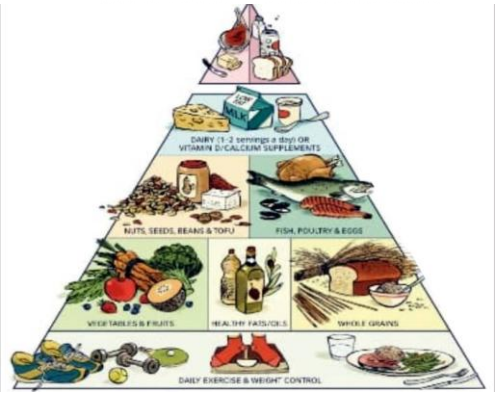
KATSINA STATE POLICY ON FOOD AND NUTRITION



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Katsina,
Katsina State 2023.

Abbreviations/Acronyms

AIDS	Acquired Immune Deficiency Syndrome
ARV	Anti-retroviral
BCC	Behaviour Change Communication
BMI	Body Mass Index
BMS	Breast Milk Substitute
CAADP	Comprehensive African Agriculture Development Programme
CBOs	Community-Based Organizations
CMAM	Community Management of Acute Malnutrition
CSOs	Civil Society Organizations
DFID	Department for International Development
ENA	Essential Nutrition Action
FAO	Food and Agriculture Organization
FBOs	Faith Based Organizations
SMOH	State Ministry of Health
GARPR	Global Aids Response Country Progress Report
HIV	Human Immunodeficiency Virus
ICN	International Conference on Nutrition
IDA	Iron Deficiency Anemia
IDD	Iodine Deficiency Disorder
IFPRI	International Food Policy Research Institute
IMAM	Integrated Management of Acute Malnutrition
MNCH	Maternal Newborn and Child Health
ITP	In-Patient Therapeutic Program
IYCF	Infant and Young Child Feeding
LBNS	Liquid Based Nutrient Supplement
LGA	Local Government Area
LGCFN	Local Government Committee on Food and Nutrition
LO-ORS	Low Osmolarity Oral Rehydration Solution
MAM	Moderate Acute Malnutrition

MBNP	Ministry of Budget and National Planning
MDAs	Ministries Departments and Agencies
MDGs	Millennium Development Goals
M & E	Monitoring and Evaluation
MICS	Multiple Indicator Cluster Survey
MNDC	Micronutrient Deficiency Control
NAFDAC	National Agency for Food and Drug Administration and Control
NBS	National Bureau of Statistics
NCFN	National Committee on Food and Nutrition
NDHS	Nigeria Demographic and Health Survey
NFA	National Fortification Alliance
NFCNS	Nigeria Food Consumption and Nutrition Survey
NFSP	National Food Security Programme
NGOs	Non – Governmental Organizations
NCN	National Council on Nutrition
NNN	National Nutrition Network
NPC	National Planning Commission
NPHCDA	National Primary Health Care Development Agency
NSHDP	National Strategic Health Development Plan
OTP	Out-Patient Therapeutic Program
OVC	Orphan and Vulnerable Children
PATH	Programme for Appropriate Technology in Health
PLWHA	People Living with HIV/AIDS
RRA	Rapid Rural Appraisal
RUTF	Ready to Use Therapeutic Foods
SAM	Severe Acute Malnutrition
SBCC	Social and Behavioral Change Communication
SC	Stabilization Centre
SCI	Save the Children International
SCFN	State Committee on Food and Nutrition
SDGs	Sustainable Development Goals

SMART	Standardized Monitoring Assessment of Relief and Transitions
SUN	Scaling up Nutrition
UN	United Nations
UNICEF	United Nations Children's Fund
USI	Universal Salt Iodization
USI-TF	Universal Salt Iodization Task Force
VAD	Vitamin A Deficiency
VP	Vice President
WHA	World Health Assembly
WHO	World Health Organization

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Foreword

Malnutrition and diet–related disorders are of public health challenges in Katsina State. Poor nutrition are generally classified as undernutrition, overnutrition 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 groups, 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; leads directly to women, elderly and young children morbidity and mortality.

As a step to address the nutrition challenges is 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 is 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 Policy by the State Executive Council (EXCO), I therefore recommend the effective implementation of this policy document to achieve the objective of ensuring optimal nutritional 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 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 Food and Nutrition Policy (KTSFNP) identified 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 Food and Nutrition Policy (KTSFNP) 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 Partner 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 Food and Nutrition Policy to its promise land.



Bello H. Kagara
Honourable Commissioner,
Ministry of Budget & Economic Planning,
Katsina State.

Acknowledgement

The Ministry of Budget and Economic Planning express its gratitude to all that contributed to the development of Katsina State Food and Nutrition Policy. 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 and secondary School 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, 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 the Katsina State Food and Nutrition Policy, which was developed in line with the Katsina State Multi-sectoral strategic Plan of action for 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 I. Nyam Nutrition officer Kano 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.



ABDULLAHI ABUBAKAR, ACTI, CBS, FCNA

Permanent Secretary,

Ministry of Budget and Economic planning,

Katsina State.

CHAPTER ONE
1.0 INTROUCTION

1.1 Background

Katsina state Food and Nutrition Policy is a document that provides the framework for addressing the challenges of food and nutrition insecurity, from individuals, households and communities. It guides the identification, design, and implementation of intervention activities across different relevant sectors. Nutrition is a multi-sectoral and multi-disciplinary issue, which involves various relevant government Ministries, Departments and Agencies and non-state actors. This include Planning & Budget, Health, Contributory Health Care Management Agency, Primary Health Care Agency, State Emergency Management Agency, Agriculture, KTARDA, Education, SUBEB, Water Resources, RUWASSA, Ministry of Women Affairs, Department of Empowerment and Special Intervention, Information, Local Government, Development Partners, Academia, Civil Society Organizations, and Media representatives. In recognition of this, the various sectors in the state in accordance with their policies and strategies are working towards addressing the problems of malnutrition. Some of these Policy documents are:

i. Katsina State Development Plan
ii. Social Protection Policy
iii. Health Sector Development Strategy
iv. Child Protection Law
v. The Katsina State Agricultural Policy
vi. The Agricultural restoration agenda
vii. Katsina State Policy on HIV/AIDS (Stigma and discrimination)
viii. Katsina State Policy on Security
ix. Situation Analysis of Children (SitAn Report)
x. Katsina State Water and Sanitation Law
xi. Katsina State Open Defecation Free (ODF) Road-Map
xii. Girl-Child Education Policy

1.2 Food and Nutrition Situation in Katsina

Adequate food and optimal nutritional status are the foundation blocks for the building of healthy, secure lives and thus form the basis for development in any nation. It is well-known that the basic cause of the food and nutrition problem is poverty entrenched in the mechanisms of governance and institutions which drive the economy.

Katsina state has faced regular conflict incidents including recurrent banditry and kidnappings, which has resulted in increased population displacement and disruption of lives, properties, livelihoods, and capacity to meet essential needs. Conceptually, malnutrition in Katsina arises from poverty, whilst food insecurity, climate change, inadequate care, access to health services, culture, norms and values are underlying causes and inadequate food intake and diseases are the immediate causes.

However, from the NDHS 2018, only 53.1% of women are receiving antenatal care from a skilled provider and 71.2% of Women are anaemic. Many newborns (37.5%) weigh less than 2.5kg at birth, and 60.5% of children under 5years are stunted and 10.5% wasted. Only 21.2% of infants are vaccinated appropriately for their age, 13.7% have diarrhoea of whom 65% have sought advice or treatment but unfortunately only 28.8% had zinc ORS.
The indicators suggest a prevalence rate of infants initiated to breast feeding within one hour at 27% and exclusively breast fed at 4-5 months is 21.3% (MICS 2022), this means that 8 out of 10 children missed the benefits of breast feeding. There is wide gap in malnutrition between the wealthy and the poor and also between the educated and uneducated ranging from two to seven times.

1.2.1 Poverty Situation in Katsina State

In pursuit of the Katsina state health development priorities, improvement in health outcomes and coverage within the framework of key International, National and State policies and programs such as the Sustainable Development Goals (SDGs), which include Poverty Reduction, Health, Education, Water and Sanitation, Empowerment and Environment. The Katsina State health policy seeks to strengthen the state health system to provide effective, efficient, quality, accessible and affordable health services that will in turn improve the health status of its

inhabitants. It was observed that the population of the state has been increasing rapidly from 2 million in 1987 to 9,554,249 in 2023 (NPC 2006 projected census). This figure of over nine million people has made Katsina State to be the fifth most populated State in Nigeria. In Katsina state, unemployment rate is 25.3% while underemployment is 23.5% (NMPISR 2022). Access to clean drinking water is 61% (NDHS,2016). In 2019, the poverty rate in the state showed that 56.42 percent of its population were poor. The national average then was 40.1 percent. Katsina State ranked 13th out of 36 assessed states. The Recent (2022) NBS multidimensional poverty index showed that Katsina State had a poverty rate of 72.70 percent. In simple language, around 7 million of the 9.5 million inhabitants of the state are poor. Katsina ranks third in the list of States with the largest number of poor, behind only Kano with 10 million people and Kaduna with eight million people (https://www.newslodge.com.ng/under-masari-katsinas-income-improved-but-poverty-and-infant-mortality-worsened).

1.2.2 Food Security

Food insecurity is closely link to hunger and malnutrition, whilst malnutrition is the most serious consequence of food insecurity. The nature and extent of hunger and food insecurity in Katsina State are of public health concern.

The lack of food is the most critical dimension of poverty, which is one of the SDGs indicators. Agriculture provides employment for close to 70% of the Nigerian population and accounts for almost one-third of the country's Gross Domestic Product. Katsina state government, in recognition of the importance of the agricultural sector, initiated and endorsed several projects and programmes aimed at rapidly growing the sector. The initiatives include the Buy-in into the Commercial Agriculture, National FADAMA Project, the Katsina state Food Security Program (KT-NFSP), and the state initiatives on fish, cassava, rice, and other foods, as well as the Agricultural Transformation Agenda.

Katsina State agricultural production has remained small-scale at subsistence level and largely dependent on rainfall and irrigation. Investment in agriculture by government has not significantly contributed to reduction of under-nutrition at the rate needed to meet the Katsina state development goals. The economic consequence of this is that food insecurity in terms of productivity loss is huge and requires urgent attention.

The food distribution system in Katsina State remains largely inefficient due to factors such as crop seasonality, inadequate storage technology and facilities, inadequate transport and distribution systems, as well as market information. All of these result in considerable spatial and seasonal variation in food production and availability and are responsible for the considerable variations in food prices across the state. The problem is aggravated by lack of adequate storage facilities and basic preservation techniques at the household level as well as climate change impact.

1.2.3 Nutrition Situation

Malnutrition and nutrition-related morbidity continue to be of public health concern in Nigeria. Malnutrition is widespread in the entire country, although the scale and scope varies between regions and across urban-rural divide. Malnutrition manifests mainly as under-nutrition, over-nutrition and micronutrients (minerals and vitamins) deficiencies.

The trend in under-nutrition among children under five has not shown significant changes as revealed by the Nigeria Demographic and Health Surveys (NDHS) 2003, 2008 and 2013. Stunting rate among under-five reduced from 42% in 2003 to 41% in 2008 and to 37% in 2013. On the other hand, wasting among under-five increased from 11% in 2003 to 14% in 2008 and to 18% in 2013. Underweight within the same period was 24%, 23%, and 29%, respectively, which indicated little or no improvement in under-five nutritional status in the last decade.

Under-nutrition reduces economic advancement of nations by at least 8% due to direct productivity losses and losses due to poorer cognition and reduced schooling (Horton and Steckel, 2013). Thus, such countries will be unable to break out of poverty and sustain economic advances without ensuring that their populations are adequately nourish on a sustainable basis. This poor state of child nutrition in Nigeria is an indication of inadequate dietary intake, inadequate care of women and children as well as inadequate access to health care and living in an unhealthy environment. About 23% of newborns in Nigeria receive breast milk within one hour of birth, whilst the exclusive breastfeeding rate is 17% (NDHS, 2013). During the transition period from 6 to 9 months, when a child is expected to receive a mix of breast milk and complementary

food, only 10% of children 6-23months were fed in accordance with infant and young child feeding recommendations (NDHS, 2013).

Indices such as above, position Nigeria as one of the 20 countries responsible for 80% of global child malnutrition (Bryce et al, 2008). Prevalence of chronic malnutrition among women of childbearing age in Nigeria is increasing as 25% and 11% of women are obese and overweight, (BMI $\geq$ 25.0) and 11% are thin (BMI $\leq$ 18.5) in NDHS 2013 when compared to 12% in NDHS 2008. This is an indication of the emerging double burden of malnutrition in the country. Maternal under-nutrition results in low birth weight which, in turn, contributes to high infant mortality and a significant factor in the high incidence of maternal mortality in Nigeria. Infant and under-five mortality in Nigeria have been on the decline in the last decade, but have remained unacceptably high at 97 per 1,000 live births and 158 per 1,000 live births in 2011 respectively (MICS 2011). According to NDHS 2013, infant and under- five mortality rates are 69/1000 live births and 128/1000 live births respectively.

In recent times, undernutrition could co-exist with overnutrition at both the community and household levels. Public health challenges in Nigeria have focused on issues related to under-nutrition and infectious diseases. Whilst the fight against under-nutrition has continued, change in lifestyle, diet and economic circumstances have predisposed some of the population towards over-nutrition and emerging nutrition challenges. This duality of both undernutrition and overnutrition co-existing together in a community or household is refers to as 'double burden of malnutrition'. The cause of double burden of malnutrition is complex with many factors, including nutritional, biological, social, environmental and genetic.

Data on micronutrient deficiency status is limited, and the available summary reports show that 29.5% and 13.1% of children and women, respectively, are Vitamin-A deficient (NFCNS, 2003). Nutritional anaemia prevalence among mothers and children, respectively, were 24.3% and 27.5%. The high maternal mortality is, in part, attributable to the high incidence of anaemia. The deficiencies of essential micronutrients have substantial adverse effects on child survival and development. In particular, Vitamin A and iodine deficiency have adverse effects on child health and survival, whilst iodine and iron

deficiency, together with stunting, have been reported to contribute to children not achieving their full developmental potential (Black et al., 2013).

1.2.4 Health System and Disease

In Nigeria and Katsina State, the number of people living with HIV/AIDS (PLWHA) is about 3.2 million and 44,946 respectively, whilst its prevalence among adults in Nigeria stands at 1.8% and in Katsina stands at 0.3% (NAIIS 2018). Therefore, promotion of good nutrition practices, access to health services including antiretroviral (ARV), and exclusive breastfeeding for the first six months for infants born of mothers living with HIV/AIDS is part of the rapid advice policy for nutrition in the context of HIV. Nutrition consideration is a priority in ensuring optimal nutrition in special circumstances such as HIV/AIDS and other disease conditions.

In response to the poor state of maternal and child health, the Katsina State Government, in collaboration with development partners in the health sector is to develop the Integrated Maternal Newborn and Child Health (IMNCH) strategy to provide the framework that will guide the acceleration of the attainment of SDGs 3. The strategy comprises evidence-based interventions and an investment plan using the marginal budgeting for bottlenecks to guide implementation. The 2012 MNCH strategy review identified wider nutrition coverage as key to Maternal, Newborn and Child Health (MNCH) interventions, whilst IMNCH has been incorporated into the National Strategic Health Development Plan (NSHDP) for Nigeria.

In furtherance of this, Government developed several guidelines to direct implementation, including guidelines on IYCF, Nutritional Care and Support for People Living with HIV/AIDS, Control of Micronutrient Deficiencies, Integrated Management of Acute Malnutrition, etc. Other efforts made by the government include its pledge to fund health system at US$31.63 per capita through increasing budget allocation, strengthening integration of services for MNCH, and increasing the number of core service providers. The UN Commission on Life Saving commodities and Information and Accountability for Women and Children, government in 2012 launched the Saving One Million Lives Initiative and approved National Essential Medicines Scaling Up Plan.

1.2.5 Nutrition in Emergencies

Nutrition response to emergencies has been limited in Katsina State. Natural and man-made disasters, climatic shocks, conflicts and insecurity are major causes of hunger and malnutrition due to lack of access by individuals to produce, sell and buy food. Basic services become over-stretched; women and children under five and the elderly make up the largest percentage of vulnerable population and would therefore need urgent humanitarian assistance, especially if they are also displace. Although, the capacity to predict the occurrence and gravity of emergencies has improved in the State, adherence to early warning and activation of response plans are poor. Whilst time lag is a constraint, the financial, technical and logistics capacities are challenging. Thus, nutrition considerations must be incorporated into emergency preparedness as well as the emergency response and management systems in the State.

1.2.6 Nutrition and the SDGs

Nutrition was key to the attainment of SDGs whose target was 2030. There has been little improvement in the health and nutrition status of children under five in the last decade. It was the realization of the need to fast track the attainment of the SDGs that prompted the renewed focus on evidence-based, cost-effective interventions aligned to the SUN movement.

1.3 Guiding Principles of the Policy

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

i. Prioritizations of poverty reduction and safety nets for the poor in government budgetary allocations;
ii. Recognition of adequate food and nutrition as a human right and adopting a rights-based approach to planning, budgeting, and implementation of the policy;
iii. Gender considerations and the needs of all vulnerable groups are integral to all components of the policy;
iv. Recognition of the multi-sectoral and cross-cutting natures of food and

nutrition;

v. Utilization of partnership and the network of stakeholders in harnessing resources for the implementation of the policy;

vi. Recognition of nutrition as a developmental issue and incorporating food and nutrition considerations into development plans at all levels of government;

vii. Establishment of a viable system for guiding and coordinating food and nutrition activities undertaken in the various sectors and at various levels of the society; and

viii. Reduction of malnutrition (under-nutrition and over-nutrition) through SUN activities with high impact and low cost interventions.

CHAPTER TWO

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

2.1 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

2.2 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.

2.3 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 Water and Sanitation sector in Provision of Adequate portable water Supply and Sanitation in the State.

2.4 Targets

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

i. Reduce the proportion of people who suffer hunger, food insecurity and malnutrition from 48% in 2023 to 30% by 2028;
ii. Increase exclusive breastfeeding rate from 21.3% in 2023 to 40% by 2028;
iii. Increase the percentage of children age six months and above who receive minimum dietary diversity from 23.4 % in 2023 to 45% by 2028;
iv. Reduce stunting rate among under-five children from 60.5% by 2023 to 40% by 2028;
v. Reduce childhood wasting including Severe Acute Malnutrition (SAM) from 10.5% in 2023 to 4.6% in 2028
vi. Reduction in anemia among pregnant women from 71.2 % in 2018 to 30% 2028;
vii. Reduction in anemia among children from 64.8% in 2018 to 45% by 2028
viii. Increase coverage of Vitamin A supplementation from 58.4% in 2023 to 85% by 2028;
ix. Increase by 50% households with relevant nutrition knowledge and practice that improve their nutritional status
x. Increase access to potable water from 60.9% in 2023 to 80% by 2028;
xi. Establish a functional nutrition department with budget line in all relevant MDAs in line with federal Government Directives by 100% by 2028;
xii. Reduce the incidence of malnutrition among victims of emergencies by 50% in 2028;
xiii. Mainstream nutrition into social protection and safety net programmes of all MDAs linked to nutrition by 2028;

xiv. Achieve universal access of all school children in the pre- and basic school classes to school-based feeding programs by 2028

xv. Increase the proportion of children who receive deworming tablets from 34.2% in 2023 to 85% by 2028

xvi. To arrest the emerging increase in obesity prevalence in adolescents and adults by 2028

xvii. Increase coverage of Zinc supplementation in diarrhoea management from 23% in 2018 to 80% of all children needing treatment by 2028

CHAPTER THREE
3.0 STRATEGIES

This chapter consists of strategies aimed at achieving the policy objectives described in the previous chapter. The strategies will employ interventions and approaches that are nutrition-specific, nutrition-sensitive, nutrition enhancing agriculture and food systems as well as build an enabling environment for sustaining this policy.

3.1 Food and Nutrition Security

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

The strategic framework for achieving food and nutrition security will adopt a multi-sectoral approach to implement the Katsina State food and nutrition strategy focusing on food security, quality and safety, consumer education, and food management. In addition, it will also focus on food production, food processing, storage, trade, marketing and distribution, as well as consumption.

3.1.2 Increasing Availability, Accessibility and Affordability of Food

i. Encourage and support integrated farming (Crops, livestock and fisheries) as a means of increasing food diversity and income sustainability for small-holder farmers, especially women and youth;
ii. Promote increased production of priority-value chain crops, animal products, fruits and vegetables across the three senatorial zones of the State;
iii. Promote urban agriculture and support urban and rural women and youths to adopt and set-up home and school gardening;
iv. Promote adoption of improved and cost-effective on-farm food-storage technologies including use of silos, solar drying, fish
v. smoking kiln, etc. by small holder farmers;
vi. Promote food safety through mycotoxins prevention during

production and storage;

vii. Promote biofortification of staple food crops with micronutrients as a long-term means of micronutrient deficiency control (MNDC); and

viii. Promote effective market information, food distribution and transportation systems.

3.1.3 Improving Food Harvesting, Processing and Preservation

i. Introduce and consolidate appropriate technologies for harvesting, processing, and preservation for crops, vegetables, fisheries and livestock;

ii. Facilitate access of small-holder farmers to technologies for improved crop harvesting, processing, and preservation; and

iii. Strengthen the training of extension workers for adequate dissemination of environmentally friendly agricultural technologies.

3.1.4 Improving Food Preparation and Quality

i. Develop and promote the use of nutritionally adequate recipes using locally available ingredients for all age groups;

ii. Promote appropriate food-preparation methods for improved nutrition and encourage the consumption of hygienic and nutritious foods;

iii. Promote the development and enforcement of minimum standard for food quality and safety both for imported and locally produced foods, including street-vended foods; and

iv. Fortify staple food during production, processing up to consumption level.

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

i. Establish Information Management Systems for food-insecurity and nutritional-vulnerability;

ii. Strengthen a system for timely intervention and food price

iii. stabilization during periods of food shortfalls by constituting a state food and fodder reserve (buffer stock) and Establishment of community-level strategic stock/cereal banks;

iv. Identify, develop, implement and sustain programmes that would

provide safety nets to protect the most vulnerable groups from negative effects of food crises as a result of natural disasters and economic policies;

v. Develop and provide comprehensive guidelines for managing nutrition during emergencies; and

vi. Facilitate effective coordination of interventions by government, humanitarian actors and development partners during emergencies.

3.1.6 School-based Strategies

i. Review basic education curricula to include nutrition education and training;

ii. Promote school feeding programmes in all early child care and primary schools to improve nutritional status, learning capacities and enrollment/retention of school-age children through community participation and public-private partnerships; and

iii. Promote and support the establishment of school gardens to provide complementary feeding and also stimulate interest in farming, food, and nutrition-related matters among growing children.

3.2 Enhancing Caregiving Capacity

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

i. Improve nutritional care for adolescent girls, pregnant women and women of reproductive age;

ii. Promote, protect and support early initiation of breastfeeding within thirty minutes of delivery, exclusive breastfeeding for the first six months and the continuation of breastfeeding well into the second year of life with the introduction of nutritionally adequate complementary foods at six months of age;

iii. Promote a Katsina state nutrition education programme which should target child caregivers, health workers and communities to increase awareness of the proper care and feeding of children;

iv. Promote and sustain twice-yearly Vitamin-A supplementation for children aged 6 to 59 months and de-worming for children aged 12

to 59 months;

v. Promote hand-washing, proper waste disposal and Community- led Total Sanitation (CLTS);

vi. Ensure the establishments of crèches in work places having more than ten women in public and private institutions;

vii. Provide and promote IYCF counseling and support for pregnant and lactating women at the community and health-facility levels in line with the Katsina State Primary Health Care Agency (SPHCA) strategies;

viii. Rigorously monitor the implementation of the Katsina State regulation and the international code and all World Health Assembly (WHA) resolutions on the marketing of Breast Milk Substitutes (BMS); and create accountability mechanisms for marketing of infant formulas;

ix. Promote an integrated approach for the management of Acute Malnutrition as a minimum package of MNCH services; and

x. Enforce implementation of six months of maternity and two weeks paternity leave at all levels, including public- and private-sector institutions.

3.2.2 Caring for the Socioeconomically Disadvantaged and Nutritionally Vulnerable

i. Promote adequate (both quantity and quality) food intake and adequate rest for pregnant and lactating women; and

ii. Develop and encourage the use of labor-saving technologies to reduce the workload of women and create more time for child care.

3.3 Enhancing Provision of Quality Health Services

3.3.1 Reduce Morbidity and Mortality Associated with Malnutrition

3.3.2 Preventing and Managing Nutrition-Related Diseases

i. Increase access to and improvement of quality of health services to

provide essential maternal and child nutrition care;

ii. Ensure the full integration of essential nutrition actions (ENA) into routine primary health care services;

iii. Create an enabling environment for the local production of Ready- to Use Therapeutic Food (RUTF)

iv. Ensure adequate supply and provision of Ready-to-Use Therapeutic Food (RUTF) for the treatment of malnutrition among vulnerable children;

v. Promote prevention and treatment of diseases associated and linked with malnutrition; and

vi. Provide nutrition support in special cases such as preterm and small-for-gestation babies, PLWHA, abandoned babies and orphans, etc.

3.3.3 Preventing Micronutrient Deficiencies

i. Prevention of VAD by instituting short- and long-term sustainable interventions, including bi-annual Vitamin-A supplementation to children aged 6 to 59 months as well as promoting dietary diversification and food fortification;

ii. Control of iron-deficiency anaemia (IDA) through:

a. The provision of iron-folate supplements to pregnant women.

b. De-worming of children aged 12 to 59 months and school- aged children every six months.

iii. Control and prevent Iodine-Deficiency Disorders (IDD) through the enforcement of legislation on universal salt iodisation (USI) at 50mg per kg salt, and through regular monitoring of salt iodine levels;

iv. Control and prevent Zinc-deficiency disorders;

v. Provide Zinc and low-osmolarity oral rehydration solution (LO-ORS) to treat diarrhoea;

vi. Enforce food fortification standards in regulated food products;

vii. Enhance micronutrient consumption through encouragement of the use of micronutrient powders and lipid-based nutrient supplements (LBNS) for food enrichment at the household level; and

viii. Promote social and behavioural change communication (SBCC) to encourage appropriate food choices that favour consumption of micronutrient-rich foods.

3.3.5 Protecting the Consumer through Improved Food Quality and Safety

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

3.4 Improving Capacity to Address Food and Nutrition Insecurity Problems

3.4.1 Assessing, Analyzing and Monitoring Nutrition Situations

i. Establish community-based growth monitoring to promote healthy growth, detect child growth faltering, and recommend appropriate actions;
ii. Promote participatory approaches for communities to assess, analyze, and take appropriate actions to address food and nutrition problems;
iii. Undertake capacity/skills-gap analysis at all levels of those involved in the planning and implementation of food and nutrition programme and activities;
iv. Develop and strengthen the effective planning and managerial capacity of federal and state government as well as local government authorities (LGAs) to address food and nutrition problems;
v. Institute mechanism for regular review of nutrition curricula in tertiary institutions and vocational institutions;
vi. Ensure training and re-training of Nutritionists, Nutrition Desk Officers and other relevant service providers to improve their capacity for food and nutrition programme management; and
vii. Ensure adequate staffing of relevant MDAs implementing sectoral nutrition programmes with skilled and qualified nutritionists.

3.4.2 Providing a Conducive Macro-Economic Environment

i. Incorporate nutrition objectives into MDAs' development policies, plans, and programmes;
ii. Analyze macro-economic and sectoral policies in terms of their potential impact and consequences for household income, food consumption, and delivery of human services, with a view for policy modification to ameliorate adverse effects;
iii. Promote increase in social-sector spending and explore the potential role of the private sector; and
iv. Promote productive capacity through encouraging private sector engagement in food and nutrition related investment.

3.4.3 Social Protection Programmes for the Vulnerable Groups

i. Promote the establishment and expansion of existing social protection policy in all sectors with inclusion of nutrition considerations as conditions of social protection programmes to address poverty, malnutrition, and health of the most vulnerable groups;
ii. Extend the services of Katsina State Contributory Health Care Management Agency to incorporate the Community Health Insurance health services to vulnerable groups, especially women and children; and

iii. Develop social protection programmes that would provide safety nets, both short- and long-term (including distribution of food), to protect the most vulnerable groups from negative effects of macro- economic and sectoral policies on purchasing power, food consumption, and the delivery of human services.

3.5 Raising Awareness and Understanding of the Problem of Malnutrition in Nigeria

3.5.1 Promote Advocacy, Communication and Social Mobilisation

i. Develop an advocacy and social mobilization strategy for food and nutrition
ii. Sustain advocacy to policymakers at all levels for resource mobilization for food and nutrition activities
iii. Promote Behaviour Change Communication (BCC) for better understanding of food and nutrition security problems for improved food and nutrition practices;
iv. Promote the design and production of harmonized, appropriate BCC materials for use and distribution at the national, state, and LGA levels; and
v. Promote and strengthen nutrition education for all age groups through multimedia communication approaches.

3.5.2 Promoting Healthy Lifestyles and Dietary Habits

i. Promote good dietary habits and healthy lifestyles for all age groups through appropriate social marketing and communication strategies;
ii. Support the design and implementation of appropriate community-based nutrition education programmes;
iii. Develop appropriate food-based dietary guidelines for healthy living;
iv. 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.); and
v. Promote regular physical exercise and periodic medical checkups for nutrition-related, non-communicable diseases.

3.5.3 Research in Nutrition

i. Promote research and development of locally available staple diets and use of under-utilized crops for improved Utilization and nutrition;
ii. Produce a complete food-composition table for locally available food and agricultural produce (raw, processed, and prepared);
iii. Promote, support, and disseminate research findings on food processing and preservation technologies for adaptation at the village and household levels;
iv. Promote research on local food fortification;
v. Promote collaborative programme implementation operations research to enhance programme outcomes; and

vi. Engage in periodic conduct of food consumption and nutrition survey to track policy impact.

3.6 Resource allocation for food and nutrition Security at all levels

i. Ensure adequate implementation of the policy through sufficient budgetary allocation and timely release of funds;
ii. Strengthen the coordination capacity of the MB&EP and its state counterparts with the required resources (human, financial, and material) for effective management and coordination of the policy; and
iii. Strengthen the capacity of the MB&EP to mobilize resources both internally (state and LGA) and externally (bi- and multilateral donors).

CHAPTER FOUR

4.0 INSTITUTIONAL ARRANGEMENTS, LEGAL FRAMEWORK AND FINANCING

4.1 Preamble

Katsina State Food and Nutrition Policy requires an effective institutional arrangement to ensure a results-oriented programme implementation. Past implementation efforts have been principally sectoral (health, agriculture, science and technology, education etc.), uncoordinated, inadequately funded, limited in scope and coverage and also lack of political will.

In order to address this problem, the Government of Katsina State designated the Ministry of Budget and Economic Planning (MOBEP) as the State focal point for food and nutrition policy, programme planning, and coordination in the State.

The membership includes Honourable Commissioner Ministry of Budget and MDAs, one representative from local government Chairmen, organized private-sector, SCFN and relevant professional associations. The Economic Planning as Chairman while Permanent Secretary of the ministry will serve as secretary of the Committee and Other relevant member of State committee on food and nutrition domicile in MOBEP as the technical arm.

4.2 Leadership, Structures, and Institutions

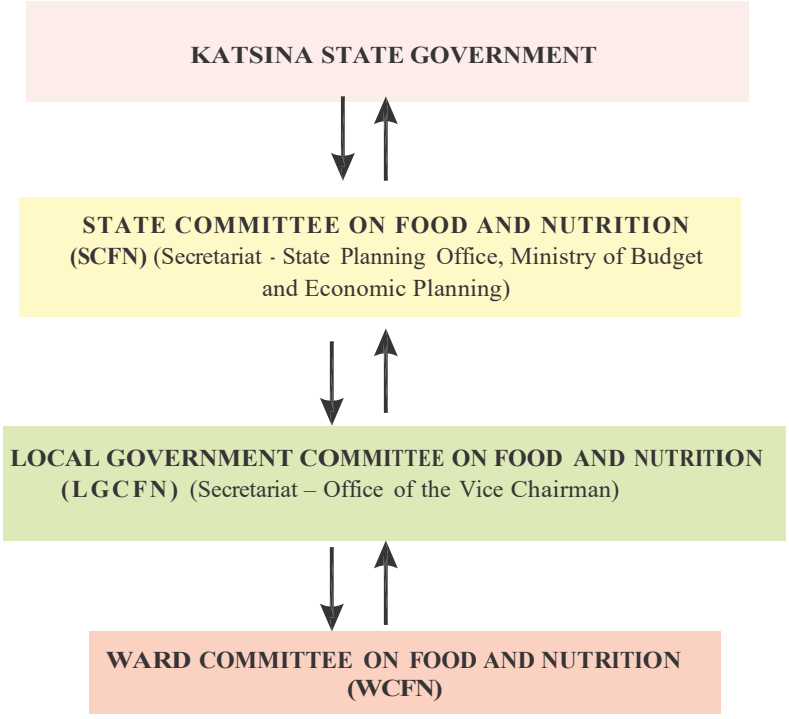
The implementation of Katsina state policy on Food and Nutrition is the responsibility of the authorities at the two levels of government (i.e., State and LGAs in collaboration with other stakeholders, including the organized private sector, development partners, professional bodies, civil society organizations (CSOs) (i.e. Non-Governmental Organizations [NGOs], Faith Based Organizations [FBOs]), INGOs and communities.
Administrative arrangements between the State and SCFN, State MDAs and Local Governments will form the basis for planning and implementation of the State Food and Nutrition Policy (KTSFNP). In this regard, MOBEP will be responsible for co-ordination of Food and Nutrition Programmes. Relevant MDAs at

the State and LGAs levels are responsible for the implementation of specific projects and programmes relevant to the policy.

The Focal points at the State and LGA levels will have the responsibility of identifying and mobilizing resources for executing given project or activity in a coordinated manner and paying due emphasis to the need for harmonization and synergy within each body's geographic boundaries and authority.

The State and LGAs ensure that the various organizations are fully accountable for the resources and programme activities, which are under their responsibility to guarantee the confidence of all stakeholders and partners involved as well as ensure correct and timely programme implementation.

Institutional Structure for the Coordination of Policy Implementation



4.3 Katsina State Ministry of Budget and Economic Planning (MoBEP)

The MoBEP will serve as the State focal point for food and nutrition policy programme planning and coordination in the State. The Ministry will also serve as the secretariat for both the SCFN and SCN and shall coordinate with the state Secretariats and have regular fora for interactions. The Ministry have at least one qualified and experienced nutritionist (not less than a Deputy Director) as administrative head of the division or department that will house the SCFN secretariat. In addition, two planning officers and at least one MEAL person should constitute the technical team in the division or department. Opportunities should be created for nutritionists to come on board as interns to complement the staff in the department.

The MoBEP shall convene meetings of the SCFN and produce annual reports on progress made in food and nutrition. The Permanent Secretary of the Ministry will serve as chairman of SCFN or a designated officer not below the rank of a director. In addition, a nutrition partners forum, State working groups, and sub-committees on food and nutrition shall be established and meet regularly (at least quarterly).

4.3.1 Mandates of the MoBEP

The mandate of the MoBEP is:

i. To provide day-to-day support that will enhance the effectiveness of SCN;
ii. To serve as the focal point for the coordination and harmonization of all food- and nutrition-related policies and programmes being implemented by various MDAs into State programme consistent with the goals and aspirations outlined in this policy document;
iii. To provide a forum for exchange of views and experiences among the bodies implementing nutrition programmes in Katsina State and, thereby foster and strengthen their respective roles in the programme;
iv. To coordinate the review, on a continuous basis, of policies and programmes with regard to their potential impact on food and nutrition issues;
v. To ensure effective implementation of the different policies and

programmes by putting in place effective machinery for MEAL;

vi. To maintain ongoing advocacy for food and nutrition issues;

vii. To ensure adequate financial provisions and timely release of allocated funds in Katsina State Development Plan and annual budget;

viii. To liaise with international donor agencies, financial institutions, the private sector, community-based organizations (CBOs) and NGOs when soliciting funds and material support to complement government resources and efforts; and ensure that development partners incorporate nutritional considerations into their development strategies across all sectors, especially food security, maternal and child health, social protection, education, agricultural research, and gender-based programmes; and

ix. To coordinate the analysis and dissemination of results of important food and nutrition studies, statistics, and data.

4.4 State Committee on Food and Nutrition (SCFN)

In order to achieve the State Food and Nutrition Policy objectives and implement its programmes, a SCFN has been established, located in the MoBEP to assist the MoBEP to assess and enhance the various policies on food and nutrition and to plan State programmes on food and nutrition matters.

Membership of the committee is drawn from relevant MDAs as well as representatives of academia dealing with issues of food and nutrition.

4.4.1 Membership of the SCFN

i. Ministry of Agriculture
ii. Ministry of Basic and Secondary Education
iii. Ministry of Budget and Economic Planning
iv. Ministry of Environment
v. Ministry of Finance
vi. Ministry of Health
vii. Ministry of Higher Education, Science and Technology
viii. Ministry of Information and culture
ix. Ministry of Local Government and Chieftaincy Affairs
x. Ministry of Women Affairs
xi. Ministry of Rural and Community Development
xii. Katsina State Primary Health Care Agency
xiii. State Universal Basic Education Board
xiv. National Orientation Agency, Katsina
xv. Rural Water Supply and Sanitation Agency, Katsina,

xvi. Katsina State Agricultural Development Agency
xvii. Media
xviii. Civil Society Organization
xix. Civil Society Scaling Up Nutrition in Nigeria, Katsina
xx. Professional Bodies
xxi. Academia
xxii. State Environment Management Agency
xxiii. Private sector
xxiv. Partner
xxv. All other relevant Agencies to be co-opted

4.4.2 Mandate of the SCFN

The SCFN has a mandate of:

i. Providing necessary technical and professional assistance and support to the secretariat (MoBEP) on food and nutrition policy planning and implementation;
ii. Proposing and reviewing, on a continuous basis, policies and programmes that have a potential impact on food and nutrition issues;
iii. Ensuring that the representatives of relevant sectors on the committee undertake effective implementation of their various policies and programmes;
iv. Advising on the formulation of appropriate strategies for policy and programme MEAL;
v. Supporting the MoBEP in the maintenance of ongoing advocacy for food and nutrition issues; and
vi. Assisting the MoBEP to set up and manage a database of nutrition activities.

4.4.3 The SCFN Secretariat

The SCFN shall have a secretariat established in the State Planning Ministry (or equivalent in the state) which shall be a division within the Ministry responsible to the chair of the SCFN in the implementation of the decisions of the SCFN as well as the day-to-day operations of the State food and nutrition programme. The Permanent Secretary of the Ministry or its equivalent will head the SCFN whilst the state nutrition officer will serve as the secretary. The division shall be fully staff with the requisite human and material resources with the required mix of staff and competencies in nutrition, food, and MEAL. In addition, the secretariat will be responsible for:

i. Servicing all statutory SCFN meetings;
ii. Establishing appropriate linkages with other departments within the Planning Ministry (or equivalent in the state); and
iii. Undertaking any other duties as may be assign by the Planning Ministry (or equivalent in the state) towards effective implementation of this policy.

4.5 Local Government Committee on Food and Nutrition (LGCFN)

In order to achieve the State Food and Nutrition Policy objectives and implement its programmes, a LGCFN shall be established and located in the Office of the LGA Vice Chairman. Membership of the committee will be drawn from relevant Departments as well as representatives of CSOs/CBOs/FBOs dealing with issues of food and nutrition.

4.5.1 Mandate of the LGCFN

The LGCFN has a mandate of:

i. Providing necessary technical and professional assistance and support to the secretariat (Office of the LGA Vice Chairman) on food and nutrition programme implementation;
ii. Ensure adequate financial provision and timely release of allocated funds in state development plans
iii. Proposing and reviewing, on a continuous basis, programmes that have a potential impact on food and nutrition issues;
iv. Ensuring that the representatives of relevant sectors on the committee undertake effective implementation of their various policies and programmes;
v. Implementing appropriate strategies for programme MEAL;
vi. Supporting the Office of LGA Vice Chairman in the maintenance of ongoing advocacy for food and nutrition issues;
vii. Managing and maintaining database of nutrition activities; and
viii. Coordinating nutrition programme implementation at the LGA level.

4.5.2 The LGCFN Secretariat

The LGCFN shall have a secretariat established in the Office of the LGA Vice

Chairman who shall serve as chair of the LGCFN, and the L GA nutrition focal person shall serve as the Secretary. The Secretariat will be responsible for:

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

4.6 Roles of Professional Bodies and Development Partners

4.6.1Professional Bodies, CBOs, CSOs, FBOs and NGOs

To ensure proper coordination of activities and to avoid duplication of efforts, the coordinating agencies at State and Local Government levels will work closely with relevant professional bodies. This include Nutrition Society of Nigeria, Dietetic Association of Nigeria, Institute of Dietetics in Nigeria (IDN) and Nigeria Institute for Food Science and Technology, NGOs, CBOs, CSOs, FBOs, and local communities in pursuit of the National Food and Nutrition Policy objectives.

This partnership could benefit the policy implementation through:

i. Resource mobilization;
ii. Project implementation and
iii. Community mobilization, participation, and ownership at the grassroots level as well as sustainability.

4.6.2 Development Partners

Government and development partners (bilateral and multilateral agencies) have always worked closely together on food and nutrition issues in the areas of programme design, training and capacity-building, research and implementation of pilot, regional and national programmes. The government will continue to appreciate the assistance provided by donor agencies in the execution of the State Food and Nutrition Policy.

This partnership has the following benefits:

i. Resources mobilization in the forms of grants and loans;
ii. Providing best practices to be used in refining and re-designing existing programmes, and introducing new ones; and

iii. Full participation in programme implementation and review as well as MEAL.

4.7 Resource Mobilisation

Government shall regularly ensure mobilization and timely release of resources required from budgetary allocations to fully implement the policy on food and nutrition security at all levels.

These internal resources will be complemented, as required, by external grants, loans and contributions by aforementioned organizations, and the private sector. The committee will also be expected to contribute in cash or kind as appropriate.

4.8 Sustainability and Programme Scale Up

4.8.1 Scaling Up Nutrition (SUN) Movement

This domicile in the Katsina State Ministry of Health (MoH) and focused on promoting the implementation of evidenced-based nutrition interventions and scaling up successful practices, as well as integrating nutrition goals into broader efforts in critical sectors such as public health, education, social protection, food and agriculture.

CHAPTER FIVE
5.0 MONITORING, EVALUATION, ACCOUNTABILITY AND LEARNING

5.1 Monitoring and Evaluation

For successful implementation of the Food and Nutrition Policy, an effective MEAL system will be established. The purpose of the MEAL system will be to provide accurate, reliable, and timely information on the progress of implementation and regular reporting on the specific objectives listed in Chapter Two. This will entail intensive process of thorough assessment of existing problems, analysis of their causes and assessment of resources required to improve the nutrition situation. The information generated will be useful for future planning exercises, as well as for MEAL of the success of government's efforts in addressing the problem of malnutrition in Katsina State.

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

5.2 Food and Nutrition Information System

The food and nutrition information system will rely on administrative reporting systems that already exist in certain MDAs, routine data collected from all the relevant sectors as well as community-level food and nutrition information, including data from child growth monitoring and promotion programmes. Sample surveys will also be considered as well as Rapid Rural Appraisal (RRA) techniques as a possible means of obtaining information quickly. Programme managers to bring about improvement will use information generated to assess the food and nutrition situation as well as inform programmatic changes and amendments.

5.3 MEAL System

To monitor and evaluate the nutritional impact of the Katsina State Food and Nutrition Policy and its consequent programmes, a number of known core indicators will be considered to assess whether the targets and goals are being reached. The MEAL system will use the information generated through the food and nutrition information system in addition to scheduled NDHS, MICS, and SMART surveys to inform decision-makers on the result achieved and the impact.

To achieve this, a database shall be created to keep accurate and relevant information through vertical and horizontal collation of data from the LGAs and state levels so that progress and changes are tracked and impact measured. The system shall use a simple MEAL approach with the primary aim to enable planners at each level to collect data that shall assist them in the ongoing planning and implementation of food and nutrition programmes and activities. A feedback mechanism shall be introduced to enable "downwards" sharing of data through regular communication about the progress of food and nutrition programme and activities at the state and LGA levels. The main MEAL activities will include:

i. Monitoring of achievements and results component;

ii. Evaluation/impact assessment component;

iii. Learning is a set of new insights gained after evaluation of activities in a given period of time for continuous improvement of the project

iv. Implementation and Result Progress Report.

5.3.1 Objectives of the MEAL

i. Measure the progress, achievements, and performance through the strategy results framework and a set of specific indicators on food and nutrition;

ii. Provide policymakers and different stakeholders with relevant qualitative and quantitative information to enable them to:

- Undertake the strategy performance assessment so as to make corrections for a satisfactory implementation and capitalization on best practices;
- Draw conclusions about the effectiveness of the achievements;
- Increase skills in the area of quality assurance in food and nutrition strategy implementation, and use appropriate information for policy adjustment; and

- Provide data to all stakeholders for communication with a view to creating a transparent information environment (on financial flows, inputs, results, and performance).

5.3.2 Techniques and Tools for Data Collection and Analysis

The focus of the MEAL system shall be to collect accurate, reliable and timely data on the food and nutrition programme results at prescribed intervals using appropriate tools. This will include routine data from health facilities and other relevant institutions as well as population-based data.

5.3.3 Procedures for MEAL - Roles and Responsibilities of different Actors

5.3.3.1 The Katsina State Ministry of Planning and Budget

The MoBEP will have responsibility for overall MEAL. The SCFN Secretariat in collaboration with the MEAL office of the MoBEP will have responsibility for the following:

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

5.3.3.2 Katsina State Ministries, Departments and Agencies

The Department of Planning, Research and Statistics in each ministry will be responsible for the collation and management of MEAL data and also the following:

i. Ensuring data quality and compliance with established specification;
ii. Submitting timely data and MEAL report to the State MEAL system;
iii. Validating the accuracy of data before submission to State MEAL system

GLOSSARY OF TERMS

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

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

Baby-Friendly Hospital Initiative: A hospital-based programme that seeks to promote good breastfeeding practices by mothers (i.e. Exclusive Breastfeeding for the first six months of life).

Complementary Foods: Foods, in addition to breast milk, given to infants after six months of age.

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

Food Security: Access by all people at all times to enough food all the year round for an active, healthy life.

Food Insecurity: When a household is unable to provide adequate food for its members on a sustainable basis either due to inability to produce its own food or through food purchases.

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

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

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

malnutrition.

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

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

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

Malnutrition: The impairment of health due to a deficiency, excess, or imbalance of nutrients. It includes under-nutrition, which refers to a deficiency of calories and other nutrients and over-nutrition, which refers to excess of calories and nutrients (but usually of calories).

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

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

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

Nutritional Surveillance: The process of keeping watch over the nutritional situation of a community or a population and the factors that affect it, in order to take appropriate actions that will forestall problems or lead to improvement in nutrition.

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

Mortality: Death of babies before birth.

Prevalence Rate: The percentage of individuals in a sample or population who are affected by a certain disorder or condition.

Provitamin A: A substance (beta-carotene) found in plants that can be converted by the body to Vitamin A.