

# **NATIONAL POLICY ON FOOD AND NUTRITION IN NIGERIA**

Draft

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**NATIONAL POLICY ON FOOD AND  
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NIGERIA**

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## Abbreviations/Acronyms

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## Chapter 1: Introduction

### 1.1. Background

The third edition of the National Policy on Food and Nutrition (NPFN) provides guidance for nutrition action by the government at federal, state, local government area (LGA), and ward levels, as well as development partners, civil society actors, academia, and the private sector. It defines a minimum package of nutrition services to be delivered to households to facilitate optimal nutrition practices across the life cycle and among all population groups.

Nutrition is a critical factor in the development of any nation because it influences the growth, productivity, health, and the overall wellbeing of the population. The Nigerian government has therefore considerably invested in nutrition over the past two decades. Direct nutrition interventions have been implemented to improve infant and young child feeding, micronutrient supplementation, and identification and treatment of acute malnutrition. Investments on various other areas that support improved nutrition have also increased over time, including vaccination, treatment of childhood illnesses, enhanced access to clean drinking water, sanitation, and basic education.

These interventions and investments have led to significant improvements in some nutrition determinants – for instance, exclusive breastfeeding in children less than 6 months old increased from <1% in 1990 to 29% in 2023/2024. Because of the improvements in nutrition determinants, malnutrition also reduced; stunting declined from 48% in 1990 to 40% in 2023/2024 and wasting similarly declined. Nevertheless, the coverage of nutrition determinants is still quite low, and malnutrition remains alarmingly high in Nigeria.

A policy is a guide to government action. The first edition of the Nigeria NPFN was operational from 2001 – 2015 and set the agenda for prioritizing nutrition in Nigeria. The second edition of the NPFN, from 2016 – 2025 consolidated on the gains of the first edition by strengthening the commitment to nutrition across the country and addressing nutrition issues that had emerged since the launch of the first NPFN. Moreover, unlike the first edition, the second NPFN edition was domesticated by many states, aligning the NPFN to state context and priorities thereby increasing its implementation.

Nonetheless, a few challenges have been highlighted with the preceding NPFN editions that have limited their effectiveness. Both the 2001 and 2016 policies inadequately defined the roles of various ministries, departments, and agencies (MDAs) in addressing nutrition, resulting in duplication of some actions and neglect of others; the links between the implementation of policy actions and the achievement of objectives were not clarified; there was insufficient use of data to justify policy actions, limiting perceptions about the relevance of these actions. Institutional arrangements for implementing nutrition actions were inadequate, leading to fragmented implementation of nutrition actions. In addition, no operational framework or resourcing guidance was provided for implementation.

Furthermore, apart from the limited progress in improving nutrition nationally, there have been several global emerging concerns for nutrition since 2016. Nutrition in the first one thousand days of life from conception to age two has remained critical and there have been innovations especially targeted at nutrition in this period. Nutrition-related noncommunicable diseases (NCDs) have continued to rise at an alarming rate. Climate-related shocks, including severe droughts and floods are seriously affecting food security and causing hunger. Gender inequality persists, with women hunger and malnutrition more frequently and more intensely than men. Food systems have been increasingly recognized as contributing to many nutrition challenges and transforming these systems to prioritize optimal nutrition, health, and environmental sustainability is a key global agenda.

This third edition of the NPFN leverages on the strengths of past editions, while addressing the identified gaps and the concerns that have emerged since 2016.

## **1.2. Food and Nutrition Situation in Nigeria**

### **1.2.1. Consequences of Malnutrition**

Nigeria has one of the highest rates of malnutrition globally, accounting for nearly 60% of the burden of stunting in West Africa and 8% of the global stunting burden. The numbers of malnourished children in Nigeria are the highest in Africa and the second highest in the world. Without improving nutrition, Nigeria will become progressively poorer and undeveloped, inhabited by millions of hungry, ill people with limited education. Improved nutrition is necessary for Nigeria to achieve its economic goals as malnutrition costs the country significantly and limits productivity. For instance, micronutrient deficiencies alone cost Nigeria over USD \$1.5 billion annually, and they reduce work outputs for all types of occupations. Nigeria's under five mortality rates in 2021 was 102 deaths per 1,000 live births, 55% of which is due to malnutrition, which further shows the need to address malnutrition urgently.

Nutrition-related conditions, including heart disease and stroke are top causes of deaths in adults. About 36% of adults 30 to 79 years old have hypertension. Reducing malnutrition could increase GDP per capita by 11%, and every \$1 spent on nutrition in Nigeria could yield up to \$27 in economic gains and productivity. Investing in reducing malnutrition will also lower healthcare costs and free up funding that can be reallocated to other development matters. The consequences of malnutrition in Nigeria can be summarized in the limited progress towards achieving the sustainable development goals (SDGs), as highlighted in Figure 1. Nigeria has achieved just 1 of the 17 SDGs and is on track to achieve a second SDG; 12 SDGs are stagnated or worsening.



Figure 1: Nigeria SDG Dashboard and Trends (Sachs et al., 2025)

### 1.2.2. Nutritional Status

At 40% in 2024, stunting in children under five in Nigeria is at very high levels, based on thresholds set by the World Health Organization (WHO), United Nations Children’s Fund (UNICEF), and World Bank (WB). Wasting prevalence in 2024 was 8% and underweight was 27% (NDHS). Among adolescent girls 10 – 14 years old, 22% were stunted, 15% were thin, and 4% were overweight/obese (NFCMS). In women of reproductive age (15 – 49 years old), underweight was 14% in 2021, while overweight/obesity was 23% (NFCMS). Among men, 8% of men  $\geq 18$  years old were obese in 2022 (WHO).

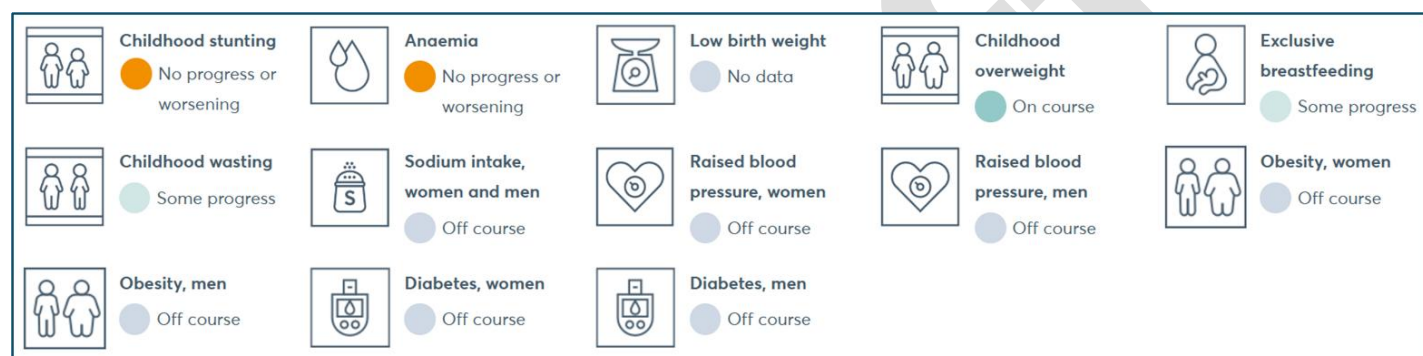
Micronutrient deficiencies are likewise very high. Iron deficiency occurred in 21, 10, and 26% of children 6 to 59 months old, non-pregnant women, and pregnant women, respectively, in 2021; 31, 23, and 32%, respectively had anaemia; 31, 12, and 22%, respectively were vitamin A deficient. In addition, 35% each of children 6 to 59 months old and non-pregnant women, respectively, were zinc deficient; and 91 and 85% of non-pregnant and pregnant women, respectively, were folate deficient. Among adolescent girls 10 – 14 years old, 20% had anaemia, 24% were vitamin A deficient, 91% were folate deficient, and 34% were zinc deficient (NFCMS).

There is limited data about the nutritional status of school-aged children, adolescent boys, and the elderly, but the available evidence shows that malnutrition is also considerable among these population groups.

Not only is the prevalence of malnutrition high, but multiple forms of malnutrition coexist at individual and/or household levels. The prevalence of malnutrition also varies across geopolitical zones and states. For example, the prevalence of stunting ranged from 12% in Rivers State to 65% in Katsina State in 2024 (NDHS). On another hand, overweight/obesity in women ranged from 7% in Sokoto State to 53% in Anambra State (NDHS, 2018). No state in

Nigeria is exempt from the challenges of malnutrition. The magnitude of various challenges just varies from one state to another.

Overall, Nigeria is on track to achieve only one of thirteen nutrition and diet-related noncommunicable disease (NCD) global targets (Figure 2).



(Adapted from the 2022 Global Nutrition Report)

**Figure 2: Nigeria's Progress Towards the Global Nutrition Targets**

### 1.2.3. Dietary intake and Health Status

The immediate determinants of nutrition are dietary intake and health status (Figure 3). Available data shows that intakes of nutrients are inadequate in all population groups. For example, over 90% of women and children had inadequate calcium intakes in 2021 (NFCMS), 82% of pregnant women had inadequate iron intakes, >65% of women had inadequate vitamin B1 intakes, >80% of women had inadequate vitamin B2 intakes,  $\geq 95\%$  of women had inadequate folate intakes, and more than 50% of women had inadequate vitamin B12 and vitamin C intakes. Similarly, 35, 58, and 66% of non-pregnant, pregnant, and lactating women, respectively had inadequate protein intake.

The poor intake of micronutrients is due to poor diet quality, which is prevalent among all population groups. In 2024, just 29% of children less than 6 months old were exclusively breastfed, and 12% of children 6 to 23 months old achieved minimum dietary diversity in 2024. Among adults, in the 2024 General Household Survey, 22% of both men and women consumed all five food groups recommended in food based dietary guidelines (vegetables; fruit; pulses, nuts, or seeds; animal-source foods; and staple foods).

Although period prevalence of childhood illnesses has significantly declined from 47% in 2003, 33% of children 0 – 59 months old were still reported to have an episode of diarrhoea, fever, or symptoms of acute respiratory illness in the two weeks preceding the 2021 Nigeria Multiple Indicator Cluster Survey, and 37% of women of reproductive age reported fever and 17% reported diarrhoea in the two weeks preceding the 2021 National Food Consumption and Micronutrient Survey.

#### 1.2.4. Food Security, Access to Health Services and Water, Sanitation, and Hygiene (WASH) Services

The prevalence of moderate and severe food insecurity more than doubled from 35% in the 2014–2016 period, to 75% in the 2022–2024 period, resulting in more than 170 million food insecure people in 2025. Food insecurity is partly because the available food supply is insufficient even if it were equally shared among all Nigerians. For instance, the average supply of fruits and vegetables in 2018 was 356 grams per person per day, less than the 400 grams per person per day required for nutrition and health as recommended by WHO. Apart from limited availability, financial access to food is a challenge. In 2018/2019, 42% of the population could not afford the absolute least cost healthy diet basket, while 79% of the population could not afford the least cost healthy diet basket of socially desirable foods in 2024.

For health services, women who did not have any antenatal care (by any provider) decreased from 37% in 2003 to 21% in 2021, indicating improvements but also emphasizing that 1 in 5 women still did not have antenatal care in 2021. The percent of women who did not have anyone to attend them during child delivery more than halved from 17% in 2003 to 8% in 2021. Nevertheless, 8% means that 1 in 12 women had no delivery assistance in 2021. In 2024, early initiation of breastfeeding occurred for just 36% of children born in the two years preceding the 2024 NDHS. Around 52% of women had at least 4 antenatal care visits in 2024, and 43% of children were born in a health facility. Child vaccinations have greatly increased; compared to 2003 when 13% of children 12 to 23 months old had received all basic antigens, 39% of children 12–23 months old were fully vaccinated with basic antigens in 2024.

Further, the use of basic drinking water services has increased since 2003 and 82% of the population used basic drinking water services in 2021 (in some states, as few as 30 to 50% of the population used basic drinking water services). Only 38% of the population used basic sanitation services. Additionally, 29% of the population had a handwashing facility where both water and soap were present. Overall, just 14% of the population used all basic drinking water, sanitation and hygiene services in 2021. In several states,  $\leq 5\%$  used all three basic WASH services.

Co-coverage of services, which is essential for nutrition to improve, is quite alarming. In 2018, just 12% of children 0 to 59 months old received all of three health sector nutrition services along a continuum of care – mother had at least 4 antenatal care visits, child was born in a health facility, and child had received all basic vaccinations. Further, just 6% of children had received all of six multisectoral nutrition services – the three health sector services mentioned above, household had piped or borehole drinking water, households did not practice open defecation, and mother or father had at least 6 years of education (primary education). In some states, less than 1% of children had received the six services.

### 1.2.5. Nutrition Intervention Delivery and Utilisation

Intervention availability and delivery was generally inadequate. In the 2023 National Health Facility Survey, just 59% of primary health care (PHC) facilities had participated in Maternal, Newborn, and Child Health Weeks (MNCHW) in the preceding six months and 55% provided vitamin A supplementation as part of MNCHW. Growth monitoring services were provided in 63% of surveyed PHC facilities, and malnutrition treatment was provided in 48% of facilities. Vitamin A supplements were provided in 67% of facilities. About 92% of facilities had zinc supplements available for the management of diarrhoea. Although only 79% of PHC facilities provided antenatal care, iron and folic acid services were very prevalent, with 94 and 97%, respectively, of the facilities providing these services as part of antenatal care. Noncommunicable diseases services were very low, with 12% of health facilities nationally providing diabetes services, and 10% providing hypertension services.

Regarding service utilisation, micronutrient supplementation was low in 2021 and did not appear to have improved between 2018 and 2021. Around 31% of pregnant women used  $\geq 90$  days of iron and folic acid containing supplements in 2018. Just 3% of children with acute malnutrition received therapeutic foods in 2021, and 7% of children 6 to 59 months old had received micronutrient powder. Among children 6 to 59 months old and women of reproductive age, 28% and 19%, respectively, had been dewormed in 2021. Vitamin A supplementation among young children was just 25%. Consumption of fortified staple foods (vegetable oil, semolina, sugar, and wheat flour) is considerable but low, ranging from 13% to 30% for these 4 foods.

Furthermore, 34% of pregnant women received counselling about foods to eat during pregnancy and 32% received counselling about breastfeeding their newborn, while 15% of caregivers of children 6 – 59 months old had received nutrition counselling in the 6 months preceding the 2021 National Food Consumption and Micronutrient Survey. Health insurance coverage was 3% for each of women of reproductive age and children 0 to 59 months old. Percentage of households that had ever received external economic support was 6%, while 22% of the population lived in households that had received any social transfers or benefits in the 3 months preceding the 2021 Multiple Indicator Cluster Survey. The most prevalent social transfer/benefit was school tuition or other school-related support (19%). Biofortified crops have been developed for Nigeria and commercialized, and are being consumed by a significant, but inadequate percent of the population – 3% of women of reproductive age for vitamin A rich cassava, 5% for orange-fleshed sweet potato, and 14% for vitamin A rich maize.

### 1.2.6. Resources for Service Delivery

There have been increasing public investments for nutrition in several relevant sectors, including health, agriculture, women affairs, and budget and planning. However, the allocations are only a small fraction of what is needed and are in no way commensurate with the magnitude of the problems. Also, around 70% of the funds disbursed for nutrition go to the

health sector alone, even though health sector interventions can solve only a limited proportion of the malnutrition burden in Nigeria.

Human resources for nutrition are likewise limited. In many health facilities, just one staff is assigned to deliver routine nutrition services/ interventions, because of insufficient manpower. In the agriculture sector, extension agents are an important cadre for the delivery of nutrition services and interventions. Yet, where there is supposed to be one extension agent to 1,000 farming families, there is frequently just one agent to 10,000 or 20,000 families. There are similarly challenges with environmental health officers who are important human resources for environmental sanitation and food safety and hygiene. It is estimated that there is 1 environmental health officer per 24,500 population, compared to a standard of 1 to 800 population.

Moreover, the knowledge and skills of the available human resources are limited. Diagnostic accuracy in PHCs surveyed in the 2023 National Health Facility Survey was 55% nationally, and 53% of health facility workers adhered to guidelines for service delivery. The availability of materials and commodities for service delivery is further inadequate. In the 2023 National Health Facility Survey, just 34% of essential drugs were available in PHC facilities. Functional basic equipment, such as weight scale, thermometer, stethoscope and blood pressure equipment were available in 30% of health facilities. About 30% of PHC facilities had Integrated Management of Childhood Illnesses (IMCI) Guidelines. Only 3% and 4% of PHC facilities had National Diabetes Guidelines and Hypertension Guidelines, respectively; and 5% each of facilities had staff trained for diabetes care and hypertension care.

### 1.2.7. Programmes Context

Several programmes have been implemented by the government over the years to increase the delivery and utilisation of nutrition services and interventions. One of the longest of such programmes is the biannual MNCHW held in all 36 states and federal capital territory (FCT), Abuja. The mandatory fortification of staple foods is another long-standing intervention. MNCHWs are important for scaling up the delivery of micronutrient supplementation, deworming, nutrition counselling, and screening and identification of acute malnutrition. The Accelerating Nutrition Results in Nigeria (ANRiN) was implemented in 11 states between 2019 and 2024. ANRiN focused on increasing the delivery and utilisation of key health sector nutrition interventions in all 11 states, and multisector interventions in one state.

In the agriculture sector, nutrition-sensitive programmes have similarly been implemented, including the National Programme on Food Security that commenced in 2008 and was implemented in all states; and the Fadama Project which began in a few states and was scaled up to all states. Several government-led programmes providing nutrition-sensitive social protection have also been rolled out, including a cash transfer programme that targets the poorest households identified through a National Social Register; interest-free small business

loans for small-scale enterprises; home-grown school feeding programme; and input supply programme for smallholder farmers.

In addition to government-led programmes, development partners and civil society actors likewise develop and implement multisector programmes to improve nutrition in Nigeria. These programmes greatly increase the resources available for nutrition programmes and are typically based on country strategies that align with government priorities and support the government to achieve its goals. The limited coverage of nutrition services and interventions despite the years of programming can be attributed to several factors including insufficient human, financial, material, and logistics resources. These factors are further described below.

In 2024, the Federal Government of Nigeria launched the Nutrition 774 (N-774) Initiative to address the challenges hindering widespread coverage of nutrition services and interventions. The N-774 Initiative is multisectoral and is expected to be truly transformative for nutrition in Nigeria.

### 1.2.8. Socio-Cultural and Economic Context

In 2018/2019, 40% of Nigerians were financially poor, that is, living in households that spent less than ₦137,430 per person per year. In several states, more than 70% of the population were monetary poor. In 2022, 63% of Nigerians (about 133 million people) were multidimensionally poor. The multidimensional poverty index comprises 4 dimensions – health, education, living standards, and work and shocks. Climate change has caused flooding in some parts of the country and drought in other parts, creating additional challenges for food security and nutrition.

The literacy rate among women and men aged 15 to 24 years was 43% and 55%, respectively, in 2021. Exposure to mass media was variable among men and women in 2021; 54% of women and 66% of men were exposed to at least one mass media channel (newspaper/magazine, radio, or television) at least once a week. Eighteen percent (18%) of women and 33% of men had used the internet at least once a week in the 3 months preceding the 2021 National Multiple Indicator Cluster Survey.

Population growth in Nigeria remains one of the highest globally, at 2.4% per year in 2023; meaning that around 5 million people are being added to the Nigerian population each year. The limited progress in intervention coverage over years, despite meaningful investments, is partly due to this population growth because service delivery will need to increase considerably more than the population growth rate each year to produce high coverage. This challenge is described thus in a national document: *“Between 1990 and 2015, 16 million Nigerians gained access to improved sanitation facilities at a pace of about 0.64 million per year, a rate much lower than the population growth rate. As a result, an additional 70 million people without access to improved sanitation were added during the period”* (PEWASH Strategy, pg. 21).

Children under 5 years old are nearly 15% of the Nigerian population, while women or reproductive age (15 to 49 years old) are 24% of the population. Girls and boys 5 to 9 years old are 14% of the population, adolescent boys 10 to 19 years old are 12%, and adolescent girls 10 to 14 years old are 6% of the population. The elderly, those 65 years and above, form 3% of the population and those 60 to 64 years old are another 2% of the population. Together, all these population groups make up 75% of the total Nigerian population.

### 1.2.9. Policy Context

Over the years, quite a number of national policies and strategies have been developed to address various determinants of nutrition, such that there is at least one policy or strategy targeting each nutrition determinant, although some determinants are only weakly addressed. The NPFN amplifies the nutrition-related roles and responsibilities of different sectors and MDAs, to ensure that these roles are not lost in the larger sector action, as well as guide the development of future policies and strategies that more effectively improve nutrition. Sectoral policies and strategies that are relevant for food and nutrition in Nigeria include:

01. National School Health Policy (2006)
02. National Policy on Education (2013)
03. National Water Resources Policy (2016–2030)
04. Partnership for Extended Water, Sanitation, and Hygiene (PEWASH) Strategy (2016 – 2030)
05. National Policy on the Environment (2016)
06. National Health Policy (2016)
07. National Employment Policy (2017)
08. National Action Plan for Revitalization of the Nigeria WASH Sector (2018)
09. National Drought Plan (2018)
10. National Multisectoral Action Plan for the Prevention and Control of Non-Communicable Diseases (2019–2025)
11. National Gender Policy in Agriculture (2019)
12. National Health Promotion Policy (2019)
13. National Action Plan on Gender and Climate Change for Nigeria (2020)
14. Nigeria Livestock Roadmap for Productivity Improvement and Resilience (2020–2026)
15. Nigeria Agenda 2050
16. National Development Plan (2021–2025)
17. National Gender Policy (2021–2026)
18. National Pathways for Food Systems Transformation in Nigeria (2021 – 2030)
19. National Climate Change Policy for Nigeria (2021–2030)
20. National Policy on Maternal, Infant, and Young Child Nutrition (MIYCN) in Nigeria (2021)
21. National Social Protection Policy (2021)

22. National Guidelines for the Prevention and Control of Micronutrient Deficiencies in Nigeria (2021)
23. National Agricultural Technology and Innovation Policy (NATIP) (2022–2027)
24. National Agricultural Seed Policy (2022)
25. National Guidelines on Maternal, Infant, and Young Child Nutrition (2022)
26. National Science, Technology and Innovation Policy (2022)
27. National Women's Economic Empowerment (WEE) Policy and Action Plan (2023)
28. Trade Policy of Nigeria (2023–2027)
29. National Integrated Guidelines for Foodborne Disease Surveillance (2023)
30. National Policy on Food Safety and Quality and its Implementation Plan (2023)
31. Nigeria's Health Sector Renewal Strategy (2023)
32. Implementation Strategy for National Pathways for Food Systems Transformation (2024)
33. National Guidelines for Sodium Reduction (2024)
34. National Roadmap for Making Nigeria Open Defecation Free by 2025
35. National Guideline for the Prevention, Control, and Management of Diabetes Mellitus in Nigeria
36. National Hygiene Promotion Strategy
37. National Guidelines for Integrated Management of Acute Malnutrition
38. National Guidelines on Baby-Friendly Initiative in Nigeria
39. National Strategy for Maternal, Infant, and Young Child Nutrition

Some other strategy documents were developed to elucidate sectoral strategies for implementing the 2016 NPFN, and it is expected that new iterations of these documents will be developed following the launch of this NPFN. The documents include the:

- Agricultural Sector Food Security and Nutrition Strategy (2016–2025)
- National Strategic Plan of Action on Nutrition – Health Sector Component (2021–2025)

### **1.3. Guiding Principles of the Policy**

The guiding principles are the fundamental beliefs, values, and rules that direct and structure decision-making and actions on nutrition as outlined in this Policy. These principles align sectoral programmes to achieve nutrition integration for maximum impact at national and sub-national levels. They address the complex, interconnected drivers of food and nutrition insecurity, promoting a responsive, resilient, inclusive, and equitable food and nutrition system that is rights-based, evidence-informed, community-owned, and responsive to emerging challenges. The implementation of this National Policy on Food and Nutrition is underpinned by the following guiding principles.

### 1.3.1. Right to Adequate Food and Nutrition as a Fundamental Human Right

Adequate food and nutrition are universal human rights entrenched in the Nigerian constitution (section 16(2) of the 1999 Constitution, fifth alteration). The policy recognizes access to safe, nutritious, and adequate food as a non-negotiable entitlement for all individuals. A rights-based approach shall guide planning, implementation, and accountability at all levels, emphasizing protection, respect, and fulfilment of this right with particular focus on vulnerable and marginalized populations. The NPFN will thus target all population groups including young children, school-age children, adolescent boys and girls, women of reproductive age, men, and the elderly, regardless of their physiological status, physical or mental ability, and geographical or institutional residence.

### 1.3.2. Equity, Social Inclusion, and Gender Responsiveness

Nutrition interventions shall prioritize gender equity and social inclusion by addressing unique nutritional needs of all population groups, including women, adolescent girls, persons with disabilities (PLWD), internally displaced persons (IDPs), the elderly, urban poor, and other marginalized groups. Gender-transformative approaches are integral to reducing malnutrition, with culturally sensitive, inclusive, and non-discriminatory design and implementation.

### 1.3.3. Multisectoral and Multi-Level Coordination

Recognizing that nutrition is determined by multiple sectors—including agriculture, health, education, water and sanitation (WASH), trade, social protection, and environment—this policy strengthens inter-sectoral coordination mechanisms at national, state, and local government levels. Vertical and horizontal coordination ensures households and individuals access comprehensive resources necessary for adequate nutrition. The operationalization of platforms such as the Nutrition 774 (N-774) Initiative supports this effort.

### 1.3.4. Community Ownership and Participatory Governance

Sustained improvements in nutrition require community and civil society ownership. Nutrition programming shall be community-driven, with planning, implementation, and monitoring reflecting local needs and indigenous knowledge. Community structures and leaders will be empowered to promote transparency, accountability, and local ownership of nutrition services and interventions.

### 1.3.5. Climate Resilience and Environmental Sustainability

This policy emphasizes climate-smart and environmentally sustainable food and nutrition strategies. It integrates climate and nutrition actions across food systems, education, WASH, social protection, and health sectors. Priority is given to climate-resilient agriculture, disaster risk reduction, biodiversity preservation, and greenhouse gas emissions reduction throughout the food value chain. This addresses emergent climate and environmental challenges threatening food and nutrition security.

### 1.3.6. Evidence-Based, Data-Driven Decision Making and Realistic Target Setting

Actions under the policy are informed by reliable, timely, and disaggregated data supported by interoperable nutrition information systems, real-time surveillance, and operational research. Nutrition interventions prioritize causes of malnutrition within specific contexts. Targets are set based on historical data and realistic scenarios (conservative to transformational), ensuring achievable commitment and sustained impact.

### 1.3.7. Life-Course Approach and Systems Thinking

Nutrition interventions address critical stages of the life cycle—from preconception, infancy, childhood, adolescence, adulthood to old age—targeting both undernutrition and diet-related non-communicable diseases. Systems thinking ensures synergy across sectors, aligning interventions for holistic and sustained nutritional outcomes.

### 1.3.8. Institutional Capacity, Accountability, and Enabling Environment

Strong institutional frameworks with clear mandates, skilled personnel, and dedicated budgets are fundamental. The policy promotes political commitment and an enabling environment through advocacy, leadership development, capacity building, sustained financing, research, and robust accountability mechanisms—including performance tracking and transparent reporting at all government levels.

### 1.3.9. Strategic Resource Mobilization and Public-Private Partnerships

Sustainable financing is essential. The policy calls for mandatory, ring-fenced funding at all government tiers, leveraging private sector engagement for improved availability, accessibility, affordability, and acceptability of food and nutrition determinants. It fosters partnerships with community, development partners, and the private sector to achieve nutrition goals.

### 1.3.10. Poverty Reduction and Targeted Social Protection Safety Nets

Recognizing the central role of poverty in malnutrition, the policy prioritizes poverty reduction strategies and targeted safety nets for nutritionally vulnerable and marginalized groups. Social protection measures such as food transfers, school feeding programmes, and income-generating initiatives are leveraged to enhance food and nutrition security outcomes.

### 1.3.11. Social and Behavioural Change Communication (SBCC) and Service Utilization

Widespread, culturally adapted SBCC strategies promote healthy dietary habits, food safety, maternal and child feeding practices, and sanitation behaviours. ICT platforms, media campaigns, educational curricula, and grassroots programmes support sustained behaviour change. The policy acknowledges that service utilization depends on timely

availability, readiness, and delivery of nutrition services, placing emphasis on these prerequisites.

### 1.3.12. Alignment with National, Regional, and Global Commitments

The policy aligns with Nigeria's obligations under global and regional frameworks, including the Scaling Up Nutrition (SUN) Movement, Sustainable Development Goals (SDGs), United Nations Food Systems Transformation, African Union Agenda 2063, Comprehensive African Agriculture Development Programme (CAADP), and the Kampala Declaration. This ensures coherence and contributions towards broader food and nutrition security goals.

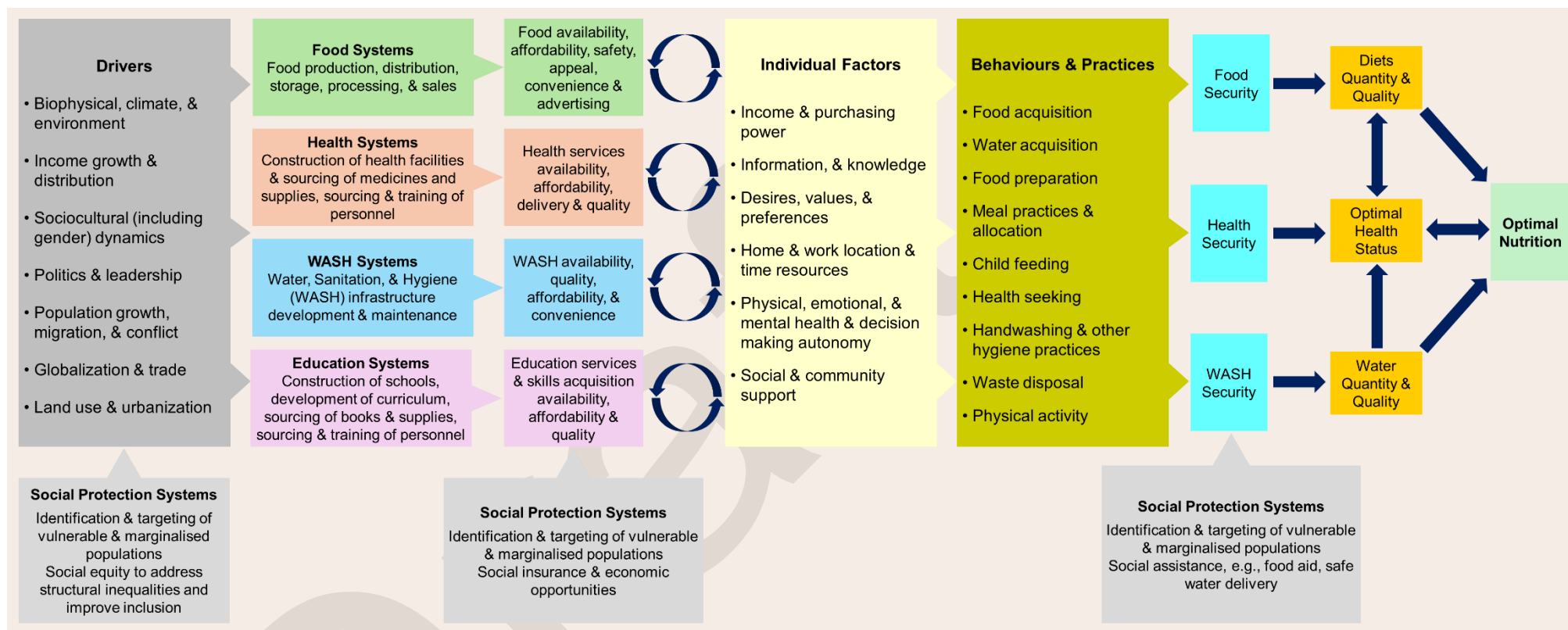
This set of guiding principles provides an integrated, actionable framework for advancing nutrition security in Nigeria, balancing legal mandates, sociocultural realities, sectoral collaboration, environmental sustainability, evidence-based programming, and inclusive governance.

## 1.4. Conceptual Framework

The conceptual framework providing a structure for the actions in the NPFN is summarized in Figure 3. The framework highlights macroeconomic and socio-demographic drivers that affect multiple systems in the society, including food, health, education, and water, sanitation, and hygiene (WASH) systems. These systems in turn affect the food environment, availability and delivery of health services, quality and convenience of WASH services, and availability and delivery of education services, respectively. The food environment and service availability interacts with individual factors such as purchasing power, knowledge, aspirations, time resources, mental health capabilities, and social network, to produce household and individual behaviour.

Behaviour is reflected in foods acquired, intrahousehold food distribution, and utilization of health, WASH, and education services. Behaviour then produces the experience of food, health, and WASH security, which facilitates in optimal diets and health and results in improved nutrition.

Where access to or delivery of services are inequitable or have been interrupted due to shocks, social protection systems intervene to ensure that food, health, and WASH security are maintained (Figure 3).



(Adapted from Herforth et al., 2022)

**Figure 3: Conceptual Framework for the National Policy on Food and Nutrition**

## Chapter 2: Vision, Goal, Objectives, and Targets of the Policy

### 2.1. Vision

A country where the people are equitably food and nutrition-secure with high quality of life and socioeconomic development contributing to human capital development objectives of Nigeria's Agenda 2050 and beyond.

### 2.2. Goal

To attain optimal nutritional status for all Nigerians, by ensuring the co-coverage of key, high-impact direct and indirect nutrition interventions at scale, prioritizing children under five, school-age-children, adolescents, women of reproductive age, and the elderly.

Optimal nutritional status is measured by reduced prevalence of low birth weight, stunting, wasting, underweight, micronutrient deficiencies, anaemia, and overweight/obesity, and no increase in diet-related noncommunicable diseases.

### 2.3. Objectives

To achieve the goal of attaining an optimal nutritional status by the year 2035, the objectives of the NPFN are as follows:

- i. **Improve Diet Quality for All Nigerians**  
Increase the consumption of diverse, nutritious, and safe foods to improve overall diet quality among all Nigerians.
- ii. **Transform Food Systems to Increase Food Security at All Levels**  
Ensure food systems enable consistent access, for communities, households and individuals, to affordable, safe, nutritious, appealing, and convenient foods; sustainably increasing food security.
- iii. **Promote Optimal Nutrition in the First 1,000 Days**  
Target improving nutrition during the critical first 1,000 days from conception through two years of age, emphasizing breastfeeding and complementary feeding.
- iv. **Enhance Food Safety and Gut Health**  
Support healthy gut microbiomes by reducing and reversing environmental enteric dysfunction (EED) and diarrheal and parasitic infections through improved food safety and hygiene practices.

- v. **Increase Access to Nutrition-Sensitive Water, Sanitation, and Hygiene (WASH) Services**  
Improve the availability, affordability, and convenience of optimal water, sanitation, and hygiene services to support nutrition and health outcomes.
- vi. **Address Nutrition-Hindering Social Norms and Empower Women**  
Challenge harmful social norms that affect nutrition and enhance women's decision-making autonomy related to nutrition.
- vii. **Provide Psychosocial Support to Caregivers**  
Strengthen physical, mental, and emotional health of women and their support networks (including husbands and grandparents) to improve caregiving capacities and nurturing environments.
- viii. **Strengthen Nutrition-Related Education Services**  
Expand pre-service knowledge, skills, and self-efficacy related to nutrition and inculcate nutrition-supportive norms in learners at all levels.
- ix. **Promote Optimum Nutrition for Vulnerable Groups through Social Protection**  
Improve nutrition by providing broad access to social protection measures that are sensitive to nutritional needs, for groups in difficult circumstances, including persons living with disabilities (PLWD) or HIV/AIDS (PLWHA), internally displaced persons (IDPs), and people affected by shocks that hinder their food access (including economic shocks).
- x. **Prevent and Control Chronic Nutrition-Related Non-Communicable Diseases**  
Ensure that the prevention of diet-related non-communicable diseases (NCDs) is integrated into routine multisectoral nutrition services.
- xi. **Embed Nutrition in Government Development Plans at all Levels**  
Incorporate food and nutrition considerations into federal, state, and local government sectoral development frameworks.
- xii. **Strengthen Research and Data and Knowledge Management Systems**  
Promote robust research and strengthen multisectoral routine and survey data systems to support monitoring and evaluation of food and nutrition programmes.
- xiii. **Reinforce Food and Nutrition Surveillance and Early Warning Systems**  
Enhance and sustain surveillance and early warning systems for food and nutrition to proactively mitigate threats to adequate food and nutrition.
- xiv. **Deliver Nutrition Services Along a Continuum of Care Across the Life Cycle**  
Ensure nutrition interventions comprehensively address the diverse and changing nutritional needs of individuals at all stages of life, including preconception, pregnancy, infancy, childhood, adolescence, adulthood, and old age, to optimize health and wellbeing throughout the life cycle.

- xv. **Strengthen the Enabling Environment for Nutrition**  
Improve resource mobilization, advocacy, and coordination to create and sustain momentum for nutrition actions as well as convert momentum into results.
- xvi. **Strengthen Nutrition Communication, Advocacy, and Public Orientation**  
Improve nutrition information, communication, advocacy, and public orientation through coordinated multisectoral collaboration, targeted and culturally appropriate messaging, and inclusive engagement to promote sustainable nutrition outcomes.

## 2.4. Theory of Change of the Policy

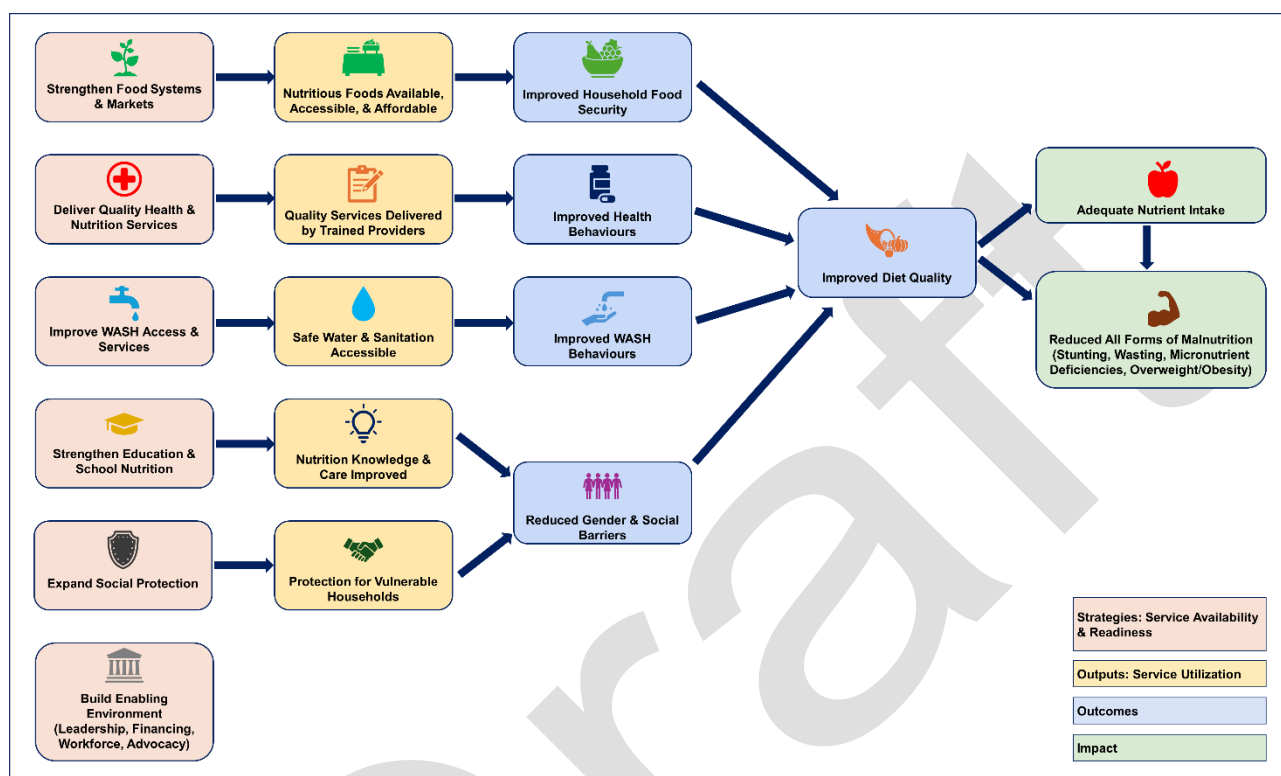
The policy recognizes that malnutrition and food insecurity in Nigeria persist due to complex, multi-dimensional causes including inadequate access to nutritious food, poor dietary practices, socio-economic vulnerabilities, and weak coordination among sectors. The Theory of Change posits that by adopting a multisectoral, rights-based, and evidence-informed approach that actively involves government at all levels, private sector, communities, and development partners, it is possible to transform the food and nutrition system comprehensively.

This transformation involves strengthening institutional capacities, improving food availability and access, promoting optimal nutrition and healthcare practices across the life course, empowering vulnerable populations (especially women and children), and ensuring climate resilience and sustainability. Alongside, systematic coordination, monitoring, evaluation, and resource mobilization create an enabling environment for sustained action.

The overarching change envisioned is improved food and nutrition security that leads to enhanced health, well-being, and socio-economic development for all Nigerians, particularly the vulnerable. This will be realized through synergized, sector-wide interventions that address the root causes of malnutrition equitably and sustainably.

In essence, the Theory of Change is that coordinated, multisectoral interventions, driven by strong governance and empowered communities, will lead to improved diets, enhanced food security, reduced malnutrition, and overall national development.

Figure 4 highlights the summary Theory of Change of the NPFN, including the impact, outcomes, outputs, and strategies, reflecting the Policy's goal and objectives. A more detailed Theory of Change is provided in Annex 1.



**Figure 4: Simplified Theory of Change for the National Policy on Food and Nutrition**

## 2.5. Targets

**Goal: To attain optimal nutritional status for all Nigerians, by ensuring the co-coverage of key, high-impact direct and indirect nutrition interventions at scale, prioritizing children under five, school-age-children, adolescents, women of reproductive age, and the elderly.**

- i. Reduce the prevalence of stunting among children under five years of age from 40% in 2024 to at least 30% by 2035, through an annual reduction rate of approximately 1 percentage point, with accelerated progress in high-burden states.
- ii. Reduce and sustain prevalence of wasting among children under five from 8% in 2024 to <5% by 2035.
- iii. Reduce folate deficiencies among women of reproductive age from 91% in 2021 to <40% in 2035.
- iv. Reduce anaemia among women of reproductive ages and children 6 to 59 months old by  $\geq 25\%$  by 2035.
- v. Reduce and maintain overweight/obesity prevalence in women of reproductive age from 23% in 2021 to <20% in 2035.

### **Objective 1: Improve diet quality for all Nigerians.**

- vi. Increase the percent of the population (men and women)  $\geq 15$  years old that daily consume all five food groups (vegetables; fruit; pulses/nuts/seeds; animal-source foods;

and staple foods) recommended in food based dietary guidelines, from 22% in 2024 to  $\geq 45\%$  by 2035.

- vii. Increase the percent of women of reproductive age and children 6 to 23 months old that consume adequate amounts of key nutrients (calcium, vitamin C, B1, B2, folate, vitamin B12, iron, zinc, vitamin A) by 50% by 2035.

**Objective 2: Transform food systems to increase food security at all levels.**

- viii. Reduce the percent of the population that cannot afford the least cost healthy diet from 40% in 2018/2019 to  $\leq 20\%$  in 2035.
- ix. Reduce the percent of the population that experience moderate to severe food insecurity from 75% in 2024 to  $\leq 40\%$  by 2035.

**Objective 3: Promote optimal nutrition in the first 1,000 days.**

- x. Increase exclusive breastfeeding from 29% in 2024 to  $\geq 60\%$  by 2035.
- xi. Increase and sustain minimum dietary diversity (MDD) in children 6 to 23 months old from 12% in 2024 to  $\geq 50\%$  by 2035.

**Objective 4: Enhance food safety and gut health.**

- xii. Reduce the percent of children 0 to 59 months old that experience diarrhoea, from 33% in 2021 to 20% in 2035.

**Objective 5: Increase access to nutrition-sensitive WASH services.**

- xiii. Increase the percent of the population using all three of basic drinking water, basic sanitation, and basic hygiene services, from 14% in 2021 to  $\geq 40\%$  by 2035.

**Objective 6: Address nutrition-hindering social norms and empower women.**

- xiv. Increase the percentage of women of reproductive age (15 to 49 years old) who report having a say in decisions about their own health to  $\geq 60\%$  by 2035.

**Objective 7: Provide psychosocial support to caregivers.**

- xv. Increase proportion of women with children under five who report sufficient time for child feeding and caregiving activities by 50% by 2035.

**Objective 8: Strengthen nutrition-related education services.**

- xvi. Existence of primary and secondary school curricula that integrates nutrition education by 2028.

**Objective 9: Promote optimum nutrition for vulnerable groups through social protection.**

- xvii. Increase the percent of the population that received any social transfers or benefits by 50% by 2035, from 22% in 2021.

**Objective 10: Prevent and control chronic nutrition-related non-communicable diseases.**

- xviii. Increase the percent of adults ( $\geq 15$  years old) that achieve the Healthy Diet Pattern indicator for prevention of chronic disease by 50% by 2035.

**Objective 11: Embed nutrition in government development plans at all levels.**

- xix. Increase the number of LGAs that have a multisectoral annual operating plan for nutrition to  $\geq 387$  (50%) by 2035.

**Objective 12: Strengthen research and data and knowledge management systems.**

- xx. Existence of a five-year National Nutrition Research Agenda by 2027 and updated every five years subsequently.
- xxi. Establish National Nutrition Data Alliance and convene Alliance meetings at least 2 times a year, by 2028, to operationalize National Multisectoral Nutrition Data Framework and Health Sector Recommendations for Nutrition Data Collected Nationally.

**Objective 13: Reinforce food and nutrition surveillance and early warning systems.**

- xxii. Increase the percent of primary health care facilities reporting complete and timely nutrition indicators through the DHIS2/HMIS to  $\geq 40\%$  by 2035.

**Objective 14: Deliver nutrition services along a continuum of care across the life cycle.**

- xxiii. The percentage of children 0 to 59 months old that are exposed to three nutrition-related health sector interventions along a continuum of care (maternal antenatal care of  $\geq 4$  visits; child delivery in a health facility; and child receives all basic, age-appropriate vaccinations) increases by 50% by 2035.

**Objective 15: Strengthen the enabling environment for nutrition.**

- xxiv. At least 2% of the budget in  $\geq 50\%$  of local government areas (387 LGAs) are allocated to nutrition by 2035.

**Objective 16: Strengthen nutrition communication, public advocacy, and orientation**

- xxv. Increase the proportion of adults ( $\geq 15$  years old) that can mention at least three national food-based dietary guidelines to  $\geq 70\%$  by 2035.

## Chapter 3: Strategies

This chapter outlines the strategic framework necessary to achieve the policy objectives. It integrates nutrition-specific and nutrition-sensitive interventions framed within a multisectoral and context-adaptive approach, strengthening inclusivity, financing, capacity, governance, and responsiveness to emerging challenges. It enhances food systems as well as builds an enabling environment for sustainability.

Table 1 summarizes the strategies by objective and is followed by a high-level description of activities involved as part of each strategy.

**Table 1: Strategies to Achieve the Objectives of the National Policy on Food and Nutrition**

Objective	High-Level Strategy Themes
3.1. Improve Diet Quality for All Nigerians	3.1.1. Nutrition Education, Guidelines, and Literacy 3.1.2. Behaviour Change and Demand Creation 3.1.3. Consumer Empowerment
3.2. Transform Food Systems to Increase Food Security at All Levels	3.2.1. Systems Governance, Planning, and Community Engagement 3.2.2. Sustainable Food Production and Diversification 3.2.3. Post-Harvest Handling, Storage, and Processing 3.2.4. Markets, Logistics, and Accessibility of Food 3.2.5. Risk Management, Emergency Preparedness, and Resilience
3.3. Promote Optimal Nutrition in the First 1,000 Days	3.3.1. Maternal Health and Nutrition 3.3.2. Breastfeeding Promotion and Protection 3.3.3. Complementary Feeding and Child Care 3.3.4. Micronutrient Supplementation and Child Health 3.3.5. Management of Acute Malnutrition
3.4. Enhance Food Safety and Gut Health	3.4.1. Food Safety Regulation and Enforcement 3.4.2. Reducing Food Contamination Risks 3.4.3. Protecting Gut Health
3.5. Increase Access to Nutrition-Sensitive WASH Services	3.5.1. Safely Managed Drinking Water Services 3.5.2. Safely Managed Sanitation Services 3.5.3. Hygiene Promotion
3.6. Address Nutrition-Hindering Social Norms and Empower Women	3.6.1. Transforming Harmful Social Norms 3.6.2. Expanding Women's Access to Resources 3.6.3. Reducing Workload and Time Poverty 3.6.4. Strengthening Decision-Making Power
3.7. Provide Psychosocial Support to Caregivers	3.7.1. Integrating Psychosocial Support into Health and Nutrition Platforms 3.7.2. Community and Peer Support Mechanisms
3.8. Strengthen Nutrition-Related Education Services	3.8.1. Curriculum and Teacher Capacity Development 3.8.2. School Feeding and Nutrition Services 3.8.3. School-Linked Food Production

Objective	High-Level Strategy Themes
3.9. Promote Optimum Nutrition for Vulnerable Groups through Social Protection	3.9.1. Nutrition-Sensitive Social Protection 3.9.2. Integration of Social Protection with Health and Nutrition Services 3.9.3. Emergency Nutrition Safety Nets
3.10. Prevent and Control Chronic Nutrition-Related Non-Communicable Diseases	3.10.1. Dietary Risk Reduction 3.10.2. Screening and Early Detection 3.10.3. Lifestyle and Community Interventions 3.10.4. Food Environments (Retail and Service Outlets)
3.11. Embed Nutrition in Government Development Plans at all Levels	3.11.1. Mainstreaming Nutrition into Plans 3.11.2. Performance Tracking in Development Plans
3.12. Strengthen Research and Data and Knowledge Management Systems	3.12.1. Data Generation and Harmonization 3.12.2. Research and Innovation 3.12.3. Knowledge Management and Capacity
3.13. Reinforce Food and Nutrition Surveillance and Early Warning Systems	3.13.1. Surveillance Systems 3.13.2. Early Warning and Preparedness
3.14. Deliver Nutrition Services Along a Continuum of Care Across the Life Cycle	3.14.1. Adolescents and Preconception Nutrition 3.14.2. Adult and Elderly Nutrition 3.14.3. Primary Health Care Integration of Nutrition Services 3.14.4. Therapeutic Nutrition and Clinical Support
3.15. Strengthen the Enabling Environment for Nutrition	3.15.1. Governance, Leadership, and Coordination 3.15.2. Sustainable Financing and Partnerships 3.15.3. Political Advocacy and Commitment 3.15.4. Community-Driven Nutrition Action Across All LGAs – Nutrition 774 (N-774) Initiative
3.16. Strengthen Nutrition Communication, Public Advocacy, and Public Orientation	3.16.1. Coordinated National Communication 3.16.2. Evidence-Based Messaging and Feedback Loops 3.16.3. Nutrition Literacy and Orientation

### 3.1. Improve Diet Quality for All Nigerians

**Goal:** Ensure that all Nigerians, including traditionally underserved and emerging vulnerable groups, consume sufficient amounts of diverse, nutritious, and safe foods that promote optimal health and prevent malnutrition in all its forms.

#### 3.1.1. Nutrition Guidelines, Education, and Literacy

- i. Develop and disseminate Food-Based Dietary Guidelines (FBDGs) adapted to the geopolitical zones and integrate them into nutrition education across platforms (including schools, workplaces, health facilities, and communities).
- ii. Produce and promote nutritionally adequate, culturally appropriate recipes that facilitate achievement of FBDGs, using locally available foods for all age groups.

- iii. Institutionalize nutrition labelling literacy (how to interpret food labels and portion sizes) in provision of nutrition education.

### 3.1.2 Behaviour Change and Demand Creation

- i. Promote household and community-level behaviour change through nutrition counselling, peer groups, and tailored messaging on dietary diversity.
- ii. Apply cognitive, affective, and behavioural nudges to shift knowledge, motivation, and habits toward healthy eating and improve individual and family food choices.
- iii. Engage men, elders, religious/traditional leaders and peer groups (mother-to-mother, youth clubs) to champion positive household food choices and equitable food allocation.

### 3.1.3 Consumer Empowerment

- i. Ensure widespread availability of clear front-of-pack nutrition information in plain language to aid healthier choices.
- ii. Support consumer associations and community groups to promote safe, nutritious food choices and to provide feedback on market availability and pricing of healthy options.
- iii. Promote healthy options in institutions frequented by consumers (schools, workplaces, public canteens) through procurement standards and point-of-choice nudges.

## 3.2. Transform Food Systems to Increase Food Security at All Levels

**Goal:** Strengthen Nigeria's food systems to sustainably increase food security at national, state, community, and household levels by optimizing productivity, reducing losses, improving livelihoods, strengthening resilience, and ensuring equitable access to affordable, safe, nutritious, appealing, and convenient foods.

### 3.2.1. Food Systems Governance, Planning, and Community Engagement

- i. Develop a multisectoral approach across food production, processing, storage, trade, marketing, distribution, quality, and safety – linked to consumer education and food management.
- ii. Establish/strengthen institutional structures (federal/state/LGA) with clear mandates, staffing, and budgets to coordinate and monitor food security actions.
- iii. Institutionalize regular local needs assessments to tailor interventions to agroecological zones and climate vulnerabilities.
- iv. Mandate inclusive community engagement in the design, implementation, and ownership of food system interventions.

### 3.2.2. Sustainable Food Production and Diversification

- i. Promote integrated farming systems (crops-livestock-fisheries) to increase diverse supply and incomes while conserving resources.

- ii. Strengthen extension systems to disseminate environmentally friendly production and post-harvest practices at scale.
- iii. Promote climate change mitigation practices in agriculture and food systems, including low-emission production and renewable energy use in processing and storage.
- iv. Mainstream climate-smart agriculture and diversified food sources to build resilience of producers and markets.
  - v. Scale priority value chains (fruits, vegetables, legumes, animal-source foods) across geopolitical zones to increase availability and affordability of nutrient-dense foods.
- vi. Encourage climate-resilient crops/varieties and support biofortification of staples and biofortified crop varieties to enhance nutritional value at source.
- vii. Strengthen input supply chains in general, paying additional attention to women-focused channels (women-only distribution points, cooperative procurement, subsidized bundles).
- viii. Promote agricultural labour- and time-saving technologies for smallholder farmers, especially women.

### 3.2.3. Post-Harvest Handling, Storage, and Processing

- i. Expand access to improved, cost-effective post-harvest technologies (hermetic storage, solar drying, fish smoking kilns, improved grain handling).
- ii. Develop cold-chain and storage infrastructure (including renewable-powered solutions) to maintain quality and reduce losses of perishables.
- iii. Foster public-private partnerships (PPPs) for innovation in processing, preservation, and inclusive value-chain development.
- iv. Scale coverage of currently fortified staple foods and sustain compliance enforcement for fortification (including for salt iodization).
- v. Expand fortification programme to include calcium fortification to address high calcium inadequacy of current diets.
- vi. Support development and commercialization of new nutritious and culturally acceptable processed food products.

### 3.2.4. Markets, Logistics, and Accessibility of Food

- i. Improve transport and market infrastructure to reduce travel time, transaction costs, and spoilage – especially linking rural producers to urban demand.
- ii. Deploy ICT and market information systems for real-time prices, supply flows, and advisory services for smallholder farmers and traders.
- iii. Support households to adopt “Operation Feed Yourself” and establish homestead gardens to supplement household food supply and local availability in food-insecure communities.
- iv. Develop inclusive financing (such as collateral-free credit, gender-responsive insurance, and digital finance for low-literacy rural women) to unlock market participation.
- v. Monitor and address food system drivers of unaffordability of healthy diets using prices, other market data, and household data.

### 3.2.5. Risk Management, Emergency Preparedness, and Resilience

- i. Establish timely intervention and food price stabilization measures for shortfalls and shocks.
- ii. Integrate early warning systems for food insecurity linked to climate risks/extreme weather and ensure triggers link to predefined responses.
- iii. Develop nutrition-sensitive safety nets and emergency response for IDPs, rural and urban poor, and climate-affected populations.

## 3.3. Promote Optimal Nutrition in the First 1,000 Days

**Goal:** Provide intensive nutrition support in the first 1,000 days of life by promoting maternal health and nutrition, exclusive breastfeeding, and timely, adequate, and safe age-appropriate complementary feeding, thereby laying the foundation for lifelong health and development.

### 3.3.1. Maternal Health and Nutrition

- i. Provide multiple micronutrient supplements (MMS) to non-anaemic pregnant women, and counselling on adequate rest and diets.
- ii. Develop and adhere to national guidelines for iron supplementation of pregnant women with anaemia.
- iii. Integrate calcium supplementation into routine maternal and reproductive health services, including antenatal care and postnatal programs, targeting pregnant and lactating women as high-risk groups.
- iv. Enforce compliance with the maternity leave regulation across public and private workplaces to support breastfeeding and maternal recovery.
- v. Promote nutrition education for adolescents and women of reproductive age to support preconception and antenatal nutrition.

### 3.3.2. Breastfeeding Promotion and Protection

- i. Ensure early initiation of breastfeeding within one hour of delivery.
- ii. Promote and support exclusive breastfeeding for the first 6 months and continued breastfeeding up to two years alongside optimal complementary foods.
- iii. Enforce the International Code of Marketing of Breast Milk Substitutes (BMS) and establish accountability mechanisms.
- iv. Provide maternal, infant, and young child nutrition (MIYCN) counselling at health facilities and in communities through trained health workers and volunteers.

### 3.3.3. Complementary Feeding and Child Care

- i. Promote timely, adequate, diverse, and safe complementary feeding from 6 months of age.
- ii. Develop and disseminate locally adapted recipes for complementary foods using diverse ingredients.

- iii. Establish and promote workplace crèches for working mothers, in line with labour regulations.

#### 3.3.4. Micronutrient Supplementation and Child Health

- i. Provide twice-yearly vitamin A supplementation for children aged 6–59 months.
- ii. Ensure routine deworming for children 12–59 months.
- iii. Scale up ORS and zinc use for diarrhoea treatment.
- iv. Promote use of Small Quantity Lipid-based Nutrient Supplements (SQ-LNS) for children 6–23 months old in line with national guidelines, especially in food-insecure areas.
- v. Support provision of micronutrient powder (MNP) for young children where dietary diversity is insufficient.
- vi.

#### 3.3.5. Management of Acute Malnutrition

- i. Expand Integrated Management of Acute Malnutrition (IMAM) through community and facility-based care, with effective referral systems.
- ii. Ensure consistent supply and local production of Ready-to-Use Therapeutic Food (RUTF) and other commodities.

### 3.4. Enhance Food Safety and Gut Health

**Goal:** Improve food safety and protect gut health by ensuring safe handling, processing, and consumption of food, reducing exposure to contaminants and pathogens, and promoting hygiene and WASH practices that support healthy nutrition and growth.

#### 3.4.1. Food Safety Regulation and Enforcement

- i. Strengthen institutional capacity of food safety agencies with adequate legislation, financing, and enforcement mechanisms.
- ii. Develop and enforce robust food quality and safety standards, including for street-vended foods and informal markets.
- iii. Monitor and control chemical residues in foods and promote safe use of agricultural chemicals.
- iv. Deploy and strengthen environmental health officers for inspection, enforcement, and community food safety education.

#### 3.4.2. Reducing Food Contamination Risks

- i. Promote prevention of mycotoxin contamination (e.g., aflatoxin) during production, storage, and processing.
- ii. Integrate climate-related risk monitoring (e.g., storage conditions) into food safety systems.
- iii. Promote safe household food preparation practices to reduce microbial contamination of foods.

### 3.4.3. Protecting Gut Health

- i. Promote handwashing with soap and safe water at critical times in food handling and child feeding.
- ii. Promote safe disposal of child faeces and household waste to reduce pathogen exposure.
- iii. Integrate gut health and food hygiene education into SBCC campaigns targeting caregivers.
- iv. Promote safe child play spaces free from animal and other contamination.

## 3.5. Increase Access to Nutrition-Sensitive Water, Sanitation, and Hygiene (WASH) Services

**Goal:** Expand access to safely managed drinking water, safely managed sanitation, and consistent access to running water and soap for handwashing.

### 3.5.1. Safely Managed Drinking Water

- i. Expand access to safely managed drinking water through investment in piped water systems, boreholes, and purification technologies.
- ii. Promote water treatment at household level (filtration, chlorination, safe storage).

### 3.5.2. Safely Managed Sanitation Services

- i. Scale up Community-Led Total Sanitation (CLTS) to eliminate open defecation and increase access to improved sanitation.
- ii. Ensure sanitation facilities are inclusive and accessible to women, children, the elderly, and persons with disabilities.

### 3.5.3. Hygiene Promotion

- i. Ensure all households, schools, workplaces, and health facilities have handwashing facilities with running water and soap.
- ii. Integrate hygiene education into community, school, workplace, and health facility platforms.

## 3.6. Address Nutrition-Hindering Social Norms and Empower Women

**Goal:** Transform harmful social and gender norms that undermine nutrition, and empower women with the knowledge, resources, decision-making power, and supportive environments needed to improve nutrition and food security for their own selves, as well as for their children, household, community, and nation.

### 3.6.1. Transforming Harmful Social Norms

- i. Address restrictive norms that limit women's food intake during pregnancy and lactation.
- ii. Promote equitable household food distribution, ensuring women and children are not disadvantaged.
- iii. Engage men, community leaders, and religious leaders as advocates for positive nutrition norms.

### 3.6.2. Expanding Women's Access to Resources

- i. Ensure women's access to land, inputs, credit, and extension services in agriculture and food systems.
- ii. Establish women-only input distribution points and cooperative procurement systems.
- iii. Promote women's participation in nutrition-sensitive value chains and food market associations.

### 3.6.3. Reducing Workload and Time Poverty

- i. Promote household labour-saving technologies (e.g., clean cooking solutions, mechanized food processing, improved water access).
- ii. Promote and support community childcare services and workplace crèches to free time for women's productive and caregiving roles.

### 3.6.4. Strengthening Decision-Making Power

- i. Promote women's equal participation in household and community nutrition decisions.
- ii. Mandate women's representation in state and LGA nutrition committees.
- iii. Promote joint household decision-making through SBCC.

## 3.7. Provide Psychosocial Support to Caregivers

**Goal:** Strengthen the mental, emotional, and social well-being of caregivers in order to enhance their capacity to provide optimal care and feeding for children and families.

### 3.7.1 Integrating Psychosocial Support into Health and Nutrition Platforms

- i. Provide routine psychosocial counselling for caregivers through health facilities, community health workers, and maternal/child health services.
- ii. Train frontline workers on identifying caregiver stress, depression, and mental health challenges and providing referral or basic counselling.
- iii. Incorporate caregiver well-being indicators into maternal and child health programme monitoring.

### 3.7.2. Community and Peer Support Mechanisms

- i. Establish and strengthen peer support groups (e.g., mother-to-mother, father-to-father, caregiver circles) that offer psychosocial and practical support.

- ii. Engage community volunteers, faith-based and traditional leaders to promote positive norms around caregiver well-being.
- iii. Provide safe spaces for caregivers (especially women in vulnerable contexts, IDPs, PLWD caregivers) to access information, share experiences, and receive support.

### 3.8. Strengthen Nutrition-Related Education Services

**Goal:** Strengthen education systems at all levels to deliver nutrition knowledge, skills, and services that equip learners and communities to adopt, support, and sustain healthy diets and practices throughout the life course.

#### 3.8.1. Curriculum and Teacher Capacity Development

- i. Integrate nutrition education into formal curricula from early childcare to tertiary education, aligned with food-based dietary guidelines.
- ii. Address adolescent nutrition explicitly in curricula (supplements, healthy lifestyles, preconception nutrition).
- iii. Train teachers and school staff on delivering nutrition content and modelling healthy behaviours.
- iv. Include gender-sensitive nutrition education across curricula and non-formal platforms (community centres, women's groups).

#### 3.8.2. School Feeding and Nutrition Services

- i. Implement daily nutritious school meals in public primary schools, linked to local agricultural production.
- ii. Incorporate fortified and biofortified foods into school meals.
- iii. Conduct routine nutritional screening in schools, with referral systems for identified cases.
- iv. Conduct routine deworming in schools.
- v. Train school cooks and programme staff in nutrition, hygiene, and food safety.

#### 3.8.3. School-Linked Food Production and Engagement

- i. Promote school gardens to supplement meals, demonstrate nutrition-sensitive agriculture, and build student interest in food and farming.
- ii. Foster parent-community involvement in school nutrition programmes for ownership and sustainability.

### 3.9. Promote Optimum Nutrition for Vulnerable Groups through Social Protection

**Goal:** Leverage social protection systems and safety nets to improve the nutrition of vulnerable groups by ensuring consistent access to adequate, safe, and nutritious foods, reducing diet-related inequalities, and enhancing resilience against shocks.

#### 3.9.1. Nutrition-Sensitive Social Protection

- i. Provide cash transfers, vouchers, and food distribution schemes and explicitly link to nutrition outcomes (e.g., dietary diversity, affordability of healthy diets).
- ii. Prioritize vulnerable groups (women, children, elderly, PLWD, IDPs, urban poor) in social protection targeting criteria.
- iii. Expand school feeding programmes as a social protection safety net for vulnerable children.
- iv. Introduce school-linked social protection mechanisms (e.g., insurance or stipends) to reduce dropout linked to food insecurity or poor nutrition.

#### 3.9.2. Integration of Social Protection with Health and Nutrition Services

- i. Embed nutrition services (supplements, growth monitoring, counselling) into the basic minimum package of health services under the National Health Insurance Authority (NHIA)/Universal Health Coverage (UHC) frameworks.
- ii. Link social protection beneficiaries to community nutrition education on food budgeting, preparation, and hygiene.
- iii. Incorporate time- and labour-saving support for women (e.g., childcare, cooking technologies) into social protection programmes.

#### 3.9.3. Emergency Nutrition Safety Nets

- i. Develop flexible, rapidly deployable safety nets for crises (economic shocks, climate disasters, conflict-related displacement).
- ii. Strengthen community-level resilience programmes targeting the poorest and most vulnerable groups.
- iii. Institutionalize community participation and feedback mechanisms in social protection design and monitoring.

### 3.10. Prevent and Control Chronic Nutrition-Related Non-Communicable Diseases

**Goal:** Reduce the prevalence and impact of nutrition-related non-communicable diseases (NCDs) through improved food environments, reduced dietary risk factors, and strengthening health systems for early detection and management of NCDs.

### 3.10.1. Dietary Risk Reduction

- i. Ensure that SBCC and social marketing campaigns to reduce salt, sugar, trans fats, and unhealthy oils is implemented while promoting fruits, vegetables, legumes, nuts, and whole grains.
- ii. Develop and enforce nutrition labelling and responsible marketing of foods high in salt, sugar, and fat as part of other labelling actions and regulation.
- iii. Promote healthy food environments in schools, workplaces, markets, and food outlets through procurement standards.

### 3.10.2. Screening and Early Detection

- i. Integrate NCD risk screening (BMI, blood pressure, blood glucose) into primary health care and community outreach.
- ii. Train health workers to provide dietary counselling for NCD prevention and management.
- iii. Ensure regular monitoring of NCD-related dietary risk factors through surveys (e.g., DHS and WHO STEPS).

### 3.10.3. Lifestyle and Community Interventions

- i. Promote physical activity and healthy lifestyles through schools, workplaces, and community initiatives.
- ii. Encourage community-level platforms (youth clubs, religious institutions) to model and reinforce healthy dietary and lifestyle behaviours.

### 3.10.4. Food Environments (Retail and Service Outlets)

- i. Set nutrition standards for meals and snacks sold in schools, workplaces, markets, and food service outlets.
- ii. Enforce nutrition standards and regulations for food service outlets, including restaurants, canteens, and street vendors.
- iii. Set food ingredient and nutrition standards for processed foods and enforce compliance.
- iv. Incentivize retailers to stock affordable nutritious foods.
- v. Mandate responsible advertising and marketing regulations for both imported and locally produced foods, especially those targeting children and youth.
- vi. Develop, adopt, and deploy a national nutrient profiling system to guide labelling, food reformulation, marketing restrictions, and fiscal policies aimed at reducing dietary risk factors.

## 3.11. Embed Nutrition in Government Development Plans at all Levels

**Goal:** Institutionalize nutrition as a central component of national, state, and local government development plans, ensuring accountable multisectoral action for improved nutrition outcomes.

### 3.11.1. Mainstreaming Nutrition into Plans

- i. Integrate nutrition objectives, measurable indicators, and targets into federal, state, and LGA development plans and sectoral strategies.
- ii. Require all MDAs to explicitly align sectoral policies with the National Policy on Food and Nutrition framework.
- iii. Ensure state and LGA development plans adopt nutrition-sensitive priorities tailored to local needs.

### 3.11.2. Performance Tracking in Development Plans

- i. Institutionalize nutrition-sensitive planning and monitoring frameworks within the federal, state and local government Ministry or Commission of Planning.
- ii. Mandate annual progress reviews of nutrition commitments as part of Federal, state and Local Government development plan reporting cycles.
- iii. Use nutrition scorecards and dashboards as part of official monitoring and evaluation of development plan implementation.

## 3.12. Strengthen Research and Data and Knowledge Management Systems

**Goal:** Institutionalize nutrition research, data, and knowledge management systems to ensure the regular availability, quality, and use of evidence that informs nutrition policy, programming, and accountability at all levels.

### 3.12.1. Data Generation and Harmonization

- i. Conduct National Food Consumption and Micronutrient Surveys every ten years.
- ii. Develop and maintain a National Food Composition Database for locally available foods.
- iii. Standardize nutrition indicators across MDAs and integrate into administrative data collection systems across MDAs.

### 3.12.2. Research and Innovation

- i. Define national nutrition research priorities for each strategic theme in the National Policy on Food and Nutrition.
- ii. Develop standardized protocols and guidelines for research related to each research priority to homogenize approaches and reporting nationally and support the development of robust databases for national priorities.
- iii. Support operational and implementation research of policies and programmes.
- iv. Facilitate multisectoral and university-policy-community research partnerships.
- v. Establish a National Nutrition Research Ethics Review Board that is registered with the National Health Research Ethics Committee and enables timely and more specific ethics review and approval for non-health sector nutrition research.

### 3.12.3. Knowledge Management and Capacity

- i. Establish a national nutrition knowledge platform for sharing research findings, data, and tools.
- ii. Build institutional capacity for data analysis, use, and knowledge translation.
- iii. Institutionalize training on research and monitoring and evaluation (M&E) for nutrition stakeholders across sectors.

## 3.13. Reinforce Food and Nutrition Surveillance and Early Warning Systems

**Goal:** Establish and reinforce integrated food and nutrition surveillance and early warning systems that provide timely, reliable data for detecting risks, supporting preparedness, guiding response, and preventing deterioration of nutrition and food security outcomes.

### 3.13.1. Surveillance Systems

- i. Strengthen facility- and community-based growth monitoring and screening programmes to detect child growth faltering early.
- ii. Establish real-time nutrition information systems that are interoperable across sectors.
- iii. Integrate equity-focused indicators (gender, geography, socioeconomic status) into national dashboards.

### 3.13.2. Early Warning and Preparedness

- i. Link food and nutrition surveillance with climate and market monitoring to anticipate shocks.
- ii. Institutionalize early warning bulletins and dissemination channels to decision-makers at federal, state, and LGA levels.
- iii. Ensure that early warning data trigger predefined emergency responses (e.g., safety nets, price stabilization).

## 3.14. Deliver Nutrition Services Along a Continuum of Care Across the Life Cycle

**Goal:** Ensure the delivery of comprehensive, equitable, and quality nutrition services across the life cycle, from preconception through pregnancy, infancy, childhood, adolescence, and adulthood, to prevent malnutrition in all its forms and promote lifelong health.

### 3.14.1. Adolescents and Preconception Nutrition

- i. Provide weekly iron-folic acid supplementation for adolescent girls.
- ii. Promote nutrition education and healthy lifestyles among adolescents, including preconception interventions for boys and girls.

- iii. Engage young people in school and community platforms to reinforce long-term healthy habits.

### 3.14.2. Adult and Elderly Nutrition

- i. Integrate dietary counselling and screening for NCD risk factors into adult health services.
- ii. Establish workplace nutrition programmes, including screening for nutrition-related NCD risk factors, nutrition education, and dietary counselling.
- iii. Address risks of undernutrition, micronutrient deficiencies, and sarcopenia (muscle loss) among older adults.
- iv. Link elderly and vulnerable adults to nutrition-sensitive social protection.

### 3.14.3. Primary Health Care Integration of Nutrition Services

- i. Ensure routine growth monitoring and nutrition screening for children and women at primary health care level.
- ii. Integrate essential nutrition actions (micronutrient supplementation, breastfeeding promotion, complementary feeding counselling, IMAM) into routine primary health care services in all facilities.
- iii. Provide continuous in-service training for health workers on nutrition assessment, screening, counselling, service delivery, and case management.
- iv. Ensure availability of standardized nutrition guidelines, job aids, and protocols at all levels of health facilities.
- v. Institutionalize integrated supportive supervision for nutrition service delivery across all levels of the health system.

### 3.14.4. Therapeutic Nutrition and Clinical Support

- i. Institutionalize dietary therapeutic management of patients with nutrition-related conditions (e.g., diabetes, hypertension, cancer, HIV/AIDS).
- ii. Ensure provision of nutrition therapy infrastructure, including functional hospital kitchens and dietetics units.
- iii. Train and deploy clinical dietitians/nutritionists in tertiary, secondary, and primary health facilities.
- iv. Integrate medical nutrition products and special diets into procurement and essential supplies lists.

## 3.15. Strengthen the Enabling Environment for Nutrition

**Goal:** Foster an enabling environment for nutrition through strong leadership, coordinated multisectoral governance, political commitment, sustainable financing, partnerships, and capacity development that drive progress toward improved nutrition outcomes.

### 3.15.1. Governance, Leadership, and Coordination

- i. Strengthen multisectoral nutrition coordination platforms, including the National Committee on Food and Nutrition (NCFN), State Committees (SCFN), and LGA Committees (LGCFN) with adequate staffing and financial resources.
- ii. Define clear mandates, roles, responsibilities, and accountability frameworks for the multisectoral coordination platforms across tiers of government.
- iii. Build leadership and technical capacity at federal, state, and local levels for multisectoral nutrition planning and implementation.
- iv. Institutionalize annual multi-stakeholder nutrition forums for joint planning and stock-taking.
- v. Establish competency framework for nutrition services across relevant sectors and support the development of capacity building programmes to address competency gaps.
- vi. Facilitate convergence of multisectoral nutrition interventions at household level.

### 3.15.2. Sustainable Financing and Partnerships

- i. Facilitate legislation for ring-fenced budget lines for nutrition across relevant MDAs and tiers of government.
- ii. Ensure timely release of nutrition funds and transparent tracking and reporting of allocated funds.
- iii. Mobilize additional resources through public–private partnerships and leverage donor, private sector, and community contributions for nutrition financing.
- iv. Empower community-level nutrition committees, with explicit provisions for women’s inclusion in decision-making and access to funds.

### 3.15.3. Political Advocacy and Commitment

- i. Develop and implement a National Advocacy Strategy for Nutrition.
- ii. Institutionalize regular multi-level (federal, state, LGA, community) nutrition stakeholder engagement platforms (civil society, media, academia, private sector) to facilitate stakeholder buy-in and alignment.
- iii. Institutionalize social accountability mechanisms (civil society, media, academia, community groups) to track political commitments at federal, state, LGA, and community level.
- iv. Sustain high-level advocacy with policymakers for political commitment and long-term investment in nutrition.
- v. Institutionalize National Assembly dialogues on nutrition legislation and financing.
- vi. Promote champions at national and state levels to drive visibility and accountability.

### 3.15.4. Community-Driven Nutrition Action Across All LGAs – such as Nutrition 774 (N-774) Initiative

- i. Establish multidisciplinary LGA focal teams to coordinate and deliver multisectoral nutrition interventions.
- ii. Deploy decentralized platforms for inclusive collaboration across sectors and vulnerable groups.

- iii. Strengthen community leadership, surveillance, SBCC, and grassroots capacity.
- iv. Mobilize resources and ensure accountability at community and LGA levels.

### **3.16. Strengthen Nutrition Communication, Public Advocacy, and Public Orientation**

**Goal:** Ensure that all Nigerians are reached with consistent, evidence-based, culturally appropriate nutrition information and advocacy through coordinated, multi-sectoral communication platforms, resulting in improved awareness, demand, and accountability for better nutrition outcomes.

#### **3.16.1. Coordinated National Communication**

- i. Implement coordinated Social and Behaviour Change Communication (SBCC) and national nutrition campaigns using diverse, culturally appropriate platforms (mass media, digital, community theatre, radio, influencers) to reach all groups, including marginalized communities.
- ii. Harmonize nutrition messaging across sectors and levels of government to ensure consistent, evidence-based communication.
- iii. Establish and strengthen multisectoral committees and inter-ministerial platforms to align communication strategies with national nutrition goals.

#### **3.16.2. Evidence-Based Messaging and Feedback Loops**

- i. Utilize nutrition data and evidence to tailor messages to population needs.
- ii. Establish feedback mechanisms (e.g., community dialogues, citizen scorecards, digital polls) for continuous improvement and refinement of messaging.

#### **3.16.3. Nutrition Literacy and Orientation**

- i. Strengthen capacity of MDAs, civil society actors, private sector, and development partners in nutrition literacy and strategic communication, embedding these skills in core government functions.
- ii. Design orientation programmes for government officials, community leaders, private sector, civil society, and the public on the revised nutrition policy and emerging nutrition issues.

## Chapter 4: Institutional Framework and Implementation Plan

### Preamble

The Institutional Framework and Implementation Plan of the National Policy on Food and Nutrition (NPFN) is guided by a synthesis of evidence from national policy implementation assessments across Nigeria's geopolitical zones, recognizing both achievements and persistent gaps in the delivery of the NPFN. To ensure a results-oriented programme implementation the institutional framework is anchored in multisectoral collaboration, sustainability, and equity, designed to systematically address funding, coordination, capacity, and coherence challenges, setting the stage for a resilient, inclusive, and adaptive nutrition agenda.

The NPFN will be coordinated at Federal, State and Local Government levels. To ensure effective and harmonized cross-sector policy formulation and implementation and nutrition response, an appropriate multisectoral coordination mechanism that brings together line ministries, the private sector, representatives from bilateral and multilateral agencies, and civil society groups active in nutrition will be identified or formed. In addition to the responsibility of coordinating major policy issues and strategic directions for nutrition and advising the respective implementing sectors, coordination mechanisms will also assist in ensuring that efforts are concerted and that there is an accountability framework through which Stakeholders can be held responsible. The roles and responsibilities of each tier of Government, as well as stakeholders include

- The Federal Government: Policy leadership, funding, legal frameworks, M&E system development, and convening national stakeholder platforms.
- State Governments: Tailor and operationalize legal and policy instruments, resource mobilization, capacity-building, and regular M&E reporting.
- LGAs: Direct implementation, community engagement, service delivery, and routine data collection.
- Civil Society and Communities: Advocacy, accountability, local innovation, and inclusivity in policy processes.
- Private Sector and Development Partners: Resource support, technology transfer, and technical expertise.
- Academia: monitoring and evaluating the implementation of nutrition programmes at the local government level in Nigeria through research, training, and knowledge dissemination
- National legislative network for nutrition and food security: Ensure budget appropriations for nutrition and oversight of programmes.

## 4.1. Institutional Framework

### 4.1.1. Federal-Level Governance Structures

- **National Council on Nutrition (NCN):** is the highest decision-making body on food and nutrition in Nigeria and it has since its inauguration in 2017, spearheaded and overseen the delivery of interventions in addressing Nigeria's nutritional challenges. The core mandate of the NCN focuses on providing policy direction, advocacy and oversight through multisectoral collaboration. The membership is composed of *line* Ministries, departments and Agencies, civil society, private sector, and development partners. It is proposed that to address the effectiveness, efficiency and sustainability challenges, members from the executive and legislative arm of Government at national level should be included in the council membership. (Full proposed membership list is in Annex 2). Some key roles in the Council are:
  - **Committee on Nutrition and Food Security at the House of Representatives and State House of Assemblies:** Nigeria is plagued by persistent sub-optimal funding of nutrition interventions, compounded by poor domestic resource mobilization. This requires not only strategic legislative oversight but better transparency and accountability at all tiers of government. A coordinated, sustainable and multisectoral solution that prioritizes nutrition and food security will strengthen the collective national quest for a home grown, sustainable, bottom-up approach to nutrition interventions in Nigeria. The Committees will ensure that the communities not only own and sustain nutrition initiatives of Government but that there is legislation, budget appropriation, and strategic oversight of these nutrition initiatives in support of the NCN/ SCN.
  - **Senior Advisor on Nutrition and Food Security** – This Senior position on nutrition in the Presidency supports the Vice President as the NCN Chairperson on the delivery of the mandate of the Council which is to improve nutrition and food security at national, community and household levels and allows for effective representation of the Presidency in key national and international fora on Nutrition. This is the focal person on Nutrition within the Presidency.
- **National Committee on Food and Nutrition (NCFN):** This is the coordinating arm of the NCN and is responsible for inter-ministerial alignment, strategy harmonization, and progress reporting. The committee is supported by a functional Secretariat within the Ministry of Budget and Economic Planning with clear mandates. (Annex 2).
- **Technical Advisory Group for the National Council on Nutrition:** This is comprised of representatives of the Office of the Vice President (OVP), United Nations group (UN), bilateral aid organizations, private sector, Scaling up Nutrition (SUN) movement, civil society, academia, development banks, international NGOs, NCFN, as well as the Nutrition Society of Nigeria, with the secretariat in the OVP. The purpose of this Technical Advisory Group is to provide high-level strategic advice and support to the NCN Chairperson, and

guide high-level actions by the country leadership on implementation of the National Policy on Food and Nutrition and the Multisectoral Plan of Action. (Annex 2)

- **Technical Delivery Unit for the National Council on Nutrition** – This Unit will ensure results-oriented nutrition policy development and programme implementation by relevant sectors at the federal and sub national levels, focusing on aligning nutrition outcomes with the Medium-Term National Development Plans (MTNDP) and the National Poverty Reduction with Growth Strategy (NPRGS) to accelerate human, social and economic capital development. The Delivery Unit is to be set up within the Office of the Vice President and headed by the focal person on Nutrition within the Presidency.

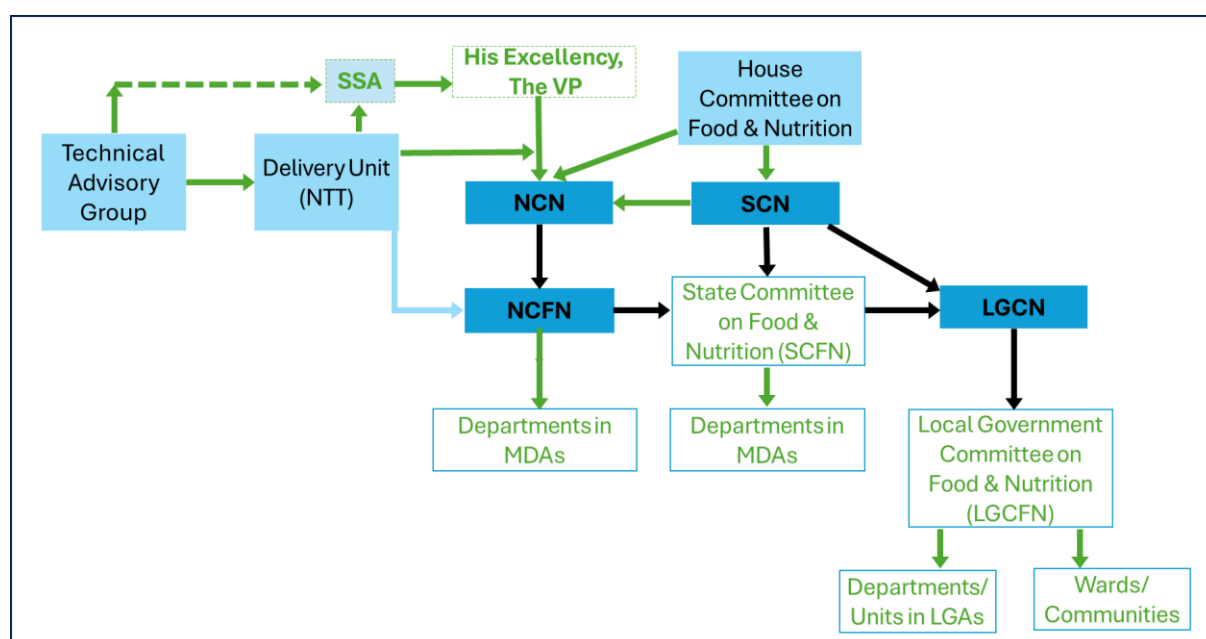


Figure 5 Governance structure for Nutrition Policy Implementation

#### 4.1.2. Subnational Governance Structures

- **State and LGA Nutrition Councils:** The National Policy on Food and Nutrition requires an effective institutional and administrative arrangement. Institutional coordination between the Federal and State Ministries, and Local Government Offices will form the basis for planning and implementing the National Policy on Food and Nutrition. The establishment of State and LGA Nutrition Councils to mirror the NCN will ensure direct oversight and leadership is provided for the delivery of Interventions to address nutrition challenges at subnational levels, as guided by the NCN. The membership is detailed in Annex 2.
- **State and LGA Committees on Food and Nutrition:** These committees also mirror the National Committee at sub-national levels. These committees coordinate cross-sectoral efforts, resource allocation, and stakeholder engagement at state and LGA levels.
- **Ward Committees on Food and Nutrition:** Involving traditional leaders, women/youth/elderly representatives, and service providers to foster community level engagements would

be subsumed into the Local Government Council and Committee on Food and Nutrition respectively to ensure accountability, ownership and feedback.

- **Nutrition Departments/Desks:** Institutionalized nutrition units within all relevant MDAs to mainstream nutrition objectives, ensure budgetary provision, and report progress. The units are to be headed by a director who is a nutritionist and supported by civil service hierarchies. Each department/desk at Federal state or LGA should have at least 3 nutrition professionals as staff of the department.

### 4.1.3. Leadership and Institutions

The National Council on Nutrition will be domiciled in the Presidency, chaired by the Vice President of the Federal Republic of Nigeria. The Federal Ministry of Budget and Economic Planning (FBMEP), as the Coordinating Ministry for food and nutrition policy, programme planning, and coordination in the country, will serve as the secretariat for the NCN and NCFN, with the Permanent Secretary of the Ministry as the Chairperson of both secretariats.

The Ministry, as the secretariat of the NCN, will convene biannual meetings of the NCN as well as quarterly meetings of the NCFN and produce annual reports on progress made in food and nutrition across the country. The NCFN will coordinate nutrition planning and implementation with Members of the NCFN from line ministries as well as the SCFN and LGCFN. The FMBEP Nutrition department is to be headed by a director who is a qualified and experienced nutritionist and who would serve as the secretary of the NCFN.

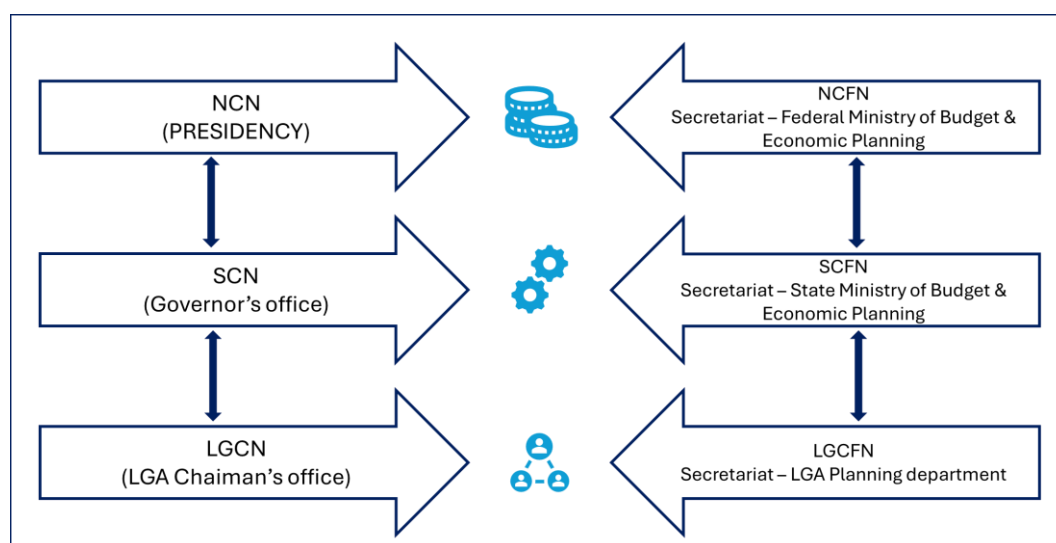
The State Council on Nutrition will be domiciled in the Office of the Executive Governor of the state, chaired by the Governor of the State and deputised by the Commissioner of Ministry of Budget and Economic Planning (MBEP). The Ministry at the State level will also serve as the secretariat for the SCN and SCFN, with the Permanent Secretary of the Ministry as the Chairperson of both secretariats as well as the secretary of the Council.

As the secretariat of the SCN, the Ministry will convene quarterly meetings of the SCN as well as convene meetings of the SCFN and produce annual reports on progress made in food and nutrition in the State. The SCFN will coordinate nutrition planning and implementation with Members of the SCFN from line ministries as well as the LG Committee on food and Nutrition. The MBEP is to create a Nutrition department which is to be headed by a director who is a qualified and experienced nutritionist and who would serve as the secretary of the SCFN.

The Local Government Council on Nutrition will be domiciled in the Office of the Local Government Chairman, chaired by the chairman and deputised by the Vice Chairman. The secretary of the Council is the Director, Planning Department, who will also serve as the chairperson LGCFN secretariat.

The department is to convene LGCN meetings quarterly as well as convene meetings of the LGCFN and produce quarterly reports on progress made in food and nutrition in the LGA. The LGCFN will coordinate nutrition planning and implementation with members of the committee from line departments as well as the Councillors of the wards in the LGA. The Planning

Department is to have a Nutrition Unit which is to be headed by a director who is a qualified and experienced nutritionist, the director will serve as the secretary of the LGCFN.



**Figure 6: Institutional Structure for the Coordination of Policy Implementation**

## 4.2. Terms of Reference of Institutional Arrangements

### 4.2.1. National Council on Nutrition (NCN)

#### a. Strategic Direction and Policy

- i. Identify, analyse, and ascertain the challenges of nutrition in Nigeria.
- ii. Identify the efforts already in place for tackling malnutrition in Nigeria.
- iii. Review nutrition strategies and their impact on household, community, local government, state, national, and international levels.
- iv. Approve national priorities and targets for the nutrition initiatives across the country.
- v. Align national economic, health and food security plans with global goals.
- vi. Promote integration of nutrition initiatives into government programming and budgeting processes.

#### b. Coordination and Oversight

- i. Promote inter-sectoral coordination to avoid duplication and ensure synergy.
- ii. Facilitate collaboration across federal, state, and local levels.

#### c. Resource Mobilization and Financing

- i. Ensure adequate resource mobilization and allocation to address nutrition issues
- ii. Guide public-private partnerships to support sustainability of programmes and initiatives.
- iii. Ensure and monitor equitable resource allocation.

d. Monitoring, Evaluation, and Accountability

- i. Assess further action to be employed in dealing with malnutrition based on regular review of M&E reports and periodic surveys
- ii. Recommend course corrections based on evidence and field realities.
- iii. Promote transparency, data use, and learning across sectors.

**4.2.2. Ministry of Budget and Economic Planning (MBEP)**

- i. Responsible for the coordination and harmonization of all food- and nutrition-related policies and programmes being implemented by various ministries and agencies into a national programme consistent with the goals and aspirations outlined in this policy document.
- ii. Provide a forum for exchange of views and experiences among the bodies implementing nutrition programmes in Nigeria and thereby foster and strengthen their respective roles in the programme.
- iii. Coordinate the review, on a continuous basis, of policies and programmes with regard to their potential impact on food and nutrition issues.
- iv. Ensure effective implementation of the different policies and programmes by putting in place effective machinery for M&E.
- v. Maintain ongoing advocacy for food and nutrition issues.
- vi. Ensure adequate financial provisions and timely release of allocated funds in the National Development Plan and annual budget.
- vii. Liaise with international donor agencies, financial institutions, the private sector, community-based organizations (CBOs) and NGOs when soliciting funds and resources to complement government resources and efforts.
- viii. Ensure that development partners incorporate nutritional considerations into their development strategies across all sectors, especially food security, maternal and child health, social protection, education, agricultural research, and gender-based programmes; and
- ix. Coordinate the analysis and dissemination of results of important food and nutrition studies, statistics, and data.
- x. Convene meetings of the NCN and produce annual reports on progress made in food and nutrition.
- xi. Establish and regularly convene (at least twice a year) a Nutrition Partners Forum, National Working Groups, and Sub-Committees on Food and Nutrition.

**4.2.3. National Committee on Food and Nutrition (NCFN)**

- i. Providing necessary technical and professional assistance and support to the NCN secretariat (MBEP) on food and nutrition policy, planning and implementation.
- ii. Proposing and reviewing, on a continuous basis, policies and programmes that have a potential impact on food and nutrition issues.

- iii. Ensuring that the representatives of relevant sectors on the committee undertake effective implementation of their various policies and programmes.
- iv. Advising on the formulation of appropriate strategies for nutrition policy and programme M&E.
- v. Supporting the MBEP in the maintenance of ongoing advocacy for food and nutrition issues; and
- vi. Assisting the MBEP to set up and manage a database of nutrition activities.

The NCFN Secretariat shall be the Department of Nutrition within the Ministry of Budget and Economic Planning responsible to host the NCFN in the implementation of the decisions of the NCFN as well as the day-to-day operations of the National Food and Nutrition Programme.

The secretariat will be responsible for:

- i. Servicing all statutory NCFN meetings.
- ii. Establishing appropriate linkages with other departments within the MBEP, and
- iii. Undertaking any other duties as may be assigned by the MBEP towards effective implementation of this policy.

#### 4.2.4. State Council on Nutrition (SCN)

##### a. Strategic Direction and Policy

- i. Approve state priorities and targets for the nutrition programmes and initiatives.
- ii. Align objectives between national and state nutrition policies, economic plans, food security and health plans.
- iii. Promote integration into government programming and budgeting processes.

##### b. Coordination and Oversight

- i. Provide inter-sectoral coordination to avoid duplication and ensure synergy.
- ii. Facilitate collaboration across State and Local levels.
- iii. Monitor adherence to standard operating procedures (SOPs) and implementation guidelines.

##### c. Resource Mobilization and Financing

- i. Advocate for increased domestic and external funding.
- ii. Guide public-private partnerships for programme sustainability.
- iii. Monitor and ensure equitable resource allocation.

##### d. Monitoring, Evaluation, and Accountability

- i. Review programme performance reports.
- ii. Recommend course corrections based on evidence and field realities.
- iii. Promote transparency, data use, and learning across sectors.

#### 4.2.5. State Committee on Food and Nutrition (SCFN)

- i. Support the Secretariat (State MBEP) on food and nutrition planning and programme implementation.
- ii. Support the State MBEP (or equivalent in the state) in the maintenance of ongoing advocacy for food and nutrition issues; and
- iii. Assisting the State Planning Ministry (or equivalent in the state) to set up and manage a database of nutrition activities.
- iv. Propose and review, on a continuous basis, programmes that have a potential impact on food and nutrition issues.
- v. Ensure that the representatives of relevant sectors on the committee undertake effective implementation of their various policies and programmes.
- vi. Advise on the formulation of appropriate strategies for programme M&E.

The SCFN shall have a secretariat established in the State MBEP which shall be a department within the Ministry responsible to the chair of the SCFN in the implementation of the decisions of the SCFN as well as the day-to-day operations of the state food and nutrition programme. The Permanent Secretary of the Ministry will head the SCFN whilst the Director of the Nutrition Department in the Ministry shall serve as the secretary.

The secretariat will be responsible for:

- i. Servicing all statutory SCN and SCFN meetings.
- ii. Ensuring adequate financial provision and timely release of allocated funds in state development plans.
- iii. Establishing appropriate linkages with other departments within the Planning Ministry.
- iv. Undertaking any other duties as may be assigned by the Planning Ministry towards effective implementation of this Policy.

#### 4.2.6. Local Government Council on Nutrition (LGCN)

##### a. Strategic Direction and Policy

- i. Approve LGA priorities and targets for the Nutrition programmes and Initiatives.
- ii. Align initiative objectives with state nutrition policies, economic plans, food security and health plans.
- iii. Promote integration into local government programming and budgeting processes.

##### b. Coordination and Oversight

- i. Provide inter-sectoral coordination to avoid duplication and ensure synergy.
- ii. Facilitate collaboration across wards and communities.
- iii. Monitor adherence to standard operating procedures (SOPs) and implementation guidelines.

##### c. Resource Mobilization and Financing

- i. Advocate for increased domestic and external funding.
- ii. Monitor and ensure equitable resource allocation.

d. Monitoring, Evaluation, and Accountability

- i. Review programme performance reports.
- ii. Recommend course corrections based on evidence and field realities.
- iii. Promote transparency, data use, and learning across sectors.

#### 4.2.7. Local Government Committee on Food and Nutrition (LGCFN)

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

The LGCFN shall have a secretariat established in the Office of the LGA Vice Chairman who shall serve as chair of the LGCFN, and the LGA Nutrition Desk Officer in Planning shall serve as the Secretary. The Secretariat will be responsible for:

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

#### 4.2.8. Committee on Nutrition and Food Security at the House of Representatives and State Houses of Assembly

a. Legislation and Policy Advocacy

- i. Prioritize the enactment of laws and policies to address malnutrition and food insecurity based on evidence and cost-effectiveness.
- ii. Support nutrition sensitive and nutrition specific initiatives of government ensuring alignment to the development plans.

b. Budgetary Oversight and Resource Allocation

- i. Advocate for budget cycles to ensure adequate and sustainable funding for nutrition and food security programmes.
  - ii. Monitor and hold the government accountable for the effective use of resources towards nutrition goals.
  - iii. Oversight of Programme Implementation and Progress
  - iv. Establish mechanisms to oversee nutrition programme delivery and evaluate impact, preventing unintended negative effects from policies in all sectors.
  - v. Monitor progress towards national and international nutrition targets.
- c. Representation and Engagement with Constituents
- i. Stay actively engaged with communities to understand their nutrition and food security needs.
  - ii. Collaborate with advocacy groups, civil society, and international organizations to remain informed on nutrition issues and amplify constituent voices.
- d. Public Awareness and Advocacy Campaigns
- i. Use media engagement, community meetings, and public forums to raise awareness about malnutrition causes, consequences, and solutions.
  - ii. Promote nutrition champions within parliament and the community to drive sustained advocacy and commitment.
- e. Community Engagement and Coordination
- i. Facilitate multisectoral coordination platforms linking government, civil society, and communities for nutrition action.
  - ii. Support community-level education, empowerment, and participation in nutrition programmes and policy discussions.
- f. Use of Evidence and Data in Advocacy
- i. Leverage nutrition data and impact evidence to inform policymaking and public communication.
  - ii. Engage in continuous learning and capacity-building on nutrition issues to advocate effectively.
- g. Championing Nutrition in International and Regional Forums
- i. Represent national nutrition interests in global platforms to mobilize support and align with global nutrition initiatives.

### 4.2.9. Technical Advisory Group for the National Council on Nutrition

- i. Advocate and provide strategic technical advice to the NCN and the Chairman NCN in line with the NPFN and resolutions of the Council.
- ii. Advocate to policy makers on the need to make nutrition a priority in the national agenda and included in long-term national frameworks and strategies.
- iii. Facilitate the actualization of key decisions of the NCN, through the NCFN, NCN DU.

- iv. Provide advisory and technical support to the NCN secretariat on strategic actions for improved coordination of food and nutrition stakeholders at national (NCFN) and sub national levels (SCFN).
- v. Support the NCN on strategic advocacy for increased public financing for nutrition through an effective multisectoral Nutrition Information system.
- vi. Provide framework on capacity development and peer learnings at national and sub-national levels on the implementation of programmes.
- vii. Provide policy guidance reports periodically to Chairman of the NCN on Nutrition priorities and actions.

#### 4.2.10. Technical Delivery unit of the National Council on Nutrition

- i. Provide high level oversight for the implementation of the National Multisectoral Plan of Action for Food and Nutrition (NMPFAN), N774 SOP, as well as prioritised nutrition plans and policies towards achieving national development objectives and the country's global commitments.
- ii. Develop and ensure annual prioritised plans are hinged on evidence for maximum impact to meet national and global targets.
- iii. Monitor and report to the Council Chair, the status and progress on national (federal, state, LGA) nutrition interventions, plans and initiatives to effectively implement NMPFAN priorities.
- iv. Ensure the effective and frequent use of data to communicate to policy and decision makers for improved nutrition outcomes.
- v. Support to break down common obstacles such as siloed departments, insufficient project management expertise, and plans containing unclear targets or objectives.
- vi. Collaborate with government at all levels as well as partners and private sector to facilitate the translation of the budgets of MDAs into appropriations and ensure timely release of funds.
- vii. Ensure accountability and transparency in the utilization of such funds.
- viii. Use data and analytics to raise the profile of nutrition for broad stakeholder engagement and make nutrition a priority national discourse.

#### 4.2.11. National Nutrition Departments and Desks (Federal, State, LGA)

Ministry, Departments & Agencies	Role	Strategic Themes
Ministry of Budget and Economic Planning NBS	<ul style="list-style-type: none"> <li>• Embed nutrition into national state and LGA development plans.</li> <li>• Ensure allocation and expenditure of national budget on the nutrition line ministries are maintained.</li> <li>• Formulate national nutrition policies and programmes and provide policy advice to the NCN Chair.</li> <li>• Produce and disseminate food security and nutrition data.</li> </ul>	

<b>Ministry, Departments &amp; Agencies</b>	<b>Role</b>	<b>Strategic Themes</b>
Ministry of Agriculture and Food Security  Nutrition Department; Department of Planning and Statistics	<ul style="list-style-type: none"> <li>Promote nutrition-sensitive agriculture and production/ diversification of nutrient-rich crops; biofortification; climate-smart agriculture</li> <li>Formulate and implement policies and programmes designed to attain food and nutrition security at national, community, and household levels.</li> <li>Reduce post-harvest loss and link farmers to markets.</li> <li>Promote year-round food production to reduce seasonal food scarcity and food price volatility.</li> </ul>	
Ministry of Health and Social Welfare  Nutrition Department; Food Safety Department; Department of Planning, Research and Statistics (DPRS)	<ul style="list-style-type: none"> <li>National nutrition policy leadership, ensuring nutrition is embedded into health sector plans and policies to ensure nutrition security.</li> <li>Provide standards and guidelines on the management of malnutrition, micronutrient deficiencies and emerging overweight and obesity in the country.</li> <li>Coordinate health sector data for nutrition</li> </ul>	
National Primary Health Care Development Agency (NPHCDA) and SPHCDA	<ul style="list-style-type: none"> <li>Implement evidence-based nutrition interventions that are integrated into public health framework.</li> <li>Deliver nutrition services at primary health care level.</li> </ul>	
National Agency for Food and Drug Administration and Control (NAFDAC)	<ul style="list-style-type: none"> <li>Regulate food fortification, micronutrient supplements, SQ-LNS and MNP quality at retail level.</li> <li>Enforce food labelling, advertising standards, and safety of processed foods.</li> </ul>	
Ministry of Education  UBEC NERDC SUBEB	<ul style="list-style-type: none"> <li>Ensure school level curriculum development and dissemination addresses food and nutrition security.</li> <li>Conduct school-based nutrition programmes in schools, such as school gardens.</li> <li>Monitor school health and nutrition indicators.</li> </ul>	
Ministry of Women Affairs	<ul style="list-style-type: none"> <li>Advocate, sensitise and coordinate awareness creation, on women and children nutrition and food security.</li> <li>Coordinate financial inclusion to address gender inequality and sociocultural practices inhibiting women and adolescent girls' access to nutrition information, communication and services.</li> <li>Champion women's empowerment, reduce time poverty, improve caregiving practices, and ensure women's voices in nutrition decision-making.</li> </ul>	
Ministry of Water Resources and Sanitation	<ul style="list-style-type: none"> <li>Incorporate nutrition-sensitive interventions into WASH programmes</li> <li>Formulate policies that will provide access to safe and sufficient water to meet the cultural and socio-economic needs of all Nigerians.</li> </ul>	
Rural Water Supply and Sanitation Agency	<ul style="list-style-type: none"> <li>Expand access to safe drinking water, sanitation, and hygiene services to prevent diarrheal disease and environmental enteric dysfunction.</li> <li>Strengthen infrastructure development to improve access to water and sanitation facilities.</li> </ul>	
Ministry of Humanitarian Affairs and Poverty Alleviation	<ul style="list-style-type: none"> <li>Develop humanitarian policies incorporate and facilitate effective coordination of nutrition interventions.</li> </ul>	

Ministry, Departments & Agencies	Role	Strategic Themes
NSIPA	<ul style="list-style-type: none"> <li>• Ensure social protection and assistance contribute to and enhance nutrition and food security for the most vulnerable in the short and medium term.</li> <li>• Manage the formulation and implementation of fair focused and nutrition-sensitive social inclusion and protection programmes in Nigeria.</li> </ul>	
National Emergency Management Agency	<ul style="list-style-type: none"> <li>• Integrate nutrition into emergency responses.</li> <li>• Protect vulnerable households from shocks.</li> </ul>	
Federal Ministry of Information and National Orientation FRCN NBC VON NAN	<ul style="list-style-type: none"> <li>• Provide strategic communication and dissemination of government policies and programmes particularly nutrition activities across the country.</li> <li>• Lead public awareness campaigns.</li> <li>• Regulate broadcast of food advertising.</li> <li>• Disseminate harmonized, culturally appropriate nutrition messages.</li> </ul>	
Federal Ministry of Innovation, Science and Technology	<ul style="list-style-type: none"> <li>• Ensure that the national research agenda prioritises and supports the NPFN strategies and programmes.</li> </ul>	
Federal Institute of Industrial Research, Oshodi	<ul style="list-style-type: none"> <li>• Research and develop new nutritious food products, fortification methods, and nutrient profiling systems.</li> <li>• Transfer food-processing technologies to SMEs.</li> </ul>	
Ministry of Industry, Trade and Investment SMEDAN, CAC FCCPC	<ul style="list-style-type: none"> <li>• Ensure that trade and industrial policies and programmes support household food and nutrition security and contribute to national economic development.</li> <li>• Create an enabling environment for businesses to thrive and manufacture quality products, including food and nutrition products, for the benefit of Nigerian consumers.</li> <li>• Support agri-food SMEs in producing nutritious foods; ensure fair competition and consumer protection; regulate food marketing; facilitate private-sector investment in food value chains.</li> </ul>	
Ministry of Finance	<ul style="list-style-type: none"> <li>• Ensure fiscal and monetary policies protect food and nutrition security and secure sustainable financing for nutrition.</li> <li>• Oversee integration of nutrition objectives into financial and borrowing decisions.</li> <li>• Coordinate with the Ministry of Budget and Economic Planning to ensure that nutrition is reflected across fiscal frameworks.</li> <li>• Implement fiscal measures to influence food affordability (e.g., subsidies for nutritious foods, taxes on unhealthy products).</li> </ul>	
Ministry of Youth Development	<ul style="list-style-type: none"> <li>• Engage youth as nutrition champions, peer educators, and agri-food entrepreneurs.</li> </ul>	
Standards Organization of Nigeria	<ul style="list-style-type: none"> <li>• Develop and enforce standards for fortified foods, food safety, labelling, and processing technologies.</li> </ul>	
Ministry of Livestock Development	<ul style="list-style-type: none"> <li>• Improve availability and safety of animal-source foods.</li> <li>• Develop animal health regulations to prevent contamination and zoonoses.</li> </ul>	

Ministry, Departments & Agencies	Role	Strategic Themes
Ministry of Labour and Employment	<ul style="list-style-type: none"> <li>Promote workplace policies for breastfeeding breaks, maternity leave, and occupational nutrition programmes.</li> <li>Develop guidelines and promote healthy workplace food environments.</li> </ul>	
Ministry of Marine and Blue Economy	<ul style="list-style-type: none"> <li>Support sustainable fisheries and aquaculture for affordable source of protein.</li> <li>Ensure quality and safety in processing, storage and consumption of aquacultural products</li> <li>Promote safe smoking/drying technologies for aquaculture.</li> </ul>	
Ministry of Environment	<ul style="list-style-type: none"> <li>Regulate environmental health risks affecting food and water quality (e.g., waste management, pollution control).</li> <li>Promote climate change mitigation/adaptation to protect food systems.</li> </ul>	

### 4.3. Partners and Professional Bodies

#### 4.3.1. Professional Bodies, CBOs, CSOs, FBOs and NGOs

To ensure proper coordination of activities and to avoid duplication of efforts, the coordinating agencies at Federal, State and Local Government levels will work closely with relevant professional bodies (including Nutrition Society of Nigeria, Dietetic Association of Nigeria, and Nigeria Institute for Food Science and Technology), the Civil societies scaling up Nutrition (CS-SUN) (including NGOs, CBOs, CSOs, FBOs and local communities in pursuit of the National Policy on Food and Nutrition objectives.

This partnership could benefit the policy implementation through:

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

#### 4.3.2. Private Sector

Contributions of the private sector in the food and nutrition programme effort of the government, while strongly encouraged, should follow existing rules and regulations of government and shall align with the objectives and aspirations of the NPFN. Specific areas of collaboration with the private sector include:

- i. Providing funds to accelerate growth in food supplies and to manufacture essential drugs, plant machinery, and equipment.
- ii. Mandatory fortification of certain identified foods with micronutrients such as vitamin A, B vitamins, zinc, iron, and calcium.
- iii. Development of low-cost nutritious complementary foods and RUTF.
- iv. Promotion of nutrition education that complies with quality-control standards.
- v. Participation and support of knowledge-sharing on research findings; and adoption and transformation of research findings into commercially viable products.

- vi. Participate in nutrition policy formulation/review as well as programme M&E.

#### 4.3.3. Development Partners and Development Banks

Development partners (international nongovernmental organisations, and bilateral and multilateral agencies) have always supported government efforts on food and nutrition issues in the areas of programme design, training and capacity-building, research and implementation of pilot, regional and national programmes. The partners have organised fora in which they relate with each other to provide technical, financial and human resource assistance to government in the execution of the National Policy on Food and Nutrition. This partnership has the following benefits:

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

#### 4.4. Resource Mobilisation

Governments shall ensure the allocation of adequate resources and the timely mobilization and release of funds from budgetary allocations to fully implement the national food and nutrition security policy at all levels of government. Given the multisectoral nature of the NPFN, dedicated core funding should be provided alongside sector-specific allocations to effectively implement the outlined strategies.

Policy financing will be secured through:

- Direct allocations to government agencies via the Appropriations Act,
- Budget tagging and sectoral attribution mechanisms.

These domestic resources will be complemented, as necessary, by external grants, loans, and contributions from the private sector, international donors, development partners, academia, and civil society organizations. Community contributions in cash or kind will also be encouraged to enhance ownership and sustainability.

Acknowledging that donor and federal government support for humanitarian nutrition interventions is critical but insufficient, the policy emphasizes the need for enhanced financial and logistical commitment from state governments to complement existing efforts and ensure comprehensive, sustainable coverage of humanitarian nutrition programmes.

#### 4.5. Policy Implementation Plan

The NPFN will guide nutrition and food security programmes that are being implemented by line ministries and partners. At the national level, sectoral coordination will be achieved

through the formation of various nutrition technical advisory committees. Effective nutrition policy implementation will be operationalized by ensuring that a strong coalition of support is built. The following are some strategies for building a strong coalition for support:

- **Identify key stakeholders:** Identify the key stakeholders who will be involved in the implementation of nutrition policy.
- **Build partnerships:** Build partnerships with stakeholders to leverage their expertise, resources, and influence.
- **Communicate effectively:** Communicate the importance and benefits of nutrition policy to stakeholders and the broader public.

Coalitions in Nigeria include:

### 4.5.1. Scaling Up Nutrition (SUN) Movement

Serves as the mechanism to facilitate the participation and contribution of academia, business, civil society organizations and development partners in operationalizing the NPFN and providing the necessary resources that can augment provisions from the government.

This is domiciled in the FMOH and focused on promoting the implementation of evidenced-based nutrition interventions and scaling up successful practices, as well as integrating nutrition goals into broader efforts in critical sectors such as public health, education, social protection, food, and agriculture.

### 4.5.2. National Nutrition Network (NNN)

The NNN is a platform for the NCFN, SCFN, LGCFN to meet annually to share experiences and deliberate on annual progress, achievement, and challenges as well as chart a way forward for subsequent years. The FMBEP, through the NCFN, will organise this NNN meeting with representation from the Federal and State and Local Government levels, development partners and other relevant stakeholders.

### 4.5.3. Working Groups and Sub Committees

Sectoral and intersectoral working groups shall also be established to aid the operational efficiency and effectiveness of the NCFN. Existing working groups such as the MNDC Advisory Committee, National Fortification Alliance (NFA), MNDC Advisory Committee, National Fortification Alliance (NFA), National Nutrition Technical Working Group (NNTWG), National Technical Committee on the Implementation of International Code of Marketing of BMS, BMS States Multisectoral Committees, National Committee on Food Safety, etc., would be strengthened and broadened to support the NPFN and related strategies and programmes. To ensure adequate institutional and implementation framework in order to achieve the objectives of the NPFN, appropriate chairpersons will be appointed from relevant MDAs with comparative advantages.

Developing a clear plan of action is essential for effective nutrition policy implementation. This involves setting clear goals and objectives, identifying strategies and interventions, and establishing a timeline for implementation. The following are some key elements of a clear plan of action:

- **Specific goals and objectives:** Clearly define the goals and objectives of nutrition policy.
- **Strategies and interventions:** Identify the strategies and interventions that will be used to achieve the goals and objectives.
- **Timeline for implementation:** Establish a timeline for implementation, including milestones and deadlines.
- **Roles and responsibilities:** Clearly define the roles and responsibilities of stakeholders involved in implementation.

#### 4.6. Strategies and Interventions of the NPFN

**The Nutrition 774 (N-774) Initiative** seeks, primarily, to promote the execution of the NPFN by strengthening the existing frameworks and addressing gaps in the current implementation of nutrition programming, particularly at the community level. It adopts a bottom-up approach with a focus on "community engagement, governance, and promoting sustainable food production to create lasting improvements in nutrition outcomes across Nigeria's 774 Local Government Areas (LGAs)". The N-774 adopts five pillars of support for nutrition programming: data and accountability; financing; nutrition prioritization; scaling nutrition interventions; and decentralized management and collaboration.

It is designed to vitalize and incentivize local action and improve nutrition, food security and health outcomes in Nigeria- a nationwide approach to nutrition intervention that enhances the long-neglected opportunities for grassroots intervention. The overall goal of the N-774 is to achieve a significant reduction in the prevalence of malnutrition among women, children, and families throughout the country by facilitating positive action at the grassroots levels. Through a bottom-up approach, strengthened by local governance and multisectoral collaboration, the initiative aims to empower communities, foster ownership, and ensure sustainable interventions that enhance maternal and child health, mitigating food insecurity and malnutrition. This initiative is to complement the implementation of the National multisectoral plan of action for food and nutrition.

**The Accelerating Nutrition Results in Nigeria (ANRiN) Project 1.0 and 2.0** is a World Bank-financed initiative to improve nutrition outcomes for Nigeria's vulnerable populations. It focuses on increasing the utilization of high-quality, cost-effective nutrition services for pregnant and lactating women, adolescent girls, and children under five across Nigeria. The project is strategically aligned with Nigeria's National Development Plan 2021-2025 and the World Bank's Country Partnership Framework for Nigeria. By addressing malnutrition, which

affects one in three children in Nigeria, ANRiN 2.0 contributes to building a healthier, more productive society.

**The National Multisectoral Plan of Action for Food and Nutrition (NMPFAN)** is a tool to guide the implementation of interventions and programmes to address the problems of hunger and malnutrition across all sectors in Nigeria. It will evolve from the framework of the strategies outlined in the National Policy on Food and Nutrition and will serve as a working tool to all stakeholders including government at all levels, development partners and organized private sectors in their effort to fight malnutrition and hunger, while also serving as a reference material on current and future interventions to bring about improvement in the nutritional status of Nigerians. While some priority actions can start immediately, others may require further development, advocacy, preliminary research, or a pilot phase. This will allow a realistic approach for funding arrangements over time. The NMPFAN will be developed covering a 5-year period, existing activities that will be strengthened and new programmes that emerge from implementing the NPFN will be monitored as will be key environmental and demographic variables that relate to their impact and relevance.

An effective way of allocating resources within the implementation plan of the NPFN is required to ensure sustainability and scalability. A resource assessment would be conducted to identify the resources required for implementation, while allocation would be prioritised based on the goals and objectives of the nutrition policy as highlighted in Chapter 2. To support the implementation, external resources, such as funding and technical assistance, will be leveraged on.

### 4.7. State Domestication and Multisectoral Plans

Multisectoral nutrition plans should be domesticated or developed by the States and FCT as critical steps to translating the revised national nutrition policy into actionable, context-specific interventions. This process ensures local ownership, aligns strategies with state priorities and resources, and fosters coordinated multisectoral actions across health, agriculture, education, social protection, and other relevant sectors. Therefore, developing and implementing robust state multisectoral plans, states commit to accelerating nutrition improvements, enhancing accountability, and optimizing resource mobilization and utilization for sustainable food and nutrition security outcomes.

Dedicated capacity development plan must be put in place by states to successfully carry out these plans, with adequate technical support to build the knowledge, skills, and institutional systems needed for multisectoral coordination, planning, programming, and monitoring. Strengthening capacities at all levels will ensure that state actors can fully assume their roles, promote ownership, and drive sustainable nutrition outcomes tailored to their local contexts.

## 4.8. Sectoral Plans

Sectoral plans are fundamental to the effective operationalization of the revised nutrition policy as they translate national strategies into practical, sector-specific actions. These plans facilitate clear definition of roles and responsibilities, enhance coordination across sectors, and ensure alignment of interventions with overall nutrition goals. Sectoral planning enables targeted resource allocation, strengthens accountability mechanisms, and supports systematic monitoring and evaluation. By fostering multisectoral collaboration and tailored approaches, sectoral plans drive sustainable improvements in nutrition outcomes in line with national priorities and context-specific needs.

It is essential to provide targeted support and capacity building to sectors to enable them to effectively develop and implement their sectoral nutrition plans. This support will enhance their technical skills, coordination capabilities, and resource mobilization efforts, ensuring that sectoral plans are well-aligned with national objectives and are practical, evidence-based, and impactful.

## Chapter 5: Monitoring, Evaluation, Accountability & Learning

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

There is a critical need for sectoral plans to clearly define monitoring and evaluation (M&E) strategies for each sector involved in nutrition. These M&E frameworks should ensure systematic tracking, effective monitoring, and timely reporting of nutrition programmes and projects to support transparent and evidence-based implementation of the revised policy.

To support the M&E system, a monitoring and evaluation framework has been established that comprises a tracking system which includes:

- **Impact indicators:** reflected at the level of policy goal, and commitments and linked to SDG tracking and global nutrition goals and frameworks.
- **Outcome indicators:** reflecting achievements and progress towards implementing the strategic objectives.
- **Activities and process indicators:** reflected at the subnational level and refers to the capacity for programme coordination and implementation.
- **National Committee on Food and Nutrition annual report:** to the national council on nutrition on the implementation of the policy.

The core component of the M&E system will be an appropriate food and nutrition information management systems. The purpose of this type of information system will be to monitor food and nutrition situations in the country at regular intervals and to provide feedback about the socioeconomic description of the groups most at risk.

### 5.1. Food and Nutrition Information System

A Nutrition Information System (NIS) is a system of continuous collection and interpretation of nutrition-related data. The food and nutrition information system will rely on administrative reporting systems that already exist in certain ministries, routine data collected from all the relevant sectors as well as community-level food and nutrition information, including data from child growth monitoring and promotion programmes. Sample surveys will also be considered as well as Rapid Rural Appraisal (RRA) techniques as a means of obtaining information quickly. Information generated will be used to assess the food and nutrition situation as well

as inform programmatic changes and amendments by programme managers to bring about improvement.

## 5.2. Monitoring, Evaluation, and Learning (MEL) System

The MEL system would support learning and lay the groundwork for establishing mechanisms to measure accountability at the various levels, including accountability to commitments, as well as accountability to communities for their entitlements, such as availability of services. Thus, monitoring visits will go beyond reporting and analysis of data and results to be utilised to monitor processes and implementation and provide supportive supervision for learning and strengthened implementation. The associated activities will include:

- Sectoral, technical, or internal monitoring visits or activity checks, or supportive monitoring and supervision, using checklists and process-monitoring reports to assess quality of services and staff capacity.
- Multisectoral monitoring, which focuses on synergies and the quality of mechanisms for delivering in coordination with other sectors, so that subnational- and community-level coherence is ensured.
- Improvement in the quality of selected nutrition indicators collected through health management information systems and their analysis, interpretation, and reporting.

The MEL system will use the information generated through the food and nutrition information system in addition to scheduled NDHS, MICS, and SMART surveys to inform decision-makers on the results achieved and the impact. To achieve this, a database shall be created to keep accurate and relevant information through vertical and horizontal collation of data from the LGAs, state, and federal levels so that progress and changes are tracked and impact measured. The system shall use a simple approach, with the primary aim to enable planners at each level to collect data that shall assist them in the ongoing planning and implementation of food and nutrition programmes and activities. A feedback mechanism shall be introduced to enable sharing of data through regular communication about the progress of food and nutrition programme and activities at national, state, and LGA levels.

Overall, the main MEL activities will include:

- i. Monitoring of achievements and results component.
- ii. Evaluation/impact assessment component.
- iii. Learning from evidence and applying knowledge component
- iv. Implementation and Result Progress Report

### 5.2.1. Objectives of the M&E

- Measure the progress, achievements, and performance through the strategy results framework and a set of specific indicators on food and nutrition.
- Provide policymakers and different stakeholders with relevant qualitative and quantitative information to enable them to:
  - Undertake strategy performance assessment to make corrections for a satisfactory implementation and capitalisation on best practices.
  - Draw conclusions about the effectiveness of the achievements.
- Increase skills in quality assurance in food and nutrition strategy implementation, and use appropriate information for policy adjustment.
- Provide data to all stakeholders for communication with a view to creating a transparent information environment (on financial flows, inputs, results, and performance).

### 5.2.2. Techniques and Tools for Data Collection and Analysis

Types of policy monitoring tools to be deployed to ensure quantitative and qualitative feedback to adjust the policy include.

1. **The National Nutrition Dashboard** – The nutrition dashboard should be accessible to stakeholders is one option for establishing a platform for retrieving up-to-date and complete data on NPFN indicators. It is a data analytics platform that aggregate and analyse nutrition data to measure performance against key indicators. Other Nutrition information system includes the National nutrition scorecard and the food systems dashboard.
2. **Surveys and Feedback Mechanisms** (NDHS, NFCMS, MICS, SMART, DHS): A way of collecting direct feedback from stakeholders through surveys, polls, or focus groups to capture qualitative data on policy effects.
3. **Performance Measurement Systems:** These systems involve predefined metrics and KPIs that allow a consistent evaluation of progress. Common KPIs may include compliance rates, public satisfaction scores, or completion rates of planned initiatives.
4. **Automated Reporting Tools** (DHIS, other partner data management systems): Automated tools that generate periodic reports can streamline the reporting process, ensuring that all stakeholders are kept informed without manual oversight.

## 5.3. Roles and Responsibilities of different Actors

### 5.3.1. The Federal Ministry of Budget and Economic Planning

FMBEF will have responsibility for overall M&E. The NCFN Secretariat in collaboration with the M&E office of the FMBEF will have responsibility for the following:

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

### 5.3.2. Federal Ministries, Departments and Agencies

In each of the Ministries, the Department of Planning, Research and Statistics will be responsible for the collation and management of M&E data and the following:

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

### 5.3.3. State Ministries, Departments and Agencies

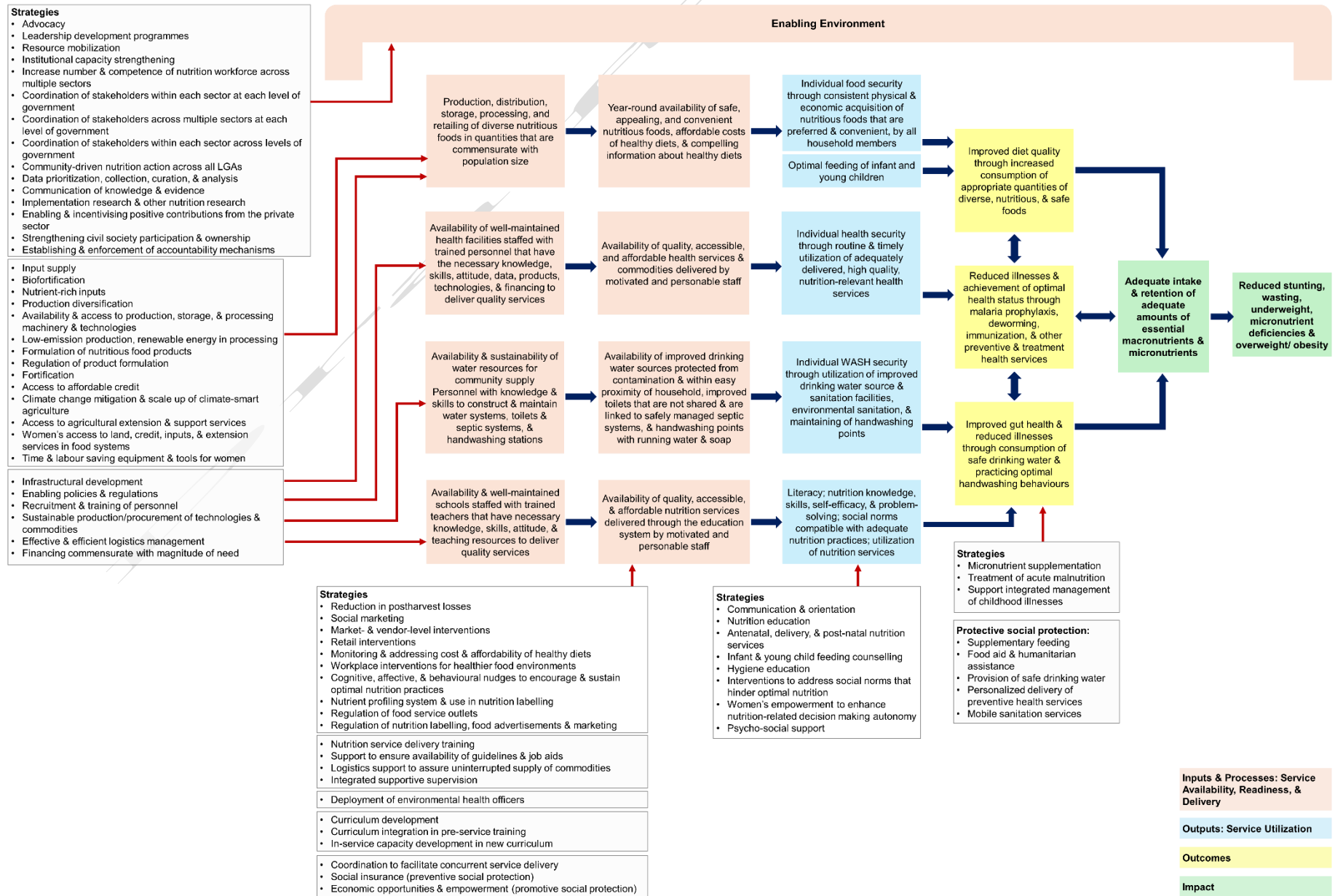
In each state, the Planning Office has a statutory role similar to the MBEP at the Federal level and will be responsible for the coordination of the overall M&E system at the state level. It is expected to be linked to the Planning, Research and Statistics Department of the relevant State Ministries, Departments and Agencies for data collection, collation, and submission to the National M&E Office.

### 5.3.4. LGA Departments and Agencies

In each LGA, the Planning Department has a statutory role similar to the State Planning Office at the state level and will be responsible for the coordination of the overall M&E system at the LGA. It is expected to coordinate the collection, collation, and submission of data to the State M&E office.

The M&E framework is further defined in the National Multisectoral Plan of Action on Food and Nutrition, and collates and synthesizes data from sector-specific MDAs.

# Annex 1: Detailed Theory of Change for the National Policy on Food and Nutrition



## Annex 2: Membership of Institutional Frameworks

### National Council on Nutrition NCN

- The Vice President, Chairman
- Honourable Minister for Budget and Economic Planning
- Honourable Minister of Health and social welfare
- Honourable Minister of Agriculture and Food Security
- Honourable Minister of Education
- Honourable Minister of Communications
- Honourable Minister of Youth Development
- Honourable Minister of Information
- Honourable Minister for Women Affairs
- Honourable Minister of Finance
- Honourable Minister for Innovation, Science and Technology
- Honourable Minister Humanitarian Affairs and Poverty Reduction
- Honourable Minister for Industry Trade and Investment
- Honourable Minister of Water Resources
- Executive Director, National Primary Health Care Development Agency
- Director General, Standards Organisation of Nigeria
- Director General, National Agency for Food and Drug Administration and Control (NAFDAC)
- President, Nutrition Society of Nigeria
- Secretary, TCU Presidential Food Systems Coordinating Unit,
- Secretary National Food Systems Task Team
- Chairman, Development partners Group (DPG) Multilateral institutions
- Chairperson, DPG Bilateral institutions
- Chairperson, DPG INGOs
- Chairman, Nigeria Governors' Forum (NGF)
- President, Association of Local Governments of Nigeria (ALGON)
- Chair, House Committee on Nutrition and Food Security
- Chair, Forum of Chairpersons
- President, Nigerian Institute of Food Science and Technology (NIFST)
- President Association of Nigerian Dietitians (AND)
- President, Society for Food Hygiene and Safety in Nigeria (SOFHON)
- Permanent Secretary, Federal Ministry of Budget and Economic Planning – Secretariat

## State Council on Nutrition SCN

- The Executive Governor, Chairman
- Honourable Commissioners from Line ministries
- Honourable Commissioner, Ministry of Local Government
- Director, State Primary Health Care Development Agency
- State Officer, Nutrition Standards Organisation of Nigeria
- State Officer, Nutrition National Agency for Food and Drug Administration and Control (NAFDAC)
- State Chair, ALGON
- Chair, State House of assembly Committee on Nutrition and Food Security
- Permanent Secretary, Ministry of Budget and Planning – Secretariat

## LGA Council on Nutrition LGCN

- LGA Chairman – Chair
- Vice Chairman
- Secretary to LGA
- Director of Finance/Treasurer – Member
- Supervisory Councillor Health – Member
- Supervisory Councillor Agriculture – Member
- Supervisory Councillor – Member
- Director/HOD PHC – Member
- Director/HOD Agric – Member
- Director/HOD Social Services – Member
- Director/HOD PRS – Secretariat
- Education Secretary – Member
- Director/HOD Information – Member
- N774 Desk Officer – Member
- Youth Leader
- Women Leader
- Traditional Head
- Religious Leader

## National Committee on Food and Nutrition

- Director Nutrition from relevant ministries, departments, and agencies
- Desk officer PRS from relevant ministries, departments, and agencies
- Representatives of research/academic institutions per geopolitical zone dealing with issues of food and nutrition
- Scaling Up Nutrition (SUN) groups representatives (Government, Civil Society, Academia, Donors, and Business)
- Permanent Secretary, Budget and Economic Planning (Chairman)

- Director Nutrition Budget and Economic Planning (Secretary)

## State Committee on Food and Nutrition

- Director/Desk Officer Nutrition from relevant ministries, departments, and agencies
- Desk Officer PRS from relevant ministries, departments, and agencies
- Representatives of Research /academic institutions dealing with issues of food and nutrition
- SUN groups representatives (Government, Civil Society, Academia, Donors, and Business)
- Permanent Secretary, Budget and Economic Planning (Chairman)
- Desk Officer, Nutrition, Budget and economic Planning (Secretary)

## LG Committee on Food and Nutrition

- |  |                      |
|--|----------------------|
| • Vice Chairman                                    | – Chairman           |
| • LGA Nutrition Officer Planning                   | – Secretary, LGA CFN |
| • N774 Desk Officer                                | – Member             |
| • Desk Officer Nutrition from Sectoral Departments | – Members            |
| • Ward Councillors                                 | – Members            |

## Technical Advisory Group, NCN

- Academia/Research + 2 other from different zones
- The Office of the Vice President (secretary)
- National Committee on Food and Nutrition
- Nigerian Governors Forum
- Nutrition Society of Nigeria
- Nutrition Development Partners Group
- Nutrition Development Partners INGOs Group
- Representative of Development Banks
- UN-Nutrition Group
- Scaling Up Nutrition Movement
- SUN Business
- Civil Society groups
- 1 Representative of Foundations