Support construction of rain water harvesting structures and other multiuse water systems	Not practice in the State						

1.5.2	Conduct trainings and provide IEC materials for threshing, milling, grinding or other processing activities to food vendors	1.Planning meeting 2. Procurement of basic equipment for food processing/learning centre 3. onduct training of food vendors 4. Conduct bi-annual monitoring and supervisory visit 5. Conduct end of project cycle evaluation	1. Planning meeting Refreshment@2000x12 2. Training Tea break@1500x10x3 Lunch@2500x10x3 Honourarium@20000*10x3 4. Training Tea break@1500x60x2 Lunch@2500x60x2 Transport@x6000x60 w/shop materials@250x60 Honourarium@20000x3x2 Accommodation@9000*38	-	1,413,000.00	-	-	-	-	1,413,000.00	
1.5.3	Strengthen Coordination platform for early warning mechanisms to cope with emergency at community level			-							

1.5.4	Strengthen and Provide inputs, training and mobility for Agricultural extension workers and Subject Matter Specialists (SMS)	1. Planning meeting 2. Procure inputs 3. Procure motorcycles 4. Purchase of protective clothe	1. Planning meeting Refreshment@2000x9 2. Inputs Fertilizer@5500x2x4 zones Herbicide@1500x4 polythene bags@ Weighing scale@5500x4 Knapsack sprayer@15000x4 Watering can2500x4 Hoe@250x10x4 wheel barrow@15,00x10x47 3. purchase of motor cycle for 20 SMS @280,000x20 4. protective clothing Rian boot 220 set for 200 EA &20 SMS@ 3000x220 Rain coat 220 set for 200 EA &20 SMS @2500 Protective mask. 220 set for EA &SMS @1,500	13,486,500.00	-	-	-	-	13,486,500.00
1.5.5	Legislate the provision of food buffer systems at Federal and State levels			-	-	-	-	-	-
1.5.6	Provide safety nets to protect the most vulnerable groups from negative effects of food crises			-	-	-	-	-	-
	Sub-total 1.5			-	-	-	-	-	14,899,500.00
1.6	School Based Strategies								

1.6.1	Review and update minimum standards (Nutrition and Health) for early- child care centers (ECCC)	1. Conduct one day Planning meeting 2. Conduct 2 days meeting to review and update minimum standard (nutrition & health) for ECCC 3. Production of revised check list	1. Planning meeting Refreshment@2000x10 2. Review meeting Teabreak@1200x25x2 Lunch@2500x2 Transport@6000x25 Accommodation@9000x25x3 DSA@5700x25x2 Stationery and writing materials@200x25 Photocopy of materials@250x25 Hall hire@5000x2 Honourarium strategy session@20000x3x2days Honourarium for report writing@20000x2days 3. Production@200x2000	-	-	-	-	-	1,836,250.00	1,836,250.00																						
1.6.2	Promote food diversification through the consumption of locally produced staples																				Treated under development of food recipes base on the food dietary guideline above											
1.6.3	Provide agriculture extension services and inputs to strengthen school farms and garden																				Handled in area 4 by group 3											
1.6.4	Promote Monitoring and supportive supervision of school feeding program																				Handled by the Federal Ministry of education											
1.6.5	Create regulatory framework to ensure food procurement from small-scale farmers, for school feeding programs and other institutional markets																				Already in place by the Federal Government											
	Sub-total 1.6																					1,836,250.00										
II	Result Area 2. ENHANCING CAREGIVING CAPACITY Sector: Health Interventions																						67,528,500:00	66,434,500:00	67,528,500:00	348,106,700:00						

2.1 Child survival, growth and development improved	2.1.1 Build Capacity of mothers and care-givers on Early Child Care Development (ECCD)	1. Conduct ToT to LGA master trainers on ECCD at state level. 2. Step down training to caregivers on ECCD	1. A. 2 days training to 46 master trainers (teachers) on ECCD (2 master trainers per LGA x 23 LGA, 2 facilitators, 4 resource persons) ii. Tea break - 500x52x2 = 104,000 iii. lunch - 1500x52x2 = 156,000 iv. Transport - 2000x50x2=200,000 Accommodation - 10000x3x38=1,140,000 DSA 5700x38x3=649,800 Stationaries - 500x52=26,000 Facilitators I. Honorarium- 10000x2x6=120,000 2. Step down training to 501 caregivers (Total no. of PEI (Caregivers) 501 @ LGA level i. Refreshment 547x500x2=547,000 ii. Transport - 1000x547x1=547,000	3,489,800.00	1,094,000.00	1,094,000.00	5,677,800.00	ToT and Step down will be done in the first year. Refresher training will be conducted in year 3 and year 5
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2.1.2	Advocate for legislation of the prolongation of maternity leave and enactment of paternity leave	1. To pay advocacy to Office of the Head of Service, MoI, KDSHA, Her Excellency the wife of the Executive governor 2. Conduct 2 days stakeholders meeting to develop a draft bill on prolongation of maternity leave and enactment of paternity leave 3. Organize a 1 day workshop for members of KDSHA on prolongation of maternity leave and enactment of paternity leave	1. Bi-annual Transportation for 12 persons @2000x12x2	48,000.00	48,000.00	48,000.00	48,000.00	48,000.00	48,000.00	48,000.00	48,000.00	48,000.00	Advocacy can be conducted formal and in formal which enables other less cost effective avenues to interact with key stakeholders interpersonally.
2.1.3	Provide incentives to pregnant women, mothers and other care givers to motivate utilization of health facilities	Facilitate Transport and Distribution of 50%/Preg. Mothers from 255 wards ii. Treated mosquito nets (LLINs/ITNs) for 50% caregivers and mothers from 255 wards	Transports and distribution costs 255 wards across the 23 LGAs and of Mama Kits and of LLINs Pregnant Mothers through health facilities 50,000x255	12,750,000.00	12,750,000.00	12,750,000.00	12,750,000.00	12,750,000.00	12,750,000.00	12,750,000.00	12,750,000.00	63,750,000.00	NB: Cost of procurement of 200 LLINs per ward x 255 wards x N400 = N20,400,000.00. Treated Mosquito Net for Mothers and Children under five not included here. LLINs/ITNs and Mama kits to be provided by FMOH and funding partners SPHCDA to source for support from funding partners
2.1.4	Sustain On-going Iron-folate acid supplementation for pregnant women during MNCH Weeks	i. Facilitate Procurement and distribution of iron folic acid ii. Distribution of Iron Folic acid supplements.		-	-	-	-	-	-	-	-	-	-
2.1.5	Sustain on-going Vitamin A Supplementation during MNCHW for under 5 children	Sensitization of community members on the benefit of Vit. A Monitoring of Vit. A supplementation at LGA level during MNCH week	Number of state monitors 80x10000x6x2 =9,600,000:00 Number of social mobilizers 23x3000x5x2 = 690,000:00 Number of town announcers 963x1000x5x2 =9,630,000:00	19,920,000.00	19,920,000.00	19,920,000.00	19,920,000.00	19,920,000.00	19,920,000.00	19,920,000.00	19,920,000.00	99,600,000.00	
2.1.6	Strengthening routine Supplementation of Vitamin A	Facilitate the procurement of Vitamin A for routine services		-	-	-	-	-	-	-	-	-	SPHCDA to facilitate procurement of Vitamin A

2.1.7	Sustain on-going activities to promote women's nutritional status through Dietary Counseling during Adolescent, Pregnancy and Lactation	Link 2.1.4	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
2.1.8	Promote Early initiation of breastfeeding within one hour of delivery	Link to activity 2.1.8	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
2.1.8	Conduct intensive activities to protect, promote and support EBF for 6 months and continued breastfeeding until two years of age	<p>1. To sensitize caregivers, community and general populace</p> <p>2. Commemorate annual World Breast Feeding (WBF)</p> <p>i. Symposium on EBF in health training institute</p> <p>ii. Media and communication</p> <p>iii. Conduct baby show at the community level</p> <p>iv. Sensitization and community dialogue</p> <p>v. To carry out Rallies/ Road show</p>	<p>1. Refreshment for 100 persons per ward for 255 wards Refer to LGA operational plan</p> <p>2. 1. 100 participants, 18 state team and 2 resource persons Lunch 2500x120x1 = 300,000 Transport 3000x20 = 60000 Honorarium 20000x2 = 40000</p> <p>ii. Refer to activity 5.1.1 Baby show 100 mothers Lunch - 1.20x2500 = 300,000 Transport-100x1000 = 100000</p> <p>iv. Sensitization and community dialogue Transport - 20x3000 = 60000 Honorarium - 20000x3 = 60000 Gifts 100x1000 = 100000</p> <p>Special gifts -(3babies) - 3x5000 = 15,000</p> <p>iv. 3LGAs per senatorial zone</p> <p>Refreshment and Transportation of community members is costed in the LGA AOP</p> <p>Transport 6x300x2 = 36,000:00</p> <p>Honorarium 20000x6x2 = 240,000:00</p> <p>Lunch for 200x2500 = 500,000:00</p> <p>Printing of shirt 2000x 200 = 400,000:00</p> <p>Printing of Caps 500x 200 = 100,000:00</p> <p>Banner 25,000x2 = 50,000:00</p>	2,411,000.00	2,411,000.00	2,411,000.00	2,411,000.00	2,411,000.00	2,411,000.00	2,411,000.00	2,411,000.00	2,411,000.00	2,411,000.00	2,411,000.00	2,411,000.00	2,411,000.00	2,411,000.00	2,411,000.00	2,411,000.00	2,411,000.00	12,055,000.00	Sub activity 1 and 2 item IV is referred to LGA AOP where it is already costed Sub activity 3 item II is referred to Activity 5.1.1
2.1.9	Conduct Activities to support breastfeeding from 2 months till 12 months for HIV exposed infants	<p>1. Conduct annual Planning meeting to design activities to promote EBF and breastfeeding for HIV persons .</p>	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

2.1.10	Train health facilities staff at all levels to promote early initiation of breast feeding.	Conduct annual 1 day training for tertiary and secondary labour room in-charges on Promotion of early initiation of Breast Feeding	Nb. of participants 30+3 facilitators Lunch for participants 33x2500=82,500 ii. Transport 3000x30=90,000 ii. Honorarium 20000x3=60,000	232,500.00	232,500.00	232,500.00	232,500.00	232,500.00	232,500.00	1,162,500.00	
2.1.11	Establish Nutrition Corner for demonstration of Optimal Maternal Infant & Young Child feeding (MIYCF) practices	1. Procurement of cooking utensils 2. Procurement of food item and fuel 3. Distribution of cooking utensils and food items	1. cooking utensils (Pots, wooden spoon, cups, stove etc) 50000x208=10,400,000 2. Food item - 5000x12x25=1,5,300,000 3. distribution - 5000x14=70,000	23,225,000.00	15,370,000.00	15,370,000.00	15,370,000.00	15,370,000.00	15,370,000.00	84,705,000.00	'Nutrition corners are already established in 47 wards of Kaduna state in 9 LGAs, we have 208 wards yet to be established in 14 LGAs. Procurement will occur in the first year and subsequent years will have only food items costed for.
2.1.12	Provide MIYCF counseling for optimal Maternal infant and young feeding	Refer to the state MIYCN intervention strategy		-	-	-	-	-	-	-	
2.1.13	Establishment of creches in all MDAs to promote Exclusive Breastfeeding.	Purchase of furnitures for creches/lactating rooms in ten (10) locations across the MDAs	Furnitures (Mattress, mats, television, DVD, cupboards, Toys, etc)=1,000,000x10 =10,000,000	2,000,000.00	2,000,000.00	2,000,000.00	2,000,000.00	2,000,000.00	2,000,000.00	10,000,000.00	Ministry of Human Services and Social Development to provide detailed state plan on the establishment of creches at State, LGAs and Schools
2.1.14	Conduct Social and Behaviour Change Communication activities on IYCF targeted at adolescents, pregnant women, and caregivers at all levels.	1. Community dialogue, theatre, FGD etc	230 communities (10 LGAs, 100 participants from 1 community) Participants - 230x100=23,000 Refreshment 500x23,000=11,500,000 Facilitators honorarium 10,000x46x2=920,000	12,420,000.00	12,420,000.00	12,420,000.00	12,420,000.00	12,420,000.00	12,420,000.00	62,100,000.00	Refer to the SBCC on IYCF policy document for further guidance
2.1.15	Sensitization of care givers especially grandmothers, mothers-in-law for optimal nutrition practices	link to activity 2.1.1.		-	-	-	-	-	-	-	
2.1.16	Promote awareness on Girl Child Education, end Child Marriage and adolescent nutrition and health related practices	2.1.14		-	-	-	-	-	-	-	SUBEB, SPHCDA

2.1.17	Advocate for the adoption and implementation of existing laws including Child Right Acts 2003 at State level	Facilitate monitoring of implementation of Kaduna State Child Rights Law with particular reference to health and nutrition rights	Administrative duty at no cost	-	-	-	-	-	-	-	-	Develop and share annual report on Child Rights Law implementation
2.1.18	Promote and mount campaigns aimed at changing attitudes and practices of food sharing in favour of mothers and children.	Link to activity 2.1.8		-	-	-	-	-	-	-	-	
2.1.19	Promotion of labour-saving technologies/equipment to reduce work load in women (Manual grinding machines, smokeless stoves, Briquettes)			-	-	-	-	-	-	-	-	Incorporate Ministry of Human Services and Social Development activities on women empowerment
2.1.20	Training Emergency Managers on mainstreaming Nutrition in Feeding Programmes targeted at the vulnerable groups in Emergency Situations	1. To conduct ToT on nutrition programmes for SEMA team and other relevant stakeholders on emergency response 2. Step down training on nutrition programmes to all staff of SEMA in the 3 zones 3. Refresh her training on nutrition programmes in emergency to all staff of SEMA in 3 zones	1. Participants 20+2 resource persons i. tea break 1200*22*3*1=79,200 ii. Lunch 2500*22*3*1=165,000 iii. Transport 3000*20=60,000 iv. Honorarium 20,000*2*3=120,000 v. Stationaries 700*22=15,400 vi. Projector and screen 10,000 2. Participants 60 (20 in each zone), resource persons 6 (2 in each zone) i. Tea break 1200*66*2=158,400 ii. Launch 2500*66*2=330,000 iii. Transport 3000*66*2=396,000 iv. Stationaries 700*66= 46,200 3. Refresher training i. Lunch 2500*66= 165,000 ii. Transport 3000*66=198,000	1,380,200.00	363,000.00	363,000.00	363,000.00	363,000.00	363,000.00	363,000.00	2,832,200.00	Resource persons will be drawn from UNICEF and SPHCDA
2.1.21	Sub-total 2.1			77,876,500.00	65,514,500.00	66,608,500.00	65,514,500.00	66,608,500.00	66,608,500.00	66,608,500.00	342,123,500.00	
2.2	Improved Poverty Alleviation Schemes											

2.2.1	Engage traditional, religious and opinion leaders to support community level action in nutritional care of vulnerable groups	1. Conduct one day annual orientation meeting with traditional, religious and opinion leaders on nutritional care of the vulnerable group. 2. Conduct quarterly review meetings with traditional, religious and opinion leaders at LGA level.	1. Zonal 1 day meeting Participants- 207(9x23), Resource persons 3 i. Tea break 1200x216=259,200 ii. Lunch 1500x216= 324,000 iii. Transport 3000x207=621,000 iv. Honorarium 20,000x9=180,000 2. Quarterly review meeting across 23 LGA i. Refreshment 1000x230x4=920,000	2,304,200:00	920,000:00	920,000:00	920,000:00	920,000:00	920,000:00	5,984,200:00	The resource persons will be drawn from MFLG and SPHCDA. Orientation of traditional leaders will be done in the first year only subsequently re-orientation will be done at the LGA level
2.2.2	Develop and institutionalize poverty alleviating schemes/projects to empower Vulnerable households	Facilitate and monitor implementation of poverty alleviation scheme in the state	-	-	-	-	-	-	-	-	-
2.2.2	Sub-total 2.2		2,304,200:00	920,000:00	920,000:00	920,000:00	920,000:00	920,000:00	5,984,200:00		
III	Result Area 3. ENHANCING PROVISION OF QUALITY HELATH SERVICES		3,253,400:00	1,105,400:00	1,105,400:00	1,105,400:00	1,105,400:00	1,105,400:00	7,675,000:00		
	Sector: Health										
	Interventions										
3.1	Reduce Morbidity and Mortality Associated with Malnutrition										
3.1.1	Promote regular monitoring of growth and development at health facilities and communities.	1. Conduct quarterly supervision to health facilities in the 23 LGA to track progress and emerging challenges on growth monitoring.	3 supervisors in each LGA Transportation 3x23x1000x4=276,000	276,000:00	276,000:00	276,000:00	276,000:00	276,000:00	1,380,000:00	The supervisors will consist of Director PHCs, M&E and NFP at LGA level	
3.1.2	Disseminate information on nutrition care and key household practices through mass media and institutions, FBOs, CBOs, CSOs, NGOs and Professional groups	Link to Activity 2: 1:8	-	-	-	-	-	-	-	-	
3.1.3	Conduct annual assessment of Household consumption of iodized salt using Primary School children	1. Identify one primary school for assessment of iodized salt consumption on consumption of iodized salt in Kaduna state	No. of children 150 x500=75,000 facilitators honorarium 100000x2x2=40,000	115,000:00	115,000:00	115,000:00	115,000:00	115,000:00	575,000:00		

3.1.4	Support distribution of Iron folate supplements to adolescent girls and children at Basic Schools	Link to ANRIN and UNFPA adolescent nutrition intervention		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
3.1.5	Provide portable water supply in PHC to enhance sanitation and hygiene.	1. Facilitate the construction of HPPB to PHCs by RUWASSA 2. Routine supervision of construction of HPPB @PHCs	1. Monitor construction of HPPB at PHCs 2. quarterly supervision of HPPB construction at PHCs i. Team of 6(RUWASSA 2, MWR 2. Professional researchers 2) 3000x6=18000 ii. DSA 5700x6x3x4=410,400	410,400.00	410,400.00	410,400.00	410,400.00	410,400.00	410,400.00	410,400.00	410,400.00	410,400.00	410,400.00	410,400.00	410,400.00	410,400.00	410,400.00	410,400.00	410,400.00	410,400.00
3.1.6	Conduct advocacy visit to community leaders in selected communities on utilization of PHC services	link to Activity 2: 2:1		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
3.1.7	Conduct training of community health promoters in catchment areas on IYCF CMAM and MNP.	1. Conduct refresher training for Health promoters on IYCF CMAM MNP	community health workers Transport 26x3000=78,000 Accommodation 19x10000x4=760,000 Teabreak 26x1200x2x3=187,200 Lunch 26x2500x3=195,000 Honorarium 10000x3x3=90,000 Stationary 500x26=13,000 Training manual 500x26=13,000 DSA 26x5700x4=592,800 2. Lunch 26x2500=65000 Transport 26x3000=78000	1,929,000.00	143,000.00	143,000.00	143,000.00	143,000.00	143,000.00	143,000.00	143,000.00	143,000.00	143,000.00	143,000.00	143,000.00	143,000.00	143,000.00	143,000.00	143,000.00	143,000.00
3.1.8	Organize seminars, lectures, on key household practices including IYCF, HIV/AIDS for Health Workers and Religious Leaders	Link to 3.1.7 activity		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

3.1.9	Provision of adequate complementary food to children with moderate acute malnutrition (MAM)	Link 2:1:10	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
3.1.10	Provision of Blanket Supplementary Feeding (BSFP) in all area of high prevalence malnutrition		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
3.1.11	Sustain and scale up distribution of micronutrient powder (MNP) for children 6 - 23 months	Organize two days stakeholders meeting to develop plan and strategy for establishment of micronutrient powder (MNP) for children 6 - 23 months	362,000.00																			362,000.00	
3.1.12	Strengthen active case finding of SAM and subsequent treatment	Link	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Sub-total 3.1		3,092,400.00	944,400.00	944,400.00	944,400.00	944,400.00	944,400.00	944,400.00	944,400.00	944,400.00	944,400.00	944,400.00	944,400.00	944,400.00	944,400.00	944,400.00	944,400.00	944,400.00	944,400.00	944,400.00	6,870,000.00	
	3.2 Preventing and Managing Nutrition Related Diseases																						
3.2.1	Identifying risk factors, providing education, and increasing services for DRNCD	1. To conduct re-orientation on DRNCD for health workers to sensitize Identify determinants for DRNCD (Link to KDDBS Survey)	161,000.00	161,000.00	161,000.00	161,000.00	161,000.00	161,000.00	161,000.00	161,000.00	161,000.00	161,000.00	161,000.00	161,000.00	161,000.00	161,000.00	161,000.00	161,000.00	161,000.00	161,000.00	161,000.00	805,000.00	Health workers from secondary facilities in Kaduna state
3.2.2	Training and Triggering Communities on community led total sanitation		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
3.2.3	Training on WASH Committees formation		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
3.2.4	Training on Hygiene and hand washing promotion; and menstrual hygiene management in communities		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
3.2.5	Training of communities on water safety plan		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Sub-total 3.2		161,000.00	161,000.00	161,000.00	161,000.00	161,000.00	161,000.00	161,000.00	161,000.00	161,000.00	161,000.00	161,000.00	161,000.00	161,000.00	161,000.00	161,000.00	161,000.00	161,000.00	161,000.00	161,000.00	805,000.00	
	3.3 Preventing Micronutrient Deficiency																						
3.3.1	Monitor and evaluate	Link to activity 2:1:4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
3.3.2	Annual implementation of MNCH Week	Link to activity 2:1:4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	

3.3.3	Procure and distribute Zinc and L-ORS, iron folate, deworming tablet, MNP, RUTF for MINCHW and routine services	Link to activity 2:1:4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Sub-total 3.3		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
3.4 Protecting the Consumer through Improved Food Quality and Safety																					
3.4.1	Conduct Nutrition and consumer education on improved food quality and safety at the community level		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0	
3.4.2	Promotion of safe practices on Pesticide utilization for food stuff preservation	Refer to MoA & KADA activities	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0	
3.4.3	Develop national Quality and Safety guidelines for food handlers/food operators.		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0	
3.4.4	Strengthen the registration and Licensing of food handlers/food operators along the food chain	link to 1.1.20activity	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0	
	Sub-total 3.4		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0	
IV	Result Area 4: IMPROVING CAPACITY TO ADDRESS FOOD AND NUTRITION INSECURITY		102,336,200	6,873,200	49,413,200	53,097,200	6,873,200	218,593,000.00													
	Sectors: Planning, M&E, Research and Finance																				
	Interventions																				
4.1	Assessing, Analyzing and Monitoring Nutrition Situations																				

<p>1.1 Conduct on the job training for teachers and students on the Establishment/activation of school gardens.</p>	<p>i. Generate database of teachers & students in state ii. Conduct a planning meeting for relevant stakeholders on establishing school gardens - 20 persons x 1 x 5yrs iii. Conduct a feasibility study of the schools with gardens and the ones to be targeted for new ones or eligible for new ones.. iv. Conduct a 2-days training for teachers on establishing/activation school gardens - 10 /Agric, Home Economic & Civic drawn from the state: a. One training per quarter x 4 = 4 trainings per annum iv. Establishment/activation of school garden - 50 gardens x 12 zones x 18 quarters v. Monitoring &</p>	<p>i. Administrative ii. Administrative iii. Administrative iv. Quarterly 2-days training for 60 teachers on establishing school gardens: Honarium for resource persons = @N20,000 x 2 persons x 2 days x 12 zones x 2 times over 5 = N1,920,000 Lunch for 70 participants: @N2500 x 70 x 2 days x 12 x 2 times over 5 years = N8,400,000 Tea break (1st & 2nd) for 70 participants: @N1200 x 70 x 2 x 2 days x 12 zones x 2 times over 5yrs = N8,064,000 Local transport for 60 participants: @N3000 x 60 x 12 zones x 2 times over 5yrs = N4,320,000 Accommodation for 65</p>	52,114,000.00	5,890,000.00	5,890,000.00	52,114,000.00	5,890,000.00	121,898,000.00	<p>iii. The 12 zones are educational zones of the state. The plan aim to target 1,200 teachers in the state over 5 years. So 1200/2 years = 600 per training year. 600/12 zones = 50 teachers per zone per training year. However, we use 70 persons in our budget costing to factor in two resource persons & other desk offices that might be available. iv. The target number should be 1,400 school gardens over 5years as follows: 480 secondary schools and 920 primary schools. For secondary schools: 480/5yrs =96 gardens per annum 96/4qtrtrs = 24 school gardens per quarter. 24/12 zones = 2 gardens per zone. For primary schools: 920/5yrs = 184 gardens per annum 184/4qtrtrs = 46 gardens per quarter 46/23 LGAs = 2 gardens per LGA</p>
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4.1.2	Organise in-service capacity building training to update teachers in primary and secondary school on food and nutrition.	i. Generate database of teachers in the state - administrative ii. Conduct Planning meeting with the relevant stakeholders - 10 persons drawn from the relevant ministries &MDAs x 1 x 5yrs iii. Conduct a feasibility study to identify the eligible teachers to be trained. iv. Conduct a 2-days training for the identified primary & secondary schools teachers on food and nutrition. v. Monitoring and evaluation of the trained teachers.	i. Administrative ii. Administrative iii. Administrative iv. Two days training for 50 teachers biannually in 12 zones: Honorarium for resource persons @R20,000 x 2 person x 2 days x 12 zones x 2 times over 5yrs = R1,920,000 Lunch for 60 participants: @R2500 x 60 x 2 days x 12 zones x 2 times over 5yrs= R7,200,000 Tea break (1st & 2nd) for 60 participants: @R1200 x 60 x 2 x 2 days x 12 zones x 2 times over 5yrs= R6,912,000 Local transport for 60 participants: @R3000 x 50 x 12 zones x 2 times over 5yrs =R3,600,000 Accommodation for 65 participants: R9000 x	42,540,000.00	-	42,540,000.00	-	-	85,080,000.00	iii. We also use 12 education zones here. The target is to train 1,200 teachers of primary and secondary schools over 5 years. 12,000/5yrs = 240 per annum 240/2 biannually = 120 twice a year 120/12 zones = 10 teachers (5 each per secondary & primary schools)
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4.1.3	Provide SBCC materials on Nutrition for teaching and learning of teachers and school children	i. Identify nutrition landscape and trends in the state ii. Conduct a review of existing materials if any & decide on the ones to adopt and/or develop - administrative iii. Conduct planning meeting on developing SBCC materials for secondary & primary school teachers - 10 persons from the relevant stakeholders x 1 x 5yrs iv. Conduct workshop for SBCC draft/materials/messages development - 50 participants drawn from the relevant ministries & MDAs, partners & experts: a. identify & review relevant SBCC materials relating to the topics b. identify the target audience c. identify the types of tools to be used for the SBCC	i. Administrative ii. Administrative iii. Organize a planning meeting of stakeholders on developing SBCC tools and materials: Refreshments: @R2000 x 10 persons = R20,000 iv. Organize a 3-days workshop to develop SBCC tools and materials : DSA = @R5,700 x 50 persons x 4 nights x once over 5 years = R1,140,000 Lunch for 50 participants: @R2500 x 50 x 3 days x once over 5yrs= R375,000 Tea break (1st & 2nd) for 50 participants: @R1200 x 50 x 3 days x 2 x once over 5yrs = R360,000 Local transport for 50 participants: @R3000 x 50 x 3 days x once over 5yrs =R450,000	-	-	-	-	-	-	-	Group 5 (Results area 6) is handling SBCC. This should be link with their activity 5.1.1
4.1.4	Conduct a National/state study on functional traditional foods/ diets and use of under-utilised crops for dietary diversification	Link with Kaduna State Bureau of Statistics (KDBS) to incorporate this component into their annual household survey		-	-	-	-	-	-	-	This activity can be captured in an integrated food & nutrition household survey or the state's household survey by KSBS rather than carrying it as a stand-alone survey.

4.1.5	Ensure adequate staffing of relevant MDAs at all levels implementing sectoral nutrition programmes with skilled and qualified nutritionists.	<p>i. Generate a database of all the relevant MDAs - administrative</p> <p>ii. Filter the MDAs with skilled & qualified nutritionists and those without/gap analysis - administrative</p> <p>iii. Create a nutrition desk/office at those MDAs</p> <p>iv. Advocacy and request to the HoS/CSC for the recruitment of qualified nutritionists in the state.</p> <p>v. Monitoring & evaluation of those posted nutritionists.</p>	<p>i. Administrative</p> <p>ii. Administrative</p> <p>iii. Administrative</p> <p>iv. Administrative</p> <p>v. Organize a routine M&E activities to ensure adequate staffing of qualified nutritionists at all MDAs: Administrative</p>	-	-	-	-	-	-	iv. The HoS/CSC should handle recruitment of skilled and qualified nutritionists in the state after dedicated advocacy and request.	
4.1.6	Awareness creation on the establishment of home gardens.		Link with the SBCC group (group 5) to incorporate the message into their result area.	186,400.00	186,400.00	186,400.00	186,400.00	186,400.00	186,400.00	186,400.00	932,000.00

4.1.7	Awareness creation of gatekeepers (Traditional Rulers, Religious leaders) on functional and underutilised food crops.	<p>i. Conduct planning meeting for conducting awareness creation & sensitization of gatekeepers.</p> <p>ii. Conduct a feasibility study of the gatekeepers to target and eligibility.</p> <p>iii. Carry out sensitization and advocacy to those gatekeepers</p>	<p>i. Administrative</p> <p>ii Administrative</p> <p>iii. Organize advocacy and sensitization: Cost for advocacy & sensitization: Refreshments: @N2000 x 20 persons x 4 x 5yrs = N800,000</p> <p>DSA for 3 staff = @N5,700 x 3 persons x 4 zones x 2 x 5yrs = N684,000</p> <p>Fuel: @N15000 x 4 zones x 2 x 5yrs= N600,000</p> <p>Photocopy of materials@N250 x 20 x 4 x 2 x 5 = N200,000</p> <p>Media material: @N2000 x 4 zones x 5yrs =N40,000</p>	464,800.00	464,800.00	464,800.00	464,800.00	464,800.00	2,324,000.00
4.1.8	Building the capacity of farmers on cultivation of functional foods and under utilised crop varieties	<p>i. Generate a database of farmers in the state to be included in the capacity building - administrative</p> <p>ii. Conduct Planning meeting with the relevant stakeholders - 10 persons x 1 x 5yrs</p> <p>iii. Conduct training for the identified farmers - 50 persons x 4 zones x 2 x 5yrs</p>	<p>i. Administrative</p> <p>ii. Refreshments for planning meeting: @N2000 x 10 persons x 5yrs = N100,000</p> <p>iii. DSA for resource persons: @N3,000 x 3 persons x 4 zones x 2 x 5yrs = N360,000</p> <p>Fuel: @N15000 x 4 zones x 2 x 5yrs= N600,000</p> <p>Photocopy of materials: @N250 x 50 x 4 x 2 x 5 = N500,000</p>	332,000.00	332,000.00	332,000.00	332,000.00	1,660,000.00	

	Sub-total 4.1			95,637,200.00	6,873,200.00	49,413,200.00	53,097,200.00	6,873,200.00	2,111,894,000.00	
	4.2 Providing a Conducive Macro Economic Environment									
4.2.1	Create nutrition desk and incorporate nutrition objectives into MDAs' development policies, plans and programmes.	<p>i. Review MDAs existing policies, plans and programmes.</p> <p>ii. Planning meeting to incorporate nutrition objectives into MDAs' plans, policies and programmes with stakeholders.</p> <p>iii. 5-days workshop for review of policies, plans and programs to incorporate nutrition objectives.</p>	<p>i. Administrative</p> <p>ii. Organize a planning meeting to incorporate nutrition objectives into MDAs' plans, policies and programmes : @R2,000 x 50 persons x once over 5yrs = R100,000</p> <p>iii. Organize a 3-4days workshop for 50 persons to review of policies, plans and programs to incorporate nutrition objectives: DSA for 50 persons @R5,700 x 50 persons x 4 nights x once over 5yrs= R1,140,000</p> <p>Lunch for 50 participants: @R2,500 x 50 x 3 days x once over 5yrs= R375,000</p> <p>Tea break (1st & 2nd) for 50 participants: @R1,200 x 50 x 3 days x 2 x once over 5yrs = R360,000</p> <p>Local transport for 50 participants: @R3,000</p>	4,610,000.00	-	-	-	-	4,610,000.00	
4.2.2	Review and strengthen the existing macro-economic and sectoral policies to incorporate Nutrition considerations	This activity should be linked with activity 4.2.1		-	-	-	-	-	-	
	Sub-total 4.2			4,610,000.00	-	-	-	-	4,610,000.00	
	4.3 Social Protection Programs for the Vulnerable Groups									
4.3.1	Conduct stakeholders meeting on validation of nutrition related investment and sectoral policies.	This activity should be linked with activity 4.2.1		-	-	-	-	-	-	
4.3.2	Incorporate Nutrition considerations (e.g Mothers with SAM children, CCT) into social protection programs to address poverty, malnutrition and health of the vulnerable groups.	Facilitate the linking of this activity into Results Area 1.		-	-	-	-	-	-	

4.3.3	Expand the coverage of the State's Contributory Health Care Insurance Scheme to incorporate the State's contributory/Community Health Insurance Services for vulnerable groups.	<ul style="list-style-type: none"> i. Conduct stakeholders meeting on expanding the coverage of the state's contributory healthcare insurance scheme. ii. Conduct advocacy to leaders of relevant stakeholders. iii. Conduct awareness creation for key decision makers in the three political zones. <ul style="list-style-type: none"> a. <ul style="list-style-type: none"> i. Administrative ii. Administrative iii. Organize a 1-day sensitization meeting with 210 stakeholders in the three senatorial zones in the state: <ul style="list-style-type: none"> Honorarium for 6 resource persons: @₦20,000 x 6 = ₦120,000 Hall hire @₦100,000 x 3 zones = ₦300,000 Lunch for 210 @₦2500: ₦2500 x 210 persons = ₦525,000 Tea break for 210 ₦1200: ₦1200 x 2 x 210 = ₦504,000 Local transportation for 210 @₦3000: ₦3000 x 210 = ₦610,000 PAS @₦100000: ₦100000 x 3 = ₦300000, 	2,089,000.00	-	-	-	-	2,089,000.00	Key policy makers especially at the LGA level should be targeted for advocacy and awareness. Some of the vulnerable groups include: people living with HIV/AIDS, people living with disability, existing community structures like PTA, coponative societies, petty traders association, vigilante groups, farmers associations, women entrepreneurs, women empowerment groups, small scale women farmers organization of Nigeria, Kaduna state chapter, women in agric, clusters of women in production and processing, marketing.
Sub-total 4.3			2,089,000.00	-	-	-	-	2,089,000.00	
V	Result Area 5. RAISING AWARENESS AND UNDERSTANDING OF PROBLEM OF MALNUTRITION IN NIGERIA		44,741,100	1,311,977,700	106,298,700	106,739,900	106,298,700	496,056,100.00	
	Sectors: Education, Social Protection and Wash Interventions								
5.1	Promote Advocacy, Communication and Social Mobilization								

5.1.1	Create awareness on problems of malnutrition using the mass media (such as radio, TV drama, film documentaries, home video, and posters in local languages).	<p>i. Conduct 1 day planning meeting with key stakeholders.</p> <p>ii. Conduct a five-day technical meeting with 47 highly skilled professionals and stakeholders (12 MDA's and 5 partners) to review existing information and data to identify information gaps and strategies to address the gaps and develop key messages to address identified gaps.</p> <p>iii. Production of IEC materials.</p> <p>iv. Jingles: 2 TV Station (public & private), 2 Radio stations (public & private) - 1 slots/day x 4 stations (TV & Radio) home video using the identified major languages in the state x 2</p>	<p>i Administrative.</p> <p>ii. Public address system: N10,000 - Stationary and writing materials - N700 x 47 = N32,900 Hall N100,000 DTA @16,000 x 6 x 42 = N4,032,000 Refreshment (2 tea breaks @ N1,200 each and 1 lunch N2,500) = N4,900 x 47x5 = N1,151,500 Honourarium @20,000 x 2 x 5 = N200,000</p> <p>iii Bill Boards (8x12 feet) x N140,000 x 23 LGAs = N3,220,000. Posters in the 255 wards: N2,000 x (100 x 255) = N5,100,000 Total: N8,320,000</p> <p>iv Production of Jingles TV - N28,500 for 60 seconds Radio - N15,000 for 60 seconds Total: N43,500</p>	13,889,900.00	2,400,000.00	2,400,000.00	2,400,000.00	2,400,000.00	23,489,900.00
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5.1.2	Promotion and dissemination of research findings on food processing and preservation technology for use in villages and households	<p>i. One-day meeting to develop/review research agenda in nutrition in the state (12 professionals and 20 from MDAs).</p> <p>ii. Facilitate conduct of new research.</p> <p>iii. One-day seminar to disseminate research findings relevant for a state, national and international level (2 facilitators, 50 expected participants).</p> <p>Members should be drawn from institutions and research centers (IAR, NAERLS, tertiary institutions : Department of Nutrition and Dietics Kaduna Polytechnic, SICHST, Makarfi, KASU, Department of Food Science and Technology kaduna polytechnic) to obtain information on research conducted on food processing and preservation in the state, identify and select researches (which addresses</p>	<p>i. Refreshment (2 tea breaks @ N1,200 each and 1 lunch N2,500) = N4,900 x 32x1 = N156,800 DTA@N16,000 x 32 = N512,000</p> <p>ii. Administrative.</p> <p>iii Refreshment: (2 tea breaks at N1200 each, and 1 lunch N2,500) =N4,900 x 52 = N245,000 Honourarium @20,000 x 2 = N40,000</p> <p>iv. DTA @N16,000 x 10 x 5 = N800,000 Workshop registration @N6,000 x 10 =N60,000 Conference registration @N25,000 x 10 = N250,000 Kaduna Polytechnic, SICHST, Makarfi, Publication @N30,000 per article x 5 = N150,000 Total 2,057,000 x 5 = N10,285,000</p>	2,057,000.00	2,057,000.00	2,057,000.00	2,057,000.00	2,057,000.00	10,285,000.00
5.1.3	Strengthen collaboration and synergy between relevant MDAs, between national, state & local Committees on F&N, and between state & non-state actors	<p>Conduct a one-day bi-annual coordination meeting with relevant stakeholders including TWG, Steering Committees of all nutrition intervention plans and programmes, CSOs, partners, MDAs (50 participants).</p>	<p>Refreshment Refreshment: (2 tea breaks at N1200 each, and 1 lunch N2,500) =N4,900 x 50 = N245,000 Local Transport @N3,000 x 50 = N150,000 Total N395,000 x 2 x 5 = N3,950,000</p>	790,000.00	790,000.00	790,000.00	790,000.00	790,000.00	3,950,000.00
5.1.4	2day Annual review meeting of SCFN with NCFN	Refer to Activity 6.1.5 in Result Area 6 .							-

5.1.5	Develop clear advocacy strategy of engagement with relevant policy makers and stakeholders	Conduct a two-day workshop to facilitate development of advocacy strategic plan to engage policy makers (40 participants 2, resource persons). It is a one time activity.	Refreshment: (2 tea breaks at N1200 each, and 1 lunch N2500) =N4,900 x 42 x 2 = N411,600 Public address Hall @N100,000 DTA@N16,000 x 35 x 2 = N1,120,000 Honourarium @20,000 x 2 x 2 = N80,000 Stationary and writing materials - N700 x 42 =N29,400 Total N1751,000	1,751,000.00	-	412,000.00	412,000.00	412,000.00	412,000.00	1,751,000.00	
5.1.6	Conduct and Sustain advocacy to policy makers (Governor, Hon Commissioners for education, information, Budget, Health, Agriculture, Legislators, SSG, Wife of Governor and LGA Chairmen) at all levels for resource mobilization for food and nutrition activities including establishment of school farms & gardens	A quarterly advocacy to 8 government offices (Executive Governor, Head of MDAs, House of Assembly and LGA Chairmen), 22 persons to participate (14 from MDAs, 6 partners and 2 media).	Local transport @N3,000 x 16 = N48,000 x 4 = N192,000 Refreshment lunch @2,500 x 22 = N55,000 x 4 = N220,000 Total N412,000 x 4years = N1648,000	1,648,000.00	-	412,000.00	412,000.00	412,000.00	412,000.00	1,648,000.00	
5.1.7	Update and use profiles to advocate for Nutrition investment at all levels of government and the communities.	Collation of all data on nutritional status of all under 5 years and women of child bearing age. This activity will help generate advocacy issues that will be use to engage stakeholders identified in activity 5.1.6 while activity 5.1.5 will enable the development of advocacy strategic plan.	Administrative	-	-	-	-	-	-	-	

5.1.8	Conduct dissemination of appropriate standards on nutrition labels for packaged foods in Nigeria with stakeholders including NAFDAC, SON, RUWASSA, Consumer protection agency, Produce departments, Veterinary depts, relevant MDAs, CSOs, Institutions, and private sectors	<p>i. Hold a One-day meeting to obtain and adapt guidelines for nutrition labeling of packaged foods.</p> <p>ii. Conduct a two-day meeting with 40 persons (30 food industry owners and 10 from MDAs) to disseminate appropriate standards on nutrition labels for packaged foods. (a one-time activity)</p>	<p>i. Administrative.</p> <p>ii. Refreshment (2 tea breaks @N1,200 each, and 1 lunch N2500) =N4,900 x 40 x 2 = N392,000 Public address @N10,000 Hall @N100,000 DTA@N16,000 x 40 x 3 = N1,920,000 Stationary and writing materials - N700 x 40 =N28,000 Total N2,450,000</p>	-	-	-	-	2,450,000.00	2,450,000.00	-
5.1.9	Conduct advocacy to States to legislate on implementation of home grown School feeding program	<p>i. One-day planning meeting.</p> <p>ii. Conduct bi-annual advocacy to State House of Assembly to legislate on home grown school feeding programme.</p>	<p>i. Administrative.</p> <p>ii. Local transport @N3,000 x 16 = N48,000 x 2 = N96,000 Refreshment lunch @2,500 x 22 x 2 = N110,000 Total N206,000 x 5years = N1,030,000</p>	206,000.00	206,000.00	206,000.00	206,000.00	206,000.00	1,030,000.00	206,000.00
5.1.10	Erect Billboards to raise awareness on nutrition across the States/LGAs	<p>i. Refer to activity 5.1.1 on billboards</p>	-	-	-	-	-	-	-	-

5.1.11	Collaborate with network providers like MTN, Airtel, GLO etc. to disseminate nutrition information to the general public	<p>i. Develop key nutritional messages.</p> <p>ii. Conduct network stakeholders (MTN, Glo and 9mobile) meeting to negotiate charges for SMS messages.</p>	<p>i. As in 5.1.1; 5.1.13 - Administrative.</p> <p>ii. Administrative.</p> <p>Note Current charges for SMS: N6,000,000 for 10 months. voice messages: N10,000,000 for 10 months. Total = N6,000,000 + N10,000,000 = N16,000,000 x 5 years = N80,000,000</p>	16,000,000.00	16,000,000.00	16,000,000.00	16,000,000.00	16,000,000.00	80,000,000.00		
5.1.12	Conduct regular budget tracking to evaluate budget performance of F & N in all sectors.	Refer to activity 6.1.2 in result area 6.							-		
5.1.13	Promote appropriate food choices that encourages micro nutrient rich food consumption through Social Behaviour Change Communication (BCC)	<p>leverage on existing Theatre for Development (TFD) groups in the state initiated by NOA and UNICEF to sensitize community members through drama.</p>	Administrative						-		

5.1.14	Disseminate information on nutrition care and key household practices through mass media and institutions, FBOs, CBOs, CSOs, NGOs and Professional groups	<p>i. Conduct drama by Action oriented groups in communities etc, promoting wise choice of food, food diversification, fortification, home gardening and hygiene practices linked to- 5.1.1</p> <p>ii. Nutritional Key messages by network provider as in 5.1.11</p> <p>iii. Food demonstration and nutrition counselling as ongoing in some secondary and primary health care facilities</p>							
5.1.15	Build capacity of Food vendors, farmers and extension officers on safe methods of preparation, processing and preservation of food	Activity linked to activity 1.1.7 in result area 1.							

5.1.16	Conduct Capacity Building Training for 30 Journalists Working around Nutrition Issues (Content to include integration of social media to mainstream media)	i. Conduct Planning Meeting ii. Conduct three day capacity building for 35 participants (30 Journalists, 2 resource persons and three staff of PHCDA) iii. Conduct two-day annual review meeting with 35 participants to update knowledge and skills and monitor progress	i. Administrative ii. Refreshment (2 tea breaks @N1,200 each, and 1 lunch N2,500) =N4,900 x 35 x 3 = N514,500 Public address @N10,000 x3 =30,000 Hall @N100,000 x3 = N300,000 DTA@N16,000 x 35 x 4 = N2,240,000 Stationary and writing materials - N700 x 35 =N24,500 Honourarium @N20,000 x 2 x 3 = N120,000 Total = N2,929,000 iii. Refreshment (2 tea breaks @N1,200 each, and 1 lunch N2,500) =N4,900 x 35 x 2 = N343,000 Public address @N10,000 x2 =20,000 Hall @N100,000 x2 = N200,000 DTA@N16,000 x 35 x	2,929,000.00	2,307,500.00	2,307,500.00	2,307,500.00	2,307,500.00	2,307,500.00	12,159,000.00	
	Sub-total 5.1			37,622,900.00	26,622,500.00	24,172,500.00	24,172,500.00	24,172,500.00	24,172,500.00	136,762,900.00	
5.2	Promoting Healthy Lifestyles and Dietary habits										
5.2.1	Promote awareness on good dietary habits and healthy lifestyles	Linked to activity 5.1.1									
5.2.2	Conduct Nutrition Assessment, Counselling Support (NACS) to identify, classify, counsel on risk factors to Diet related non-Communicable Disease (DRNCD) at the Health facilities, communities.		i. Make use of existing programs in secondary and tertiary health facilities and communities -								
5.2.3	Purchase basic equipment for DRNCD assessment and screening	To facilitate the procurement of equipment for DRNCD assessment									
5.2.4	One day state level training for 12,0001 OICs at the State level within 2 years (6,001 per year)	linked with result area 2 or 3									

5.2.5	Conduct one day dissemination meeting of food based dietary guidelines for healthy living with 40 relevant officers/zone conducted at the 6 geopolitical zone of the country	i. Conduct a one day annual meeting/sensitization on the use of Nigeria food pyramid in the 3 senatorial zones. 40 officers (includes 23 LGAs nutrition officers, 14 MDAs officers and 3 resource persons)	i. Refreshment breaks @N1,200 each, and 1 lunch N2500) =N4,900 x 40 x 3 = N588,000 Public address @N10,000 x3 = N30,000 Hall @N100,000 x3 N300,000 DTA@N16,000 x 40 x 3 = N1,920,000 Stationary and writing materials - N700 x 40 x 3 = 84,000 Honourarium @N20,000 x 2 x 3 = N120,000 Total N2,934,000 x 5years = N14,670,000	2,934,000.00	2,934,000.00	2,934,000.00	2,934,000.00	2,934,000.00	14,670,000.00		
5.2.6	Strengthen existing television programs that demonstrates the preparation of meals to incorporate nutrition considerations	Facilitate sponsorship for TV/Radio programmes on food demonstration through engagement with partners.	Administrative	-	-	-	-	-	-	-	-
5.2.7	Develop and air Radio jingles and prepare leaflets and posters to promote good dietary practices and WASH at household, community levels and schools	Linked to activity 5.1.1; 5.1.13 and activity 4.1.3 in result area 4.		-	-	-	-	-	-	-	-

5.2.8	Conduct capacity building of physical and health education teachers on the need for regular physical exercise & nutrition-sensitive education	<p>i. One-day Planning meeting.</p> <p>ii. Two-day meeting of 15 participants to develop manual for training of teachers. (One time activity)</p> <p>iii. Two-day annual training of 600 primary and secondary school teachers (300 primary school physical and head education teachers and 300 secondary physical and health education teachers) each from the three Senatorial District. (6 resource persons)</p>	<p>i. Administrative.</p> <p>ii. Refreshment (2 tea breaks @N1,200 each, and 1 lunch N2500) =N4,900 x 15 x 2 = N147,000 Public address @N10,000 Hall @N100,000 DTA@N16,000 x 15 x 3 = N720,000 Stationary and writing materials - N700 x 15 = N10,500 @N20,000 x 2 x 2 = N80,000 Total N1,067,500.</p> <p>iii. Refreshment (2 tea breaks @N1,200 each, and 1 lunch N2500) =N4,900 x 606 x 2 x 3 = N17,816,400 Public address @N10,000 x3 = N30,000 Hall @N100,000 x 3 = N300,000 DTA@N16,000 x 606 x 2 x 3 = N58,176,000 Stationary and writing materials - N700 x 606 x 3 = N1,272,600 @N20,000 x 6 x 3 =</p>	1,067,500.00	77,955,000.00	77,955,000.00	77,955,000.00	77,955,000.00	77,955,000.00	77,955,000.00	77,955,000.00	312,887,500.00
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5.2.9	Promote regular physical activities and medical check up in schools and communities including provision of adequate relevant facilities	<p>i. One day planning meeting with 15 professionals critical to nutrition and health.</p> <p>ii. Conduct two-day meeting to develop and finalise guidelines for promoting physical activities on regular medical check-ups at schools and communities. 30 participants and 5 resource persons (a total of 35 persons)</p> <p>iii. Conduct two-day training for key stakeholders (teachers and community health volunteers) on the implementation of the guidelines so developed. 454 participants (150 primary school teachers, 150 secondary school teachers, 150 community volunteers and 4 resource persons) It is a one-time activity.</p> <p>v. Facilitate the procurement of essential facilities such</p>	<p>i. Administrative.</p> <p>ii. Refreshment (2 tea breaks @N1,200 each, and 1 lunch N2,500) =N4,900 x 35 x 2 = N343,000 Public address @N10,000 Hall @N100,000 DTA@N16,000 x 35 x 3 = N1,680,000 Stationary and writing materials - N700 x 35 = N24,500 Honourarium @N20,000 x 5 x 2 = N200,000 Total N2,357,500.</p> <p>iii. Refreshment (2 tea breaks @N1,200 each, and 1 lunch N2,500) =N4,900 x 454 x 2 = N4,449,200 Public address @N10,000 Hall @N100,000 DTA@N16,000 x 454 x 3 = N21,792,000 Stationary and writing materials - N700 x 454 = N317,800 Honourarium @N20,000 x 4 x 2 = N160,000 Total N22,829,000</p>	-	-	-	22,829,000.00	2,357,500.00	-	-	-	80,889,000.00	80,889,000.00	80,889,000.00	80,889,000.00	25,186,500.00			
Sub-total	5.2						1,03,718,000.00	6,359,000.00				80,889,000.00	80,889,000.00	80,889,000.00	80,889,000.00	352,744,000.00			
5.3	Research In Nutrition																		

5.3.1	Promote research on development of Nutritious diets from locally available staple foods for improved utilization and nutrition	<p>i. Develop Nutrition research agenda.</p> <p>ii. Conduct research on the formulation and production of mixed diet utilizing locally available foods with proximate, micro nutrient and microbial analysis. (one time activity).</p> <p>iii. Conduct a one-day semina to disseminate the research findings (52 participants).</p>	<p>i Administrative.</p> <p>ii. 10 recipes x N40,000 (production, proximal and micronutrient content analysis) = N400,000</p> <p>iii. Refreshment: (2 tea breaks at N1200 each, and 1 lunch N2,500) =N4,900 x 52 = N254,800</p> <p>Public address system @N10,000</p> <p>Hall @N100,000</p> <p>Stationary and writing materials - N700 x 52 =N36,400</p> <p>Honourarium @20,000 x 2 = N40,000</p> <p>Total N441,200</p>	-	400,000.00	412,000.00	-	441,200.00	-	841,200.00	
5.3.2	Provision of small grants for research on development of nutritious diets from locally available staple foods	<p>i. Bi-annual advocacy to stakeholders to finance researchs formulation and producing nutritious mix utilizing locally available foods</p> <p>ii. Conduct bi-annual MDAs for the release of small grant for nutrition research.</p>	<p>i. Local transport @N3,000 x 16 = N48,000 x 2 = N96,000</p> <p>Refreshment lunch @2,500 x 22 x 2 = N110,000</p> <p>Total N206,000 x 4years = N824,000</p> <p>ii. Local transport @N3,000 x 16 = N48,000 x 2 = N96,000</p> <p>Refreshment lunch @2,500 x 22 x 2 = N110,000</p> <p>Total N206,000 x 4years = N824,000</p> <p>Grand total N1,648,000</p>	-	412,000.00	412,000.00	412,000.00	412,000.00	412,000.00	1,648,000.00	

5.3.3	Participate in the conduct of the National Food Consumption and Nutrition Survey	<p>i. Support 15 officials of KDBS to participate in the national survey.</p> <p>ii. Facilitate the inclusion of similar survey in the annual KDBS households survey</p>	<p>i. The 15 participants will be supported by NBS</p> <p>ii. Administrative.</p>	-	-	-	-	-	-	-
5.3.4	Review and update existing food composition table for Kaduna State.	<p>i. Conduct a one-day meeting to adopt Nigeria Food Composition Table. (One time activity for 2020)</p> <p>ii. Conduct one-day annual meeting for 15 professionals to review the table using direct method for 10 recipe peculiar to Kaduna state.</p>	<p>i. Refreshment (2 tea breaks at N1,200 each, and 1 lunch N2,500) =N4,900 x 30 = N147,000 Public address system @N10,000 Hall @N100,000 Stationary and writing materials - N700 x 30 =N21,000 Honourarium @20,000 x 2 = N40,000 Total N318,000</p> <p>ii. Refreshment: (2 tea breaks at N1,200 each, and 1 lunch N2,500) =N4,900 x 15 = N73,500 Stationary and writing materials - N700 x 15 =N10,500 Honourarium @20,000 x 15 = N300,000 Total N384,000 x 4years = N1,536,000 Grand Total N1,854,000</p>	318,000.00	384,000.00	384,000.00	384,000.00	384,000.00	384,000.00	1,854,000.00

5.3.5	Promote, support and disseminate research findings on food processing and preservation technologies for adoption at the village and household levels	i. Identify researches conducted on food processing and preservations techniques which practices are feasible at HH levels and rural areas. ii. Conduct 2 day annual seminar for 52 participants to present research findings on food processing and preservation techniques.	i. Administrative. ii. Refreshment: (2 tea breaks at N1200 each, and 1 lunch N2,500) =N4,900 x 52 = N254,800 Public address system @N10,000 Hall @N100,000 Stationary and writing materials - N700 x 52 =N36,400 Honourarium @20,000 x 2 = N40,000 Total N441,200 x 5 =N2,206,000	441,200.00	441,200.00	441,200.00	441,200.00	441,200.00	441,200.00	2,206,000.00	
	Sub-total 5.3			759,200.00	1,637,200.00	1,237,200.00	1,237,200.00	1,678,400.00	1,237,200.00	6,549,200.00	
V1	Result Area 6. RESOURCE ALLOCATION FOR FOOD AND NUTRITION SECURITY AT ALL LEVELS			29,111,850	12,160,300	17,028,500	20,205,150	12,160,300	20,205,150	90,666,100.00	
	Sectors: Planning, M&E, Research and Finance Interventions										
6.1	Promote Adequate Budgetary Allocation and Tracking										

6.1.1	Conduct assessment at all levels on determinants of low financial investments in Food & Nutrition programs compared to other life-saving interventions in partnership with development partners private sector	<p>i. Identify and map out line MDAs, LGAs & private sector on low financial investment in food & Nutrition programs</p> <p>ii. Organize one - day Planning meeting for a 2 -day Assessment of financial investments on Food and Nutrition by State and LGAs</p> <p>iii. Develop and adapt Assessment Tools for financial investment on Food and Nutrition</p> <p>iv. Conduct Two - day training on Assessment tools for financial investment</p> <p>v. Conduct Field Assessment on financial investment on Food and Nutrition programs (bi-annual)</p> <p>vi. Sharing of Assessment report and review of the Strategic Plan</p>	<p>i. Administrative</p> <p>ii. Planning Meeting @ N1,500 x 15 = N22,500.00</p> <p>iii. Assessment tool has been developed and adapted in IQ 2019</p> <p>iv. Conduct Two - day training on Assessment tools for financial investment</p> <p>Accommodation @ N9,000 x 3 nights x 45 participants = N792,000</p> <p>Tea Break @N 1,200 x 2 x 53 ppl x 2day= N127,200</p> <p>Lunch@ N2,500 x 53ppl x 2day= N265,000,</p> <p>Hall hire @ N100,000 x 2 days = N200,000</p> <p>Bottle Water @ N200 x 2 x 53ppl x 2day= N42,400</p> <p>Projector & Screen @ 10,000 x 2 = N20,000</p> <p>PA Sys @ N10,000 x 2 = 20,000</p> <p>W/Shop Materials @ N700 x 53ppl= N37,100</p> <p>Photo copy: W/Shop</p>	3,689,250	1,714,000	3,698,450	1,714,000	3,698,450	14,514,150.00	23 LGA, 20persons from line MDAs including 2 resource persons, 8 persons from DPs, Private sector = 53 planning meeting (one off) N22,500), training to be in the first and 3rd year (N1,952,750)
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6.1.2	Conduct regular budget tracking and apply lessons learnt to all-levels of F & N budgeting processes.	<p>i. Organise one day planning meeting for Budget Tracking including mapping of LGAs and relevant stakeholders according to zones</p> <p>ii. Organise two -day Budget Tracking Training for 26 persons in 23 LGAs DPHCS/ 3Zonal Directors and 26 persons from SPHCDA, line MDAs, PBC & Partners for base, mid and end years period</p> <p>iii. Conduct quarterly budget tracking visits to line MDAs and LGAs and report to relevant stakeholders</p> <p>iv. Organize a One -Day Zonal Budget Tracking Stakeholders Review Meeting to apply lessons learnt at all levels of F&N budgeting process annually</p>	<p>i. Administrative</p> <p>ii. Two day training for 53 participants (in Zaria)</p> <p>- Facilitators @ N20,000 x 2 x 2 days = N80,000.00</p> <p>- Accommodation @ N9,000 x 3 nights x 45 participants = N1,215,000.00</p> <p>- Tea Break @N 1,200 x 2 x 53 ppl x 2 days= N2,54,400</p> <p>- Lunch@ N2,500 x 53 ppl x 2 day= N265,000</p> <p>- Hall hire @ N200,000.</p> <p>- Bottle Water @ N200 x 2 x 53ppl x 2days= N42,400</p> <p>- Projector & Screen @ 10,000</p> <p>- PA Sys @ N10,000</p> <p>- W/Shop Materials @ N700 x 53 ppl= N37,100.00</p> <p>- Photo copy W/Shop Material @ N250 x 53ppl =N13,250.00</p> <p>- Report Writing @ 10,000</p> <p>- DSA @ 5,700 x 3 x 45 ppl = N769,500.00</p> <p>- Transportation @ 6,000 x 45 ppl =</p>	4,696,800	1,520,150	1,520,150	1,520,150	4,696,800	13,954,050.00	training to be conducted 2X within plan period
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6.1.3	Develop Score Cards of lessons learnt on Budget tracking & applications to KDMSPAN plan	<p>i. Compile lessons learnt on Budget Tracking of Food and Nutrition interventions across line MDAs and LGAs</p> <p>ii. Develop Scorecard template for Budget and Nutrition interventions.</p> <p>iii. Validate the Scorecard Template by major Stakeholder in Nutrition</p> <p>iv. Organise a one day sensitization meeting on Nutrition Scorecard development</p> <p>v. Organize an Annual Budget Tracking Scorecard Forum on Food and Nutrition (participants to include ALGON, Commissioners, Legislature, etc)</p>	<p>i. Administrative</p> <p>ii. Produce Annual Scorecard on Food & Nutrition intervention at all level</p> <p>- Printing of scorecard @ N1,000 x 100 x 2 = N200,000</p> <p>iii. Validation of Scorecard</p> <p>- Refreshment for 10 key Stakeholders @ N2,000 x 10 = N20,000</p> <p>iv. Organize Sensitization for 53 persons (within Kaduna Metropolis)</p> <p>- Tea Break @N 1,500 x 2 x 53 ppl x 1day= N159,000</p> <p>- Lunch@ N3,000 x 53ppl x 1day= N159,000</p> <p>- Hall hire @ N100,000,</p> <p>- Bottle Water @ N200 x 2 x 53ppl x 1day= N21,200</p> <p>- Projector & Screen @ 10,000</p> <p>- PA Sys @ N10,000</p> <p>- W/Shop Materials @ N700 x 53 ppl= N37,100</p>	1,383,550	1,383,550	1,383,550	1,383,550	1,383,550	1,383,550	6,917,750.00	
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6.1.4	Participate in bi-annual National Council on Nutrition meeting	<p>i. Organise one day planning meeting to map out relevant stakeholders and kaduna state council meeting on Nutrition.</p> <p>ii. Establish and inaugurate the kaduna state council and Nutrition in accordance with the state policy on food and nutrition.</p> <p>iii. Articulate key outcomes of the state council meeting for presentation at National Council on Nutrition-Administrative.</p> <p>iv. Participate at National Council on Nutrition</p>	<p>i. Planning Meeting - Refreshment @ N1,500 x 15 = N22,500.00</p> <p>ii. Organise inaugurations of State Council on Nutrition - Freshment for 10 members and Secretariat @N2,000x 10 = N20,000</p> <p>- Lunch for 10 members @N3,000 x10 =N30,000</p> <p>Sub-Total = N50,000.00</p> <p>iii. Articulate key outcomes of the State Council Meeting - Administrative</p> <p>iv. Attend Annual National Council Meeting - Fueling @ 10,000 for 3days = N30,000.00</p> <p>- DSA for 2 representatives (D/Governor & HC PBC) @ 40,000x3days = N120,000</p> <p>Sub-total = N150,000.00</p> <p>N222,500.00</p>	222,500.00	222,500.00	222,500.00	222,500.00	222,500.00	1,112,500.00	
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6.1.5	Organize quarterly Nutrition Partners meetings at state and LGA levels	<p>i. Organise a planning meeting to map out Nutrition Partners at State and partners</p> <p>ii. Organize state level Nutrition Partners and MDAs quarterly one - day meeting</p>	<p>i. Planning Meeting - Refreshment @ N1,500 x 15 = N22,500,00</p> <p>ii. Organize state level Nutrition Partners and MDAs quarterly one - day meeting - Tea Break @N 1,500 x 2 x 53 ppl x 1day= N159,000 - Lunch@ N3,000 x 53ppl x 1day= N159,000 - Hall hire (PBC Conference @ zero cost) - Bottle Water @ N200 x 2 x 53ppl x 1day= N21,200 - Projector & Screen @ zero cost - Photo copy W/Shop Material @ N250 x 53ppl =N13,250 - Report Writing @ 10,000 - Transportation @ 6,000 x 44 ppl = N264,000 - Facilitators @ 20,000 x 1day x 2 ppl = N40,000 Sub Total= N666,450.00</p>	2,665,800	2,665,800	2,665,800	2,665,800	2,665,800	2,665,800	13,329,000.00	6
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6.1.6	Organize quarterly meetings of committee on Food and nutrition at state and LGA levels	<p>i. Organise planning meeting for agenda setting, dates and responsibilities and expected outcomes</p> <p>ii. KADENAP to lead high level advocacy visits to Wives of LGA Chairmen:</p> <p>- DSA @ 10,000 x 10 ppl x 3 zone = N3,000,000.00</p> <p>- Fueling @ 10,000 per zone x 3 = 30,000.00</p> <p>- Driver @ N4,000 per zone x 3 = N12,000.00</p> <p>- Report Writing @ 10,000 = 10,000.00</p> <p>- Contingency = N10,000 per zone x 3 = 30,000.00</p> <p>Sub Total= N382,000.00</p> <p>iii. LGA to establish and facilitate the conduct quarterly LGA Food and Nutrition Committee Meeting</p>	2,662,300	2,662,300	2,662,300	2,662,300	2,662,300	2,662,300	2,662,300	<p>ii. SCFN</p> <p>iii. LGCFN</p> <p>iv. SCFN/Zonal Directors/SCOs/DP/Media</p>	13,311,500.00
<p>iii. Conduct quarterly LGA Food and Nutrition meeting:</p> <p>- Tea Break @N1,500 x 4 x 10 ppl x 1day= N60,000.00</p> <p>- Lunch@ N3,000 x 10ppl x 1day= N30,000.00</p> <p>- Bottle Water @ N200 x 2 x 10ppl x 1day= N40,000.00</p> <p>- PA Sys @ N10,000</p> <p>Sub Total=</p>											

6.1.7	Organize annual State Nutrition Networking meeting of all nutrition stakeholders	<p>i. Resuscitate Nutrition Networking Annually</p> <p>ii. Coordinate a one-day annual Kaduna State Council on Nutrition Meeting</p>	<p>i. Organize meeting for the re-activation of Nutrition Networking</p> <p>- Refreshment for 15 persons @ N2,000 x 15 = N30,000</p> <p>ii. Coordinate a one-day state council meeting with 20 persons (within Kaduna Metropolis)</p> <p>- Tea Break @N 1,500 x 2 x 20 ppl x 1 day= N60,000.00</p> <p>- Lunch@ N3,000 x 20ppl x 1day= N60,000.00</p> <p>- Hall hire @ N100,000.</p> <p>- Bottle Water @ N200 x 2 x 20ppl x 1day= N80,000.00</p> <p>- Projector & Screen @ 10,000</p> <p>- PA Sys @ N10,000</p> <p>Sub Total= N320,000.00</p> <p>N350,000.00</p>	350,000	350,000	350,000	350,000	350,000	350,000	350,000	1,750,000.00	
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6.1.8	Domestication of policy on Food and Nutrition and the Plan of Action at the State Level	<p>i. Develop and disseminate Kaduna State Policy on Food and Nutrition</p> <p>ii. Dissemination of the State Policy on Food and Nutrition document</p> <p>iii. Development and dissemination of Kaduna State Multisectoral Strategic Plan of Action for Food and Nutrition (KDMSPAN)</p> <p>iv. facilitate the Development of operation plan of Kaduna State Multisectoral Strategic Plan of Action for Food and Nutrition (KDMSPAN) by MDAs/23 LGAs</p>	<p>i. Print & Disseminate 1000 copies of State Policy of Food & Nutrition - PBC to fund the dissemination</p> <p>ii. Hosting of Policy on Food and Nutrition by PBC- Administrative</p> <p>iii. Printing of 1000 copies of Kaduna State Multisectoral Strategic Plan of Action for Food and Nutrition (KDMSPAN) @2,000 x 1000= N2,000,000.00</p> <p>- Hosting of Kaduna State Multisectoral Strategic Plan of Action for Food and Nutrition (KDMSPAN) at PBC website - Administrative</p> <p>- Distribution of Kaduna State Multisectoral Strategic Plan of Action for Food and Nutrition (KDMSPAN) to stakeholders - @ 200,000 for courier services and fueling of vehicles = N200,000.00</p> <p>iv. Administrative -</p>	2,200,000	2,200,000.00	one off and the figures for the other years were deleted
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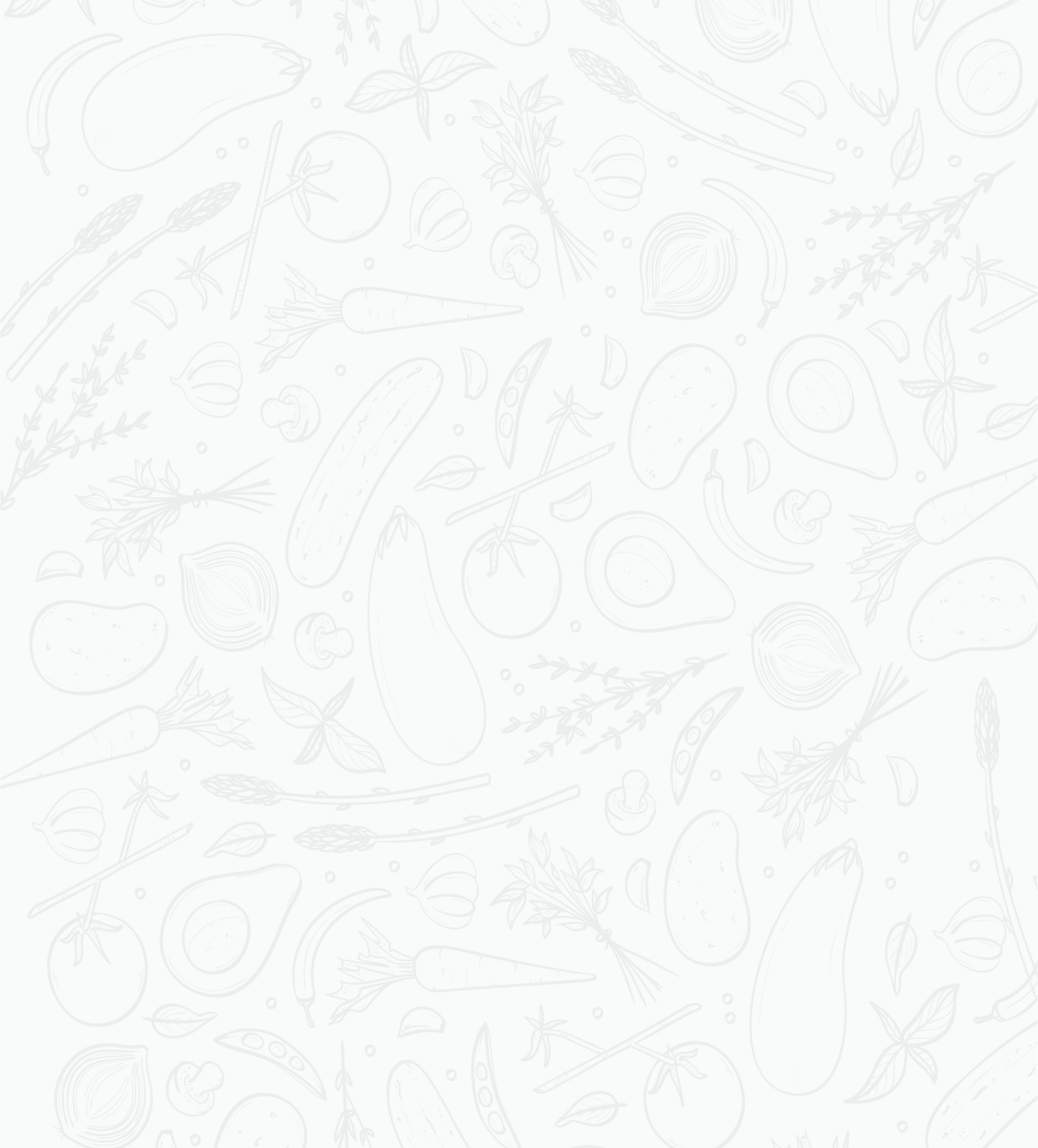
6.1.9	Advocate for the creation of budget lines on Food and Nutrition activities in MDAs/LGAs and ensure timely release of funds	<p>i. Identify Nutrition advocacy champions/ambassadors</p> <p>ii. Organise a one - day workshop to develop a Plan for MDAs/LGAs for creation Budget Line and ensure release of fund on Food MDAs/LGAs Nutrition & Nutrition - Accommodation for 44 persons @ N9,000 x 2 nights = N 792,000.00</p> <p>- Tea Break @N 1,500 x 2 x 53 ppl x 1day= N159,000.00</p> <p>- Lunch@ N3,000 x 53ppl x 1day= N159,000.00</p> <p>- Hail hire @ N100,000</p> <p>- Bottle Water @ N200 x 2 x 53 ppl x 1day= N 21,200.00</p> <p>- Projector & Screen @ 10,000 =10,000.00</p> <p>- PA Sys @ N10,000 x 4 = N10,000.00</p> <p>- Meeting files @ N250 x 53ppl= N13,250.00</p> <p>- Transportation @ 6,000 x 44 ppl = N264,000.00</p> <p>Sub Total= N736,450 (Once off)</p> <p>iii. Advocacy visit to Governor, Legislature,</p>	1,118,450	382,000	382,000	382,000	382,000	382,000	382,000	382,000	2,646,450.00
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6.1.10	Build the capacity of Nutrition desk officers in MDAs/LGAs through training & retraining on resource mobilisation and allocation	<p>i. Hold a planning meeting to collate a database of Nutrition Desk Officers in MDAs/LGAs - Administrative</p> <p>ii. Organise a 2- day workshop on resource mobilization and allocation and Grant proposal development for capacity building of Nutrition desk officers in MDAs/LGAs annually</p> <p>iii. Develop and regularly update resource Mobilization and Allocation Plan at MDA/LGA levels - Administrative</p> <p>iv. Organize a two-day bi-annual refresher training on resource mobilization and allocation for Nutrition Desk Officers in MDAs/LGAs (45participants)</p>	<p>i. Planning Meeting - Refreshment @ N1,500 x 15 = N22,500</p> <p>ii. Two day Training Workshop for 53 participants (in Zaria) Accommodation @ N9,000 x 3 nights x 45 participants = N1,215,000.00</p> <p>Tea Break @N 1,200 x 2 x 53 ppl x 2day= N127,200</p> <p>Lunch@ N2,500 x 53ppl x 2day= N265,000,</p> <p>Hall hire @ N100,000 x 2 = N200,000.00,</p> <p>Bottle Water @ N200 x 2 x 53ppl x 2day= N42,400</p> <p>Projector & Screen @ 10,000 x 2 =N20,000.00</p> <p>PA Sys @ N10,000 x 2 = N20,000.00</p> <p>W/Shop Materials @ N700 x 53ppl= N37,100</p> <p>Photo copy W/Shop Material @ N250 x 53ppl =N13,250</p> <p>Report Writing @ 10,000</p> <p>DSA @ 5,700 x 3nights x 45 ppl =</p>	5,818,200		2,883,750.00		2,883,750	11,585,700.00	figures for refresher training to be captured 3X
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6.1.11	Conduct research, monitoring & evaluation on food and nutrition activities in collaboration with partners and CSOs the private sector	<p>i. Planning meeting to facilitate Monitoring & Evaluation of Nutrition Activities</p> <p>ii. Compile report on nutrition activities across all levels</p> <p>iii. Conduct quarterly monitoring of food and nutrition activities using ICT tools</p> <p>iv. Produce and disseminate monitoring report</p>	<p>i. administrative</p> <p>ii. Administrative</p> <p>iii. Monitoring visit across the State by 6 persons per zone for 5 days</p> <p>- DSA @ 10,000 x 6 ppl x 5nights x 3 zone = N900,000.00</p> <p>- Fueling @ 10,000 per zone x 5days x 3 = N150,000.00</p> <p>- Driver @ N4,000 per zone x 3 x 5nights = N60,000.00</p> <p>- Report Writing @ 10,000 x 3 = N30,000.00</p> <p>- Contingency = N10,000 per zone x 3 = N30,000.00</p> <p>Sub Total= N1,170,000.00</p>	1,170,000	1,170,000	1,170,000	1,170,000	1,170,000	5,850,000.00	
6.1.12	Conduct research on food and nutrition activities in collaboration with partners, private sector and research institutes	<p>i. facilitate the Resuscitation of Committee for the production of local Complementary food (Group 4 to handle this activity)</p> <p>ii. Commissioning of research institutes to develop local Complementary food (Group 4 to handle the main activity)</p>	<p>i. Plan meeting</p> <p>- Refreshment @ N1,500 x 15 = N22,500</p> <p>ii. PBC to facilitate</p>	22,500					22,500.00	

6.1.13	Develop a Portal and data tools for the collection of core Nutrition based interventions in partnership with research institutes 207:208	<p>i. Identify a consultant to develop a portal and data tool for nutrition based intervention.</p> <p>ii. Engage a consultant on development of portal and data tool for nutrition based interventions.</p> <p>iii. Procure dashboard and other accessories for data collection</p>	<p>i. Engagement of consultant to develop a portal and data tool for nutrition based interventions research at N3,000,000.00 (portal development, data tools, accessories, installations, training fee, etc)</p> <p>ii. Develop Nutrition Information System using proposed data lab in the KDDBS</p> <p>iii. Still part of the consultancy service estimated in (i) above</p>	3,000,000						3,000,000.00
6.1.14	Build the capacity of Nutrition implementers (OICs, NFPs, M & E, agric extension officers and other nutrition officers/ workers) at state, LGA and community levels on the use of data tools for capturing of Nutrition activities	<p>i. Planning meeting for the training of nutrition implementers on the use of data tools for capturing of Nutrition activities</p> <p>ii. Engage a consultant to train nutrition implementers on the use of data tools for capturing of Nutrition activities at LGA and community levels</p>	<p>i. Planning Meeting - Refreshment @ N1,500 x 15 = N22,500</p> <p>ii. The budget for training of nutrition implementers on the use of data tools for capturing of Nutrition activities at LGA and community levels had been embedded in 6.1.13 above.</p>	22,500						22,500.00

Conduct results based monitoring and evaluation for nutrition activities			90,000	90,000	90,000	90,000	90,000	90,000	90,000	450,000.00	
i. Establishment of Based line for nutrition key indicators database	i. Administrative										
ii. Collect performance of nutrition interventions across all levels.	ii. Administrative										
iii. Conduct monitoring of nutrition activities across all levels	iii. BPC to Monitor nutrition performance indicators based on established KPI at both State and LGA levels - Administrative (via dash board)										
iv. Conduct evaluation of nutrition activities across all levels	iv. PBC to Evaluate outcomes and impact of nutrition intervention using budget performance visa vis Households Survey finding. - Two Day Evaluation meeting: Refreshment for 20 evaluators @1,500 x 20 = N30,000 Transport @3,000 x 20 = 60,000 Sub-total=N90,000.00										
Sub-total 6.1			303,903,930.00	29,111,850	277,903,480.00	12,160,300	17,028,500	282,121,930.00	12,160,300	20,205,150	90,666,100
Total Cost											1,385,776,750.00



PARTNERS

