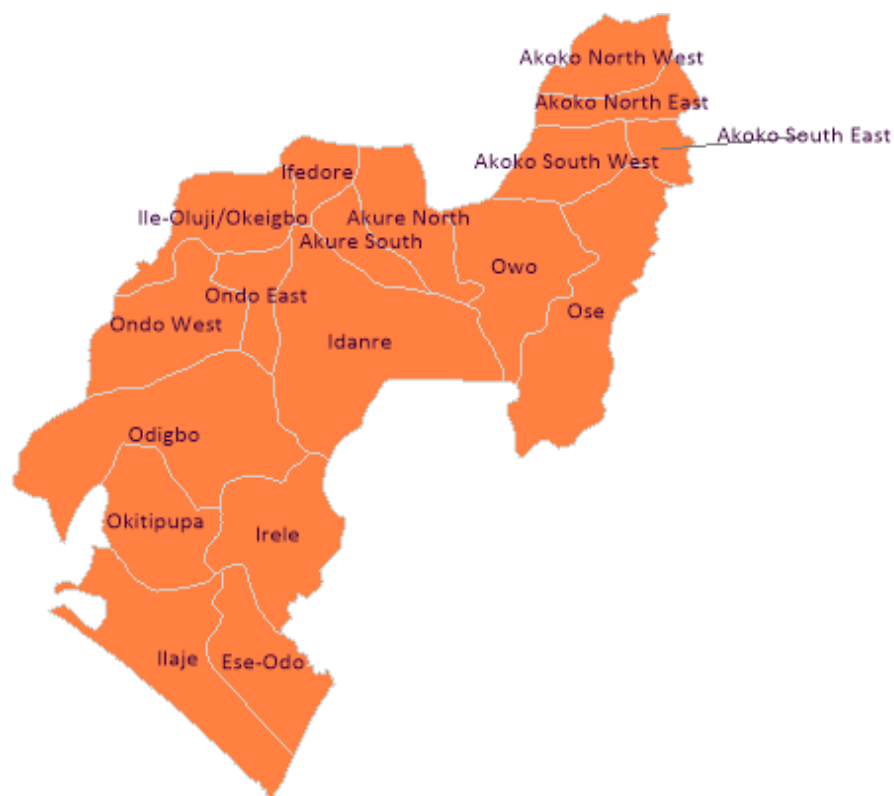


# ONDO STATE STRATEGIC PLAN OF ACTION FOR NUTRITION



## ONDO STATE, NIGERIA



## COSTED NUTRITION STRATEGIC PLAN OF ACTION (2017 – 2021)

## ACRONYMS

1.	AIDS	- Acquired Immune Deficiency Syndrome
2.	ANC	- Antenatal care
3.	BCC	- Behaviour Change Communication
4.	CBO	- Community-Based Organisation
5.	CHW	- Community Health Worker
6.	CIYCF	- Community-Based Infant and Young Child Feeding
7.	CMAM	- Community Management of Acute Malnutrition
8.	CSO	- Civil Society Organisation
9.	DRNCD	- Diet Related Noncommunicable Diseases
10.	EBF	- Exclusive Breastfeeding
11.	FAO	- Food and Agriculture Organisation of the United Nations
12.	FBO	- Faith-Based organization
13.	FMOH	- Federal Ministry of Health
14.	GAIN	- Global Alliance for Improved Nutrition
15.	GDP	- Gross Domestic Product
16.	HIV	- Human Immunodeficiency Virus
17.	HMIS	- Health Management Information System
18.	IFA	- Iron and Folic Acid
19.	IUGR	- Intra-Uterine Growth Restriction
20.	IYCF	- Infant and Young Child Feeding
21.	LBW	- Low Birth weight
22.	LGA	- Local Government Area
23.	MDGs	- Millennium Development Goals
24.	MI	- Micronutrient Initiatives
25.	M&E	- Monitoring and Evaluation
26.	MNCH	- Maternal, Newborn, and Child Health
27.	MNDC	- Micronutrient Deficiency Control
28.	MUAC	- Mid-Upper Arm Circumference

29.	NAFDAC	- National Agency for Food and Drug Administration and Control
30.	NCFN	- National Committee on Food and Nutrition
31.	NDHS	- Nigeria Demographic and Health Survey
32.	NFNP	- National Food and Nutrition Policy
33.	NGN	- Nigerian Naira
34.	NGO	- Non-Governmental Organization
35.	NHSPA	- National Health Sector Strategic Plan of Action
36.	NIPD	- National Immunisation Plus Day
37.	NPC	- National Planning Commission
38.	NPHCDA	- National Primary Healthcare Development Agency
39.	NSHDP	- National Strategic Health Development Plan
40.	NSS	- Nutrition Surveillance System
41.	PHC	- Primary Health Care
42.	PLWHA	- People Living with HIV/ AIDS
43.	PLW	- Pregnant and Lactating Women
44.	PMTCT	- Prevention of Mother-to-Child Transmission of HIV
45.	PPP	- Public-Private Partnership
46.	RUTF	- Ready-To-Use Therapeutic Food
47.	SAM	- Severe Acute Malnutrition
48.	SMART	- Standardized Monitoring and Assessment of Relief and Transition
49.	SMOH	- State Ministries of Health
50.	SOML	- Saving One Million Lives Initiative
51.	SON	- Standards Organization of Nigeria
52.	SUN	- Scaling Up Nutrition
53.	UN	- United Nations
54.	UNICEF	- United Nations Children's Fund
55.	VAD	- Vitamin A Deficiency
56.	WFP	- World Food Program
57.	WHO	- World Health Organisation

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## FOREWARD

Nutrition entails taking in and utilizing foods to meet the the body's dietary needs. By improving nutrition, we can build human capital and fuel economic growth for generations to come. Malnutrition in all its forms continues to hamper the lives and opportunities of millions of people worldwide. Poor nutrition can cause life-long and irreversible damage, with consequences at the individual, community, and national levels. Nutrition-specific interventions are key to accelerating progress. However, it is also critical to leverage relevant sectors—like agriculture, education, and social welfare and use these nutrition-sensitive interventions as delivery platforms for nutrition-specific interventions, potentially increasing their scale, coverage and effectiveness.

The increasing Food and Nutrition demands, as well as developments in global Food and Nutrition , coupled with poor funding, which have resulted in malnutrition problems, hunger and high poverty index rate had necessitated the reviews in existing plans. There was also the need, for stakeholders in Food and Nutrition sector in the State to review their plans in order to align the interventions with National and International targets most especially the Sustainable Development Goals (SDGs). This strategic Food and Nutrition Plan is broad-based, multi-sectoral and target-oriented and is expected to streamline and focus Food and Nutrition interventions in the State.

Over the last two years, Ondo State has recorded substantial progress in the performance of its nutrition system. This includes improvements in key indices for nutrition such as : stunting, wasting, and underweight; anaemia, zinc deficiency, and Vitamin A deficiency. The State Acute Malnutrition and Moderate Malnutrition reduced from 5.9% and 5.5% respectively in 2014 (NNHS, 2014) to 5.1% and 4.4% respectively in the 2015 (NNHS, 2015). Overweight also reduced from 1.5% to 0.6% in the same period. The key lesson from these successes is the need for the state to build a resilient health system that assures access to basic health care services in a sustainable manner.

Despite these marginal improvements, the state still has a long way to go, most especially in the areas of wasting, underweight, and Stunting in children uder five years of age, and in achieving the Sustainable Development Goals. It is for this reason that the Ondo State Government, in collaboration with UNICEF, has taken the bold step to produce a holistic costed state strategic plan of action for nutrition where all relevant sectors are involved. A set of 8 priority areas have been identified that are considered key to improving nutritional status in the state. These include six Nutrition-specific areas- nutrition for women of reproductive age , Infant and young Child Feeding, Management of Severe Acute Malnutrition, Micro-nutrient Deficiency Control, Diet-related NCDs, and three Nutrition-sensitive areas - Poverty reduction, Food Security and Water & sanitation. Cross-cutting strategies have been

identified as the means to achieve high coverage and quality delivery of these priority areas and thus achieve the objectives and targets of the plan. Activities for each of these strategies will be delivered by various relevant sectors through appropriate delivery platforms to ensure maximum coverage. In particular, the plan also identifies the need for strengthened collaboration between sectors; and improved financing and accountability mechanisms to achieve these ambitious targets.

This costed plan will also serve as a resource mobilization tool for the state and subsequently as allocation guide for effective implementation as well as proper program monitoring and evaluation. It is also envisaged that it will guide development partners in aligning their support and activities with the identified priority areas.

Also, in this workplan, we have taken a deeper look at our stakeholder base and recognized their importance in the successful implementation of the workplan. It is, therefore, our hope that all state and non-state actors, including the private sector, will closely collaborate with relevant nutrition authorities at the State and Local Government levels in the implementation of this Plan, considering the general consensus that achieving good nutrition is a collective responsibility.

I, therefore, commend this document to all stakeholders in nutrition and nutrition-related sectors.

**C.O.Kolawole *NPOM***

**Permanent Secretary Ministry of Economic Planning and Budget and Chairman, State Committee on Food and Nutrition**

## ACKNOWLEDGEMENT

This costed strategic plan is aimed at demonstrating Ondo State's commitment towards improving the Nutritional outcomes of its condition/benefits on people, with particular emphasis on women, children and people with special conditions. This plan has been developed as a Multi-sectoral document to guide the integrated and collaborative implementation of high-impact nutrition and nutrition-related interventions over the next five years. The Ondo State Government wishes to acknowledge the effort of all those who contributed to the development of this document, without whom this would not have been possible.

Sincere appreciation goes to the State Ministries of Budget and Economic Planning, Health, Agriculture, Information, Women Affairs and Social Development, Education and their respective agencies and parastatals, for their commitment, time and staff who contributed to develop this strategic plan. Others are the Academia, NAFDAC, Nutrition Society of Nigeria and NGOs.

We also acknowledge the efforts and contribution of our development partner United Nations Children Fund (UNICEF), for their technical support and funding towards the process that led to the development of the State Strategic Plan on Nutrition.

Lastly, the State wishes to thank the Federal Ministry of Health, National Primary Health Care Development Agency and the Federal Ministry of Budget and National Planning for the technical guidance towards supporting Ondo state in the development, finalization and dissemination of this costed strategic plan.

Signed,

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## EXECUTIVE SUMMARY

Malnutrition greatly impacts survival, growth, health, cognition, development, and productivity. The Ondo State Strategic Plan of Action for Nutrition which involved extensive consultations with nutrition stakeholders in the State, identifies key priority areas which if implemented will greatly contribute to the realization of optimal nutrition for people in Ondo State.

The purpose of the Ondo State Strategic Plan of Action for Nutrition (OSSPAN) is to provide a framework for coordinated implementation of nutrition interventions by the government and other nutrition stakeholders in the State. The Plan has been developed at a time when the government of Ondo State is resuscitating interest in nutrition which action it initiated with the launch of Nutrition Rebirth on 22<sup>nd</sup> January, 2015.

The High impact Nutrition interventions (HiNi) to be implemented include: exclusive breastfeeding, timely complementary feeding, iron folate, vitamin A and zinc supplementation, deworming, food fortification, management of moderate and severe acute malnutrition, and hand washing. These nutrition specific interventions will be supported with certain Nutrition-sensitive interventions in agriculture, social safety nets, early child development and education which have been proven to have enormous potential to enhance scale, coverage and effectiveness of the nutrition-specific interventions. It is expected that this Plan will contribute to increased commitment, partnerships and networking as well as resource mobilization efforts among nutrition stakeholders and facilitate mainstreaming of nutrition into the budgeting process and the State development plans for better allocation of resources to nutrition programmes.

The Ondo State Strategic Plan of Action for Nutrition has been arranged in chapters as follows:

Chapter 1- Introduction: Presents rational for the Strategic Plan of Action , the nutrition situation in Ondo State, and on-going and recent responses to Nutrition situation in the State.

Chapter 2- Presents the vision , goal, guiding principles , strategic objectives , targets and strategies for achieving the targets of the Strategic Plan of Action in Ondo State.

Chapter 3- Addresses strategic issues under different thematic areas , the main interventions, delivery platforms and their expected outcomes.

Chapter 4- Focuses on monitoring and evaluation, including the monitoring and evaluation matrix of targets and time-frames for the plan.

Chapter 5- Deals with estimated budget for the main interventions proposed for each of the strategic areas.

The Ondo State Strategic Plan of Action for Nutrition 2017-2021 contains eleven (11) thematic areas of interventions and twelve (12) strategic objectives with their corresponding activities and expected outcomes. These intervention areas are as follows:

**Nutrition of women of reproductive age (15-49 years):** Improving the health of women of reproductive age is a priority because Maternal malnutrition increases the risk of poor pregnancy outcomes.

**Infant and Young Child Feeding of children under five years of Age:** Child malnutrition is the biggest contributor to under-five mortality, due mainly to increased susceptibility to infections. Child malnutrition also has long term effects including on set of adult non-communicable diseases as well as negative impact on economic productivity.

**Prevention and management of Severe Acute Malnutrition to save lives of vulnerable groups including emergencies.** These interventions are aimed at providing nutrition care and support during illness to prevent further deterioration of nutritional status and save lives of persons affected taking into account the seasonality of food availability as well as emergency situations.

**Micronutrient deficiencies Control (MNDC):** Prevalence of Micronutrient (Zinc, Vitamin A, iodine, iron) deficiencies affect survival, growth, health, cognitive development and productivity. Interventions for prevention of micronutrient deficiencies include; awareness creation on dietary diversification, supplementation and food fortification.

**Improve nutrition in schools and other institutions:** The interventions to improve nutrition in schools and other institutions are expected to contribute to the overall efforts of promoting optimal nutrition in the State.

**Improve prevention, management and control of diet related NCDs.** The Ondo State Strategic Plan of Action for Nutrition aims at halting and reversing the rising burden of non-communicable diseases by providing strategies for prevention and control of these diseases to reduce morbidity, mortality and save on health costs.

Other thematic areas include; , **water and sanitation, food security, poverty reduction** as well as strategies aimed at;

**improving knowledge, attitudes and practices on optimal nutrition,**

**Strengthening of nutrition surveillance, monitoring and evaluation (M&E) systems and**

**Strengthening coordination and partnerships among the key nutrition actors in the State**

This Strategic Plan of Action for Nutrition also provides an estimation of the total resources required to achieve the goal and objectives outlined in the National Policy on Food and Nutrition. The cost estimates cover the five years (2017-2021) of implementation. These cost estimates are based on an international recommended unit cost for interventions as well as on programmatic experiences. Overall, the projected total cost for implementing the activities of this Strategic Plan of Action for Nutrition in the next five years is at NGN 60,330,723,860.00 or USD 197,805,652.



## CHAPTER 1. INTRODUCTION

Nutrition has been recognized as an input and output to development as it has great influence on child growth and development as well as the productive life of every individual. Optimal nutrition at each stage of the lifecycle is a fundamental human right. Nutrition was linked to almost all the Millennium Development Goals (MDGs) and it is necessary to sustain the gains made towards achieving the MDGs. Nutrition is also required in meeting many of the Sustainable Development Goals especially Goals 1 – 6. Malnutrition remains a global concern that hinders the lives and opportunities of millions of people worldwide. Malnutrition if not tackled holistically, represents a significant but less obvious impediment to the achievement of the Sustainable Development Goal targets. Malnutrition occurs when an individual does not consume sufficient and adequate nutritious and safe food. However, there are other underlying factors that include but not limited to a host of interacting processes like health care, education, sanitation and hygiene, access to resources, women's empowerment and more. Good nutritional status leads to higher individual earnings through increased productivity and mental acuity, which in turn support macroeconomic and societal growth. While malnutrition in its various forms impairs individual productivity which also impart negatively on national productivity and growth.

The Federal Government of Nigeria is committed to the reduction of hunger and malnutrition in Nigeria and to this end, the reviewed National Policy on Food and Nutrition was launched in October, 2016 . The policy recognizes the need for public and private sector involvement in addition to strengthening the synergy between government and partners as well as all the sectors in our collective responsibility to address the nutrition situation in Nigeria. The government of Ondo State in collaboration with Partners developed this Strategic Plan of Action for Nutrition (SPAN) in line with the National Policy on Food and Nutrition (2016) and the National Health Strategic Plan of Action for Nutrition (NHSPAN, 2009). This plan builds on other strategic documents especially the National Strategic Health Development Plan (NSHDP) for 2009 to 2015.

### 1.1 Rationale

The National Policy on Food and Nutrition recognizes the multi-sectoral and multi-disciplinary nature of nutrition which involves the various sectors including health, agriculture, science and technology, education, trade, economy, industry among others. Thus the implementation of interventions using sector strategies which contribute to improved nutrition of women and children and their families is increasingly seen as the effective means for addressing immediate and underlying causes of malnutrition. It is important therefore that interventions that will reduce the scourge of malnutrition cut across various sectors and should focus on ensuring

most importantly food security, public health, education, water and sanitation, social protection, poverty alleviation, women empowerment and economic development.

Malnutrition can manifest in the form of either under-nutrition or over-nutrition. Under-nutrition can result from inadequate dietary intake, where a person receives insufficient nutrients. Undernutrition compromises the immune defense system of an individual especially children making them susceptible to common infectious diseases, such as diarrhoea and pneumonia. Over-nutrition, on the other hand, results from excess consumption of food, associated with a number of Diet Related Non-Communicable Diseases (DRNCDs) 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 people living with HIV/AIDS.

The high disease burden resulting from nutrition-related factors can manifest as:

- Intra-uterine growth restriction (IUGR) resulting in low birth weight (LBW) babies
- Underweight - a reflection of low weight-for-age
- Stunting - a chronic restriction of growth in height indicated by a low height-for-age
- Wasting - an acute weight loss indicated by a low weight-for-height
- Micronutrient deficiencies - often referred to as “hidden hunger”

In 2008, the Lancet series on nutrition provided 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 high impact, low cost interventions that could address these problems and save millions of lives. It emphasized the need to focus on the crucial 1,000 days “window of opportunity” from conception to a child’s second birthday based on the fact that any nutritional deficit suffered by an infant during this period is irreversible.

The Lancet Series called for greater prioritization of national nutrition programmes and stronger integration with health programmes as well as enhanced intersectoral approaches. It also highlighted the need for more focus and coordination in the global nutrition system of international agencies, donors, academia, civil society, and the private sector. It has been recognized that improvement in nutrition was key to the attainment of MDGs. Similarly in the post 2015 SDGs era, there will be no meaningful economic and sustainable development without nutrition. Thus proven high impact cost-effective nutrition

interventions need to be brought to scale. It is on this basis that the Ondo State Committee on Food and Nutrition in collaboration with UNICEF and other Partners and Stakeholders <sup>1</sup>developed the State Costed Nutrition Strategic Plan of Action. This practical tool will guide the development and implementation of activities to improve the nutrition situation of the State and contribute to the achievement of the Sustainable development goals (SDGs). The Ondo State Strategic Nutrition Plan of Action will also be used as a resource mobilization tool.

## 1.2 State Background

Ondo State was created on 3<sup>rd</sup> February 1976 from the former Western State of Nigeria. In 1996, Ekiti State was carved out as a separate state. Ondo State is located in South West, Nigeria with Akure as the capital and the current population is 4,763,182 (2006 census extrapolated, NPopC). It covers 14,793 square kilometers. It is bounded in the East by Edo and Delta States, in the North by Ekiti and Kogi States, in the West by Osun and Ogun States and in the South by the Atlantic Ocean.

Yorubas are the main indigenous tribe in the State with some Ijaws ( Arogbos and Akpois ) in the riverine areas. There are 18 Local Government Areas and 203 political wards in the State. Ondo State has one of the largest number of public schools in Nigeria with over 1,230 primary schools, 304 secondary schools and 10 tertiary education institutions including the National Open University.

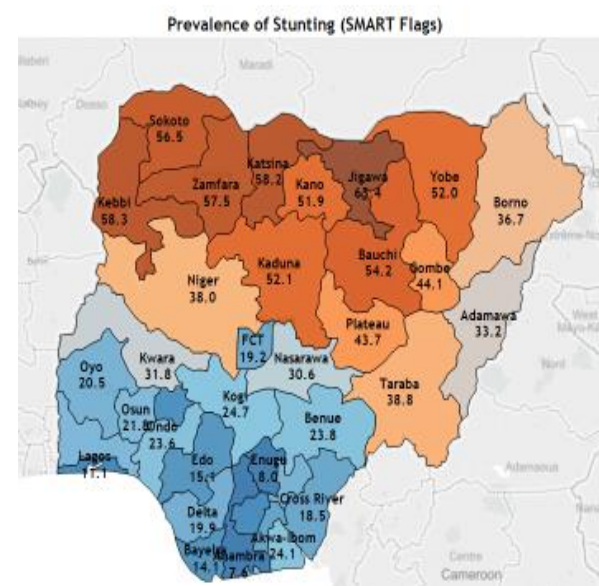
The main occupation of the people is Agriculture with people in the riverine areas also engaging in fishing. Ondo State is the leading cocoa producing state in Nigeria while other agricultural products of the state include yam, cassava and palm produce. It is also one of the oil producing States.

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<sup>1</sup> Partners and Stakeholders include: MBNP, FMOH, NCDC, NPCDA, UNAAB, NSN, RUGIPOLY, NGOs/CSOs.

## 1.3 Malnutrition in Nigeria

Malnutrition has been recognized as the underlying cause of the global burden of diseases. It remains a serious problem in the developing world. Nationally, malnutrition is an underlying cause of about 50% of illnesses among children under five years of age. Malnutrition compromises the immune systems, retards physical and mental development in children and contributes to higher infant, child and maternal mortality (NNHS, 2015). In Nigeria, malnutrition has zonal variations and manifests in multiple forms such as Intra uterine growth retardation (IUGR), severe acute malnutrition, stunting, obesity and micronutrient deficiencies. There was no significant change in child malnutrition between 2003 to 2013. During this period, stunting moved from 42% to 41%, wasting increased from 11% to 14%, and underweight from 24% to 23% (NDHS 2003 & 2013). However, there was significant change between 2013 and 2015 as shown by the National Nutrition and Health Survey 2015 (NNHS, 2015), with stunting rate of 33%, wasting 7% and underweight 19%. A lot needs to be done to bring down these malnutrition rates which are still higher than globally acceptable levels, bearing in mind that undernutrition in early childhood directly affects child's physical and mental development. The consequences of malnutrition in early childhood may be irreversible and contributes to high level of infant morbidity and mortality, and adult onset of some non-communicable diseases. Apart from these direct consequences of malnutrition, it also has an indirect effect on a country's economic development. There is evidence that eliminating malnutrition in children has multiple benefits. It can boost Gross National Products by about 12% and investment in nutrition yields up to 16% returns.



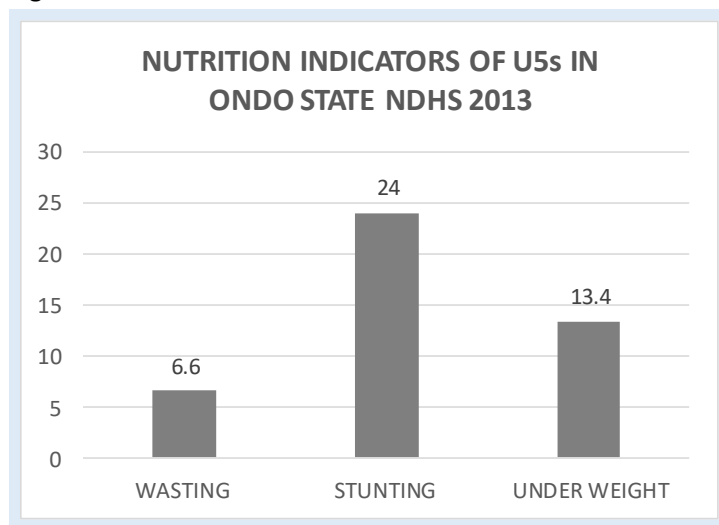
Source: NDHS, 2013

### 1.3.1 Malnutrition in Ondo State

According to the NDHS 2013, Ondo State has Under five wasting prevalence of 6.6% with 1.7% being severely wasted, stunting prevalence of 24% with 10.4% being severely stunted, while underweight prevalence was 13.4% and severe underweight 2.9%. A more recent data based on National Nutrition and Health Survey (NNHS) (2015) showed a slight improvement in these trends with Ondo State having a Global Acute Malnutrition (GAM) of 5.1% which is one of the lowest in the country, however stunting

prevalence was 23.6% which is higher than the South West average of 17.5%, making Ondo State the highest in stunting prevalence in the South West region.

Figure 2: Nutrition Indicator of U-5s in Ondo State

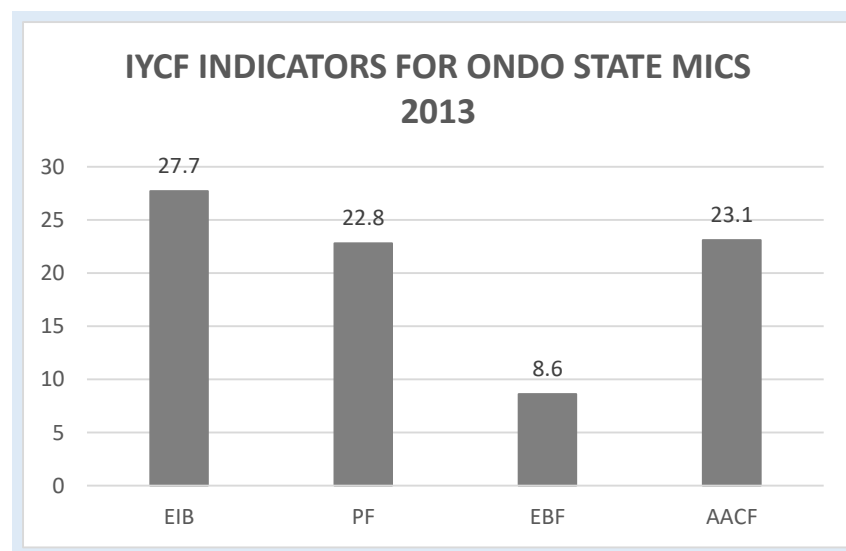


Source: NDHS 2013

Infant and young child feeding practices which are the major drivers of malnutrition in children under five years of age is poor in Ondo State. According to the Multiple Cluster Indicator Health Survey (2013), Ondo State had 27.7 % rate of early initiation to breastfeeding (EIB), 22.8% prelacteal feeding (PF), and one of the lowest exclusive breastfeeding rates in the Country at 8.6% (EBF) with age appropriate breastfeeding (AABF) standing at 23.1%.

In light of these data, it is important to focus on high impact cost-effective interventions for infant, young children and their mothers to improve the nutritional status of children and their mothers in the State. Maternal nutrition is critical for the nutrition of future generations. There is therefore need for Ondo State to adopt a lifecycle approach to battling undernutrition. If Ondo State wants to improve the nutritional status of future generations, it should start with the present generation

Figure 3: IYCF Indicators for Ondo State



Source: MICS 2013

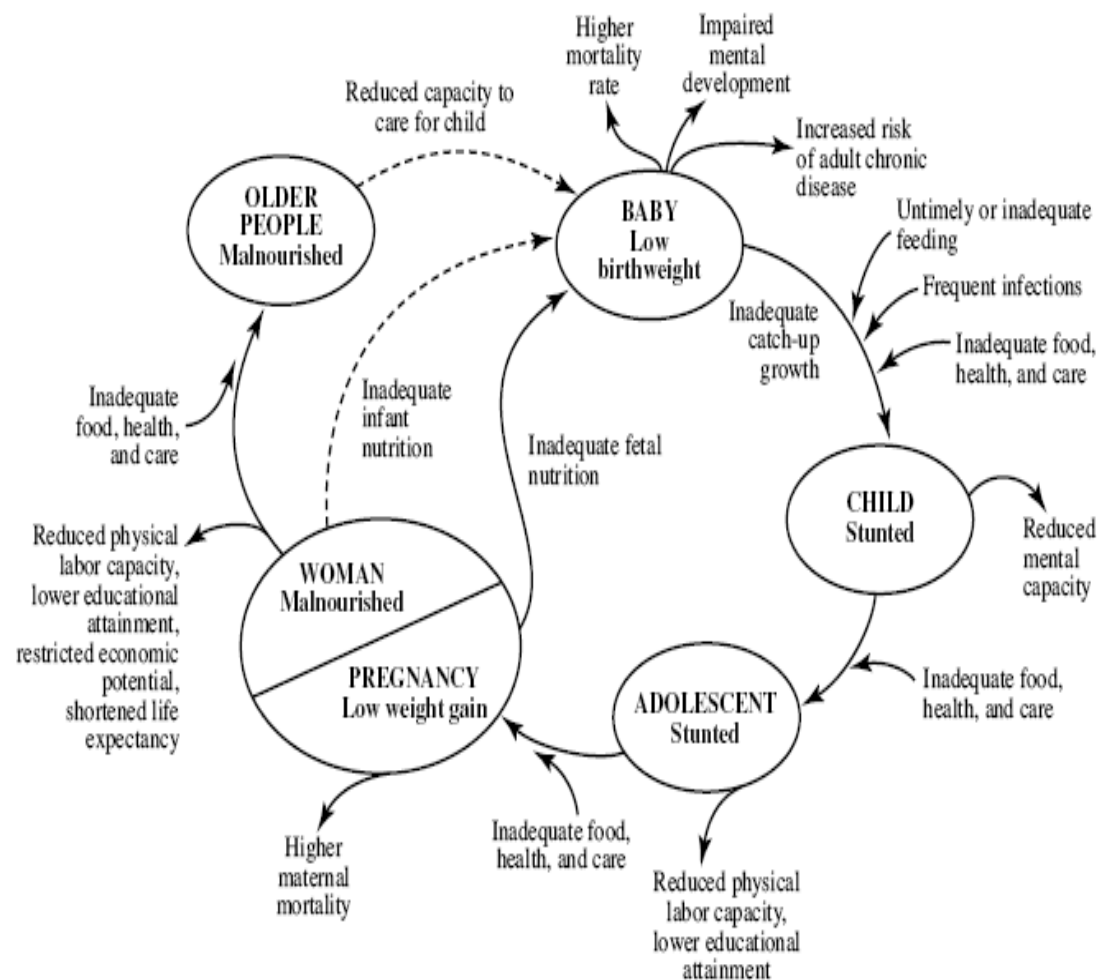
EIB- Early Initiation to Breastfeeding

PF-Pre-lacteal Feeding

EBF-Exclusive Breastfeeding

AABF- Age Appropriate Breastfeeding

**Figure 4: The Transmission of undernutrition and its consequences across generations**



Source: Adapted from ACC/SCN-IFPRI (2000).

As shown in Figure 4, malnourished children suffer from irreparable intellectual impairment and stunted physical growth. Malnourished children have poor educational outcomes and are prone to drop out of the educational system. Hungry and

malnourished adults are unable to be fully productive workers and are more likely to be ill, increasing the strain on often overburdened health systems. Malnourished women give birth to LBW babies, transferring the broad economic disadvantages of malnutrition in their own lives to the next generation.

Although, economic development does improve nutrition outcomes, it often does so at a very slow pace. Economic growth is retarded in countries where malnutrition is widespread. It follows that any government pursuing an efficient development strategy should include nutrition policy along sound fiscal, foreign investment, exchange rate, and sector-specific policies.

Economic analysis of the costs of malnutrition has examined specific micronutrient deficiencies as well as stunting. For example, an estimated 3.4% of global gross domestic product (GDP) is lost to the effects of anaemia on childhood cognitive development and educational attainment.<sup>2</sup> Iron deficiency in adults has been estimated to decrease national labour productivity by 5 to 17%<sup>3</sup> and up to 10% in lost productivity and earnings has been attributed to stunting.<sup>4</sup> These figures are especially pertinent in terms of future development goals, since nearly one-third of all children in the developing world are either currently underweight or stunted.<sup>5</sup>

There are massive economic and social consequences to the high rates of undernutrition in Nigeria. Billions in GDP are lost each year due to the vicious cycle of malnutrition. Annually, Nigeria loses over US\$1.5 billion in GDP to vitamin and mineral deficiencies.<sup>6</sup> Due to VAD alone, 25% of children grow up with lowered immunity, which leads to frequent illness and poor health. Analysis by the Micronutrient Initiatives (MI) shows that unless we take effective action to prevent and control VAD, over 80,000 Nigerian children will die annually. These estimates are corroborated by a recent study by the World Food Program (WFP) and the Economic Commission for Latin America, which estimated the economic losses due to under-nutrition in seven nations at a staggering 6% of annual GDP.<sup>7</sup>

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<sup>2</sup> Horton, S. (1999). Opportunities for investment in nutrition in low-income Asia. *Asian Development Review* 17, 246-273.

<sup>3</sup> Ibid.

<sup>4</sup> FAO. (2004). *The State of Food Insecurity in the World 2004*, FAO Document Repository.

<sup>5</sup> Shakir, M. (2006). Better Nutrition = Less Poverty. Washington D.C. International Bank for Reconstruction and Development/The World Bank.

<sup>6</sup> World Bank. (2009). World Development Indicators (Database).

<sup>7</sup> Martinez, R. & Fernandez, A. (2008). The cost of hunger: Social and economic impact of child undernutrition in Central America and the Dominican Republic. Santiago, Chile: United Nations.



## 1.4 Current Efforts to Address Malnutrition in Ondo State

### 1.4.1 State Efforts

In Ondo State, Committee on Food and Nutrition is responsible for bringing together various government ministries and departments including the Ministries of Health, Education, Agriculture, Women Affairs, Finance, Information, and Water Resources, and the Ministry of Economic Planning and Budget for the development of strategies and action plan for the implementation of food and nutrition policy objectives. The Nutrition Department in the State Primary Health Care Development Board is the agency of government that is responsible for scaling up nutrition specific interventions in collaboration with other stakeholders in the State. The Agency has trained nutrition focal persons on key nutrition interventions and these oversee the implementation of low low cost high impact nutrition interventions in their respective LGAs. There is also a pool of community level volunteers various referred to as “Abiyeyes and voluntary community mobilizers who support caregivers in the communities on infant and young child feeding . The Ministry of Agriculture through its Agricultural Development Project has trained community extension workers on exclusive breastfeeding and complementary feeding. These extension workers also support caregivers at the community level to practice appropriate infant and young child feeding.

In its efforts to improve nutrition in the State particularly infant and young child feeding the Agency has also embarked on the production of enriched blended complementary food which it has used to successfully managed moderate malnutrition and uncomplicated severe acute malnutrition in the State. Selected caregivers from all the LGAs have been sensitized on the use of the blended complementary food. All of the public Primary Health Care facilities have been equipped with weighing scales and Mid-upper arm circumference tape to ensure routine weighing and screening of children for malnutrition. These Primary Health Care facilities have at least one health worker who has been trained on nutrition counselling and equipped with nutrition counselling cards which they use for counselling individual mothers or groups of women during antenatal and child welfare clinics.

## CHAPTER 2: STRATEGIC PLAN OF ACTION

This Strategic Plan of Action for Nutrition provides a summary of the priority food and nutrition interventions for the period 2017 to 2021 in Ondo State of Nigeria. It is derived from the National Food and Nutrition Policy (NFNP) and builds on previous strategies, efforts, and initiatives such as the Baby Friendly Hospital Initiative (BFHI), A Promise Renewed, the Saving One Million Lives (SOML), and the Scaling Up Nutrition (SUN) Movement. It recognizes that optimal nutrition at each stage in the life cycle is fundamental to breaking the vicious cycle of malnutrition and ensuring that individuals achieve healthy and productive lives, and contribute positively to the socio-economic development of the State. This Strategic costed plan of action for Food and Nutrition takes a multi-sectoral approach in dealing with the underlying causes of malnutrition. It therefore considers both Nutrition specific and Nutrition sensitive interventions that will improve the nutritional status of people in Ondo State with specific focus on the most vulnerable groups especially children under five years of age ,women of reproductive age, the elderly, and people in special circumstances such as emergencies and People Living with AIDS (PLWA).

### 2.1 VISION

A State where the people are food and nutrition-secured, contributing positively to the socio-economic and human capital development of the State.

### 2.2 GOAL

To promote and improve the nutritional status of people in Ondo State, with particular emphasis on the most vulnerable groups; such as children under five years of age, women of reproductive age, the elderly, and groups with special nutritional needs.

### 2.3 Guiding Principles

1. Recognizes adequate food and nutrition as a human right and adopts a rights-based approach to planning, budgeting, and implementation
2. Recognizes the multi-sectoral and cross-cutting nature of food and nutrition
3. Emphasizes the life-cycle approach to Food and nutrition security

4. Supports evidence based planning and resource allocation
5. Promotes partnership and network of stakeholders in harnessing resources for the implementation of identified interventions
6. Supports scaling up of high impact and low cost Nutrition interventions
7. Integrates gender considerations and the needs of all vulnerable groups in implementation
8. Recognizes nutrition as a development issue and the need to incorporate food and nutrition considerations into development plans at all levels of government
9. Prioritizes poverty reduction and safety nets for the poor in government budgetary allocations
10. Recognizes the State Committee of Food and Nutrition (SCFN) as a viable mechanism for guiding and coordinating food and nutrition activities in the State.

#### 2.4 Strategic Objectives

1. To improve nutritional status of children under 5 years of age and women of reproductive age through a mix of nutrition-specific and nutrition-sensitive interventions
2. To reduce the prevalence of micronutrient deficiencies in the population, especially among the vulnerable groups
3. To promote adequate nutrition for people in specially difficult circumstances, including Emergencies, and PLWA
4. To improve access to quality curative nutrition services
5. To improve prevention, management and control of diet related Non-Communicable Diseases (NCDs)
6. To improve nutrition in schools, public and private institutions
7. To improve nutrition knowledge, attitudes, and practices among the population

8. To incorporate food and nutrition considerations into the State and Local Government sectoral development plans
9. To facilitate access to nutrition-sensitive social protection by the vulnerable groups
10. To improve food security at community and household levels
11. To promote and strengthen Research, Monitoring and Evaluation of food and nutrition programmes to inform decision making
12. To strengthen co-ordination and partnerships among the key nutrition actors to harmonize interventions for effective use of resources.

## 2.5 Targets

1. Reduce the proportion of people who suffer hunger and malnutrition by 50% by 2021
2. Increase Exclusive Breastfeeding rate from 23.5% to 50% by 2021
3. Increase the percentage of children age six months and above who receive appropriate complementary feeding from 13.4% to 40% by 2021
4. Reduce stunting rate among under-five children from 23.6% to 10% by 2021
5. Reduce childhood wasting including Severe Acute Malnutrition (SAM) from 5.6% to 3% by 2021
6. Sustain Universal households access to iodized salt
7. Ensure the use of Zinc supplements in diarrhea management of all children by 2021
8. Increase coverage of Vitamin A supplementation for children 6-59 months from 72.6% to 90% by 2021
9. Increase coverage of deworming for children 12-59 months from 30.6% to 60% by 2021
10. Increase the proportion of pregnant women who receive Iron and folic acid from 10% to 50% by 2021

11. Reduce prevalence of diet-related non-communicable diseases by 25% by 2021;
12. Increase households' knowledge, attitude and practice on handwashing and food hygiene from 47.8% to 60% by 2021
13. Increase access to potable water from 20.8% to 60% by 2021
14. Track the number of relevant MDAs at all levels with budget lines for nutrition annually
15. Mainstream nutrition objectives into social protection and safety net programmes of all MDAs by 2021
16. Advocate for school feeding programme for children in Early Child Care (ECC) and primary schools
17. Have policy /guideline to address increase in obesity prevalence in adolescents and adults by 2021.

### Strategies

1. Advocacy and Resource Mobilization
2. Social and Behaviour Change Communication
3. Capacity Building
4. Service Delivery
5. Research, Monitoring and Evaluation
6. Co-ordination and Multi-Sectoral Partnership

## CHAPTER 3: THEMATIC AREAS

This Strategic costed Plan of Action for Nutrition focuses on the underlying causes of malnutrition; food security, care for mother and baby, health services and healthy environment which is in the UNICEF conceptual frame work ( appendix 1) and re-emphasized by the Lancet (2013) series on maternal and child nutrition (appendix 2). It also recognizes that these underlying causes are shaped by social, economic, political and environmental factors. Based on these factors seven thematic areas have been addressed in this strategic Plan of action. Included in the plan is estimated cost for the interventions and a Monitoring and Evaluation Framework to ensure proper monitoring and evaluation of the interventions. The seven thematic areas addressed are:

1. Nutrition for Women of Reproductive Age ( WRA )
2. Infant and Young Child Feeding
3. Management of Severe Acute Malnutrition in Children under Five years of age
4. Micronutrient Deficiency Control
5. Nutrition in schools, public and private institutions
6. Diet Related Non-Communicable Diseases (DRNCDs)
7. Improve nutrition knowledge attitudes and practices among the population
8. Water and Sanitation
9. Food Security
10. Poverty Reduction through gender equality and women empowerment
11. Monitoring and Evaluation

## Thematic Area 1: Nutrition for Women of Reproductive Age (15-49 years)

The cycle of malnutrition can be prevented if the adolescent girls and women of reproductive age (WRA) are well nourished in preparation for child bearing. Addressing the nutritional needs of this group would contribute towards breaking the vicious cycle of intergenerational malnutrition, chronic diseases and poverty. Improving the nutritional status of women of reproductive age (WRA) while delaying pregnancy for the adolescent could reduce risk factors that affect health and survival chances of both mother and child. Stunting and anaemia during pregnancy are risk factors for low birth weight babies. These babies are more susceptible to infectious diseases and death, and as adults they may face a higher risk of chronic illness such as diabetes and heart disease. The main causes of malnutrition among women of reproductive age (WRA) include sub-optimal feeding practices, heavy workload, and low micronutrient intake during pregnancy. The plan focuses on interventions that will ensure that women of reproductive age receive adequate nutrition.

### Priority Areas

- Promote healthy nutrition/dietary practices among WRA
- Promote adequate micronutrient intake
- Promote routine weight monitoring and appropriate counseling for pregnant women
- Promote appropriate management of malnutrition among pregnant and lactating women
- Ensure that all HIV positive mothers are counselled on good nutrition practices
- Strengthen the capacity of health workers to adequately offer maternal nutrition counselling.

**Expected outcome:** Improved nutritional status of women of reproductive age and the newborn baby.

**Table 1: Interventions focusing on Nutrition for Women of Reproductive Age (WRA)**

Intervention	Description	Target Population	Potential Delivery Platforms
<b>Iron-folic acid supplementation for pregnant women</b>	<ul style="list-style-type: none"> <li>• Iron-folic acid supplementation</li> </ul>	Pregnant women, adolescents	<ul style="list-style-type: none"> <li>• Health facility/Antenatal care (ANC)</li> <li>• Community Nutrition /VHW / Rangers programmes</li> <li>• Neonatal outreach and safe motherhood programmes,</li> <li>• MNCH weeks/other health related campaigns</li> <li>• Adolescent and youth friendly health services</li> </ul>
<b>Improve women nutritional status</b>	<ul style="list-style-type: none"> <li>• Nutrition education/ counselling on healthy dietary practices during pregnancy and lactation</li> </ul>	<ul style="list-style-type: none"> <li>- Adolescent girl</li> <li>- Pregnant and lactating women</li> <li>- Other caregivers including Fathers and grand parents.</li> </ul>	<ul style="list-style-type: none"> <li>• Health facility during ANC</li> <li>• VHW/Agbebiyes/ Rangers programmes</li> <li>• Post Natal Clinic</li> <li>• Community nutrition programmes</li> <li>• Mass media</li> <li>• WDC/VDC</li> <li>• Community sensitization fora</li> </ul>



**Table 2: Interventions focusing on Adolescent Nutrition**

Intervention	Description	Target Population	Potential Delivery Platforms
<b>Promote optimal growth and development</b>	<ul style="list-style-type: none"> <li>• Nutrition education on adequate Nutrition</li> <li>• nutrition integrated into the curriculum of schools (Primary &amp; Post Primary)</li> </ul>	Adolescent (boys and girls )	<ul style="list-style-type: none"> <li>• School-based Management committees</li> <li>• School health services</li> <li>• Adolescent and youth friendly health services</li> </ul>
<b>Supplementary feeding for at-risk girls during pregnancy/lactation</b>	<ul style="list-style-type: none"> <li>• ANC for pregnant adolescents including counselling on preventive health and nutrition</li> <li>• Provision of Iron-folate supplements to adolescent girls</li> </ul>	Pregnant adolescent girls	<ul style="list-style-type: none"> <li>• Health facilities</li> <li>• MNCH weeks</li> <li>• Community Nutrition programs</li> <li>• Agbebiyes</li> </ul>
<b>De-worming</b>	<ul style="list-style-type: none"> <li>• Regular deworming of adolescents</li> </ul>	Adolescents	<ul style="list-style-type: none"> <li>• Community nutrition programs</li> <li>• Health facilities</li> <li>• Neglected Tropical Diseases (NTD) program</li> <li>• School-based programs</li> </ul>
<b>Reduce adolescent pregnancy</b>	<ul style="list-style-type: none"> <li>• Provision of family planning services</li> <li>• Reproductive health information and services for adolescents</li> </ul>	Adolescent girls	<ul style="list-style-type: none"> <li>• Community-based campaigns</li> <li>• School-based campaigns</li> <li>• Adolescent and youth friendly health services</li> <li>• School health services</li> </ul>

## Thematic Area 2: Infant and Young Child Feeding

Malnutrition is a major threat to the survival, growth and development of children. Malnutrition in infancy and early childhood increases the risk of infant and child morbidity and mortality, diminishes cognitive and physical development marked by poor performance in school and negatively impacts productivity later in life (Appendix2). Factors that contribute to malnutrition in infants and young children include poor infant and young child feeding practices, poor maternal nutrition, low access to adequate and diversified diets, childhood illnesses, and inadequate access to health and nutrition services. This Plan focuses on the critical 'window of opportunity' from pregnancy until two years of age and takes into account the package of Essential Nutrition Interventions published by the Lancet Nutrition Series.

### Priority Areas

- Promote exclusive breastfeeding for the first six months of baby's life
- Promote optimal complementary feeding with continued breastfeeding for at least two years
- Provide appropriate micronutrient supplementation to children under five years
- Strengthen growth monitoring and promotion including mid-upper arm circumference (MUAC) screening for children under five years of age
- Strengthen referral mechanism and linkage between the community and health facility
- Adapt and use National monitoring plan and tools for IYCF
- Ensure food safety.

**Expected outcome:** Improved nutritional status of children under five years of age.

**Table 3: Interventions focusing on Infant and Young Child Feeding**

Intervention	Description	Target Population	Potential Delivery Platforms
<b>Breastfeeding promotion and support including breastfeeding in the context of HIV/AIDS</b>	<ul style="list-style-type: none"> <li>• Early initiation of breastfeeding within 30 minutes of delivery</li> <li>• EBF for six months and continued breastfeeding until two years of age</li> <li>• 12 months of age for HIV-exposed infants</li> </ul>	<ul style="list-style-type: none"> <li>• Pregnant mothers and parents of infants under six months of age</li> <li>• Health workers</li> </ul>	<ul style="list-style-type: none"> <li>• Community nutrition programs/VHW/ Agbebiyes/Rangers programmes</li> <li>• Health facilities/Antenatal and delivery care</li> <li>• Neonatal outreach programmes,</li> <li>• Mass media</li> <li>• World Breastfeeding Week (WBW)</li> <li>• Community sensitisation</li> <li>• Integrated Ward-based Community Outreach Programme (IWCOP)</li> </ul>
<b>Complementary feeding promotion</b>	<ul style="list-style-type: none"> <li>• Provision of CIYCF counselling</li> <li>• Provision of age appropriate nutrient-dense complementary foods for children especially under 2 years and in special circumstances</li> <li>• Food demonstration in health facilities and during community engagement</li> <li>• HWs &amp; Volunteers Training on CIYCF</li> </ul>	<ul style="list-style-type: none"> <li>• Pregnant mothers and parents of infants and young children under two</li> <li>• Health workers and volunteers</li> </ul>	<ul style="list-style-type: none"> <li>• Health facilities</li> <li>• Community nutrition programs/VHW/ Rangers programmes/Agbebiyes</li> <li>• Mass media</li> <li>• IEC materials</li> <li>• Private sector</li> <li>• Integrated Ward-based Community Outreach Programme (IWCOP)</li> <li>• Community sensitisation</li> </ul>

<b>Strengthening of optimal feeding of a sick child during and after illness and exceptional circumstances e.g emergency, HIV/AIDS</b>	<ul style="list-style-type: none"> <li>• Continued breastfeeding for Under 2</li> <li>• Increased frequency of eating during and after illness</li> </ul>	Lactating mothers/care givers	<ul style="list-style-type: none"> <li>• Health facilities</li> <li>• MNCH weeks</li> <li>• Community nutrition programs</li> <li>• Paediatric wards and outpatient clinics</li> </ul>
<b>Advocacy for enforcement and supporting the International Code of Marketing of Breast milk Substitutes</b>	<ul style="list-style-type: none"> <li>• Advocate for increased monitoring and enforcement of legislation that supports breastfeeding promotion</li> </ul>	<ul style="list-style-type: none"> <li>- Legislators</li> <li>- Health managers</li> <li>- HWs</li> <li>- Market Associations</li> </ul>	<ul style="list-style-type: none"> <li>• Advocacy meetings</li> <li>• Health management meetings</li> <li>• HWs meetings/training fora</li> <li>• Media</li> <li>• Private sector/CSOs</li> <li>• NAFDAC</li> </ul>

### Thematic Area 3: Management of Severe Acute Malnutrition in Children Under Five

Undernutrition compromises body immune system leading to repeated bouts of infectious diseases which, in turn, causes preventable deaths.

#### Priority Areas

- Adoption of the National guidelines and standards for in-patient management of severe acute malnutrition
- Strengthening the capacity of health care systems to manage severe acute malnutrition
- Strengthening the monitoring and evaluation of services targeted at the management of moderate and severe malnutrition
- Ensuring safety of nutrition commodities used for management of moderate and severe malnutrition

**Expected Outcome:** Improved cure rate for children with severe acute malnutrition.

**Table 4: Interventions focusing on Management of SAM**

Intervention	Description	Target Population	Potential Delivery Platforms
<b>Prevention and management of moderate undernutrition in children 0-23 months of age</b>	<ul style="list-style-type: none"> <li>• Identification of circumstances in which food supplementation is needed</li> <li>• Provision of adequate enriched blended complementary food in these circumstances</li> </ul>	<ul style="list-style-type: none"> <li>- Populations with high prevalence of children 0-23 months of age moderate to severe malnutrition</li> </ul>	<ul style="list-style-type: none"> <li>• Community nutrition programs</li> <li>• Health facilities</li> <li>• MNCHW</li> <li>• Integrated Ward/Community Outreach Programme (IWCOP)</li> </ul>
<b>Treatment of severe acute malnutrition</b>	<ul style="list-style-type: none"> <li>• Identification of SAM and referral for subsequent treatment</li> <li>• Establishment of therapeutic feeding centres in senatorial districts</li> <li>• Training of Health workers on the management of SAM using national protocol for SAM management</li> </ul>	Children 6-59 months of age with SAM (weight-for-height z scores <-3 (with or without oedema) or with MUAC red)	<ul style="list-style-type: none"> <li>• Health facilities</li> <li>• MNCHW</li> <li>• Therapeutic feeding centers</li> <li>• CMAM referral to PHC system</li> <li>• Paediatrics and outpatient clinic</li> </ul>

## Thematic Area 4: Micronutrient Deficiency Control

Micronutrient deficiencies have devastating effect on the physical and mental well-being of the population contributing to increased morbidity and mortality among children under five years, pregnant and lactating women. The main causes of micronutrient deficiencies include poor dietary diversification, infections, and food insecurity. Key strategies used in prevention and control of micronutrient deficiencies include supplementation, food fortification, dietary diversification and public health measures such as deworming and malaria control. The focus of the plan of action is to ensure that the population receives adequate amount of micronutrients, through dietary diversification, supplementation and fortification.

### Priority areas

- Advocacy and awareness creation on food fortification, supplementation, dietary diversification and deworming
- Advocacy for the inclusion of MNCHW into annual budget of OSPHCDB
- Capacity building of service providers on micronutrients deficiency prevention and control
- Strengthening monitoring and evaluation systems for micronutrient control
- Integration of micronutrient prevention and control strategies in the community structure

**Expected Outcome:** Reduced prevalence of micronutrient deficiencies.

**Table 5: Interventions focusing on Micronutrient Deficiency Control**

Intervention	Description	Target Population	Potential Delivery Platforms
<b>Vitamin A supplementation</b>	<ul style="list-style-type: none"> <li>• Bi-annual supplementation of children</li> <li>• Management of measles</li> </ul>	Children 6-59 months of age	<ul style="list-style-type: none"> <li>• MNCHW</li> <li>• Health facilities</li> </ul>
<b>Zinc supplementation</b>	<ul style="list-style-type: none"> <li>• Management of diarrhoea</li> </ul>	Children 6-59 months of age	<ul style="list-style-type: none"> <li>• Health facilities</li> <li>• MNCHW</li> </ul>
<b>Multiple micronutrient powders</b>	Micronutrient powders for in-home fortification of complementary foods	Children 6-23 months of age	<ul style="list-style-type: none"> <li>• MNCHW</li> <li>• Health facilities</li> </ul>
<b>Deworming</b>	<ul style="list-style-type: none"> <li>• Biannual supplementation</li> </ul>	Children 12-59 months of age	<ul style="list-style-type: none"> <li>• MNCHW</li> <li>• Health facilities</li> <li>• Community/Market-based delivery system</li> </ul>
<b>Nutrition education on bio-fortified foods</b>	<ul style="list-style-type: none"> <li>• Promote consumption of fortified foods</li> </ul>	Parents, caregivers General public	<ul style="list-style-type: none"> <li>• MNCHW</li> <li>• Health facilities</li> <li>• Community/Market-based delivery system plus social marketing</li> <li>• Campaigns</li> </ul>

## Thematic Area 5: Nutrition in Schools, public and private institutions

Malnutrition in early childhood affects school enrolment, retention and overall performance. Good nutrition is therefore, essential to realize the learning potential of children and to maximize returns to educational investments. Nutrition education and promotion of good nutrition practices in schools are known to have a significant effect in fostering healthy eating habits. Schools provide an ideal setting to promote good nutrition practices early in life since they reach a high proportion of children and adolescents. The nutritional challenge facing various institutional dietary needs are related to the quantities and types of food provided. There is need to ensure that adequate nutrition in terms of energy, protein, vitamin and minerals are provided in the diets, to meet the Recommended Dietary Allowances (RDA) of individuals. Schools and other institutions need support to provide effective and current nutrition knowledge, care and nutritious food. There is therefore need to work with school management committees and administrators as well as media to address these needs.

### Priority areas

- Review, develop and implement nutritional guidelines for schools and other institutions
- Mobilize nutrition stakeholders' commitment towards school feeding programmes
- Integrate nutrition education in school curriculum at all levels
- Mainstream basic nutrition training in all schools and other institutions
- Implement appropriate nutrition interventions in schools and other institutions
- Strengthen monitoring and evaluation of nutrition interventions in school and other institutions.

**Expected outcome:** Improved nutritional status of the population in schools and other institutions.

School aged children Nutrition



**Table 6: Interventions focusing on Nutrition in schools, public and private institutions**

Intervention	Description	Target Population	Potential Delivery Platforms
<b>Promote optimal growth and development in schools</b>	<ul style="list-style-type: none"> <li>Nutrition education</li> <li>Integrate Nutrition into school curriculum/scheme of work (Primary &amp; Secondary)</li> </ul>	<ul style="list-style-type: none"> <li>Primary school boys and girls</li> <li>School authority</li> </ul>	<ul style="list-style-type: none"> <li>School-based programs</li> <li>MOE, SUBEB, ANCO PSS</li> <li>School-based Management committees</li> </ul>
<b>De-worming</b>	<ul style="list-style-type: none"> <li>Bi- annual deworming of school children</li> </ul>	<ul style="list-style-type: none"> <li>Primary school pupils</li> </ul>	<ul style="list-style-type: none"> <li>Community nutrition programs/NTD</li> <li>MNCH weeks</li> <li>Health Facilities</li> <li>School-based programs</li> </ul>
Home Grown School Feeding Programmes	Provision of free meal (Adequate diet) for pre-primary and primary school pupils	Age 3-12	Ministry of Education, Ministry of Women Affairs, Engagement of food vendors, Primary Schools, Ministry of Health, Ministry of Agriculture, Community Leaders

## Thematic Area 6: Diet Related Non-communicable Diseases

The prevalence of diet related non-communicable diseases has been on the increase, due to lifestyle changes characterized by excessive intake of highly refined and high-fat foods, sugar and salt, coupled with limited physical activity leading to increased morbidity, disability and mortality. Being overweight and obese are risk factors for non-communicable diseases such as hypertension, diabetes-mellitus and cardiovascular diseases. This plan of action focuses on the need to promote healthy life styles through healthy diets and physical activity among the population with the view of reversing the rising trends of non-communicable diseases.

### Priority Areas

- Adaptation of National Policy to State specific guidelines for prevention, management and control of diet related NCDs
- Capacity building for service providers on prevention, management and control of diet related NCDs
- Awareness creation among the general public on the importance of prevention, management and control of diet related NCDs
- Strengthening the monitoring and evaluation systems for diet related NCDs.

**Expected outcomes:** Improved knowledge on prevention, management and control of diet related NCDs.

**Table 7: Interventions focusing on DRNCD**

Intervention	Description	Target Population	Potential Delivery Platforms
<b>Awareness of DRNCDs</b>	<ul style="list-style-type: none"><li>• Identifying risk factors, providing education, and increasing services for DRNCD</li></ul>	General population	<ul style="list-style-type: none"><li>• Mass media</li><li>• Advocacy campaigns</li><li>• Routine health care visits</li><li>• Outreaches</li><li>• Health facilities</li></ul>
<b>Screening for DRNCDs</b>	<ul style="list-style-type: none"><li>• Train service providers on prevention and management and control of diet related NCDs</li><li>• Conduct screening for non- communicable diseases</li><li>• Scale up community screening for BMI and waist circumference</li></ul>	General population	<ul style="list-style-type: none"><li>• Mass media</li><li>• Health facilities</li><li>• Outreaches</li></ul>

### **Thematic Area 7: Improve nutrition knowledge attitudes and practices among the population**

Nutrition knowledge is a significant factor in tackling the problem of malnutrition at all levels of society and in all sectors. It enables families and individuals understand the importance of nutrition and empowers them to take actions to improve their nutritional situation. There is often a misconception that food availability is equal to nutritional adequacy and better levels of nutritional status. There is inadequate understanding of appropriate care practices and linkage with actual illnesses and death not only in the general population but also among health workers. This is further compounded by myths, cultural beliefs and misconceptions about nutrition that exist within the communities that affect the Nutritional status of the populations.

Education systems at various levels do not transfer adequate nutrition knowledge aimed at influencing life-long dietary practices. Improving nutrition will require enhancing knowledge, attitude and practices of all stakeholders and of the general public. This will require building the capacity of frontline field staff, including teachers, extension agents, health practitioners and other service providers to incorporate nutritional and food safety considerations and messages into their routine work.

#### **Priority areas**

- Development, dissemination and implementation of State nutrition advocacy, communication and social mobilization (ACSM) strategy at all levels.
- Capacity building for service providers on nutrition, including communication and advocacy skills.
- Celebration of Nutrition Days in the State and in all LGAs (World Breastfeeding Week, World Food day, Nutrition Security Day, Iodine Deficiency Disorders Day, among others)
- Promotion of measures to ensure food safety at all levels
- Conduct formative and periodic assessments on the status of nutrition knowledge, attitude and practices in the general population.

**Expected outcome:** Improved nutrition knowledge, attitudes and practices in the general population

### **Thematic Area 8: Water and Sanitation**

Water and Sanitation , and nutrition are interdependent. Undernutrition is directly caused by inadequate dietary intake and/or disease and indirectly related to contaminated drinking-water and poor sanitation and hygiene. Lack of clean water and sanitation can lead to Diarrhoea which is among the biggest killers of children mainly caused by ingesting contaminated foods or drinks. These deaths are largely preventable through appropriate breastfeeding, adequate nutrition, hand washing with soap, safe drinking water and basic sanitation.

#### **Priority Areas**

- Awareness creation on hand washing at critical times and environmental hygiene at household, community, school, and health care facility levels.
- Awareness creation on the importance of maintaining clean water systems, toilets, sanitation,
- Sensitization on household water treatment for improved water source
- Awareness creation on Food hygiene

**Expected Outcome:** Improved handwashing practice, food hygiene and environmental hygiene practices in the general population

**Table 8: Interventions focusing on Water and Sanitation**

Intervention	Description	Target Population	Potential Delivery Platforms
Effective hygiene and sanitation	Sensitization/enlightenment campaign on handwashing at critical times	<ul style="list-style-type: none"> <li>• Caregivers, children, communities members</li> </ul>	<ul style="list-style-type: none"> <li>• PHCs, communities association, schools, markets places and other public places. Environmental sanitation officers.</li> </ul>
	Sensitization/enlightenment campaign on the need to maintain hygienic environment including Open Defecation Free (ODF), hand washing and food hygiene.	<ul style="list-style-type: none"> <li>• Caregivers, children, communities members</li> </ul>	<ul style="list-style-type: none"> <li>• PHCs, communities association, schools, markets places and other public places. Environmental sanitation officers.</li> </ul>

Food hygiene	Awareness creation on actions that can be taken for handling foods to prevent pathogen contamination of food ( including handwashing, cleaning key surfaces and utensils, protecting food preparation areas from insects, pests and other animals).	Caregivers , community members	<ul style="list-style-type: none"> <li>• RUWASSA</li> <li>• LGA WASH depts, Community WASHCOMs,</li> <li>• Extension Workers/depts.</li> <li>• Health centers /health workers</li> </ul>
water supply (Availability and access)	Provide information to communities on how to construct low-cost WASH facilities using own resources e.g. hand washing stands like tippy taps, dish racks, and the use of grey water for growing vegetables	<ul style="list-style-type: none"> <li>• Homes, schools, hospitals, market places and other public places, communities</li> </ul>	<ul style="list-style-type: none"> <li>• RUWASSA</li> <li>• LGA WASH depts, Community WASHCOMs,</li> <li>• Extension Workers/depts</li> </ul>
	improve drinking water quality through improved access to protected water sources and hygienic methods of household water treatment and storage;  Improvement of unsafe water sources (Rain water harvesting and spring development).	Homes, schools, hospitals, market places and other public places, communities.	<ul style="list-style-type: none"> <li>• Homes, Schools</li> <li>• Public places (town hall LGA WASH depts, Community WASHCOM,</li> </ul>
	When introducing pricing for water, consider subsidising drinking water for the most vulnerable households	Communities.	<ul style="list-style-type: none"> <li>• LGA WASH depts.</li> <li>• Community WASHCOM</li> </ul>

	maintenance of WASH facilities in health and feeding centres	Health Facilities and feeding centres	<ul style="list-style-type: none"> <li>• LGA WASH depts.</li> <li>• Community WASHCOM</li> </ul>
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## Thematic Area 9: Food Security

Food security exists when all people, at all times, have physical and economic access to sufficient, safe and nutritious food to meet their dietary needs and food preferences for an active and healthy life<sup>8</sup>. It has four dimensions as defined by the Food and Agricultural Organization (FAO): food availability, access to food, stability of supply and access, and safe and healthy food utilization. Food stability depends on food production, income, market and information transfer programmes (both public and private) and can be adversely affected by shocks due to weather, price fluctuations, human induced disasters, political and economic factors. Utilization refers to the proper use of food and includes the existence of appropriate food processing and storage practices, adequate knowledge and application of nutrition information, child care and adequate health and sanitation services<sup>9</sup>.

### Priority Areas

- Production of nutritious food crops including micronutrient-rich foods/products,
- Facilitate production diversification, and increase production of nutrient-dense crops and small-scale livestock
- Food processing, storage and preservation to retain nutritional value, shelf-life, food safety, reduce seasonality of food insecurity and post-harvest losses, and to make healthy foods convenient to prepare.
- Dietary diversification

**Expected Outcome:** Increased availability, affordability, and consumption of diverse, safe, nutritious foods and diets.

<sup>8</sup> FAO 1996

<sup>9</sup> FAO and FANTA 2006

**Table 9: Interventions focusing on Food Security**

Intervention	Description	Target Population	Potential Delivery Platforms
<b>Increase food availability</b>	- Distribution of improved planting materials e.g seeds/ seedlings.	<ul style="list-style-type: none"> <li>• Women Farmers</li> <li>• Schools</li> <li>• Household Farmers</li> </ul>	<ul style="list-style-type: none"> <li>• Household farmers ,</li> <li>• Farmers Associations</li> <li>• Research institutions</li> <li>• Schools</li> <li>• Agric Extension workers</li> <li>• Women in Agric</li> </ul>
	- Baseline Survey for Hunger Index	<ul style="list-style-type: none"> <li>• General population</li> </ul>	<ul style="list-style-type: none"> <li>• Bureau of Statistic, SITA</li> </ul>
	- Support youth in Agric programs	<ul style="list-style-type: none"> <li>• Youth Farmers</li> <li>• Agric in Schools</li> </ul>	<ul style="list-style-type: none"> <li>• Farmers Associations</li> <li>• Schools,</li> <li>• Agric Teachers</li> <li>• Agric Extension workers</li> <li>• Women in Agric</li> </ul>
	- Provision of appropriate processing and storage facilities	<ul style="list-style-type: none"> <li>• Food processors</li> <li>• Research institutions</li> <li>• Fabricators</li> </ul>	<ul style="list-style-type: none"> <li>• Food processors and marketers associations</li> <li>• Agric extension workers</li> <li>• Research institutions</li> <li>• Local fabricators</li> </ul>



Intervention	Description	Target Population	Potential Delivery Platforms
	- Promotion of effective market information on food distribution and transportation system	<ul style="list-style-type: none"> <li>• Women Farmers</li> <li>• Women Traders</li> <li>• Market women</li> </ul>	<ul style="list-style-type: none"> <li>• Food processors</li> <li>• Agric extension workers</li> <li>• Media</li> <li>• Transporters</li> <li>• Market Women</li> <li>• WIA</li> <li>• Women Association</li> <li>• Celebrations and campaigns such as World Food Day</li> </ul>
	- Agric in schools program	<ul style="list-style-type: none"> <li>- Students</li> <li>- Teachers</li> </ul>	<ul style="list-style-type: none"> <li>- Agric Teachers</li> <li>- Agric Extension workers</li> <li>- Media</li> <li>- PTA</li> <li>- School Based Management Committees</li> </ul>
	- Capacity building of farmers;	<ul style="list-style-type: none"> <li>- Women In Agric</li> <li>- Women farmers/Associations</li> <li>- Household Farmers</li> </ul>	<ul style="list-style-type: none"> <li>- Agric Extension workers</li> <li>- WIA Unit</li> <li>- NGOs</li> <li>- IYCF Trainers</li> <li>- Education Institutions</li> <li>- Media</li> </ul>
<b>Increase Food Accessibility</b>	- Establishment of agricultural processing centres	<ul style="list-style-type: none"> <li>- Women farmers</li> </ul>	<ul style="list-style-type: none"> <li>- Food processors/marketers</li> <li>- Fabricators Associations</li> <li>- Farmers Associations</li> <li>- (market women ass,)</li> </ul>

Intervention	Description	Target Population	Potential Delivery Platforms
	- Establishment of agricultural marketing centres	- Women Farmers	<ul style="list-style-type: none"> <li>- Community nutrition programs</li> <li>- Gbebiro meetings</li> <li>- CSOs</li> <li>- SCFN</li> <li>- Media</li> </ul>
	Establishment of home/school gardens	- Students	<ul style="list-style-type: none"> <li>• Secondary schools</li> </ul>
	<ul style="list-style-type: none"> <li>• Awareness on Food preservation techniques and establishment of Storage facilities</li> </ul>	<ul style="list-style-type: none"> <li>- Agric and Home Economics Teachers</li> <li>- Women Farmers</li> <li>- women cooperative groups</li> </ul>	<ul style="list-style-type: none"> <li>• Community nutrition programs</li> <li>• Gbebiro meetings</li> </ul>
<b>Dietary Diversity</b>	<ul style="list-style-type: none"> <li>• Promote and support Dietary Diversification through Nutrition education</li> </ul>	- General public	<ul style="list-style-type: none"> <li>• Community nutrition programs</li> <li>• Gbebiro meetings</li> <li>• MNCH weeks</li> <li>• PHC system</li> </ul>

Intervention	Description	Target Population	Potential Delivery Platforms
	<ul style="list-style-type: none"> <li>Establishment of backyard livestock production</li> </ul>	<ul style="list-style-type: none"> <li>- Family heads</li> <li>- Women Farmers</li> <li>- women cooperative groups</li> </ul>	<ul style="list-style-type: none"> <li>School-based programs /organizations</li> <li>PTA</li> <li>CSOs</li> <li>SCFN</li> <li>Media</li> </ul>
	<ul style="list-style-type: none"> <li>Homestead and school based fish ponds</li> </ul>		
	<ul style="list-style-type: none"> <li>Empowerment of women through income generation activities</li> </ul>		

## Thematic Area 10: Poverty Reduction

There is evidence of positive association between women empowerment and improved maternal and child nutrition. It has also been shown that involving women in cash transfers and agricultural programs have positive impact on women empowerment and therefore, improved maternal and child nutrition outcomes.

### Priority Areas

- Empower women by ensuring access to productive resources, income opportunities, credit, labour and time-saving technologies

**Expected Outcome:** Inequalities and household poverty addressed to facilitate food security

**Table 10: Interventions Focusing on Poverty Reduction**

Intervention	Description	Target Population	Potential Delivery Platforms
Empowerment Programmes	<b>Skill Acquisition</b> <ul style="list-style-type: none"> <li>• Training on various skills: Sewing, Hairdressing, Soap making, Catering/Decoration, Cloth Weaving, Bead/ Shoe making, Computer Education, access to productive resources, extension services and information, labour and time-saving</li> </ul>	<ul style="list-style-type: none"> <li>• Women of child bearing age</li> <li>• Women</li> <li>• youth</li> </ul>	<ul style="list-style-type: none"> <li>• National Directorate of Employment,</li> <li>• National Training Fund</li> <li>• Skill Acquisition Centres, NYSC, Trade Masters,</li> <li>• Community based Empowerment Programmes, NGOs</li> </ul>
	Empower women by ensuring <ul style="list-style-type: none"> <li>• technologies</li> <li>• Equitable opportunities to earn and learn</li> </ul>	<ul style="list-style-type: none"> <li>• Women</li> <li>• youth</li> </ul>	<ul style="list-style-type: none"> <li>• National Training Fund</li> <li>• Skill Acquisition Centres, NYSC, Trade Masters, Agricultural Development Project (ADP)</li> <li>• Commercial and Agricultural bank .</li> </ul>

Conditional Cash Transfer	cash transfers linked to: <ul style="list-style-type: none"> <li>- attendance Ante-natal and breastfeeding Incentives</li> <li>- Food supplementation for the Aged</li> <li>- Food support for widows/ Child headed homes</li> </ul>	<ul style="list-style-type: none"> <li>- Vulnerable Group (Persons with disabilities, Widows , Women of Child bearing age)</li> <li>- Aged</li> <li>- Child headed Homes</li> </ul>	Financial Institutions, Community Leaders, Cooperative Societies, Gbebiro meetings.
Rural Financing Programme	Capacity building for Micro finance institutions and Micro Finance Bank	Market women, petty traders, arable crop farmers, micro finance bank, MFIs	Farmers' group, cooperative groups (Thrift, Esusu, Ajo)

## Thematic Area 11: Monitoring and Evaluation

Strengthen nutrition surveillance, monitoring and evaluation systems

Nutrition monitoring and evaluation systems are essential in measuring program performance and evaluating the impact of interventions. These systems include routine recording and reporting of nutrition services integrated in the various MDAs' existing information system and periodic surveys. Nutrition surveillance provides information for routine monitoring of nutritional status and early warning on nutrition emergencies. There are nutrition indicators and data elements that are being collected through the different sectors Information Systems; however there is low awareness on these indicators among the key stakeholders. There is need to improve routine monitoring of nutritional status through improvement in data tools and management (collection, analysis, reporting and dissemination). There is need to establish early warning system in the State that will quickly provide alert to situations that may lead to nutrition emergencies. Feedback on surveillance, monitoring and evaluation is necessary to ensure that this information contributes towards identifying specific nutrition requirements and timely provision of services to the areas of greatest need in order to take actions to address these problems.

### Priority areas

- Operationalise the nutrition Monitoring and evaluation framework for the nutrition sector.
- Review, develop and disseminate guidelines and tools on surveillance, monitoring and evaluation
- Strengthen feedback mechanisms on nutrition information among nutrition stakeholders
- Train managers and service providers on the use of Health Management Information System (HMIS) and interpretation of M&E data.
- Strengthen the integration of nutrition indicators in the existing integrated disease surveillance system.
- Promote the use of appropriate technology to enhance the quality of data collected

**Expected outcome:** Enhanced quality and timeliness of data collected for effective decision making.

## CHAPTER 4: MONITORING AND EVALUATION FRAMEWORK

**Table 11: Outcome Level Indicators**

Priority Area	Expected Outcomes	Indicators	Baseline	TIMEFRAME					Data Source
				Y1	Y2	Y3	Y4	Y5	
<b>Adolescent Nutrition</b>	By 2021, 60% of adolescent girls will receive folate/ folic acid supplementation	Number of adolescent receiving folate and folic acid supplementation	0%	20%	30%	40%	50%	60%	NDHS, MICS MNCHW
<b>Maternal Nutrition</b>	Increase iron folate / folic acid supplementation coverage of pregnant women from 10% to 60% by the year 2021.	Percentage of women who receive iron folate and folic supplementation	10%	20%	30%	40%	50%	60%	SMART SURVEY, NDHS, ADMIN /MNCHW
<b>Infant and Young Child Feeding</b>	Increase the percentage of children age 0-6 months who are exclusively breastfed from 23.5% to 50% by 2021	Percentage of Children 0-6months who are exclusively breastfed	23.5%	30.5%	37.5%	42.5%	45%	50%	NDHS, SMART SURVEY

	Increase the percentage of children 6-23 months of age who receive age-appropriate complementary food from 23.1% to 50% by 2021.	Percentage of children age six months and above who receive appropriate complementary feeding	23.1%	30%	35%	40%	45%	50%	Program data, SMART SURVEY/NNHS
	Increase the percentage of children from 0 to 23 months who were breastfed within one hour of birth from 36.3% to 60% by 2021	Percentage of children age 0 to 23 months who are breastfed within one hour of birth	36.3%	40%	45%	50%	55%	60%	SMART SURVEY
<b>CHRONIC MALNUTRITION</b>	Reduce the prevalence of Stunting in children under 5 from 22.4% to 10%	percent (%) of children under 5 with stunting	22.4%	20%	18.4%	15.2%	12%	10%	NDHS, MICS
	Reduction in the prevalence of underweight in children under 5 from 16.0 % to 7.0%	percent of (%) children under 5 with underweight	16.0%	14.0%	11.2%	9.5%	8.5%	7.0%	NDHS,MICS , NNHS



<b>Severe Acute Malnutritoin</b>	Reduction in the prevalence of wasting in children under 5 from 5.9% to 2%	percent (%) of children under 5 with wasting	5.9%	4.5%	4%	3.5%	3.0%	2%	NDHS, MICS
<b>Micronutrients</b>	Maintain universal household access to iodized salt.	% Household with access to iodized salt	94.6%					100%	NDHS, SMART SURVEY
	Increase coverage of Vitamin A supplementation from 72.6 % to 90% by 2021.	%coverage of Vitamin A supplementation	72.6%	77%	82%	87%	90%	90%	NDHS, SMART SURVEY, MNCH weeks reports
	Increase coverage of Zinc supplementation in diarrhoea management from 0.0 to 40% of all children needing treatment by 2021.	% of children with diarrhea receiving Zinc and low osmolality ORS for treatment	0.0%	10.0%	20.0%	30%	35%	40%	SMART SURVEY, Health Facility Audits, NDHS, NHMIS <sup>10</sup>

<sup>10</sup> Source: IYCF Indicators from MICS 2013.  
Stunting, wasting and underweight NNHS 2015

	Increase coverage of Deworming among children from 12-59 months from 30.6% to 60% by 2021.	Percentage of children 12-59 months dewormed	30.6%	40%	45%	50%	55%	60%	SMART SURVEY/MNC HW/Program Data
<b>DRNCDs</b>	50% reduction in the prevalence of Diet related non-communicable diseases	Percentage of people living with DRNCD	NA						Program Data/ Survey
<b>Food Security</b>	Increase the Percentage of farmers who plant biofortified seeds and staple crops (e.g cassava) from 10% to 50% by 2021	Percentage of farmers planting biofortified seeds and staple crops	10%	20%	25%	30%	40%	50%	State Ministry of Agriculture reports
<b>Water and Sanitation</b>	Increase access to potable water from 20.8% to 60% by 2021.	% of communities with access to potable water	20.8%	25%	30%	40%	50%	60%	FMWR/MICS
	Increase access to basic sanitation from 47.8% to 60% by	% of persons who practice hand proper washing and use	47.8%	50%	53%	56%	58%	60%	FMWR/MICS

	2021	of toilet.							
	Reduce % of persons practicing Open Defecation (OD) from 47.8% to 20% by 2021	% of persons practicing Open Defecation (OD)	47.8%	40%	35%	30%	25%	20%	FMWR/MICS
<b>Poverty Reduction</b>	Increase the number of girl-child enrolled in schools from 96% to 99% by 2021	% of girls enrolled in school	96%	96.5%	97.0%	97.5%	98.0%	99%	Ministry of Education annual report

## CHAPTER 5: COSTING

The main objective of this section is to provide cost estimates for the five-year period of the Ondo State SPAN so that stakeholders know the cost required to operationalize the plan. The cost estimates could also be used for advocacy and resource mobilization purposes. The cost estimates have been based on micro-costing and activity-based costing related to the key priority areas and their current costs and official exchange rate of NGN 305 to the USD. The State adopted the activity-based costing approach to provide cost estimates that are as accurate as possible. It is also recognized that resource contributions will come from the respective sectors involved in the implementation of the plan as well as relevant partners.

The total cost required to operationalize the Strategic Plan of Action for the five year period is estimated at **NGN 60,330,723,860.00 (USD 197,805,652 )** at an average annual cost of **NGN 12 billion or 40 million USD** (Table 5).

**Table 12: Cost breakdown by Priority Area and year (in Dollar)**

Priority Area	2017	2018	2019	2020	2021	Total (5-year)
Maternal nutrition	23,425	46,851	70,276	93,702	117,127	351,382
Infant and Young Child Feeding	1,905,273	1,962,431	2,021,304	2,081,943	2,144,401	10,115,352
Management of MAM	943,110	1,886,220	2,829,330	3,772,440	4,715,550	14,146,651
Micronutrient Deficiency Control (Vitamin A )	171,475	171,475	171,475	171,475	171,475	857,373
Home Grown School Feeding Programme	22,027,715	22,027,715	22,027,715	22,027,715	22,027,715	110,138,577
Deworming	27,436	27,436	27,436	27,436	27,436	137,180
Behavior change communication and advocacy	7,144,773	7,144,773	7,144,773	7,144,773	7,144,773	35,723,865

Food security	642,191	576,617	576,617	576,617	576,617	2,948,659
Water and Sanitation	237,431	237,431	237,431	237,431	237,431	1,187,155
Poverty reduction	271,475	271,475	271,475	271,475	271,475	1,357,377
<b>Total cost of interventions</b>	33,370,879	34,305,573	35,307,556	36,311,305	37,316,873	176,612,189
<b>Others</b>						
Capacity Development for Program delivery ( 9% total cost of interventions)	3,003,379	3,087,502	3,177,680	3,268,017	3,358,519	15,895,097
Coordination and multi-sectoral partnership (1% of total cost)	333,709	343,056	353,076	363,113	373,169	1,766,122
Research monitoring and evaluation (2% of total cost)	667,418	686,111	706,151	726,226	746,337	3,532,244
<b>Grand Total</b>	<b>37,375,384</b>	<b>38,422,242</b>	<b>39,544,463</b>	<b>40,668,662</b>	<b>41,794,898</b>	<b>197,805,652</b>

## CHAPTER 6: ROLES AND RESPONSIBILITIES

Nutrition is a multi-disciplinary issue best addressed through well co-ordinated and multi-sectoral approaches. The lack of an institutionalized co-ordination mechanism for nutrition in Nigeria has been one of the main contributors to the limited effectiveness of past interventions. Inadequate co-ordination of the planning and implementation of nutrition programmes and projects often resulted in undue duplication of services and programmes without proper equitable distribution and convergence of resources. Nutrition interventions have been implemented mostly as vertical projects with little investment in human capacity and technical skills development in the public sector.

The implementation of this strategy requires the participation and involvement of stakeholders at all levels from the community to the State level, including the public sector (sectoral Ministries and institutions, regional Secretariats and LGAs), research institutes, professional bodies, private sector, development partners, media, and the community. All concerned parties share responsibility for the successful implementation of the strategy and should acknowledge and embrace its responsibilities. The roles and responsibilities of all stakeholders are identified below to ensure that their collective action contributes to the full attainment of the strategies, goals and objectives.

The Government of Nigeria has committed itself to the SUN movement in the country. To enhance fulfillment of this commitment, the Government will work with partners to strengthen existing Health Sector partnership for nutrition to intensify action to prevent malnutrition and reduce nutrition related diseases, thus contributing to achievement of the Vision 20:2020 and the SDGs.

### 6.1. Public Sector

#### 6.1.1 State Planning Commission/Budget and Economic Planning

- Strengthen multi-sectoral co-ordination mechanisms and networks for nutrition at all levels.
- Set clear mandates and responsibilities for nutrition stakeholders at different levels.
- Advocate and mobilize financial and human resources for nutrition co-ordination and partnership activities at all levels
- Hold and document regular joint planning and review meetings to align the annual nutrition planning process to the nutrition plan of action.

### **Expected outcome**

- Collaborate with SMOH to advocate for adequate financial provisions in the State Development Plan, and State annual budget for implementation of the Health Sector State Food and Nutrition Policy and programmes
- Actively support SMOH in co-ordination of Health Sector nutrition related activities
- Facilitate dissemination of nutrition data

#### **6.1.2 State Ministry of Finance**

- Create budget lines in relevant ministries for nutrition activities.
- The State Ministry of Finance/Budget to ensure prompt release of funds for the implementation of nutrition programmes, research, and maintenance of healthcare facilities
- Explore appropriate and efficient mechanisms for mobilising and allocating resources for nutrition programmes

#### **6.1.3 State Committee on Food and Nutrition**

- The Committee shall comprise representatives of all stakeholders in the nutrition space in Ondo State including relevant departments of the SMOH, its agencies, other relevant Government sectors, professional organisations, academia, development partners, and other stakeholders
- With the State MEPB as the secretariat, the committee will co-ordinate all nutrition interventions within the State
- It shall be responsible for ensuring the implementation of this plan, submission of periodic reports on national nutrition status, and advise the Honourable Commissioners of MEPB and Health on nutrition matters.

#### **6.1.4 State Ministry of Health (SMOH)**

- Co-ordinate all Health Sector nutrition activities in the State
- Liaise with the State Committee on Food and Nutrition to ensure optimal implementation of the policy at State and LGA levels
- Support the National Committee on Food and Nutrition to effectively carry out its mandate
- Report the Health Sector nutrition activities to the State Committee on Food and Nutrition

- Adopt and ensure effective implementation of the NSPAN with the involvement of professional organisations
- Advocate for recruitment of appropriately qualified and adequately skilled nutrition personnel in all health facilities in the State
- Initiate and maintain a multi-sectoral and multi-disciplinary approach to nutrition, involving relevant line Ministries and organisations such as Ministries of Agriculture, Water Resources, Education, Information, Women Affairs, Justice, Environment, Finance and Budget Office, professional associations, NGOs, faith-based organisations (FBOs), relevant Tertiary institutions, and development partners
- Collaborate with LGAs and communities to identify priority programmes related to nutrition
- Establish and strengthen existing community-based outreach nutrition services
- Build capacity of nutrition personnel through updating of knowledge and skills on a continuous basis to perform relevant functions
- Ensure that healthcare providers are trained in methods, skills, and processes that help mobilise communities around positive nutrition practices, promote community ownership, and sustainability
- Facilitate data collection, processing, and dissemination of information on health and nutrition interventions
- Ensure the timely transmission of the data to the national database
- In collaboration with LGAs, promote systematic and sustained community health education through health personnel, mass media, print, NGOs, community-based organisations (CBOs), community leaders, families, and individuals
- Conduct advocacy and social mobilisation of State and LGA policy makers to solicit their support for the implementation of strategies within this plan
- Facilitate the training of health providers of both public and private institutions in inter-personal communication and counselling

#### **6.1.5 State Primary Health Care Development Board (SPHCDB)**

- Provide support for implementation of all plans developed to achieve set targets at primary health care level.
- Support LGA level capacity for training community-level care providers on the implementation of relevant aspects of the Ondo State Strategic plan of action for nutrition



- Provide technical support to LGAs for effective implementation of programmes and activities aimed at improving the nutrition status of the people of Ondo state.
- Supervise, monitor, and evaluate PHC activities relating to this plan.

#### 6.1.6 State Ministry of Information

- Collaborate with SMOH to create a platform for the promotion and implementation of the Strategic nutrition plan
- Collaborate with SMOH in building the capacity of media personnel on the effective promotion and implementation of relevant aspect of the plan
- Support the inclusion of nutrition issues in media publications and programmes

#### 6.1.7 State Ministry of Education

- Collaborate with SMOH/SPHCDB in developing/updating nutrition specific curriculum in line with the Strategic plan at all levels of education
- Collaborate with SMOH in implementing the education related aspects of the plan including school feeding programme.

#### 6.1.8 State Rural Water and Sanitation Agency (RUWASSA)

- Provide potable water at health facilities identified for implementation of the plan.

#### 6.1.9 State Ministry of Agriculture

- Collaborate with SMOH to implement community level programs aimed at improving food security as outlined in the Ondo State SPAN

#### 6.1.10 Local Government Areas

- Collaborate with appropriate MDAs to identify and effectively implement priority programmes related to nutrition.
- Establish and strengthen existing community-based outreach nutrition services.
- Collaborate with Ward and Village Health Committees to support nutrition services.

- Mobilise the community to participate in planning, implementation, and monitoring of nutrition programmes through involvement of traditional and religious leaders, other influential persons and groups.
- Motivate communities to own and sustain nutrition programmes.
- Create awareness on nutrition activities in the LGAs through advocacy and social mobilization working with relevant stakeholders (FBOs, NGOs, CBOs, etc.)
- Develop, distribute, and disseminate information, education, and communication (IEC) materials.
- Create platform for community dialogue, focused group discussion to promote nutrition issues.
- Organise regular trainings and refresher courses to update knowledge and skills of LGAs' nutrition/health personnel on issues identified in the Ondo State SPAN.

#### **6.1.11 Ward and Village Health Committees**

- Develop plans to provide the essential nutrition programmes in catchment areas.
- Periodically provide health and nutrition information to the community in order to promote ownership and improve the nutrition status of the community.
- Harness resources to support nutrition programmes, including co-opting voluntary workers and practitioners of traditional methods to achieve nutrition goals.
- Ensure the maintenance of basic health and nutrition equipment in health facilities.
- Assign roles and responsibilities in the communities for monitoring of nutrition services and other relevant data.
- Collate relevant data about resources available for nutrition.

#### **6.1.12 Media**

- Create a sustained platform for public debate in support of the promotion and implementation of the Ondo State Strategic plan of action for nutrition
- Create and maintain awareness on issues concerning nutrition
- Include nutrition issues in their publications and programmes and community engagement interventions
- Provide focused and strategic media coverage of nutrition interventions

## 6.2 Partners

### 6.2.1 Non-Governmental Organizations (NGOs)

NGOs shall in collaboration with the State and LGAs:

- Initiate pilot schemes that have the potential to be further scaled up such as establishing cottage industries for complementary food.
- Support the training of Healthcare workers, community resource persons and other voluntary village health workers in the delivery of nutrition services.
- Assist in M&E of nutrition programmes.
- Mobilise the community to embark on awareness campaigns on appropriate nutrition practices.
- Support Government and community to establish community-based food processing centres.
- Document success stories and lessons learned on community nutrition programmes.

### 6.2.2 Professional Associations

- Advocate to all levels of Government and private sector for support of nutrition programmes
- Participate in research, training, and conduct of nutrition surveys.
- Create awareness on nutrition issues through seminars, conferences, and public lectures.

### 6.2.3 Educational Institutions

- Provide professionally competent and versatile practitioners who are capable of providing high quality nutrition and healthcare to children and expectant mothers in homes, communities, clinics, health centres, and hospitals state-wide

### 6.2.4 Research Institutions

Research institutes shall be responsible for conducting relevant research on:

- Food-based nutrition interventions for the management of identified health conditions such as SAM, micronutrient deficiencies, HIV/AIDS, etc.
- Develop local process capacity for the production of nutritious food products for infants and PLWs

- Partner with the Standard Organisation of Nigeria (SON) to conduct operational research on current/ongoing food fortification programmes
- Generate nutrition data on composition of Nigerian local foods.
- Identify nutrition needs of communities through studies and research

#### 6.2.5 Partners Forum

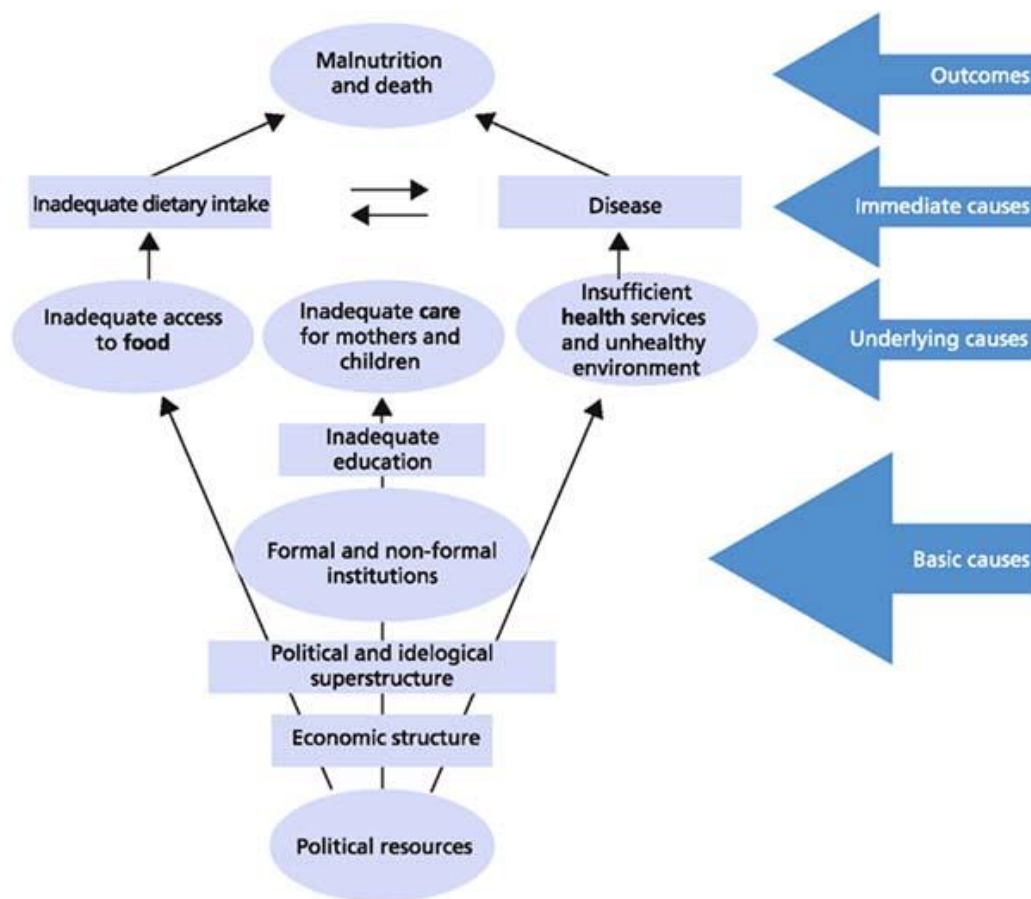
- Support the State SPAN in planning, implementation, monitoring and evaluation in line with the Paris-Accra Principles of Aid Effectiveness.

#### 6.3 Private Sector

- Support policy implementation through the development of low cost nutritious complementary foods, food fortification processes, awareness creation, research and fund mobilisation.

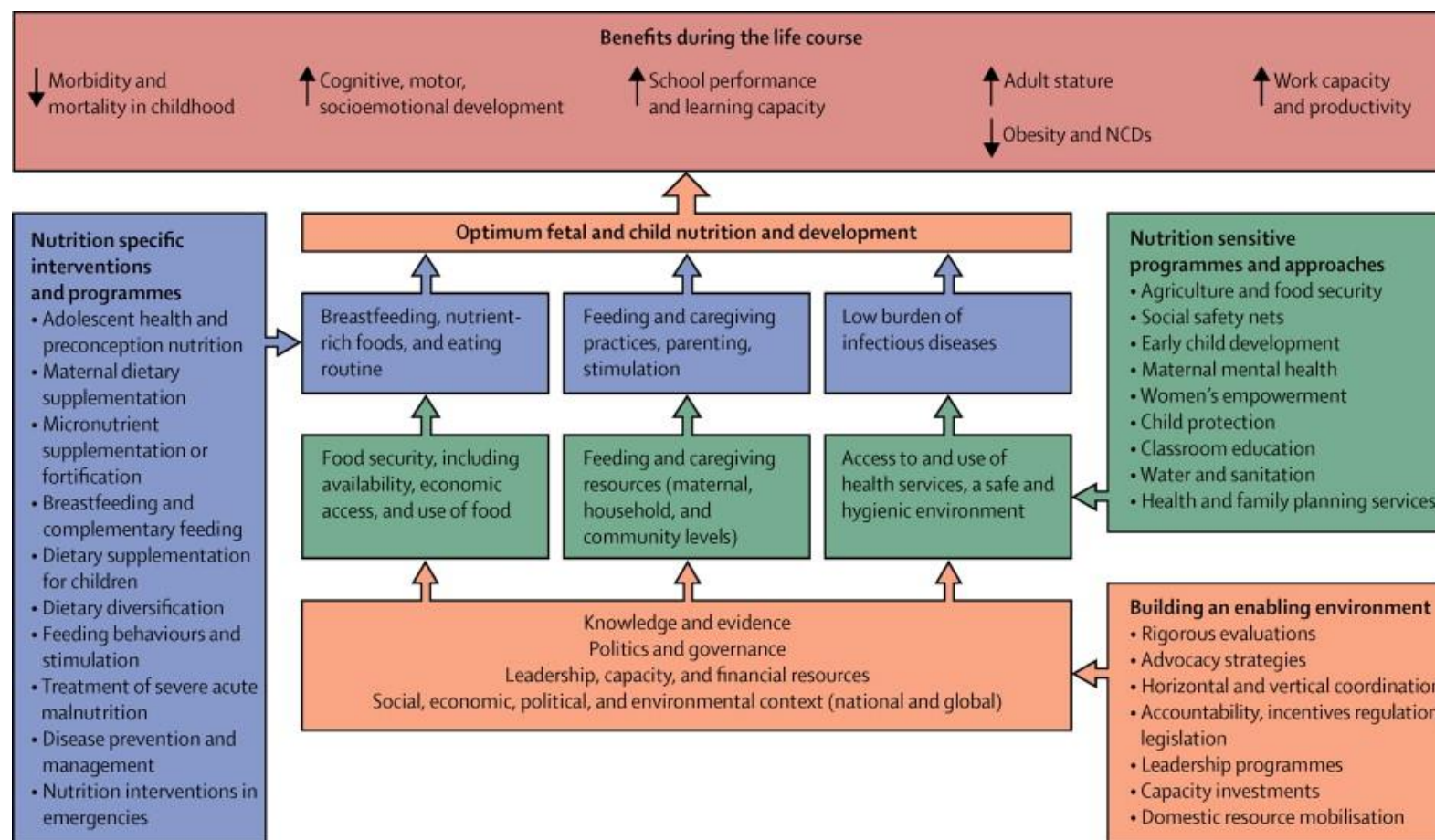
## APPENDICES

### Appendix 1: Conceptual framework for the causes of malnutrition



Source: UNICEF, 1990.

## Appendix 2: Framework to achieve optimum foetal and child nutrition and development<sup>11</sup>



<sup>11</sup> Black, RE., Victora, CG., Walker, SP., Bhutta, ZA., Christian, P., De Onis, M.,... Uauy, R. (2013). Maternal and child undernutrition and overweight in low-income and middle-income countries. *The Lancet*, 382(9890), 427-451.

### Appendix 3: Output Level Indicators

	Expected outputs	Indicators	TIMEFRAME					Data Source
			Y1	Y2	Y3	Y4	Y5	
<b>Adolescent Reproductive</b>	By 2021, 10,500 adolescents will be reached with nutrition messages	10,500 Adolescents reached with nutrition message	2100	2100	2100	2100	2100	Program Report
	By 2021, at least one Adolescent Support group center will be established in each local government	21 Adolescent support group centers established	10	21	21	21	21	Program Report
	By 2021, nutrition will be integrated into the curriculum of schools (Primary & Post Primary )	Number of schools with Nutrition as a subject in curriculum						
<b>Maternal Nutrition</b>	By 2021, 10 campaign activities will be	Number of campaigns held per	2	2	2	2	2	Campaign Report

	held for maternal nutrition	year						
	By 2021, 20% of pregnant women in highest burden LGAs will receive CCT to encourage improved nutrition practices and ANC attendance	Percentage of women in identified high burden LGAs receiving CCT	4%	8%	12%	16%	20%	Financial Report
	By 2021, at least one health care worker from each of the 123 health facilities that offer ANC will be competent in nutrition counselling, breastfeeding & management of nutrition supplies	Number of health care workers from each of 123 health facility trained	123	123	123	123	123	Training Report Visit



	By 2021, the 9 line ministries will have a nutrition desk office	Number of state ministries with nutrition desk	9	9	9	9	9	Agencies/ Ministry Report
	By 2021 locally sourced pre-packaged complementary food recipes will be produced in Ondo	Number of complementary food produced	1	2	3	4	5	Research Report
<b>IYCF</b>	15 public awareness campaigns conducted on IYCF by 2021	Number of public awareness campaigns on IYCF conducted annually	3	3	3	3	3	Program Report
	1200 health workers trained on IYCF and BFHI activities by 2021	Number of trained on IYCF and BFHI activities annually	240	480	720	960	1200	Program Report

	1950 community volunteers trained to provide BFCI by 2021	Number of community volunteers trained to provide BFCI	325	650	975	1300	1950	Program Report
	250,000 mothers and care givers counselled at PHCs, ANCs, OTPs, CMAM sites by 2021	Number of mothers and caregivers counselled	50,000	100,000	150000	200,000	250,000	Program Report
<b>SAM</b>	Increase the number of OTP sites from 90 to 225 by 2021.	Number of OTP sites	116	144	171	198	225	Program Report
	Increase the number of health care workers trained on the management of SAM	Number of health care workers trained	585	720	855	855	855	

	Increase the number of Community Volunteers trained on the identification of SAM	Number of Community Volunteers trained on the identification of SAM	1950	1950	2100	2100	2100	
	Reduce the number of CMAM sites experiencing stock out of key nutrition commodities to zero	The number of CMAM sites experiencing stock out of key nutrition commodities	0	0	0	0	0	
<b>MICRONUTRIENT DEFICIENCY</b>	15 public awareness campaigns conducted on MNDC by 2021	Number of public awareness campaigns on MNDC conducted annually	3	6	9	12	15	Program Report
	1200 health workers trained on MNDC by 2021	Number of health workers trained on MNDC annually	240	480	720	960	1200	Program Report

	15 public awareness campaigns conducted on MNDC by 2021	Number of public awareness campaigns on MNDC conducted annually	3	6	9	12	15	Program Report
<b>Home Grown School Feeding Programmes</b>	Provision of one free meal/day (Adequate diet) for pre-primary and primary school pupils	Development of Menu  Training of Vendors						
<b>DRNCD</b>	50% of the Population above 40 have increased awareness of DRNCDs	50% of health facilities that have screening and referral services related to DRNCDs	116	114	171	198	225	
<b>Food Security</b>	4200 community farmers (200 per LGA) will be trained on food processing, agriculture value chains by 2021	Number of community farmers trained	840	1680	2520	3360	4200	Program Report

	21 demonstration farm centres	Number of demonstration farms established	21	6	5	5	5	Program Report
<b>Poverty Reduction</b>	11,250 women, youths and adolescents trained by 2020 on vocational activities such as tailoring, soap making, food processing, hairdressing, knitting, etc., in order to empower them economically	Number of women, youths and adolescents trained annually	2250	4500	6750	9000	11250	Program Report

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