

Nutrition Policy in Nigeria



What does this brief tell you?

This brief summarizes nutrition-relevant policies in Nigeria. We examine i) nutrition context, policy objectives, indicators, budget, and activities, ii) key beneficiaries, actors and coordination, iii) monitoring, evaluation, and accountability, and iv) whether current policies are aligned with the World Health Assembly (WHA) global targets.

The state of nutrition in Nigeria

Nigeria is on-track to achieve the World Health Assembly (WHA) 2025 target on childhood overweight (1.2% in 2018). Despite improvements in exclusive breastfeeding during the first 6 months of life (22% in 2014 to 27% in 2018ⁱⁱ) and low birth weight (15.2% in 2011 and 14.8% in 2016ⁱⁱⁱ), Nigeria is not on-track to meet either of these targets. Anaemia in women of reproductive age (WRA) has shown no progress since 2013 (49.8% in 2013 and 2016^{iv}) while under five (U5) stunting did not change

between 2014 and 2018 (32%^v). Unfortunately, Nigeria is not on track to achieve the WHA target on U5 wasting (7% in 2018^{vi}). Beyond the WHA targets, U5 anaemia and vitamin A deficiency in U5 children remain high (respectively 68% in 2016^{vii} and 42% in 2013^{viii}). There is a double burden of underweight and overweight/obesity in the adult population: while 9.3% of WRA are thin^{ix} (2016), overweight/obesity is rising, with 33% of women overweight/obese in 2011 and 36% in 2016^x.

Current nutrition policy landscape in Nigeria

Nigeria has a federal political system, with 36 states, 774 local government areas, and the Federal Capital Territory. Federal policies are ratified by individual states. As such, they may not be implemented across the whole country.

Nineteen nutrition-relevant federal policies currently in use or in the advanced drafting stage are included in this brief (See **Table I** on p. 3). They are in the areas of health (n=7), nutrition (n=4), agriculture (n=3), education/research (n=2), water, sanitation, and hygiene (WASH) (n=1), environment (n=1), and social (n=1).

Key messages

Why was this brief developed?

To strengthen and widen understanding of the current direction of nutrition-relevant policy in Nigeria and its implications. It was developed in response to partners' request and priorities.

What are the key findings?

- Nutrition is featured most prominently in nutrition, health, and agriculture policies.
- Young children and women are the most frequently mentioned groups and targeted beneficiaries.
- Of the six WHA targets and their indicators, policies'

focus most on U5 stunting and exclusive breastfeeding and least on U5 overweight. One policy adopts five of the WHA target values as its own.

- All policies point to the importance of multisectoral coordination.

What are the policy recommendations?

- Support increased integration of nutrition in WASH, environment, social protection, gender, economic, education/research, and science and technology policies
- Relevant policies and strategies in draft or undergoing revisions should avoid the shortcomings of the current

documents. Nutrition context, objectives, indicators, and planned activities should be aligned and costed.

- Planned activities and scaling-up mechanisms overlap across policies. Coordination mechanisms should more explicitly address the prevention of duplication and achievement of synergy.
- Nigeria is currently not on-track to meet most of the WHA targets, despite the variety of policies. Adequately implemented and complementary actions occurring simultaneously across all relevant policy areas are crucial for achieving the targets.

Table I: List of nutrition-relevant national policies

	Area	Policy Name	Acronym	Start	End
1	Nutrition ¹	National Policy on Infant and Young Child Feeding in Nigeria	NPIYCF	2010	Not Applicable
2		National Strategic Plan of Action for Nutrition – Health Sector Component	NSPAN	2014	2019
3		National Policy on Food and Nutrition	NPFN	2016	2025
4		National Social and Behavioural Change Communication Strategy for Infant and Young Child Feeding in Nigeria	NSBCCS	2017	2020
5	Health	National Health Promotion Policy ²	NHPP	2006	Not Applicable
6		Integrated Maternal, Newborn and Child Health Strategy	IMNCHS	2007	2015 (but still in use)
7		Task-shifting and task-sharing policy for essential health care services in Nigeria	TSTS	2014	Not Applicable
8		National Health Policy ³	NHP	2016	Not Applicable
9		National Strategic Plan of Action on Prevention and Control of Non-Communicable Diseases	NSPANCD	2016	2020
10		National Child Health Policy ⁴	NCHP	2017	Not Applicable
11		Second National Strategic Health Development Plan ⁵	NSHDP II	2018	2022
12	Agriculture	National Agricultural Investment Plan ⁶	NAIP	2011	2014
13		Agriculture Promotion Policy	APP	2016	2020
14		Agricultural Sector Food Security and Nutrition Strategy	ASFSNS	2016	2025
15	WASH	Partnership for Expanded Water Supply, Sanitation & Hygiene Strategy	PEWASH	2016	2030
16	Environment	National Forest Policy	NFP	2006	Not Applicable
17	Education/ research	National School Health Policy	NSHP	2006	Not Applicable
18		Science, Technology, and Innovation Policy	STIP	2011	Not Applicable
19	Social	National Social Protection Policy	NSPP	2017	Not Applicable

¹ The National Plan of Action on Food and Nutrition in Nigeria (NPAN) is not included, as an advanced draft was not available at time of analysis. NPAN is based on the National Policy on Food and Nutrition, which is included in this policy brief.

² A new version of the NHPP is due to be released in 2019. The 2006 version included in this brief is in use until the new policy is released.

³ We were only able to locate the draft version of this policy (September 2016 version).

⁴ We were only able to locate an advanced draft of the policy (June 2017 version). The final version is not yet available.

⁵ NSHDP II is an implementation document for the NHP.

⁶ A new version of NAIP is under development and due to be released in 2019.

Methods

All nutrition-relevant national policies, strategies, and action plans currently in use or in the advanced drafting stage as of December 2018 were included in this brief. Inclusion criteria were the presence of a nutrition objective, a budget for nutrition, and/or a nutrition indicator.

We obtained potentially relevant documents from a systematic search including pre-identified websites (e.g., relevant federal government ministries and United Nations agencies), a Google search, and through country experts. Targeted consultations with regional and in-country experts were used to access documents not available online. We screened identified documents (see Annex) against our eligibility criteria. Nineteen documents met our inclusion criteria. We used qualitative software (NVivo) to code and analyse these documents.



What context and problems do the policies highlight and focus on?

PROBLEM

Three policies, in the areas of WASH, environment, and research, do not provide any nutrition context (STIP, NFP, PEWASH). For the remaining 16 policies, the nutrition context is most comprehensive for the nutrition area. Across policy areas, the nutrition context is predominantly focused on the country level. However, about half of the policies do present the regional or global context, including information on regional/international trends and conventions, the Millennium and Sustainable Development Goals, and Nigeria's adherence to the SUN Movement. Policies from nutrition (n=3), health (n=4), and agriculture (n=1) areas recognize wide rural/urban, state, and/or economic disparities in Nigeria's nutrition context. No policies present any sex-disaggregated nutrition data.

Across policy areas, the focus is on undernutrition. Seven policies, from the areas of nutrition, health, and agriculture, present the context on micronutrient deficiencies, namely vitamin A, iodine, and iron deficiencies. Nine, from the same three policy areas, present information on noncommunicable diseases (NCDs), including nutrition-related NCDs such as diabetes and high blood pressure and their risk factors. Overweight/obesity are featured as NCDs in six of these nine policies. However, NSPANCD-

the policy that focuses on NCDs-frames overweight/obesity solely as a driver of NCDs. The role of nutrition in contributing to certain NCDs is emphasized in several of the policies. Nutrition, health, and agriculture policies present a more holistic nutrition picture of nutrition problems than the other policy areas.

Over half of policies, almost exclusively in the policy areas of nutrition, health, and agriculture, outline causes (n=9) and/or consequences (n=10) of nutrition problems. Causes include poor diet and infant and young child feeding practices, social norms, inadequate health/nutrition services, limited physical and financial access to care, and insurgencies in parts of the country. Consequences include mortality, morbidity, reduced economic, social, and cognitive development, and poor educational attainment.

Table 2 highlights policies that include indicators for WHA targets in their nutrition context. U5 stunting, U5 wasting, and exclusive breastfeeding are most frequently included. U5 overweight is not mentioned in any policy's nutrition context; only two policies mention low birthweight. ASFSNS, an agriculture policy, mentions almost all of the WHA indicators in its nutrition context. With the exception of IMNCHS (a health policy from 2007), more recent policies within each area tend to mention more WHA indicators in their nutrition context.

Is the nutrition context evidence-based?

The nutrition context is most evidence-based (i.e., cites scientific references) in nutrition and health policies, although the agricultural policy ASFSNS also extensively cites nutrition evidence. Across all policy areas, citations are predominantly for quantitative rather than qualitative information. Cited data sources for evidence for evidence on nutrition context in policies include Nigerian Demographic and Health Survey (NDHS), Multiple Indicator Cluster Survey (MICS), and National Nutrition and Health Survey (NNHS). Evidence that is cited mainly relates to prevalence levels of nutrition problems and not on identified solutions. Most of the policies that present information on nutrition disparities, causes of nutrition problems, and consequences of nutrition problems cite references related to this information.



POLICY

What is included in the relevant policies to address the highlighted problems?

As shown in **Table 2**, most policies include nutrition in their general and/or specific **objectives**. These objectives contain nutrition-specific (e.g., improving the nutritional status of the population) and, to a lesser degree, nutrition-sensitive content (e.g., improving food and nutrition security). **Nutrition indicators** are a mix of outcome (e.g., rate of underweight) and output indicators (e.g., number of programs addressing NCD risk factors). In terms of nutrition problems, indicators focus on undernutrition, although indicators on micronutrient deficiencies and diet-related NCDs are each present in several policies. No policies include any disaggregated nutrition indicators. WHA indicators least addressed in policies are WRA anemia and U5 overweight. IMNCHS is notable for specifying exactly how indicators such as underweight, stunting, and wasting will be measured. **Planned nutrition activities** are detailed in 14 of the policies, across all policy areas except for environment, WASH, and social. NSHDP II (health) and NSPAN (nutrition) present the most comprehensive range of nutrition activities. Only five policies have sufficiently detailed budget information to assess whether they have a **budget for nutrition**; three have a budget for nutrition. Content on **scaling up** focuses on mechanisms for piloting and implementing the policy (e.g., guiding principles, advocacy, tools such as

implementation frameworks and protocols, and scaling up high impact interventions). Nutrition features specifically in scaling up text for four of the nutrition policies and IMNCHS (a health policy). A few policies mention risks or challenges to scaling up, namely uncertain/limited financial resources and political uncertainty.

How do the policy targets align with the WHA 2025 Global Targets?

Table 2 shows 11 policies with nutrition indicators that are the same as WHA indicators. Five of these policies, from nutrition (n=3), health (n=1), and agriculture (n=1), include targets for at least one of these indicators. These targets, if met, generally put Nigeria on track to achieve or even surpass the WHA targets by 2025. ASFSNS is exactly aligned with the 2025 Global Targets, aiming to meet them for each of the five WHA indicators included^a. However, three of NPFN's four targets (U5 stunting, childhood wasting, and WRA anemia) are less ambitious than the WHA targets.

Is there coherence within policies?

Policies with nutrition objectives would be expected to include both nutrition indicators and planned nutrition activities, while policies without nutrition objectives would not be expected to include either of these. There are 11 cases (see **Table 2**) where this is not the case. Generally, though, this is not due to a lack of coherence within policies but because a) policies detail that indicators and/or planned activities will be addressed in a separate document or b) policies' objectives are broad and do not

explicitly link to nutrition (while their indicators or planned activities are specific enough to make this link explicit).

There are, however, some cases of incoherence within different parts of policies. First, populations targeted in nutrition objectives are not always the same as those targeted in nutrition indicators and/or planned nutrition activities. For example, the nutrition objectives and planned activities of NSHDP II are for U5, WRA, elderly, adolescents, and vulnerable groups, but the nutrition indicators focus only on U5 and WRA. Second, problems featured in policies' nutrition context are not always included in policies' nutrition indicators. For example, ASFSNS highlights Nigeria's low prevalence of exclusive breastfeeding as a nutrition problem but doesn't include an indicator for it (despite including indicators for other nutrition problems identified in the policy and including nutrition objectives that could encompass exclusive breastfeeding). This incoherence is particularly significant, given that ASFSNS states that its indicators are based on global/regional food security and nutrition targets. Third, even though context in eight policies highlights nutrition disparities, only one of these (NSHDP II) specifies that nutrition indicators should be disaggregated (by region, urban/rural, and income, although not by sex) to capture the disparities identified. Finally, several policies fail to clearly define concepts, definitions, or age ranges for prevalence indicators. In particular, a number of policies reference concepts such as stunting and wasting, but do not specify what age range they are referring to, nor how these concepts will be measured.

^a Although it does not specify ages/groups (i.e., U5 or childhood) for stunting and wasting targets.

Table 2: Inclusion of nutrition and WHA indicators in policies' context, objectives, indicators, activities, and budget; Key scaling-up mechanisms

NR	Area	Acronym	Nutrition context on WHA indicators	Nutrition objective	Nutrition indicators	Nutrition indicators on WHA indicators	Planned nutrition activities	Budget for nutrition ¹	Key scaling-up mechanisms
1	Nutrition	NPIYCF	  	✓	✓	 	✓	NA ²	Capacity building; Advocacy; Resource mobilization; Multisectoral and multilevel implementation and involvement
2		NSPAN	   	✓	✓	     	✓	✓	Scale up of interventions with strong evidence, WHO protocol, and feasible delivery mechanism; Models impact of different scale-up scenarios; Advocacy; Resource Mobilization; Tools (e.g., protocols)
3		NPFN	  ³	✓	✓	  ⁴  	✓	NA	Guiding principles for implementation at scale; National Nutrition Network; Scaling Up Nutrition Movement; Activity coordination system; Mainstreaming of nutrition at all government levels
4		NSBCCS	 	✓	✓		✓	NA	Piloting in selected states to allow for adjustments and scaling up of best practices; Advocacy; Increased technical and financial support
5	Health	NHPP	 ⁵	✗	✓		✗	NA	Guiding principles for implementation at scale; Advocacy; Dissemination; Participation in global movements
6		IMNCHS	   	✗	✓	    	✓	NA	Scaling-up is a key part of this document Guiding principles for implementation at scale; Advocacy; Dissemination; Scale-up high impact interventions; State-specific operational plans; Phases for scaling-up
7		TSTS	✗	✓	✗	✗	✓	NA	Enabling environment for policy implementation; Legislation; Regulation; Capacity building; Incentives; Comprehensive government plan
8		NHP	 	✓	✓		✓	NA	Guiding principles for implementation at scale; Tools (e.g., implementation framework, operational plans); Dissemination; Multisectoral and multilevel implementation
9		NSPANCD	✗	✗	✓	✗	✓	NA	Guiding principles for implementation at scale; Multisectoral approaches; Piloting and scaling up
10		NCHP	  	✓	✓	   	✓	NA	Guiding principles for implementation at scale; Partnership for Maternal Newborn and Child Health; Capacity building; Advocacy; Research and development
11		NSHDP II	  	✓	✓	    	✓	✓	Guiding principles for implementation at scale; Tools (e.g., M&E framework); Institutionalization of policies/practices; Models impact of different scale up scenarios
12	Health	NAIP	 	✗	✓	✗	✓	±	Focus on risks to scale up (fiscal and political uncertainty)
13		APP	 ⁵	✓	✗	✗	✓	NA	
14		ASFSNS	    	✓	✓	      ⁵	✓	✓	Advocacy; Capacity building
15	WASH	PEWASH	✗	✓	✓	 ⁵	✗	±	Tools (e.g., standards, guidelines); Participation of states
16	Environment	NFP	✗	✓	✗	✗	✗	NA	
17	Education/ research	NSHP	✗	✓	✗	✗	✓	NA	
18		STIP	✗	✓	✗	✗	✗	NA	
19	Nutrition	NSPP	✗	✓	✗	✗	✓	NA	Guiding principles for implementation at scale; Phases for scaling-up; Institutional frameworks; Sustainable funding mechanisms

¹ Not applicable (NA) indicates policies that do not have sufficiently detailed budget information to assess whether nutrition is included, while ± is used for policies that provide sufficient budget information but with no mention of nutrition.

² Although NPIYCF refers to necessity that budget lines be established for nutrition.

³ Mothers only

⁴ Pregnant women only

⁵ Age not specified.

⁶ Non-pregnant women only



PEOPLE

Who are the key people and organizations targeted by and responsible for these policies?

Which target groups are the focus of nutrition context?

Most policies' nutrition context contains information on the general population. Children and then women are the groups that feature most in policies' nutrition context. The Elderly are only mentioned in one policy (NSHDP II) and adolescents are only mentioned in two policies (NSHDP II and NPIYCF). Only one policy (NSBCCS) specifically mentions men in its nutrition context; this context is related to men's role in infant and young children's nutrition, rather than men's nutrition.

Who are the beneficiaries?

As shown in **Table 3**, primary beneficiaries of policies vary by area. Overall, the most frequent primary beneficiaries are children (including U5 and infants), women (especially mothers and WRA), and the general Nigerian population. Other primary beneficiaries include the general population, rural populations, farmers, and healthcare workers. While not among the primary beneficiaries, ten

policies-across all policy areas except WASH-include youth/adolescents as beneficiaries. Elderly and men/fathers are mentioned as beneficiaries in four and five policies, respectively. Besides some policies' focus on rural Nigeria, no policies detail geographic areas of focus (e.g., specific states) for targeting.

Who are the actors?

All policies explicitly mention at least one actor involved in their development, although few have an exhaustive list of actors involved in policy development. Federal and/or state government is most often mentioned (n=16), followed by civil society/NGOs/technical and financial partners-including academia and research (n=12), private sector (n=8), communities/community groups (n=4), and local government (n=2). As shown in **Table 3**, the federal government is among the primary actors for all policies. The Federal Ministry of Health (FMOH) is the lead state actor for several health and nutrition policies, however, many other bodies and ministries are cited as involved. These include the multisectoral National Committee on Food and Nutrition (NCFN), Federal Ministry of Agriculture and Rural Development, Ministry of Budget and National Planning, and Ministry of Education. All policies include state-level bodies (e.g., departments, agencies, governments) as actors. Many of the policies also include communities as actors. Some of these, most notably in the health sector, outline a very active role for communities,

including healthcare providers; actors in Monitoring and Evaluation, planning, management, and financing; and decisionmakers. NCHP (a health policy) also includes children as actors, with roles as participants in the planning, development, monitoring, and accountability of initiatives and as change agents to promote child health issues.

Is there multisectoral coordination?

The importance of multisectoral coordination is highlighted across all policies and policy areas. Coordination mechanisms include committees/bodies for coordination and dialogue between actors and sectors (e.g., multisectoral working groups, joint planning or technical committees); documents and tools to coordinate and harmonize approaches; and workshops. Several of the health policies point to mainstreaming health within other sectors to ensure a multisectoral approach. All of the nutrition policies point to the NCFN and its state and local counterparts to ensure coordination between actors. Six policies, all from the areas of nutrition and health, highlight challenges associated with multisectoral coordination. These include a lack of synergy, ineffective coordination and collaboration (including between different levels of government), and weak involvement of certain actors. Nevertheless, four of these policies do highlight some successes in using coordination mechanisms to address these challenges and improve multisectoral coordination.

Table 3: Summary of beneficiaries, actors, and multisectoral coordination mechanisms

N R	Area	Acronym	Primary beneficiaries	Other key beneficiaries	Actors' Roles					Primary actors	Multisectoral coordination mechanisms
					Federal and State government	Local Government	Communities	Private Sector	Civil society NGOs Technical and financial partners		
1	Nutrition	NPIYCF	Infants; Mothers	Children (including young children; infants with special health needs; U5); Women (including pregnant women and mothers); Fathers; Child-caregivers; Wet nurses; Households; Communities; Healthcare workers; Government; Adolescents	1,3,4	1,2,3,4		1	1,4	Federal government (Federal Ministry of Health (FMOH))	✓
2		NSPAN	U5; Pregnant women; Mothers	Children (including newborns); Women (including WRA, lactating women); Parents of infants and young children; General population; Vulnerable groups; Child-caregivers; Government; Health workers and institutions; Communities; Media; Tertiary institutions and professional bodies	1,2,3,4	1	1	1,4	1,2,4	Federal government (including FMOH)	✓
3		NPFN	U5; WRA	Children (including infants and school aged); Women (including pregnant and lactating women); Elderly; Youth; Groups with special nutritional needs; Smallholder farmers; Extension workers; Child-caregivers; Health workers; Communities	1,2,3,4	1,2,4	1	1,4	1,2,4	Federal government (Ministry of Budget and National Planning)	✗
4		NCBCCS	Infants and young children; Mothers; Fathers and other family members; Traditional birth attendants	Caregivers; Health workers and community health volunteers; Communities; Traditional and religious leaders; Government officials; Pregnant adolescents; Media	1,2,3,4	1,2	1,2	1	4	Federal government (FMOH), with many actors involved in implementation	✓
5	Health	NHPP	Nigerians	Children; Women; Youth; Communities; Schools; Media; Health workers and institutions; Members of professional bodies and organizations; Government	1,2,3,4	1,2,4	1,2,4	1,2,4	1,2,4	Federal government (FMOH), with many actors involved in implementation	✓
6		IMNCHS	Mothers; Young children (including newborns)	Specific population groups (e.g., WRA, women, men); Households; Communities and community groups; Health facilities and service providers (especially in rural areas and including community-level caregivers); Health training and research institutes; Local government	1,2,3,4	1,2,3,4	1,2,3,4	1,4	1,4	Federal government (FMOH) leading, but with strong role for community-level actors	✓
7		TSTS	Healthcare workers; WRA; U5 (especially infants)	Mothers; Pregnant women; Regulatory agencies; People living with HIV/AIDS	1,3,4		1		1	Federal government (FMOH) for policy, Health workers for implementation	✓
8		NHP	Nigerians	Children (including infants, U5, school-aged); WRA; Mothers; Youth; Patients; People with certain diseases; Government; Healthcare workers and institutions; Private sector; Drug manufacturers; Health research institutes	1,2,3,4	1,2,4	1	1,4	1	Federal government (including FMOH)	✓
9		NSPANCD	Nigerians	Government; Public; Healthcare workers	1,2,3,4	1,2,3	1	1,4	1,2,4	Federal government (FMOH)	✓
10		NCHP	Newborns, U5, and school-aged children	Pregnant women and mothers; Schools; Children living under special circumstances; Private and public institutions, including health facilities and providers; Mass media; Community health workers	1,2,3,4	1,2,4	1,2	1,2	1,2,4	Federal government (FMOH)	✓

Roles: 1 = Implementation 2 = Monitoring and evaluation 3 = Management/coordination 4 = Financing

Table 3: Summary of beneficiaries, actors, and multisectoral coordination mechanisms

N R	Area	Acronym	Primary beneficiaries	Other key beneficiaries	Actors' Roles					Primary actors	Multisectoral coordination mechanisms
					Federal and State government	Local Government	Communities	Private Sector	Civil society NGOs Technical and financial partners		
11	Nutrition	NSHDP II	Nigerians; Healthcare workers	Children (including infants, U5, school-aged); WRA; Mothers; Youth; Patients; People with certain diseases; Government; Healthcare workers and institutions; Private sector; Drug manufacturers; Health research institutes	1,3,4	1,4	1,2,4	1,4	1,4	Federal government (FMOH) and States, with many actors involved in various aspects	✓
12	Agriculture	NAIP	Farmers; rural populations	Specific rural populations (women, elderly, youth, vulnerable people)	1,4	1	1	1,4	1,4	Federal government (Federal Ministry of Agriculture and Rural Development (FMARD))	✓
13		APP	Farmers; rural populations	Children (including U5); Women (including WRA, nursing mothers); Youth; Vulnerable groups; Nomads; Agribusiness; Policymakers; Public; Government; Value chain actors	1			1,4	1	Federal government (FMARD)	✓
14		ASFSNS	Nigerians	Smallholder farmers; Women (including WRA); Children (including U5 and school-aged); Schools; Internally displaced persons; Vulnerable groups	1,2,3	1	1	1	1	Federal government (FMARD)	✓
15	WASH	PEWASH	Rural populations	Children (including U5 and school-aged girls from rural areas); Women from rural areas; People living with disabilities; Citizens; Civil society organizations; Government	1,2,3,4	1,2,4	1,2	1,4	1,4	Federal government as enabler; with many other actors for implementation	✓
16	Environment	NFP	Local communities	Women; Men; Youth; Elderly; Forest users; Farmers; Civil society; Vulnerable groups; Private sector; Government	1,2,3,4	1,2,3,4	1,3 (local activities)	1,4	1,4	Federal and state government Local actors Private sector	✓
17	Education/ research	NSHP	School-aged children	Learners; School staff; Schools	1,2,3,4	1,2,3 (local activities) 4	1,2,3 (local activities) 4	1	1,4	Federal and state government NGOs	✓
18		STIP	Those working in/studying STI, including women	Schools at all levels (including students and staff); Girls; Youth; Farmers; Professional S&T bodies; STI professionals; Military; Industries and businesses	1,2,3,4			1,2,3,4	2,3,4	Federal Ministry of Science and Technology, with high involvement of states and other actors	✓
19	Social	NSPP	Nigerians (with special focus on poor and vulnerable groups such as children, mothers, elderly, poor, disabled, etc.)	Primary school students; Smallholder farmers; Youth; Families	1,2,3,4	1,2	2	1,2,3 (through the National Social Protection Council)	1,2,3 (through the National Social Protection Council) 4	Federal government, with involvement of many actors	✓

Roles: 1 = Implementation 2 = Monitoring and evaluation 3 = Management/coordination 4 = Financing



What are the monitoring, evaluation, DATA GAPS and accountability mechanisms?

All policies mention monitoring and evaluation (M&E), with most containing a dedicated M&E section or framework. Some policies, such as NSHDP II and ASFSNS, contain very detailed M&E information. Except for agriculture policies, many partners tend to be involved in M&E. M&E activities include: standardized M&E across state-level implementation plans; data collection on the policy's indicators; establishment of databases and information systems; monitoring; regular reporting and reviews; and formative and final evaluations. Accountability mechanisms are also mentioned in many policies. They include accountability as a guiding principle; use of M&E to identify progress/needed improvements and ensure quality control; publicly-available updates, results, and evaluations; audits; transparent feedback systems; due process in procurement and independent verification; internal mechanisms to handle disputes, complaints, and fraud; and the role of communities and civil society organizations in holding government to account.

Gaps and recommendations

Recommendation 1: Address gaps and incoherence in nutrition-relevant policy

The analysis above highlights several gaps and incoherence in current nutrition-relevant policy in Nigeria. To address these, policies could:

- Better include certain population groups. Policies provide limited nutrition context on the elderly and adolescents, even though these groups do feature among targeted beneficiaries in four and ten policies, respectively. Men/fathers are only featured specifically in one policy's nutrition context, although they are explicitly named as targeted beneficiaries for five policies. Beyond the importance of considering the nutrition context of all population groups, given men/fathers' important role in IYCF practices (see NSBCCS), their inclusion is essential for policies addressing children's nutrition.

- Better consider nutrition disparities across regions, rural vs. urban areas, income, or gender by including disaggregated nutrition context and/or indicators to capture progress across these varied groups. Eight policies point to nutrition disparities across regions, rural vs. urban areas, or incomes. While certain policies highlight vulnerable groups as targeted beneficiaries, only one policy proposes disaggregated nutrition indicators.
- Clearly and consistently define concepts and indicators to allow for common understanding across actors and policy areas, as well as coherence in measurement of indicators.
- Ensure that their nutrition context, objectives, indicators, and/or activities align, both in terms of nutrition problems and targeting of populations (e.g., nutrition objectives target several different groups but nutrition indicators only measure progress for some of these groups).
- Invest in malnutrition in all its forms in Nigeria, including overweight/obesity.

These gaps and incoherence could be addressed in future policies, as well as operational documents for existing policies (e.g., implementation or monitoring and evaluation plans).

Recommendation 2: Prioritize and invest in strong coordination

Despite the wide variety of nutrition-relevant policies, Nigeria is currently not on-track to meet most of the WHA targets. Only five of the 19 policies include targets related to any of the WHA targets. Adequately implemented and complementary actions occurring simultaneously and coordinated across all relevant policy areas are crucial for achieving these targets. While the reviewed policies emphasized the need for coordination and highlighted mechanisms for achieving coordination, planned activities and scaling up mechanisms currently overlap across policies. Coordination mechanisms should more explicitly address the prevention of duplication and achievement of synergy. Vertical (sectoral federal to community level) coordination structures, which are important given the decentralization of all issues related to nutrition in Nigeria, need to ensure that implemented nutrition actions achieve adequate coverage among the populations that have the greatest potential

to benefit. Horizontal (multisectoral) coordination structures (such as NCFN and corresponding state and local level structures) are necessary to ensure that populations with the potential to benefit receive interventions across all relevant policy areas.

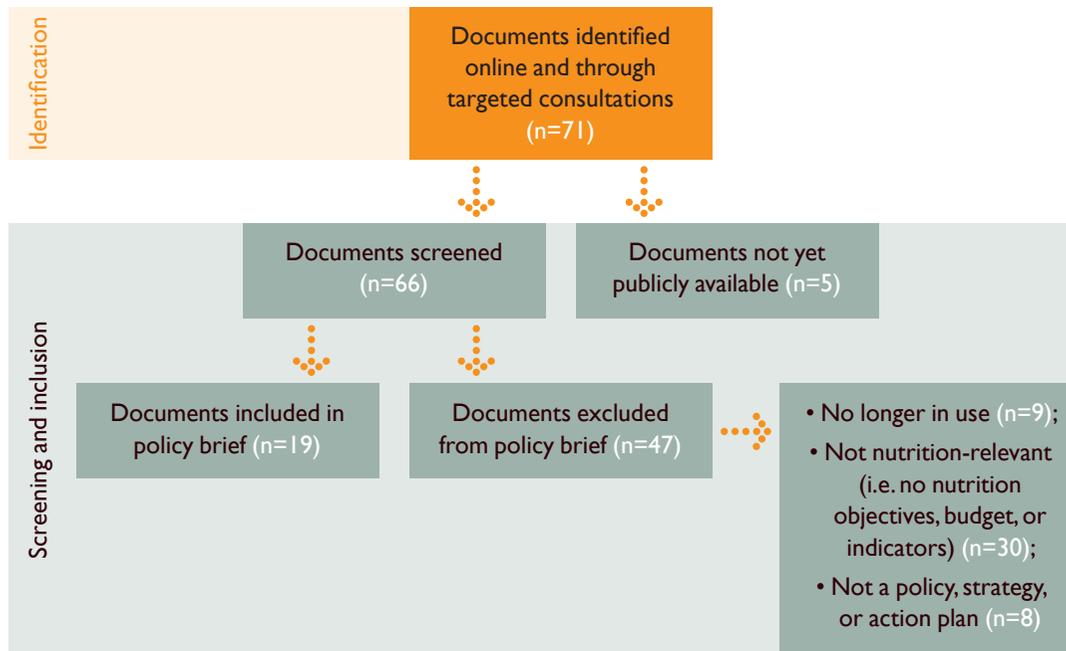
Recommendation 3: Mainstream nutrition into future documents across diverse policy areas.

Only three of the seven identified policy areas (nutrition, health, and agriculture) adequately cover nutrition within their policies. The remaining policies in WASH, environment, social protection, and education/research could improve the integration of nutrition into their context, indicators, or those activities explicitly linked to nutrition. Although the multisectoral National Policy on Food and Nutrition in progress will address some of these gaps, it is still necessary for policies in each area to be better aligned with nutrition targets. Since the nutrition expertise within the affected policy areas may be limited, it is necessary for the nutrition community to engage required stakeholders to achieve alignment in addition to better coordination among policy areas. Beyond the policy areas included in this review, there is a need for engagement to ensure that additional nutrition-relevant policy areas that currently do not integrate nutrition, such as economic and gender policies, also mainstream nutrition.

Recommendation 4: Recognize nutrition as a cross-cutting area in ongoing policy drafts/revisions.

Several policies are currently being formulated or revised; for instance, the Health Sector NSPAN, which is expected to commence this year based on its end date; the Multisectoral Strategic Plan of Action for Food and Nutrition in Nigeria; the National Health Promotion Policy; the National Child Health Policy; the National Agricultural Investment Plan; and the National Strategy for Maternal, Infant and Young Child Nutrition. The new policies should avoid the shortcomings of the current documents and integrate the above recommendations. Nutrition context, objectives, indicators, and planned activities should be aligned and costed.

Annex: Flow diagram of documents included in the policy brief



Endnotes

ⁱ National Bureau of Statistic. National Nutrition and Health Survey (NNHS) . Abuja

ⁱⁱ Ibid

ⁱⁱⁱ National Bureau of Statistics (NBS) and United Nations Children's Fund (UNICEF). Multiple Indicator Cluster Survey, Survey Findings Report. Abuja, Nigeria: National Bureau of Statistics and United Nations Children's Fund.

^{iv} WHO Global Health Observatory data repository. Retrieved on March 26th 2019 from <http://apps.who.int>

^v Ibid, ii

^{vi} Ibid, ii.

^{vii} Ibid, iv.

^{viii} Development Initiatives, 2017. Global Nutrition Report 2017: Nourishing the SDGs. Bristol, UK: Development Initiatives, Nigeria country profile

^{ix} Non-Communicable Disease Risk Factor Collaboration (NCD-RisC). Data Downloads. Retrieved on March 26th, 2019 from <http://www.ncdrisc.org/data-downloads.html>

^x Ibid

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