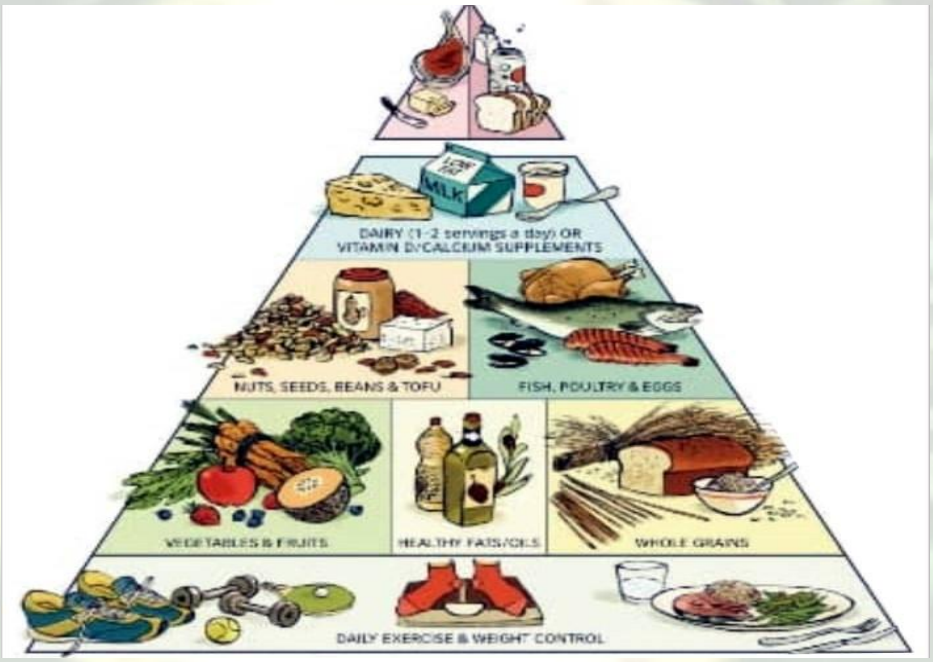
KATSINA STATE MULTI-SECTORAL STRATEGIC PLAN OF ACTION FOR FOOD AND NUTRITION (KTSMSPAN)



2024 – 2028

Katsina State Committee on Food and Nutrition with support from UNICEF & World Bank ANRiN Project

AUGUST, 2023

ABBREVIATIONS AND ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
ALIMA	Alliance for Medical Action
ANC	Antenatal Care
ANRiN	Accelerating Nutrition Results in Nigeria
ARV	Anti-retroviral
BMI	Body Mass Index
BMS	Breast Milk Substitute
CBOs	Community Based Organizations
CMAM	Community Management of Acute Malnutrition
CSOs	Civil Society Organizations
CS-SUNN	Civil Society Scaling-up Nutrition in Nigeria
DFID	Department for International Development
DRNCD	Diet Related Non-Communicable Diseases
EMIS	Education Management Information System
EWG	Expert Working Group
FAO	Food and Agricultural Organization
FBOs	Faith Based Organizations
FEWS	Food Security Early Warning System
FMOH	Federal Ministry of Health
GARPR	Global Aids Response Country Progress Report
GHI	Global Hunger Index
GSI	Gender and Social Inclusion
HHS	Household Survey
HIV	Human Immunodeficiency Virus
HSDF	Health Strategy and Delivery Foundation
ICN	International Conference on Nutrition
IDA	Iron Deficiency Anaemia
IDD	Iodine Deficiency Disorder
IDN	Institute for Dietetics in Nigeria
IDP	Internally Displace Persons
IFAS	Iron folic Acid Supplementation
IMAM	Integrated Management of Acute Malnutrition
IMNCH	Integrated Maternal New-born and Child Health
ITP	In-Patient Therapeutic Program
IUGR	Intrauterine Growth Restriction
IYCF	Infant & Young Child Feeding
KASEMA	Katsina State Emergency Management Agency
KBS	Katsina Bureau of Statistics
KNARDA	Katsina Agricultural and Rural Development Authority
KTAPU	Katsina State Afforestation Project Unit
KTSCHMA	Katsina State Contributory Healthcare Management Agency
KTSMSPAN	Katsina State Multi-sectoral Strategic Plan of Action for Food and Nutrition
KTSPFN	Katsina State Policy on Food and Nutrition

KTSSHDP	Katsina State Strategic Health Development Plan
LBW	Low Birth Weight
LGA	Local Government Area
LGCFN	Local Government Committee on Food and Nutrition
M&E	Monitoring and Evaluation
MALD	Ministry of Agriculture and Livestock Development
MAM	Moderate Acute Malnutrition
MBSE	Ministry for Basic and Secondary Education
MEAL	Monitoring, Evaluation, Accountability & Learning
MDAs	Ministries, Departments and Agencies
MDGs	Millennium Development Goals
MICS	Multiple Indicator Cluster Survey
MIYCN	Maternal, Infant, Young Child Nutrition
MNCHW	Maternal Newborn and Child Health Week
MNDC	Micronutrient Deficiency Control
MNP	Micronutrient Powder
MoBEP	Ministry of Budget & Economic Planning
MoH	Ministry of Health
MoHST	Ministry of Higher Education, Science and Technology
MoI	Ministry of Information
MoLG	Ministry of Local Government
MoWA	Ministry of Women Affairs
MPI	Multidimentional Poverty Index
MRD	Ministry for Rural Development
MSF	Medecins Sans Frontieres
NAFDAC	National Agency for Food and Drug Administration and Control
NASPFSN	Nigeria Agricultural Sector Plan for Food Security and Nutrition
NBS	National Bureau of Statistics
NCFN	National Committee on Food and Nutrition
NCN	National Council on Nutrition
NDHS	Nigeria Demographic and Health Survey
NFA	National Fortification Alliance
NFCMS	National Food Consumption and Micronutrients Survey
NFCNS	Nigeria Food Consumption and Nutrition Survey
NFSP	National Food Security Programme
NGOs	Non – Governmental Organizations
NHSPAN	National Health Strategic Plan of Action for Nutrition
NMPFAN	National Multi-sectoral Plan of Action for Food and Nutrition
NNHS	National Nutrition and Health Survey
NI	Nutrition International
NPC	National Planning Commission
ODF	Open Defecation Free
OTP	Out-Patient Therapeutic Program
OVC	Orphan and Vulnerable Children
PLWHA	People Living With HIV/AIDS

RRA	Rapid Rural Appraisal
RUTF	Ready-to-Use Therapeutic Foods
RUWASSA	Rural Water Supply and Sanitation Agency
SACA	Katsina State AIDS Control Agency
SAM	Severe Acute Malnutrition
SCFN	State Committee on Food and Nutrition
SCI	Save the Children International
SDGs	Sustainable Development Goals
SDP	State Development Plan
SEMA	State Emergency Management Agency
SHMIS	State Health Management Information System
SMART	Standardized Monitoring Assessment of Relief and Transitions
SPHCA	Katsina State Primary Health Care Agency
SUBEB	State Universal Basic Education Board
SUN	Scaling up Nutrition
TBA	Traditional Birth Attendant
UN	United Nations
UNICEF	United Nations Children's Fund
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development
VAD	Vitamin A Deficiency
VPD	Vaccine Preventable Diseases
WAPA	Women Affairs and Poverty Alleviation
WASH	Water Sanitation and Hygiene
WHO	World Health Organization

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FORWARD

Malnutrition and diet-related disorders are of public health challenges in Katsina State. Poor nutrition is generally classified as under-nutrition, over-nutrition and micronutrient deficiencies across human development stages. In the last ten years, the correlation between malnutrition and under-development has continued to be occupying public discussions, at the various international summits and National Conferences with a view to improving the wellbeing of the vulnerable group, especially women, children and elderly. Some important resolutions that emerged from these discussions, particularly from the 2014 Conference on Nutrition (ICN2), held in Rome, was that nutritional well-being of all people is a precondition for development and key instrument for progress in human development. Therefore, reducing malnutrition index and other nutrition related issues is a vital goal of development, since malnutrition not only slows development; but leads directly to women, elderly and young children morbidity and mortality.

As a step to address the nutrition challenges in the State in line with the National Policy on Food and Nutrition, Katsina State domesticated the national Policy and developed strategic plan of action on food and nutrition. In addition, other plans are now integrated to compliment the domesticated nutrition policy. These include among others: Katsina State Development Plan, Social Protection Policy, Child Protection law and situation Analysis of Children and women. This with a view to laying a solid foundation for higher productivity and improved physical and mental development among the citizenry.

With the approval of the Strategic Plan by the State Executive Council (EXCO), I therefore recommend the effective implementation to achieve the objective of ensuring optimal nutrition status for the people of Katsina State.

Mallam Dikko Umaru Radda PhD.
Governor of Katsina State,

PREFACE

Malnutrition and its related diseases continue to be the major contributors to child under-five mortality in the world. Record has shown that Nigeria was ranked 2nd highest in maternal death in the world as well as the 2nd highest of the under-five mortality rate globally.

Government generally does not give much attention to malnutrition in spite of its great threat to the survival of children, especially those under 5 that require huge resources to address in the society. Investment in nutrition programme by Government has not been proportionate to its negative effect to the survival of children thereby leading to in adequate funding across sectoral nutrition programmes. The challenge of inadequate funding has therefore resulted to slow attainment of the Sustainable Development Goals (SDGs), particularly in the North West region of this country.

Considering the above, Katsina State Nutrition Strategic Plan of Action identifies a set of priority areas that are key to improving nutritional status of citizens in the State. These are: Promoting key maternal, infant and young child feeding practices; Micronutrient deficiency control; Supporting household and communities to increase access to and consumption of diversified nutritional foods; Care and support to individuals with severe malnutrition; Provision of women empowerment and social protection as well as the Nutrition governance and coordination. The Plan, along with these priority areas, is put in place to demonstrate the commitment and will power of Katsina State Government under the able leadership of His Excellency, Governor Malam Dikko Umaru Radda PhD, in addressing the challenges of Malnutrition and its related diseases. The plan is also geared towards supporting government desire to commit adequate human and financial resources to facilitate the attainment of positive results with a view to achieving the aim and objectives of the State Nutrition Policy.

Along this line, targets, objectives and strategic interventions to address each of the priority areas are designed in accordance with the aspirations of the National Policy on Food and Nutrition (NPFN).

Thus, the Plan has been costed to promote effective resource mobilization, allocation and utilization with the aim of promoting high impact interventions and leverage resources in accordance with government fiduciary principles on expenditure prudence and accountability.

The Katsina State Multi-sectoral Strategic Plan of Action for Nutrition (KTSMSPAN) presents a decisive cause of action for the State, spelling out clearly the level of investment the State is willing to commit to accelerate the achievement of set targets in the document for a period of five years. We are optimistic that, the document has spelt out a high sense of readiness to partnership. It will also serve as motivation to elicit Development Partners response of investment in our nutrition programme to facilitate the implementation of the plan.

Also the successful implementation of this plan largely depends on sustained commitment of all stakeholders at different levels across all implementing Ministries, Department and Agencies of the State Government. We therefore call on all stakeholders to participate in the implementation and delivery of this Strategic Plan of Action to its promise land



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The Ministry of Budget and Economic planning express its gratitude to all that contributed to the development of Costed 5-year Katsina State Multi-sectoral Strategic Plan of Action on Food and Nutrition. This was made possible by the support of the following: UNICEF, Accelerated Nutrition Result in Nigeria (ANRiN), Ministry of Health, State Primary Health Care Agency, Ministry of Basic & Secondary Education, Ministry of Agriculture and Livestock Development, Ministry of Information & Culture, Ministry for Local Government & Chieftaincy Affairs, Ministry of Water Resources, State Universal Basic Education Board and Civil Society Organisation. Other development partners which include Save the Children International, Planned Parental hood Federation of Nigeria and Medicine San Frontiers.

It is therefore important to appreciate all those who participated to the final production of this Katsina State Multi-sectoral Strategic Plan of Action on Food and Nutrition, which was developed in line with the Katsina State Policy on Food and Nutrition.

Our sincere appreciation goes to UNICEF/Technical group that guided the development of the document. Special thanks to Nutrition Manager Elhadji I. Diop, Mr. Oluniyi Oyedokun Nutrition Specialist UNICEF and Madam Abigail Nutrition Officer Katsina Field Office who have tirelessly supported the development of this document, Also my appreciation goes to the stakeholders from all the sectors that participated and contributed to the final production of the document.

It is our hope that the document will be seen as a guide to the implementation of Nutrition programmes in the State.



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EXECUTIVE SUMMARY

Nutrition has a powerful influence on growth, development, and the productive life of every individual. Adequate nutrition at each stage of the lifecycle is a fundamental human right hence nutrition is link to achieving the Sustainable Development Goals. Under-nutrition affects cognitive development by causing direct structural damage to the brain, which impairs infant motor development and exploratory behaviour. The health indices of the population in Katsina state are below the acceptable levels necessary towards achieving Sustainable Development Goals. The poor nutritional status of under-5 children in the state as shown in the Infant and Young Child Feeding indices and the huge gap in the coverage of target population with regards to implementation of key interventions.

Investment on nutrition programmes in Katsina State is needed for significant impact to be felt as regard to morbidities and mortalities related to malnutrition and contribute to the reduction of child mortality. In Katsina State, the last few years have witnessed an increased commitment and implementation of various programs by the Government with support of partners, which include among others UNICEF, Save the Children International (SCI), Medicines Sans Frontiers (MSF), Alliance for Medical Action (ALIMA), USAID and Nutrition International (NI).

The implementation of multi-sectoral strategies in the state is to contribute to improve nutrition of Katsina state residents, due to urgent to scale up nutrition interventions that have proven to be cost-effective, feasible and to have impact. Therefore, as a follow up to the domestication of the National Policy on Food and Nutrition in Katsina state which serve as a framework to address nutrition issues in the state, the Katsina State Multi-sectoral Strategic Plan of Action on Food and Nutrition (KTSMSPAN) was developed as a road map to implement the state policy. This presents an opportunity to accelerate action towards achieving nutrition security and SDGs in the state. The plan will be use to advocate for more resources by nutrition stakeholders and serve as a guide to investment in cost-effective nutrition interventions. Since malnutrition is widely conceptualized as being a multi-sectoral problem, the Ministry of Budget and Economic Planning (MoBEP) is taking the lead to coordinate various efforts of relevant sector to address the problem.

The KTMSPFAN (2024-2028) is to guide all relevant MDAs, Development Partners and other stakeholders at the State, LGAs and Community levels to respond to the challenges of malnutrition in the State. The action plans has interventions, programmes and activities to be implemented to reduce malnutrition and hunger leading to increased productivity and development in the state if

well-funded and implemented is to aid towards the achievement of Sustainable Development Goals target by 2030. The Katsina State Multi-Sectoral Strategic Plan of Action for Nutrition (KTSMSPAN) has Six (6) Result Areas and Twenty-Two (22) Strategic Objectives with expected outcomes, which were derive from the state policy. This plan of action considers evidenced based nutrition specific and sensitive interventions and emerging critical nutrition issues including nutrition in the first one thousand days of life, nutrition during emergencies and emerging increase in the incidence and prevalence of diet-related non-communicable diseases.

The estimated total cost for the implementation of the plan for the period of 2024-2028 which include nutrition-specific and nutrition-sensitive interventions across the State "full coverage scenario" would require a public investment **₦15,026,537,631.00 (19,771,760.04 USD);** with an average annual public investment cost estimated at **₦3,005,307.526.20 (3,954,352.00 USD).** The highest investment is on Enhancing Caregiving Capacity which accounts for **6,551,741,000.00 (43.6%)** of the total estimated cost over the five years followed by Raising Awareness and Understanding of Problem of Malnutrition **₦3,504,677,400.00 (23.3%)** and Enhancing Provision of Quality Health Services which is **₦2,508,016,500.00 (16.7%).** The agriculture sector is to ensure food, and nutrition security at all levels, the total cost of implementing the interventions in this sector amounts to **14.7%** of the total cost of the overall investment required over the five years period. Implementation Cost Matrix by Strategic Objectives was presented, which shows the disaggregation of the estimated costs of each result area into various intervention cost, indicative activities cost matrix for each intervention and nutrition investments estimate cost matrix by MDAs.

The KTSMSPAN will institute a Monitoring, Evaluation, Accountability and Leaning (MEAL) system. This is for the purpose of providing accurate, reliable and timely information on the progress of implementation and reporting on how far the strategic objectives are met with changes in the nutritional status of all Katsina state residents, especially women and children, as well as being accountable to the stakeholders including the donor community.

The bulk of the resources for financing the KTSMSPAN will come from the annual budgetary allocation of all relevant line MDAs including Ministry for Local Government and Chieftaincy Affairs with all the 34 LGAs in the State.

CHAPTER ONE

1.0 INTRODUCTION

1.1 Overview

Nutrition has a powerful influence on growth, development, and the productive life of every individual. Adequate nutrition at each stage of the lifecycle is therefore a fundamental human right with malnutrition viewed as a denial of that right. Furthermore, nutrition is link to Sustainable Development Goals (SDGs 1, 2, 3, 4, 5, 6, 12 and 17) and the right to food, adequate nutrition, and healthcare are fundamental to achieving these SDGs.

As part of the efforts to address the nutrition situation of Katsina State, the State Strategic Plan of Action for Nutrition (KTSMSPAN) was developed. This build on the Katsina state Policy on Food and Nutrition (KTSPFN), strategic documents such as the National Multi-sectoral Plan of Action for Food and Nutrition (NMPFAN) and Katsina State Strategic Health Development Plan (KTSSHDP) among others. The Katsina State Multi-sectoral Strategic Plan of Action for Nutrition (KTSMSPAN) was formulated as a guide for the implementation of the Katsina State Policy on Food and Nutrition (KTSPFN).

The design of the KTSMSPAN was guided by the following principles:

i. Lifecycle approach to nutrition that recognizes the multifaceted and often changing nature of nutrition problems;
ii. Community ownership and participation;
iii. Evidence-based and cost-effective interventions;
iv. Effective partnership and collaboration between various stakeholders within and outside the Line MDAs; and
v. Commitment to global, regional, and national goals relating to food and nutrition such as SDGs, the Scaling up Nutrition (SUN) initiative, and the African Regional Nutrition Strategy.

1.2 Katsina State Nutritional profile

The total projected population of the state as at year 2022 was 10,368,483, of which 4% are infants, 20% under-five and 22% are women of reproductive age (ages 15-49 years). The health indices of the population are below the acceptable levels necessary towards achieving Sustainable Development Goals. The National Demographic Health Survey (NDHS, 2018) indicates stunting

rate at 60.5%, wasting 10.5% and underweight 39.3%. Also, the National Food Consumption and Micronutrients Survey (NFCMS, 2021) report though not disaggregated into states indicated that North West region where Katsina state belongs, recorded stunting rate to be 47.9%, wasting 12.4%, underweight 35.5%, and overweight 1.7%. These data are among the highest in the country.

The poor nutritional status of under-5 children in the state are shown in the Infant and Young Child Feeding indices, which are very poor. The Multiple Indicator Cluster Survey (MICs) report shows rate of Breastfeeding Initiation (27.1%), Exclusive Breastfeeding (21.3%) and Minimum Dietary Diversity (23.4%) for the state.

There are also episodes of Malaria, Diarrhoea, and Vaccine Preventable Diseases (VPD), such as pneumonia, cerebrospinal meningitis, etc which are among the major cause of childhood morbidity and mortality. An important factor in reducing the health risks in both the mother and the baby is increasing the proportion of births that are delivered in health facilities. Correct medical care and hygienic practices during delivery can lower the risks of complications and infection that can lead to morbidity and mortality to either the mother or baby.

Women and children in the State are faced with similar challenges as other states in the North Western zone of Nigeria in terms of uptake of facility services and access to quality care. As 41.0% attends antenatal care (ANC) at least four times while 37.0% (more than one-third) did not receive any antenatal care during same period. Furthermore, only 12.6% of the women deliver in a health facility compared to National average of 49.0% who delivered in a facility. A similar trend was observed in the quality of service received by pregnant women during ANC with 14.4% receiving assistance from skilled attendant (Doctor, Nurses/ Midwives) while 31.1% received assistance from Traditional Birth Attendant (TBA).

1.3 Nutrition Response

1.3.1 Nutrition Response at National Level

Food and nutrition activities in Nigeria prior to 1990, was carried out sectorally, thus giving rise to several policies addressing food and nutrition concerns in different development sectors but addressing the problems is beyond a sector actions. This is in view of the causal analysis espoused by nutrition and development experts based on UNICEF Conceptual Framework on determinants of malnutrition (UNICEF, 2020). These activities were very limited in scope, uncoordinated, and largely ineffective in addressing nutritional problems comprehensively.

The Federal Government of Nigeria in 1990 established a National Committee on Food and Nutrition (NCFN) as an institutional arrangement to coordinate and provide leadership to articulate a comprehensive policy and actions that could effectively reduce malnutrition considerably or eliminate it in the country. The NCFN was first domicile in the Federal Ministry of Science and Technology and later relocated to the Federal Ministry of Health (FMOH) in 1993. However, the NCFN in 1994 was further relocated to the National Planning Commission (NPC) based on emerging issues and evolving nutrition policy. The decision to relocate to the NPC was due the unique position of the Commission under the Presidency as the Federal Government agency responsible for coordination and monitoring of all national policies and programmes, including budget, as well as bilateral/multilateral cooperation.

Furthermore, as part of Federal government effort to create an enabling environment for implementation of an all-inclusive nutrition interventions, the National Council on Nutrition (NCN) was established and domiciled in the office of the Vice President. The costed National Multi-sectoral Strategic Plan of Action for Food and Nutrition (NMPFAN) was also develop to guide the line Ministries Departments and Agencies (MDAs) for the implementation of nutrition programmes and activities in the country.

1.3.2 Nutrition Response at State Level

In Katsina State, the last few years have witnessed an increased commitment and implementation of various programs by the Government with support of partners, which include among others UNICEF, Save the Children International (SCI), Medicines Sans Frontiers (MSF), Alliance for Medical Action (ALIMA), USAID and Nutrition International (NI). A major project implemented between the Government of Katsina State and World Bank is Accelerating Nutrition Results in Nigeria (ANRiN). Katsina state is one of the 12 states implementing the Accelerating Nutrition Results in Nigeria (ANRiN) project. ANRiN project aims to increase the utilization of quality, cost-effective nutrition services for pregnant women and lactating mothers, adolescent girls and children under five years of age, through delivery of Basic Package of Nutrition Services and strengthening the stewardship role of federal and state governments to plan, budget, implement, monitor and learn from large-scale nutrition programmes. ANRiN project through the engagement of non-state actors (NSA) provide nutrition interventions such as:

i. Behaviour change communication to improve infant and young child feeding behaviours, namely, early and exclusive breast feeding (0-6 months) and appropriate complementary feeding (6-23 months).

ii. Provision of micronutrient powders to children 6-23 months to improve the quality of the food provided for complementary feeding.

iii. Iron/Folic Acid supplementation for pregnant women, with a focus not only on provision to women but also counselling to improve compliance.

iv. Intermittent presumptive treatment for malaria to pregnant women.

v. Zinc and ORS for treatment of diarrhoea in children 6-59 months.

vi. Vitamin A supplementation twice a year for children 6-59 months.

vii. Deworming twice a year for children 12-59 months.

The key interventions currently implemented in the state include Micronutrient Supplementation, Promotion of Maternal, Infant and Young Child Nutrition (MIYCN), Treatment of Severe Acute Malnutrition, advocacy and coordination. However, these interventions are limited in coverage and scope. Katsina State has also established the State Committee on Food and Nutrition (SCFN) with a budget line domiciled in the Department of Planning of State Ministry of Budget and Economic Planning.

1.4 Gaps in Intervention Coverage and Challenges

Zinc supplementation coverage in Katsina state is 23%, which is below the national average of 24.1%. On the other hand, vitamin A supplementation coverage in children 6 to 59 months is 58.4% that is above the national average of 40.8 % (NNHS, 2018). The coverage of the MNCHW package of interventions while high in vitamin A supplementation but very low in iron, folate and zinc supplementation with not much impact made judging by the large population of the target beneficiaries. Apart from vitamin A supplementation, most of the other interventions recorded low coverage of the target population of beneficiaries, which indicates that this inadequate coverage of the target population leaves a huge gap in the coverage of these key interventions.

1.5 Causes of Undernutrition in Katsina State

It is widely accepted that malnutrition has many causes; from improper feeding practices, diseases and poor caring practices to poor economic empowerment. Poor infant and child feeding practices

compound nutritional problems in Katsina State; babies are deprive of crucial immunization against bacteria and various viruses when they are most vulnerable. The low level of education of women is another key cause of malnutrition. A mother's malnutrition is closely link to malnourishment in her newborn babies and children, as data shows 12.5% of women of reproductive age in Katsina State were found to be undernourished which is a cause for concern.

Other key causes of malnutrition in Katsina state include inadequate access to healthcare, water and sanitation, delay in the approval and adoption of nutrition policies, and prompt release of funds for nutrition activities plays a role in causing under nutrition. In Northern Nigeria, where Katsina State is located, poor environmental sanitation, hygiene, and unsafe drinking water results in high prevalence of infectious and parasitic diseases, particularly in infants and children, which further aggravates their already poor nutritional status.

Insecurity due to banditry is another problem that aggravated under-nutrition in the state, as farmers do not access to their farms, which consequently lead to low food production. It also causes emergence of Internally Displace Persons (IDP) in the in host communities and the displacement put many children and women at high risk and vulnerable to under-nutrition.

Furthermore, poverty plays a prominent role as a cause of malnutrition. Although, Nigeria possesses great wealth terms of crude oil with agriculture potentials and has experience economic growth in the recent time but there is disproportionate allocation of funds. Over 6.92 million people living in the state are multi dimensionally poor with MPI 0.304, which indicate that poor people in state experience over one-third of all possible deprivations (MPI, 2022). The poorest 20% of children are three times more likely to be underweight than the richest 20%.

1.6 Consequences and Impact of Malnutrition

1.6.1 Impact on Health and Education

The birth weight of a baby is strongly associated with the body size of the mother during pregnancy. Undernourished female children tend to become shorter adults, and thus are more likely to give birth to children with low birth weight. Some studies have shown that for every 100g increase in maternal birth weight, her child's birth weight increased by 10 - 20g (in developed countries) and by 29g (in low-income countries). In low-income countries, the same studies also showed that birth length can rise by as much as 0.2cm for every 1cm increase in a mother's birth length. In addition, maternal

height is associated with birth weight of their grandchildren, confirming the long-term repercussions of maternal nutrition.

Under-nutrition in pregnant women is also one of the causes of adverse pregnancy outcomes such as miscarriage, still birth, and Intrauterine Growth Restriction (IUGR). Children born with Low Birth Weight (LBW) are more susceptible to recurrent infections whose severity is also closely link with child nutritional status. Emerging evidence, points to the fact that children who are undernourished in the first two years of life and who put on weight rapidly later in childhood and in adolescence are at high risk of Diet Related Non-Communicable Diseases (DRNCD) such as diabetes, hypertension, arthritis, gout, certain types of cancers, and heart disease among others.

In a study in which expectant mothers were on a nutritional supplementation trial; Children born to women who had received a protein-energy supplement were on average 0.8cm taller than those whose mothers received a low energy supplement. The importance of these findings is that good maternal nutrition is critical for the nutrition of future generations and the findings point to the need to adopt a lifecycle approach to battling under-nutrition. Therefore, to improve the nutritional status of future generations, it should start with the present generation.

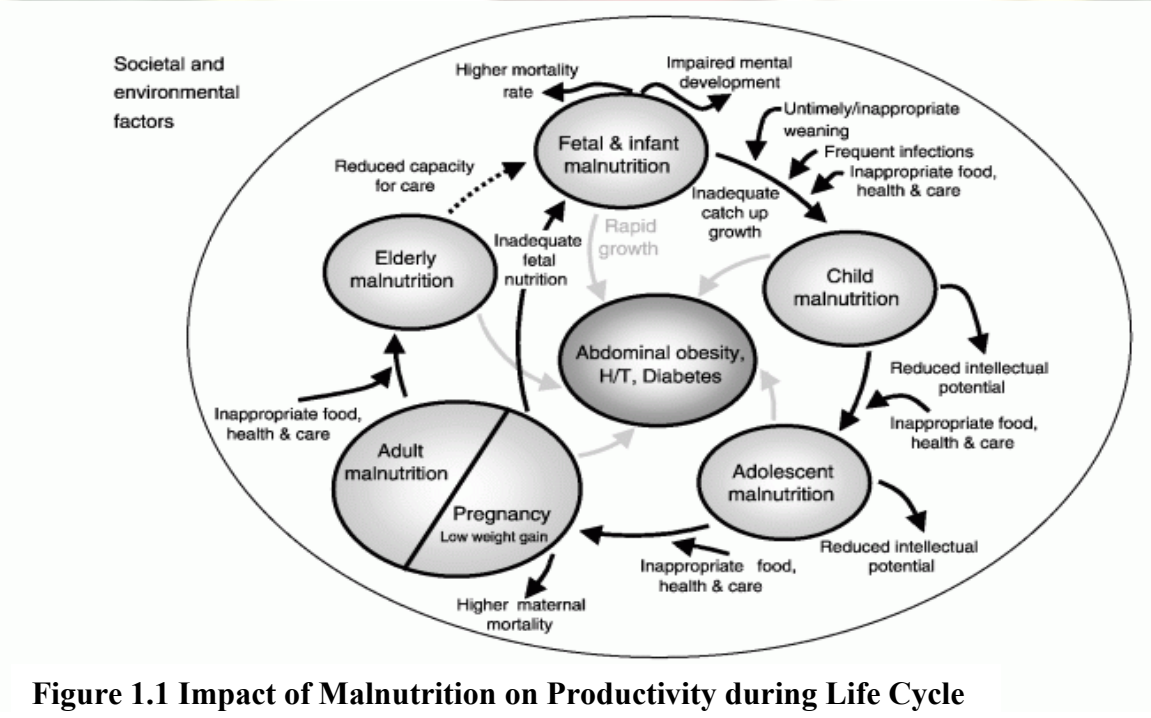


Figure 1.1 Impact of Malnutrition on Productivity during Life Cycle

Figure 1.1 shows malnutrition's impact on productivity throughout the lifecycle, adapted from the Administrative Committee on Coordination/Subcommittee on Nutrition (United Nations, 2000).

Malnourished children suffer from irreparable intellectual impairment and stunted physical growth. Hungry children make poor students and are prone to drop out of the educational system. Hungry and malnourished adults are unable to be fully productive workers and more likely to be ill thereby, increasing the strain on often overburdened health systems. Malnourished women give birth to Low Birth Weight (LBW) babies, transferring the broad economic disadvantages of malnutrition in their own lives to the next generation.

Good nutrition is imperative for optimal mental and physical development, learning, and school performance. Under-nutrition affects cognitive development by causing direct structural damage to the brain, impairs infant motor development and exploratory behaviour.

Similarly, iron deficiency anaemia delays mental development in infants, which correlates with poorer performance on cognitive tests in older children. Children have considerably reduced learning abilities, school performance and retention rates are low, hearing and speech are impaired with such children untrainable. Vitamin A deficiency (VAD) lowers immunity thus increasing the incidence and severity of illnesses, which increase absenteeism and reduce concentration in school. In severe cases, night blindness and partial or total loss of sight may result from this deficiency.

In a study, a difference of 3.4cm in height-for-age at 3 years was associated with almost an additional grade of achieved schooling,[1] whilst another study, food supplementation during early childhood improved schooling in women by 1-2 years, and test scores in men and women. This evidence underlines the need to intensify investment in child nutrition especially with a deliberate focus on the lifecycle of citizens.

CHAPTER TWO

2.0 KATSINA STATE MULTI-SECTORAL PLAN OF ACTION ON FOOD AND NUTRITION

2.1 Background

Katsina State was carved out of old Kaduna State on 23rd September 1987. It shares boundaries with Zamfara State to the West, Jigawa State to the East, Kaduna State to the South and International boundary with the Republic of Niger in the North. The State has 34 Local Government Area, 361 Political Wards, 62 Administrative Districts, 174 Health Districts. The Local Government is closest to the people and serves as a point of linkage between the needs of communities, State and national goals, policies and resources allocation.

2.1.1 Health Facilities and Human Resources as at Year 2022

Health facilities and Human Resources available in the state is in Table 2.1. The state has 1,874 public and private health facilities made up of 1,850 PHCs, 22 secondary and 02 tertiary facilities

Table 2.1: List of Public and Private Health Facilities

Health Facilities	Number
Primary Facilities	
Public	1,734
Private	116
Total	**1,850**
Secondary Facilities	
Public	22
Private	0
Total	**22**
Tertiary Facilities	
Public	02
Private	0
Total	**02**
Grand total	**1,874**

Table 2.2 shows the various human resources available across the health sector in the state. This consist of 175 Doctors, 62 Pharmacists, 1282 Nurses/ Midwives, 76 Nutritionists, and 30 Physiotherapists among others. The total number of human resources available in the health sector

including health personnel in other MDAs under the Supervision of the Ministry is eight thousand, eight hundred and fifteen (8815).

Table 2.2. Human Resource for Health Sector (HRH) as at Year 2023

S/No	Personnel	HSMB	SPHCA	FTH	NOFIC	Total Available
1	Doctors	250	16	312	23	601
2	Nurses/ Midwives	1015	267			1282
3	Pharmacists	54	8			62
4	Pharmacy Technician	131	699			830
5	Laboratory Scientist	56	17			73
6	Laboratory Technicians	113	272			385
7	Dental Surgeon	9	Nil			9
8	Dental Technician / Therapist	77	Nil			77
9	Radiologist	11	Nil			11
10	X-ray technicians	52	Nil			52
11	Nutritionist	36	40			76
12	Physiotherapist	30	Nil			30
13	Medical Record	110	20			130
14	Health Attendants	515	1557			2072
15	Medical Officers	Nil	22			22
16	Community Health Officers	Nil	75			75
17	CHEW	Nil	1484			1484
18	JCHEW	Nil	1000			1000
19	Environmental Officers	Nil	2260			2260
20	General Maintenance staff	Nil	3			3
21	Health Educators	Nil	10			10
	Total	2384	6431			8815

Source: SMoH, HSMB & SPHCA, Katsina (2021)

2.1.2 Agricultural Resources as at Year 2022

The Katsina State Agricultural and Rural Development Authority has 3 agro-ecological zones across the state: Zone I Ajiwa (15 LGAs), Zone II Funtua (9 LGAs) and Zone III Dutsin-ma (10 LGAs). The state has extension workers across the agro-ecological zones (Zone I: 75, Zone II: 45 and Zone III: 52). The major crops produced in the state are legumes, cereals, roots, tubers, fruits and vegetables. Animal rearing (cattle, sheep and goat), poultry farming and fish production are part of the agricultural activities taking place in the state throughout the year (both rainy and dry seasons).

2.1.3 Ministry for Women Affairs

The Ministry of Women Affairs undertakes various activities, which include:

- Women Empowerment through conditional cash transfer of N20,000, N10,000 and N5,000 each for small scale businesses
- Provision of livestock such as Hybrid Goats to rural women free of charge
- Training on the production of 'Garin Lafiya' (Combination of Soya Beans, Guinea corn and Groundnut) to the benefiting women in the Community
- Sensitization Campaign to Women on preventive measures against Malnutrition
- Skill acquisition centers for the purpose of training women for self-reliance and economic empowerment.

2.1.4 Ministry of Education/SUBEB

The State Ministry of Education/SUBEB carried out the following activities:

- School Feeding Programme: 833,957 Pupils benefited from 2,777 Schools across the State, 10,549 women vendors were recruited for the programme.
- Deworming of in-school and out-of-school adolescents in Rimi, Kafur & Kankia LGAs
- Iron/Folic Acid supplementation for in-school and out-of-school adolescents in Rimi, Kafur & Kankia LGAs
- Sensitization campaign to teachers on preventive measures against malnutrition
- School garden and poultry farming intervention in selected Schools
- Establishment of Schools Health Club that centred on personal & menstrual hygiene, nutrition and drugs addiction.

2.1.5 Rural Water Supply and Sanitation Agency (RUWASSA)

- Behavioural changes leading to Open Defecation Free (ODF) status in communities and LGAs
- Effective Water Sanitation and Hygiene (WASH), service delivery through construction and rehabilitation of solar powered and hand pump boreholes, and improved latrines in Institutions (schools, health centers, markets etc) and Communities

2.2 Rationale

The implementation of multi-sectoral strategies is to contribute to improve nutrition of Katsina state residents, which is to serve as a means for addressing immediate, underlying and basic causes of poor nutrition. Many different sectors contributes to achieving better nutritional outcomes particularly in the following areas: food security, social protection, women and gender, information, education, public health, water and sanitation and poverty alleviation.

Nutrition related challenges result in either under-nutrition or overnutrition. Under-nutrition can result from inadequate dietary intake, where a person receives insufficient nutrients, which are compounded by common infectious diseases, such as diarrhoea, measles and pneumonia. On the other hand, overnutrition results from excess consumption of food, which is associated with Diet Related Non-Communicable Diseases (DRNCD) such as hypertension, diabetes, and cardiovascular diseases. Nutrition is also essential for increasing the efficacy of medications, such as antiretroviral drugs and vaccines and plays a critical role in the strategies for the prevention, treatment, and care of HIV/AIDS patients.

In 2008, the Lancet series on nutrition featured systematic evidence of the impact of under-nutrition on infant and child mortality and its largely irreversible long-term effects on health, cognitive and physical development. It also demonstrated the availability of proven interventions that could address these problems and save millions of lives. The Lancet set of interventions focused on the "first 1,000 days" (from pregnancy to 24 months old) for high impact in reducing death and disease and avoiding irreversible harm. Other studies drawing on a similar set of interventions, have demonstrated very high cost-effectiveness, with high returns to cognitive development, individual earnings, and economic growth.

Another developmental stage that is important is the adolescence stage (10-19 years). During this time, adolescents achieved up to 20% of their adult height, 60% of their skeletal mass and half-adult

body weight[1]. For many adolescents, this stage presents an opportunity to lay positive foundation for healthy offspring from early childhood onto adulthood and needs to eat healthy foods and guard against possible acquirement of non-communicable diseases[2]. Giving that childbearing during the adolescence is prevalent across many developing countries, adolescent pregnancy and improving adolescent nutrition is vital. As part of efforts towards improving nutritional status of the adolescents in the state, several activities have been conducted which include development of guidelines and training manual on adolescent's nutrition, baselines survey, training of teachers and health worker on iron and folic acid supplementation. Implementation of adolescent's supplementation was piloted in the state.

Investment on nutrition programmes in Katsina State is needed for significant impact to be felt as regard to morbidities and mortalities related to malnutrition and contribute to the reduction of child mortality. It is recognize that the attainment of SDGs and meaningful economic development will not be achieved without an urgent improvement in nutrition. There is need to scale up nutrition interventions that have proven to be cost-effective, feasible and to have impact. Therefore, the KTSMSPAN is a road map that presents an opportunity to accelerate action towards achieving nutrition security and SDGs in the state. The plan will be use to advocate for more resources by nutrition stakeholders and serve as a guide to investment in cost-effective nutrition interventions. Malnutrition is widely conceptualized as being a multi-sectoral problem hence in Katsina state, the Ministry of Budget and Economic Planning (MoBEP) is taking the lead to coordinate various efforts of relevant MDAs and Development partners, mobilize resources, and build a cohesive Multi-sectoral response to malnutrition.

2.3 Purpose of Nutrition Action Plan

The KTMSPFAN (2024-2028) is to guide all relevant MDAs, Development Partners and other stakeholders at the State, LGAs and Community levels to respond to the challenges of malnutrition in the State. The action plans has interventions, programmes and activities to be implemented to reduce malnutrition and hunger leading to increased productivity and development in the state. If well-funded and implemented, the plan is expected to contribute significantly towards the elimination of all forms of malnutrition and aid towards the achievement of Sustainable Development Goals target by 2030.

2.4. Vision Statement, Goal, Objectives and Targets

2.4.1 Vision Statement

A State where the people are equitably food and nutrition-secure with high quality of life and socioeconomic development contributing to human capital development objectives of Katsina State Development Plan (SDP) by 2028

2.4.2 Goal

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

2.4.3 Objectives

To achieve the goal of attaining an optimal nutritional status by the year 2028 a number of objectives and targets are as follows:

i. To improve food security at the State, local Government, community and household levels;
ii. To reduce under nutrition among infants, Children, Adolescents and Women of reproductive age by the year 2028.
iii. To increase the knowledge of nutrition among the populace and nutrition education into formal and informal trainings;
iv. To promote optimum nutrition for people in especially difficult circumstances, including PLWHA.
v. To promote and strengthen Research, Monitoring and Evaluation of food and nutrition programme;
vi. To strengthen systems for providing early warning information on the food and nutrition situation;
vii. To strengthen the partnership and collaboration with all relevant Stakeholders (partners, CSOs, private sector, CBOs, philanthropies, professional bodies, academia etc), in implementing nutrition activities;
viii. To prevent and reduce micronutrient deficiency disorders, especially among the vulnerable group
ix. To prevent and control chronic nutrition-related non-communicable diseases;
x. To incorporate food and nutrition considerations in the State and Local Government sectorial development plans
xi. To ensure universal access to nutrition-sensitive social Protection.

xii. To leverage on private sectors nutrition investment

xiii. To leverage on innovative nutrition modeling tools for optimal allocation and utilization.

xiv. To leverage on the investment of provision of adequate portable water supply and sanitation in the State.

2.4.4 Targets of the KTSMSPAN

The specific targets for Katsina State Policy on Food and Nutrition (KTSPFN) are:

Table 2.3: Katsina State Policy on Food and Nutrition Key Targets by 2028

Planned Targets for the KTSMSPAN (%) (NDHS 2018; MICS 2021)		
	Current 2024	Target 2028
Reduce the proportion of people who suffer hunger and malnutrition	48	30
Increase exclusive breastfeeding rate from	21.3	40
Increase the percentage of children ages six months and above who receive minimum dietary diversity	23.4	45
Reduce stunting rate among under-five children (-2SD)	60.5	40
Reduce childhood wasting including sever acute malnutrition (SAM)	10.5	4.6
Reduction in anaemia among pregnant women	71	30
Reduction in anemia among children	64.8	45
Increase coverage of Vitamin A supplementation	58.4	85
Increase access to potable water	60.9	80
Increase the proportion of children who receive deworming tablets	34.2	85
Increase coverage of Zinc supplementation in diarrhoea management	23	80
Establish a functional nutrition department with budget line		100

Reduce the incidence of malnutrition among victims of emergencies		50
Mainstream nutrition objectives into social protection and safety net programmes of all MDAs linked to nutrition		100
Increase Household with relevant nutrition knowledge and practice that improve their nutritional status		50
Arrest the emerging increase in obesity prevalence in adolescents and adults		
Achieve universal access of all school children in the pre- and basic school classes to school-based feeding programme		

2.5 Priority Areas, Strategies and Delivery Platform

2.5.1 Priority Areas

The Katsina State Multi-Sectoral Strategic Plan of Action for Nutrition (KTSMSPAN) has Six (6) Result Areas and Twenty-Two (22) Strategic Objectives with each of them having an expected outcome. These Result Areas and Strategic objectives were derive from the policy and aimed at achieving the policy objectives. The result areas listed these priorities as follows:

i. Food and Nutrition security
ii. Enhancing care giving capacity
iii. Enhancing provision of Quality Health services
iv. Improving Capacity to address food and Nutrition Insecurity problems
v. Raising awareness and understanding of the problem of Malnutrition in Katsina State
vi. Resource allocation for Food and Nutrition Security at all levels

Food and Nutrition Security

The strategic plan of action will focus on achieving food and nutrition security through investment in agriculture to increase food production, availability, accessibility and affordability to Katsina State residents in particular. Measures will be taken to improve food harvesting, processing and preservation to reduce postharvest losses, improve food preparation and food quality as well as improve the management of food security crisis and nutrition in emergencies. It will also include

school-based strategies to reduce malnutrition among school age children and improve their learning, health and nutrition status.

Enhancing Caregiving Capacity

Nutrition specific interventions are a major focus of this plan of action and programmes. Activities will be implemented to ensure optimal nutrition in the first 1000 days of life. Activities and programme that will address the needs of the socioeconomically disadvantaged are also included.

Enhancing Provision of Quality Health Services

Inadequate health care services are an underlying cause of malnutrition. The plan will enhance the provision of quality health services through preventing and managing nutrition related diseases to reduce morbidity and mortality associated with malnutrition. Specific interventions to prevent micronutrient deficiencies as well as protect the consumer through improved food quality and safety are also included.

Improving Capacity to Address Food and Nutrition Insecurity Problems

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

Raising Awareness and Understanding of the Problem of Malnutrition

Some of the causes of malnutrition are socio-cultural and behavioural in nature. Programmes and activities that will promote positive behaviour change and lifestyle through advocacy, communication and social mobilization as well as healthy lifestyles and dietary habits have been included in the plan.

Resource Allocation for Food and Nutrition Security at all Levels

Adequate funding and resources for implementation of food and nutrition activities to reduce malnutrition have always been a challenge not only in Katsina State but globally. This KTSPFAN include strategies for resource mobilization and investment for nutrition. Activities to ensure budget allocation, timely release and utilization as well as strengthening the coordination capacity of both the institutions and personnel responsible for policy and programme coordination are also included.

Coordination

The framework for institutional arrangement for the Katsina State Policy on Food and Nutrition (KTSPFAN) vested the overall responsibility for the coordination of the policy and the plan of action on the State Ministry of Budget & Economic Planning, in order to ensure a result-oriented programme implementation and coordination. The State Committee on Food and Nutrition domiciled at the State Planning Commission is made up of representatives of relevant MDAs, professional bodies, development partners, civil society organizations, tertiary institutions and research institutes. All food and nutrition activities will be coordinated at the State and LGA levels by the State Committee on Food and Nutrition (SCFN) and Local Government Committee on Food and Nutrition (LGCFN), respectively. It is expected that Ward Committee on Food and Nutrition (WCFN) will also be formed to coordinate the implementation of nutrition activities and programmes at the ward level. The MoBEP will serve as the Secretariat of the State Committees on Food and Nutrition.

2.5.2 Strategies

There are five (5) cross-cutting strategies that have been identified to achieve high coverage and quality delivery of the priority areas of focus, and thus achieve the objectives of the plan. These strategic thrusts include the following:-

i. Behaviour Change Communication
ii. Service Delivery
iii. Capacity Building
iv. Advocacy and Resource Mobilization
v. Research, Monitoring and Evaluation

These strategic areas are the main principles behind the activities stipulated in the costed plan, which are described as follows:

Behavioural Change Communication

This is an effective way of providing appropriate information on nutrition to individuals, households and community with a view to put into practice knowledge acquired.

Service Delivery

Nutrition interventions to be deliver at scale and with high coverage if they are to have impact on malnutrition at the population level. All health facilities within the State will need to be strengthened

to provide these basic nutrition interventions, some of the services can be delivered at the community level or as outreach activities.

Capacity Building

For effective service delivery, the capacity of the provider needs to be strengthened at all levels in all the relevant sectors and in all the LGAs of the State.

Research, Monitoring and Evaluation

Research, monitoring and evaluation (M&E) are essential for evidence-based decision making and enhancing public accountability. Monitoring is continuous and the MoBEP is to provide the management and other stakeholders with early indication of progress in the achievement of goals, objectives and results. Evaluation is a periodic exercise that systematically and objectively assess progress towards the achievement of a programme's objectives or goals. Research tests specific interventions and approaches for the betterment of nutrition situation and provide further evidence for policy and programming

2.5.3 Delivery Platforms

The interventions and strategies will be deliver in an effective and efficient manner for maximum impacts. The three delivery platforms are through;

i. Health system
ii. Community
iii. State campaign and outreaches

CHAPTER THREE

3.0 COSTING AND FINANCING KTMSPFAN

3.1 Costing

The aim of this section is to provide cost estimates for the five-year period of the Katsina state Multi-sectoral strategic plan of action for nutrition (KTSMSPAN) to enable the state and its numerous stakeholders know the cost required to implement the state's nutrition policy agenda and plan. A micro-costing approach was adopted which involved the estimation of unit cost of all aspects of service delivery and programme implementation. This takes into consideration for each intervention the actual programs that are currently offered (current coverage) in the State and context in which these services are delivered. At this stage of strategic planning, the future value of costs was not calculated therefore, the effect of inflation is not neutralized on cost estimates. During implementation, adjustment can be made base on the inflation rate by the respective MDAs. It is of noting that the cost estimate was in Naira.

Furthermore, in line with the State Policy on Food and Nutrition, the plan will be operational from 2024 to 2028; stakeholders agreed that the costing should also be over a period of five years.

3.1.1 Unit Costs

The unit costs were use to determine the costs involved in delivering the activities outlined in the KTSMSPAN for 2024 -2028. The costing of the KTSMSPAN was done at the activity level taking into consideration all possible costs (i.e input cost, transport, personnel, training, supervision, monitoring and evaluation as well as relevant overhead) that will be required to implement an intervention or programme. Thus, the costing matrix contains the costing spreadsheet based on the six (6) result areas, interventions and activities reflecting the following information:

i. Annual Activity cost = unit cost * annual target units
ii. Total activity cost = ∑ annual cost * annual target units
iii. Intervention total cost = ∑ activity total cost
iv. Program total cost = ∑ total interventions cost
v. KTSMSPAN total cost = ∑ Program total cost

3.1.2 Basic Assumptions of Costing KTSMSPAN

This costing activity required that some assumptions to be made about the type and scale of the proposed programs and interventions. The assumptions about the scope and content of all the

interventions was through discussion during the costing workshop under the leadership and guidance of the MoBEP.

Additionally, where unit costs were not available or could not be properly estimated by participants during the costing workshop, participants uses their experiences of nutrition programming from other states to make assumptions about certain costing variables.

3.2 Costed KTSMSPAN Timeframe

The Katsina State Policy on Food and Nutrition has an operational duration of a 5-year period (2024 – 2028) hence the costing was developed by the stakeholders to cover 5 years period. The Plan was also design to be implemented under six (6) result areas as contained in the State Policy on Food and Nutrition. This operational document shows the interventions and activities, unit costs of these activities and budget required for their implementation over the five years period.

3.2.1 Target groups

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

The Plan proposed to implement full package of nutrition specific and nutrition sensitive interventions simultaneously at the state and LGA levels during the five years of the strategy to maximize impact.

3.3.2 Intervention Approach

The interventions contained in the reviewed Operational Plan are the activities selected to achieve the expected results of the Multi-Sectoral Strategic Plan for Nutrition 2024-2028. These interventions were identified through multi-Stakeholder participatory process, which brings together representatives from MDAs of the State, Development Partners, Academia, Civil Society Organisations as well as the organized private sector. These interventions were due to their proven efficiency and cost effectiveness within the specific nutrition context of Katsina State as recommended by the SUN movement.

The implementation of the plan of action is to be through the nutrition relevant MDAs supported by other stakeholders using existing government’s delivery platform (Health Facilities, Schools) and community structures.

3.4 Total Annual Costs

This provide the KTSMSPAN cost estimates for the period of five years (2024 - 2028) in order to allow the government and other stakeholders know the cost required to operationalize the policy and plan of action during the 5-year period.

Table 3.1 shows the annual cost per result/ programme area for the plan period of 2024-2028. The estimated total cost of implementing nutrition-specific and nutrition-sensitive interventions across the State "full coverage scenario" would require a public investment over the five-year period (2024-2028) of **15,026,537,631.00 (19,771,760.04 USD);** with an average annual public investment cost estimated at **₦3,005,307.526.20 (3,954,352.00 USD).**

The highest investment is on Enhancing Caregiving Capacity which accounts for **6,551,741,000.00 (43.6%)** of the total estimated cost over the five years followed by Raising Awareness And Understanding of Problem of Malnutrition **₦3,504,677,400.00 (23.3%)** and Enhancing Provision of Quality Health Services which is **₦2,508,016,500.00 (16.7%).**

Figure 3.1 shows the percentage distribution of the cost matrix based on result areas while summary of KTSMSPAN Implementation Cost Matrix by Strategic Objectives is in **Table 3.2,** which shows the disaggregation of the estimated costs of each result area into various intervention cost. The implementation indicative activities cost matrix for each intervention are shown in **Annex I** while Nutrition investments estimate cost matrix by MDAs is shown in **Annex III**. **Table 3.3** presents summary costing matrix and percentage per Ministries, Departments and Agencies. When viewed across the sectors, the health sector that covers two-result areas (2 and 3) i.e. enhancing caregiving capacity and strengthening the provision of quality health services will require 43.6 and 16.7% respectively of the total budget over the next five years.

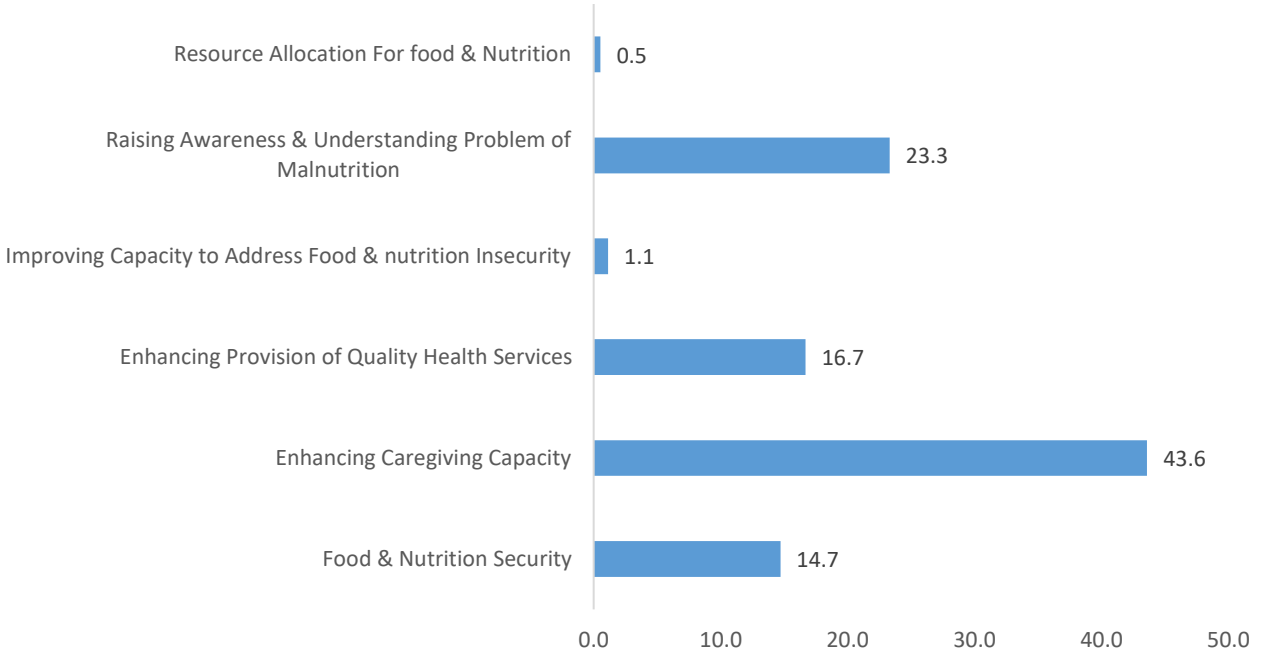


Figure 3.1: Percentage Distribution of Program Cost by Result Areas

3.5 Financing of the KTSMSPAN

The Ministry of Budget and Economic Planning (MoBEP), is the institution mandated to coordinate the implementation of the KTSMSPAN by the State Government. The viewpoint and perspective of the costing is institutional, implying that the costs calculated are link to this institution. Given the multidisciplinary nature of nutrition and the integration of nutrition in other Sector Strategic Plans, a large proportion of the costs will be through resource mobilization initiatives of the MoBEP in collaboration with the relevant MDAs with support of development partners and other stakeholders The bulk of the resources for financing the KTSMSPAN will come from the annual budgetary allocation of all relevant line MDAs including Ministry for Local Government and Chieftaincy Affairs with all the 34 LGAs in the State. It is acknowledge that the health sector is already financing some of the health-related nutrition interventions, which also applies to nutrition sensitive agriculture interventions with some in the Agriculture Sector Plan. Thus, only the most cost-effective nutrition sensitive agriculture interventions are in this multi-sectoral plan of action.

MoBEP will use the cost estimate for the KTSMSPAN for advocacy and resource mobilization from stakeholders (International Donors and local private sector, civil society and government) involved in response to the nutritional challenges in the state.

The high costs for prevention captured in the cost of implementing interventions in the key result areas 2 and 3 is to be implemented by the health sector. Most of the interventions in these result areas are key child survival interventions that target children 0-24 months thus presenting opportunities for reducing stunting and other forms of malnutrition within the first 1000 days window of opportunity. It is therefore important and urgent for government to consider allocating more funds to these interventions, which are high impact interventions to reduce the scourge of malnutrition in Katsina State.

In the event of budgetary constraints, policy makers may be compelled to decide on investing on a state wide implementation of some identified key interventions within the list of available package of interventions. Packages of fewer interventions are phase-in gradually over time depending on availability of more funds. If policy makers chose to ration within the current package of interventions, it is recommended that priority should be given to interventions that are most cost-effective and have high impact.

As a result of ever-changing nature of the environment where new information on high impact low cost nutrition interventions are continuously emerging, Stakeholders must meet regularly through the KTSCFN, to have a consensus on prioritization of interventions and budget allocation for effective utilization of available funds.

TABLE 3.1: ANNUAL COSTS (NAIRA) PER PROGRAM AREA 2024 - 2028

RESULT AREA	2024	2025	2026	2027	2028	TOTAL COST	%
FOOD AND NUTRITION SECURITY	595,181,420.00	263,163,251.00	499,383,370.00	328,241,200.00	524,756,970.00	2,210,726,211.00	14.7%
ENHANCING CAREGIVING CAPACTY	1,310,664,200.00	1,310,269,200.00	1,310,269,200.00	1,310,269,200.00	1,310,269,200.00	6,551,741,000.00	43.6%
ENHACING PROVISION OF QUALITY HEALTH SERVICES	503,891,300.00	501,031,300.00	501,031,300.00	501,031,300.00	501,031,300.00	2,508,016,500.00	16.7%
IMPROVING CAPACITY TO ADDRESS FOOD AND NUTRITION INSECURITY	39,526,904.00	30,340,904.00	30,340,904.00	39,526,904.00	30,340,904.00	170,076,520.00	1.1%
RAISING AWARENESS AND UNDERSTANDING OF PROBLEM OF MANUTRITION IN NIGERIA	705,875,000.00	698,230,800.00	698,230,800.00	698,230,800.00	704,110,000.00	3,504,677,400.00	23.3%
RESOURCE ALLOCATION FOR FOOD AND NUTRITION SECURITY AT ALL LEVELS	15,546,000.00	15,546,000.00	15,546,000.00	15,546,000.00	19,116,000.00	81,300,000.00	0.5%
ESTIMATED TOTAL COST	3,170,684,824.00	2,818,581,455.00	3,054,801,574.00	2,892,845,404.00	3,089,624,374.00	15,026,537,631.00	**100.0**

TABLE 3.2. SUMMARY OF COMPONENT OF 4-YEAR KTMSPFAN IMPLEMENTATION COST MATRIX

RESULT AREA BY INTERVENTIONS MATRIX						
RESULT AREA/SPECIFIC OBJECTIVE	**2024**	**2025**	**2026**	**2027**	**2028**	**TOTAL**
RESULT AREA 1. FOOD AND NUTRITION SECURITY – N 2,210,726,211.00						
1.1: Ensuring Food and Nutrition Security at the State, Community and Household	294,555,370.00	197,934,400.00	286,221,370.00	197,934,400.00	294,555,370.00	1,271,200,910.00
1.2: Increasing Availability, Accessibility and Affordability to Food	181,339,300.00	500,000.00	135,500,000.00	46,339,300.00	135,500,000.00	499,178,600.00
1.3: Improving Food Harvesting, Processing and Preservation	21,429,000.00	770,000.00	21,309,000.00	570,000.00	21,309,000.00	65,387,000.00
1.4: Improving Food Preparation and Quality	57,250,250.00	5,377,501.00	33,268,500.00	24,493,500.00	36,541,250.00	156,931,001.00
1.5: Improving Management of Food Security Crisis and Nutrition in Emergency	37,174,000.00	36,851,350.00	19,651,000.00	37,174,000.00	36,851,350.00	167,701,700.00
1.6: School-Based Strategies	3,433,500.00	21,730,000.00	3,433,500.00	21,730,000.00	-	50,327,000.00
Subtotal Result Area 1	595,181,420.00	263,163,251.00	499,383,370.00	328,241,200.00	524,756,970.00	2,210,726,211.00

RESULT AREA 2: ENHANCING CARE GIVING CAPACITY – N 6,551,741,000.00						
2.1: Ensure Optimal Nutrition in the First 1,000 Days of life.	501,584,700.00	501,189,700.00	501,189,700.00	501,189,700.00	501,189,700.00	2,506,343,500.00
2.2 Ensure Optimal Nutrition for the School Age Children	792,000,000.00	792,000,000.00	792,000,000.00	792,000,000.00	792,000,000.00	3,960,000,000.00
2.3 Ensure Optimal Nutrition for the Adolescent Age Group	4,537,500.00	4,537,500.00	4,537,500.00	4,537,500.00	4,537,500.00	22,687,500.00
2.4: Caring for the Socioeconomically Disadvantaged and Nutritionally Vulnerable	12,542,000.00	12,542,000.00	12,542,000.00	12,542,000.00	12,542,000.00	62,710,000.00
Subtotal Result Area 2	1,310,664,200.00	1,310,269,200.00	1,310,269,200.00	1,310,269,200.00	1,310,269,200.00	6,551,741,000.00
RESULT AREA 3: ENHANCING PROVISION OF QUALITY HEALTH SERVICES - N 2,508,016,500.00						
3.1: Reduce Morbidity and Mortality Associated with Malnutrition	44,150,000.00	41,290,000.00	41,290,000.00	41,290,000.00	41,290,000.00	209,310,000.00
3.2. Preventing and Managing Nutrition Related Diseases	144,532,500.00	144,532,500.00	144,532,500.00	144,532,500.00	144,532,500.00	722,662,500.00
3.3: Preventing Micronutrient Deficiency	229,545,000.00	229,545,000.00	229,545,000.00	229,545,000.00	229,545,000.00	1,147,725,000.00

3.4: Protecting the Consumer through Improved Food Quality and Safety	85,663,800.00	85,663,800.00	85,663,800.00	85,663,800.00	85,663,800.00	428,319,000.00
Subtotal Result Area 3	503,891,300.00	501,031,300.00	501,031,300.00	501,031,300.00	501,031,300.00	2,508,016,500.00
RESULT AREA 4: IMPROVING CAPACITY TO ADDRESS FOOD AND NUTRITION INSECURITY N 170,076,520.00						
4.1: Assessing, Analysing and Monitoring Nutrition Situations	36,655,902.00	27,469,902.00	27,469,902.00	36,655,902.00	27,469,902.00	155,721,510.00
4.2: Providing a Conducive Macro Economic Environment	1,557,002.00	1,557,002.00	1,557,002.00	1,557,002.00	1,557,002.00	7,785,010.00
4.3: Social Protection Programmes for the Vulnerable Groups	1,314,000.00	1,314,000.00	1,314,000.00	1,314,000.00	1,314,000.00	6,570,000.00
Subtotal Result Area 4	39,526,904.00	30,340,904.00	30,340,904.00	39,526,904.00	30,340,904.00	170,076,520.00
RESULT AREA 5: RAISING AWARENESS AND UNDERSTANDING OF PROBLEM OF MALNUTRITION IN KATSINA STATE - N 3,504,677,400.00						
5.1: Promote Advocacy, Communication and Knowledge Management on Social behavioural change	649,570,000.00	647,805,000.00	647,805,000.00	647,805,000.00	647,805,000.00	3,240,790,000.00
5.2: Promoting Healthy Lifestyles and Dietary habits	39,865,000.00	39,865,000.00	39,865,000.00	39,865,000.00	39,865,000.00	199,325,000.00
5.3: Research in Nutrition	16,440,000.00	10,560,800.00	10,560,800.00	10,560,800.00	16,440,000.00	64,562,400.00

Subtotal Result Area 5	705,875,000.00	698,230,800.00	698,230,800.00	698,230,800.00	704,110,000.00	3,504,677,400.00
RESULT AREA 6: RESOURCE ALLOCATION FOR FOOD AND NUTRITION SECURITY AT ALL LEVELS – N 81,300,000.00						
6.1: Resource allocation for Food and Nutrition Security at all levels	15,258,000.00	15,258,000.00	15,258,000.00	15,258,000.00	18,828,000.00	79,860,000.00
6.2: Incorporating nutrition objectives into MDAs development policies, plans and programmes	288,000.00	288,000.00	288,000.00	288,000.00	288,000.00	1,440,000.00
Subtotal Result Area 6	15,546,000.00	15,546,000.00	15,546,000.00	15,546,000.00	19,116,000.00	81,300,000.00

Table 3.3 Katsina State Plan for Action on Food and Nutrition Cost Matrix by MDAs

	SUMMARY COSTING MATRIX													
RESULT AREA	MINISTRIES, DEPARTMENTS AND AGENCIES (MDAs)													
	KTARDA	KTAPU	KTSCHMA	MALD	MBSE	MoBEP	MOE	MoH	MoHST	MoI	MoLG	SEMA	SPHCDA	Chambre of Commerce
1: FOOD AND NUTRITION SECURITY	992,175,210.00	43,081,500.00		267,339,200.00	50,327,000.00			76,464,000.00						
2: ENHANCING CAREGIVING CAPACTY			990,000,000					85,122,500				46,700,000	5,429,918,500	
3: ENHANCING PROVISION OF QUALITY HEALTH SERVICES						117,916,000		206,450,000		59,955,000			2,072,615,500	
4: IMPROVING CAPACITY TO ADDRESS FOOD AND NUTRITION INSECURITY						140,517,010	1,322,510						25,472,000	2,765,000
5: RAISING AWARENESS AND UNDERSTANDING ON PROBLEM OF MALNUTRITION IN KATSINA STATE				88,850,000		3,333,493,400		70,000,000	12,334,000					
6: RESOURCE ALLOCATION FOR FOOD AND NUTRITION SECURITY AT ALL LEVELS						79,860,000.00					1,440,000.00			
TOTAL >>>>	992,175,210	43,081,500	990,000,000	356,189,200	50,327,000	3,671,786,410	1,322,510	438,036,500	12,334,000	59,955,000	1,440,000	46,700,000	7,528,006,000	2,765,000
MDA	KTARDA	KTAPU	KTSCHMA	MALD	MBSE	MoBEP	MOE	MoH	MoHST	MoI	MoLG	SEMA	SPHCDA	Chamber of Commerce
Percentage Cost by MDA	6.99	0.30	6.97	2.51	0.35	25.87	0.01	3.09	0.09	0.42	0.01	0.33	53.04	0.02

CHAPTER FOUR

4.0 MONITORING AND EVALUATION, ACCOUNTABILITY AND LEARNING (MEAL)

4.1 Concept of MEAL

Monitoring and Evaluation, Accountability and Learning (MEAL) are part of everyday programme management, which are critical to the success of all projects. A MEAL system will allow the tracking of progress, make adjustments and discover any unplanned effects of programmes as well as evaluate the impact, the project has made on the lives of the beneficiaries. In addition to this, a MEAL system also helps us to be accountable to stakeholders through information sharing and developing a complaints or feedback mechanism, which can help to guide programme implementation. The KTSMSPAN will institute a MEAL system for providing accurate, reliable and timely information on the progress of implementation and reporting on how far the strategic objectives are met. Changes in the nutritional status of all Katsina state residents, especially women and children, as well as being accountable to the stakeholders including the donor Community. The KTSMSPAN MEAL system will have the following Objectives:

i. Collection of accurate, reliable and timely data to monitor the progress of implementation of the plan
ii. Systematically measure results, incorporate and document experiential learning
iii. Utilize effective feedback mechanisms to ensure greater accountability to program beneficiaries and key stakeholders
iv. Facilitate decisions based on evidence and learning that will lead to improvement in programme delivery
v. Sharing lessons learned with the stakeholders, development community and policymakers

4.2 Monitoring

KTSMSPAN implementation progress will be monitored through routine and on-going evaluation of activities in every sector. This will include monitoring and supportive supervision using the sectoral routine data collection and reporting system existing in all relevant MDAs as well as community level food and nutrition information and data collection system. There are several nutrition-relevant information systems, that collect nutrition-relevant routine data such as Food Security Early Warning System (FEWS), Consumer Price Index, State Health Management

Information System (SHMIS), Growth Monitoring and Promotion, Nutrition Surveillance, Education Management Information System (EMIS), Food Price Index, etc. This will be complemented with multi-sectoral annual review of operational achievements and progress, challenges of implementation, lessons learned and recommendations using such state platforms as SCFN meetings and Nutrition Week.

4.3 Evaluation

Evaluation of KTSMSPAN will rely on annual joint review meetings to evaluate performance in addition to annual and periodic surveys such as the National Health and Nutrition Survey (NNHS) and others including Multiple Indicator Cluster Survey (MICS) and National Demographic and Health Survey (NDHS).

Baseline data

The annual National Nutrition and Health Survey (NNHS, 2013, 2018) and Multiple Indicator Cluster Survey (MICS, 2017, 2021) was use to set baseline data. NDHS (2013, 2018) and the National Food Consumption and Nutrition Survey (2021) provides further information and data to fill the data gap for baseline.

Mid-Term Evaluation

For the purpose of mid-term evaluation, MICS (2025) and NNHS (2026) will be used to evaluate progress in the achievement of result. MoBEP and Development Partners will collaborate with the Katsina State Bureau of Statistics to ensure that critical indicators that are required to track the progress of implementation and result are included in the periodic health and nutrition survey (**M&E frameworks in Annex II**).

End Term Evaluation

National Demographic and Health Survey (2028) and NNHS (2028) will provide data that will serve the purpose of end of project evaluation. MoBEP management will need to make budgetary provision for establishing collaboration and partnerships with the relevant State and National data producing bodies such as the Katsina State Bureau of Statistics (KTSBS), the National Population Commission (NPC) in order to include some of the important data needed to measure progress of target achievement.

4.4 Accountability

The implementation of KTSMSPAN will demonstrate accountability to beneficiaries and stakeholders through generation of regular updates and reports on the progress of implementation. The MDAs will be required to adopt a reporting template with adjustments on peculiarities based on

their mandate. Opportunity to present such updates will use the existing platforms such as the Katsina State Committee on Food and Nutrition (KTSCFN). The MDAs and other stakeholders will be required to present and submit quarterly updates on the progress of implementation and result at the quarterly meetings of the SCFN by the Ministry of Planning and Budget. The quarterly (4) updates will be generated each year and will form the basis for an annual report.

4.5 Learning

KTSMSPAN will include learning by incorporating lessons learnt, recommendations and observations from accountability mechanism and joint review meetings into programme design. From a detailed trend analysis, observations are made followed by recommendations to re-design, fine-tune programmes and timelines of interventions aimed at different target groups

4.6 Monitoring and Evaluation (M&E) System

The M&E system will be established and domiciled in MoBEP with a robust food and nutrition information collection and management system. The M&E system will have a portal that will be horizontally link with the M&E unit of the relevant MDAs at the State level as well as vertical link with Planning, Research and Statistics (PRS) at the LGA level. It will provide information on how and to what extent progress is made towards achieving specified Strategic objectives and targets of the KTSMSPAN.

Data tools and instruments as well as guidelines for data collection and reporting will be developed for both quantitative and qualitative data by MoBEP M&E unit in collaboration with other Stakeholders especially the Donor Community and other levels of Government. Capacity building at inception and regular on-going training on data tools use, guidelines for data collection and analysis as well as reporting will be carried out for the M&E team and personnel at the State and LGA levels. There will be regular collection of data on activity indicators, output, and outcome, M&E report, through progress of implementation of KTSMSPAN will be monitored and evaluated while scorecards will be developed with lessons learnt.

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ANNEX I: KATSINA STATE GOVERNMENT 5-YEAR KTMSPFAN IMPLEMENTATION ACTIVITY INDICATIVE COST MATRIX

Activities	2024	2025	2026	2027	2028	Total
RESULT AREA 1. FOOD AND NUTRITION SECURITY						
Strategic Objective 1.1: Ensuring Food and Nutrition Security at the National, State, LGA, Community and Household						
1.1.1 Encourage and support integrated agriculture (crops, livestock ,poultry and aquaculture) through adoption of Good Agricultural Practices by smallholder farmers	47,104,970.00	-	47,104,970.00	-	47,104,970.00	141,314,910.00
1.1.2: Promote increased production of priority (nutrition sensitive) value chain crops (cereals, legumes, fruits, tubers and vegetables); livestock (cattle, sheep, poultry, goats etc.) products, across the State	50,384,400.00	50,384,400.00	50,384,400.00	50,384,400.00	50,384,400.00	251,922,000.00
1.1.3: Building the capacity and increasing the number of Agric Extension Workers and Lead farmers on GAP and MTP in Crop and Livestock.	7,360,000.00	-	7,360,000.00		7,360,000.00	22,080,000.00
1.1.4: Promotion of private sector engagement in agricultural value chains development	400,000.00	-	400,000.00	-	400,000.00	1,200,000.00

1.1.5: Sensitization on Seed multiplication at State, Community and Household levels.	9,894,000.00		9,894,000.00		9,894,000.00	29,682,000.00
1.1.6: Advocate for the provision of irrigation facilities for all season production of the food by farmers at State, Community and Household levels.	80,000.00	-	80,000.00	-	80,000.00	240,000.00
1.1.7: Promote commercial food production through cooperatives by empowering farmers' cooperatives	5,452,500.00		5,452,500.00		5,452,500.00	16,357,500.00
1.1.8: Encourage/Support the production of fruits and vegetables through interventions from government and private sector to women and youth groups at State, Community and Household levels.	14,360,500.00		14,360,500.00		14,360,500.00	43,081,500.00
1.1.9: Enhance access to finance for farmers especially women and youth for farm operations	150,000.00	150,000.00	150,000.00	150,000.00	150,000.00	750,000.00

1.1.10: Promote and scale-up climate smart and nutrition sensitive technologies of food production and processing among smallholder farmers	3,635,000.00		3,635,000.00		3,635,000.00	10,905,000.00
1.1.11:Improve Access to agricultural Markets	147,400,000.00	147,400,000.00	147,400,000.00	147,400,000.00	147,400,000.00	737,000,000.00
1.1.12: Promotion of urban agriculture such as bag farming, homestead and establishment of Green House at State, Community and Household levels.	8,334,000.00		-	-	8,334,000.00	16,668,000.00
Subtotal Objective 1.1	**294,555,370.00**	**197,934,400.00**	**286,221,370.00**	**197,934,400.00**	**294,555,370.00**	**1,271,200,910.00**
Strategy 1.2: Increasing Availability, Accessibility, Affordability and Sustainability to Food						
1.2.1 Development of market information and targeted agricultural commodity exchange platforms	15,689,300.00	-	-	15,689,300.00	-	15,689,300.00
1.2.2 Enhancement of buffer stock in order to reduced fluctuation in price of targeted commodities when the demand is high	25,600,000.00	-	-	25,600,000.00	-	25,600,000.00

1.2.3 Construction and rehabilitation of rural infrastructure including roads (Last mile connection)	135,000,000.00	-	135,000,000.00	-	135,000,000.00	405,000,000.00
1.2.4 Improve Farmers Access to Finance	500,000.00	500,000.00	500,000.00	500,000.00	500,000.00	2,000,000.00
1.2.5: Support the establishment of bio fortified crops among farms cross the State, Community and Household levels.	4,550,000.00			4,550,000.00	-	4,550,000.00
Subtotal Objective 1.2	**181,339,300.00**	**500,000.00**	**135,500,000.00**	**46,339,300.00**	**135,500,000.00**	**452,839,300.00**
Strategy 1.3: Improving Food Harvesting, Processing and Preservation						
1.3. 1: Build capacities of Agric Extension workers and lead farmers on climate smart harvesting, processing and storage technologies at the State, Community and Household levels.	20,709,000.00	-	20,709,000.00	-	20,709,000.00	62,127,000.00
1.3. 2: Demonstrate/ Promote improved harvesting, and processing technologies at the Community levels.	450,000.00	450,000.00	450,000.00	450,000.00	450,000.00	2,250,000.00
1.3.3: Demonstrate/ Promote improved storage & preservation technologies Hematic drums, Purdue	150,000.00	-	150,000.00	-	150,000.00	450,000.00

Improved Crop Storage (PICS), cold chains, shade drying, Solar dryers Equipment etc. for efficient preservation of food commodities.						
1.3. 4: Advocate for the construction of Silos for long-term storage in the Three Senatorial zones.	120,000.00	120,000.00	-	120,000.00	-	360,000.00
1.3. 5: Advocate for the provision of Small simple smoking kilns for small fish processors and farmers.	-	200,000.00	-	-	-	200,000.00
Subtotal Objective 1.3	21,429,000.00	770,000.00	21,309,000.00	570,000.00	21,309,000.00	65,387,000.00
Strategy 1.4: Improving Food Preparation and Quality						
1.4.1: Build capacity of Food processors, vendors on the quality and hygienic preparations of foods at the State, Community and Household levels.	19,116,000.00		19,116,000.00	19,116,000.00	19,116,000.00	76,464,000.00
1.4.2: Sensitization of women groups on best practices for food handling and safety practices at the State, Community and Household levels.	4,777,500.00	4,777,500.00	4,777,500.00	4,777,500.00	4,777,500.00	23,887,500.00
1.4.3:Enhance activities of Produce Inspection Unit in the State Ministry of Agriculture	3,272,750.00	-	-		3,272,750.00	6,545,500.00

1.4.4: Development and promotion of nutritionally adequate recipes from locally available food ingredients for all age groups at the State, Community and Household levels.	8,775,000.00	-	8,775,000.00	-	8,775,000.00	26,325,000.00
1.4.6. Carry out Sensitization/Advocacy to relevant MDAs/Women Groups on the need for periodic inspection of food preparation/wastes management in Restaurants, Bakeries, Eateries, and Food vendors	200,000.00	200,000.00	200,000.00	200,000.00	200,000.00	1,000,000.00
1.4.7. Carry out Advocacy to relevant MDAs/Food Processors and vendors on the need for Licensing of food processors and vendors	400,000.00	400,000.00	400,000.00	400,000.00	400,000.00	2,000,000.00
1.4.9: Capacity building on milk handling and milk hygiene among pastoralist communities	20,709,000.00	-	-	-	-	20,709,000.00
Subtotal Objective 1.4	**57,250,250.00**	**5,377,500.00**	**33,268,500.00**	**24,493,500.00**	**36,541,250.00**	**156,931,000.00**
Strategy 1.5: Improving Management of Food Security Crisis and Nutrition in Emergency						

1.5.1 Conduct a baseline on the Nutrition-in-emergency needs in the state.	4,466,000.00	4,466,000.00	4,466,000.00	4,466,000.00	4,466,000.00	22,330,000.00
1.5.2. Carry out advocacy to State Emergency Management Agency on nutrition in emergency in vulnerable areas.	80,000.00	80,000.00	80,000.00	80,000.00	80,000.00	400,000.00
1.5.3: Conduct capacity-building workshops to Agric Extension workers on Nutrition-in-emergency in Vulnerable areas.	17,523,000.00	-	-	17,523,000.00	-	35,046,000.00
1.5.6: Organize sensitization campaigns on the use of available storage facilities including strategic food and grain reserve by farmers at State, Community and LGAs	-	4,750,350.00	-	-	4,750,350.00	9,500,700.00
1.5.7: Carryout advocacy's to relevant stakeholders for the construction of food aggregation centres for emergencies across the state.	-	12,450,000.00	-	-	12,450,000.00	24,900,000.00

1.5.8 Reduce farmer-herder conflicts through advocacy, development of Grazing Reserves and improvement of fodder production	15,105,000.00	15,105,000.00	15,105,000.00	15,105,000.00	15,105,000.00	75,525,000.00
Subtotal Objective 1.5	**37,174,000.00**	**36,851,350.00**	**19,651,000.00**	**37,174,000.00**	**36,851,350.00**	**167,701,700.00**
Strategy 1.6: School-Based Strategies						
Advocating for the review the curriculum in early child care to incorporate nutrition education at primary and secondary schools	1,700,000.00	-	1,700,000.00	-	-	3,400,000.00
Advocate for the school feeding programmes in all early child care and primary schools	1,733,500.00	-	1,733,500.00	-	-	3,467,000.00
Conduct sensitization programme to support the establishment of school gardens and the use of simple farm tools to complement the school feeding Program	-	21,730,000.00	-	21,730,000.00	-	43,460,000.00
Subtotal Objective 1.6	**3,433,500.00**	**21,730,000.00**	**3,433,500.00**	**21,730,000.00**	**-**	**50,327,000.00**
TOTAL RESULT AREA 1						**2,210,726,210.00**
RESULT AREA 2: ENHANCING CAREGIVING CAPACITY						
Strategic Objective 2.1 Ensure Optimal Nutrition in the First 1,000 Days of life						

2.1.1 Advocate for legislation of the prolongation of paid maternity leave from 3 to 6 months	395,000.00	-	-	-	-	395,000.00
2.1.2 conduct state wide sensitization of various stakeholders (68 District Heads + 136 Imams) on importance of exclusive breast feeding	4,712,000.00	4,712,000.00	4,712,000.00	4,712,000.00	4,712,000.00	23,560,000.00
2.1.4 Sustain On-going Iron-folic acid supplementation for pregnant women	11,925,000.00	11,925,000.00	11,925,000.00	11,925,000.00	11,925,000.00	59,625,000.00
2.1.5 Sustain on-going vitamin A supplementation during MNCHW and routine services for under-5 children	191,848,200.00	191,848,200.00	191,848,200.00	191,848,200.00	191,848,200.00	959,241,000.00
2.1.6 Provision of counselling tools to sustain on-going activities to promote women's nutritional status through Dietary Counselling during ANC and GMP for Adolescents, Pregnant and Lactating mother	138,896,000.00	138,896,000.00	138,896,000.00	138,896,000.00	138,896,000.00	694,480,000.00
2.1.7 Sensitization of activities to promote early initiation of breastfeeding within the first 30 minutes of delivery	11,638,000.00	11,638,000.00	11,638,000.00	11,638,000.00	11,638,000.00	58,190,000.00

2.1.10 Establishment of Baby Friendly Centres at health facilities, both public and private (68 HFs each year)	3,400,000.00	3,400,000.00	3,400,000.00	3,400,000.00	3,400,000.00	17,000,000.00
2.1.11 Scale up of food demonstration corners in both public and private health facilities (68 HFs each year)	3,400,000.00	3,400,000.00	3,400,000.00	3,400,000.00	3,400,000.00	17,000,000.00
2.1.12 Scale up C-MIYCN training/counselling for optimal maternal infant and young child nutrition	3,162,000.00	3,162,000.00	3,162,000.00	3,162,000.00	3,162,000.00	15,810,000.00
2.1.13 Establishment of crèches in all workplaces having more than 10 women in public and private sectors to promote Exclusive Breastfeeding.	21,375,000.00	21,375,000.00	21,375,000.00	21,375,000.00	21,375,000.00	106,875,000.00
2.1.14 Conduct Social and Behaviour Change Communication (SBCC) activities on MIYCN targeted at pregnant women, and caregivers at the health facilities	42,000,000.00	42,000,000.00	42,000,000.00	42,000,000.00	42,000,000.00	210,000,000.00
2.1.15 Conduct Social and Behaviour Change Communication (SBCC) activities on MIYCN targeted at pregnant women, and caregivers at the communities	11,850,000.00	11,850,000.00	11,850,000.00	11,850,000.00	11,850,000.00	59,250,000.00

2.1.16 Conduct Social and Behaviour Change Communication (SBCC) activities on MIYCN through multimedia	24,000,000.00	24,000,000.00	24,000,000.00	24,000,000.00	24,000,000.00	120,000,000.00
2.1.17 Production and distribution of IEC materials on SBCC	1,668,500.00	1,668,500.00	1,668,500.00	1,668,500.00	1,668,500.00	8,342,500.00
2.1.18 Promote and sustain periodic campaigns aimed at men involvement in MIYCN at community level	16,000,000.00	16,000,000.00	16,000,000.00	16,000,000.00	16,000,000.00	80,000,000.00
2.1.19 Train Emergency Stakeholders on mainstreaming MIYCN targeted at the vulnerable groups in Emergency Situations	9,340,000.00	9,340,000.00	9,340,000.00	9,340,000.00	9,340,000.00	46,700,000.00
2.1.20 Celebrate World Breastfeeding Week and Nutrition week in collaboration with stakeholders	5,975,000.00	5,975,000.00	5,975,000.00	5,975,000.00	5,975,000.00	29,875,000.00
Subtotal Objective 2.1	**501,584,700.00**	**501,189,700.00**	**501,189,700.00**	**501,189,700.00**	**501,189,700.00**	**2,506,343,500.00**
2.2 Ensure Optimal Nutrition for the School Age Children						
2.2.1 Enrolment of vulnerable pregnant and lactating categories in KTSCHMA scheme to	198,000,000.00	198,000,000.00	198,000,000.00	198,000,000.00	198,000,000.00	990,000,000.00

reduce out of pocket expenses						
2.2.2 Conditional cash transfer programme to support pregnant and lactating mothers	594,000,000.00	594,000,000.00	594,000,000.00	594,000,000.00	594,000,000.00	2,970,000,000.00
Subtotal Objective 2.2	**792,000,000.00**	**792,000,000.00**	**792,000,000.00**	**792,000,000.00**	**792,000,000.00**	**3,960,000,000.00**
2.3 Ensure Optimal Nutrition for the Adolescent Age Group						
2.3.1. Conduct Social and Behaviour Change activities on MIYCN targeted at adolescents in schools and communities; community-based nutrition peer groups to address micro-nutrient deficiencies and issues of overweight and obesity	4,537,500.00	4,537,500.00	4,537,500.00	4,537,500.00	4,537,500.00	22,687,500.00
Subtotal Objective 2.3	**4,537,500.00**	**4,537,500.00**	**4,537,500.00**	**4,537,500.00**	**4,537,500.00**	**22,687,500.00**
2.4 Care for the Socioeconomically Disadvantaged and Nutritionally Vulnerable						0.00
2.4. 1. Engage traditional, religious and opinion leaders to support community level action in nutritional care for vulnerable groups	4,590,000.00	4,590,000.00	4,590,000.00	4,590,000.00	4,590,000.00	22,950,000.00
2.4.2.Train caregivers in orphanages in the State on assessment of nutritional status and appropriate MIYCN practices	7,952,000.00	7,952,000.00	7,952,000.00	7,952,000.00	7,952,000.00	39,760,000.00
Subtotal Objective 2.4	**12,542,000.00**	**12,542,000.00**	**12,542,000.00**	**12,542,000.00**	**12,542,000.00**	**62,710,000.00**

TOTAL RESULT AREA 2						**6,551,741,000.00**
RESULT AREA 3: ENHANCING PROVISION OF QUALITY HEALTH SERVICES						
Strategic Objective 3.1: Reduce Morbidity and Mortality Associated with Malnutrition						
3.4. 1. Domesticate National Quality and Safety guidelines for food handlers in the state and training of food handlers on the guidelines	2,860,000.00	-	-	-	-	2,860,000.00
3.4. 2. Conduct state-wide media campaigns on nutrition and consumer education to improve food quality and safety	41,290,000.00	41,290,000.00	41,290,000.00	41,290,000.00	41,290,000.00	206,450,000.00
Subtotal Objective 3.1	**44,150,000.00**	**41,290,000.00**	**41,290,000.00**	**41,290,000.00**	**41,290,000.00**	**209,310,000.00**
3.2 Preventing and Managing Nutrition Related Diseases						
3.2. 1. Provide Diet Related Non-Communicable Diseases (DRNCD) information to the general public on modifiable risk factors	41,290,000.00	41,290,000.00	41,290,000.00	41,290,000.00	41,290,000.00	206,450,000.00
3.2.2. Train health workers on prevention and nutritional management of DRNCD at health facilities	18,430,000.00	18,430,000.00	18,430,000.00	18,430,000.00	18,430,000.00	92,150,000.00

3.2. 3. Organize mass mobilization including town hall meetings with community stakeholders on necessary actions to prevent malnutrition and diarrhoea in communities	4,590,000.00	4,590,000.00	4,590,000.00	4,590,000.00	4,590,000.00	22,950,000.00
3.2.4. Organize facility and community-based food demonstration sessions with PLWs to educate them on 4-star/5-star food combination	80,222,500.00	80,222,500.00	80,222,500.00	80,222,500.00	80,222,500.00	401,112,500.00
Subtotal Objective 3.2	**144,532,500.00**	**144,532,500.00**	**144,532,500.00**	**144,532,500.00**	**144,532,500.00**	**722,662,500.00**
3.3 Preventing Micronutrient Deficiency						
3.3. 1. Procure and distribute Zinc and L -ORS, de-worming tablet for MNCHW and routine services	218,250,000.00	218,250,000.00	218,250,000.00	218,250,000.00	218250000	1,091,250,000.00
3.3. 2. Promote social and behavioural change (SBC) to encourage appropriate food choices that favour consumption of micronutrient-rich foods	6,260,000.00	6,260,000.00	6,260,000.00	6,260,000.00	6260000	31,300,000.00
3.3.3. Train health workers on tom brown (Garin Lafiya) production and home gardening to improve dietary diversity and	5,035,000.00	5,035,000.00	5,035,000.00	5,035,000.00	5035000	25,175,000.00

consumption of micronutrient-rich foods						
Subtotal Objective 3.3	**229,545,000.00**	**229,545,000.00**	**229,545,000.00**	**229,545,000.00**	**229,545,000.00**	**1,147,725,000.00**
3.4. Protecting the Consumer through Improved Food Quality and Safety						
3.4. 1. Domesticate National Quality and Safety guidelines for food handlers in the state and training of food handlers on the guidelines	3,935,600.00	3,935,600.00	3,935,600.00	3,935,600.00	3,935,600.00	19,678,000.00
3.4. 2. Introduction of safe practices on food storage and preservation	23,583,200.00	23,583,200.00	23,583,200.00	23,583,200.00	23,583,200.00	117,916,000.00
3.4. 3. Conduct state-wide media campaigns on nutrition and consumer education to improve food quality and safety	11,991,000.00	11,991,000.00	11,991,000.00	11,991,000.00	11,991,000.00	59,955,000.00
3.4. 4. Strengthen the registration and Licensing of food handlers/food operators along the food chain in the State and LGAs	10,216,000.00	10,216,000.00	10,216,000.00	10,216,000.00	10,216,000.00	51,080,000.00
3.4. 5. Strengthen monitoring of compliance to food safety standards at LGAs	35,938,000.00	35,938,000.00	35,938,000.00	35,938,000.00	35,938,000.00	179,690,000.00
Subtotal Objective 3.4	**85,663,800.00**	**85,663,800.00**	**85,663,800.00**	**85,663,800.00**	**85,663,800.00**	**428,319,000.00**

Total Result Area 3						**2,508,016,500.00**
RESULT AREA 4						
4.1. Assessing , Analysing and Monitoring of Nutrition Situations						
4.1.1. Conduct Nutrition Assessment at Community level in the State.	9,186,000.00	-	-	9,186,000.00	-	18,372,000.00
4.1. 2. Establish community-based groups to monitor healthy growth, detect child growth faltering, and recommend appropriate actions	1,420,000.00	1,420,000.00	1,420,000.00	1,420,000.00	1,420,000.00	7,100,000.00
4.1. 4. Conduct training and retraining of State and Community Based Agencies and Organizations that are involved in planning and implementation of food and nutrition programmes and activities.	3,186,000.00	3,186,000.00	3,186,000.00	3,186,000.00	3,186,000.00	15,930,000.00
4.1. 5. Institute/strengthen mechanism for regular review of nutrition curricular in primary, secondary, tertiary and vocational institutions	264,502.00	264,502.00	264,502.00	264,502.00	264,502.00	1,322,510.00

4.1. 6. Conduct training and re-training of Nutrition Desk Officers, LGA Nutrition Focal Persons and other relevant service providers to improve their capacity on nutrition budget preparation	8,690,000.00	8,690,000.00	8,690,000.00	8,690,000.00	8,690,000.00	43,450,000.00
4.1. 8. Establish working groups and sub committees to aid the operational efficiency and effectiveness of the SCFN.	3,341,400.00	3,341,400.00	3,341,400.00	3,341,400.00	3,341,400.00	16,707,000.00
4.1.9. Conduct Quarterly Coordination Meetings of the SCFN	10,568,000.00	10,568,000.00	10,568,000.00	10,568,000.00	10,568,000.00	52,840,000.00
Subtotal Objective 4.1	**36,655,902.00**	**27,469,902.00**	**27,469,902.00**	**36,655,902.00**	**27,469,902.00**	**155,721,510.00**
4. 2. Providing a Conducive Macro Economic Environment						
4.3.2 Integrating nutritional issues into Katsina State Development Plan with sector strategic objectives and annual operational plan	264,502.00	264,502.00	264,502.00	264,502.00	264,502.00	1,322,510.00
4.2.3. Advocacy for Increased social-sector and private sector investments in Food and Nutrition	288,000.00	288,000.00	288,000.00	288,000.00	288,000.00	1,440,000.00

4.2. 4. Promote productive capacity through encouraging private sector engagement in food and nutrition related investment (Promote Private Sector Investment Capacity in Food and Nutrition Engagement)	553,000.00	553,000.00	553,000.00	553,000.00	553,000.00	2,765,000.00
4.2. 5. Provide an enabling environment to attract private sector investment in the production of complementary foods for local consumption.	451,500.00	451,500.00	451,500.00	451,500.00	451,500.00	2,257,500.00
Subtotal Objective 4.2	**1,557,002.00**	**1,557,002.00**	**1,557,002.00**	**1,557,002.00**	**1,557,002.00**	**7,785,010.00**
4.3. Social Protection Programmes for the Vulnerable Groups						
To conduct Midyear Review of implementation of the Nutrition activities	508,000.00	508,000.00	508,000.00	508,000.00	508,000	2,540,000.00
To conduct End year Review of implementation of the Nutrition activities	806,000.00	806,000.00	806,000.00	806,000.00	806,000	4,030,000.00
Subtotal Objective 4.3	**1,314,000.00**	**1,314,000.00**	**1,314,000.00**	**1,314,000.00**	**1,314,000.00**	**6,570,000.00**
TOTAL RESULT AREA 4						**170,076,520.00**
RESULT AREA 5. RAISING AWARENESS AND UNDERSTANDING OF PROBLEM OF MALNUTRITION IN KATSINA STATE						

5. 1 Promote Advocacy, Communication and Social Mobilization						
5.1. 1. Develop a State Advocacy and Social Mobilization Strategy for food and nutrition to stakeholders.	3,530,000.00	1,765,000.00	1,765,000.00	1,765,000.00	1,765,000.00	10,590,000.00
5.1. 2 Sustain advocacy to policymakers at all levels for resource Mobilization for food and nutrition activities	9,220,000.00	9,220,000.00	9,220,000.00	9,220,000.00	9,220,000.00	46,100,000.00
5.1. 3. Promote Behaviour Change Communication (BCC) for better understanding of food and nutrition security problems for improved food and nutrition practices	87,060,000.00	87,060,000.00	87,060,000.00	87,060,000.00	87,060,000.00	435,300,000.00
5.1. 4. Promote the design and production of harmonised, appropriate BCC materials for use and distribution at the state, Local and Ward levels	109,000,000.00	109,000,000.00	109,000,000.00	109,000,000.00	109,000,000.00	545,000,000.00
5.1. 5. Promote and strengthen nutrition education for all age groups, CBOs through multimedia communication approaches	221,900,000.00	221,900,000.00	221,900,000.00	221,900,000.00	221,900,000.00	1,109,500,000.00

5.1. 6.Create awareness on problems of malnutrition using the mass and social media (such as radio, TV drama, film documentaries, home video, viewing centres, town hall meetings and presentations by advocacy groups, and posters in Hausa language).	218,860,000.00	218,860,000.00	218,860,000.00	218,860,000.00	218,860,000.00	1,094,300,000.00
Subtotal Objective 5.1	**649570000**	**647805000**	**647805000**	**647805000**	**647805000**	**3,240,790,000.00**
5.2 Promoting Healthy Lifestyles and Dietary habits						
5.2.1. Promote good dietary habits and healthy lifestyles for all age groups through appropriate social marketing and communication strategies.	3,500,000.00	3,500,000.00	3,500,000.00	3,500,000.00	3,500,000.00	17,500,000.00
5.2. 2. Support the design and implementation of appropriate community-based nutrition education programmes.	6,632,000.00	6,632,000.00	6,632,000.00	6,632,000.00	6,632,000.00	33,160,000.00
5.2.3 Develop appropriate food-based dietary guidelines for healthy living	12,683,000.00	12,683,000.00	12,683,000.00	12,683,000.00	12,683,000.00	63,415,000.00

5.2. 4. Promote healthy eating habits to reduce the incidence of non-communicable diseases such as diabetes, hypertension, and other cardiovascular disorders, etc. (reduction of salt and sugar intake, preparation methods to reduce fat intake, etc.)	3,050,000.00	3,050,000.00	3,050,000.00	3,050,000.00	3,050,000.00	15,250,000.00
5.2.5 Promote regular physical exercise and periodic medical check-ups for nutrition-related, non-communicable diseases.	14,000,000.00	14,000,000.00	14,000,000.00	14,000,000.00	14,000,000.00	70,000,000.00
Subtotal Objective 5.2	**39,865,000.00**	**39,865,000.00**	**39,865,000.00**	**39,865,000.00**	**39,865,000.00**	**199,325,000.00**
5.3 Research in Nutrition						
5.3. 1. Promote research and development of locally available staple diets and use of underutilized crops for improved utilization	2,466,800.00	2,466,800.00	2,466,800.00	2,466,800.00	2,466,800.00	12,334,000.00
5.3. 2.Produce a complete food composition table for locally available food and agricultural produce (raw, processed, and prepared).	1,070,000.00	1,070,000.00	1,070,000.00	1,070,000.00	1,070,000.00	5,350,000.00

5. 3.3 Promote, support, and disseminate research findings on food processing and preservation technologies for adaptation at the village and household levels.	1,878,000.00	1,878,000.00	1,878,000.00	1,878,000.00	1,878,000.00	9,390,000.00
5.3.4 Promote research on local food fortification.	3,484,000.00	3,484,000.00	3,484,000.00	3,484,000.00	3,484,000.00	17,420,000.00
5.3.5 Promote collaborative programme implementation operations research to enhance programme outcomes.	1,662,000.00	1,662,000.00	1,662,000.00	1,662,000.00	1,662,000.00	8,310,000.00
5.3.6 Engage in periodic conduct of food consumption and nutrition Survey to track policy impact	5,879,200.00	-	-	-	5,879,200.00	11,758,400.00
Subtotal Objective 5.3	**16,440,000.00**	**10,560,800.00**	**10,560,800.00**	**10,560,800.00**	**16,440,000.00**	**64,562,400.00**
TOTAL RESULT AREA 5						**3,504,677,400.00**
RESULT AREA 6. RESOURCE ALLOCATION FOR FOOD AND NUTRITION SECURITY AT ALL LEVELS						
6.1.1 Advocate for Resource Mobilization on Food and Nutrition Security at all levels	288,000.00	288,000.00	288,000.00	288,000.00	288,000.00	1,440,000.00
6.1.2. Advocacy for timely release of funds Nutrition activities in the State	576,000.00	576,000.00	576,000.00	576,000.00	576,000.00	2,880,000.00

6.1.3. Conduct of capacity building to SCFN Members on their roles and responsibilities for effective management and implementation of food and nutrition activities in the state.	4,800,000.00	4,800,000.00	4,800,000.00	4,800,000.00	4,800,000.00	24,000,000.00
6.1.4 Use of NGF/SUN Developed Appraisal tool and Score Card on lessons learnt for Budget tracking on the implementation of Nutrition Programmes in the line MDAs	3,160,000.00	3,160,000.00	3,160,000.00	3,160,000.00	3,160,000.00	15,800,000.00
6.1.5 Organize biannual Nutrition Partners meetings at all levels	622,000.00	622,000.00	622,000.00	622,000.00	622,000.00	3,110,000.00
6.1.6. Conduct of quarterly SCFN meetings on Food and nutrition	5,236,000.00	5,236,000.00	5,236,000.00	5,236,000.00	5,236,000.00	26,180,000.00
6.1.7 Disseminate the reviewed State policy on Food and Nutrition and the strategic Plan at the State	-	-	-	-	3,570,000.00	3,570,000.00
6.1.8. Advocate for the Creation of budget lines on food and nutrition activities in LGAs.	288,000.00	288,000.00	288,000.00	288,000.00	288,000.00	1,440,000.00
6.1.9 Advocacy and Sensitization on overview of Nutrition Situation in the State and why is considered	288,000.00	288,000.00	288,000.00	288,000.00	288,000.00	1,440,000.00

as internationally a developmental challenge and should accord priority in setting-up Government agenda.						
Subtotal Objective 6.1	**15258000**	**15258000**	**15258000**	**15258000**	**18828000**	**79860000**
6.2 Incorporating nutrition objectives into MDAs development policies, plans and programmes						
6.2.1 Build synergy and collaboration between Government and Development partners to facilitate more investment in nutrition	288,000.00	288,000.00	288,000.00	288,000.00	288,000.00	1,440,000.00
Subtotal Objective 6.2	**288,000.00**	**288,000.00**	**288,000.00**	**288,000.00**	**288,000.00**	**1,440,000.00**
TOTAL RESULT 6						**81,300,000.00**
GRAND TOTAL						**15,026,537,630.00**

Annex II: Consolidated MNSPAN Logical Framework and Action Plan

KATSINA STATE PLAN FOR ACTION ON FOOD AND NUTRITION (2024 - 2028) COSTING MATRIX						
Vision Statement: A State where the people are equitably food and nutrition-secure, with high quality of life and socio economic development contributing to human capital development objectives of Katsina State by 2028.						
Goal: To attain optimal nutritional status for Katsina State residents, with particular emphasis on the most vulnerable groups such as children, adolescents, women, elderly, and groups with special nutritional needs.						
Result Area 1: Food and Nutrition Security						
Objective: To improve food security at the State, local Government, community and Household levels.						
Target: Reduce the proportion of people who suffer hunger and malnutrition by 38% by 2028						
S/NO	**Intervention Narrative**	**Activities Narrative**	**Indicators**	**EXPECTED OUTPUT**	**Responsible MDA**	**Collaborating MDA (s)**
1	**1. Ensuring Food and Nutrition Security at the State, Community and Household levels**	1.1.1 Encourage and support integrated agriculture (crops, livestock ,poultry and aquaculture) through adoption of Good Agricultural Practices by smallholder farmers	1. No of farmers who have adopted GAP 2.Percentage Increase in Yield 3. No. of MTPs Established per Production Cycle	Production of food by farmers promoted	KTARDA	FADAMA, IFAD, FMARD, MANR and Academia

2		1.1.2: Promote increased production of priority (nutrition sensitive) value chain crops (cereals, legumes, fruits, tubers and vegetables); livestock (cattle, sheep, poultry, goats etc.) products, across the State	1. No of nutrition sensitive crops promoted 2. No. of Livestock products uprooted 3. Number of smallholders supported	production of nutrition sensitive foods rich in nutritional value promoted	KTARDA	FADAMA, IFAD, FMARD, MANR and Academia
3		1.1.3: Building the capacity and increasing the number of Agric Extension Workers and Lead farmers on GAP and MTP in Crop and Livestock.	1. Number Extension workers recruited 2. Number of Trained Agric Extension workers in GAP and MTPs	Additional extension workers recruited and trained	KTARD & MANR,	FADAMA, IFAD, FMARD, MANR and Academia
4		1.1.4: Promotion of private sector engagement in agricultural value chains development	1. Number of private sectors service providers engaged	1. Agric Extension Officers trained on improved techniques of crop and animal production 2. training sessions carried out	KTARDA/MANR,	FADAMA, IFAD, FMARD, KIPA & MANR
5		1.1.5: Sensitization on Seed multiplication at State, Community and Household levels.	1. Number of Communities/Households Sensitized	Production of bio fortified food crops increased.	MANR, KTARDA	IFAD, FADAMA, FMARD, Min. of Information and Academia
6		1.1.6: Advocate for the provision of irrigation facilities for all season production of the food by farmers at State, Community and Household levels.	1. Number of Advocacy's carried out	More irrigation facilities provided	Irrigation Department & MANR,	NOA,Radio & TV Stations, Min of Information, SCOs KNARDA, FADAMA and Academia

7		1.1.7: Promote commercial food production through cooperatives by empowering farmers' cooperatives	1. No of farmers' cooperatives registered. 2. No of farmers' cooperatives empowered. 3. No of private commercial farmers reached	Commercial food production promoted	KTARDA	MANR, KTARDA Ministry of Commerce and Industry, FADAMA
8		1.1.8: Encourage/Support the production of fruits and vegetables through interventions from government and private sector to women and youth groups at State, Community and Household levels.	1. Number of Women and Youths supported 2. Volume of Vegetables and fruits produced in the State	Home gardening improved	Department of Forestry, KTAPU, & MANR,	IFAD, FMARD, KTARDA and Academia
9		1.1.9: Enhance access to finance for farmers especially women and youth for farm operations	1. No of women and youth farmers accessing finances. 3. Volume of finance accessed	Farmers'Access to Finance improved	KTARDA & MANR,	KNARDA Ministry of Finance; Ministry of Commerce and industry; BOA, Commercial Bank , Micro-finance banks & DESI
10		1.1.10: Promote and scale-up climate smart and nutrition sensitive technologies of food production and processing among smallholder farmers	1. Number of Climate Smart & Nutrition sensitive Technologies promoted 2. Number of farmers adopting Climate Smart & Nutrition sensitive Technologies	Climate Smart agriculture Promoted	KTARDA	IFAD, FADAMA, DESI, MANR & FMARD and Academia

11		1.1.11:Improve Access to agricultural Markets	1. Number of Agricultural Markets provided with infrastructure	Market access roads constructed	MANR,	KNARDA ,Ministry of Finance; Ministry of Commerce and industry; BOA, Commercial Bank , Micro-finance banks, DESI
12		1.1.13: Promotion of urban agriculture such as bag farming, homestead and establishment of Green House at State, Community and Household levels.	1. Number of Training, seminars/workshops carried out 2. No of homestead farms established by farmers	Food banks established	KTARDA	KTARDA, MNAR, & DESI and Academia
13	**2. Increasing Availability, Accessibility and Affordability of Food**	2.1.1 Development of market information and targeted agricultural commodity exchange platforms	1. Market Information System Developed 2. Number of Households with access to market information 3. Number of Commodity Exchange platforms developed		KTARDA	KIPA, MoC&I, MNAR & MoW&A and Academia
14		2.1.2 Enhancement of buffer stock in order to reduced fluctuation in price of targeted commodities when the demand is high	1 Number Grain Stores Established 2.Reduction in targeted commodity prices variations within markets		MANR,	Min. of Information KNARDA, KIPA, & MoC&I

15		2.1.3 Construction and rehabilitation of rural infrastructure including roads (Last mile connection)	1. Number of rural communities linked to markets 2. Number of Rural ads Rehabilitated and Newly Constructed		KTARDA	MANR, RAAMP, KASROMA, IFAD & KTARDA
16		2.1.4 Improve Farmers Access to Finance	1. Number of farmers linked to financial Institutions		MANR	KTARDA, DESI, KIPA.FADAMA ,IFAD, BOA, CBN, Micro Finance Banks
17		1.2. 5: Support the establishment of biofortified crops among farms cross the State, Community and Household levels.	1. Number of biofortified crops adopted by farmer 2. Number of biofortified farms established.		MANR	FMARD, Research Institutes, Development Partners and Academia
18	**3. Improving Food Harvesting, Processing and Preservation**	1.3. 1: Build capacities of Agric Extension workers and lead farmers on climate smart harvesting, processing and storage technologies at the State, Community and Household levels.	1. Number of trainings conducted 2. Number of Agric extension workers and lead farmers trained.		MANR, KTARDA	IFAD,FADAMA, Research Institutes & Development Partners, & KTARDA and Academia
19		1.3. 2: Demonstrate/ Promote improved harvesting, and processing technologies at the Community levels.	1. Number of technologies demonstrated 2. Number of farmers adopting technologies 3. % Reduction in volume of post-harvest loss	Small-holder farmers trained on new technologies for harvesting, processing and preservation of crops, vegetables, fisheries and livestock.	KNARDA	IFAD, FADAMA, IAR ABU, CDA BUK, IITA, TECH Incubation Center, NSPRI & Development Partners and

						HUKPOLY polytechnic, IKCOE D/ma, UMYUK.
20		1.3.3: Demonstrate/ Promote improved storage & preservation technologies Hematic drums, Purdue Improved Crop Storage (PICS), cold chains, shade drying, Solar dryers Equipment etc. for efficient preservation of food commodities.	1. Number of technologies demonstrated 2. Number of farmers adopting technologies 3. % Reduction in volume of food wastages	Agric Extension workers trained on adequate dissemination of environmentally friend agricultural technologies.	KTARDA	MANR, IITA, Institute of Agricutural Produce Management, IAR/ABU, CDA/BUK
21		1.3. 4: Advocate for the construction of Silos for long term storage in the Three Senatorial zones.	1. Number of Silos constructed	Capacity building workshops conducted to farmers across the state on appropriate use of organic fertilizers and pesticides	MANR, KIPA	AXON,NSPRI, Commodity Associations
22		1.3. 5: Advocate for the provision of Small simple smoking kilns for small fish processors and farmers.	1. Number of smoking kilns provided 2. Number of fish farmers and processors reached		MANR & DESI	TECH Incubation Center, NSPRI, FMARD, Academia, FISON

23	**4. Improving Food Preparation and Quality**	1.4.1: Build capacity of Food processors, vendors on the quality and hygienic preparations of foods at the State, Community and Household levels.	1. Number of trainings conducted 2. Number of Food processors & Vendors trained		MoH,	MB&SEnv NAFDAC, Nigerian Institute of Food Science and Technology Council (NIFST) KTSCFN, MANR, Academia
24		1.4.2: Sensitization of women groups on best practices for food handling and safety practices at the State, Community and Household levels.	1. Number of sensitization seminars/workshops carried out 2. Number of Communities covered	Households & women food processing improved	KTARDA	NAFDAC; NIFST; KTSCFN, WOFAN, NOA, MANR, Development Partners, Academia
25		1.4.3: Enhance activities of Produce Inspection Unit in the State Ministry of Agriculture	1. Activities of the Produce Inspection Unit enhanced	Community & Household food handling improved	MANR	NAFDAC; NIFST , NOA & KTSCFN
26		1.4.4: Development and promotion of nutritionally adequate recipes from locally available food ingredients for all age groups at the State, Community and Household levels.	1. Number of recipes developed	Produce Quality Improved	KTARDA	MANR, KTSCFN, Ministry of Health; HEI; NIFST, Academia

27		1.4.5. Carry out Sensitization/Advocacy to relevant MDAs/Women Groups on the need for periodic inspection of food preparation/wastes management in Restaurants, Bakeries, Eateries, and Food vendors	1. Number of advocacy's/Sensitizations carried out 2.Number of inspection carried out	Nutritionally adequate recipes from locally available food ingredients Produced	MANR	NAFDAC; HEI; NIFST, NOA, MoI, State Media Houses, KTSFCN, Academia
28		1.4.6. Carry out Advocacy to relevant MDAs/Food Processors and vendors on the need for Licensing of food processors and vendors	1. Number of advocacy's carried out 2. Number of licenses issue 3. Number of food processors and vendors registered	Safe practices for food waste disposal adopted	MANR	NAFDAC; HEI; NIFST, NOA, MoI, State Media Houses, KTSFCN, Academia
29		1.4.7: Capacity building on milk handling and milk hygiene among pastoralist communities	1. No. of Pastoralists Communities trained	Relevant MDAs Sensitized	MANR	NAFDAC; HEI; NIFST, NOA, MoI, State Media Houses, KTSFCN, Department of Livestock AND Grazing Reserve, Academia
30	**5 Improving Management of Food-Security Crisis and Nutrition-in-Emergency**	1.5.1 Conduct a baseline on the Nutrition-in-emergency needs in the state.	1. Number of Baseline survey carried out	Food processors and Vendors licensed	KTARDA	MANR, and Partners, NOA, MoI, State Media Houses, CSO and Academia

31		1.5.2. Carry out Advocacy to State Emergency Management Agency on Nutrition-in-emergency in Vulnerable areas.	1. Number of advocacy's carried out	Food processors and Vendors licensed	MANR	MANR, and Partners, NOA, MoI, State Media Houses, CSO
32		1.5.3: Conduct capacity building workshops to Agric Extension workers on Nutrition-in-emergency in Vulnerable areas.	1. Number of workshops conducted 2. Number Agric Extension Agent/ workers trained	Milk handling and Milk hygiene improved	KTARDA	MANR, and Partners, NOA, MoI, State Media Houses, CSO and Academia
33		1.5.4: Organize sensitization campaigns on the use of available storage facilities including strategic food and grain reserve by farmers at State, Community and LGAs	1. No of campaigns carried out 2. Number of people reached by the campaigns	Baseline Report produced	MANR	KTSCFN, Partners, KIPA,
34		1.5.5: Carryout advocacy's to relevant stakeholders for the construction of food aggregation centers for emergencies across the state.	1. Number of advocacy's conducted 2.Number of Aggregation Centers established	Nutrition-in-emergency in Vulnerable areas managed	MANR	KIPA, and Partners, KTARDA, Commodity Associations
35		1.5.6 Reduce farmer-herder conflicts through advocacy, development of Grazing Reserves and improvement of fodder production	1. Number of Grazing Reserves developed 2.Number of Hectares Development	advocacy visits carried out	Department of Livestock and Grazing Reserves	MANR, FMARD, MoI, State Media Houses, Postoral Associations & Partners, NOA

36	**6.School-based Strategies**	Advocating for the review the curriculum in early child care to incorporate nutrition education at primary and secondary schools	1. No of advocacy's 2. Reviewed curriculum in Primary school 3. Reviewed curriculum in Secondary school		MBSE ,SUBEB,	UBEB, MARD, M O I, Academia
37		Advocate for the school feeding programmes in all early child care and primary schools	1. No. of pupils fed 2. No. of participatory farmers 3. No. of participatory food vendors 4. Evaluating the services of food vendors 5. No of advocacy's		MBSE ,SUBEB,	DESI and Academia
38		Conduct sensitization programme to support the establishment of school gardens and the use of simple farm tools to complement the school feeding Program	1. No. of sensitization conducted 2. No. of school gardens established 3. No. of Seedlings raised.		MBSE, SUBE	UBEB, MARD,
Result Area 2: Enhancing Care giving Capacity						
Objective: To reduce under nutrition among infants and children, adolescents and women of reproductive ag						
Target: Increase by 50% households with relevant nutrition knowledge and practice that improve their nutritional status						
S/NO	**Intervention Narrative**	**Activities Narrative**	**Indicators**	**EXPECTED OUTPUT**	**Responsible MDA**	**Collaborating MDA (s)**
46	**1. Ensure Optimal Nutrition in the First 1,000 Days of life.**	2.1.1 Advocate for legislation of the prolongation of paid maternity leave from 3 to 6 months	1. Number of advocacy visits 2. Legislations enacted	Maternity leave prolonged from 3-6 months	MoH/SPHCA	SHoA, MoJ, MoWA, Office of Head of Service, MoA, SPHCA, Partners, CSOs & Media,

						MB&SE, Academia
47		2.1.2 conduct state wide sensitization of various stakeholders (68 District Heads + 136 Imams) on importance of exclusive breast feeding	1. Number of sensitization meetings to various stakeholders	State wide sensitization carried out on importance of exclusive breastfeeding	MoH/SPHCA	MoWA, SPHCA, MB&SE, Partners, CSOs & Media, Academia
48		2.1.3 Sustain On-going Iron-folic acid supplementation for pregnant women	No. of pregnant women that received Iron Folate	incentives such as soap provided and distributed to pregnant women, mothers and care-givers	SPHCA/MoH	MoH, SCFN, MB&SE, MoWA, Partners, CSOs & Media,
49		2.1.4 Sustain on-going vitamin A supplementation during MNCHW and routine services for under-5 children	1 %. of children (6-11 months) who received vitamin A. 2. %. of children (12-59 months) who received vitamin A.	iron folic acid provided and distributed to pregnant women during MNCH Weeks	SPHCA	MoH, SPHCA, SCFN, MB&SE, MoWA, Partners, CSOs & Media, MB&SE
50		2.1.5 Provision of counselling tools to sustain on-going activities to promote women's nutritional status through Dietary Counselling during ANC and GMP for Adolescents, Pregnant and Lactating mother	Number of adolescents, pregnant women and lactating mothers that receive dietary counselling.	Vitamin A provided and distributed to under 5 children	SPHCA	MoH, HMB, Partners, CSOs & Media, MB&SE

51		2.1.6 Sensitization of activities to promote early initiation of breastfeeding within the first 30 minutes of delivery	Number of children who were put to breast within first 30 minutes after birth	Dietary counselling to adolescent and pregnant women conducted	SPHCA	MoH, HMB, MoWA, Partners, CSOs & Media, MB&SE and Academia
52		2.1.7 Establishment of Baby Friendly Centers at health facilities, both public and private (68 HFs each year)	No of designated Baby Friendly Health Facilities at public and private health facilities	Promotion of early initiation of breast milk conducted across the 44 LGAs	SPHCA	SPHCA, HMB, MoI, MoWA, Partners, CSOs & Media, MB&SE
53		2.1.8 Scale up of food demonstration corners in both public and private health facilities (68 HFs each year)	No. of public and private health facilities with functional food demonstration corners	Promotion of exclusive breastfeeding conducted across the 44 LGAs	SPHCA	MoH, HMB, MoWA, MB&SE, Partners, CSOs & Media and Academia
54		2.1.9 Scale up C-MIYCN training/counselling for optimal maternal infant and young child nutrition	No. of health care workers per LGA trained on C-MIYCN counselling	health facilities staff trained on lactation management	SPHCA	MoH, MoWA, MB&SE, Partners, CSOs & Media and Academia
55		2.1.10 Establishment of crèches in all workplaces having more than 10 women in public and private sectors to promote Exclusive Breastfeeding.	1. No. of MDAs with established creches 2. No. of private sector organizations with established creches	1. Baby friendly centers established at health facilities 2. breastfeeding corners established at work places	SPHCA	SPHCMB, HMB, MoWA, MoA, MB&SE, Partners, CSOs & Media and Academia
56		2.1.11 Conduct Social and Behaviour Change Communication (SBCC) activities on MIYCN targeted at pregnant women, and caregivers at the health facilities	No. of women/caregivers counselled during ANC, PNC, immunization and GMP at the health facilities	food demonstration corners established at health facilities	SPHCA	MOH, MoWA, MoA, MB&SE, Partners, CSOs & Media and Academia

57		2.1.12 Conduct Social and Behaviour Change Communication (SBCC) activities on MIYCN targeted at pregnant women, and caregivers at the communities	1. No. of town hall meetings conducted 2. No. of religious and community leaders sensitization meetings conducted	training conducted at wards level of the 44 LGAs on optimal and infant and young child feeding	SPHCA	MOH, MoWA, MoA, MB&SE, Partners, CSOs & Media and Academia
58		2.1.13 Conduct Social and Behaviour Change Communication (SBCC) activities on MIYCN through multimedia	1. Number of jingles produced and aired 2. Number of phone-in programs/recorded 3. Number of the new media used in passing MIYCN information	crèches established at public and private work places	SPHCA	Media Houses, Social Media, Communication Sector, MOH, SPHCA, MoWA, MoA, MB&SE, Partners, CSOs and Academia
59		2.1.14 Production and distribution of IEC materials on SBCC	No. of IEC materials produced and distributed	1. Dialogues conducted on SBCC 2. IEC Materials on IYCF printed and distributed	MOH/SPHCA	SPHCMB, HMB, MoWA, MoA, MB&SE, Partners, CSOs & Media
60		2.1.15 Promote and sustain periodic campaigns aimed at men involvement in MIYCN at community level	1. No. of communities sensitized on men involvement on MIYCN 2. Number of campaigns carried out at community on men involvement in MIYCN	Sensitization on optimal nutrition practices to adolescents and care-givers conducted	SPHCA/MoH	MOH, MoI, HMB, MoWA, NOA, MoA, MB&SE, Partners, CSOs & Media and Academia
61		2.1.16 Train Emergency Stakeholders on mainstreaming MIYCN targeted at the vulnerable groups in Emergency Situations	No. of emergency managers trained on mainstreaming MIYCN in emergency situation programmes	Sensitization campaign carried out on attitudes change of food sharing in favor of mothers and children	SEMA/SPHCA/MoH	MOH, SPHCMB, MoI, HMB, MoWA, MoLG, NOA, MoA, MB&SE, Partners, CSOs

						& Media and Academia
62		2.1.17 Celebrate World Breastfeeding Week and Nutrition week in collaboration with stakeholders	1. No. of Nutrition events supported and carried out by the state 2. No. of LGAs supporting celebration of World Breastfeeding Week	Men involvement in child care campaigns carried out in the 34 LGAs	MOH/SPHCA	SPHCA, MoI, HMB, MoWA, MoLG, NOA, MoA, MB&SE, Partners, CSOs, Academia & Media
63	**2. Caring for the Socioeconomically Disadvantaged and Nutritionally Vulnerable**	2.2.1 Enrolment of vulnerable pregnant and lactating categories in KTSCHMA scheme to reduce out of pocket expenses	No. of vulnerable beneficiaries enrolled at KTSCHMA	meeting with community, religious and traditional leaders to support community level action in nutritional care of vulnerable groups conducted	KTSCHMA	MoH, SPHCA, HMB, MoWA, MoA, MoI, MB&SE, Partners, CSOs, Academia & Media
64		2.2.2 Conditional cash transfer programme to support pregnant and lactating mothers	No. of vulnerable beneficiaries enrolled in to CCT programme		SPHCA	MoBEP, MB&SE, MoH, MoWA, SCFN, Partners, CSOs & Media
65	**3. Ensure Optimal Nutrition for the Adolescent Age Group**	2.3.1. Conduct Social and Behaviour Change activities on MIYCN targeted at adolescents in schools and communities; community-based nutrition peer groups to address micro-nutrient deficiencies and issues of overweight and obesity	Number of adolescents reached on MIYCN Quarterly		SPHCA/MB&SE/MoH	MB&SE, SCFN, MoH & Academia

66	**4. Caring for the Socioeconomically Disadvantaged and Nutritionally Vulnerable**	2.4. 1. Engage traditional, religious and opinion leaders to support community level action in nutritional care for vulnerable groups	1. Number of dialogue sessions conducted 2. No. of compound meetings conducted 3. Number of traditional, religious and opinion leaders meetings conducted.		MoH	SPHCDA, SCFN, MWSD and Academia
Result Area 3: Enhancing Provision of Quality Health Services						
Objective: Reduce Morbidity and Mortality Associated with Malnutrition						
Target: Reduce the proportion of people who suffer hunger and malnutrition by 38% by 2025						
S/NO	**Intervention Narrative**	**Activities Narrative**	**Indicators**	**EXPECTED OUTPUT**	**Responsible MDA**	**Collaborating MDA (s)**
68	**1. Reduce Morbidity and Mortality Associated with Malnutrition**	3.4. 1. Domesticate National Quality and Safety guidelines for food handlers in the state and training of food handlers on the guidelines	1. State quality and safety guidelines for food handlers domesticated 2. No. of trainings held on food safety and handling 3. Number of food handlers trained on the guidelines	1. health personnel at state and LGA trained on GMP 2. sensitisation visits by WFPs carried out	SPHCA/MoH	MoH, MoLG, MoWA, MoA, MoI, SCFN, Partners, CSOs, CBOs, Academia & Media
69		3.4. 2. Conduct state-wide media campaigns on nutrition and consumer education to improve food quality and safety	1. Number of media campaigns carried out 2. Number of media houses involved 3. No. of jingles and other programs produced and aired	advocacy visits to policy makers on the need for integrating essential nutrition actions into routine primary health care services conducted	MoH/HMB/SPHCA	SPHCA, MoLG, MoWA, MoI, SCFN, Partners, CSOs, CBOs, Academia & Media

70	**2. Preventing and Managing Nutrition Related Diseases**	3.2. 1. Provide Diet Related Non-Communicable Diseases (DRNCD) information to the general public on modifiable risk factors	1. Number of nutrition and lifestyle education materials developed, produced and distributed 2. Number of media houses airing nutrition and lifestyle education programmes	conducted monitoring and evaluation of micro-nutrients supplementation at LGA and community levels	SPHCA/MoH	MoH, MoI, NoA, NAFDAC, SON, MoLG, Partners, Media, Academia & CSOs
71		3.2.2. Train health workers on prevention and nutritional management of DRNCD at health facilities	1.Number of health workers trained on DRNCD 2.Number of health facilities with activities to reduce DRNCD	conducted MNCH weeks twice a year	SPHCA/MoH	MoH, MoI, NoA, NAFDAC, SON, MoLG, Partners, Media, Academia & CSOs
72		3.2. 3. Organize mass mobilization including town hall meetings with community stakeholders on necessary actions to prevent malnutrition and diarrhoea in communities	1. Number of community sensitization activities held 2. Number of communities where sensitizations held 3. Number of participants at each town hall meeting 4. No. of community and religious leaders sensitized on diet related CNCDs	procure and distributed Zinc and L-ORS, deworming tablets during MNCH weeks and routine services	SPHCA/MoH	SPHCA, MoH, MoI, NoA, NAFDAC, SON, MoLG, Partners, Media, Academia & CSOs
73		3.2.4. Organize facility and community-based food demonstration sessions with PLWs to educate them on 4-star/5-star food combination	1. Number of food demonstration sessions conducted. 2. Number of facilities or communities where food demonstrations were conducted.		SPHCA/MoH	HMB, SCFN, MoH, MoLG, MoI, Partners, CSOs, CBOs, Academia & Media

76	**3. Preventing Micronutrient Deficiency**	3.3. 1. Procure and distribute Zinc and L - ORS, de-worming tablet for MNCHW and routine services	1. Quantity of Zinc and L - ORS, de-worming tablet procured and distributed 2. Number of children 12-59 months old reached		SPHCA/MoH	SPHCA, HMB, SCFN, Partners, CSOs & Media
77		3.3. 2. Promote social and behavioural change (SBC) to encourage appropriate food choices that favour consumption of micronutrient-rich foods	1. Number of SBCC materials developed, produced and distributed 2. Number of media houses airing nutrition and lifestyle education programmes 3. Number of individuals that received SBCC information		SPHCA/MoH	MoH, HMB, SCFN, Partners, CSOs, Academia & Media
78		3.3.3. Train health workers on tom brown (Garin Lafiya) production and home gardening to improve dietary diversity and consumption of micronutrient-rich foods	1. Number of trainings on tom brown production and home gardening. 2. Number of health workers trained on tom brown production and home gardening		SPHCA	MoA, MoH, MoLG, HMB, SCFN, Partners, CSOs, Academia & Media
79		3.3.4. Domesticate National Quality and Safety guidelines for food handlers in the state and training of food handlers on the guidelines	1. State quality and safety guidelines for food handlers domesticated 2. No. of trainings held on food safety and handling 3. Number of food handlers trained on the guidelines		SPHCA/MoH	SPHCA, HMB, MoI, MoJ, MoST, MoA, Partners & CSOs
80		3.3.5. Introduction of safe practices on food storage and preservation	1. No. engagement meetings held with food processing industries 2. No. of food handlers trained (restaurants, hotels, cafeteria, catering industries, eateries etc)		MoBEP	MB&SE, MoH, HMB, SPHCA, MoST, NAFDAC, MoI, Partners,

			3. No. of trained wholesale and retail raw food sellers 4. Number of farmers and extension officers trained 5. Number of community members especially women handling government and philanthropists food feeding programs			Academia & CSOs
81		3.3.6. Conduct state-wide media campaigns on nutrition and consumer education to improve food quality and safety	1. Number of media campaigns carried out 2. Number of media houses involved 3. No. of jingles and other programs produced and aired		MoI	MB&SE, MoH, HMB, SPHCA, MoST, NOA, MoWA, MoLG, NAFDAC, MoI, Partners, Academia & CSOs
82		3.3.7. Strengthen the registration and Licensing of food handlers/food operators along the food chain in the State and LGAs	1. Number of food operators registered & licensed		MoH/HMB/SPHCA	MB&SE, MoH, MB&SE, HMB, SPHCA, MoST, NOA, MoWA, MoLG, NAFDAC, MoI, Partners, Academia & CSOs
83		3.3.8. Strengthen monitoring of compliance to food safety standards at LGAs	1. No. of environmental health inspectors trained 2. No. of food operators/vendors monitored		SPHCA/MoH	MB&SEnv, MoH, MB&SE, HMB, MoLG, MoWA, NAFDAC, MoI, Partners & CSOs

Result Area 4: IMPROVING CAPACITY TO ADDRESS FOOD AND NUTRITION INSECURITY						
Objective: To improve food Security at the State, Community and Household Levels						
Target: Reduce the proportion of people who suffer hunger and Malnutrition by 50% by 2025.						
S/N	**Intervention Narrative**	**Activities Narrative**	**Indicators**	**Expected Output**	**Responsible MDA**	**Collaborating MDA (s)**
85	**1. Assessing, Analysing and Monitoring of Nutrition Situations**	**4.1.1.** Conduct Nutrition Assessment at Community level in the State.	1. No. of communities covered		SPHCA	MB&SE, MoA,MWA, Academia Media & CSOs, SCFN
86		**4.1. 2**. Establish community-based groups to monitor healthy growth, detect child growth faltering, and recommend appropriate actions	1. No. of groups established 2. No. of monitoring visits undertaken 3. No. of children reached		SPHCA	MB&SE, MoA,MWA, Academia Media & CSOs, SCFN
87		**4.1. 3.** Conduct training and retraining of State and Community Based Agencies and Organizations that are involved in planning and implementation of food and nutrition programmes and activities.	1. No. of people trained and re-trained on Food and Nutrition, Food Security, Food Safety and Food Preservation 2. Attendance List		MBEP	SMoH, SPHCA, MB&SE, MOI, Academia MWA, Media, RUWASSA, SEMA & CSOs

88		**4.1. 4.** Institute/strengthen mechanism for regular review of nutrition curricular in primary, secondary, tertiary and vocational institutions	1. No of Nutrition Education Curriculum Review Committee set up; 2. No. of curricula review meetings held		MB&SE	SPHCA, MoA, Academia MWA, Media & CSOs, SCFN
89		**4.1. 5.** Conduct training and re-training of Nutrition Desk Officers, LGA Nutrition Focal Persons and other relevant service providers to improve their capacity on nutrition budget preparation	1. No. of Desk officers trained. 2. No of Focal Person Trained. 3. No. of Other relevant Service Providers Trained.		MBEP	SMoH, SPHCA, Academia, MB&SE, MOI, MWA, Media, RUWASSA, SEMA & CSOs
90		4.1. 6. Establish working groups and sub committees to aid the operational efficiency and effectiveness of the SCFN.	1. No. of functional working groups and sub-committees established. 2. No. of meetings held.		MBEP	SMoH, SPHCA, Academia MB&SE, MOI, MWA, Media, RUWASSA, SEMA & CSOs
91		4.1.7. Conduct Quarterly Coordination Meetings of the SCFN	1. No of Quarterly Meetings Held Annually		MBEP	SMoH, SPHCA, MB&SE, MOI, Academia, MWA,

						Media, RUWASSA, SEMA & CSOs
92	**2. Providing a Conducive Macro Economic Environment**	4.2.1 Integrating nutritional issues into Katsina State Development Plan with sector strategic objectives and annual operational plan	1. No. of Integrating nutritional issues incorporated		MBEP	SMoH, SPHCA, MB&SE, MOI, MWA, Media, RUWASSA, SEMA & CSOs
93		4.2.2. Advocacy for Increased social-sector and private sector investments in Food and Nutrition	1. No of Advocacy conducted 2. % increase in Social and Private Sector Investments		MBEP	SMoH, SPHCA, MB&SE, MOI, MWA, Media, RUWASSA, SEMA & CSOs
94		4.2. 3. Promote productive capacity through encouraging private sector engagement in food and nutrition related investment (Promote Private Sector Investment Capacity in Food and Nutrition Engagement)	No. of private agencies investing in food and nutrition intervention		State Chamber of Commerce	SCFN, SMoH, SPHCA, MB&SE, MoA,MWA, Media & CSOs

95		4.2. 4. Provide an enabling environment to attract private sector investment in the production of complementary foods for local consumption.	1. No. of private sector that produce complementary foods increased.		MBEP	SMoH, SPHCA, MB&SE, MOI, MWA, Media, RUWASSA, SEMA & CSOs
96	**3.Operationalization of the State Committee on Food and Nutrition domiciled in the State Budget and Economic Planning Department**	4.3.1. To conduct Mid-year Review of implementation of the Nutrition activities	Minute of meeting and Attendance sheets including action pictures		MBEP	SMoH, SPHCA, MB&SE, MOI, MWA, Media, RUWASSA, SEMA & CSOs
97		4.3.2. To conduct End year Review of implementation of the Nutrition activities	Minute of meeting and Attendance sheets including action pictures		MBEP	SMoH, SPHCA, MB&SE, MOI, MWA, Media, RUWASSA, SEMA & CSOs
Result Area 5: Result Area 5: RAISING AWARENESS AND UNDERSTANDING OF PROBLEM OF MALNUTRITION IN KATSINA STATE						
104	**No. 1 Promote Advocacy, Communication and Social Mobilization**	**5.1. 1.** Develop a State Advocacy and Social Mobilization Strategy for	1. No. of Pre- Advocacy Meeting. 2. No. of advocacy documents developed 3. No. of advocacy		MoBEP	MoH, SPHCM, Academia MB&SE, SMWASD

		food and nutrition to stakeholders.	conducted 4. No. of sensitization conducted.			
105		**5.1. 2.**Sustain advocacy to policymakers at all levels for resource Mobilization for food and nutrition activities	1. No. of policy makers reached 2. No. of Advocacy visit to Policy Makers		MoBEP	MoH, MoANR, Academia, Research Institute
106		**5.1. 3.** Promote Behaviour Change Communication (BCC) for better understanding of food and nutrition security problems for improved food and nutrition practices	1. Training of Health educators for behavour change c0mmunication 2. Community sensitisation campaign 3. Media sensitisation campaign 4.No. of BCC materials produced		MoBEP	SCFN, MDAs, Academia and CSOs
107		**5.1. 4.** Promote the design and production of harmonised, appropriate BCC materials for use and distribution at the state, Local and Ward levels	1. No. of Seminars conducted 2. No. of advocacy meetings/visits carried out		MOISO	MOH, MOWA, MARD, Academia
108		**5.1. 5.** Promote and strengthen nutrition education for all age groups, CBOs through multimedia communication approaches	1. No. of meetings organized for relevant MDAs. 2. No. of CSOs reached 3. No. of Multimedia Communications approaches tracked		MOISO	MOH, MOWA, MARD, Academia

109		**5.1. 6.**Create awareness on problems of malnutrition using the mass and social media (such as radio, TV drama, film documentaries, home video, viewing centres, town hall meetings and presentations by advocacy groups, and posters in Hausa language).	1. No. of radio, television programmes, TV drama, film documentaries, home video aired 2. No. of posters in Hausa language produced 3. No. of viewing centres used 4. No. of town hall meetings and presentations done			Academia
110		5.1.7 Promote and Enhance social protection Program	1.No. of social protection program promote and enhance		MoBEP, SEMA	MO I, LGCA
111		5.1.8 Promote the services of social insurance to Vulnerable groups	1. No. of social Insurance Established for Vulnerable. 2. No. of vulnerable groups benefitted from social Insurance		MoBEP, SEMA	MO I, LGCA
112		5.1.9 Develop Social Protection Program that will provide safety net	1. No. of Social Protection program developed		MoBEP, SEMA	MO I, LGCA
RESULT AREA 6 1. Resource allocation for Food and Nutrition Security at all levels						
121	**6. Resource allocation for Food and Nutrition Security at all levels**	6.1.1 Advocate for Resource Mobilization on Food and Nutrition Security at all levels	1. No. of advocacy conducted 2. Increased in Nutrition allocation		MBEP	SMoH, SPHCA, MoWA, MoA, MB&SE, MoWR, MoI & CSOs

122		**6.1.2.** Advocacy for timely release of funds Nutrition activities in the State	1. No. opt advocacy conducted 3. Amount of Nutrition fund released on time.		MBEP	SMoH, SPHCA, MoWA, MoA, MB&SE, MoWR, MoI & CSOs
123		**6.1.3.** Conduct of capacity building to SCFN Members on their roles and responsibilities for effective management and implementation of food and nutrition activities in the state.	1. No. of active SCFN members identified 2. No. of capacity building conducted. 3. No. of SCFN members capacity strengthened.		MBEP	SMoH, SPHCA, MoWA, MoA, MB&SE, MoWR, MoI & CSOs
124		**6.1.4.** Use of NGF/SUN Developed Appraisal tool and Scorecards on lessons learnt for Budget tracking on the implementation of Nutrition Programmes in the line MDAs	1. MDAs performance on Nutrition activities measured. 2. MDAs performance ranked.		MBEP	SMoH, SPHCA, MoWA, MoA, MB&SE, MoWR, MoI & CSOs
125		**6.1.5.** Organize biannual Nutrition Partners meetings at all levels	1. No of meetings held 2. Reports produced		MBEP	SMoH, SPHCA, MoWA, MoA, MB&SE, SUBEB, MoWR, RUWASA, MoI, CSOs, Media, etc

126		**6.1.6.** Conduct of quarterly SCFN meetings on Food and nutrition	1. No of meetings held 2. Reports produced 3. State Nutrition Status improved.		MBEP	SMoH, SPHCA, MoWA, MoA, MB&SE, SUBEB, MoWR, RUWASA, Academia, MoI, CSOs & Media,
127		**6.1. 7.** Disseminate the reviewed State policy on Food and Nutrition and the strategic Plan at the State	1. No of copies of Policy & Strategic Plan produced/distributed. 2. No. of advocacy visits conducted.		MBEP	SMoH, SPHCA, MoWA, MoA, MB&SE, SUBEB, MoWR, RUWASA, MoI, CSOs & Media,
128		**6.1.8.** Advocate for the Creation of budget lines on food and nutrition activities in LGAs.	No. of Advocacy conducted.		MLG&CA	MBEP,SMoH, SPHCA, MoWA, MoA, MB&SE, SUBEB, MoWR, RUWASA, MoI, CSOs & Media,

129		6.1.9 Advocacy and Sensitization of Present Administration on overview of Nutrition Situation in the State and why is considered as internationally a developmental challenge and should accord priority in setting-up government agenda.	1. No. of key Executive and Legislative Arms of Government identified. 2. No. of advocacy conducted 3. No. of key government actors sensitized.		MBEP	SMoH, SPHCA, MoWA, MoA, MB&SE, SUBEB, MoWR, RUWASA, Academia, MoI, CSOs & Media,
130	**7. Incorporating nutrition objectives into MDAs development policies, plans and programmes**	6.2.2 Build synergy and collaboration between Government and Development partners to facilitate more investment in nutrition	2. No. of potential Development Partners working in Nutrition. 2. % in Nutrition investment increased.		MBEP	SMoH, SPHCA, MoWA, MoA, MB&SE, SUBEB, MoWR, RUWASA, MoI, CSOs & Media,

ANNEX III: NUTRITION INVESTMENTS ESTIMATE COST MATRIX BY MDAS 2024 – 2028

Lead Agency	Activities Narrative	Indicators	Total Cost per Activity	Collaborating MDA (s)	Strategic Objective
KTARDA	1.1.1 Encourage and support integrated agriculture (crops, livestock ,poultry and aquaculture) through adoption of Good Agricultural Practices by smallholder farmers	1. No of farmers who have adopted GAP 2.Percentage Increase in Yield 3. No. of MTPs Established per Production Cycle	141,314,910.00	FADAMA, IFAD, FMARD, MANR	1
KTARDA	1.1.2: Promote increased production of priority (nutrition sensitive) value chain crops (cereals, legumes, fruits, tubers and vegetables); livestock (cattle, sheep, poultry, goats etc.) products, across the State	1. No of nutrition sensitive crops promoted 2. No. of Livestock products uprooted 3. Number of smallholders supported	251,922,000.00	FADAMA, IFAD, FMARD, MANR	1
KTARD & MANR,	1.1.3: Building the capacity and increasing the number of Agric Extension Workers and Lead farmers on GAP and MTP in Crop and Livestock.	1. Number Extension workers recruited 2. Number of Trained Agric Extension workers in GAP and MTPs	22,080,000.00	FADAMA, IFAD, FMARD, MANR	1
KTARDA/MANR,	1.1.4: Promotion of private sector engagement in agricultural value chains development	1. Number of private sectors service providers engaged	1,200,000.00	FADAMA, IFAD, FMARD, KIPA & MANR	1
KTARDA	1.1.7: Promote commercial food production through cooperatives by empowering farmers' cooperatives	1. No of farmers' cooperatives registered. 2. No of farmers' cooperatives empowered. 3. No of private commercial farmers reached	16,357,500.00	MANR, KTARDA Ministry of Commerce and Industry, FADAMA	1

KTARDA & MANR,	1.1.9: Enhance access to finance for farmers especially women and youth for farm operations	1. No of women and youth farmers accessing finances. 3. Volume of finance accessed	**750,000.00**	KNARDA Ministry of Finance; Ministry of Commerce and industry; BOA, Commercial Bank , Micro-finance banks & DESI	1
KTARDA	1.1.10: Promote and scale-up climate smart and nutrition sensitive technologies of food production and processing among smallholder farmers	1. Number of Climate Smart & Nutrition sensitive Technologies promoted 2. Number of farmers adopting Climate Smart & Nutrition sensitive Technologies	10,905,000.00	IFAD, FADAMA, DESI, MANR & FMARD,	1
KTARDA	1.1.12: Promotion of urban agriculture such as bag farming, homestead and establishment of Green House at State, Community and Household levels.	1. Number of Training, seminars/workshops carried out 2. No of homestead farms established by farmers	16,668,000.00	KTARDA, MNAR, & DESI	1
KTARDA	2.1.1 Development of market information and targeted agricultural commodity exchange platforms	1. Market Information System Developed 2. Number of Households with access to market information 3. Number of Commodity Exchange platforms developed	15,689,300.00	KIPA, MoC&I, MNAR & MoW&A	1
KTARDA	2.1.3 Construction and rehabilitation of rural infrastructure including roads (Last mile connection)	1. Number of rural communities linked to markets 2. Number of Rural roads Rehabilitated and Newly Constructed	405,000,000.00	MANR, RAAMP, KASROMA, IFAD & KTARDA	1

KTARDA	1.3. 2: Demonstrate/ Promote improved harvesting, and processing technologies at the Community levels.	1. Number of technologies demonstrated 2. Number of farmers adopting technologies 3. % Reduction in volume of post-harvest loss	2,250,000.00	IFAD, FADAMA, IAR ABU, CDA BUK, IITA, TECH Incubation Center, NSPRI & Development Partners	1
KTARDA	1.3.3: Demonstrate/ Promote improved storage & preservation technologies Hematic drums, Purdue Improved Crop Storage (PICS), cold chains, shade drying, Solar dryers Equipment etc. for efficient preservation of food commodities.	1. Number of technologies demonstrated 2. Number of farmers adopting technologies 3. % Reduction in volume of food wastages	450,000.00	MANR, IITA, Institute of Agricultural Produce Management, IAR/ABU, CDA/BUK	1
KTARDA	1.4.2: Sensitization of women groups on best practices for food handling and safety practices at the State, Community and Household levels.	1. Number of sensitization seminars/workshops carried out 2. Number of Communities covered	23,887,500.00	NAFDAC; NIFST; KTSCFN, WOFAN, NOA, MANR, Development Partners	1
KTARDA	1.4.4: Development and promotion of nutritionally adequate recipes from locally available food ingredients for all age groups at the State, Community and Household levels.	1. Number of recipes developed	26,325,000.00	MANR, KTSCFN, Ministry of Health; HEI; NIFST	1
KTARDA	1.5.1 Conduct a baseline on the Nutrition-in-emergency needs in the state.	1. Number of Baseline survey carried out	22,330,000.00	MANR, and Partners, NOA, MoI, State Media Houses, CSO	1

KTARDA	1.5.3: Conduct capacity building workshops to Agric Extension workers on Nutrition-in-emergency in Vulnerable areas.	1. Number of workshops conducted 2. Number Agric Extension Agent/ workers trained	35,046,000.00	MANR, and Partners, NOA, MoI, State Media Houses, CSO	1
			992,175,210.00		
Department of Forestry, KTAPU, & MANR	1.1.8: Encourage/Support the production of fruits and vegetables through interventions from government and private sector to women and youth groups at State, Community and Household levels.	1. Number of Women and Youths supported 2. Volume of Vegetables and fruits produced in the State	43,081,500.00	IFAD, FMARD, KTARDA.	1
			43,081,500.00		

Lead Agency	Activities Narrative	Indicators	Total Cost per Activity	Collaborating MDA (s)	Strategic Objective
KTSCHMA	2.2.1 Enrollment of vulnerable pregnant and lactating categories in KTSCHMA scheme to reduce out of pocket expenses	No. of vulnerable beneficiaries enrolled at KTSCHMA	990,000,000.00	MoH, SPHCA, HMB, MoWA, MoA, MoI, MB&SE, Partners, CSOs & Media	2
			990,000,000.00		

Lead Agency	Activities Narrative	Indicators	Total Cost per Activity	Collaborating MDA (s)	Strategic Objective
MALD, KTARDA	1.1.5: Sensitization on Seed multiplication at State, Community and Household levels.	1. Number of Communities/Households Sensitized	29,682,000.00	IFAD, FADAMA, FMARD, Min. of Information	1
Irrigation Department & MALD	1.1.6: Advocate for the provision of irrigation facilities for all season production of the food by farmers at State, Community and Household levels.	1. Number of Advocacy's carried out	240,000.00	NOA, Radio & TV Stations, Min of Information, SCOs KNARDA, FADAMA,	1
MALD	1.1.11:Improve Access to agricultural Markets	1. Number of Agricultural Markets provided with infrastructure	2,000,000.00	KTARDA, DESI, KIPA.FADAMA,IFAD, BOA, CBN, Micro Finance Banks	1
MALD	2.1.2 Enhancement of buffer stock in order to reduced fluctuation in price of targeted commodities when the demand is high	1 Number Grain Stores Established 2.Reduction in targeted commodity prices variations within markets	25600000	Min. of Information KNARDA, KIPA, & MoC&I	1
MALD	2.1.4 Improve Farmers Access to Finance	1. Number of farmers linked to financial Institutions	2000000	KTARDA, DESI, KIPA.FADAMA,IFAD, BOA, CBN, Micro Finance Banks	1
MALD	1.2.5: Support the establishment of biofortified crops among farms cross the State, Community and Household levels.	1. Number of biofortified crops adopted by farmer 2. Number of biofortified farms established.	4550000	FMARD, Research Institutes, Development Partners	1
MALD, KTARDA	1.3. 1: Build capacities of Agric Extension workers and lead farmers on climate smart harvesting, processing and storage technologies at	1. Number of trainings conducted 2. Number of Agric extension workers and lead farmers trained.	62127000	IFAD,FADAMA, Research Institutes & Development Partners, & KTARDA	1

	the State, Community and Household levels.				
MALD, KIPA	1.3. 4:Advocate for the construction of Silos for long term storage in the Three Senatorial zones.	1. Number of Silos constructed	360000	AXON,NSPRI, Commodity Associations	1
MALD & DESI	1.3. 5: Advocate for the provision of Small simple smoking kilns for small fish processors and farmers.	1. Number of smoking kilns provided 2. Number of fish farmers and processors reached	200000	TECH Incubation Center, NSPRI, FMARD,	1
MALD	1.4.3:Enhance activities of Produce Inspection Unit in the State Ministry of Agriculture	1. Activities of the Produce Inspection Unit enhanced	6545500	NAFDAC; NIFST , NOA & KTSCFN	1
MALD	1.4.6. Carry out Sensitization/Advocacy to relevant MDAs/Women Groups on the need for periodic inspection of food preparation/wastes management in Restaurants, Bakeries, Eateries, and Food vendors	1. Number of advocacy/Sensitizations carried out 2.Number of inspection carried out	1000000	NAFDAC; HEI; NIFST, NOA, MoI, State Media Houses, KTSFCN, M	1
MALD	1.4.7. Carry out Advocacy to relevant MDAs/Food Processors and vendors on the need for Licensing of food processors and vendors	1. Number of advocacy's carried out 2. Number of licenses issue 3. Number of food processors and vendors registered	2000000	NAFDAC; HEI; NIFST, NOA, MoI, State Media Houses, KTSFCN, M	1

MALD	1.4.9: Capacity building on milk handling and milk hygiene among pastoralist communities	1. No. of Pastoralists Communities trained	20709000	NAFDAC; HEI; NIFST, NOA, MoI, State Media Houses, KTSFCN, Department of Livestock AND Grazing Reserves	1
MALD	1.5.2. Carry out advocacy to State Emergency Management Agency on nutrition-in-emergency in vulnerable areas.	1. Number of advocacy's carried out	400000	Partners, NOA, MoI, State Media Houses, CSO	1
MALD	1.5.6: Organize sensitization campaigns on the use of available storage facilities including strategic food and grain reserve by farmers at State, Community and LGAs	1. No of campaigns carried out 2. Number of people reached by the campaigns	9500700	KTSCFN, Partners, KIPA,	1
MALD	1.5.7: Carryout advocacy's to relevant stakeholders for the construction of food aggregation centers for emergencies across the state.	1. Number of advocacy's conducted 2.Number of Aggregation Centers established	24900000	KIPA, and Partners, KTARDA, Commodity Associations	1
Department of Livestock and Grazing Reserves, MALD	1.5.8 Reduce farmer-herder conflicts through advocacy, development of Grazing Reserves and improvement of fodder production	1. Number of Grazing Reserves developed 2.Number of Hectares Development	75525000	MANR, FMARD, MoI, State Media Houses, Postoral Associations & Partners, NOA	1
MALD	5.1. 1. Develop a State Advocacy and Social Mobilization Strategy for food and nutrition to stakeholders.	1. No. of Pre- Advocacy Meeting. 2. No. of advocacy documents developed 3. No. of advocacy conducted 4. No. of sensitization conducted.	10590000	MoH, SPHCDA, MOI, MoBEP, SCFN	5

MALD	5.1. 2.Sustain advocacy to policymakers at all levels for resource Mobilization for food and nutrition activities	1. No. of policy makers reached 2. No. of Advocacy visit to Policy Makers	46100000	MoH, SPHCDA, MOI, MoBEP, SCFN	5
MALD, SCFN	5.3. 2.Produce a complete food composition table for locally available food and agricultural produce (raw, processed, and prepared).	No. of food composition table developed	5350000	MoBEP,MOH, PHCDA	5
MALD,	5. 3.3 Promote, support, and disseminate research findings on food processing and preservation technologies for adaptation at the village and household levels .	1. No. of research findings disseminated 2. No of villages and households using the adaptation	9390000	MOH, SCFN, MOHST, KTARDA	5
MALD, MOHST	5.3.4 Promote research on local food fortification.	1. No. of research conducted 2.No of varieties of fortified food identified.	17420000	TERTIARY INTITUTIONS AND RESEARCH INTITUTES, KTARDA	5
			356,189,200.00		

Lead Agency	Activities Narrative	Indicators	Total Cost per Activity	Collaborating MDA (s)	Strategic Objective
MBSE, SUBEB	Advocating for the review the curriculum in early child care to incorporate nutrition education at primary and secondary schools	1. No of advocacy's 2. Reviewed curriculum in Primary school 3. Reviewed curriculum in Secondary school	**3,400,000.00**	UBEB, MARD, MOI	1
MBSE, SUBEB	Advocate for the school feeding programmes in all early child care and primary schools	1. No. of pupils fed 2. No. of participatory farmers	3467000	DESI	1

		3. No. of participatory food vendors 4. Evaluating the services of food vendors 5. No of advocacy's			
MBSE, SUBEB	Conduct sensitization programme to support the establishment of school gardens and the use of simple farm tools to complement the school feeding Program	1. No. of sensitization conducted 2. No. of school gardens established 3. No. of Seedlings raised.	43460000	UBEB, MARD,	1
			50,327,000		

Lead Agency	Activities Narrative	Indicators	Total Cost per Activity	Collaborating MDA (s)	Strategic Objective
MoBEP	3.4. 2. Introduction of safe practices on food storage and preservation	1. No. engagement meetings held with food processing industries 2. No. of food handlers trained (restaurants, hotels, cafeteria, catering industries, eateries etc) 3. No. of trained wholesale and retail raw food sellers 4. Number of farmers and extension officers trained 5. Number of community members especially women handling government and philantrophists food feeding programs	117,916,000.00	MB&SE, MoH, HMB, SPHCMB, MoST, NAFDAC, MoI, Partners & CSOs	3
MoBEP	4.1. 4. Conduct training and retraining of State and Community Based Agencies and Organizations that are	1. No. of people trained and re-trained on Food and Nutrition, Food Security, Food Safety and Food	15,930,000.00	SMoH, SPHCA, MB&SE, MOI, MWA, Media,	4

	involved in planning and implementation of food and nutrition programmes and activities.	Preservation 2. Attendance List		RUWASSA, SEMA & CSOs	
MoBEP	4.1. 6. Conduct training and re-training of Nutrition Desk Officers, LGA Nutrition Focal Persons and other relevant service providers to improve their capacity on nutrition budget preparation	1. No. of Desk officers trained; 2. No of Focal Person Trained; 3. No. of Other relevant Service Providers Trained;	43,450,000.00	SMoH, SPHCA, MB&SE, MOI, MWA, Media, RUWASSA, SEMA & CSOs	4
MoBEP	4.1. 8. Establish working groups and sub committees to aid the operational efficiency and effectiveness of the SCFN.	1. No. of functional working groups and sub-committees established. 2. No. of meetings held.	16,707,000.00	SMoH, SPHCA, MB&SE, MOI, MWA, Media, RUWASSA, SEMA & CSOs	4
MoBEP	4.1.9. Conduct Quarterly Coordination Meetings of the SCFN	1. No of Quarterly Meetings Held Annually	52,840,000.00	SMoH, SPHCA, MB&SE, MOI, MWA, Media, RUWASSA, SEMA & CSOs	4
MoBEP	4.3.2 Integrating nutritional issues into Katsina State Development Plan with sector strategic objectives and annual operational plan	1. No. of Integrating nutritional issues incorporated	1,322,510.00	SMoH, SPHCA, MB&SE, MOI, MWA, Media, RUWASSA, SEMA & CSOs	4
MoBEP	4.2.3. Advocacy for Increased social-sector and private sector investments in Food and Nutrition	1. No of Advocacy conducted 2. % increase in Social and Private Sector Investments	1,440,000.00	SMoH, SPHCA, MB&SE, MOI, MWA, Media, RUWASSA, SEMA & CSOs	4
MoBEP	4.2. 5. Provide an enabling environment to attract private sector investment in the production of	1. No. of private sector that produce complementary foods increase.	2,257,500.00	SMoH, SPHCA, MB&SE, MOI, MWA, Media,	4

	complementary foods for local consumption.			RUWASSA, SEMA & CSOs	
MoBEP	To conduct Mid-year Review of implementation of the Nutrition activities	Minute of meeting and Attendance sheets including action pictures	2,540,000.00	SMoH, SPHCA, MB&SE, MOI, MWA, Media, RUWASSA, SEMA & CSOs	4
MoBEP	To conduct End year Review of implementation of the Nutrition activities	Minute of meeting and Attendance sheets including action pictures	4,030,000.00	SMoH, SPHCA, MB&SE, MOI, MWA, Media, RUWASSA, SEMA & CSOs	4
MoBEP	6.1.1 Advocate for Resource Mobilization on Food and Nutrition Security at all levels	1. No. of advocacy conducted 2. Increased in Nutrition allocation	1,440,000.00	SMoH, SPHCA, MoWA, MoA, MB&SE, MoWR, MoI & CSOs	6
MoBEP	6.1.2. Advocacy for timely release of funds Nutrition activities in the State	1. No. of advocacy conducted 3. Amount of Nutrition fund released on time.	2,880,000.00	SMoH, SPHCA, MoWA, MoA, MB&SE, MoWR, MoI & CSOs	6
MoBEP	6.1.3. Conduct of capacity building to SCFN Members on their roles and responsibilities for effective management and implementation of food and nutrition activities in the state.	1. No. of active SCFN members identified 2. No. of capacity building conducted. 3. No. of SCFN members capacity strengthened.	24,000,000.00	SMoH, SPHCA, MoWA, MoA, MB&SE, MoWR, MoI & CSOs	6
MoBEP	6.1.4 Use of NGF/SUN Developed Appraisal tool and Score Card on lessons learnt for Budget tracking on the implementation of	1. MDAs performance on Nutrition activities measured. 2. MDAs performance ranked.	15,800,000.00	SMoH, SPHCA, MoWA, MoA, MB&SE, MoWR, MoI & CSOs	6

	Nutrition Programmes in the line MDAs				
MoBEP	6.1.5 Organize biannual Nutrition Partners meetings at all levels	1. No of meetings held 2. Reports produced	3,110,000.00	SMoH, SPHCA, MoWA, MoA, MB&SE, SUBEB, MoWR, RUWASA, MoI, CSOs, Media, etc	6
MoBEP	6.1.6. Conduct of quarterly SCFN meetings on Food and nutrition	1. No of meetings held 2. Reports produced 3. State Nutrition Status improved.	26,180,000.00	SMoH, SPHCA, MoWA, MoA, MB&SE, SUBEB, MoWR, RUWASA, MoI, CSOs & Media,	6
MoBEP	6.1.7 Disseminate the reviewed State policy on Food and Nutrition and the strategic Plan at the State	1. No of copies of Policy & Strategic Plan produced/distributed. 2. No. of advocacy visits conducted.	3,570,000.00	SMoH, SPHCA, MoWA, MoA, MB&SE, SUBEB, MoWR, RUWASA, MoI, CSOs & Media,	6
MoBEP	6.1.9 Advocacy and Sensitization of Present Administration on overview of Nutrition Situation in the State and why is considered as internationally a developmental challenge and should accord priority in setting-up Government agenda.	1. No. of key Executive and Legislative Arms of Government identified. 2. No. of advocacy conducted 3. No. of key government actors sensitized.	1,440,000.00	SMoH, SPHCA, MoWA, MoA, MB&SE, SUBEB, MoWR, RUWASA, MoI, CSOs & Media,	6
MoBEP	6.2.2 Build synergy and collaboration between Government and Development partners to facilitate more investment in nutrition	2. No. of potential Development Partners working in Nutrition. 2. % in Nutrition investment increased.	1,440,000.00	SMoH, SPHCA, MoWA, MoA, MB&SE, SUBEB, MoWR, RUWASA, MoI, CSOs & Media,	6

MoBEP/ MOH	5.1. 3. Promote Behaviour Change Communication (BCC) for better understanding of food and nutrition security problems for improved food and nutrition practices	1. Training of Health educators for behavour change c0mmunication 2. Community sensitization campaign 3. Media sensitization campaign 4.No. of BCC materials produced	435,300,000.00	MOI, MB&SE,CSOs, MoBEP	5
MoBEP	5.1. 4. Promote the design and production of harmonized, appropriate BCC materials for use and distribution at the state, Local and Ward levels	1. No. of Seminars conducted 2. No. of advocacy meetings/visits carried out	545,000,000.00	MOH, MOWA, MALD, SCFN	5
MoBEP, MOI.	5.1. 5. Promote and strengthen nutrition education for all age groups, CBOs through multimedia communication approaches	1. No. of meetings organized for relevant MDAs. 2. No. of CSOs reached 3. No. of Multimedia Communications approaches tracked	1,109,500,000.00	MB&SE, SPHCDA	5
MoBEP, MOI.	5.1. 6.Create awareness on problems of malnutrition using the mass and social media (such as radio, TV drama, film documentaries, home video, viewing centers, town hall meetings and presentations by advocacy groups, and posters in Hausa language).	1. No. of radio, television programmes, TV drama, film documentaries, home video aired 2. No. of posters in Hausa language produced 3. No. of viewing centers used 4. No. of town hall meetings and presentations done	1,094,300,000.00	MOH, SPHCDA	5
MoBEP, SCFN	5.2.1. Promote good dietary habits and healthy lifestyles for all age groups through appropriate social marketing and communication strategies.	1. No of healthy lifestyles and dietary habits sensitization conducted. 2. No of beneficiaries of healthy lifestyles and dietary habit sensitized	17,500,000.00	MOI,MOH	5

MoBEP, SCFN	5.2. 2. Support the design and implementation of appropriate community-based nutrition education programmes.	No of food dietary guidelines and demonstration for healthy living disseminated.	33,160,000.00	MOH,SCFN,PHCDA	5
MoBEP, SCFN	5.2.3 Develop appropriate food-based dietary guide lines for healthy living .	Copies of the guidelines produced and disseminated	63,415,000.00	MOI,MOH, LGCA	5
MoBEP, SCFN	5.2. 4. Promote healthy eating habits to reduce the incidence of non-communicable diseases such as diabetes, hypertension, and other cardiovascular disorders, etc. (reduction of salt and sugar intake, preparation methods to reduce fat intake, etc.)	1. No of Radio and TV programmes that demonstrate the preparation of nutritious meals. 2. No of Local Government Areas reached	15,250,000.00	MOI, PHCDA, MOH, MB&SE, LGCA	5
MoBEP,MALD	5.3.5 Promote collaborative programme implementation operations research to enhance programme outcomes.	1. No. of agencies in collaboration 2. No of programmes implemented 3. No. of conferences attended by Nutrition officers	8310000	MOHST, RESEARCH INRTITUTES,SCFN	5
MoBEP/SBS	5.3.6 Engage in periodic conduct of food consumption and nutrition Survey to track policy impact	1. No of survey conducted	11758400	RESEARCH INSTITUTES,SCFN	5
			3,671,786,410.00		

MB&SE	4.1. 5. Institute/strengthen mechanism for regular review of nutrition	1. No of Nutrition Education Curriculum Review Committee set up; 2. No. of curricula review meetings held	1,322,510.00	SPHCA, MoA, MWA, Media & CSOs, SCFN	4

	curricular in primary, secondary, tertiary and vocational institutions				
			1,322,510.00		

Lead Agency	Activities Narrative	Indicators	Total Cost per Activity	Collaborating MDA (s)	Strategic Objective
MoH	1.4.1: Build capacity of Food processors, vendors on the quality and hygienic preparations of foods at the State, Community and Household levels.	1. Number of trainings conducted 2. Number of Food processors & Vendors trained	76,464,000.00	MB&SEnv NAFDAC, Nigerian Institute of Food Science and Technology Council (NIFST) KTSCFN, MANR	1
MoH/SPHCA	2.1.1 Advocate for legislation of the prolongation of paid maternity leave from 3 to 6 months	1. Number of advocacy visits 2. Legislations enacted	395,000.00	SHoA, MoJ, MoWA, Office of Head of Service, MoA, SPHCA, Partners, CSOs & Media, MB&SE	2
MoH/SPHCA	2.1.2 conduct state wide sensitization of various stakeholders (68 District Heads + 136 Imams) on importance of exclusive breast feeding	1. Number of sensitization meetings to various stakeholders	23,560,000.00	MoWA, SPHCA, MB&SE, Partners, CSOs & Media	2
MOH/SPHCA	2.1.17 Production and distribution of IEC materials on SBCC	No. of IEC materials produced and distributed	8,342,500.00	SPHCMB, HMB, MoWA, MoA, MB&SE, Partners, CSOs & Media	2
MOH/SPHCA	2.1.20 Celebrate World Breastfeeding Week and Nutrition week in collaboration with stakeholders	1. No. of Nutrition events supported and carried out by the state 2. No. of LGAs supporting celebration of World Breastfeeding Week	29,875,000.00	SPHCA, MoI, HMB, MoWA, MoLG, NOA, MoA, MB&SE, Partners, CSOs & Media	2

MoH	2.4. 1. Engage traditional, religious and opinion leaders to support community level action in nutritional care for vulnerable groups	1. Number of dialogue sessions conducted 2. No. of compound meetings conducted 3.Number of traditional, religious and opinion leaders meetings conducted.	22,950,000.00	SPHCDA, SCFN, MWSD	2
MoH/HMB/SPHCA	3.1. 2. Conduct state-wide media campaigns on nutrition and consumer education to improve food quality and safety	1. Number of media campaigns carried out 2. Number of media houses involved 3. No. of jingles and other programs produced and aired	206450000	SPHCA, MoLG, MoWA, MoI, SCFN, Partners, CSOs, CBOs & Media	3
MOH, MOYS	5.2.5 Promote regular physical exercise and periodic medical checkups for nutrition-related, non-communicable diseases.	1. No of medical check-up carried out in Schools and Communities. 2. No of beneficiaries of medical check-up in Schools and Communities. 3. No of Schools provided with relevant facilities for physical and health activities.	**70,000,000.00**	MB&SE, SUBEB, SPHCDA, SCFN	5
			438,036,500.00		

Lead Agency	Activities Narrative	Indicators	Total Cost per Activity	Collaborating MDA (s)	Strategic Objective
MoI	3.4. 3. Conduct state-wide media campaigns on nutrition and consumer education to improve food quality and safety	1. Number of media campaigns carried out 2. Number of media houses involved 3. No. of jingles and other programs produced and aired	59,955,000.00	MB&SE, MoH, HMB, SPHCA, MoST, NOA, MoWA, MoLG, NAFDAC, MoI, Partners & CSOs	3
			59,955,000.00		

Lead Agency	Activities Narrative	Indicators	Total Cost per Activity	Collaborating MDA (s)	Strategic Objective

MLG&CA	6.1.8. Advocate for the Creation of budget lines on food and nutrition activities in LGAs.	No. of Advocacy conducted.	1,440,000.00	MBEP,SMoH, SPHCA, MoWA, MoA, MB&SE, SUBEB, MoWR, RUWASA, MoI, CSOs & Media,	6
			1,440,000.00		

Lead Agency	Activities Narrative	Indicators	Total Cost per Activity	Collaborating MDA (s)	Strategic Objective
SEMA/SPHCA/MoH	2.1.19 Train Emergency Stakeholders on mainstreaming MIYCN targeted at the vulnerable groups in Emergency Situations	No. of emergency managers trained on mainstreaming MIYCN in emergency situation programmes	46,700,000.00	MOH, SPHCMB, MoI, HMB, MoWA, MoLG, NOA, MoA, MB&SE, Partners, CSOs & Media	2
			46,700,000.00		

Lead Agency	Activities Narrative	Indicators	Total Cost per Activity	Collaborating MDA (s)	Strategic Objective
SPHCDA	4.1.1. Conduct Nutrition Assessment at Community level in the State.	1. No. of communities covered	18,372,000.00	MB&SE, MoA,MWA, Media & CSOs, SCFN	4
SPHCDA	4.1. 2. Establish community-based groups to monitor healthy growth, detect child growth faltering, and recommend appropriate actions	1. No. of groups established 2. No. of monitoring visits undertaken 3. No. of children reached	7,100,000.00	MB&SE, MoA,MWA, Media & CSOs, SCFN	4

SPHCDA/MoH	2.1.4 Sustain On-going Iron-folic acid supplementation for pregnant women	No. of pregnant women that received Iron Folate	**59,625,000.00**		MoH, SCFN, MB&SE, MoWA, Partners, CSOs & Media,	2
SPHCDA	2.1.5 Sustain on-going vitamin A supplementation during MNCHW and routine services for under-5 children	1 %. of children (6-11 months) who received vitamin A. 2. %. of children (12-59 months) who received vitamin A.		959241000	MoH, SPHCA, SCFN, MB&SE, MoWA, Partners, CSOs & Media, MB&SE	2
SPHCDA	2.1.6 Provision of counselling tools to sustain on-going activities to promote women's nutritional status through Dietary Counselling during ANC and GMP for Adolescents, Pregnant and Lactating mother	Number of adolescents, pregnant women and lactating mothers that receive dietary counselling.		694480000	MoH, HMB, Partners, CSOs & Media, MB&SE	2
SPHCDA	2.1.7 Sensitization of activities to promote early initiation of breastfeeding within the first 30 minutes of delivery	Number of children who were put to breast within first 30 minutes after birth		58190000	MoH, HMB, MoWA, Partners, CSOs & Media, MB&SE	2
SPHCDA	2.1.10 Establishment of Baby Friendly Centers at health facilities, both public and private (68 HFs each year)	No of designated Baby Friendly Health Facilities at public and private health facilities		17000000	SPHCA, HMB, MoI, MoWA, Partners, CSOs & Media, MB&SE	2
SPHCDA	2.1.11 Scale up of food demonstration corners in both public and private	No. of public and private health facilities with functional food demonstration corners		17000000	MoH, HMB, MoWA, MB&SE, Partners, CSOs & Media	2

	health facilities (68 HFs each year)				
SPHCDA	2.1.12 Scale up C-MIYCN training/counselling for optimal maternal infant and young child nutrition	No. of health care workers per LGA trained on C-MIYCN counselling	15810000	MoH, MoWA, MB&SE, Partners, CSOs & Media	2
SPHCDA	2.1.13 Establishment of crèches in all workplaces having more than 10 women in public and private sectors to promote Exclusive Breastfeeding.	1. No. of MDAs with established crèches 2. No. of private sector organizations with established creches	106875000	SPHCMB, HMB, MoWA, MoA, MB&SE, Partners, CSOs & Media	2
SPHCDA	2.1.14 Conduct Social and Behaviour Change Communication (SBCC) activities on MIYCN targeted at pregnant women, and caregivers at the health facilities	No. of women/caregivers counselled during ANC, PNC, immunization and GMP at the health facilities	210000000	MOH, MoWA, MoA, MB&SE, Partners, CSOs & Media	2
SPHCDA	2.1.15 Conduct Social and Behaviour Change Communication (SBCC) activities on MIYCN targeted at pregnant women, and caregivers at the communities	1. No. of town hall meetings conducted 2. No. of religious and community leaders sensitization meetings conducted	59250000	MOH, MoWA, MoA, MB&SE, Partners, CSOs & Media	2

SPHCDA	2.1.16 Conduct Social and Behaviour Change Communication (SBCC) activities on MIYCN through multimedia	1. Number of jingles produced and aired 2. Number of phone-in programs/recorded 3. Number of the new media used in passing MIYCN information's	120000000	Media Houses, Social Media, Communication Sector, MOH, SPHCA, MoWA, MoA, MB&SE, Partners, CSOs	2
SPHCA/MoH	2.1.18 Promote and sustain periodic campaigns aimed at men involvement in MIYCN at community level	1. No. of communities sensitized on men involvement on MIYCN 2. Number of campaigns carried out at community on men involvement in MIYCN	80000000	MOH, MoI, HMB, MoWA, NOA, MoA, MB&SE, Partners, CSOs & Media	2
SPHCDA	2.2.2 Conditional cash transfer programme to support pregnant and lactating mothers	No. of vulnerable beneficiaries enrolled in to CCT programme	2970000000	MoPB, MB&SE, MoH, MoWA, SCFN, Partners, CSOs & Media	2
SPHCA/MB&SE/MoH	2.3.1. Conduct Social and Behaviour Change activities on MIYCN targeted at adolescents in schools and communities; community-based nutrition peer groups to address micro-nutrient deficiencies and issues of overweight and obesity	Number of adolescents reached on MIYCN Quarterly	22687500	MB&SE, SCFN, MoH	2
SPHCDA	2.4.2.Train caregivers in orphanages in the State on assessment of	1. Number of caregivers in orphanages trained on MIYCN and nutritional assessment 2. Number of	39,760,000.00	MoH , SCFN, MWSD	2

	nutritional status and appropriate MIYCN practices	orphanages participating in the training			
SPHCA/MoH	3.1. 1. Domesticate National Quality and Safety guidelines for food handlers in the state and training of food handlers on the guidelines	1. State quality and safety guidelines for food handlers domesticated 2. No. of trainings held on food safety and handling 3. Number of food handlers trained on the guidelines	2860000	MoH, MoLG, MoWA, MoA, MoI, SCFN, Partners, CSOs, CBOs & Media	3
SPHCA/MoH	3.2. 1. Provide Diet Related Non-Communicable Diseases (DRNCD) information to the general public on modifiable risk factors	1. Number of nutrition and lifestyle education materials developed, produced and distributed 2. Number of media houses airing nutrition and lifestyle education programmes	206450000	MoH, MoI, NoA, NAFDAC, SON, MoLG, Partners, Media & CSOs	3
SPHCA/MoH	3.2.2. Train health workers on prevention and nutritional management of DRNCD at health facilities	1.Number of health workers trained on DRNCD 2.Number of health facilities with activities to reduce DRNCD	92150000	MoH, MoI, NoA, NAFDAC, SON, MoLG, Partners, Media & CSOs	3
SPHCA/MoH	3.2. 3. Organize mass mobilization including town hall meetings with community stakeholders on necessary actions to prevent malnutrition and diarrhea in communities	1. Number of community sensitization activities held 2. Number of communities where sensitizations held 3. Number of participants at each town hall meeting 4. No. of community and religious leaders sensitized on diet related CNCDs	22950000	SPHCA, MoH, MoI, NoA, NAFDAC, SON, MoLG, Partners, Media & CSOs	3

SPHCA/MoH	3.2.4. Organize facility and community-based food demonstration sessions with PLWs to educate them on 4-star/5-star food combination	1. Number of food demonstration sessions conducted. 2. Number of facilities or communities where food demonstrations were conducted.	401112500	HMB, SCFN, MoH, MoLG, MoI, Partners, CSOs, CBOs & Media	3
SPHCA/MoH	3.3. 1. Procure and distribute Zinc and L -ORS, de-worming tablet for MNCHW and routine services	1. Quantity of Zinc and L -ORS, de-worming tablet procured and distributed 2. Number of children 12-59 months old reached	1091250000	SPHCMB, HMB, SCFN, Partners, CSOs & Media	3
SPHCA/MoH	3.3. 2. Promote social and behavioural change (SBC) to encourage appropriate food choices that favour consumption of micronutrient-rich foods	1. Number of SBCC materials developed, produced and distributed 2. Number of media houses airing nutrition and lifestyle education programmes 3. Number of individuals that received SBCC information	31300000	MoH, HMB, SCFN, Partners, CSOs & Media	3
SPHCDA	3.3.3. Train health workers on tom brown (Garin Lafiya) production and home gardening to improve dietary diversity and consumption of micronutrient-rich foods	1. Number of trainings on tom brown production and home gardening. 2. Number of health workers trained on tom brown production and home gardening	25175000	MoA, MoH, MoLG, HMB, SCFN, Partners, CSOs & Media	3
SPHCDA/MoH	3.4. 1. Domesticate National Quality and Safety guidelines for food handlers in the state and training of food	1. State quality and safety guidelines for food handlers domesticated 2. No. of trainings held on food safety and handling 3. Number of food	19678000	HMB, MoI, MoJ, MoST, MoA, Partners & CSOs	3

	handlers on the guidelines	handlers trained on the guidelines			
SPHCDA/MoH	3.4. 5. Strengthen monitoring of compliance to food safety standards at LGAs	1. No. of environmental health inspectors trained 2. No. of food operators/vendors monitored	179690000	MB&SEnv, MoH, MB&SE, HMB, MoLG, MoWA, NAFDAC, MoI, Partners & CSOs	3
			7,528,006,000.00		

Lead Agency	Activities Narrative	Indicators	Total Cost per Activity	Collaborating MDA (s)	Strategic Objective
MoHST, MBSE	5.3. 1. Promote research and development of locally available staple diets and use of underutilized crops for improved utilization.	1. No of researches Conducted 2. No of under-utilized crops identified and integrated into food system	12,334,000.00	TERTIARY INSTITUTIONS, MALD	5
			12,334,000.00		

Lead Agency	Activities Narrative	Indicators	Total Cost per Activity	Collaborating MDA (s)	Strategic Objective
State Chamber of Commerce	4.2. 4. Promote productive capacity through encouraging private sector engagement in food and nutrition related investment	No. of private agencies investing in food and nutrition intervention	2,765,000.00	SCFN, SMoH, SPHCA, MB&SE, MoA, MWA, Media & CSOs	4

	(Promote Private Sector Investment Capacity in Food and Nutrition Engagement)				
			2,765,000.00		