

ADAMAWA STATE

**FOOD
AND
NUTRITION POLICY**

2023 – 2027

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ABBREVIATIONS/ACRONYMS

AIDS	-	Acquired Immune Deficiency Syndrome
ARV	-	Anti-retroviral
BCC	-	Behaviour Change Communication
BMI	-	Body Mass Index
BMS	-	Breast Milk Substitute
CAADP	-	Comprehensive African Agriculture Development Programme
CBOs	-	Community-Based Organizations
CMAM	-	Community Management of Acute Malnutrition
CSOs	-	Civil Society Organizations
DFID	-	Department for International Development
ENA	-	Essential Nutrition Actions
FAO	-	Food and Agriculture Organization
FBOs	-	Faith-Based Organizations
FMOH	-	Federal Ministry of Health
GARPR	-	Global Aids Response Country Progress Report, Nigeria
HIV	-	Human Immunodeficiency Virus
ICN	-	International Conference on Nutrition
IDA	-	Iron Deficiency Anaemia
IDD	-	Iodine Deficiency Disorder
IDP	-	Internally Displace Persons
IFPRI	-	International Food Policy Research Institute
IMAM	-	Integrated Management of Acute Malnutrition
IMNCH	-	Integrated Maternal Newborn and Child Health
ITP	-	In-Patient Therapeutic Program

IYCF	-	Infant and Young Child Feeding
LBNS	-	Liquid-Based Nutrient Supplement
LGA	-	Local Government Area
LGCFN	-	Local Government Committee on Food and Nutrition
LO-ORS	-	Low Osmolarity Oral Rehydration Solution
MAM	-	Moderate Acute Malnutrition
MDAs	-	Ministries Departments and Agencies
MDGs	-	Millennium Development Goals
M & E	-	Monitoring and Evaluation
MICS	-	Multiple Indicator Cluster Survey
MNDC	-	Micronutrient Deficiency Control
NAFDAC	-	National Agency for Food and Drug Administration and Control
NBS	-	National Bureau of Statistics
NCFN	-	National Committee on Food and Nutrition
NDHS	-	Nigeria Demographic and Health Survey
NFA	-	National Fortification Alliance
NFCNS	-	Nigeria Food Consumption and Nutrition Survey
NFSP	-	National Food Security Programme
NGOs	-	Non – Governmental Organizations
NCN	-	National Council on Nutrition
NNN	-	National Nutrition Network
NPC	-	National Planning Commission
NPHCDA	-	National Primary Health Care Development Agency
NSHDP	-	National Strategic Health Development Plan
OTP	-	Out Patient Therapeutic Program
OVC	-	Orphan and Vulnerable Children

PATH	-	Programme for Appropriate Technology in Health
PLWHA	-	People Living with HIV/AIDS
RRA	-	Rapid Rural Appraisal
RUTF	-	Ready to Use Therapeutic Foods
SDG	-	Sustainable Development Goal
SAM	-	Severe Acute Malnutrition
SBCC	-	Social and Behavioral Change Communication
SCI	-	Save the Children International
SCFN	-	State Committee on Food and Nutrition
SDGs	-	Sustainable Development Goals
SMART	-	Standardized Monitoring Assessment of Relief and Transitions
SUN	-	Scaling Up Nutrition
UN	-	United Nations
UNICEF	-	United Nations Children's Fund
USI	-	Universal Salt Iodization
USI-TF	-	Universal Salt Iodization Task Force
VAD	-	Vitamin A Deficiency
VP	-	Vice President
WHA	-	World Health Assembly
WHO	-	World Health Organization

FOREWORD

The need for food and nutrition policy emanate from the fact that there are people who are malnourish. Malnutrition is when a person's diet does not provide enough nutrients for optimal health. Malnutrition and Nutrition-related issues manifest themselves mainly as Undernutrition, Overnutrition, and Micronutrient deficiencies. In Nigeria, Malnutrition has grossly affected mothers, children, and the aged; this is more prevalent amongst children under the age of five. While it is a national phenomenon, Adamawa state has its own share of the malnourish. The Food and Nutrition Policy approach is meant to strengthen the synergy among sectors and other initiatives of the government and partners to galvanise efforts toward addressing the underlying causes of Malnutrition in our society. The food and nutrition policy can be considered to be a key input towards ensuring food and nutrition security as a critical need in development process of the State. The expectation is that the policy will serve as a guide for programs across the different sectors related to food and nutrition to ensure alignment with the Government's vision for the nutritional outcomes of the people.

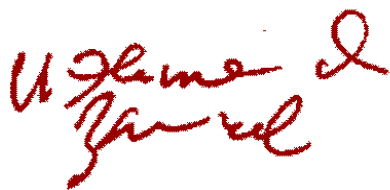
Since the creation of Adamawa State, especially with the advent of the democracy in 1999 the government has been implementing, fundamental reform programmes. These reforms have transform the overall macroeconomic outlook of the State, resulting in the developmental changes in the State. To enhance and sustain the gains from these reforms the Food and Nutrition Policy will play a significant role by ensuring food and nutrition security geared towards having healthy human resource in the State especially - as the saying goes 'A healthy nation is a wealthy nation'. The Food and Nutrition policy also highlights the level of commitment of the present administration to tackle poverty amongst the people of the state, improve the Nutritional status of the people and enhance the overall well-being of the populace. The policy has been developed to strengthen the synergy among sectors and other initiatives of the Government and partners to galvanize efforts toward addressing the underlying causes of malnutrition in our society. It is expected that the Food and Nutrition policy will serve as a guide for programs across the different sectors related to Food and Nutrition to ensure alignment with the Government's vision for the nutritional outcomes of the people. To complement

this policy, a comprehensive costed operational plan has been developed to drive the implementation of the policy for effective results.

The state government in collaboration with several partners such as: UNICEF have in the recent past and still are committed to the eradication of malnutrition and nutrition related issues such that resources are committed in the following areas: releases of GCCC for RUTF, ANRIN activities, production of children complimentary feeds and increased budgetary allocations in other sectors such as poverty reduction programmes.

For emphasis, I want to state the commitment of this administration to the successful implementation of the Food and Nutrition Policy for a better and healthy people of the State resulting in the development of the State and the nation in general.

I, therefore approved and recommend the effective implementation of this policy to achieve the objective of ensuring optimal nutritional status for all the people of Adamawa state.

A handwritten signature in red ink, appearing to read 'Umaru I. Fintiri', is written over a faint, larger signature.

His Excellency,
Rt. Hon. Ahmadu Umaru Fintiri
The Executive Governor of Adamawa State

PREFACE

Over the years, malnutrition has continued to remain a key health challenge in developing economies. Malnutrition in an individual or at the community level impacts negatively on the well-being of the people generally; is a drain on the nation's human resources and a hindrance to development with enormous costs in human, social and economic terms.

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

The reviewed National Policy on Food and Nutrition in Nigeria provides a comprehensive framework covering the multiple dimensions of food and nutrition improvement. The policy has been revised to add value and strengthen synergy among sectors and other initiatives of government and partners. It recognizes the need for public and private sector involvement, and that hunger eradication and nutrition improvement is a shared responsibility of all Nigerians.

It is therefore in line with this National Policy that Adamawa State Government has taken the lead to develop the State Food and Nutrition Policy. The policy builds on the strategic framework as provided by the National Policy and aims to address the specific problems of malnutrition and extreme hunger peculiar to Adamawa citizens. It focuses on the various levels from the individual, household, communities and to the State level. The Policy allows the enactment of guiding principles and pertinent strategic options for efficient implementation mechanisms for nutrition interventions so as to address problem of malnutrition and food security in Adamawa State.

A multi-sectoral approach is envisioned for the implementation of this policy, through strong coordination mechanisms and partnerships between the Public and Private sectors, Donors, Non-Government Organizations (NGOs) Professional bodies, Academic Institutions, Local Communities, Civil Society Organizations (CSOs), Religious Bodies, Traditional Institutions and other International and local agencies. The State Food and Nutrition Committee will anchor and coordinate the implementation of the policy headquartered at the State Planning Commission.



Dr. Mary Paninga

Executive Chairman, Adamawa State Planning Commission

CHAPTER ONE

1.1 Background

The National Food and Nutrition Policy is a document that provides the framework for addressing the problems of food and nutrition insecurity in Nigeria, from the individual, household, community, and up to the National level. It guides the identification, design, and implementation of intervention activities across relevant sectors. Nutrition is a multi-sectoral and multi-disciplinary issue involving various sectors, Health, Agriculture, Science and Technology, Education, Trade and Industry, Water Resources, and Sanitation. In recognition of this, different sectors in Nigeria have developed policies and strategies to address their nutrition perspectives and needs.

Despite these policies, strategies, and programmes, the multi-sectoral and multi-disciplinary nature of Nutrition makes coordinating Food and Nutrition activities challenging. In 1990, a National Committee on Food and Nutrition (NCFN) was established and domiciled in the then Federal Ministry of Science and Technology, to among other things, coordinate Food and Nutrition actions and formulate a National Food and Nutrition Policy with a National Plan of Action. The phasing-out of that Ministry in 1993 led to the transfer of NCFN to the Federal Ministry of Health (FMOH). In 1994, the NCFN and emerging programs were domiciled to the National Planning Commission (NPC), now known as the Ministry of Budget and National Planning (MB&NP) because of its unique position as the government agency responsible for coordination and monitoring of all National Policies and Programmes, including budgetary processes, as well as all technical assistance in the country.

The first National Food and Nutrition Policy was developed through a multi-stakeholder process and produced by the NPC in 2001. However, this policy had little or no effect on improving the Nutrition situation in Nigeria because the NPC did not adequately implement the policy mainly because of funding issues, in addition to the ineffective policy implementation and coordination.

The Adamawa State Food and Nutrition Policy will seek to address the context-specific considerations for Nutrition in the State that reflect current realities, adopting measures that could prevent the issues of malnutrition. It will cut across all sectors to ensure program coherence and implementation of interventions; ensuring that food and nutrition can play a significant role in sustaining the gains from economic reforms and putting the economy of the state on a solid foundation, thus, speeding up the development of the state.

1.2 Food and Nutrition Situation in Adamawa State

Attaining food and nutrition security is a constitutional and human right of all citizens of Adamawa State and it is the responsibility of the government to ensure that its citizens are food and nutrition secure. Adequate food and optimal nutritional status are the foundation blocks for building healthy secure lives, thus forming the basis for development in any nation. If food and nutrition insecurity is unabated, it will continue to contribute to increased morbidity and mortality in the country. Women affected by food and nutrition-related problems are wasted or underweight and are then susceptible to developing anaemia and its severe consequences during childbirth and other obstetrics complications. New-borns from those mothers would likely be of low birth weight and stunted. The cycle could continue such that children will be more susceptible to repeated illnesses, early child mortality, compromised physical and mental development, poor education, limited innovative capacity, poor productivity and economic performance during their adulthood years. Furthermore, the high stunting rate and increasing trend of non-communicable diseases will cause the state to suffer from the double burden of malnutrition. This will significantly affect the production, productivity, human resources, and economic development of the state.

Addressing food and nutrition insecurity is one of the priority development areas of the government of Adamawa State. Implementation of multi-sectoral food and nutrition coordination and integration, development of legal and accountability framework, investment of sustainable and adequate financing, modern methods of

farming targeting the small-scale farmers and technology supported an increase in agricultural production and productivity and nutrition centred human resource development are the sustainable and key foundations to ensuring food and nutrition security and eventually contribute towards improved livelihoods, economic productivity, longevity of life of Adamawa State citizens and for the overall development and prosperity of the nation. The policy is necessary to put forth food and nutrition priorities that the implementing MDAs and other relevant stakeholders, through effective multi-sectoral collaboration and integration, will need to take forth with strong responsibility and accountability.

The National Bureau of Statistics (NBS, 2021) has disclosed that 133 million Nigerians are multi-dimensionally poor. In its National multidimensional poverty index report 2022, the NBS said that 63% of Nigerians were poor due to a lack of access to health, education, living standards, employment and security. The record of poor Nigerians recorded by NBS exceeded the World Banks projection for Nigeria in 2022. The rising poverty rate defies the government's plan to lift 100 million Nigerians out of poverty in 10 years. The rising poverty rate can be attributed to rising inflation, persistent population growth, epidemics such as the COVID-19 pandemic and others such as the war in Ukraine. Additionally, internal crises such as terrorism, banditry and kidnappings amongst many other factors were other contributory factors. This is despite Nigeria's abundant natural and human resource endowment, poverty has remained pervasive, multifaceted, and chronic.

Another report by the World Bank (2022) on the profile and drivers of poverty in Nigeria indicates that as many as 4 in 10 Nigerians live below the national poverty line – especially in the country's north. Climate and conflicts such as farmers-herders conflicts, cattle rustling, banditry, terrorism, and kidnappings – which disproportionately affect Nigeria's poor are multiplying. Another factor that has compounded the situation is economic policies by the government that have a negative impact on the poor, yet government support for the poor is scanty and ineffective. This has resulted in households adopting dangerous coping strategies, including reducing education and scaling back food consumption, which could have long-term consequences for human capital development. Thus, analysis of the current Food and

Nutrition situation needs to recognize the effects of poverty and make realistic projections of how the goals and objectives of poverty-reduction efforts, including the macro-economic framework, will affect the achievements of the Food and Nutrition Policy.

The World Bank has put the poverty rate in most states of the North East Region at 70%, adding that the region suffers from severe crises and conflicts that are diminishing its development. This was contained in a report titled; The Lake Chad Regional Economic Memorandum: Development for Peace which was released by the World Bank. The report revealed that the North East and other regions around Lake Chad were plagued by a high poverty rate, low human capital, and poor access to basic services. In the last 3 decades the report added, economic activities and household incomes have been decreasing. In Nigeria's North East which flanks Lake Chad to the southwest, poverty rates are estimated at over 70%, almost double the rate in the rest of the country. Specifically, the report stated that poverty rates in Adamawa and Yobe States are as high as 74% and 70% respectively. Part of the spatial gap is likely explained by the devastating impact of the terrorist group Boko Haram as stated by the report. The report also addressed the issue of food insecurity as an increasing concern in the region, adding that between 2014 and 2019, the number of undernourished people in Northern Nigeria was well over 5 million. A projection by OCHA (2022) states that by 2023 MAM prevalence will be 0.8%, IMAM prevalence will be 6.4%, GAM prevalence will be 7.2% and the Stunting rate will be 27.4%. The issue of minimum acceptable diet according to MICS stands at 11.8% (2021) and exclusive breastfeeding stands at 33.3% in 2021.

The state has not fared well either in terms of water sanitation and hygiene (WASH). The WASHNORM (2021) report showed that 77% of the population of Adamawa State have access to basic water, however 77% of the people living in Adamawa State drink water that is contaminated with E. Coli from source or at the household level. According to the same report, 9% of people in Adamawa have access to basic hygiene services, this is out of a population of about 5,058,395 as of 2022 December. According to the WASHNORM (2021) report, 13% of Adamawa people practice open defecation,

also only 2% of schools, 4% of healthcare facilities and 3% of public places have access to basic WASH services.

Given the aforementioned statistical indices, it becomes imperative for Adamawa State Government with support from UNICEF and other development partners to develop the Food and Nutrition policy and ensure its implementation.

1.3 Policy Scope

This policy is formulated in a broader scope to provide a policy foundation for multi-sectoral collaboration, and community-oriented nutrition service provision, encourage high-impact nutrition interventions and develop related operational and management strategies.

The policy provides an overarching framework covering the key dimensions of Food and nutrition security including sustained food availability, accessibility and utilization of food; food safety and quality; postharvest management; and optimal nutrition security at all levels of society, agro-ecological zones and livelihoods as well as recurring emergencies. The policy also considers, matters that pose challenges to food and nutrition security such as land degradation, desertification, farmers/herders clashes, cattle rustling, Boko Haram Insurgency, IDPs, Refugees from neighbouring countries, globalization, regional market integration, demographic change, income inequalities, increasing population pressure, urbanization, increase pressure on land and the demand for natural resources. The issue of infrastructures such as good roads, electricity, and schools also pose a challenge to food and nutrition security. The policy will also give prominence to food and nutrition capacity building at the State and Local Government levels, along with empowering families and individuals to enhance optimal nutrition behaviours and practices through capacity building at all levels.

1.4 Food Security

Food insecurity leads to hunger and Malnutrition, whilst Malnutrition is the most severe consequence of food insecurity. The nature and extent of hunger and food insecurity in Nigeria are of public health concern. Available data shows that the total average household expenditure on food for the period 2018/2019 was about 56.65%

(NBS, 2019). Nigeria was ranked 98th out of 107 countries on the 2020 Global Hunger Index (IFPRI, 2020), whilst another report indicated that the absolute number of food-insecure people was 116 million in 2021 and may continue to rise if the situation is unattended. The lack of food is the most critical dimension of poverty and is one of the SDG number 2 indicators.

Agriculture employs nearly 70% of the Nigerian population and accounts for almost one-third of the country's Gross Domestic Product. In recognition of the importance of the agricultural sector, The Federal Government initiated and endorsed several National projects and programs aimed at rapidly growing the industry. The initiatives include the buy-in into the CAADP, the Seven-Point Agenda, the NFSP, and the presidential initiatives on fish, cassava, rice, and other foods, as well as the ATA.

In Adamawa State, agricultural production has remained at a subsistence level and is mainly dependent on rainfall. Investment in Agriculture by Government has not significantly contributed to the reduction of malnutrition at the rate needed to meet the growing demand of the population. The economic consequence of the state of food insecurity in terms of productivity loss is enormous and requires urgent attention. The food distribution system in Nigeria remains inefficient mainly due to crop seasonality, inadequate storage technology and facilities, inadequate transport and distribution systems, and market information. These result in considerable spatial and seasonal variations in food production and availability, which are responsible for the significant variations in food prices across the country. The problem is worsened by a lack of adequate storage facilities and basic preservation techniques at the household level. Cumulatively this has resulted in a high cost of food beyond the level of most households in Nigeria.

Adamawa State is among the country's primary producers of cotton, corn, maize, millet, groundnut, beans, vegetables, livestock and fish. Adamawa State Government has invested significantly in Agriculture development in such areas as ADAS, L-PRESS, ACRESAL, and SLTP. However, despite the investment the average annual food production growth lags behind the population growth rate not only in Adamawa

State; but for the nation as a whole; thus widening the food need gap and exposing the citizens to food and nutrition insecurity. In addition, lower production and productivity coupled with poor safety and quality of foods and postharvest management systems, weak health care services that include maternal and child care, poor water, sanitation and hygiene are some of the causes for the food and nutrition insecurity situation in Adamawa State.

1.5 Nutrition Situation

The Policy Document Situation Analysis of Children in Adamawa State 2020 indicates that Adamawa State faces a huge food security challenge. About 74 % of the population lives on less than USD 1 per day, suffering from hunger and poverty. The level of undernourishment also increased steadily from 6.1 percent of the population in 2010 to 7.0 percent in 2016. The variation of food prices has doubled over time as the figure given by NBS indicates that inflation is as high as 26% in the third quarter of 2022, with prices of food items more than double in less than 3 years. The incidence of being underweight is put at 39%, and the incidence of stunting decrease from 52.6% to 39.4% in 2021. The incidence of wasting also decreases from 63% to 42% in 2022 (NBS, 2022).

The majority of Adamawa people live in poverty, despite the wealth and abundant natural resources in State. Nigeria's poverty index is over 40% in 2020 (NBS, 2022), which is relatively high and indicates that income is held in the hands of a small percentage of the population. Adamawa state was placed 5th poorest State in Nigeria in a survey on Nigeria's living standard survey 2018/2019 by (NBS). The 2021/2022 multidimensional poverty index (MPI) survey reveals that 63% of persons living in Nigeria are multi-dimensionally poor. This transcends well across all states of the federation. The underlying cause of poverty in Adamawa State and Nigeria as a whole are corruption, unemployment, insurgency, ignorance, inadequate investment/supply rigidities in social sectors and structural causes among many others. death in children under 5 in developing countries. Vitamin A deficiency alone contributes up to 25% to U-5 mortality and affects the overall survival, mental capacity, and productivity of the

child. The total prevalence of iron deficiency anemia was 62% among children under 5.

The National Food Consumption and Nutrition Survey (2003) showed that the national Vitamin A Deficiency (VAD) prevalence among under-five children stood at 25.2% (marginal), meaning two out of every ten children is vitamin A deficient. It's already demonstrated that if no effective action is taken to prevent and control vitamin A deficiency, more than 80,000 Nigerian children will die annually as a result of vitamin A deficiency. Vitamin A deficiency (VAD) is known to contribute significantly to the burden of childhood diseases and premature death in children under 5 in developing countries. Vitamin A deficiency alone contributes up to 25% to U-5 mortality and affects the overall survival, mental capacity, and productivity of the child. The total prevalence of iron deficiency anemia was 62% among children under 5.

1.6 Health System and Disease

Persons living with HIV/AIDS, Diabetes, and other ailments have special nutritional needs because they are more vulnerable to illness, malnutrition and death because of their compromised immune systems. A report released by the Nigerian Government indicates a national HIV prevalence of 2.8%. UNAIDS and the National Agency for the Control of Aids estimate that there are 1.9 million people living with HIV in Nigeria as at 2022. The prevalence of HIV is 1.4% among adults aged 15 to 49 years – the report states that women aged 15 – 49 years are more than twice more likely to be living with HIV than men. Food and Nutrition play a critical role in the prevention, treatment and care of HIV/AIDS, Diabetes etc., and are important for the increased efficacy of medications including antiretroviral drugs. **The** promotion of good nutrition practices, and access to health services including Antiretroviral (ARV) drugs, is part of the rapid advice policy for Nutrition in the context of HIV. Thus, the need for optimal Nutrition in exceptional circumstances such as HIV/AIDS and other disease conditions. That is why the policy recognizes the linkage between food and nutrition and the prevention and recovery from infection.

The Nigeria health system is poorly developed in terms of equipment/maintenance structures and personnel. In Adamawa State the government response to the poor state

of the health sector in the recent past has upgraded 452 health clinics to primary health care centres, constructed 5 additional cottage hospital and upgraded some cottage hospitals to General Hospitals. In terms of personnel in the health system, the state Government recruited 1761 health workers and started a programme code named - reaching every ward with skilled birth attendants (REWSBA) and recruited 146 midwives attached to ward headquarters facilities. Despite these laudable efforts by Adamawa State Government the health system remains grossly inadequate and in some places facilities and health workers completely absent, thus a lot need to be done.

1.7 Nutrition in Emergencies

Natural and unnatural disasters, climatic shocks, conflicts, and insecurity are significant causes of hunger and Malnutrition due to the lack of access by individuals to produce, sell, and buy food. Essential services become overstretched; women and children under five and the elderly comprise the most significant percentage of the vulnerable population. Therefore, humanitarian assistance is urgently required if they are displaced. Although the capacity to predict the occurrence and gravity of emergencies has improved, adherence to early warning and activation of response plans is poor. Whilst time lag is a constraint, the financial, technical, and logistics capacities are challenging. Thus, food and nutrition policy must incorporate consideration in emergency preparedness and the State's emergency response and management systems.

Adamawa State has been severely affected by insurgency, terrorism, kidnapping, natural disasters and livestock diseases amongst many others directly or indirectly have plagued the North Eastern region and the nation in general for over a decade. The recurring terrorist attacks and activities of bandits and kidnappers in Adamawa State have disrupted economic activities in the state severely. Added to these are shifting dynamics of health threats occasioned by population growth, economic development, and human migration and displacement. These have resulted in increased food insecurity as the prices of food products have increased, as well as limited access to water and sanitation services. These harsh conditions predispose the populations to

increased exposure to diseases and Malnutrition. Therefore, a policy must be in place to ensure the availability of food supplies and adequate Nutrition during emergencies in the State. The combined effort of the National Emergency Management Agency (NEMA) in Adamawa State and Adamawa State Emergency Management Agency (ADSEMA) in addition to other donor agencies have brought succour during emergencies; especially for the displaced and victims of natural and non-natural disasters. Adamawa State has also inaugurated at both the State and Local Government levels maternal and child intervention centres. However, Adamawa State Nutrition response to emergencies is limited and sometimes inappropriate.

1.8 Guiding Principles of the Policy

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

- i. Prioritization of poverty reduction and safety nets for the poor in government budgetary allocations;
- ii. Recognition of adequate Food and Nutrition as a Human Right and adopting a rights-based approach to planning, budgeting, and implementation of the policy; the emphasis being sufficient budgetary allocation and releases.
- iii. Gender considerations and taking care of the needs of all vulnerable groups are integral to all components of the policy;
- iv. Recognition of the multi-sectoral and cross-cutting nature of food and Nutrition;
- v. The utilization of partnership and the network of stakeholders to harness resources for the implementation of the policy;
- vi. Recognition of Nutrition as a Developmental issue and incorporating Food and Nutrition considerations into development plans at all levels of Government;
- vii. Establish a viable system for guiding and coordinating Food and Nutrition activities at different levels of society;
- viii. Reduction of Malnutrition (Undernutrition and Overnutrition) through Scaling up Nutrition activities with high-impact and low-cost interventions.

- ix. Recognizing that a comprehensive transformation of the food systems is a sure way of achieving optimal health and Nutrition for all.
- x. The establishment of a food bank focused on solving the problem of hunger and Malnutrition, especially among infants, school children, pregnant women, and senior citizens that are vulnerable and underserved.
- xi. Cooperating with development partners to ensure preventive measures as regards Food and Nutrition challenges.
- xii. Empowering relevant MDAs/Stakeholders to implement the policy at all levels.

CHAPTER TWO

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

2.1 Vision Statement

To achieve optimal nutrition status for all Adamawa citizens that will result in improved quality of life, productivity and longevity of life thereby contributing to the achievement of the Sustainable Development Goals 3.

2.1 Mission

To strive to ensure food and nutrition security through the deliberate and diligent coordinated implementation of nutrition-specific and nutrition-sensitive interventions.

2.2 Goal

To attain optimal nutritional status for all through coordinated and deliberate efforts that will result in high quality of life, productivity and longevity of life.

2.3 Objectives

- i. Ensure availability and accessibility of food for all at all times.
- ii. Ensure accessibility and quality nutrition and nutrition health services at all stages of the life span of all citizens in an equitable manner. These must be specific, measurable, achievable, relevant and time-bound *(SMART).
- iii. To improve food security at the State, LGA, community, and household levels;
- iv. Reduce Undernutrition among infants and children, adolescents, and women of reproductive age;
- v. To reduce micronutrient deficiency disorders, especially among vulnerable groups;
- vi. To increase the knowledge of Nutrition among the populace and introduce Nutrition education into formal and non/informal training;
- vii. Promote optimum Nutrition for people in challenging circumstances, including PLWHA and IDPs;
- viii. To prevent and control chronic Nutrition-related non-communicable diseases;
- ix. Incorporating Food and Nutrition considerations into the State and Local Government sectoral development plans and improving coordination;

- x. To promote and strengthen Research, Monitoring, and Evaluation of food and Nutrition programs.
- xi. Strengthening systems for providing early warning information on the food and Nutrition situation;
- xii. Ensure universal access to Nutrition-sensitive social protection.
- xiii. To improve access to water and sanitation services at the community and household levels.
- xiv.** Ensure compulsory education at least at the primary school level.

2.4 Targets

- i. Reduce the proportion of people who suffer hunger and malnutrition by 25% by 2027 from the baseline 2018
- ii. Increase exclusive breastfeeding rate from 53.3% in 2021 to 65% by 2027;
- iii. Increase the percentage of children aged six months and above who receive appropriate complementary feeding from 96.3 in 2021 (MICS) to 98% by 2027;
- iv. Reduce stunting rate among under-five children from 39.3 % (NNHS 2018) to 50%
- v. Reduction of childhood wasting, including Severe Acute Malnutrition (SAM), from 5% (NNHS 2018) in 2021 to 3% in 2027; ([review MICS projection](#))
- vi. Increase coverage of Zinc supplementation in diarrhea management from 55.2% in 2018 to 65% of all children needing treatment by 2027;
- vii. Increase the proportion of children who receive deworming tablets from 80% in 2021 to 90% by 2027;
- viii. Reduce anaemia among pregnant women by 50% from 2018 to 35.9% by the year 2027;
- ix. Reduce the prevalence of diet-related non-communicable diseases by 50% by 2027;
- x. Increase coverage of Vitamin A supplementation from 46.5% in 2021 to 70% by 2027;
- xi. Increase by 50% households with relevant Nutrition knowledge and practice that improve their nutritional status;

- xii. Increase access to potable water supply from 21% in 2018 to 40% by 2027;
- xiii. Increase the number of relevant MDAs at all levels with functional Nutrition unit from 10% in 2018 to 50% by 2027;
- xiv. Reduce the incidence of Malnutrition among victims of emergencies by 30% by 2027;
- xv. Increase deworming tablet administration from 44.7% in 2018 to 60% by 2027.
- xvi. Give legal backing to nutrition-related activities of MDAs/Stakeholders by 100% by 2027.

CHAPTER THREE

3.0 Strategies

Food and nutrition have become foundational issues for economic development and poverty reduction. This is more so when available data has shown a severe food and nutrition crisis in Nigeria. There is therefore the need for a coordinated plan of action, a master plan designed to achieve the Food and Nutrition policy. The strategies should be a way to focus energy and figure out how things done must be properly done, as well as set priorities and focus energy and resources on common goals and results. The strategies outlined aim to achieve the policy objectives described in the previous chapter. The design will employ interventions and approaches that are Nutrition-specific, Nutrition-sensitive, and Nutrition-enhancing as well as build an enabling environment for sustaining this policy. Amongst other things, the policy should focus on resource allocation across high-impact Nutrition interventions to accelerate the reduction of stunting, wasting, underweight, and overweight children under five years of age and Malnutrition of the vulnerable. The strategies outlined each activity under varied sub-themes. These activities will form the operational plan for the food and nutrition policy.

3.1 Food and Nutrition Security

Food and nutrition security implies all citizens having access at all times to have physical, social and economic access to sufficient food and nutritious food that enhances their well-being.

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

The strategic framework will focus on food production, processing, storage, trade, marketing, distribution and consumption, explicitly targeting the food system (A general overhaul of the food system), thereby improving the availability and accessibility of adequate, diversified, safe and nutritious food from locally available foods for all in a sustainable way.

3.1.2 *Increasing Availability, Accessibility, and Affordability of Food*

- i. Encourage and support integrated farming (crops, livestock, and fisheries) as a means of increasing food diversity and income sustainability for smallholder farmers, especially women;
- ii. Improving access to natural resources, suitable inputs, and effective and affordable technologies.
- iii. Promote increased production of priority-value chain crops, animal products, fruits, and vegetables across the different senatorial districts of the State.
- iv. Promote the adoption of improved and cost-effective on-farm food-storage technologies, including the use of silos, solar drying, fish smoking kiln, Etc. by smallholder farmers;
- v. Promote food safety through micro-toxin prevention during production and storage;
- vi. Promote market information, food distribution, and transportation systems.

3.1.3 *Improving Food Harvesting, Processing, and Preservation*

- i. Introduce and consolidate appropriate technologies for harvesting, processing, and preservation of crops, vegetables, fisheries, and livestock;
- ii. Facilitate access of smallholder farmers to technologies for improved crop harvesting, processing, and preservation;
- iii. Improve food aggregation, storage, processing, and market access to increase incomes and reduce poverty.
- iv. Improve food-related policies and standards by strengthening the training of extension workers for adequate dissemination of environmentally friendly agricultural technologies.

3.1.4 *Improving Food Preparation and Quality*

- i. Develop and promote the use of nutritionally adequate recipes using locally available ingredients for all age groups;
- ii. Promote appropriate food-preparation methods for improved Nutrition and encourage the consumption of hygienic and nutritious foods;
- iii. Promote the development and enforcement of the minimum standard for food quality and safety for imported and locally produced foods, including street vendors of foods and restaurants.

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

- i. Improve food security and Nutrition by disseminating necessary knowledge and building essential skills among all food system actors, including consumers.
- ii. Increase access to factors necessary for food production to ensure that food production is consistent, sufficient, safe, and sustainable.
- iii. Establish a system for timely intervention and food price stabilisation during periods of food shortfalls by constituting a state food and fodder reserve (buffer stock) as well as community-level strategic stock/cereal banks;
- iv. Identify, develop, implement and sustain programs that would provide safety nets to protect the most vulnerable groups from the adverse effects of food crises due to natural disasters, diseases, and economic policies.
- v. Develop and provide comprehensive guidelines for managing Nutrition during emergencies.
- vi. Facilitate effective coordination of interventions by government, humanitarian actors, and development partners during emergencies.

3.1.6 School-based Strategies

- i. Strengthen the nutrition education and training in the curricula of Early Child Care Development (ECCD), primary and secondary schools;
- ii. Promote school feeding programs in all ECCD and primary schools to improve nutritional status, learning capacities, and enrolment/retention of school-age children through community participation and public-private partnerships (PPP).
- iii. Promote and support the establishment of school gardens/home gardens and farms to provide complementary feeding and stimulate interest in farming, food, and nutrition-related matters among growing children.

3.2. Enhance Caregiving Capacity

1. Caring for socioeconomically disadvantaged and naturally vulnerable:
 - i. Through cash transfer assistance targeting women and the vulnerable.
 - ii. Providing training/skill acquisition and starter pack to women and those that are vulnerable.
 - iii. Encouraging home gardening through modern methods of gardening for essential vegetables and backyard livestock practices.

2. Enhancing the Provision of quality health services

- i. Ensuring equitable distribution of health workers across every ward in the State.
- ii. Providing free and subsidized drugs to the vulnerable.
- iii. Provide free maternal drugs, especially in rural areas.
- iv. Strengthening the capacity of health workers and others in the State on maternal, infant, and young child feeding programs through training.
- v. Evidence-based scale-up and results-based approaches through proper data collation on the provision of quality health services
- vi. Monitoring and evaluation

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

- i. Improve nutritional care for pregnant women and adolescent girls;
- ii. Facilitate the consumption of adequate amounts of nutritious, safe, and healthy foods by increasing physical and financial access to such foods for all households through programs such as social security allowance.
- iii. Promote, protect and support early initiation of breastfeeding within thirty minutes of delivery, exclusive breastfeeding for the first six months, and the continuation of breastfeeding well into the second year of life with the introduction of nutritionally adequate complementary foods at six months of age;
- iv. Promote a state Nutrition education program that should target child caregivers, health workers, and communities to increase awareness of the proper care and feeding of children;
- v. Promote and sustain twice-yearly Vitamin-A supplementation for children aged 6 to 59 months and deworming for children aged 12 to 59 months;
- vi. Promote hand-washing, proper waste disposal, and community-led total sanitation (CLTS);
- vii. Ensure the establishment of crèches in workplaces having women in public and private institutions;
- viii. Provide and promote IYCF counselling and support for pregnant and lactating women at the health facility and community levels in line with the National primary healthcare development Agency (NPHCDA) strategies;
- ix. Rigorously monitor the implementation of the national regulation and the international code and all WHA resolutions on the marketing of Breast Milk Substitutes (BMS); create accountability mechanisms for marketing of infant formulas;
- x. Promote an integrated approach for the management of Severe Acute Malnutrition (SAM, IMAM, SC, OTP) as a minimum package of MNCH services.

- xi. Enforce implementation of the existing maternity leave regulation at all levels, including public- and private-sector institutions.
- xii. Cooperate with development partners in the prevention of food and nutrition challenges.

3.2.2 Caring for the Socioeconomically Disadvantaged and Nutritionally Vulnerable

- i. Promote adequate (both quantity and quality) food intake and adequate rest for pregnant and lactating women.
- ii. Develop and encourage labour-saving technologies to reduce women's workload and create more time for child care.

3.3. Enhance the Provision of Quality Health Services

3.3.1 Preventing and Managing Nutrition-Related Diseases

- i. Increase access to and improvement of quality of health services to provide essential maternal and child nutrition care;
- ii. Strengthening the full integration of essential nutrition actions (ENA) into routine primary health care services;
- iii. Ensure adequate supply and provision of large scale Tom brown and locally available food for the treatment of SAM and Malnutrition among PLWHA and vulnerable children;
- iv. Promote prevention and treatment of diseases associated and linked with Malnutrition;
- v. Provide nutrition support in exceptional cases such as preterm and small-for-gestation babies, PLWHA, abandoned babies and orphans, Etc.
- vi. Kangaroo baby care should be adopted.

3.3.2 Preventing Micronutrient Deficiencies

- i. Prevention of VAD by instituting short- and long-term sustainable interventions, including routine Vitamin-A supplementation to children aged 6 to 59 months, as well as promoting dietary diversification and food fortification;
- ii. Control of iron-deficiency anaemia (IDA) through:
 - The government provides pregnant women with iron-folate supplements.
 - Deworming of children between 12 to 59 months every six months.
- iii. Control and prevent Zinc-deficiency disorders;
- iv. Provide Zinc and low-osmolarity oral rehydration solution (LO-ORS) to treat diarrhoea;
- v. Enforce food fortification standards in regulated food products;
- vi. Enhance micronutrient consumption through the encouragement of the use of micronutrient powders and lipid-based nutrient supplements (LBNS) for food enrichment at the household level
- vii. Promote social and behavioural change communication (SBCC) to encourage appropriate food choices that favour the consumption of micronutrient-rich foods.

3.3.3 Protecting the Consumer through Improved Food Quality and Safety

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

3.4. Behaviour change and demand generation for Nutrition

Good Nutrition could unlock the potential of a nation's human resources, thus the need to develop and encourage behavioural change towards good Nutrition in Adamawa State.

3.4.1 *Advocacy, Communication, and Social Mobilisation*

- i. Develop advocacy and social mobilization strategies for food and Nutrition
- ii. Sustain advocacy to policymakers at all levels for resource mobilization for Food and Nutrition activities;
- iii. Promote Behaviour Change Communication (BCC) for a better understanding of Food and Nutrition problems for improved Food and Nutrition practices;
- iv. Promote the design and production of harmonised, appropriate BCC materials for use and distribution at the State and LGA levels;
- v. Promote and strengthen Nutrition education for all age groups through multimedia communication approaches;

3.4.2 *Promoting Healthy Lifestyles and Dietary Habits*

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

3.5 Promote Research in Food and Nutrition

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

3.6. Improve resource mobilisation, utilisation, and accountability at all levels

- i. Ensure adequate implementation of the policy through sufficient budgetary allocation and timely release of funds;
- ii. Strengthen the coordination capacity of the MDAs with the required resources (human, financial, and material) for effective management and coordination of the policy;
- iii. Strengthen the capacity of the MDAs to mobilise resources internally (State and LGA) and externally (bi- and multilateral donors).
- iv. Ensure increased spending on Nutrition interventions.
- v. Strengthen M&E mechanisms to ensure financial tracking against program performance
- vi. Ensure a robust mechanism that will eliminate corrupt practices in government Institutions.
- vii. Advocacy by Food and Nutrition Committees at the State and Local Government Levels.

3.7. Expand the provision of safe water and improved sanitation facilities at all levels

3.7.1 *Promote access to potable water*

- i. Promote the expansion of the existing water supply in the State.
- ii. Promote water purification and treatment.
- iii. Promote Public Private Partnership on provision of water in the State.

3.7.2 *Promote improved sanitation facilities*

- i. Promote and increase access to hygienic sanitary facilities.
- ii. Promote environmental water and sanitary hygiene services supported by Government.
- iii. Promote Public Private Partnership on sanitation facilities.
- iv. Enforce the provision of sanitary facilities in all public places.

3.8. Coordination and multi-sectoral partnerships

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

CHAPTER FOUR

4.0 Institutional Arrangements, Legal Framework, and Financing

4.1. Preamble

Malnutrition is a multifaceted problem requiring the involvement of all sectors. While a multi-sectoral approach with central coordination is necessary to deal with the complex nature of Malnutrition and to appreciate the intricate interplay of a number of its determinants, individual technically sound programs need to be implemented by each critical sector, according to its mandate and in line with the state policy on Food and Nutrition and the multi-sectoral strategy for its implementation. The State Food and Nutrition Policy requires an institutional arrangement to ensure a results-oriented program implementation. The State Committee on Food and Nutrition (SCFN) provides the technical leadership for the performance of Nutrition-related programs across the different sectors. At the same time, specific MDAs should focus on their core strength areas.

4.2 Leadership, Structures, and Institutions

The implementation of the State Policy on Food and Nutrition is the responsibility of the State MDAs and Local Government Area Councils (LGAs) in collaboration with other stakeholders, including the organised private sector, development partners, professional bodies, Civil Society Organisations (CSOs), Non-Governmental Organisations, Faith Based Organisations [FBOs], and communities. Government should ensure that State committees on food and Nutrition are active, funded and well-coordinated.

Administrative arrangements between the SCFN, State Planning Commission (SPC), Ministry of Health, Ministry of Agriculture, Ministry of Finance and Budget, Ministry of Water Resources, Ministry of Education, Ministry of Information and Strategy, Ministry of Youth Development, Ministry of Women Affairs and Social Development, Ministry of Science and Technology, Ministry of Rural Development, Ministry of Water Resources, Ministry of Livestock and Aquaculture Development, Ministry of

Justice, ADSEMA, NAFDAC, SON, Ministry of Environment, Private Sectors, Ministry of Tertiary and Professional Education, Representative of the Traditional Institution, CAN and Muslim Council and Ministry for Local Government and Chieftaincy Affairs will form the basis for planning and implementation of the State Food and Nutrition Policy. In this regard, The State Planning Commission will be the focal point for coordinating Food and Nutrition programmes at the state level. The State Committee on Food and Nutrition (SCFN) and the Local Government Committee on Food and Nutrition (LGCFN) will assist the committee.

Implementation agencies at State and LGA levels are responsible for implementing specific projects and programs relevant to the policy. The SCFN will be responsible for identifying and mobilising resources for executing given projects or activities in a coordinated manner and emphasising the need for harmonization within each body's geographic boundaries and authority.

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

4.3. State Committee on Food and Nutrition (SCFN)

To achieve the State Food and Nutrition Policy objectives and implement its programs, an SCFN shall be established and located in the SPC. Membership of the committee will be from relevant Ministries, Departments, and Agencies of government, as well as representatives of tertiary institutions dealing with food and nutrition issues. The SCFN shall be the highest decision-making body on Food and Nutrition in Adamawa State. It will serve as the policy body for all efforts geared towards ensuring Food and Nutrition security for all people in Adamawa State. The SCFN will be chaired by the Permanent Secretary, SPC, and will be composed of Permanent Secretaries from relevant MDAs and representatives of organised private sector/industry as approved

by the State Executive Council. The State Committee on Food and Nutrition will meet quarterly or as may be decided.

4.4. Mandate of the SCFN

The SCFN has a mandate of:

- i. Providing necessary technical and professional assistance and support to the Secretariat (SPC) on Food and Nutrition planning and program implementation;
- ii. Ensure adequate financial provision and timely release of allocated funds in state development plans
- iii. Proposing and reviewing continuously programs that have a potential impact on food and nutrition issues;
- iv. Ensuring that the representatives of relevant sectors on the committee undertake the effective implementation of their various policies and programs;
- v. Advising on the formulation of appropriate strategies for program M&E;
- vi. Supporting the State Planning Commission in the maintenance of ongoing advocacy for Food and Nutrition issues;
- vii. Assisting the State SPC in setting up and managing a database of nutrition activities.

4.5. The Membership of the SCFN

- i. The Permanent Secretary, SPC Chairman
- ii. Permanent Secretary, Min. of Agriculture
- iii. Permanent Secretary, Min. of Rural Development
- iv. Permanent Secretary, Min. of Health
- v. Permanent Secretary, Min. of Education
- vi. Permanent Secretary Min. of Information and Strategy
- vii. Permanent Secretary, Min. of Finance and Budget
- viii. Permanent Secretary, Min. of Water Resources
- ix. Permanent Secretary, Min. for Local Government and Chieftaincy Affairs
- x. Permanent Secretary, Min. of Women Affairs and Social Development
- xi. Permanent Secretary, Min. of Tertiary and Professional Education

- xii. Director General National Institute of Medical Research.
- xiii. Executive Director National Primary Health Care Development Agency.
- xiv. Executive Secretary, ADSACA
- xv. State Director, Standard Organization of Nigeria (SON)
- xvi. State Director National Agency for Food & Drug Administration & Control (NAFDAC)
- xvii. State Chairman, Paediatric Association of Nigeria
- xviii. State Chairman, Nutrition Society of Nigeria
- xix. Representatives from the Food Industry (2)
- xx. State Representative, UNICEF
- xxi. State Representative, WHO
- xxii. Chairman, MNCH Coalition
- xxiii. State Representative, Save the Children International
- xxiv. Director, National Orientation Agency
- xxv. Representative of Traditional Rulers
- xxvi. Permanent Secretary, Min. of Trade, Commerce and Industries
- xxvii. Representative of Security Agencies.
- xxviii. Chairman ALGON
- xxix. Representative of Accountant General Office.
- xxx. Executive Chairman ADSUBEB
- xxxi. Perm. Sec. Ministry of Livestock and Aquaculture Development
- xxxii. Perm. Sec. Ministry of Justice
- xxxiii. CSOs representatives
- xxxiv. Network of All Non-Governmental/CACO Representative
- xxxv. Representatives of Development Partners

4.6. State Planning Commission

The SPC will serve as the State focal point for Food and Nutrition policy program planning and coordination in the State. The SPC will serve as the Secretariat for both SCFN and LGCFN and shall coordinate with the State secretariat and have regular forum for interactions. The SCFN has at least one qualified and experienced

nutritionist (not less than a Deputy Director) as the administrative head of the State that will house the SCFN Secretariat. In addition, two planning officers and at least one M & E person should constitute the technical team in the State. The SFCN should create opportunities for nutritionists to come on board as interns to complement the staff in the SPC

The SPC shall convene meetings of the SCFN and produce annual reports on progress made in Food and Nutrition. The Permanent Secretary of the SPC will serve as chairman of SCFN or a designated officer not below the rank of a Director.

In addition, a state technical committee on food and Nutrition shall be established and meet regularly (at least quarterly).

4.7. The SCFN Secretariat

SCFN shall have a secretariat established in the SPC which shall be a division within the Commission responsible to the chair of the SCFN in the implementation of the decisions of the SCFN as well as the day-to-day operations of the State Food and Nutrition program. The Permanent Secretary SPC will head the SCFN, whilst the state Nutrition officer from SPHCDA will serve as the secretary. In addition, the Secretariat will be responsible for the following:

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

4.8. Local Government Committee on Food and Nutrition (LGCFN)

An LGCFN shall be established and located in the Office of the LGA Chairman to accomplish the State Food and Nutrition Policy objectives and implement its programs. Membership of the committee will be from relevant Departments and Agencies of government as well as representatives of CSOs dealing with food and nutrition issues at the LGA level.

4.9. Mandate of the LGCFN

The LGCFN has a mandate of:

- i. Providing necessary technical and professional assistance and support to the Secretariat (Office of the LGA Chairman) on Food and Nutrition program implementation;
- ii. Ensure adequate financial provision and timely release of allocated funds in the state and Local Government annual budgets
- iii. Proposing and reviewing continuously programs that have a potential impact on Food and Nutrition issues;
- iv. Ensuring that the representatives of relevant sectors on the committee undertake the effective implementation of their various policies and programs;
- v. Implementing appropriate strategies for program M&E;
- vi. Supporting the Office of LGA Chairman in the maintenance of ongoing advocacy for Food and Nutrition issues;
- vii. Managing and maintaining the database of Nutrition activities; and
- viii. Coordinating Nutrition program implementation at the LGA level.

4.10. The LGCFN Secretariat

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

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

4.11. Roles of Professional Bodies and Development Partners

4.11.1 Professional Bodies, CBOs, CSOs, FBOs, and NGOs

To ensure proper coordination of activities and to avoid duplication of efforts, the coordinating agencies at the State and Local Government levels will work closely with

relevant professional bodies. The appropriate Professional Bodies includes the Nutrition Society of Nigeria, Dietetic Association of Nigeria, and Nigeria Institute for Food Science and Technology, NGOs, CBOs, CSOs, FBOs and local communities in pursuit of the State Food and Nutrition Policy objectives.

This partnership could benefit the policy implementation through the following:

- i. Resource mobilisation;
- ii. Project implementation;
- iii. Community mobilisation, participation, and ownership at the grassroots level, and sustainability.
- iv. M&E

4.11.2. Private Sector

Apart from providing funds to accelerate growth in food supplies and to manufacture essential drugs, plant machinery, and equipment, the private sector should support the Food and Nutrition program effort of the government by collaborating in specific areas, including:

- i. Fortification of certain identified foods with mandatory micro-nutrients such as Vitamin A, Vitamins B, Zinc, and Iron;
- ii. Development of low-cost nutritious complementary foods and RUTF;
- iii. Promotion of Nutrition education that complies with quality-control standards;
- iv. Participation and support of knowledge-sharing on research findings;
- v. Adoption and conversion of research findings into commercially viable products.

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

4.11.3 Development Partners

Government and development partners (bilateral and multilateral agencies) have worked closely on Food and Nutrition issues in program design, training, capacity-building, research, and pilot regional and national programs. The government will

continue to appreciate the assistance provided by donor agencies in the execution of the State Food and Nutrition Policy.

This partnership has the following benefits:

- i. Resource mobilisation in the form of aids, grants and loans;
- ii. Providing best practices to be used in refining and re-designing existing programs and introducing new ones;
- iii. Full participation in program implementation and review, as well as M&E.

4.12. Resource Mobilisation

Government shall regularly ensure the mobilisation and timely release of resources required from budgetary allocations to fully implement Food and Nutrition security at all levels.

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

4.13. Sustainability and Programme Scale Up

4.13.1 National Nutrition Network (NNN):

The NNN is a platform for NCFN and SCFN to meet annually to share experiences on annual progress, achievement, and challenges and chart a way forward for subsequent years. The SPC, through the SCFN, will organise this representation of Adamawa state at the NNN with representation from the State and Local Government levels, Development Partners, and other relevant stakeholders.

4.13.2 Scaling Up Nutrition (SUN) Movement

SUN is domiciled in the FMOH and focused on promoting the implementation of evidence-based Nutrition interventions and scaling up successful practices, as well as integrating nutrition goals into broader efforts in critical sectors such as public health, education, social protection, food, and agriculture. The SCFN will liaise with FMOH to ensure SUN at the State level.

4.13.3 Working Groups and Sub Committees

Working groups shall aid the operational efficiency and effectiveness of the SCFN, such as the MNDC Advisory Committee, IYCF Working Group, National Technical Committee on the Implementation of International Code of Marketing of BMS, Technical Committee on Food and Nutrition, Integrated Management of Acute Malnutrition (IMAM) Task Force, Etc., with the appropriate chair from relevant MDAs with comparative advantages.

CHAPTER FIVE

5.1 Monitoring and Evaluation

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

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

5.2 Food and Nutrition Information System

The Food and Nutrition information system will rely on administrative reporting systems that already exist in specific ministries, routine data collected from all the relevant sectors, and community-level Food and Nutrition information, including data from child growth monitoring and promotion programs. The SCFN will also consider Rapid Rural Appraisal (RRA) techniques as possible means of obtaining information quickly. The information generated will be used to assess the Food and Nutrition situation and inform programmatic changes and amendments by program managers to bring about improvement.

5.3 M&E System

Monitor and evaluate the nutritional impact of the State Food and Nutrition Policy and its consequent programs; consider relevant indicators to assess whether they met targets and goals. The M&E system will use the information generated through the Food and Nutrition information system and scheduled NDHS, MICS, and SMART surveys to inform decision-makers of the result achieved and the impact.

Shall create a database to keep accurate and relevant information through the vertical and horizontal collation of data from the LGAs and State levels are tracked, so that progress and changes, and impact are measured. The system shall use a simple M&E approach to enable planners at each level to collect data that will assist them in the ongoing planning and implementation of Food and Nutrition programs and activities. Shall be introduced a feedback mechanism to enable the "downward" sharing of data through regular communication about the progress of Food and Nutrition programs and activities at the State and LGA levels. The main M&E activities will include:

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

5.3.1 Objectives of the M&E:

- i. Measure the progress, achievements, and performance through the strategy results framework and a set of specific indicators on Food and Nutrition;
- ii. Provide policymakers and different stakeholders with relevant qualitative and quantitative information to enable them to undertake the strategy performance assessment to make corrections for a satisfactory implementation and capitalisation on best practices;
- iii. Conclude on the effectiveness of the achievements;
- iv. Increase skills in the area of quality assurance in Food and Nutrition strategic implementation, and use the appropriate information for policy adjustment;
- v. Provide data to all stakeholders for communication to create a transparent information environment (on financial flows, inputs, results, and performance).

5.3.2 Techniques and Tools for Data Collection and Analysis

The main focus of the M&E system shall be to collect accurate, reliable, and timely data on the Food and Nutrition program results at prescribed intervals using appropriate tools. The techniques and data collection will include routine data from health facilities and other relevant institutions and population-based data.

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

5.3.3.1. The State Planning Commission

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

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

5.3.3.2. State Ministries, Departments, and Agencies

In each Ministry, The Department of planning, research, and statistics will be responsible for the collation and management of M&E data and also the following:

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

Glossary of Terms

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

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

Baby-Friendly Hospital Initiative: A hospital-based program that promotes good breastfeeding practices by mothers (i.e., exclusive breastfeeding for the first six months of life).

Complementary Foods: shall be given to infants after six months of age.

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

Food Security: All people can access enough food for an active, healthy life.

Food Insecurity: refers to when a household cannot provide adequate food for its members on a sustainable basis, either due to the inability to produce its food or through food purchases.

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

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

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

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

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

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

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

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

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

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

Nutritional Surveillance: The process of keeping watch over the healthy situation of a community or a population and the factors that affect it to take appropriate actions that will forestall problems or improve nutrition.

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

Prenatal Mortality: Death of babies before birth.

Prevalence Rate: refers to the percentage of individuals in a sample or population affected by a particular disorder or condition.

Provitamin A refers to the substance (beta carotene) found in plants that the body can convert to Vitamin A.