Goals, objectives or targets related to nutrition:

2.0 GOALS OF THE NATIONAL FOOD AND NUTRITION POLICY AND PLAN OF ACTION

2.1 Goals of the Policy

2.1.1 Overall Goal

The overall goal of Nigeria’s Food and Nutrition Policy is to improve the nutritional status of all Nigerians, with particular emphasis on the most vulnerable groups, i.e., children, women, and the elderly.

2.1.2 Specific Goals

The Food and Nutrition Policy aims to promote the following specific goals:

(i) Establishing of a viable system for guiding and coordinating food and nutrition activities undertaken in the various sectors and at various levels of the society, from the community to the national level;

(ii) Incorporating of food and nutrition considerations into development plans and allocation of adequate resources towards solving the problems pertaining to food and nutrition at all levels;

(iii) Promoting habits and activities that will reduce the level of malnutrition and improve the nutritional status of the population;

(iv) Identifying of sectoral roles and assignment of responsibilities for the alleviation of malnutrition;

(v) Ensuring that nutrition is recognised and used as an important indicator to monitor and evaluate development policies and programmes; and

(vi) Promoting good, indigenous food cultures and dietary habits among Nigerian people for healthy living and development.

2.1.3 Specific Objectives

To achieve the overall goal of improving nutritional status of vulnerable groups, a number of specific objectives have been formulated, as follows:

1 To improve food security at the household and aggregate levels to guarantee that families have access to safe food that is adequate (both in quantity and quality) to meet the nutritional requirements for a healthy and active life;
2. To enhance care-giving capacity within households with respect to child feeding and child care practices, as well as addressing the care and well-being of mothers;

3. To improve the provision of human services, such as health care, environmental sanitation, education, and community development;

4. To improve the capacity within the country to address food and nutrition problems; and

5. To raise understanding of the problems of malnutrition in Nigeria at all levels of society, especially with respect to its causes and possible solutions.

2.2 Goals of the NPAN

The goals of the National Plan of Action on Food and Nutrition in Nigeria is to initiate new programme focus, integrate and coordinate effectively all food and nutrition programmes of all sectors. Furthermore, it is to advance vigorously a national nutrition agenda that will recognise and respond effectively to regional, zonal, and specific needs in accordance with the National Policy on Food and Nutrition in Nigeria. A detailed individual workplan of each project is expected to be developed based on more detailed time frame and budget.

In this context the following goals will be pursued in the overall national programme:

1. Improve the economic situation of Nigeria, with particular emphasis on protecting the welfare of the most vulnerable groups in society; and

2. Increase investment in the social sector, thereby raising the status of women in our society by increasing their access to and control over productive resources.

2.2.1 General and Specific Objectives of the NPAN

These are presented before the details of each of the 5 programme areas

2.3 Targets of the NPAN

The following targets are being set to address the food and nutrition problems in the country:

1. Reduce the level of poverty by 10% by 2010 from the 65.8% (1996);

2. Reduce starvation and chronic hunger to the barest minimum through increased food intake;

3. Reduce undernutrition, especially among children, women, and the aged, and, in particular, severe and moderate malnutrition among under-fives by 30% by 2010;

4. Reduce micronutrient deficiencies, particularly iodine deficiency disorders (IDD) [13%], vitamin A deficiency (VAD) [29.5%], and iron deficiency anaemia (IDA) [36.5%] by 50% of these levels by 2010;

5. Reduce the rate of low birth-weight (less than 2.5 kg) at 17% to less than 10% of the above level by 2010;

6. Reduce diet-related, non communicable diseases by 25% of current levels by 2010;

7. Improve general sanitation and hygiene, including the availability of safe drinking water from the 54% level;

8. Reduce the prevalence of infectious and parasitic diseases that aggravate the poor nutritional status of infants and children by 25% of the current levels.

3.2 Food Security, Food Safety, and Consumer Protection

3.2.2 General Objectives

- To improve food production, availability, and access to high quality foods to meet the needs of the whole population;
- To develop an effective monitoring system to enforce appropriate food laws for effective inspection and compliance;
- To protect the consumers through improved food quality and safety

3.2.3 Specific Objectives

- To promote production and utilisation of all staple foods
To promote production and utilisation of traditional foods, especially the under-utilised and unappreciated.
To establish a strong and effective food quality control system to protect the consumers against improperly processed and substandard foods.
To reduce post harvest losses through improved storage, pest control, and handling.
To strengthen existing institutional capacity to enforce appropriate food laws for effective inspection and compliance.
To create consumer awareness on recognition of registered and certified processed food products.

3.3 ENHANCING CARE GIVING CAPACITY

3.3.2 General Objectives:
- To integrate essential nutrition actions into PHC services.
- To improve the knowledge, attitudes and practices of caregivers at the community and household levels, especially as these relate to food and nutrition.
- To enhance the provision of care to vulnerable groups (under-fives, pregnant and lactating mothers, the elderly, socio economically disadvantaged, people living with HIV/AIDs etc.)
- To enhance the knowledge and skills of caregivers to reduce the risk of maternal morbidity and mortality.

3.3.3 Specific Objectives:
- To improve the adequacy, accessibility, and utilisation of health services in the community.
- To promote, protect and support breastfeeding and adequate complementary feeding practices for the improved care of infants and young children in the context of key household practices.
- To improve water supply, sanitation, and hygiene at the household level.
- To promote caring capabilities in community-based child care centres.
- To promote caring capabilities within households and the community for other vulnerable groups.
- To collaborate with other stakeholders to help improve access to maternal and newborn services.
- To promote school feeding programmes using locally available foods.

3.4 ENHANCING PROVISION OF HUMAN SERVICES

3.4.2 General Objectives
- To prevent and manage nutrition-related and infectious diseases.
- To prevent and control micronutrient deficiencies.

3.4.3 Specific Objectives
- To prevent and manage nutrition-related diseases among the vulnerable groups.
- To prevent and manage infectious diseases among the vulnerable groups.
- To improve general sanitation and hygiene, including availability of safe drinking water.
- To prevent and control micronutrient deficiencies particularly IDD, VAD, IDA, and zinc deficiency.
- To prevent and control the mother-to-child transmission of HIV infection.
- To prevent and control the spread of parasitic infections such as helmitiths, malaria, and water-borne diseases.

3.5 IMPROVING CAPACITY TO ADDRESS FOOD AND NUTRITION ISSUES

3.5.2 General Objectives
- To enhance a conducive macro-economic environment for addressing food and nutrition problems.
- To ensure the incorporation of food and nutrition goals in Government development plans.
- To develop an effective system for assessing, analysing and monitoring nutrition situations in the country.

3.5.3 Specific Objectives
- To improve the coordinating and implementing capacity at national, state and LGA levels to address food and nutrition issues.
- To ensure collaboration between various sectors responsible for nutrition issues with a view to generating information and utilizing this information for policy review/ formulation, programme planning and implementation.
- To ensure that the programme content of the relevant sectors places adequate emphasis on nutrition.
- To ensure the allocation of appropriate resources for addressing food and nutrition problems of the population.
- To develop an effective monitoring and evaluation system for food and nutritional activities in the country.

3.6 RAISING AWARENESS AND UNDERSTANDING OF THE PROBLEMS OF MALNUTRITION IN NIGERIA
3.6.2 General Objective

- To develop and disseminate Information, Education and Communication material for behavioral change to effect reduction in malnutrition.

3.5.3 Specific Objectives

- To design, and produce nutrition advocacy materials.
- To provide advocacy skills training for food and nutrition coordinators and implementers.
- To design, and produce nutrition IEC materials.
- To disseminate nutrition IEC materials to increase level of awareness and understanding of problems of malnutrition in Nigeria.
- To develop and disseminate food-based dietary guidelines for all age groups.

Strategies

Strategies and activities related to nutrition:

3.2 Food Security, Food Safety, and Consumer Protection

3.2.4 Strategies:

- Ensure National food security.
- Increase access to food.
- Improve food distribution and availability.
- Improve food harvesting, processing, and preservation.
- Improve food preparation, safety, and consumer protection.

3.3 ENHANCING CARE GIVING CAPACITY

3.3.4 Strategies

A. Providing adequate nutrition and family health services in PHC centres and other health facilities within the communities.
B. Creating awareness and mobilising communities to utilise available nutrition services within PHC services.
C. Creating an enabling environment for the practice of optimal breastfeeding, provision of adequate complementary foods, and other key household practices.
D. Promoting nutrition education and training of caregivers, including men, at household and community levels.
E. Educating and training the girl child and women as they form the bulk of the caregivers at the household level.
F. Improving key household practices including adequate sanitation, use, and storage of safe water and food for all vulnerable groups.
G. Promoting nutrition projects that are rehabilitative/curative within the communities.
H. Promote provision of adequate nutrition care by community-based support groups including agricultural extension workers and women in agriculture, among others.
I. Establishing linkages with income generating activities to enhance the resource base for caregivers.

3.4 ENHANCING PROVISION OF HUMAN SERVICES

3.4.4 Strategies

A. Increasing access to Improved quality of family health services.
B. Increasing access to improved potable water and sanitation facilities.
C. Strengthening the MNDC sub committee of the NCFN.
D. Preventing and controlling micronutrient deficiencies through fortification.
E. Preventing and controlling micronutrient deficiencies through supplementation.
F. Preventing and control micronutrient deficiencies through dietary diversification.

3.5 IMPROVING CAPACITY TO ADDRESS FOOD AND NUTRITION ISSUES

3.5.4 Strategies:

A. Increase community-based growth monitoring programmes to monitor child growth and development as well as detect growth faltering.
B. Establish/strengthen, coordinate and implement mechanisms at national, state and LGA levels.
C. Facilitate research and studies for policy review/formulation, programme planning and integrated implementation in food and nutrition.
D. Secure the continued support and collaboration of line ministries, private sector and the international community to lobby for and invest in nutrition.
E. Incorporate nutrition objectives into development policies, plans and programmes of government.
F. Explore ways by which social sector spending can be protected from further decline, especially with regard to the potential role of the private sector.

3.6 RAISING AWARENESS AND UNDERSTANDING OF THE PROBLEMS OF MALNUTRITION IN NIGERIA
3.6.4 Strategies
A. Utilizing communication packages on food and nutrition.
B. Incorporating nutrition education in the curricula of primary, secondary, and tertiary institutions.
C. Developing and disseminating guidelines on various aspects of food and nutrition.
D. Improving networking and information sharing among stakeholders.

M&E Indicators

M&E Indicators related to nutrition:

4.0 PROGRAMME CO-ORDINATION, MONITORING AND EVALUATION
4.2 Monitoring and Evaluation
The process of or need for data collection to assess progress and trends in meeting goals and targets and to measure performance as well as impact cannot be overemphasized. The process of M&E itself consists of:

- Data generation,
- Analysis of data and mapping,
- Report production (for decision-makers, donor agencies, and others).

Appropriate methodology would be employed to achieve the above process to ensure that project interventions goals are achieved on schedule and to meet the needs of the vulnerable groups, thereby improving the chances of project effectiveness and impact.

Monitoring is a continuous assessment of project implementation in relation to agreed schedules and of the use of inputs, infrastructure, and services by project beneficiaries. Essentially, it is concerned with tracking project implementation with a view to attaining project goals and objectives. Evaluation provides an assessment of how much benefit the target group received from the project.

The stakeholders would carry out M&E within the Project Implementing Agency (PIA). The key consideration would be to:

- highlight the problems militating against project implementation,
- ensure that project activities are carried out within the specified time frame and resources,
- guide project staff in programme and project implementation,
- provide a project feedback mechanism among stakeholders and policy-makers through regular reports, and (quarterly and annual) review,
- take an overall review of all projects in order to ascertain their impacts on intended beneficiaries and discover how much of the impact has leaked to unintended beneficiaries.

Two types of indicators will be used namely:

Input indicators ? These are key tool in project management and for keeping track of any problems that may arise, for example the attainment or lack of attainment of project objectives. These are means by which projects are implemented. They may be quantitative, e.g., number of months, number of staff, number of beneficiaries trained or they may be qualitative indicators such as qualification for project staff, relevance of community project to the community's needs, etc.

Output indicators ? These measure the extent to which the project is delivering what is intended.

Monitoring and evaluation will be carried out regularly at the Community, Local Government Areas, State and National levels on a regular basis. An efficient and effective Management Information System (MIS) as well as surveillance systems will also be set up to monitor and evaluate project performance. The system will be supported by appropriate information technology to compile and analyze data and relevant statistics on the programmes/projects. It is intended that incentives/reward system would be provided for operators/programmes successfully implemented while sanction methods will be applied against those entrusted with the management of failed programmes. For efficiency a logical framework for monitoring and evaluation will be prepared for all programme areas and activities before funds are released.

4.3 Performance Indicators and Feed back System.
To facilitate the attainment of the exercise, a set of comprehensive performance indicators will be utilised. These would include specific project evaluation indicators and more general development indicators over time. The sample indicators will include
- food security indices such as food availability, affordability, percentage of fish caught with maximum sustainable yield, land areas affected by desertification as percentage of total land mass, per capita protein and energy intake, income indices, level of unemployment, average real income, income distribution index, etc
- access to human services such as percentage of adult literacy (male and female), primary school enrolment ratios, percentage of children immunized, number of hospital beds available, population with access to safe water,
- basic policy indicators will be measured based on the following, among others level of infrastructure development and accessibility:

  - Reduction in mortality rate in infants and children under fives;
  - Availability and access to good water;
  - Availability and access to health facilities; and
  - Availability and access to food as well as food security.

With many partners carrying out a multitude of functions and sub-projects in different places at the same time, timely detection of implementation problems and constraints is very important. Efficient record keeping and timely reporting of programme activities would be put in place. Furthermore, an effective feedback system would be set up that involves the development of strategies through which information on the impact of the projects on the intended and unintended beneficiaries flows to government and vice versa. Because, the food and nutrition answer involves the empowerment as well as greater participation of the communities, assessment of impact and feedback would be based on their assessment.

A typical sample logical framework for effective M&E is shown in Annexe 3. It will serve as a useful guide for pre and post project implementation auditing control.

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**File upload:**


**Reference:**

WHO Global Nutrition Policy Review 2009-2010

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**Policy topics:**

- Low birth weight
- Stunting in children 0-5 yrs
- Wasting in children 0-5 years
- Underweight in children 0-5 years
- Underweight in women
- Anaemia
- Iodine deficiency disorders
- Vitamin A deficiency
- Growth monitoring and promotion
- Breastfeeding promotion/counselling
- Promotion of exclusive breastfeeding for 6 months
- Maternity protection
- Complementary feeding promotion/counselling
- Complementary food provision
School-based health and nutrition programmes

Nutrition in the school curriculum

Provision of school meals / School feeding programme

Food labelling

Media campaigns on healthy diets and nutrition

Nutrition counselling on healthy diets

Physical activity and healthy lifestyle

Vitamin A

Micronutrient supplementation

Wheat flours

Maize flours

Refined sugar

Food distribution/supplementation for prevention of acute malnutrition

HIV/AIDS and nutrition

Food safety

Food security and agriculture

Household food security

Home, school or community gardens

Conditional cash transfer programmes

Vulnerable groups

Food fortification regulations

Partners in policy implementation

- Government
  - Consumer affairs
  - Education and research
  - Finance, budget and planning
  - Food and agriculture
  - Health
  - Information
  - Nutrition council
  - Other
  - Sub-national
    - Women, children, families
  - Details:
    - more

- Private Sector
  - Details:
    - more
      Manufacturers Association of Nigeria, Raw Materials Research and Development Council

- Other
  - Details:
    - more
      Nutrition Society of Nigeria, National Primary Health Care Development Agency

Links