



CAADP



## Comprehensive Africa Agriculture Development Programme (CAADP)

### *West Africa Regional CAADP Nutrition Program Development Workshop*

Nutrition Country Paper – Nigeria

English Version

DRAFT

November 9-12, 2011

Dakar, Senegal

*This synthesis has been elaborated for a CAADP workshop on the integration of nutrition in National Agricultural and Food Security Investment Plan, held in Dakar, Senegal, from the 9th to the 12th November 2011. The purpose of this Nutrition Country Paper is to present key data and information required to improve nutrition in participating countries and scale up nutrition in agricultural strategies and programs. This work document has been initiated and updated by the workshop work team of the country, composed of focal points from different sectors; with the assistance of the technical piloting committee. It will be regularly updated and completed.*

### Key policy documents to be consulted

- GoN Agenda For Agricultural Growth,
- Poverty Reduction And Food Security
- CAADP Compact

Other key documents: Please refer to the workshop material

### General sources used to produce this document

Sources	Information	Internet link when available
<b>FAO</b>	Nutrition Country Profiles	<a href="http://www.fao.org/ag/agn/nutrition/profiles_by_country_en.stm">http://www.fao.org/ag/agn/nutrition/profiles_by_country_en.stm</a>
	FAO Country profiles	<a href="http://www.fao.org/countries/">http://www.fao.org/countries/</a>
	FAO STAT country profiles	<a href="http://faostat.fao.org/site/666/default.aspx">http://faostat.fao.org/site/666/default.aspx</a>
<b>UNICEF</b>	Nutrition Country Profiles	<a href="http://www.childinfo.org/profiles_974.htm">http://www.childinfo.org/profiles_974.htm</a>
	MICS: Multiple Indicators Cluster Surveys	<a href="http://www.childinfo.org/mics_available.html">http://www.childinfo.org/mics_available.html</a>
<b>OCDE / CILLS</b>	Food Security Country Profiles for 9 African Countries : Burkina Faso, Cape Verde, Chad, Gambia, Guinea-Bissau, Mali, Mauritania, Niger, Senegal	<a href="http://www.oecd.org/document/6/0,3746,en_38233741_38246823_41638790_1_1_1_1,00.html">http://www.oecd.org/document/6/0,3746,en_38233741_38246823_41638790_1_1_1_1,00.html</a>
<b>DHS</b>	DHS Indicators	<a href="http://www.measuredhs.com/Where-We-Work/Country-List.cfm">http://www.measuredhs.com/Where-We-Work/Country-List.cfm</a>
<b>OMS</b>	Nutrition Landscape information system	<a href="http://apps.who.int/nutrition/landscape/report.aspx">http://apps.who.int/nutrition/landscape/report.aspx</a>
<b>CAADP</b>	Signed Compact / Investment plans / Stocktaking documents / Technical Review reports if available	<a href="http://www.nepad-caadp.net/library-country-status-updates.php">http://www.nepad-caadp.net/library-country-status-updates.php</a>
<b>REACH</b>	REACH multi-sectoral review of existing data on the nutrition situation, programs and policies	<i>When available (Mauritania, Sierra Leone)</i>
<b>SUN</b>	Progress Report from countries and their partners in the Movement to Scale Up Nutrition (SUN)	<a href="http://www.scalingupnutrition.org/wp-content/uploads/2011/09/compendium-of-country-fiches-ROME-VERSION.pdf">http://www.scalingupnutrition.org/wp-content/uploads/2011/09/compendium-of-country-fiches-ROME-VERSION.pdf</a> <a href="http://www.scalingupnutrition.org/events/a-year-of-progress/">http://www.scalingupnutrition.org/events/a-year-of-progress/</a>
<b>WFP</b>	Food security reports	<a href="http://www.wfp.org/food-security/reports/search">http://www.wfp.org/food-security/reports/search</a>

## I. Context – food and nutrition situation

General Indicators		Source
Population below international poverty line of US\$1.25 per day	64%	UNICEF 2011
Under-five mortality rate (per 1,000 live births)	138	UNICEF 2011
Infant mortality rate (per 1,000 live births)	86	UNICEF 2011
Primary cause of under-five deaths (not including neonatal death, which is at 29%) – Rate of death due to malaria	Malaria 4.1%	WHO 2011
Primary school net enrolment or attendance ratio	45%	UNESCO 2007
Primary school net enrolment -ratio of females/males	91% f /107% m	UNESCO 2007
Agro-nutrition indicators		Source
Cultivable land area	46.5%	FAO 2007
Access to improved drinking water in rural areas	58%	UNICEF 2008
Food Availability		
Average dietary energy requirement (ADER)	2160 kcal/person/day	FAO 2005- 2007
Dietary energy supply (DES)	2710 kcal/person/day	FAO 2005-2007
Total protein share in DES (Animal protein)	9.2% 1.2%	FAO 2005-2007
Fat share in DES	21.5%	FAO 2005-2007

### Geography, population, and human development

Nigeria is situated in the West-African sub-region. Its terrain is diverse encompassing highlands between 600 and 1300 m and lower land parts along the coastal line and two great riverbeds. With a population of 158 million people, Nigeria is Africa's most populous country and it is home to more than 250 ethnic groups. The population is unevenly distributed throughout the country with the highest population density in Kano State in the Southeast. Nigeria received its independence from Britain in 1960 and the country has struggled to reach its developmental goals in the last decades. Over 40% of the population is under 14 years of age and adolescents (10-19 years) comprise 29% of the population. Nigeria ranks 158 out of 182 in the human development index (UNDP, 2010) with 64% of the population living below the poverty line. Life expectancy at birth is 48 years of age. High levels of inequality are a major concern in human development. This is reflected in gender discriminating access to education and employment as in unequal distribution of resources and income leading to the high levels of poverty despite Nigeria's vast resources (UNDP, 2009).

### Economic development

At the time of Nigeria's independence, agriculture was the mainstay of the economy. With the discovery of oil, however, it became the main commodity for foreign exchange. In 2006, petroleum made up 99% of export revenues and 39% of the GDP. With a new democratic administration in 1999, privatization of Nigeria's formerly large public sector began. Key sectors such as electric power, telecommunication, and steel were being increasingly privatized. Simultaneously, efforts were under way to liberalize and deregulate the markets, increasing the potential for long-term economic growth (DHS, 2008). Due to a reform for improving governance and the oil sector, Nigeria experienced a boost in economic growth from 2003-2010, with an average economic growth rate of 7.6%. Despite a rising GDP, unemployment rates remain high; of particular concern are Nigeria's 50 million underemployed youth (World Bank, 2011). In terms of non-export earnings and employment, agriculture is the dominant economic activity. Roughly 75 percent of Nigeria's land is arable, of which about 40 percent is cultivated. FAO reports that the productivity of Nigeria's farmland as low to medium— but with the potential for medium to good productivity if properly managed.

#### Focus : Malnutrition and Food insecurity in Nigeria

##### ➤ Poor Infant Feeding Practices

- One-third of all newborns do not receive breast milk within one hour of birth.
- 13% of infants under six months are exclusively breastfed.
- During the important transition period to a mix of breast milk and solid (6-9 months), less than one-quarter of infants are not fed appropriately with both breast milk and other foods.

##### ➤ High Disease Burden

- Undernutrition increases the likelihood of falling sick, the severity of disease, and the likelihood of dying from illness than well-nourished children.

##### ➤ Limited Access to Nutritious Food

- 10% of households are food insecure, i.e. lacking access to calories, and many more lack access to diverse diets year round..

Source : <http://siteresources.worldbank.org/NUTRITION/Resources/281846-1271963823772/Liberia.pdf>

Agro-nutrition indicators (continued)		Sources
<i>Nutritional Anthropometry (2006 WHO Child Growth Standards)</i>		
Prevalence of stunting in children < 5 years of age	40.6%	DHS 2008
Prevalence of wasting in children < 5 years of age	14% 8.8%	DHS 2008
Prevalence of underweight children < 5 years of age	23.1%	DHS 2008
% Women (15-49 years) with a BMI < 18.5 kg/m <sup>2</sup>	12% n/a	DHS 2008

#### Food security (food availability, access, utilization, and coping mechanisms)

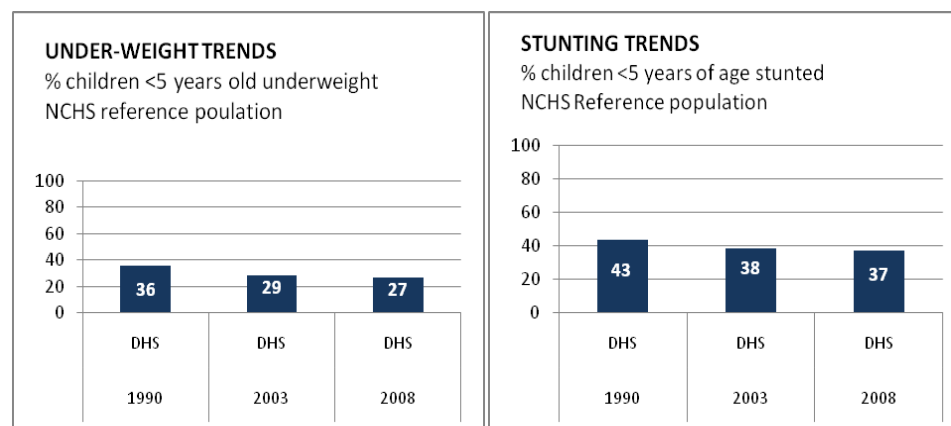
Nigeria has a seasonal climate with a cool and dry season from October to March and a wet season from April to September. Overall, the year 2010 had favorable growing conditions during the rainy season, which increased the aggregate cereal production by 4%. With high levels of food production in neighboring countries, this is expected to lead to satisfactory food availability in 2010/11. However, extreme northern states of Nigeria suffered substantial damage to crops and livelihood due to floods in 2010 /2011 (FAO, 2011). Nigeria's agriculture is mainly focused on crop production, while livestock, fisheries, and forestry contribute only 15% to the agricultural GDP. Palm oil, wheat, and sugar are the major import commodities. In 2011, the combination of high government spending and an increase in minimum wage is expected to lead to significant inflation to the detriment of food security, particularly among rural households dependent upon income from the agricultural sector. Nationally, the trend of food prices increased for rice, yam, beef, chicken, eggs, palm oil, fruits and vegetables, while in 2006 prices for beans, garri, guinea corn, millet and maize declined. Overall, approximately 10% of Nigerian households are considered to be food insecure.

Agro-nutrition indicators (continued)		Sources
<i>Infant feeding by age</i>		
Children <6 months who are exclusively breastfed	13%	DHS 2008
Children (6-9 months) who are fed complementary food	75%	DHS 2008
Children (20-23 months) who are still breastfeeding	32%	DHS 2008
<i>Coverage rates for micronutrient supplements</i>		
% Households consuming adequately iodized salt ( $\geq 15$ ppm)	52.9%	DHS 2008
Vitamin A supplementation in the last 6 months (6-59 months)	25.8%	DHS 2008
Vitamin A supplementation coverage rate ( $\leq 2$ months postpartum)	24.9%	DHS 2008
Prevalence of anemia among pre-school children	28 %	NFCS 2001-3
Prevalence of anemia among pregnant women	35 %	NFCS 2001-3
Iron supplementation coverage among women		n/a

Coping mechanisms that were frequently reported by Nigerian households included: reducing meals, asking for food from friends, and informal borrowing (IFPRI, 2009). Despite the expected satisfactory availability of food in 2011, high rates of households with low income are expected to experience limited food access.

#### Nutritional anthropometry

In Nigeria, the stunting rate among children <5 years of age was 40.6% in 2008 (DHS) with 22.8% being severely stunted. These rates are higher than reported by the MICS 3 in 2006 (34.3%) but are not entirely comparable since the DHS adopted updated growth standards released by the WHO 2006.<sup>1</sup> The highest levels of severe and moderate stunting are found in children between 18 and 23 months; approximately half of the children in this age category are stunted. Among infants <6 months of age the rates of stunting are relatively high, with 1 in 5 children being affected; extremely low rates of exclusive breastfeeding (13%) is considered to be a major contributing factor. Rates of underweight Nigerian children <5 of age mildly decreased by only 2% in the five-year period between 2003 and 2008 (DHS, 2008). The rates of underweight children are relatively evenly distributed in each of the age groups during the first 2 years of life. According to the new WHO 2006 growth standards, the rate of underweight among children <5 years old is 27%. Most vulnerable to becoming wasted are children between 6 and 8 months; 20% in this age group are moderately or severely wasted (DHS 2008). The majority of Nigerian women are within the normal weight range (18.5-24.9 kg/m<sup>2</sup>). However, in 2008 the amount of overweight or obese women is over one in five, whereas only about every tenth woman is under-weight (DHS, 2008).



Source: UNICEF Nutrition Profile v.2, October 2011

## Disparities in nutritional indicators

Indicator (source DHS 2008)	Gender			Residence			Wealth quintile					
	Male	Female	Ratio m/f	Urban	Rural	Ratio u/r	1 (poorest)	2	3	4	5 (richest)	Ratio richest to poorest
<b>Stunting prevalence &lt;5 y</b> (WHO Child Growth Standards)	43	38	1.1	31	45	0.7	52	49	42	34	24	0.5
<b>Under weight prevalence &lt; 5 y</b> (WHO Child Growth Standards)	25	22	1.1	16	27	0.6	35	29	22	17	10	0.3

Source: DHS 2008, In : UNICEF Nutrition Profile v.2, October 2011

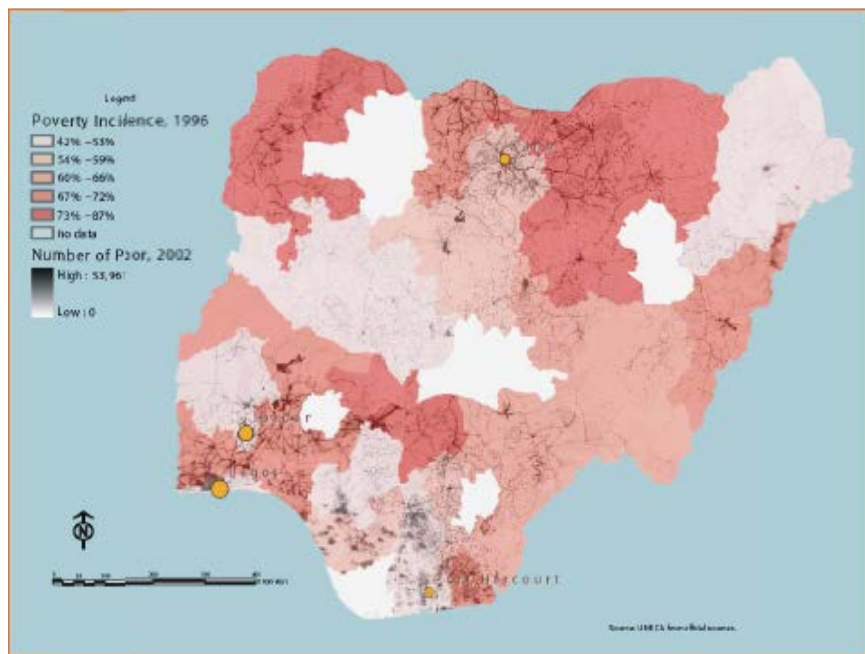
### Infant feeding

Early initiation of breastfeeding, within the first hour of life occurs at a rate of 38%. Initiating breastfeeding within the first hour of life provides the child with colostrum that contains antibodies, appropriate nutrition, promotes higher breastfeeding frequencies, and mitigates the rate of pre-lacteal feeding practices, and it has benefits for the mother as well. A mere 13% of infants are exclusively breastfed during the first six months of life contributing towards the high rates of malnutrition that initiate during the first months after birth and continuing through age five. However, 97% of infants <2 years of age are breastfed at some point with a median duration of 18 months. The length of the median exclusive breastfeeding period is one month (DHS 2008). Of concern is that the mean rate of exclusive breastfeeding decreased from 17% in 2003 to 13% in 2008 (DHS 2003, 2008). Although 75% of children 6-23 months of age were fed with complementary food, only 20.6% were fed a minimally acceptable diet, in accordance with established Infant and Young Child Feeding (IYCF)<sup>ii</sup> Practices (DHS, 2002-2008).

### Micronutrients

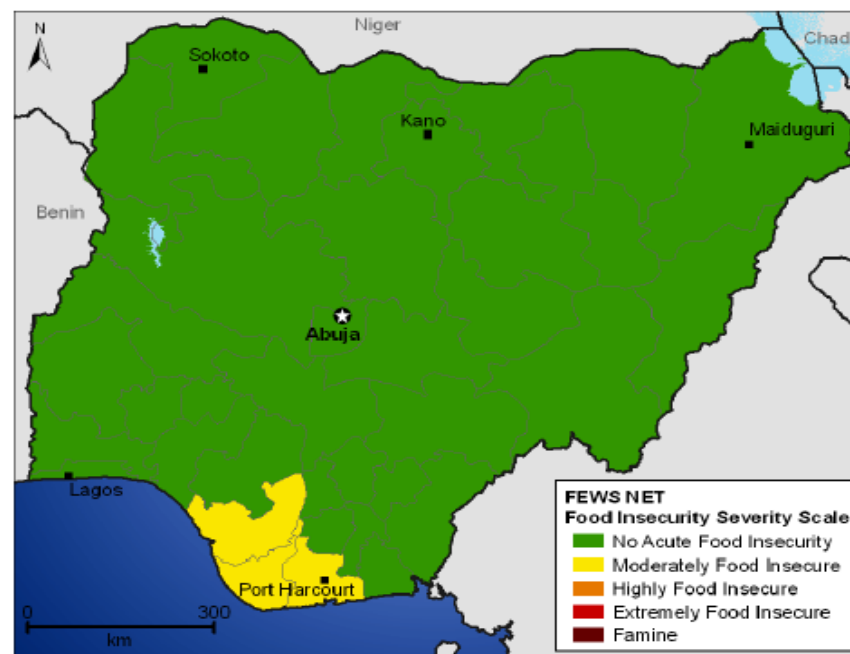
According to the DHS (2008), during the postpartum period, 25.8% women received Vitamin A supplementation within 2 months of delivery and a similar rate (24.9%) of children 6-59 months old received a Vitamin A supplement within 6 months prior to the survey; 16% of the children received iron supplements within seven days of the survey (DHS, 2008). About half of preschool-age children are affected by Vitamin A deficiency (WHO 2009) and the coverage of Vitamin A supplements among this age group, although it has increased significantly in recent years, remains insufficient. In 2008, just over half of all households consumed salt with an adequate level of iodization (>15ppm iodine). Over 40% of pregnant women reported that they did not take any iron supplements, while about the same number took iron supplements for at least 60 days (DHS 2008). With two-thirds of the population of Nigeria suffering from anemia, it is considered a severe public health concern (WHO 2008), yet since micronutrient studies have not been conducted for over a decade, information is not conclusive.

Poverty Map: Proportion of poor population (proxy for stunting)



Source UNICEF 2005


Food security map: Proportion of food insecure or vulnerable people



Source: USAID 2011

## II. Current nutrition policy framework and implementation mechanisms for improving food security and nutrition in Nigeria

*Specific strategies and programs currently in place in the food and agriculture sector to improve nutrition*

Strategy / Program	Reference period	Objectives and main components	Budget*	Stakeholders	Key points (Impact,, best practice, lessons learned,...)	Integration of nutrition component
<b>STRATEGIC FRAMEWORK</b>						
GoN Agenda For Agricultural Growth, Poverty Reduction And Food Security ( CAADP Compact) 	OCTOBER 30, 2009	<b>Overall Goal:</b> to make agriculture a viable business, leading to an annual agriculture growth of 11% , increased rice and cassava production by 100%, livestock production by 25 50%, and fisheries production by 200% all by 2011 (NFSP 2008). <b>Specific Objectives:</b> 1- increase growth by 10 -13 percent; 2.-increase employment generation; 3- reduce poverty; and 4- <b>attain sustainable food security in the long-term</b> (NFSP 2008). The Compact (a) sets the parameters for long term partnership in the agricultural sector; (b) specifies key commitments on the part of government and development partners; and (c) clarifies expectations with respect to the agribusiness and farming communities in order to ensure successful implantation of the 5-Point Agricultural Agenda, including sector policy, budgetary and investment commitments as well as commitments to align and scale up long term development assistance to the agriculture sector.		Private Sector, GON; agribusiness and farming communities, and the development partners in the NAIP	GoN sees a private sector-led growth, which is underpinned by public sector investment and market-oriented agriculture to achieve faster, broad based growth in order to realize the Millennium Development Goal (MDG) of reducing poverty and malnutrition and the vision of becoming one of the top 20 economies by 2020.	
Seven Point Agenda (SPA)		Seven Point Agenda (SPA), which identifies the core areas to revitalize the economy. The SPA covers power and energy, food security and agriculture, wealth creation and employment, mass transportation, land reform, security, and qualitative and functional education. The role of the agricultural sector in the GON Vision and the SPA is to: (i) attain food security, (ii) increase production and productivity, (iii) generate employment and income, and (iv) expand exports and reduce food imports thereby freeing resources for critical infrastructure development and delivery of social services.		GON		
National Vision 20:2020	2010-2020	Focus on improving and modernizing the agricultural value chain. National Vision 20:2020,2 aims to have a modern technology enabled agriculture sector that fully exploits				



		the vast agricultural resources of the country, ensures national food security and contributes significantly to foreign exchange earnings. Strategic goals for agriculture : 1-rehabilitate irrigation projects; 2-acquire farmlands and title holding for agricultural production; 3-ensure high level production through use of appropriate technology; 4-create a new generation of farmers.				
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**AGRICULTURE**

<p>ECOWAP/ CAADP (support 7 Point Agenda and 5 Point Agriculture Agenda)</p>	<p>2005-2010 2010-2020</p>	<p>Focus of the ECOWAP/CAADP process is to strengthen and add value to the 5-Point Agriculture Agenda (derived from the Government's 7-Point Agenda). The ultimate goal of the ECOWAP/CAADP process in Nigeria is to support the agricultural sector by: (i) helping define a coherent long term framework to guide the planning and implementation of the current 5-Point Agriculture Agenda (ii) identifying strategic options and sources of poverty reducing growth for the agricultural sector between now and 2020; and (iii) developing existing and new strategy analysis and knowledge support systems to facilitate peer review, dialogue and evidence based planning and implementation of agricultural sector policies and strategies. Furthermore it is intended that the national compact will provide a basis and inputs into the formulation of a supporting regional compact.</p>	<p>Agricultural producers, private-sector and civil society, African Union and Regional Partners Commitments under the Maputo Declaration; African Union, ECOWAS and its regional partners committed to support GON to meet the objectives of ECOWAP/CAADP and be on the road to the MDG1.</p>	<p>in line with the 5-Point Agriculture Agenda</p> <p>“Improving investment efficiency is the most important step for the Nigerian government to effectively support accelerated agricultural growth to meet their national agriculture target and MDG1. If agricultural investment efficiency improves, required growth in both agricultural spending and total spending is expected to be significantly lower and the share of agriculture in the national budget can be less than the 10 percent CAADP requirement. Nigeria may then realistically reach its 10 percent annual agriculture growth goal in the next eight years and achieve the first MDG.”</p> <p><i>(Source: Nigeria Strategy Support Program (NSSP) Background Paper No. 1, “Agricultural Investment for</i></p>
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					<i>Growth and Poverty Reduction in Nigeria," NSSP Background Paper No .2, "Options for Agricultural Growth for Poverty Reduction in Nigeria," and IFPRI Discussion Paper (forthcoming), " Agricultural growth and investment options for poverty reduction in Nigeria" by D. Xinshen, M. Nwafor, V. Alpuerto, K. Akramov, and S. Salau., 2010)</i>	
Expanded Access to Services for Agricultural Enterprises (EASE)	2010	1) increase profitability of small agricultural enterprises in northern Nigeria 2) strengthen the entrepreneurial skills of 11,000 farmers 3) add value to selected agricultural commodities and disburse cumulative loans to about 11,000 farmers		USAID		
the GON Vision 20:2020		See: Strategic Framework, above				
Nigeria National Agricultural Investment Program (NAIP) ECOWAP/CAADP process	2010-2013	5-Point Agriculture Agenda: GoN has defined five major programs for the period 2020, 1. Developing Agricultural Policy and Regulatory Systems (DARPS) 2. Agriculture Commodity Exchange Market (ACCOMEX) 3. Raising Agricultural Income with Sustainable Environment (RAISE) 4. Maximizing Agricultural Revenue in Key Enterprises (MARKETS) 5. Water, Aquaculture and Environment Resource Management. These are Nigeria's priorities across ECOWAP/CAADP pillars: (i) land and water management, (ii) infrastructure and market access, (iii) food supply and hunger, and (iv) agricultural research, technology and adaptation.	Total: US\$ 2.39 Billion Estimated g gap: US\$445 million- US\$713 million per year during 2010-13. The financing gap estimated for 2010 amounts to about 45 percent of the total approved capital budget of the FGN	the African Union, ECOWAS and other regional partners support through mobilization of political, financial and technical support.	The 5 Point Agenda is in line with CAADP principles (i) Extending the area under sustainable land management and reliable water control systems. (ii) Improving rural infrastructure and trade related capacities for market access. (iii) Increasing food supply and reducing hunger.  (iv) Strengthening agricultural research, technology dissemination and adoption	

**FOOD SECURITY**

<p>National Food Security Programme (NFSP)</p>	<p>2008-</p>	<p>The NFSP document (2008-2011), which was launched in response to the global food crisis of 2007-08, and under the directives of the SPA, forms the basis for the NAIP.</p> <p>NFSP Agricultural sector vision is: 'to ensure sustainable access, availability and affordability of quality food to all Nigerians and to be a significant net provider of food to the global community" leading to significant improvements in Nigeria's agricultural production in the short-term and improved productivity, expanded large-scale production and improved storage/processing capacity as well as required market infrastructure to achieve food stability in the medium-term. The strategic orientations guiding the pursuit of the above goal and related objectives in the agricultural sector are defined in the National Food Security Programme (2008 - ) document and include: A collaborative approach with the intent of stimulating food production through private sector participation and market development , consultation with local government and civil society</p>		<p>2010-2013the government of Nigeria, the, agribusiness and farming communities, and the development partners; private sector (including small and medium scale farmers , commodity associations, All Farmers Association of Nigeria and cooperatives)</p>	<p>Federal Government, in consultation with State and Local Governments and other relevant stakeholders (such as civil society and community based organizations), will set the direction, while the organized private sector as well as the State and Local Government will drive execution.</p>	
<p>Feed The Future</p>	<p>Implementation Plan 2010</p>	<p><b>Objective 1</b> - Improve economic performance: The USG program will 1) assist the GON to improve the policy environment for agriculture growth; 2) improve agricultural productivity through a private sector value chain approach; and 3) make the trade and transportation system more efficient. <b>Objective 2</b> - Improve incomes and nutrition of the poor: The USAID program will improve the nutritional status of the poor and very poor in Bauchi and Sokoto States by 1) conducting a nutritional assessment for the prevention of malnutrition; 2) identifying positive child health practices that can be transferred to other families and communities; and 3) improving the nutrition of orphans and vulnerable children. <b>Objective 3</b> - Accelerate participation of the very poor in economic activities: This will be achieved using the value chain model noted under Objective 1, but with additional assistance to help the very poor mobilize assets to make the transition to commercial production. Cooperation will be undertaken with the GON-World Bank -Fadama III project, which is reaching the very poor.</p>		<p>The G8 members initiated an agriculture and food security program along with a Global Donor Partnership for Agriculture Food Security (GDPAFS), GON, multilateral partners, and private sector resources. The Country Partnership Strategy II, approved by the World Bank, African</p>	<p>Outlook 2011: The USG is working with Nigeria to expand its capacity to rapidly improve private sector agricultural growth and to improve its role as a regional market leader in West Africa, while helping Nigeria to feed its own population. USAID/Nigeria will build the capacity of the GON to introduce and spread a private sector agriculture program, expand the role of the private agro-processors, and collaborate with the</p>	

				Development Bank, DFID, and USAID.	GON and development partners to expand the growth of the agriculture sector to implement the CAADP Compact.	
HIV, Food Security, and Livelihood Support (LIFT project)		Objective: to improve the impact of PEPFAR-supported food security, livelihoods, and economic strengthening programs or programming components for individuals infected and affected by HIV/AIDS, including orphans and vulnerable children (OVC). Goal 1: To identify models of livelihood assistance and economic strengthening that have the potential to improve household food security for HIV-affected households, including OVC, at scale; Goal 2: To evaluate models of livelihood assistance and economic strengthening for HIV-affected households, including OVC, designed to improved food security; Goal 3: To promote tested models of livelihood assistance and economic strengthening to improve food security for HIV-affected households, including OVC; Goal 4: To strengthen the capacity of in-country PEPFAR-supported programs, beginning with Nigeria and Malawi, to integrate and support livelihood assistance and economic strengthening activities to improved food security among HIV-affected households, including OVC.	US\$ 746,089	USAID funded; implemented by /Save the Children		
Special Programme for Food Security	2001 - 2007 (Phase I)	Objectives: 1-Improve household food security and incomes though increases in productivity, diversification and sustainable use of natural resources; 2-Enhance food security of consumers through improved access to and availability of food and also increase income of producers through more efficient marketing; 3-Enhance farmers' and consumers' access to support services such as extension, credit, nutrition and health education; 4-Foster participation of the poorer section of the rural population in the development of the community		FAO, Nigeria, ADB, IsDB, BADEA		

**NUTRITION**

<p>Nutrition Component of CIP and GAFSP</p> <p><b>CAADP</b></p>		<p>National Agricultural Investment Plan (NAIP) which includes an Agriculture Productivity Enhancement Component (APEC) – see NAIP above..</p> <p>Nutrition related Objective: By 2015, increase by 30% the number of households that have adequate dietary diversity.</p> <p>Investment areas related to nutrition:</p> <ul style="list-style-type: none"> <li>-Through APEC, enhance farmers and consumers access to support services such as nutrition and health education.</li> <li>-Improve nutritional standards.</li> <li>-APEC will target vulnerable groups (i.e., poor small-scale producers and entrepreneurs, especially women, youth, and physically challenged) and known food insecure people.</li> <li>-Identify needs via a community-driven development approach that encourages bottom-up decision-making through participatory rural appraisal.</li> </ul>			<p>Suggestions for Improvement:</p> <ul style="list-style-type: none"> <li>-Improve the NAIP by describing the household and individual food security elements and identifying specific programs (e.g., school feeding and social protection programs) that target vulnerable populations. This is also a consideration with regard to HIV where sound nutrition is essential.</li> <li>-Conduct an assessment of micronutrient deficiencies to help prioritize food crops (e.g., fruits and vegetables that provide vitamin A) that are good sources of these micronutrients.</li> </ul>	
<p>National Strategic Health Development Plan (NSHDP)</p>	<p>2010 - 2015</p>	<p>Objectives to be reached 2015 if not otherwise indicated:</p> <ol style="list-style-type: none"> <li>1-Reducing infant and under-five mortality ;</li> <li>2-Decreased prevalence of underweight children;</li> <li>3- Interrupt wild polio virus transmission by 2010</li> <li>4-Increase percentage of Children aged 12-23 months who are fully immunized;</li> <li>4-Achieve 80% of 1 year olds immunized against measles;</li> <li>5-Reducing Maternal mortality ratio ;</li> <li>6-Increase the proportion of births attended by skilled health personnel;</li> <li>7-Increase percentage of pregnant women with four antenatal care visits;</li> <li>8-Achieve universal access to reproductive health;</li> <li>9-To have halted and begun to reverse the spread of HIV/AIDS,</li> <li>10-To have halted and begun to reverse incidence of malaria and other diseases;</li> <li>11-To have reduced the prevalence of Malaria in children</li> </ol>	<p>\$26.65 Billion</p>			

		under the age of five (5) years by using an integrated approach;				
Nigeria Agriculture-Nutrition Advantage Project	2001-2004	Objectives: 1-Promote greater investment in strategies that link agriculture and nutrition, and that are informed by the use of gender analysis; 2-Create a policy dialogue and gather new and existing evidence to promote greater investment in linked strategies by international development and donor agencies; 3-Strengthen advocacy and gender analysis capacity of agriculture, nutrition and gender specialists.		USAID Rockefeller Foundation	Built upon results of a previous ICRW-IFPRI project that collected empirical data on why the agriculture and nutrition communities are not working more closely together to reduce malnutrition and identified factors that either contributed to or inhibited cross-sectoral collaborations.	
The Family Nutritional Support Program (FNSP)	2008-2010	FNSP is a component of the Maximizing Agricultural Revenues for Key Enterprises in Targeted Sites (MARKETS) project. FNSP was started in 2008 to provide nutritional supplements to orphans and vulnerable children (OVC) and to provide income-generating activity support to OVC caregivers that will help improve the socio-economic status of HIV. Through partnerships with local food processing firms, FNSP is developing, purchasing, and distributing food supplements to OVC. Support includes community-based and clinic-based feeding programs. Ready-to-prepare packaged products are distributed to 22,500 OVC annually through PEPFAR international partners. The second objective focuses on strengthening household nutrition and income. Using a specially designed curriculum that focuses on building capacity of beneficiaries to improve their incomes, FNSP is training OVC caregivers on homestead gardening techniques and important business skills, such as value addition, business planning, market information, record keeping and financial planning		USAID Funded; implemented by a consortium of international partners led by Chemonics International Inc. The Project collaborates with other partners including IHVN, AIDS Relief, CSN, Christian Aid, Hope World Wide, Winrock-AIM and CEDPA. FNSP partners with Grand Cereals and Oil Mills Limited (based in Jos, Plateau State) and Dala Foods (based in Kano, Kano State) for the production and procurement of food supplements.	.A total of 7,500 OVC caregivers are trained annually under this component. FNSP uses a participatory approach to capacity building to train non- and semi-literate caregivers. Caregivers participate in simulation exercises that demonstrate and re-enforce business practices that can be applied to a range of enterprises.	

<p>National Policy on Infant and Young Child Feeding in Nigeria</p>	<p>2004-</p>	<p>The overall goal of the National Policy on Infant and Young Child Feeding in Nigeria is to ensure the optimal growth, protection and development of the Nigerian child from birth to the first five years of life. Specific goals include the promotion of breastfeeding, and timely and appropriate introduction of complementary foods. Provision of nutrition and infant feeding information and counseling. Improved prevention of mother-to-child HIV infections. Increase the national capacity to address infant and young child feeding issues.</p>		<p>FMOH, Stakeholders: MOE, Ministry of Information and National Orientation, Ministry of Women Affairs, National Primary Health Care Development Agency (NPHCDA), National Programme on Immunization (NPI), National Action Committee on AIDS (NACA), National Agency on Food and Drug Administration and Control (NAFDAC), National Committee on Food and Nutrition (NCFN), Nutrition Society of Nigeria (NSN), Pediatric Association of Nigeria (PAN), WHO, UNICEF, Helen Keller International, ENHANSE, COMPASS</p>		
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**HEALTH & SOCIAL PROTECTION**

<p>The USAID Health, Population and Nutrition strategy in Nigeria Various projects including:  Targeted States High Impact Project (TSHIP)  Improved Reproductive Health in Nigeria (IRHIN)  MCHIP (see below)  Fistula Care</p>	<p>2007-2014 TSHIP : 2009-2014  IRHIN: 2005 – 2010</p>	<p>The strategy improves health services by increasing the number and quality of health providers, expanding access to and use of essential life saving commodities, and strengthening health facilities to adhere to international standards of practice. Integration across sectors, particularly at the community level and with education and civil society activities, is also a priority and key to accomplishing sustainable improvements in health. Engaging civil society, the media, and the private sector in the policy and advocacy process will increasingly strengthen political and budgetary support for health.</p> <p>USAID/Nigeria is working to significantly increase the demand for health services and commodities at the local level by increasing awareness among state and local government authorities, community coalitions, and civil society organizations as well as increasing access to health services and supplies in public and private facilities at all levels of the health system. Through these efforts, the availability of health-related commodities and supplies will be improved, leading to an increased capacity of service providers to provide quality care and sustainable improvements in the services provided.</p>	<p>2007-2009: \$140 M 2010: \$59.5 M TSHIP : \$85,453,015  IRHIN: \$16,500,000</p>	<p>USAID with GON public health sector, implementing partners and CBOs: TSHIP: John Snow International</p>	<p>Strengthening the health sector and improving the overall health status of the population are among the most important development issues facing Nigeria.</p>	
<p>Maternal and Child Health Integrated Program (MCHIP) Strategy</p>	<p>2009-2013</p>	<p>MCHIP focuses on increasing utilization of quality Emergency Obstetric and Newborn Care (EmONC). Creates and promotes best practices for EmONC at state level, provided EmONC trained health care workers, and improves quality of EmONC services in selected local government areas (LGAs). The project also offers contraceptives that increase demand for maternal and newborn services, including family planning; and improves management of maternal and newborn services in selected LGAs</p>	<p>\$5,050,000</p>	<p>Jhpiego, as the Prime, will lead maternal health, family planning/reproductive health, and prevention of mother-to-child transmission of HIV (PMTCT); JSI—child health, immunization, and pediatric AIDS; Save the Children—newborn health, community</p>		



				<p>interventions for MNCH, and community mobilization; PATH—nutrition and health technology; JHU/IIP—research and evaluation; Broad Branch—health financing; and PSI—social marketing. Macro International continues support for the Child Survival and Health Grants Program (CSHGP) and the Malaria Communities Program (MCP).</p>		
<b>OTHER</b>						
National Economic Empowerment and Development Strategy (NEEDS)	2004-2007	NEEDS is based on three pillars: empowering people and improving social service delivery; fostering economic growth, in particular in the non-oil private sector; and enhancing the effectiveness and efficiency of government and improving governance.		International Development Association (IDA) and the International Monetary Fund (IMF)		
Millennium Villages Project (MVP)	May 2006- May 2011	<p>The MVP's objective is to make sure the project is integrated into the existing state and local government structures. Once the project assistance from donors draws to a close, the project principles, systems and investments will more likely be sustained in the long run. The MVP fights poverty at the village level through community led development.</p> <p>Effective collaboration, science based interventions in all sectors, knowledge sharing and increased funding.</p>	<p>Millennium Promise: \$14 million UNDP: \$1.5 million</p>	<p>United Nations Development Programme (UNDP) with Ondo Government: \$900,000 Sara McCune : \$800,000 Japan Gov't: \$2 million</p>	Local institutions have been strengthened due to the technical training provided and increase in resources available to provide services, the local Government, communities and project staff are effectively working together .Malaria is	

					down due to the use of bed nets, schools have higher attendance rates due to the school feeding program and the construction of additional classrooms, clinics are teeming with people because of the availability of medicine and more health care workers, and subsistence farming is quickly turning into commercial farming due to the availability of improved farming techniques, fertilizer and seeds	
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\*Separate and identify budget committed to nutrition, when information is available

**Institutional execution framework linked to food security and nutrition**

*Key Points:*

**Main entities for food security and nutrition execution polices**

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**Adherence to global / regional initiatives linked to nutrition**

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**Principal information systems linked with food security and nutrition**

### III. Analysis of current and future country nutritional actions (Focus on CAADP Investment plan)

#### Institutional framework and funding

**The National Planning Commission** through the National Committee on Food and Nutrition (NCFN) serves as the focal point for the co-ordination and harmonization of all food and nutrition related policies and programs in the country. The Federal Ministry of Health, the Federal Ministry of Industry, the National Agency for Food and Drugs Administration and Control (NAFDAC), the Standards Organization of Nigeria (SON), the National Primary Health Care Development Agency are also involved in the Government nutrition programs.

#### Consideration of nutritional goals into programs / activities related to agriculture and food and main population groups targeted (focus on the agricultural sectors to develop, if possible)

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#### Main technical and financial partners (TFP) and coordination mechanisms

**AU/NEPAD**- The African Union/New Partnership for African Development created the CAADP initiative to accelerate economic growth and development of African countries. CAADP is an agriculture-led economic growth and development scheme which seeks to eliminate hunger, diminish food and nutrition insecurity, reduce poverty, and facilitate the expansion of exports. As a program of the African Union, it emanates from and is fully owned and led by African Governments.

**USAID**- Feed the Future initiative (2010-2015) will integrate nutrition and agriculture to deliver cross-cutting and more effective programming.

**WHO**- Provides technical support for policy and implementation plan development, growth monitoring manuals-trainers and participants, as well as for the adoption process of NGS and training of health staff of the NGS. Financially, WHO provides support for computer training of staff to improve surveillance, training of trainers on NGS, and training for District staff on NGS. Additionally, WHO provides logistical support for vehicles, screening tools, office equipment, computers and accessories.

**UNICEF**- Provides technical support in the development of the treatment protocol of SAM; IYCF guidelines development; and, National nutrition policy development. Financially, UNICEF supports holding drafting meetings, procurement of all drugs and food supplies in the treatment of SAM, and training of district staff in CMAM. UNICEF has supported initiative to control and reduce micronutrient deficiency disorders in Nigeria, which started in 1990. In 2002, the Government adopted a new strategy: the fortification of staple food with Vitamin A. The Ministry of Industry (Standards

Organization of Nigeria) published mandatory standards for vitamin A fortification in flour, sugar, and vegetable oil in 2002. By 2004, 70% of the sugar, 100% of wheat flour and 55% of vegetable oil sold on the market, were fortified with Vitamin A. Nigeria is also fortifying wheat flour with iron.

In partnership with FMOH, WHO and the UN Foundation, under the Community Development Project, UNICEF is contributing to promote early child care practices beyond its focus LGAs.

**WFP**- Provides supplementary feeding of malnourished children, pregnant and lactating mothers, and people living with HIV/AIDS.

#### FAO

#### Analysis of the nutrition component of the CAADP Investment Plan

A specific goal for food and nutrition security is stated in the plan: Reducing the proportion of people under-nourished by 50 percent from 2006 level by 2015. Women, Children and PLWHA are the target beneficiaries.

### Monitoring and evaluation mechanisms (M&E)

**CAADP** : Implementation of the results framework would be undertaken through the M&E framework. Every year, before the next budget appropriation, all projects being executed under the NAIP will be reviewed on the basis of the results framework outlined in Annex I. The combined M&E will be undertaken using the CAADP guidelines by the SAKSS Node of FMARD (currently being established under PPAS). The report of the annual M&E will be posted at the FMAWR web site and linked to ReSAKSS. At the end of the first three years of the NAIP (2013), a full assessment of the progress and result of implementation would be made by independent evaluators.

The Federal Government of Nigeria (FGN) is responsible for the effective management and delivery of results for the projects under the NAIP. The projects are implemented by the Ministries, Departments and Agencies (MDAs), and where appropriate would be undertaken by contract with the private sector using country systems (guidelines for procurement, accounting, reporting, etc.). When development partners are associated with the project, the agreements to be reached with the respective DPs would require modalities to ensure close collaboration in joint monitoring, review and evaluation of the progress of project implementation. Safeguard issues will be handled under implementation; the critical ones are being gender and environmental issues which are defined elaborately under the ranking framework in M&E.

Note: Recent trends in infant and under-five mortality rates cannot be assessed because methods for estimation of childhood mortality rates differ between the MICS 2006 and Nigeria Demographic and Health Surveys (GDHS).

### Managerial and technical capacities at the institutional level

Currently managerial and technical capacities are constrained by collaboration with the agricultural sector. Specifically the nutrition and agricultural sectors plan separately, informational exchanges need to be improved, and collaboration is further constrained by inadequately trained staff proficient at fostering synergistic relationships between nutrition and agriculture. The challenges faced by agriculture in Nigeria are: Organizational and governance constraint, the absence of policy clarity at all three levels of government; Resource market failure; Limited access to improved technologies, technological constraints, poor research and extension services as well as weak linkages with farmers for the uptake of innovations in areas such as seeds, pest and disease control; Infrastructure inadequacies, which include poor road network particularly feeder roads, markets and storage/processing facilities as well as inadequate irrigation facilities which limit agricultural production to only the wet season in many parts of the country. Some 80 percent of the respondents across the country in a 1995 survey identified infrastructure as the most critical constraint to the development of agriculture in Nigeria; Financial market weaknesses, which may be attributed to inadequate and poorly targeted credit and

the absence of competition in the supply markets as well as a well defined effective demand structures as a result of low income and poverty.

**CAADP** : In terms of capacity development in projects/activities coordinated with the NAFSIP, technical Knowledge, management skills and formal Authority are needed. State Leader members and LGA Leader members of the Component Thematic Working Group (Agric Extension Workers) would need training.

### Focus on public / private partnerships (PPP)

NAIP incorporates a component to promote PPP: be via a competitive bidding process handled by an independent transaction adviser for the selection of private sector partners. It could be selective or open competitive bidding but would be transparent and satisfactory to all interested parties. In some cases where rare competences are required of the private sector partner, head hunting may be allowed. The shift in government policy to rely on the private sector for financing development is therefore central to expanding the resource base to adequately support development activities. As Government takes steps to increase meaningful private sector involvement, it is acutely aware that private sector participation without a good policy and regulatory framework will not improve sector performance.

**CAADP** : No opportunity for public-private partnerships to address food and nutrition security is discussed in the plan. These partnerships could be implemented on the following sectors: Industrial production of affordable complementary foods based on local staples, Fortification, Strengthening NFFP, Advocacy and Nutrition Education, Promotion of industrial production of nutritious foods using locally available local agric products, Local production of RUTF.

### Sustainability of actions

**CAADP** : Many of the projects in the NAIP (especially those supporting the crop sector) provides support and capacity building in group development, marketing, rural finance, rural infrastructure and off-farm income generating activities. Group development encompasses group formation and strengthening by providing the community development agents at the state and LG levels with additional training and re-orientation, transport and supervision. At site level, there would be consultation with the villagers and traditional leadership to mobilise all segments of the rural community to effectively participate in the activities of the programme. There is also provision for an extensive publicity campaign to popularise the projects and stimulate participation. The use of Information-Communication-Technology (ICT) mechanism is being developed to support the process.

## Definitions

<b>Acute hunger</b>	Acute hunger is when the lack of food is short term, and is often caused when shocks such as drought or war affect vulnerable populations.	<b>Multi-stakeholder approaches</b>	Working together, stakeholders can draw upon their comparative advantages, catalyze effective country-led actions and harmonize collective support for national efforts to reduce hunger and under-nutrition. Stakeholders come from national authorities, donor agencies, the UN system including the World Bank, civil society and NGOs, the private sector, and research institutions.
<b>Chronic hunger</b>	Chronic hunger is a constant or recurrent lack of food and results in underweight and stunted children, and high infant mortality. “Hidden hunger” is a lack of essential micronutrients in diets.	<b>Nutritional Security</b>	Achieved when secure access to an appropriately nutritious diet is coupled with a sanitary environment, adequate health services and care, to ensure a healthy and active life for all household members.
<b>Direct nutrition interventions and nutrition-sensitive strategies</b>	Pursuing multi-sectoral strategies that combine direct nutrition interventions and nutrition-sensitive strategies. Direct interventions include those which empower households (especially women) for nutritional security, improve year-round access to nutritious diets, and contribute to improved nutritional status of those most at risk (women, young children, disabled people, and those who are chronically ill).	<b>Severe Acute Malnutrition (SAM)</b>	A weight-for-height measurement of 70% or less below the median, or three standard deviations (3 SD) or more below the mean international reference values, the presence of bilateral pitting edema, or a mid-upper arm circumference of less than 115 mm in children 6-60 months old.
<b>Food Diversification</b>	Maximize the number of foods or food groups consumed by an individual, especially above and beyond starchy grains and cereals, considered to be staple foods typically found in the diet. The more diverse the diet, the greater the likelihood of consuming both macro and micronutrients in the diet. <i>Source : FAO</i>	<b>Stunting (Chronic malnutrition)</b>	Reflects shortness-for-age; an indicator of chronic malnutrition and it is calculated by comparing the height-for-age of a child with a reference population of well-nourished and healthy children.
<b>Food security</b>	When all people, at all times, have physical, social and economic access to sufficient, safe and nutritious food that meets their dietary needs and food preferences for an active and healthy life.	<b>Underweight</b>	Measured by comparing the weight-for-age of a child with a reference population of well-nourished and healthy children.
<b>Hunger</b>	Hunger is often used to refer in general terms to MDG1 and food insecurity. Hunger is the body’s way of signaling that it is running short of food and needs to eat something. Hunger can lead to malnutrition.	<b>Wasting</b>	Reflects a recent and severe process that has led to substantial weight loss, usually associated with starvation and/or disease. Wasting is calculated by comparing weight-for-height of a child with a reference population of well-nourished and healthy children. Often used to assess the severity of emergencies because it is strongly related to mortality. <i>Source : SUN Progress report 2011</i>
<b>Iron deficiency anemia</b>	A condition in which the blood lacks adequate healthy red blood cells that carry oxygen to the body’s tissues. Without iron, the body can’t produce enough hemoglobin, found in red blood cells, to carry oxygen. It has negative effects on work capacity and motor and mental development. In newborns and pregnant women it might cause low birth weight and preterm deliveries.		
<b>Malnutrition</b>	An abnormal physiological condition caused by inadequate, excessive, or imbalanced absorption of macronutrients (carbohydrates, protein, fats) water, and micronutrients.		
<b>Millennium Development Goal 1 (MDG 1)</b>	Eradicate extreme poverty and hunger, which has two associated indicators: 1) Prevalence of underweight among children under five years of age, which measures under-nutrition at an individual level; and, 2-Proportion of the population below a minimum level of dietary energy consumption, that measures hunger and food security, and it is measured only at a national level (not an individual level) . <i>Source : SUN Progress report 2011</i>		

## Acronyms

<b>ASARECA</b>	Association for Strengthening Agricultural Research in Eastern and Central Africa
<b>AUC</b>	African Union Commission
<b>BMI</b>	Body Mass Index
<b>CAADP</b>	Comprehensive Africa Agriculture Development Program
<b>CILSS</b>	West Africa Regional Food Security Network
<b>CIP</b>	Country Investment Plan
<b>COMESA</b>	Common Market for Eastern and Southern Africa
<b>CORAF</b>	Conference of African and French Leaders of Agricultural Research Institutes
<b>DHS</b>	Demographic and Health Survey
<b>EAC</b>	East African Community
<b>ECOWAS</b>	Economic Community of West African States
<b>FAFS</b>	Framework for African Food Security
<b>FAO</b>	Food and Agriculture Organization
<b>IFAD</b>	International Fund for Agricultural Development
<b>IFPRI</b>	International Food Policy Research Institute
<b>JAG</b>	Joint Action Group
<b>MICS</b>	Multiple Indicator Cluster Survey
<b>NAFSIP</b>	National Agriculture and Food Security Investment Planning
<b>NCD</b>	Non-communicable Disease
<b>NCHS</b>	National Center for Health Statistics, Centers for Disease Control & Prevention
<b>NEPAD</b>	New Partnership for Africa's Development
<b>NPCA</b>	National Planning and Coordinating Agency
<b>PRS</b>	Poverty Reduction Strategy
<b>REACH</b>	Renewed Efforts Against Child Hunger
<b>REC</b>	Regional Economic Community
<b>SGD</b>	Strategic Guidelines Development
<b>SUN</b>	Scaling-Up Nutrition
<b>UNDP</b>	United Nations Development Program

<b>UNICEF</b>	United Nations International Children's Emergency Fund
<b>USAID</b>	United States Agency for International Development
<b>WFP</b>	World Food Program
<b>WHO</b>	World Health Organization

<sup>i</sup> Anthropometric indicators - Reference Standards for Underweight, Stunting and Wasting. New international Child Growth Standards for infants and young children were released by WHO in 2006, replacing the older NCHS/WHO reference population. During this transition period, the UNICEF Country Profile provides underweight, stunting and wasting data based on both the 2006 WHO reference population and the older NCHS/WHO reference population, when available. Data for stunting and underweight rates in the trends chart contained in this NCP were developed using the NSCH reference and for this reason 2010 data is not reflected in the chart but rather in the text. Estimates for the 2006 WHO reference population generally change in the following manner: stunting is greater throughout childhood; underweight rates are higher during the first half of infancy and lower thereafter; and, wasting rates are higher during infancy.

<sup>ii</sup> Breastfed children are considered fed in accordance with the minimum IYCF standards if they consume at least three food groups and receive foods other than breast milk at least twice per day in the case of children age 6-8 months and at least three times per day in the case of children age 9-23 months. Non-breastfed children are considered to be fed in accordance with the minimum IYCF standards if they consume milk or milk products, are fed four food groups (including milk products), and are fed at least four times per day. (DHS, 2008)