

ADAMAWA STATE GOVERNMENT



ADAMAWA MULTISECTORAL
STRATEGIC PLAN OF ACTION
FOR FOOD AND NUTRITION
(ADMSPAN)

2023 - 2027

ADAMAWA STATE MULTISECTORAL STRATEGIC PLAN OF ACTION FOR FOOD AND NUTRITION (ADSMSPAN)

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List of Abbreviations and Acronyms

AIDS	-	Acquired Immune Deficiency Syndrome
ADMSPAN	-	Adamawa Multi-Sectorial Strategic Plan of Action for Nutrition
ARV	-	Anti-retroviral
ASPC	-	Adamawa State Planning Commission
AYP		Adolescent and Young People
BCC	-	Behavioural Change Communication
BMI	-	Body Mass Index
BMS	-	Breast Milk Substitute
CAADP	-	Comprehensive African Agriculture Development Programme
CBOs	-	Community-Based Organizations
CMAM	-	Community Management of Acute Malnutrition
CSOs	-	Civil Society Organizations
DFID	-	Department for International Development
ENA	-	Essential Nutrition Actions
FAO	-	Food and Agriculture Organization
FBOs	-	Faith-Based Organizations
FMOH	-	Federal Ministry of Health
GARPR	-	Global Aids Response Country Progress Report, Nigeria
HIV	-	Human Immunodeficiency Virus
ICN	-	International Conference on Nutrition
IDA	-	Iron Deficiency Anaemia

IDD	-	Iodine Deficiency Disorder
IFPRI	-	International Food Policy Research Institute
IMAM	-	Integrated Management of Acute Malnutrition
IMNCH	-	Integrated Maternal Newborn and Child Health
ITP	-	In-Patient Therapeutic Program
IYCF	-	Infant and Young Child Feeding
LBNS	-	Liquid-Based Nutrient Supplement
LGA	-	Local Government Area
LGCFN	-	Local Government Committee on Food and Nutrition
LO-ORS	-	Low Osmolarity Oral Rehydration Solution
MAM	-	Moderate Acute Malnutrition
MDAs	-	Ministries Departments and Agencies
MDGs	-	Millennium Development Goals
M & E	-	Monitoring and Evaluation
MICS	-	Multiple Indicator Cluster Survey
MNDC	-	Micronutrient Deficiency Control
NAFDAC	-	National Agency for Food and Drug Administration and Control
NBS	-	National Bureau of Statistics
NCFN	-	National Committee on Food and Nutrition
NDHS	-	Nigeria Demographic and Health Survey
NFA	-	National Fortification Alliance
NFCNS	-	Nigeria Food Consumption and Nutrition Survey
NFSP	-	National Food Security Programme

NGOs	-	Non – Governmental Organizations
NCN	-	National Council on Nutrition
NNN	-	National Nutrition Network
NPC	-	National Planning Commission
NPHCDA	-	National Primary Health Care Development Agency
NSHDP	-	National Strategic Health Development Plan
OTP	-	Out Patient Therapeutic Program
OVC	-	Orphan and Vulnerable Children
PATH	-	Programme for Appropriate Technology in Health
PLWHA	-	People Living with HIV/AIDS
RRA	-	Rapid Rural Appraisal

Foreword

The high burden of malnutrition for children and women in the State has enormous economic and social consequences. It impairs growth, learning, and cognitive ability, and thus directly affects schooling performance and a chance of graduation. A low level of education prevents the poor and vulnerable citizens of Adamawa State from receiving higher income, which affects the household's livelihood and thus perpetuates poverty.

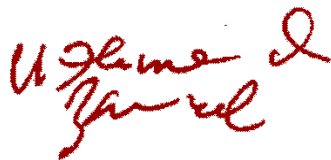
Malnutrition and Nutrition-related issues, which manifest themselves mainly as Under-nutrition, Over-nutrition, and Micronutrient deficiencies continue to be a public concern in Adamawa State. The Adamawa State Multi-Sectorial Strategic Plan of Action on Nutrition (ADMSPAN) 2023 to 2027 comprises six result areas and fourteen strategic objectives, which the State Government is committed to implementing in the next five years. Malnutrition has grossly affected mothers, children, and the aged; this is more prevalent among children under the age of five. While it is a national phenomenon, Adamawa state has its share of malnutrition as it affects human capital development.

The ADMSPAN sets out modest realistic, achievable goals and objectives which will be the driving force behind all the actions and activities of Nutrition intervention in the State. The overall goal of the Plan is to improve the nutritional status of all people in Adamawa State particularly children aged 0 to 23 months, lactating women, pregnant women, and adolescents. We remain committed to seeing the full implementation of the ADMSPAN over the next five years. Stakeholders are also invited to deliver on their respective roles as outlined within the Plan. The Plan will ensure that Adamawa State Government with its development partners can make informed decisions on program planning, budget forecasting, resource allocation, and impact analyses for much-needed funding to curb malnutrition prevalence in the State.

We also seek the commitment of the LGAs to actualize the outputs and outcomes of the Plan and ensure that adequate resources are available for the successful implementation of the Multi-Sectorial Nutrition Strategic Plan 2023 – 2027 given that a substantial quantum of the activities outlined therein will be implemented at the LGA level.

For emphasis, I want to state the commitment of this administration to the successful implementation of the ADMSPAN for better and healthy people of the State resulting in the development of the State and the nation in general.

I, therefore, approve and recommend the effective implementation of this policy to achieve the objective of ensuring optimal nutritional status for all the people of Adamawa state.



His Excellency,

RT. Hon. Ahmadu Umaru Fintiri

Executive Governor

Adamawa State

Acknowledgment

The Adamawa State Multi-Sectorial Strategic Plan of Action on Nutrition (ADMSPAN) 2023 to 2027 is a 5-year plan developed to improve the nutritional status of the Adamawa State population, particularly children aged 0 to 23 months, lactating women, pregnant women, and adolescents, through the implementation of nutrition-specific and nutrition-sensitive interventions. The Plan will ensure that the Adamawa State Government with the support of its development partners can make informed decisions on program planning, budgeting, resource mobilization, resource allocation, and impact analysis for much-needed funding to curb the prevalence of malnutrition in the State while strengthening the systems for delivery of nutrition and other related services.

I acknowledge the huge contributions of the staff of the Adamawa State Planning and Budget Commission, and relevant Ministries, Agencies, and Departments who worked tirelessly on the production of this document. The efforts of our development partners, especially those supporting the state on nutrition issues are also acknowledged as we look forward to continued collaboration and working closely together to implement this plan. Specifically, I would like to appreciate UNICEF for its support in ensuring the development of this multi-sectorial strategic Plan of Action for Nutrition. Special mention must also be made of our lead facilitator, Ms. Jessica Bartholomew, and the co-facilitator, Dr. Bachama Yusuf, who guided the entire process of the ADMSPAN and M&E framework development.

Our most sincere gratitude and appreciation goes to His Excellency, the Governor of Adamawa State Alhaji Ahmadu Fintiri, and members of the State Executive Council for providing the enabling ground for the actualization and approval of the plan.

Though there is a lot of work ahead, I believe that with teamwork, perseverance, and commitment, we will overcome all hurdles and achieve greater results that will transform the lives of our women, children, and entire people of our state in general.



Dr. Mrs. Mary Paninga
Executive Chairman
Adamawa State Planning Commission

Executive Summary

Adamawa State Government recognizes nutrition as an essential component of the state's human capital, economic growth, and development. Aligned with the national development as espoused in the Millennium Development Goals (MDGs), the post-2015 Sustainable Development Goals (SDG), and the Scaling Up Nutrition (SUN) movement and activities, the Government developed the Adamawa State Multi-Sectorial Strategic Plan of Action (ADMSPAN) 2023-2027 in collaboration with the development partners, the academia, civil society organizations, and the private sector, whose goal is to attain optimal nutrition for all citizens of Adamawa state through coordinated and deliberate efforts that will result in high quality of life, productivity, and longevity of life. The nature and extent of hunger and food insecurity in Adamawa State are of public health concern. Insufficient food causes hunger and malnutrition, which is the most serious consequence of food insecurity. Malnutrition is widespread in the entire state and rural areas are especially vulnerable to chronic food shortages, malnutrition, erratic food supply, poor quality of foods, high cost of food items, and in some instances total lack of food have been experienced. The State is blessed with abundant human and natural resources. However, it is listed among States with a high burden of malnutrition in the northern part of the country with 4.2% of children under-5 years classified as wasted from moderate acute malnutrition, 1.6% severely wasted, 39.7% stunted, 15.1% severely stunted, and 19.1% underweight (NDHS 2018).

The nutrition situation in the state remains worrisome even to policymakers and other key stakeholders in the State. However, it is encouraging to note that the prevalence of moderate and severe acute malnutrition among children under five years dropped from 14.5% and 5.2% (NDHS 2013) to 4.2% and 1.6% (NDHS 2018), respectively. A similar drop was recorded in the NNHS 2013 and 2018 as well as the MICS 2017 and 2021 surveys; all giving the impression that the various interventions carried out have resulted in improved nutritional status, especially among the vulnerable groups of women and children in the State. Several policies and strategies that are geared towards eradicating malnutrition, especially among children and women of childbearing age have also been instituted in the state. These include the State Policy on Food and Nutrition (SPFN), which is currently being domesticated, and the development of a Multi-Sectorial Strategic Plan of Action on Nutrition which sets out both nutrition-specific and nutrition-sensitive interventions with measurable targets. Adamawa State's nutrition response is therefore consistent with these policies and plans. The rationale for the development of the Adamawa Multi-Sectorial Strategic Plan of Action for Food and Nutrition (ADMSPAN) is,

therefore, to have a document that will serve as a road map for coordinated implementation of nutrition interventions by the Adamawa State Government through relevant MDAs and sectors with support from nutrition stakeholders and partners for maximum impact. This is crucial in ensuring value for every investment made in the implementation of interventions and programs to curb the problem of malnutrition and hunger in the state. The main goal of the ADMSPAN is to build on the framework outlined in the State Food and Nutrition Policy (SFNP) to reduce malnutrition with particular focus on vulnerable groups especially women of reproductive age and children less than five years of age as well as internally displaced persons. To achieve this goal, several objectives and targets are articulated as follows:

1. To improve food security at the State, community, and household levels.
2. To reduce under-nutrition among infants and children, adolescents, and women of reproductive age.
3. To significantly reduce micronutrient deficiency disorders, especially among the vulnerable.
4. To ensure the incorporation of nutrition education and promotion into formal and informal training.
5. To promote optimum nutrition for people in especially difficult circumstances, including PLWHA.
6. To prevent and control chronic nutrition-related non-communicable diseases.
7. To incorporate food and nutrition considerations into the state and local government area's sectorial development plans.
8. To strengthen systems for data management and early warning information on the food and nutrition situation.

Key strategies to be adopted to achieve the objectives of ADMSPAN include:

- i. Service delivery
- ii. Capacity building
- iii. Behavior Change Communication
- iv. Advocacy and Resource Mobilization
- v. Research, Monitoring, and Evaluation
- vi. Coordination and Multi-Sectoral Partnership

The ADMSPAN consists of six priority result areas which are:

Result Area 1: Food and Nutrition Security.

Result Area 2: Enhancing Care-giving Capacity.

Result Area 3: Enhancing Provision of Quality Health Services

Result Area 4: Improving Capacity to Address Food and Nutrition Insecurity Problems

Result Area 5: Raising Awareness and Understanding of the Problem of Malnutrition

Result Area 6: Resource Allocation for Food and Nutrition Security at all Levels

CHAPTER ONE

INTRODUCTION

1.1 State Context and Policy Framework

The Adamawa food and nutrition policy provides the framework for addressing the problems of food and nutrition insecurity at all levels. It serves as a guide for the identification, design, and implementation of the intervention activities across the various sectors to ensure adequate nutrition and health of Adamawa citizens.

The State Policy on Food and Nutrition is currently being domesticated in Adamawa State. This policy provides the framework upon which interventions to address food and nutrition issues in the state are undertaken. In line with the national policy document, the state-specific policy provides the direction and guidance for the identification, design and implementation of interventions and activities across various sectors that have a stake with a view to promoting adequate nutrition and health of all persons in Adamawa state. However, it was observed that a strategic work plan needs to be in place to get adequate funding to implement nutrition activities in the state. This warranted the need to develop this multi-sectorial strategic plan that sets out both nutrition-specific and nutrition-sensitive interventions with measurable targets set to be achieved for the period 2023 to 2027.

Malnutrition has multifaceted causes and requires solutions that are multidisciplinary and multi-sectorial cutting across various sectors including health, agriculture, science and technology, education, trade, economy, and industry. Although many sectors usually develop their sector-specific policies, however, the coordination of programs and interventions emanating from the implementation of such policies has always been a challenge. The state policy on food and nutrition has placed the responsibility for the coordination of nutrition activities in the state Planning ministry which has the overarching responsibility to coordinate all state policies and programs across the various sectors. The State Committee on Food and Nutrition (SCFN) established in 2020 is expected to serve as the platform for the coordination of nutrition programs and strategies across all sectors.

This is the first state plan of action that has been developed in Adamawa state to serve as a guide for the implementation of the State Policy on Food and Nutrition with a duration of five years.

The new plan of action gives considerations to evidenced-based nutrition-specific and nutrition-sensitive interventions and such emerging critical nutrition issues including nutrition

in the first one thousand days of life, nutrition during emergencies, and the emerging increase in the incidence and prevalence of diet-related non-communicable diseases. The plan of action also takes into consideration the increasing recognition of nutrition as a necessary condition for national development as espoused in the Millennium Development Goals and the post-2015 Sustainable Development Goals (SDG) and the Scaling Up Nutrition movement and activities.

1.2 Food and Nutrition Situation in Adamawa State

The population of Adamawa State is currently estimated at five million, two hundred and five thousand six hundred eighty-eight people (5,205,688) according to the 2023 population projections reported for Adamawa State (F.A.O CADRE HARMONISE, March 2023 report). The State is blessed with abundant human, natural, and other material resources. However, in 2018 it was listed among states with the burden of malnutrition due to the level of insurgency in the northeast geo-political zone of the country with 4.2% of children under-5 years classified as wasted from acute under-nutrition 1.6% severely wasted, 39.7% stunted, 15.1% severely stunted, and 19.1% described as underweight (NDHS 2018). The infant mortality rate is 68/1000 live births while the Under 5 Mortality rate is 102/1000 live births (NDHS 2018).

Poverty underlies malnutrition and the majority of State citizens are reported to be living in poverty (i.e. live on less than \$2 per day) while others are reported to be in extreme poverty (live on less than \$1.25/day). The National Bureau of Statistics (NBS, 2021) has disclosed that 133 million Nigerians are multi-dimensionally poor. In its National multidimensional poverty index report 2022, the NBS said that 63% of Nigerians were poor due to a lack of access to health, education, living standards, employment, and security. Inadequate investments in nutrition programs, the social sector, inadequate dietary intake, and diseases have been identified as the major determinants of malnutrition in the State. The World Bank has put the poverty rate in most states of the North East Region at 70%, adding that the region suffers from severe crises and conflicts that are diminishing its development. This was contained in a report titled; “The Lake Chad Regional Economic Memorandum: Development for Peace” which was released by the World Bank. Specifically, the report stated that poverty rates in Adamawa and Yobe States are as high as 74% and 70% respectively. This implies that 74% of Adamawa citizens are suffering from poverty which has affected access to health and nutrition interventions. This is likely explained by the devastating impact of the terrorist group Boko Haram as stated by the report. In the recent past, the extent of malnutrition has increased as a

result of economic hardships faced in the state, thereby making it one of the critical barriers to development. The situation was made worse by the menace of insurgency, kidnapping, banditry, and farmers and herders clashes in some parts of the State leading to the internal displacement of hundreds to thousands of people who consequently live in Internally Displaced Persons (IDPs) camps which depend on humanitarian assistance.

Malnutrition occurs mainly in the form of undernutrition either of macro- and micronutrients or both, progressing to specific dietary deficiency diseases, lifestyle, and diet-related non-communicable diseases. Eliminating the problem of malnutrition is complex since many issues that are involved need to be addressed. Dietary diversity has also been reported to be low with fruit and vegetable consumption being very low resulting in poor intake of micronutrients and consequently deficiencies of essential micronutrients. According to the Multiple Indicator Cluster Survey (MICS 2021), 11.7 % of children under the age of five years are wasted from acute under-nutrition, 4.1% severely wasted (MICS 2021), 47.0% of Children under 5 years old are stunted while 27% severely wasted (MICS 2021).

Inadequate food intake, poor childcare practices, and frequent infections are the underlying causes of malnutrition among children. Poor infant and young child feeding practices are demonstrated by low rates of exclusive breastfeeding. Breastfeeding is not only an investment in improving children's health and saving lives but also an investment in human capital development that can benefit the State's economy. Breastfeeding is one of the best investments in global health practices, it has been reported that every \$1(N445) invested in breastfeeding generates \$25 (N11,125) in economic returns. The current exclusive breastfeeding rate in Adamawa State is (MICS 2021) meaning that about 3 million children each year do not get the health and immunological benefits of breastfeeding.

Undernutrition in early childhood has serious consequences and contributes to high levels of infant mortality. Underweight children tend to have more serious illnesses including diarrhoea and acute respiratory infections which can directly reduce the child's physical and mental development. Apart from these direct consequences of malnutrition, it also has an indirect effect on a country's economic development as it has been estimated that malnutrition reduces a nation's economic growth by between 2% to 8%.

The National Food Consumption and Nutrition Survey (2003) showed that national VAD prevalence among under-five children stood at 23.2% (marginal) and 3.6% (clinical), meaning

one out of every five children is vitamin A deficient. It's already demonstrated that if no effective action is taken to prevent and control vitamin A deficiency, over 80,000 Nigerian children will die annually as a result of vitamin A deficiency. Vitamin A deficiency (VAD) is known to contribute significantly to the burden of childhood diseases and premature death in children under-5 in developing countries. Vitamin A deficiency (VAD) alone contributes up to 25% to U5 mortality and affects the overall survival, mental capacity, and productivity of the child. The total prevalence of iron deficiency anemia was 27.5% among children under 5 while zinc and iodine deficiencies were 20% and 27.5% respectively among those Under 5.

Attaining food and nutrition security is a constitutional and human right of all citizens of Adamawa State which is one of the cardinal responsibilities of the government. Adequate food and optimal nutritional status are the founding blocks for building healthy secure lives, thus forming the basis for development in any nation. If food and nutrition insecurity is unabated, it will continue to contribute to increased morbidity and mortality in the country. Women are mostly affected by food and nutrition-related problems which are susceptible to developing anemia and its severe consequences during childbirth and other obstetrics complications. New-borns from those mothers would likely be of low birth weight and stunted. The cycle could continue such that children will be more susceptible to repeated illnesses, early child mortality, compromised physical and mental development, poor education, limited innovative capacity, poor productivity, and economic performance during their adult years. Furthermore, the high stunting rate and increasing trend of non-communicable diseases will cause the state to suffer from the double burden of malnutrition. This will significantly affect the production, productivity, human resources, and economic development of the state.

Addressing food and nutrition insecurity is one of the priority development areas of the government of Adamawa State. Implementation of multi-sectorial food and nutrition coordination and integration, development of legal and accountability framework, investment of sustainable and adequate financing, modern methods of farming targeting the small-scale farmers, and technology supported an increase in agricultural production and productivity and nutrition-centered human resource development is the sustainable and key foundations to ensuring food and nutrition security and eventually contribute towards improved livelihoods, economic productivity, the longevity of life of Adamawa citizens and overall development and prosperity of the nation.

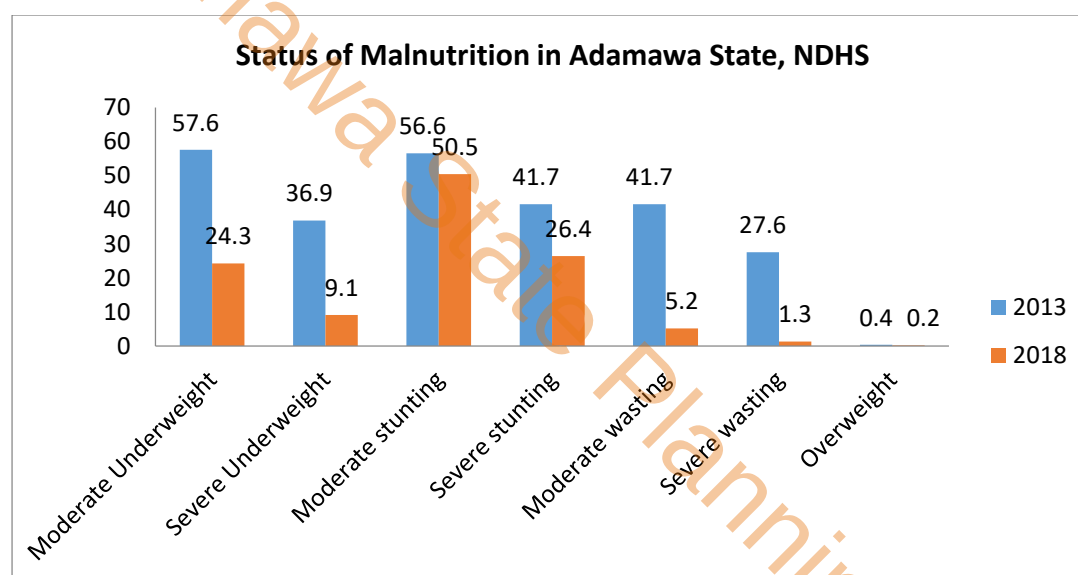


Figure 1: Nutritional status of Adamawa State according to NDHS 2013 and 2018

From the NDHS 2018 and 2013 data, the following changes in the nutritional status of children in Adamawa State were recorded (figure 1):

- Prevalence of moderate and severe underweight among children under five years dropped from 57.6% and 36.9% (NDHS 2013) to 24.3% and 9.1% in 2018 (NDHS 2018), respectively.
- Prevalence of moderate and severe stunting also decreased from 56.6% and 41.7% in 2013 (NDHS 2013) to 50.5% and 26.4% by 2018 (NDHS 2018), respectively.

The NNHS and MICS data also showed similar drops in trend over the years as shown in Figures 2 and 3 below.

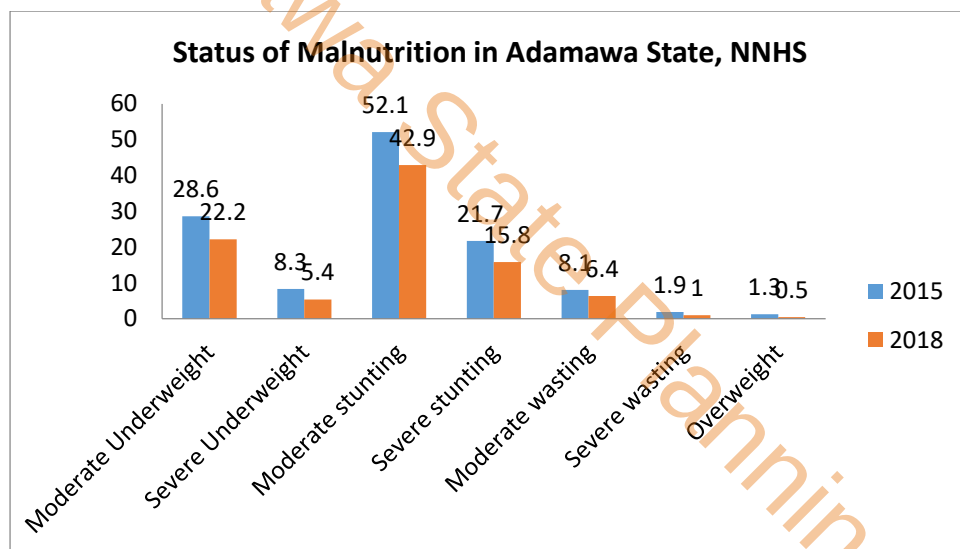


Figure 2: Nutritional status of children in Adamawa State according to NNHS 2015 & 2018

- Marginal decrease was recorded across all indicator types such as severe underweight from 8.3% (NNHS 2015) to 5.4% (NNHS 2018) and for severe stunting from 21.7% (NNHS 2015) to 15.8% (NNHS 2018).

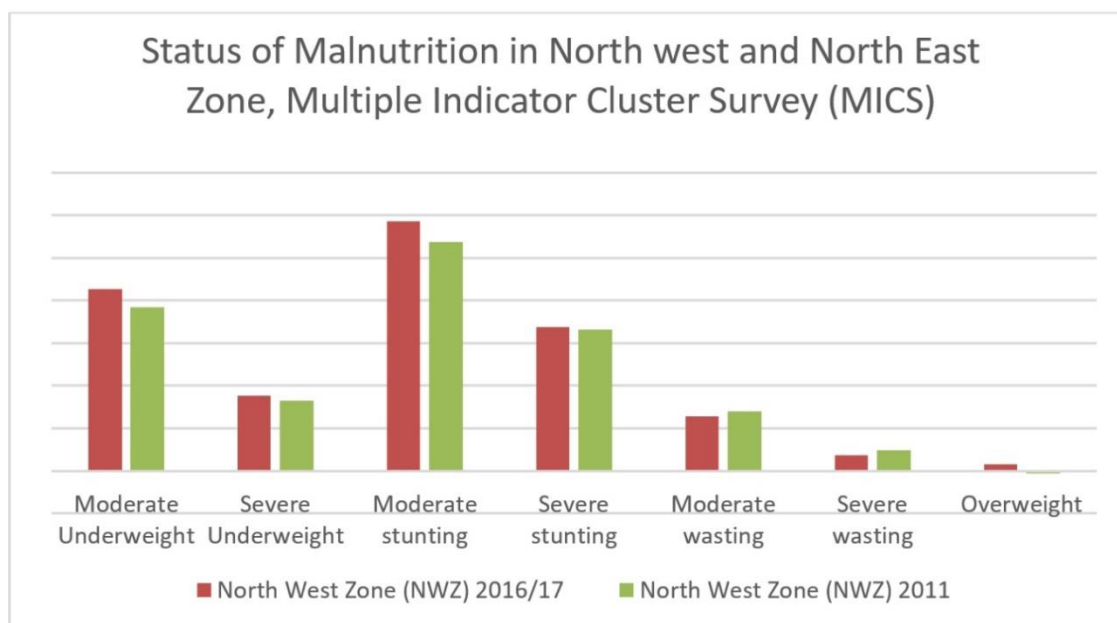


Figure 3: Nutritional status of children in Adamawa State according to MICS 2016/17 and MICS 2011

- Adamawa state's nutritional indices are much lower than what was obtained for the values recorded for the North East Zone (NEZ). For example, in 2017 the prevalence of stunting in the state was 27.9% as against 33.8% (MICS 2016/17) and 33.2% (MICS 2011) recorded respectively for the zone.

Overall, therefore, these trends show a general improvement in the nutritional indices and status of Adamawa State even though much still needs to be done to further reduce the prevalence to much lower levels.

1.3 Adamawa State Nutrition Response

Adamawa State has shown commitment to eradicating hunger and malnutrition among its citizens to lay a strong foundation for an improved standard of living for citizens and the socioeconomic development of the nation. Although the state has invested in some of the key sectors of the economy especially agriculture, health, education, social protection, water, and sanitation, the impact of such investments is usually low due to the large population of the country.

The Government of Adamawa also adopted the Maternal Newborn Child Health Week as a strategy to reduce Maternal Newborn and child morbidity and mortality in line with MDG targets. MNCHW is a simple one-time delivery mechanism that consolidates services that immediately demonstrate impact in terms of significantly increasing coverage levels of all the core preventive and curative interventions that improve the health of mothers and children. MNCHW is carried out twice every year to increase population coverage of needed low-cost, high-impact interventions and thereby contribute to the reduction of morbidity and mortality in mothers, newborns, and children less than 5 years of age in Nigeria. However, after over a decade of implementation of these low-cost high-impact interventions, there has not been any significant improvement in the nutritional status of women and children who are the targets.

Currently, the state government through the Adamawa State Ministry of Planning and Budget Commission (ASPC) has been playing a significant role in strengthening multi-sectorial coordination and implementation of nutrition programming in the state. Some of the key Ministries, Departments, and Agencies (MDAs) that are frequently engaged in this multi-sector arrangement include but are not limited to; the Ministries of Health and Human Services (MoHHS), Ministry of Agriculture and Forestry (MoAF), Women's Affairs and Social Development (MoWASD), Education (MoE), Finance (MoF), Local Government Affairs, and Water and Natural Resources (MoWR). Others are the State Primary Health Care Development

Agency (SPHCDA), Adamawa State Aids Control Agency (ADSACA), Rural Water Supply and Sanitation (RUWASSAN), State Emergency Management Agency (SEMA), Bureau of Statistics (BS), Adamawa Agricultural Development Agency (AADA), National Orientation Agency (NOA), Academia, Development partners, Civil Society Organizations (CSOs), and the Media.

The present state government is in the process of approving its State Policy on Food and Nutrition and subsequently will have the State Social and Behaviour Change Communication (SBCC) Strategy for Infant and Young Child Feeding (IYCF), and State Maternal, Infant, and Young Child Nutrition Strategy (2018-2022). The state had recently revitalized its state-specific 'Nutrition Intervention' budget line with the allocation of funds under ASPC to support nutrition-related MDAs' access funds for nutrition programming. In addition, efforts are being made by the ASPC to facilitate the creation of additional nutrition-related budget lines and the allocation of funds across relevant nutrition MDAs going forward. In addition, the State Ministry of Local Government will ensure as part of its mandate in the SCFN the creation of at least three nutrition-related budget lines for Community Management of Acute Malnutrition (CMAM), Infant and Young Child Feeding (IYCF), and other Food and Nutrition activities across 21 LGAs of the state.

These are very essential in addressing the underlying causes of malnutrition.

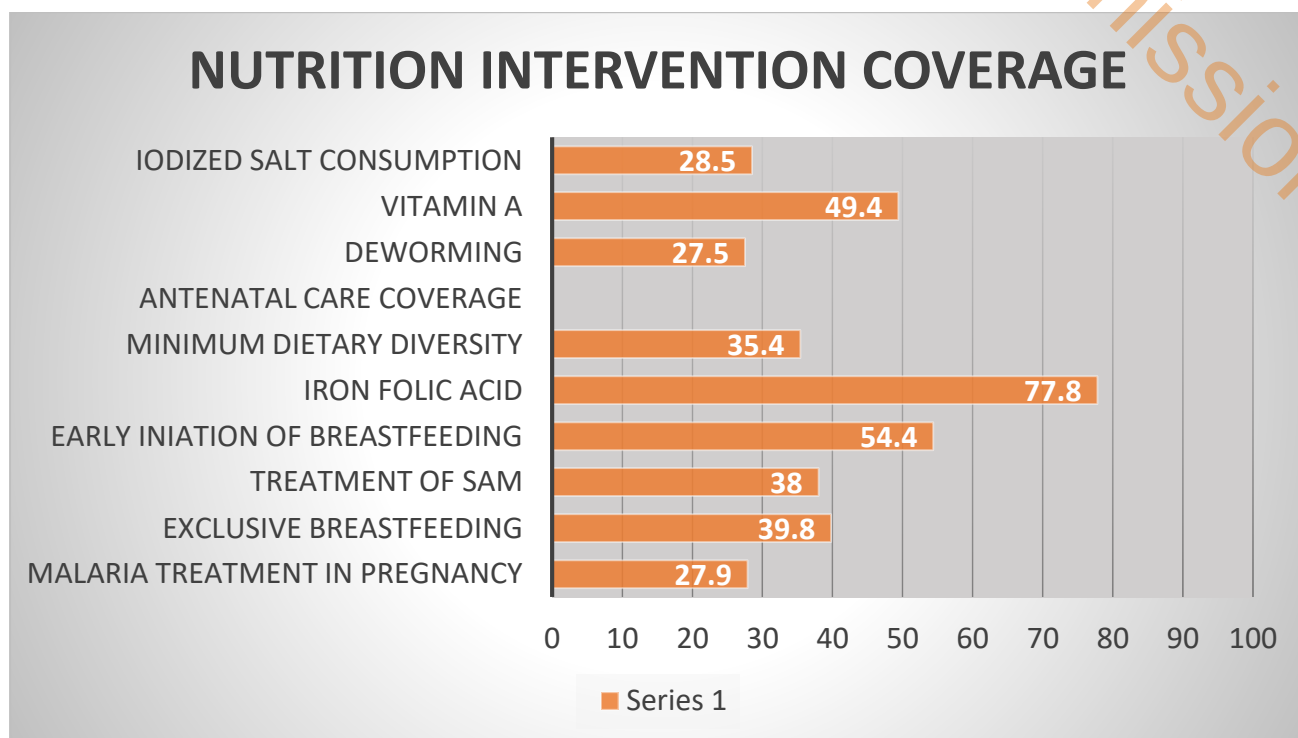
1.4 Gaps in Intervention Coverage and Challenges

Various nutrition interventions are currently going on in the state. These include Community Management of Acute Malnutrition (CMAM), Community – Infant and Young Child Feeding (C-IYCF), Treatment of Children with Severe Acute Malnutrition (SAM) at selected Stabilization Centres, and interpersonal communication interventions on IYCF. An adolescent and young people (AYP) intervention, which targets HIV-positive adolescents and young people through the provision of nutrition counseling support and referral for treatment in health facilities, is also being implemented in the state. The Bi-annual Maternal, Newborn, and Child Health (MNCH) Week is an intervention that is implemented by the state in collaboration with development partners. It provides an avenue through which specific nutrition intervention services are being provided to the communities. It is aimed at ensuring 80% of children 6-59 months are given Vitamin A, children 12-59 months are dewormed, children 6-59 months are screened and referred for Acute Malnutrition, pregnant women are provided iron and folic acid

supplements, long-lasting insecticide-treated nets (LLINs) are being distributed to pregnant women, lactating mothers and children under five and HIV Testing Services (HTS) available and provided to all.

However, the major gaps around nutrition intervention in the state are inadequate funding and inadequately skilled personnel, despite the total number of health facilities present in the state. Equally, there is a low synergy of government agencies in tracking and reporting food security situations in areas that are both traditionally vulnerable and non-vulnerable. Apart from iodized salt consumption, vitamin A supplementation, deworming, and focused antenatal care, none of the health interventions recorded up to 20% coverage of targeted health facilities and beneficiaries.

The coverage of the MNCHW package of interventions remains inadequate and as such cannot make any appreciable impact judging by the large population of the target beneficiaries. Apart from iodized salt consumption, vitamin A supplementation, deworming, and focused antenatal care, none of the interventions recorded up to 50% coverage of the target population of beneficiaries. This inadequate coverage of the target population leaves a big coverage gap in the coverage of these key interventions.



Source: National Food Security Surveillance (NFSS Round 11) and Adamawa State Nutrition 5Ws for data of the treatment of SAM

CHAPTER 2.

Food and Nutrition Action Plan (2023-2027)

2.1 Background Information

The Government of Adamawa state is committed to the reduction of hunger and malnutrition in the state and to this end, it has adopted and domesticated the National Policy on Food and Nutrition. The State Policy on Food and Nutrition which was first developed in 2022, was reviewed and validated in April 2023. In recognition of the multidisciplinary and multi-sectorial nature of nutrition, the government in collaboration with Development Partners commenced the process for the development of a multi-sectorial strategic plan of action using a multi-stakeholder participatory approach. The Adamawa Multi-Sectorial Strategic Plan of Action for Food and Nutrition (ADMSPAN) was developed in line with the State Policy on Food and Nutrition in collaboration with Development Partners, the Academia, Civil Society Organizations, the media, and the Private Sector. This plan of action builds on some sectorial plans of action such as the State Health Strategic Plan of Action, and the Adamawa Agricultural Sector Plan for Food Security.

The plan of action also covers other sectorial activities such as Education, Water Sanitation and Hygiene, social development, budget & planning, information & communication, gender, and social protection, health, science and technology, environment, agriculture as well as finance. The plan is to run for a period of 5 years (2023 -2027). The ADMSPAN, if adhered to by all the sectors during implementation will contribute to promoting optimal food and nutrition security for all Adamawa State citizens. It will also address the challenges posed by malnutrition like stunting, wasting, obesity, and other early childcare diseases while reducing the burden of malnutrition among the vulnerable; thereby increasing productivity and economic development of the state.

2.2 Rationale

The rationale for the development of the Adamawa State Multi-Sectorial Strategic Plan of Action for Food and Nutrition (ADMSPAN) is to have a document that will serve as a tool to guide the implementation of interventions and programs to address the problems of hunger and malnutrition across all sectors in Adamawa State. It evolves from the framework of the strategies outlined in the State Policy on Food and Nutrition and will serve as a working tool for all other wards within the LGAs in their effort to fight malnutrition and hunger while also

serving as a reference material in all current and future interventions to bring about improvement in the state.

Improving nutritional status by preventing macro-nutrient deficiencies and reducing hidden hunger is crucial for Adamawa State to make progress toward achieving Sustainable Development Goals (SDGs) targets by 2030. Adamawa State has implemented several interventions to reduce the burden of malnutrition in the State, but the coverage has remained very low due to inadequate resources, uncoordinated interventions, and low prioritization of investments in nutrition. It is also clear that investment in nutrition is not commensurate with its critical role in reducing child mortality and improving productivity. As such, the attainment of SDG targets as well as meaningful development in Adamawa State by 2030 will not be visible without an urgent improvement in the nutritional status of the state's population. The multi-sectorial approach to nutrition interventions has proven to be cost-effective, feasible, and crucial to winning the war against malnutrition and hunger (EFNAP, 2015–2020; USAID, 2014-2025). Therefore, ensuring food security and improving the nutritional status of the state's population can only be realized through a strong synergy among relevant MDAs and stakeholders implementing complementary interventions and programs for the healthy development and well-being of the people (WHO, 2002).

The rationale for the development of the Adamawa Multi-Sectorial Strategic Plan of Action for Food and Nutrition (ADMSPAN) is, therefore, to have a document that will serve as a road map for a coordinated implementation of nutrition intervention by the Adamawa State Government and nutrition stakeholders across relevant MDAs and sectors for maximum impact. This is crucial in ensuring value for investment in the implementation of interventions and programs to curb the problem of malnutrition and hunger in the state. The ADMSPAN developed to operationalize the strategies outlined in the ADMSPAN, will serve as a reference tool in all efforts by the state, local governments, and relevant stakeholders towards improving the nutrition status of the people in the state, particularly women and children.

2.3 Purpose of Nutrition Action Plan

The purpose of the ADMSPAN is to guide a coherent, coordinated, and multi-sectorial approach to interventions, programs, and activities to be implemented by relevant MDAs across all sectors in the State and Local Governments. It intends to significantly reduce the burden of malnutrition and its priority actions to contribute to improving food systems and the people's diet choices for the overall quality of life of the state's population. The plan has been

designed to deliver nutrition policy measures across MDAs and defines targets and many possible measures that will be taken to achieve the desired nutrition results in Adamawa State. The ADMSPAN will be used by all MDAs across all sectors in the State and LGA levels to respond to the challenges of nutrition in the state and specially to inform action plans that will direct all interventions, programs, and activities to be implemented to reduce malnutrition and hunger among the poor and vulnerable citizens of Adamawa state leading to increased productivity and national development. If well-funded and implemented, ADMSPAN is expected to contribute significantly towards the elimination of all forms of malnutrition as a public health problem as well as contribute to the achievement of the Sustainable Development Goals target by 2030.

2.4 Coordination

The State Planning Commission (ASPC) because of its unique position as a central State Government agency, is responsible for policy formulation, plan development, budgeting, and coordination of all development assistance as well as monitoring and evaluation of projects and programs. The framework for the institutional arrangement for the State Policy on Food and Nutrition vested the overall responsibility for the coordination of the policy and the plan of action on the ASPC working in close partnership with other development partners to ensure result-oriented program implementation and coordination.

The State Committee on Food and Nutrition (SCFN), under the Executive Chairmanship of the Planning Commission, is the highest decision-making body on Food and Nutrition in Adamawa State. The committee is made up of representatives of relevant MDAs, not below the rank of a Director, relevant Professional bodies, Development Partners (DPs), Civil Society Organizations (CSOs), Tertiary Institutions, and Research Institutes. All food and nutrition activities are coordinated at the State and LGA levels by the State and LGA Committees on Food and Nutrition respectively. It is expected that Ward Committees on Food and Nutrition (WCFN) will also be formed to coordinate the implementation of nutrition activities and programs at the ward level. The ASPC serves as the secretariat of the SCFN.

2.5 The ADMSPAN Strategies

To achieve the set objectives of this plan, the following strategies will be adopted:

1. **Service delivery:** In line with relevant MDAs and LGAs mandates, interventions designed to reduce malnutrition will be driven simultaneously at both the State and LGA levels.

2. **Capacity building:** The technical capacity of the SCFN will be strengthened through the continuous training of its members across all MDAs concerned with food and nutrition. This will be extended to the LGA and ward-level Committees on Food and Nutrition.
3. **Behavior Change Communication:** Public awareness will be created through extensive community mobilization to impact caregivers, women of reproductive age, and other segments of the population on good dietary habits towards better health outcomes including the reduction of chronic nutrition-related diseases.
4. **Advocacy and Resource Mobilization:** The SCFN together with civil society organizations will conduct high-level advocacy targeted at all levels of government, the private sector, development partners, and the donor community to improve funding for nutrition to improve the nutrition indices in the State.
5. **Research, Monitoring, and Evaluation:** Research for the development and identification of drivers of good nutrition as well as the nutritional value of indigenous foods are key components of the ADMSPAN. The research will be driven by academic institutions (Universities, Polytechnics, Mono-technics, and Research Institutes). Monitoring and evaluation are an integral part of the plan. As such, it provides for routine tracking and periodic evaluation of nutrition-specific and nutrition-sensitive interventions to be able to identify gaps and proffer solutions to address malnutrition.
6. **Coordination and Multi-Sectorial Partnership:** The ASPC in collaboration will coordinate all activities related to the implementation of the ADMSPAN through the State Committee on Food and Nutrition for effective and efficient nutrition service delivery. The ASPC will also maintain a constant link with MDAs, LGAs, development partners (DPs), Organized Private Sector (OPS), and CSOs to ensure the effective implementation of their mandates and responsibilities in ADMSPAN.

2.6 Goal, Objectives, Priority Areas, and Expected Outcomes

2.6.1 Goal

To attain optimal nutritional status for all through coordinated and deliberate efforts that will result in high quality of life, productivity, and longevity of life.

2.6.2 Objectives

- i. Ensure availability and accessibility of food for all at all times.

- ii. Ensure accessibility and quality nutrition and nutrition-smart health services at all stages of the life span of all citizens in an equitable manner
- iii. To improve food security at the State, LGA, community, and household levels;
- iv. Reduce Undernutrition among infants and children, adolescents, and women of reproductive age;
- v. To reduce micronutrient deficiency disorders, especially among vulnerable groups;
- vi. To increase the knowledge of Nutrition among the populace and introduce Nutrition education into formal and non/informal training;
- vii. Promote optimum Nutrition for people in challenging circumstances, including PLWHA and IDPs;
- viii. To prevent and control chronic Nutrition-related non-communicable diseases;
- ix. Incorporating Food and Nutrition considerations into the State and Local Government sectoral development plans and improving coordination;
- x. To promote and strengthen Research, Monitoring, and Evaluation of food and Nutrition programs.
- xi. Strengthening systems for providing early warning information on the food and Nutrition situation;
- xii. Ensure universal access to Nutrition-sensitive social protection.
- xiii. To improve access to water and sanitation services at the community and household levels.
- xiv. Ensure compulsory education at least at the primary school level.

The ADMSPAN consist of six result areas and thirteen strategic objectives with each of them having an expected outcome. These result areas and strategic objectives were derived from the policy and were aimed at achieving the policy objectives.

2.6.3. Priority Areas

The six result priority areas are the following

2.6.3.1 Food and Nutrition Security

The strategic plan of action will focus on achieving food and nutrition security through investment in agriculture to increase food production, availability, accessibility, and affordability to all citizens of Adamawa. Measures will be taken to improve food harvesting, processing, and preservation to reduce postharvest losses, improve food preparation and food quality as well as improve the management of food security crises and nutrition in emergencies.

It will also include school-based strategies to reduce malnutrition among school-age children and improve their learning, health, and nutrition status. Enhancing Care-Giving Capacity

2.6.3.2 Enhancing Care-giving Capacity

Nutrition-specific interventions are a major focus of this plan of action and programs and activities will be implemented to ensure optimal nutrition in the first 1000 days of life. Activities and programs that will address the needs of the poor and vulnerable citizens of Adamawa also access to basic health and nutrition services.

2.6.3.3 Enhancing Provision of Quality Health Services

Inadequate health care services are an underlying cause of malnutrition. The plan will enhance the provision of quality health services by preventing and managing nutrition-related diseases to reduce morbidity and mortality associated with malnutrition. Specific interventions to prevent micronutrient deficiencies as well as protect the consumer through improved food quality and safety are also included.

2.6.3.4. Improving Capacity to Address Food and Nutrition Insecurity Problems

Strengthening the enabling environment and building the capacity of program implementers is a priority and activities will be implemented to improve capacity to address food and nutrition insecurity problems as well as provide a conducive macroeconomic environment for improved nutrition status. The needs of vulnerable groups will be taken care of through the implementation of nutrition-sensitive social protection programs.

2.6.3.5. Raising Awareness and Understanding of the Problem of Malnutrition

Some of the causes of malnutrition are socio-cultural and behavioral in nature and programmes and activities that will promote positive behavioural change and lifestyle through advocacy, communication, and social mobilization as well as healthy lifestyles and dietary habits have been included in the plan.

2.6.3.6. Resource Allocation for Food and Nutrition Security at all Levels

Adequate funding and resources for the implementation of food and nutrition activities to reduce malnutrition have always been a challenge not only in Nigeria but globally. This NMSPAN includes aggressive strategies for resource mobilization and investment in nutrition. Activities to ensure budget allocation, timely release, and utilization as well as strengthening the coordination capacity of both the institutions and personnel responsible for policy and program coordination are also included.

CHAPTER THREE

MONITORING AND EVALUATION, ACCOUNTABILITY AND LEARNING (MEAL)

3.1 Concept of MEAL

Monitoring and evaluation, accountability, and learning are part of everyday program management and are critical to the success of all projects. A MEAL system will allow the tracking of progress, making adjustments, and discovering any unplanned effects of programs as well as evaluate the impact the project has made on the lives of the beneficiaries. In addition to this, a MEAL system also helps us to be accountable to our stakeholders through information sharing and developing a complaints or feedback mechanism which can help to guide program implementation.

The Adamawa State Multi sectorial Strategic Plan of Action for Food and Nutrition will institute a MEAL system to provide accurate, reliable, and timely information on the progress of implementation and report on how far the strategic objectives are being met, changes in the nutritional status of citizens especially women and children as well as being accountable to the stakeholders including the donor community.

The ADMSPAN MEAL system will have the following objectives

1. Collection of accurate, reliable, and timely data to monitor the progress of the implementation of the plan
2. Systematically measure results, incorporate and document experiential learning
3. Utilize effective feedback mechanisms to ensure greater accountability to program beneficiaries and key stakeholders
4. Facilitate decisions based on evidence and learning that will lead to improvement in program delivery
5. Sharing lessons learned with the stakeholders, development community, and policymakers

3.2 Monitoring

ADMSPAN implementation progress will be monitored through routine and ongoing evaluation of activities in every sector. This will include monitoring using the sectorial routine data collection and reporting system existing in all relevant MDAs as well as community-level food and nutrition information and data collection system. Several nutrition-relevant information systems collect nutrition-relevant routine data such as Food Security Early Warning System (FEWS), Commodity Price Index, National Health Management Information System (NHMIS), Growth Monitoring, Nutrition Surveillance, Education Information Management System (EIMS), etc. Other Community Level Food and Nutrition Information Systems include Growth Monitoring and Promotion, Nutrition Surveillance, and Food Price Index. This will be complemented with a multi-sectorial annual review of operational achievements and progress, challenges of implementation, lessons learned and recommendations leveraging on both state and national platforms such as NCFN/SCFN meetings, National Nutrition Networking, and Nutrition Week.

3.3 Evaluation

Evaluation of ADMSPAN will rely on annual SCFN review meetings to evaluate performance in addition to annual and periodic surveys such as the National Health and Nutrition Survey (NNHS) and others including Multi Indicator Cluster Survey (MICS) and National Demographic and Health Survey (NDHS).

Baseline data

The annual National Health and Nutrition Survey (NNHS) 20 and Multi-Indicator Cluster Survey (MICS) 2022 have been used to set baseline data. NDHS 2018 and the proposed National Food Consumption and Nutrition Survey will provide further information and data to fill the data gap for the baseline.

Mid-Term Evaluation

For mid-term evaluation, MICS 2022 and NNHS 2021 will be used to evaluate progress in the achievement of results. ASPC and Development Partners will collaborate with the Bureau of Statistics to ensure that critical indicators that are required to track the progress of implementation and result are included in the periodic health and nutrition survey.

End Term Evaluation

National Demographic and Health Survey (2023) and NNHS (2023) will provide data that will serve the purpose of end-of-project evaluation.

In line with standard allocation for MEAL, as contained in the Adamawa State Planning Commission monitoring and evaluation policy, a certain percentage will be allocated to fund MEAL in any given food and nutrition program or intervention. The Commission will lead the funding drive mechanism to ensure that adequate budgetary provision is made for the implementation of the MEAL.

ASPC management will need to make budgetary provisions for establishing collaboration and partnerships with the relevant State and Federal data producing bodies such as the National Bureau of Statistics (NBS) and, the National Population Commission (NPC) especially to include in the data tool, some of the important data needed to measure the progress of target achievement.

3.4 Accountability

The implementation of ADMSPAN will demonstrate accountability to beneficiaries and stakeholders through the generation of regular updates and reports on the progress of implementation. MDAs will be required to adopt a reporting template with adjustments on peculiarities based on their mandate. Opportunity to present such updates will use the existing platforms such as the following

State Committee on Food and Nutrition

MDAs will be required to present and submit quarterly updates on the progress of implementation and result at the quarterly meetings of the State Committee on Food and Nutrition to be called by the State Planning Commission. It is expected that a total of four updates will be generated each year and will form the basis for an annual report.

State Council on Nutrition

The Secretariat of the State Committee on Food and Nutrition will compile a report on a biannual basis to present and submit to the biannual meeting of the National Council on Nutrition to be chaired by the Vice President of the Federation of Nigeria. This report will present information on the level of implementation of interventions and the achievement of results across the relevant sectors. The accountability report will also include a report on budget

allocation, release, and utilization. The concern, feedback, and complaints of the stakeholders will be used to adjust implementation and influence decisions on program policies, priorities, and actions.

3.4.1. Data management

An effective data management system will be employed to secure all nutrition and related data collected. However, data for different indicators may be stored in different ways and by different MDA and sector coordinators.

- a) Data at the community level will be collected and stored in a file cabinet while soft copies will be saved in computerized forms to establish a database at the LGA level.
- b) Data collected from LGAs will be sent to the State Health Information System (HIS) in hard and soft copies also.
- c) The Data is to be analyzed and reviewed by the central MIS within 2 months and the report disseminated to stakeholders.
- d) The data management system handles the storage, retrieval, and update of the elementary data items records, and files.

To ensure that food and nutrition data is effectively and efficiently managed, data collected will be stored in a spreadsheet, database, online platforms (Email, websites, cloud,) and hard copies secured in a file cabinet, where necessary. The means of backing up the data will be through E-drive and archive systems. The stored data will last for a period of five years and above and will be regularly updated, although, how long the data will be stored depends on their usefulness and validity. In Adamawa state, the National Health Management Information System (NHMIS) has been the tool used by the SPHCDA in collecting data on nutrition indicators, including information on the community management of acute malnutrition (CMAM), micronutrient data (on vitamin A, de-worming, iron, and folic acid supplements) and low birth weight, Infant and Young Child Feeding practices, Severe Acute Malnutrition (SAM), growth monitoring and promotion data, food demonstration. This information is to be collected and stored monthly while reporting every quarter and shared with relevant nutrition stakeholders regularly. Notwithstanding, there is a need for the State Planning Commission to develop common results framework' (CRF) that would enable the state to collate, analyze and report data across key sectors and ensure it informs some high-level decision-making across sectors.

Data collected will be subjected to various forms of qualitative and quantitative analysis using standard tools and soft wares like SPSS, Stata, EPI Info, Excel, Nutri survey, household economic analysis tool, Tableau Public, Python SAS, and QLINKVIEW among others. Presently, the SPHCDA is using District Health Information System 2 (DHIS2) in analyzing its health sector information including nutrition. But, to establish suitable software that can accommodate and analyze data from multiple nutrition sectors, we recommend the use of Statistical Package for the Social Sciences (SPSS), software that is being used by various kinds of researchers for complex statistical data analysis and the management and statistical analysis of social science data. Equally, the ordinary Excel sheet can be used particularly at the LGA level in analyzing potential data for the implementation of a multi-sectorial nutrition strategic plan in the state.

There is no comprehensive data management without the privacy of data roots. Ethical backup should be secured in every stage of data collection. For confidentiality, coding mechanisms should be in place such as using phone numbers instead of names, color codes, street/community codes, etc. Personal medical and insurance records will be encrypted to make such data confidential. However, the consent of the person concerned shall be required using a consent form or any other recognized legal instrument before such information is transmitted or made public where necessary. Confidentiality is an obligation and it is recognized to be an important bond of trust. A right to privacy is a fundamental right recognized by the Constitution and as such will be upheld by the ADMSPAN. The central M&E officer shall have access to such data and will destroy it after a prescribed period such as five years or above.

Access to data and or data management tools should be restricted to only certified and trusted personnel. Data should be treated with full confidentiality and secured. The data collected at all levels will be maintained by the responsible officers in the prescribed manner and should only be released to the appropriate body for further analysis and review. Any breach of procedure as with the release of information without adequate authorization, the responsible officer will be held to account.

3.4.2. Data flow

Result area 1: The data will be collected from Extension Agent to Zonal Extension Officer to the M&E officer to the Director of Agric services to GM to HC, In the Ministry of Education, the data will be collected from the school to the zonal desk officer to zonal director to ministry desk officer to HC. In SUBEB, the data will be collected from the school to the LGEA desk officer to ES to the desk officer SUBEB to the Executive Chairman to HC.

Result area 2: Data from VCMs, DCs, TBAs, CVs, Head Teachers, Agriculture Extension Officers, Welfare Officers, CSOs, etc. are sent to relevant desk officers at PHC centers, schools, agriculture, and other relevant facilities. They in turn forward to the ward focal person (FP). The Ward FP aggregates data from facilities, and Send to the LGA. The LGA M&E team aggregates data from the Wards and sends it to the State through the DHIS, EMIS, and other relevant platforms. The State M&E team finally aggregates data received from the LGAs and transmits it to the relevant National Authority and donor agencies where applicable.

Result area 3: Currently, there is an M&E system at the State Primary Health Care Development Agency that generates data/information on nutrition through various engagements of all stakeholders. However, even though several MDAs are engaged in nutrition programming, there is no consistency in the flow of data on nutrition programming in the other relevant government organizations. In the health sector, nutrition information is collected from the community to health facilities, to ward levels, to the Local Governments level, and the State Primary Health Care Development Agency through community monitoring tools by community health workers across the levels. After the SPHCDA collates and analyzed the report, the agency will submit a monthly or quarterly nutrition programming report to the state Ministry of Health and Human Services. However, there is a need for the state government through Planning and Budget Commission to strengthen coordination, as well as, establish a state framework to collate information from multiple sources to inform multi-sectorial responses in line with the new State Multi-Sectorial Nutrition Strategic Plan (2020-2024).

Result areas 4 to 6:

The channel of communicating nutrition data for better decision-making will be two-way i.e. top-down and bottom-up for effective participation and involvement. The data reporting will be regular (i.e. monthly and quarterly)

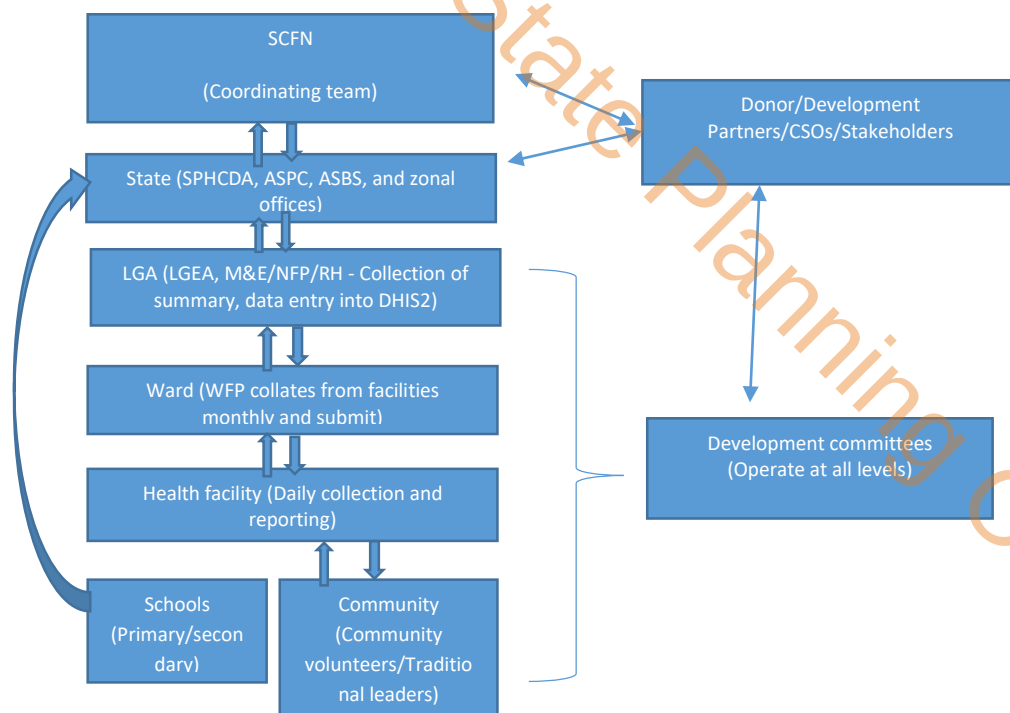


Figure 4: Data flow across different levels

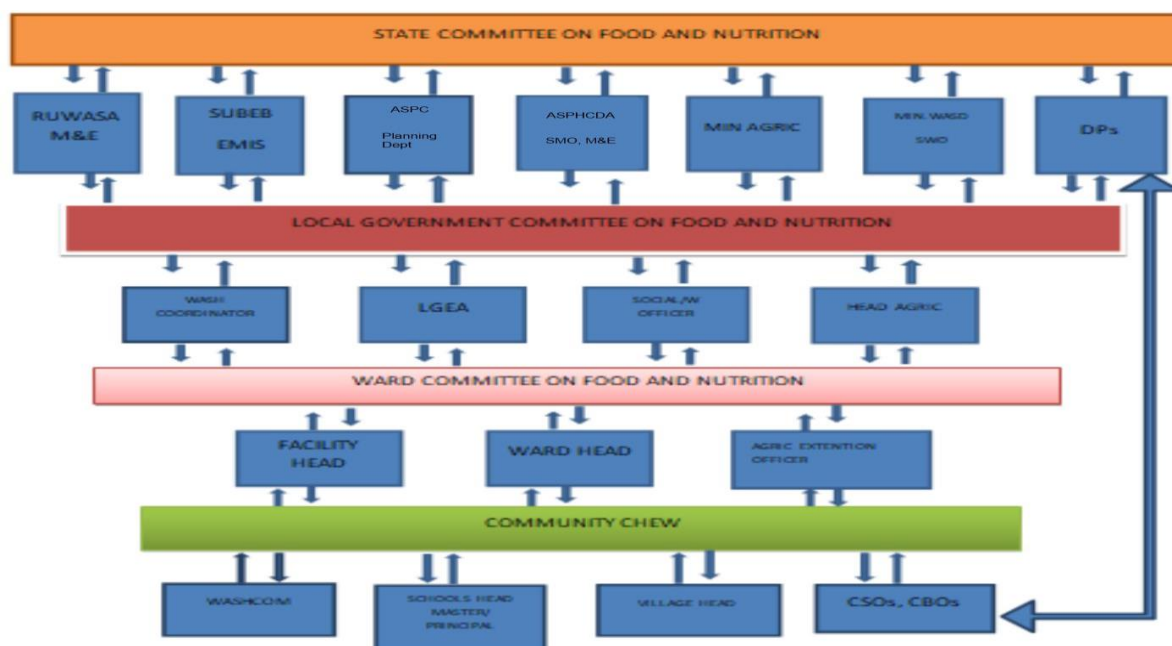


Figure 5: Data flow scheme 2

The ADMSPAN M&E framework and road map details are documented below as annex 2.

3.5 Learning

ADMSPAN will include learning by incorporating lessons learned, recommendations, and observations from accountability mechanisms and joint review meetings into program design. From a detailed trend analysis, observations are made followed by recommendations to re-design, and fine-tune programs and timelines of interventions aimed at different target groups

The M&E System

The M&E system will be established and domiciled in ASPC with a robust food and nutrition information collection and management system. The M&E system will have a portal that will be horizontally linked with the M&E unit of the relevant MDAs at the national level as well as a vertical link with M&E at the State and LGA levels. It will provide information on how and to what extent progress is being made toward achieving specified Strategic objectives and targets of the ADMSPAN.

Data tools and instruments as well as guidelines for data collection and reporting will be developed for both quantitative and qualitative data by the ASPC M&E unit in collaboration with other stakeholders especially the Donor community and other levels of government. Capacity building at inception and regular ongoing training on data tool use, guidelines for data collection and analysis as well as reporting will be carried out for the M and E team and personnel at the national and state levels. Through a regular collection of data on activity indicators, output, outcome, and M&E reports, the progress of implementation of ADMSPAN will be monitored and evaluated while scorecards will be developed with lessons learned.

CHAPTER 4

COSTING

The costing of the ADMSPAN was done at the activity level taking into consideration all possible costs (i.e. input cost, transport, Personnel, training, supervision, monitoring, and evaluation as well as relevant overhead) that will be required to implement an intervention or program. Thus the costing matrix contains the costing spreadsheet based on the six result areas, interventions, and activities reflecting the following information:

- (1) Annual Activity cost = unit cost * annual target units
- (2) Total activity cost = $\sum^1$ (annual cost * annual target units)
- (3) Intervention total cost = $\sum$ activity total cost
- (4) Program total cost = $\sum$ total interventions cost
- (5) NMSPAN total cost = $\sum$ Program total cost

4.1 Basic Assumptions of Costing ADMSPAN

This costing activity required that some assumptions be made about the type and scale of the proposed programs and interventions. The assumptions about the scope and content of all the interventions were discussed during the four zonal consultative meetings as well as the final costing workshop both under the leadership and guidance of the ASPC.

Additionally, where unit costs were not available or could not be properly estimated by participants during the costing workshop, previous cost estimation from any cost estimation done by the Ministry of Health and Ministry of Agriculture and Rural Development as contained in their respective strategic plans of action as well as experience of nutrition programming from other states in the country can make assumptions about certain costing variables.

4.2. Costed ADMSPAN Timeframe

Although the State Policy on Food and Nutrition has an operational duration which is over 5 years, it was agreed among stakeholders that the proposed costing of the ADMSPAN should

be the same as the policy which is for a five-year (05) period. This is in line with costing done in other states including the national and will not be far off from the three-year period over which MTEF-FSP will be implemented. Moreover, any cost projection beyond the 5 years will be of no use as changes in the economic environment will certainly have a material effect on the unit cost, and therefore estimating the cost over five years' period (2023-2027) is most appropriate.

4.3 Target Groups and Intervention by States

In line with the Scaling Up Nutrition (SUN) strategy and the recognition of the "first 1000 days of the child" as the window of opportunity to have a better impact on the health and development of the child, the Strategic Plan of Action primarily targets pregnant women, lactating mothers and children under 5, particularly those aged 0 to 23 months without necessarily excluding other categories of people affected by the scourge of malnutrition in Nigeria such as school-age children, orphans and vulnerable children, adolescents, and young adults.

The Strategic Plan proposes the scaling up of nutrition intervention across the state but priority will be given to scaling up interventions (both specific and sensitive) in LGAs where the incidence of stunting exceeds 40% and that of severe stunting 20%, in line with the recommendations of the costing study carried out by the World Bank.

It is recommended that a full package of nutrition-specific nutrition-sensitive interventions be implemented simultaneously in these priority LGAs during the five years of the strategy to maximize impact.

The Strategic Plan is designed to be implemented under six (6) result areas as contained in the state policy on food and nutrition. This operational document shows the interventions and activities, unit costs of these activities, and the budget required for their implementation over the five years.

4.4 Intervention Approach

The interventions contained in the Operational Plan are the activities selected to achieve the expected results of the Multi-Sectorial Strategic Plan for Nutrition 2023-2027. These interventions have been identified through a multi-stakeholder participatory process that brings together representatives from MDAs of the Adamawa State, UN agency (UNICEF) and Development Partners, Universities; Non-Governmental Organizations, CSOs, and the media

as well as the organized private sector. These interventions were chosen because of their proven efficiency and cost-effectiveness within the specific nutrition context in Nigeria and the recommendations of the SUN movement.

The implementation of the plan of action will be led by the various MDAs of government across Adamawa state supported by other stakeholders using the existing government's delivery platform (Health Facilities, Schools) and community structures and systems.

4.5 Costing Methodology

Costing was done through a multi-sectorial participation process involving relevant program implementers across MDAs at the State levels. A micro-costing approach was adopted which involves the estimation of the unit cost of all aspects of service delivery and program implementation. The cost scaling-up plan presents the estimated costs for all six result areas and 18 interventions contained in the plan of action. The cost of scaling up was calculated by estimating unit costs for all aspects of service delivery (e.g. input costs, transportation, and storage, staffing, training, supervision, monitoring and evaluation, relevant overheads, waste, etc.) for each intervention of the actual programs that are currently offered (current coverage) in Adamawa, taking into account the context in which these services are delivered.

This micro-costing method provided an opportunity to establish costs by activities and the results are presented in the tables (1-2). At this stage of strategic planning, the future value of costs was not calculated and therefore the effect of inflation is not neutralized on cost estimates. It should be noted that the cost estimate was made in Nigeria's National Currency (Naira) and no conversion into US dollars was made. Furthermore, even though the State Policy on Food and Nutrition will be operational through 2027, stakeholders agreed that the costing should be done over a medium period of five years in line with global best practices.

4.6 Total Annual Costs

The main objective of this section is to provide cost estimates for the period of five years (2023 to 2027) to allow the government and other stakeholders to know the cost required to operationalize the policy and plan of action during the 5 years. The section also provides the cost estimates to be used for advocacy and resource mobilization from stakeholders (international donors and local private sector, civil society, and government) involved in the state's response to the nutritional challenges in the country.

The Adamawa State Planning Commission (ASPC), is the institution tasked to coordinate the implementation of the ADMSPAN by the Adamawa State Government. The viewpoint and

perspective therefore of the costing is institutional, implying that the costs calculated are linked to this institution. Given the multi-disciplinary nature of nutrition and the integration of nutrition in other Sector Strategic Plans, a large proportion of the costs will be met through resource mobilization initiatives of the ASPC in collaboration with the other sectors. For example, the Health sector is already financing some of the health-related nutrition interventions and the same applies to the nutrition-sensitive agriculture interventions some of which have been costed in the Agriculture Sector Food Security and Nutrition Strategy (ASFNS). Thus, only the most cost-effective nutrition-sensitive agriculture interventions are covered in this multi-sectorial plan of action.

The estimated total cost of implementing 18 specific and nutrition-sensitive interventions across the country "full coverage scenario" that would require a public investment over the five years (2023-2027) is ₦ **15,001,096,970.85** with an average annual public investment cost estimated at ₦ 3,054,856,191.19

When viewed across the sectors, the health sector which covers two result areas (2 and 3) i.e. enhancing caring capacity and strengthening the provision of quality health services will require respectively **40.49%** and **34.80%** of the total budget over the next five years. This is an indication that the main thrust of the ADMSPAN is on prevention rather than cure. The agriculture sector covers result area 1 which is ensuring food and nutrition security at all levels. The total cost of implementing the interventions in this sector amounts to 25.86% of the total cost of the overall investment required over five years. The cost of implementing the interventions in this sector is however considered a priority area of government intervention which were originally identified and included in the agriculture sector strategic plan i.e. ASFNS document with appropriate costing.

Result Area	Total Cost	Indicative % of Total
Food And Nutrition Security	2,337,099,735.92	15.58
Enhancing Caregiving Capacity	6,073,817,515.01	40.49
Enhancing the Provision of Quality Health Services	5,221,068,325.24	34.80
Improving Capacity to Address Food and Nutrition Insecurity	739,662,953.21	4.93
Raising Awareness and Understanding of the Problem of Malnutrition in Adamawa State	486,916,400	3.25
Resource Allocation for Food And Nutrition Security At All Levels	142,532,041.47	0.95
Estimated Cost	15,001,096,970.85	100.0

The high costs for prevention are indicated in the cost of implementing interventions in the key results areas 2 and 3 in decreasing order. Most of the interventions in these result areas are key child survival interventions that target children 0 -24 months thus presenting opportunities for reducing stunting and other forms of malnutrition within the first 1000 days window of opportunity. It is therefore important and urgent for the government to consider allocating more funding to these interventions which are high-impact interventions to reduce the scourge of malnutrition in Adamawa most especially because of the insurgency which has crippled the economic activities of the state

Result Area	Table 2: Summary ADMSPAN Implementation Cost Matrix By Strategic Objectives
RESULT AREA 1: FOOD AND NUTRITION SECURITY	2,337,099,735.92
Strategic Objective 1.1: Ensuring Food and Nutrition Security at the National, Community, and Household	820,570,852.13
Strategy 1.2: Improving Food Harvesting, Processing, and Preservation	51,847,659.17
Strategy 1.3: Improving Food Preparation and Quality	950,162,051.50
Strategy 1.4: Improving Management of Food Security Crisis and Nutrition in Emergency	10,557,570.00
Strategy 1.5: Increasing Availability, Accessibility, and Affordability to Food	381,724,553.13
Strategy 1.6: School-Based Strategies	122,237,050.00
RESULT AREA 2: ENHANCING CAREGIVING CAPACITY	6,073,817,515.01
Strategic Objective 2.1 Ensure Optimal Nutrition in the First 1,000 Days of Life	6,073,817,515.01
Strategic Objective 2.2: Caring for the Socioeconomically Disadvantaged and Nutritionally Vulnerable	0
RESULT AREA 3: ENHANCING THE PROVISION OF QUALITY HEALTH SERVICES	5,221,068,325.24
Strategic Objective 3.1: Reduce Morbidity and Mortality Associated with Malnutrition	200,988,038.33
Strategic Objective 3.2: Preventing and Managing Nutrition Related Diseases	762,654,476.91
Strategic Objective 3.3: Preventing Micronutrient Deficiency	4,249,824,050
Strategic Objective 3.4: Protecting the Consumer through Improved Food Quality and Safety	7,601,760
RESULT AREA 4: IMPROVING CAPACITY TO ADDRESS FOOD AND NUTRITION INSECURITY	739,662,953.21
Strategic Objective 4.1: Assessing, Analysing, and Monitoring Nutrition Situations	727,651,928.21
Strategic Objective 4.2: Providing a Conducive Macro-Economic Environment	12,011,025.00
Strategic Objective 4.3: Social Protection Programmes for the Vulnerable Groups	-
RESULT AREA 5: RAISING AWARENESS AND UNDERSTANDING OF THE PROBLEM OF MALNUTRITION IN NIGERIA	486,916,400
Strategic Objective 5.1: Promote Advocacy, Communication, and Social Mobilization	110,920,900.00
Strategic Objective 5.2: Promoting Healthy Lifestyles and Dietary Habits	375,995,500.00
Strategic Objective 5.3: Research In Nutrition	-
RESULT AREA 6: RESOURCE ALLOCATION FOR FOOD AND NUTRITION SECURITY AT ALL LEVELS	142,532,041.47
6.1 Promote Adequate Budgetary Allocation and Tracking	142,532,041.47
6.2 Strengthening the Coordination Capacity	-
6.3 Strengthening Capacity to Mobilise Resources	-

4.7 Financing of the ADMSPAN

The cost estimates for the ADMSPAN will be used by the ASPC to advocate for financial support from the government, donor agencies and partners, the private and business sectors, and international and local non-governmental organizations (NGOs). Due to the ever-changing nature of the environment that we live in where new information on high-impact low-cost nutrition interventions is continuously emerging, Stakeholders must meet regularly to have a consensus on the prioritization of interventions and budget allocation for effective utilization of available funds.

Due to budget constraints, the state might not be able to scale up the result areas at the same time and effectively in all states. It is therefore suggested that a scaling scenario based on the burden of stunting, the impact, costs, and implementation capacity within existing delivery platforms in Adamawa should be considered.

Table 3: Prioritized Nutrition Intervention

Intervention	Indicative Costing (₦)
IYCF	151,057,520
MNDC	762,654,476.91
CMAM	5,250,000,000
WASH	160,311,735.67
Bio fortification	51,847,659.17
School-Based	122,237,050
Coordination	142,532,041.47
Total	6,640,640,483.22

Fig.2: ADMSPAN Cost per sector of the total costs (2023-2027)

Fig.2 above shows that intervention 7 Child survival, growth and development improved (Procurement of RUTF) will absorb most of the funding (nearly 79% of the cost of the total intervention) followed by interventions 10, 3, and 17. These four interventions alone will require a public investment of around 44.2% of the total ADMSPAN cost (₦6,640,640,483.22).

Given the large gap between current investments in nutrition and the scenario of scaling presented here, it seems essential to quickly identify additional sources of funding. As

mentioned above. To date, the State budget allocation to nutrition-related investment remains negligible, the bulk of it comes mainly from the donor community. The magnitude of ADMSPAN's estimated cost, when compared to the current level of investment (both internal and external) in nutrition-related activities in Adamawa makes it clear that identifying additional sources of funding is a priority.

It will therefore require additional resources to carry out the key interventions identified, but also to move from a humanitarian approach to developmental planning based both on the fight against malnutrition and the improvement of the social context in which it emerges.

4.8 Prioritizing interventions due to resource constraints

Since the challenges of malnutrition in Adamawa is daunting and the plan of action is geared towards the achievement of result to bring about a reduction in malnutrition, especially in high-burden states. In the event of budgetary constraints, policymakers may be compelled to decide on investing in the state-wide implementation of some identified priority key interventions within the list of available packages of interventions. Packages of fewer interventions are then phased in gradually over time depending on the availability of more funds. If policymakers chose to ration within the current package of interventions, it is recommended that priority should be given to interventions that are most cost-effective and have a high impact. The list of such interventions is shown in Table 4

The bulk of the cost of implementation of these interventions goes to the treatment of acute malnutrition followed by MNDP, Water Sanitation and Hygiene and coordination and partnership. Other interventions of priority include Infant and Young Child Feeding especially and Iron folate for adolescents and pregnant women.

Intervention	Cost	%
Infant and young child feeding (IYCF)	294,944,802	2.3
Micronutrient Deficiency Control (MNP, IFA, SQ-LNS)	1,158,786,441	11
CMAM/MAM	5,250,000,000	79
WASH	160,311,735.67	2.4
Bio fortification	51,847,659.17	0.7
School feeding	122,237,050	2
Coordination and multi-sectoral partnership	142,532,041.47	2.1

The identification of costs associated with conducting high-impact cost-effective nutrition intervention in Adamawa is essential not only to scale up and achieve a result but also to prioritize resource mobilization and advocacy.

The large percentage of the total cost of implementation of nutrition-specific and nutrition-sensitive interventions in health which are predominantly preventive activities aligns with the State policy on health which emphasizes preventive health care and health promotion rather than the curative. This is especially true for nutrition if the scourge of severe acute malnutrition in Adamawa must be addressed.

S/N°	Result Area	Cost - 2023	Cost -2024	Cost - 2025	Cost - 2026	Cost- 2027	Total Intervention Cost	% of total 5-year intervention cost
1.0	Food and Nutrition Security	524,678,724	412,559,818	445,588,522	477,144,927	477,127,745	2,337,099,736	5.20
2.0	Enhancing Caregiving Capacity	1,414,497,520	1,422,572,396	977,602,758	1,086,332,893	1,153,416,982	6,054,422,549	0.41
3.0	Enhancing Provision of Quality Health Services	976,128,477.30	985,149,094.50	1,034,224,912.00	1,085,730,595.71	1,139,835,245.73	5,221,068,325.24	79.36
4.0	Improving Capacity to Address Food and Nutrition Insecurity	132,797,940.00	156,699,837.00	164,424,578.85	149,319,664.05	171,700,864.69	774,942,884.59	14.92
5.0	Raising Awareness and Understanding of Problem of Malnutrition in Adamawa	107,429,200.00	94,871,800.00	94,871,800.00	94,871,800.00	94,871,800.00	486,916,400.00	0.04
6.0	Resource Allocation for Food and Nutrition Security at All Levels	22,008,410.00	28,029,001.75	29,370,326.74	30,808,342.58	32,315,960.40	142,532,041.47	0.04
	Total Cost	3,177,364,771.30	3,099,697,671.95	2,745,889,407.96	2,924,005,059.94	3,054,140,059.70	15,001,096,970.85	100%

Result Area 1

S/N	Activities		Indicators		MILESTONE TARGETS					Source(s) of Data	Data collection tool	Data reporting tool	Frequency of data reporting	Responsible agency/M DA
				2023 (Baseline)	2023 First year	2024	2025	2026	2027 (End target)					
		Strategic Objective:												
1	To improve Food and Nutrition security in Adamawa state at large.		No. of extension workers trained	0	42	84	126	168	210	MoA monthly report and MLAD monthly report	Monthly reporting tool	Monthly reporting tool	Monthly	MoA MLAD
			No. of starter packs purchased	0	210	420	630	840	1050					
2	Promote commercial production of crops and livestock by encouraging farmers cooperatives/clustering and enlightenment		No. of Farmers trained	0	120	240	360	480	600	MoA monthly report and MLAD monthly report	Monthly reporting tool	Monthly reporting tool	Monthly	MoA MLAD
3	Promote dry season farming		No. of Water Pump Purchased	0	210	420	630	840	1050	MoA monthly report	Monthly reporting tool	Monthly reporting tool	Monthly	MoA
			No. Hose Purchased	0	210	420	630	840	1050					

	Scale-up the production, and promote the consumption of Vitamin A, and micronutrient rich foods (orange flesh sweet potato, pro-vitamin A cassava, yellow maize, iron sorghum, and cowpea)	No. Extension Agents Trained	0	42	84	126	168	210	MoA monthly report	Monthly reporting tool	Monthly reporting tool	Monthly	MoA
		No. Vines Bags Purchased	0	105	210	315	420	525	MoA monthly report	Monthly reporting tool	Monthly reporting tool	Monthly	MoA
	Promote the extension of existing legislation on fortification to cover food staples and promote hammer mill and household level fortification of cereal and legumes	No. of advocacy conducted	0	2	4	6	8	10	MoA Bi-annual Report	MoA reporting tool	MoA reporting report	Biannual report	MoA
		No. of Stakeholders Sensitized	0	42	84	126	168	210					
	Support production and diversification of fruits and vegetables around the homesteads, schools, orchards and farms.	No. of schools Mapped	0	1	1	1	1	5	MoA Bi-annual Report	MoA reporting tool	MoA reporting tool	Annual report	MoA
		No. of other locations mapped	0										
		No. of seedlings distributed	0										
	Capacity building for nutrition teachers and food vendors on the need to provide nutritionally adequate meals using locally available foods	No. of food vendors mapped	0 0	42	84	126	168	210	MoE EMIS	ODK	EMIS	Annual report	MoE

	through linkages of food vendors and school system	No. of nutrition teachers and food vendors trained											
	Provision of starter packs for Trees crops and fish farming (in six agro ecological zones) for 210 small scale women farmers by zone.	No. of tree crops seedlings distributed No. of fingerlings distributed	0	210	420	630	840	1050	MoA Bi-annual Report	MoA reporting tool	MoA reporting tool	Annual report	MoA
	Conduct of water safety plan	No. OF WASH staff trained. No of communities/p oint of use on water quality monitored. No. of H2s vials purchased and distributed No of water points monitored on water safety	105 300 10 Cartons 400	42	84	126	168	210	WASH Report	Kobo collect	WASH report	Annual report	RUWA SSA

	Advocate for the scaling up of farmers market to increase accessibility of food products	No. of market stores constructed	0	3	3	3	3	15	MoA	MoA reporting tool	MoA reporting tool	Annual report	MoA
		No. of shades constructed		3	3	3	3	15	Bi-annual Report				
		No. of Plant wind break trees constructed		3000	3000	3000	3000	15,000					
		No. of hand pump borehole constructed	479	3	3	3	3	15					
		No of waste disposal site constructed		3	3	3	3	15					
	Three Days Zonal Sensitization and Advocacy on food processing preservation and storage.	No, of advocacy and Sensitizations conducted	0	1	1	1	1	5	MoI and NOA report	Reporting tool	Reporting tool	Annual report	MoI&S and NOA
		No. of food Handlers, and Vendors sensitized											
		No. of stakeholders (Traditional leaders,											

		Religious leaders, CAN, IJN, Youth groups, women groups sensitized.											
	Three days Zonal Training on food processing, preservation and storage to Food Vendor and Handlers.	No. of vendors/handle rs Trained	0	1	1	1	1	5					
	Three Days Zonal Sensitisation on Hygiene	No. of Sensitization conducted on hygiene promotion	0	311	311	311	311	1555					RUWA SSA
	Three days Zonal Training on Hygiene and sanitation to Food Vendor and Handlers.	No. of food vendors and Handlers trained on food hygiene and sanitation	0	311	311	311	311	1555					RUWA SSA
	Ensure registration and licensing of food handlers / food operators engaged in quality and safe food processing and storage	No. of inspection conducted No. of market surveillance conducted No. of Sensitization	0	4	8	12	16	20					son

		conducted on product quality											
	Promote improved food quality and safety through electronic and print media												
	Strengthen coordination platform for early warning mechanisms to cope with emergencies at community level	No. of awareness created among community members on the dangers of indiscriminate felling of trees	0	1	1	1	1	5					MoEnv
	Encourage tree planting in order to reduce the effect of climate change on crop and livestock production	No. of communities encouraged on tree planting to combat climate change, bush burning and indiscriminate waste disposal using pictorial hand bills.	0	55	110	165	220	275					MoEnv
	Advocacy on the scaling up of farmers market to increase accessibility of food products	No. of market stores constructed No. of shades Constructed	5	3	6	9	12	15					MoA

		No. of wind break trees planted											
		No. of hand pump borehole constructed											
		No. of waste disposal site provided											
	Women Empowerment on agric farming across Cthe 21 LGA	No. of women supported with improved seed; (rice, groundnut, maize, beans and soya beans) purchased No. of Agro-Chemical purchased	100	420	840	1260	1680	2100					MoW

	Organizing Agricultural shows and trade fair in order to provide market outlets for farmers	No. of Planning meetings conducted	0	1	1	1	1	5						
		No. of pavilions and temporal secretariat for the trade fare constructed	0	24	24	24	24	120						MoCTI
		No' of Sensitization on Agricultural Shows and trade fare conducted.												
		No. of Coordination meetings conducted.	0	1	1	1	1	5						
	Review and update minimum standards (Nutrition and Health) for early- child care centers (ECCC)	No. of planning meetings Conducted	0	1	1	1	1	5						MoH
		No' of review meetings Conducted	0	1	1	1	1	5						

S/N	Activities	Indicators	MILESTONE TARGETS						Source(s) of Data	Data collection tool	Data reporting tool	Frequency of data reporting	Responsible agency/M DA
			2023 (Baseline)	2023 First year	2024	2025	2026	2027 (End target)					
1	Capacity building of mother and care-givers in Early Child Care Development Centres(ECCD)	No. ToT conducted to LGA master trainers on ECCD at state level. No. of Step down training to caregivers on ECCD to conducted	0 0	42 52	84 104	126 156	168 198	210 250	ASPHCDA	ASPHCDA reporting tool	ASPHCDA reporting tool	4	ASPHCDA
2	Advocate for legislation of the prolongation of maternity leave and enactment of paternity leave	No of advocacy visit to stalkholders No. of meetings conducted on	0 0	1 2	2 4	3 6	4 8	5 10					MOH/PHCDA

		draft bill for prolongation of maternity leave and enactment of paternity leave											
3	Capacity building of mother and care-givers in Maternal Infant and Young Child Nutrition (MIYCN) 2. Training of Head teachers, SSO and ECCD Teachers	No. of master trainers trained on ECCD at state level. No. of trained caregivers on ECCD	0 0	42 501	84 1002	126 1503	168 2004	210 2505	PHCDA	ODK	HMIS Register	Monthly	MOH/PHCDA
4	Conduct regular (bi monthly) sensitization meetings on appropriate infant and young child	No of caregivers trained on locally prepared highly nutritious food	0	3478	6956	10434	13912	17390	ASPHCDA	ASPHCDA reporting tool	ASPHCDA reporting tool	2	MOH/PHCDA

	feeding at the community	No. of Scale up of mother-Led MUAC screening conducted mothers	0	6,255	12510	18765	25020	31275	ASPHCDA	ASPHCDA reporting tool	ASPHCDA reporting tool	4	MOH/PHCDA
		No. of health talks and jingles conducted quarterly on IMAM, IYCF, ANC	0	20	40	60	80	100	ASPHCDA	ASPHCDA reporting tool	ASPHCDA reporting tool	4	MOH/PHCDA
5	Procurement of SQ-LNS	No. of SQ-LNS procured annually for community management of acute malnutrition	0	30,000	60,000	90,000	120,000	150,000	PHCDA	ODK	HMIS register	Monthly	PHCDA
6	Procurement of RUTF	No. of RUTF procured annually for community management of acute malnutrition	0	30,000	60,000	90,000	120,000	150,000	PHCDA	ODK	HMIS Register	Monthly	PHCDA

	Sensitization to men (Husbands, Father-in-law, community and religious leaders) on appropriate MIYCN, positive parenting, care and support	No. of men (Husbands, Father-in-law, community and religious leaders) sensitized on appropriate MIYCN, positive parenting, care and support	0	420	420	420	420	420	PHCDA	ASPHCD A reporting tool	ASPHCD A reporting tool	4	MOH/PHCD A
	Build capacity of Adolescent girls and boys on appropriate MIYCN, positive parenting, care and support	No. of Adolescent girls and boys trained on appropriate MIYCN, positive parenting, care and support	0	50,000	50,000	50,000	50,000	50,000	PHCDA	ASPHCD A reporting tool	ASPHCD A reporting tool	4	MOH/PHCD A
	Provide grants to market women across the 21 LGAs	No. of women provided with grant as a start-up across the 21 LGAs	0	420	420	420	420	420	PHCDA	ASPHCD A reporting tool	ASPHCD A reporting tool	4	MOH/PHCD A
	Training on Soap Making Dettol, Scent and Izal	No. of women trained on Soap Making Dettol, Scent and Izal	0	220	220	220	220	220	PHCDA	ASPHCD A	ASPHCD A	4	MOH/PHCD A

										reporting tool	reporting tool		

<Result Area 3>

S/N	Activities	Indicators	MILESTONE TARGETS						Source (s) of Data	Data collection tool	Data reporting tool	Frequency of data reporting	Responsible agency/MDA
			2023 (Baseline)	2023 Y1	2024	2025	2026	2027(End Yr)					
		Strategic Objective: Reduce Morbidity and Mortality Associated with Malnutrition											
	3.1. Reduce Morbidity and Mortality Associated with Malnutrition												
3.1.1	Promote regular monitoring of growth and development at health facilities and communities.	# to conduct 4 Quarterly ISS #to visit 86PHCs	<Insert>	4 ISS 86 PHC visits	4 ISS 86 PHC visits	4 ISS 86 PHC visits	4 ISS 86 PHC visits	4 ISS 86 PHC visits		HFR HFR	ISS checklist	Quarterly	SPHCDA SPHCDA
3.1.2	Procurement and RUTF and locally available food for the treatment of SAM and PLWHA Mal-nourished and vulnerable children	Procure and distribute of 1.RUTF 2.CMAM/IYCF data tools		1.RUTF 10,000 2. CMAM tools 2,500 copies	1.RUTF 10,000 2. CMAM tools 2,500 copies	1.RUTF 10,000 2. CMAM tools 2,500 copies	1.RUTF 10,000 2. CMAM tools 2,500 copies	1.RUTF 10,000 2. CMA M tools 2,500 copies	LMIS Data tools	HFR HFR HFR	LMIS Data tools	Monthly Monthly	SPHCDA SPHCDA

	3.2. Preventing and Managing Nutrition Related Diseases												
3.2.1	Preventing and Managing Nutrition Related Diseases	# children treated Zinc and LO-ORS (723,788)	723,788	723,788	723,788	723,788	723,788	723,788	LMIS Data tools	HFR HFR HFR	LMIS Data tools	Monthly Monthly	SPHCDA SPHCDA
3.2.2	Training of 100 care givers on food supplement (25 per quarter)	# C.G trained on Nutrition and food demonstration # of training done	NA	100 C,Gs 4Trainin g	100 C,Gs 4Training	100 C,Gs 4Training	100 C,Gs 4Training	100 C,Gs 4Train ing	CBO recor ds	ADSA CA	LMIS Data tools	Monthly	ADSACA
3.2.3	Food supplement support to 100 under 5 children (OVCs) (25 per quarter)	# OVCs who received food # PLHIV who received food support	NA	100 OVCs 40 PLHIVs	100 OVCs 40 PLHIVs	100 OVCs 40 PLHIVs	100 OVCs 40 PLHIVs	100 OVCs 40 PLHI Vs	CBO recor ds	ADSA CA	LMIS Data tools	Monthly	ADSACA
3.2.4	Support 80 PABAs on IGA	# who got 1.Grading 2.Sewing machine	<Insert>	80 PABAs	80 PABAs	80 PABAs	80 PABAs	80 PABA s	CBO recor ds	ADSA CA	LMIS Data tools	Monthly	ADSACA

S/N	Activities	Indicators	MILESTONE TARGETS						Source(s) of Data	Data collection tool	Data reporting tool	Frequency of data reporting	Responsible agency/MDA
			2023 (Baseline)	2023 (first year)	2024	2025	2026	2027 (End target)					
60	Page												
Strategic Objective:													
4.1	Assessing, Analyzing and Monitoring Nutrition Situations												
4.1.1	Development of Annual Food and Nutrition plan	No. of annual nutrition plan developed	1	1	1	1	1	1	M & E annual report	Developed template	Nutrition appraisal tool	Annually	BPDPCO
4.1.2	Review of Food and Nutrition costed strategic plan	No. of food and nutrition costed strategic plan reviewed	1	1	1	1	1	1	Relevant MDA's	Reporting template	Nutrition appraisal tool	Annually	Relevant MDA's
4.1.3	Quarterly Nutrition Partners coordination meeting.	No. of meetings held	4	4	4	4	4	4	BPDPCO	Reporting template	SCFN reporting tool	quarterly	BPDPCO
4.1.4	Quarterly meeting of SCFN	No. of meetings held	4	4	4	4	4	4	BPDPCO	Reporting template	SCFN reporting tool	quarterly	BPDPCO
4.1.5	Interactive meeting with local government chairmen and Nutrition Champion of the	No. of meetings held	0	1	1	1	1	1	BPDPCO	Reporting template	Annual reporting tool	annually	BPDPCO

	Eleven (11) LGA's												
4.1.6	Quarterly meeting with Nutrition Focal Persons in the 11 LGAs on Nutrition activities.	No. of meetings held	0	4	4	4	4	4	BPDPCO	Reporting template	Quarterly reporting tool	quarterly	BPDPCO
4.2	Providing a Conducive Macro Economic Environment												
4.2.1	Conduct assessment at all levels on determinants of financial investments in Food & Nutrition programs compared to other life-saving interventions in partnership with development partners and private sector	No. of assessments conducted	0	2	2	2	2	2	BPDPCO	Assessment template	Bi-annual assessment report	Bi-annual	BPDPCO

4.2.2	Organize annual State Nutrition Networking meeting of all nutrition stakeholders	No. of Stakeholders Meeting held	0	1	1	1	1	1	BPDPCO	Reporting Template	Annual Report	Annual	BPDPCO
4.2.3	Validation of Food and Nutrition Strategic Plan of Action (2023-2027) at the State Level.	Food and Nutrition Strategic Plan of Action Validated	1	0	0	0	0	0	BPDPCO	Reporting Template	Validation Report	Once	BPDPCO
4.2.4	Establishment of crèche	establishment of one crèche every year	0	1	1	1	1	1	BPDPCO	Template	Reporting template	Annually	BPDPCO
4.3	Social Protection Programs for the Vulnerable Groups												
4.3.1	Providing assistance to 50 small business which will be increasing by 10% every year	No. of Small Businesses assisted	1250	55	60	66	72	79	MTIT	Plax	Kobo collect	annual	MTIT
4.3.2	Providing entrepreneurship training skill and	No. of Households Trained and	250	120	120	120	120	120	MTIT	Plax	Kobo collect	annual	MTIT

	starter packs to 120 vulnerable house holds	provided with starter packs											
4.3.3	Build the capacity of Nutrition desk officers in MDAs/LGAs through training & retraining on resource mobilisation and allocation	No of Nutrition Desk Officers Trained	0	35	35	35	35	35	BPDPCO	Reporting Template	Annual reporting Template	annual	BPDPCO
4.3.4	Quarterly Monitoring & Evaluation on food and nutrition activities by non-State actors.	No. of M & E conducted by non-state actors	0	4	4	4	4	CS-SUNN					

S/N	Activities	Indicators	MILESTONE TARGETS						Source(s) of Data	Data collection tool	Data reporting tool	Frequency of data reporting	Responsible agency/MDA
			2023 (Baseline)	2023	2024	2025	2026	2027 (End target)					
64 Page													
	Strategic Objective:												
	Create awareness on problems of malnutrition using the mass media (such as radio, TV drama, film documentaries, home video, and posters in local languages).	1. No. Of malnutrition town hall meetings conducted	0	3	6	9	12	15	Annual report	M&E data collection tool	Meetings report and attendance register	Quarterly	Ministry of Information and Culture
		2. No. Of participants sensitized on problems of malnutrition	0	150	300	450	600	750	Annual report	M&E data collection tool	Sensitization report and attendance register/Nutrition appraisal tool	Quarterly	Ministry of Information and Culture
		3. No. of IEC materials produce for creating awareness	0	500	1,000	1,500	2,000	2,500	Annual report	M&E data collection tool	Procurement report	Quarterly	Ministry of Information and Culture

		on problem of malnutrition											
		4. No. Of press conferences on malnutrition problems conducted	0	12	24	36	48	60	Annual report	M&E data collection tool	Quarterly report	Quarterly	Ministry of Information and Culture
	The role of traditional and religious Institutions in promoting interventions in Adamawa State	1. No. Of Advocacy visit to the emirate on nutrition	0	12	24	36	48	60	Annual report	M&E data collection tool	Activity report	Quarterly	SSG Office Government House
		2. No. of participants sensitized on food security promotion	0	300	600	900	1,200	1,500	Annual report	M&E data collection tool	Attendance register	Quarterly	SSG Office Government House

<Result area 6>

S/N	Activities	Indicators	MILESTONE TARGETS						Source(s) of Data	Data collection tool	Data reporting tool	Frequency of data reporting	Responsible agency/MDA
			2023 (Baseline)	2023	2024	2025	2026	2027 (End target)					
Strategic Objectives													
1.6.1	Review and update minimum standards (Nutrition and Health) for early-child care centers (ECCC)	1. No. Of planning meetings conducted on plan review and update of the minimum standards (Nutrition and Health) for early-child care centers (ECCC)	0	1	2	3	4	5	EMIS	M&E data collection tool	Meetings report and attendance register	Annually	State Universal Basic Education Board
		2. No.. Of meetings conducted to review and update	0	1	2	3	4	5	EMIS	M&E data collection tool	Meetings report and attendance register	Annually	State Universal Basic

the
minimum
standards
(Nutrition
and Health)
for early-
child care
centers
(ECCDE)

Education
Board

3. Copies
Of
reviewed
and
updated
ECCDE
minimum
standard
produced

0	15	30	45	60	75	EMIS	M&E data collection tool	Procurement report, Quarterly report	Annually	State Universal Basic Education Board
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4. No. Of
teachers
trained on
minimum
standard for
ECCDE

0	220	440	660	880	1,100	EMIS	M&E data collection tool	Training report and attendance register	Annually	State Universal and Basic Education Board and Ministry of Education
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Construction of 2 creche and establishment of 11 creche at ECCDE	1. No. Of creche constructed at MOE and SUBEB	0	N/A	2	N/A	N/A	N/A	EMIS	M&E data collection tool	Activity report/Quarterly report	Annually	State Universal and Basic Education Board and Ministry of Education
	2. No. Of creche established at ECCDE	0	11	22	33	44	55	EMIS	M&E data collection tool	Activity report/Quarterly report	Annually	State Universal and Basic Education Board and Ministry of Education

	STRATEGIC ACTIVITIES FOR IMPLEMENTATION OF THE ADAMAWA POLICY ON FOOD AND NUTRITION (2023-2027)									
S/N°	Result Area	Sub-activities and tasks	Cost elements (N)	Cost - 2023	Cost -2024	Cost - 2025	Cost - 2026	Cost- 2027	Total Cost	Remarks
I	Result Area 1. FOOD AND NUTRITION SECURITY									
	Sectors: Agriculture, Education, Social Protection and WASH									
	Interventions									
1.1	Ensuring Food and Nutrition Security at the National, State, Community and Household levels									
1.1.1	To improve Food and Nutrition security in Adamawa state at large.		1. Hall @150,000 x 2 = 300,000 a. Tea break 46 x 4 x 2000=368,000 b. Honorarium at 20,000 x 4 x 2=160,000 c. Lunch 4000 x 46 x 2 = 368,000 d. Training Materials @1000 x 46 = 46,000 e. Transport 11,718x2x42=1,078,056 f. Accommodation 10,000 x 46 x 3 = 1,380,000 g. DTA 8828 x 42 x 3 = 1,112,328 = 4,812,384 2. Purchase of starter pack Poultry (Broilers, Layers and Noilers day old chick) 20 each to be distributed to 10 beneficiaries in each of the 21 LGAs of Adamawa State @1000/chick x 4200 = 4,200,000 Poultry equipment: Drinker (big) @2000 x 210 = 420,000 drinker (small) @1500 210 = 315,000.	66,977,384	70,326,253	73,842,566	77,534,694	81,488,429	370,169,325.86	This activity will be implemented by ministry of

feeders (big) @2000 x 210 = 420,000,
 feeder (trays) @1500 x 210 = 315,000
 poultry feed: bags chick starter (ultima)@10000 x 210 x 3=6,300,000
 Grower(mash) bags @10000 x 210 x 2 = 4,200,000
 Bags of finishers @10000 x 210 x 2 = 4,200,000
 POULTRY DRUGS:
 12,000 x 210 = 2,520,000
 FUMIGANT AND DISINFECTANT: 21 litres of disinfectant @7000 x 5 x 21= 735,000.
 SMALL RUMINANTS (sheep and goat): 10 beneficiaries/LGA 1 male goat and 1 female goat=2goats @20000/goat. 2*10*21*20000. PIG (Improved): 10 beneficiaries/LGA 1 piglet (male and female) 2*10*21*20000 = 8,400,000

 FARM INPUTS: 25kg of soyabeans@20000/bag per farmer for 10 beneficiaries across 21 LGAs, 20000 x 210 = 4,200,000
 4litres of altrazine@5000/litre x 4 x 210 = 4,200,000
 4 bags of NPK@25000/bag x 4 x 210 = 21,000,000
 2 bags of SSP @10000/bag x 2 x 210 = 4,200,000
 1. facilitation/LGA@20000X21 =420,000
 Transportation@8000x21 = 160,000
 Supervisors@8000x21=160,000

1.1.2	Promote commercial production of crops and livestock by encouraging farmers cooperatives/clustering and enlightenment	1. Generate data base 2. Conduct one day zonal Planning meeting 3. Conduct quarterly Stakeholder meeting (6 cluster)	1. Data generation Staff time @300,000 2. Zonal Planning meeting Refreshment@2000 x 120persons x3 zones 3. Annual stakeholder meeting Lunch @ 4000 x100 persons = 400,000 Tea break @ 2000x100 =200,000 Training Materials @1000x 100, Transport @5000x100, Honorarium @20000x3zones Fueling@ 30,000 4. Facilitators honorarium @ 30,000x 5 person x 3 zone x 4 = 1,800,000	4,110,000.00	4,315,500.00	4,531,275.00	4,757,838.75	4,995,730.69	22,710,344.44	
1.1.3	Promote dry season farming	1. Procurement of water pumps	1. 3 inch water pumps @70,000 x210 2. Hose @ 55,000 x210	26,250,000.00	26,827,500.00	27,433,875.00	28,070,568.75	28,739,097.19	137,321,040.94	
1.1.4	Scale-up the production, and promote the consumption of Vitamin A, and micronutrient rich foods (orange flesh sweet potato, pro-vitamin A cassava, yellow maize, iron sorghum, and cowpea)	1. Conduct 4 number TOT for 4 days to extension agents 2. Procurement vines	1. ToT for extension agents DTA@20000x5x42=4,200,000 DTA driver@20000x4=80,000 Fueling@80000 Honorarium@20000x2x4=160,000 W/shop materials@1000x42=42,000 2. Vines Bags- 20000x5x21=2,100,000	6,662,000.00	6,995,100.00	7,344,855.00	7,712,097.75	8,097,702.64	36,811,755.39	
1.1.5	Promote the extension of existing legislation on fortification to cover food staples and household level fortification of cereal and legumes	1. Advocacy meeting 2. Stakeholders bi-annual meeting to strengthen coordination with relevant legislation bodies on food fortification	1. Advocacy meeting a. Refreshment 2000x12x3=72,000 b. Transport 5000x3x12=180,000 c. Fueling 20000x3=60,000 2. Bi-annual stakeholders meeting Transport @5000x42x1x2=420,000 Lunch @4000x42x1x2=336,000 TeaBreak@2000x42x2x2=3	1,728,000.00	1,814,400.00	1,905,120.00	2,000,376.00	2,100,394.80	9,548,290.80	

			36,000 Facilitators @ 30000x4x2=240,000 Stationery & Training Material @1000x42x2=84,000							
1.1.6	Support production and diversification of fruits and vegetables around the homesteads, schools, orchards and farms.	1. Conduct one day planning meeting 2. Mapping of schools and other locations 2. Purchase seedling	1. Planning meeting lunch@4000x30x1=120,000 Transport@5000x30x1=150,000 2. Mapping activity Honourarium@30000x4x5=600,000 3. Vegetable Seeds @1,000,000x21=21,000,000	900,000.00	945,000.00	21,870,000.00	22,963,500.00	24,111,675.00	70,790,175.00	
1.1.7	Capacity building for nutrition teachers and food vendors on the need to provide nutritionally adequate meals using locally available foods through linkages of food vendors and school system	1. Conduct one day planning meeting 2. mapping of food vendors 3. Conduct training of nutrition teachers and food vendors	1. Planning meeting Refrshment@4000x10=40,000 2. Mapping of Food vendors and Teachers Honourarium @30000x3x6=540,000 3. Training on Food safety Tea Break @2000x46x2=184,000 Lunch@4000x46x2=368,000 Transport11,718x2x42=1,078,056 w/shop materials@1000x46=46,000 Facilitators Honourarium@20000x2x4=80,000	2,336,056.00	2,452,858.80	2,575,501.74	2,704,276.83	2,839,490.67	12,908,184.04	
1.1.8	Provision of starter packs for Trees crops and fish farming (in six agro ecological zones) for 210 small scale women farmers by zone.	1. Purchase of tree crops seedlings 2. Purchase of fingerlings	1. Purchase of tree crops seedlings @10,000,000 2. Purchase of fingerlings @10,000,000	20,000,000.00	21,000,000.00	22,050,000.00	23,152,500.00	24,310,125.00	110,512,625.00	

1.1.9	Conduct of water safety plan	1. Training of trainers (ToT) for 2 wash unit staff across the 21 LGAs on water quality monitoring. 2. Purchase of H2s vials 3. Biannual monitoring of water safety	1. ToT Hall @150,000 x 2 = 300,000 a. Tea break 46 x 4 x 2000=368,000 b. Honorarium at 20,000 x 4 x 2=160,000 c. Lunch 4000 x 46 x 2 = 368,000 detrainning Materials @1000 x 46 = 46,000 transport 11,718x2x42=1,078,056 f. Accommodation 10,000 x 46 x 3 = 1,380,000 g. DTA 8828 x 42 x 3 = 1,112,328 = 4,812,384 2. Purchase of H2s vials @200,000 x21=4,200,000	9,012,384.00	9,463,003.20	9,936,153.36	10,432,961.03	10,954,609.08	49,799,110.67	
	Sub-total 1.1			137,975,824.00	144,139,615.20	171,489,345.76	179,328,813.39	187,637,253.78	820,570,852.13	
1.2	Improving Food Harvesting, Processing and Preservation									
1.2.1	Advocate for the scaling up of farmers market to increase accessibility of food products	1. Construct market stores 2. Construct shades 3. Plant wind break trees 4. Construct hand pump borehole 5. Construct waste disposal site	1. Market store@800000x3 2. Construct shade@150000x3 3. Tree planting - Wind breaks@200x1000x3 4. Wash bole@250000x3 5. Incinerator@150000x3	4,650,000.00	4,650,000.00	4,650,000.00	4,650,000.00	4,650,000.00	23,250,000.00	

1.2.2	Three Days Zonal Sensitization and Advocacy on food processing preservation and storage.	Sensitization and advocacy to Food Handlers, Vendors and stakeholders (Traditional leaders, Religious leaders, CAN, IIN, Youth groups, women groups) .Three local governments one from each senatorial zone.	Planning meeting - Administrative. Media- 2 Technical officers for Coverage and airing (300,000.) Fueling - (15000*3). 5 Staff DSA (4500*5*3).	1,012,000.00	1,062,625.00	1,113,250.00	1,163,875.00	1,214,500.00	5,566,250.00	
1.2.3	Three days Zonal Training on food processing, preservation and storage to Food Vendor and Handlers.	Training of 311 Participant (food vendors and Handlers) 10 from each ward of the 3 chosen LGAs across the three senatorial Zone.	Hall-50,000*3. Fueling 15000*3. secretariat- 50,000. Staff DSA 5*4500. Facilitators 2*30,000*3.Tea Break -2000*318*3.Lunch 4000*318*3.Banner- 15000*2.	2,315,250.00	2,431,012.50	2,436,800.63	2,558,640.03	2,686,572.03	12,428,275.19	5% incensement due to inflation
1.2.4	Three Days Zonal Sensitization on Hygiene	Sensitization and advocacy on Hygiene to three LGAs one from each senatorial zone to food handlers, Vendors and stakeholders.	Planning meeting - Administrative. Media- 2 Technical officers for Coverage and airing (300,000.) Fueling - (15000*3). 5Staff DSA (4500*5*3). Nutrition educating palmplate.311copies*50	428,050.00	449,452.50	471,925.13	495,521.39	520,297.46	2,365,246.48	
1.2.4	Three days Zonal Training on Hygiene and sanitation to Food Vendor and Handlers.	Training of 311 Participant (food vendors and Handlers) 10 from each ward of the 3 chosen LGAs across the three senatorial Zone. On Hygiene and Sanitation	Hall-50,000*3. Fueling 15000*3. secretariat- 50,000. Staff DSA 5*4500. Facilitators 2*30,000*3.Tea Break -2000*318*3.Lunch 4000*318*3.Banner- 15000*2.	2,315,250.00	2,431,012.50	1,113,250.00	1,163,875.00	1,214,500.00	8,237,887.50	
Sub-Total 1.2				10,720,550.00	11,024,102.50	9,785,225.76	10,031,911.42	10,285,869.49	51,847,659.17	

1.3	Improving Food Preparation and Quality								
1.3.0	Ensure registration and licensing of food handlers / food operators engaged in quality and safe food processing and storage	1. Conduct five days quarterly factory inspection 2. Conduct market surveillance 3. Conduct sixteen days annual Sensitization on the quality of products for at least 200 people	1. Conduct factory inspection a. Transport 5000 x 3 x 5 x 4=300,000 b. Refreshment 2000 x 3 x 5 x 4= 120,000 2. Conduct market surveillance a. Transport 5000 x 3 x 5 x 4=300,000 b. Refreshment 2000 x 3 x 5 x 4= 120,000 3.Sensitization on Quality of products a. Hall 150,000 x 16=2,400,000 b. Refreshment 2000 x 200 x 16 = 6,400,000	9,640,000.00	10,122,000.00	10,628,100.00	11,159,505.00	11,717,480.25	
1.3.1	Promote improved food quality and safety through electronic and print media								
1.3.2	Strengthen coordination platform for early warning mechanisms to cope with emergencies at community level	creating awareness among community members on the dangers of indiscriminate tree felling, land degradation, climate change, bush burning and indiscriminate waste disposal using pictorial hand bills.	Hand bills@200x3000x21	12,600,000.00	13,230,000.00	13,891,500.00	14,586,075.00	15,315,378.75	69,622,953.75
1.3.3	Encourage tree planting in order to reduce the effect of climate change on crop and livestock production	1. Training of community members on raising of improved seedlings.	Hall @100,000x21 2.Refreshment: 200 participants & 42 facilitators: breakfast@1500x242 launch@2500x242 3. Honorarium at 20,000X42 facilitators 4. Training Materials @700x 242 participants, transport@3000*200. 5. 20zana mat@2500x21. 6.40woden poles@1500x21. 7.1biding wire@5000x21. 8.labour@2500x4x21.	133,289,100.00	135,389,100.00	137,594,100.00	139,909,350.00	142,340,362.50	688,522,012.50

			shovels@2000x4x21, rake@2000x4x21, head pan@3500x4x21, scoop@1500x2x21, watering can@4000x5x21, trip of river sand@21000x6x21, trip of top soil@15000x3x21, trip of cow dung@25000x2x21, poly bag@500x5000x21, construction of borehole@2000000x21							
1.3.4	Advocate for the scaling up of farmers market to increase accessibility of food products	1. Construct market stores 2. Construct shades 3. Plant wind break trees 4. Construct hand pump borehole 5. Construct waste disposal site	1. Market store@8000000x3 2. Construct shade@250000x3 3. Tree planting - Wind breaks@200x2000x3 4. Incinerator@250000x3 5. Wash bole@350000x3	27,750,000.00	27,750,000.00	27,750,000.00	27,750,000.00	27,750,000.00	138,750,000.00	
	Sub-total 1.3			183,279,100.00	186,491,100.00	189,863,700.00	193,404,930.00	197,123,221.50	896,894,966.25	
1.4	Improving Management of Food Security Crisis and Nutrition in Emergency									

1.4.1	Improving Management of Food Security Crisis and Nutrition in Emergency	Organise and conduct sanitization for 22 Local Emergency Management committee (LEMCs) on nutrition in emergency at zonal level	1. Planning meeting (5 SEMA, 2 BPDCA and 3 from SPHCDA) a. refreshment 1500x10x2=30,000 2. Conduct sensitization for 22 LEMCs on nutrition in emergency (In Adamawa) a. Accommodation 15,000 x3x32=1,440,000 b. Lunch 4000x2x32=256,000 c. Tea break 2000x4x32=256,000 d. Transport 8000x2x32=512,000 e. Perdiem 24000x3x32=2,304,000 f. Hall - 150,000x2=300,000 g. Stationaries - 700x32=22,400 i. Banner - 35,000	5,155,400.00			5,402,170.00		10,557,570.00	This activity will be conducted together with SPHCDA
	Sub-total 1.4			5,155,400.00			5,402,170.00		10,557,570.00	
1.5	Increasing Availability, Accessibility and Affordability to Food									
1.5.1	Women Empowerment on agric farming across the 21 LGA	1. Supply of improved seed (rice, groundnut, maize, beans and soya beans) to 20 women across 21 LGA. 2. Supply of agro chemical to 20 women across the 21 LGAs.	1. Purchase of improved seed @ 5,000,000 2. Purchase of agro chemical @50,000,000	55,000,000.00	57,750,000.00	60,637,500.00	63,669,375.00	66,852,843.75	303,909,718.75	

1.5.2	Organizing Agricultural shows and trade fair in order to provide market outlets for farmers	1. Planning meeting to step up committees and coordinate the trade fair 2. Construction of 23 pavilions and temporal secretariat for the trade fair 3. Sensitization on the agricultural shows and trade fair 4. Coordination of activities on the agricultural shows and trade fair	1. Planning meeting for 3 days a. Refreshment 2000 x 25 x 3 = 150,000 b. Transport 5000 x 25 x 3 = 375,000 2. Construction of Pavilion @300,000 x 23=6,900,000 construction of secretariat site @1,000,000 3. Sensitization on the agricultural shows and trade fair a. Hand bills@500x3000=1500,000 b. Media coverage and airing (300,000.) c. Jingles and news item 60secs 6000x2x5=60,000 d. Banner @45000 x 5 = 225,000 e. Fueling -15000 x 3 = 45000 4. Coordination of activities a. Refreshment 2000 x 200 = 400,000 b. Transportation 5000 x 100=500,000 c. Stationaries 1000 x 200 = 200,000 d. Entertainment (cultural and drama troupes) @1,500,000	-	13,155,000.00	13,812,750.00	14,503,387.50	15,228,556.88	56,699,694.38	This activity will be conducted by MCTI in collaboration with MoA, MLAD, MLG, MRICD, MoI, NOA
	Sub-total 1.5			65,310,800.00	70,905,000.00	74,450,250.00	88,977,102.50	82,081,400.63	381,724,553.13	
1.6	School Based Strategies									

	Review and update minimum standards (Nutrition and Health) for early- child care centers (ECCC)	1. Conduct one day Planning meeting 2. Conduct 2 days meeting to review and update minimum standard (nutrition & health) for ECCC 3. Production of revised check list	1. Planning meeting Refreshment@2000x10=20000 2. Review meeting Teabreak@1200x25x2=120,000 Lunch@2500x2=5000 Transport@6000x25=150,000 Accommodation@9000x25x3=675,000 DSA@5700x25x2=285,000 Stationery and writing materials@200x25=5000 Photocopy of materials@250x25=6250 Hall hire@50000x2=100,000 Honorarium strategy session@20000x3x2days=120,000 Honorarium for report writing@20000x2days=40000 3. Production@200x2000=400,000	1,926,250.00					1,926,250.00	
	Sub-total 1.6			122,237,050.00	141,810,000.00	148,900,500.00	167,149,865.00	164,162,801.25	744,260,216.25	
II	Result Area 2. ENHANCING CAREGIVING CAPACITY									
	Sector: Health									
	Interventions									
2.1	Child survival, growth and development improved									

2.1.1	Capacity building of mother and care-givers in Early Child Care Development (ECCD) concept	1. Conduct ToT to LGA master trainers on ECCD at state level. 2. Step down training to caregivers on ECCD	1. A 2 days training to 42 master trainers (teachers) on ECCD (2 master trainers per LGA x 21 LGA, 2 facilitators, 4 resource persons) ii. Tea break - $2,000 \times 52 \times 2 = 208,000$ iii. Lunch - $4,000 \times 52 \times 2 = 416,000$ iv. Transport - $5,000 \times 50 = 250,000$ Accommodation - $10000 \times 3 \times 38 = 1,140,000$ DTA $8800.28 \times 38 \times 3 = 1,006,392.00$ Stationaries - $1000 \times 52 = 52,000$ Facilitators i. Honorarium - $20,000 \times 2 \times 2 = 80,000$ 2. Step down training to 501 caregivers (Total no of PEI(Caregivers) 501) @ LGA level i. Refreshment $547 \times 2000 \times 2 = 2,188,000.00$ ii. Transport - $5000 \times 547 \times 1 = 2,735,000$ iv. Stationaries - $1000 \times 547 = 547,000$	8,622,392.00	9,053,511.60	9,506,187.18	9,981,496.54	10,480,571.37	47,644,158.69	ASUBEB in collaboration with Primary of Health Care Development Agency/ Ministry of Health Agency to implement the program
2.1.2	Advocate for legislation of the prolongation of maternity leave and enactment of paternity leave to Six months	1. Conduct advocacy visit to Office of the Head of Service, MoJ, ADSHA, Her Excellency the wife of the Executive governor and SSG 2. Conduct 2 days stakeholders meeting to develop a draft bill on prolongation of maternity leave and enactment of paternity leave	1. Bi-annual Transportation for 12 persons @5000 $5000 \times 12 \times 2 = 120,000$ 2. Advocacy kits for @30000*5=150,000.	270,000.00	283,500.00	297,675.00	312,558.75	328,186.69	1,491,920.44	

2.1.3	Capacity building of mother and care-givers in Maternal Infant and Young Child Nutrition (MIYCN) Training of Head teachers, SSO and ECCD Teachers on MIYCN	1. Conduct ToT to LGA master trainers on MIYCN at state level. 2. Step down training to caregivers on MIYCN	1.A 2 days training to 42 master trainers (teachers) on ECCD (2 master trainers per LGA x 21 LGAs, 2 facilitators, 4 resource persons) ii. Tea break - $2000 \times 52 \times 2 = 208,000$ iii. lunch - $4000 \times 52 \times 2 = 416,000.00$ iv. Transport - $5000 \times 50 \times 2 = 250,000$ Accommodation - $10000 \times 3 \times 38 = 1,140,000$ DTA $8,828 \times 38 \times 3 = 1,006,392$ Stationaries - $1000 \times 52 = 52,000.00$ Facilitators i. Honorarium - $20000 \times 2 \times 2 = 80,000$ 2. Step down training to 501 caregivers (Total no of PEI(Caregivers) 501) @ LGA level i. Refreshment $547 \times 2000 \times 2 = 2,188,000.00$ ii. Transport - $5000 \times 547 \times 1 = 2,735,000$ iv. Stationaries - $1000 \times 547 = 547,000.00$	8,372,392.00	8,791,011.60	9,230,562.18	9,692,090.29	10,176,694.80	46,262,750.87	
2.1.4	Build the capacity of health workers in the 21 LGAs on Maternal Infant and young child Nutrition	Conduct training of 147 health workers (11 POs and 136 OTPs HWs) and 1755 CVC on CMAM and MIYCN key messages	Yearly 2-day refresher training to 147 health workers DTA @ $8,828 \times 136 \times 3 = 3,642,624.00$. 2-day training 1755 CVC on CMAM and MIYCN @ $6000 \times 1755 = 10,536,000.00$. Tea break @ $2000 \times 1755 = 3,510,000$ Feeding @ $4000 \times 1755 = 7,020,000$ $61000 \times 1755 = 3,510,000$. Training material @ $1000 \times 1755 = 1,755,000$	29,978,624.00	31,477,555.20	33,051,432.96	34,704,004.61	36,439,204.84	165,650,821.61	

2.1.5		Conduct training for 400 Caregivers in 10 LGAs on complimentary food using locally prepared supplement	2-day training at the LGA level to 400 caregivers. DTA for 10 Facilitator @8,828.00*10*2=176,560.00 Transportation for 10 facilitators @5000*10*2=100,000.00. Transport allowance to the participants @5000*2*400=4,000,000.00 . Feeding Tea break @2,000*2*400=1,600,000.00@Lunch 4000*2*400=3,200,000.00. Raw materials @200,000.00*10 LGAs=2,000,000.00	11,076,560.00	11,630,388.00	12,211,907.40	12,822,502.77	13,463,627.91	61,204,986.08	
2.1.6	Conduct regular (bi monthly) sensitization meetings on appropriate infant and young child feeding at the community	One day training for 3478 caregivers on locally prepared (TOMBROWN)	1 day DTA to 21 @8,828*21=185,388. transportation allowance to 21 facilitators @5000*21=105,000.00. feeding for 3478 participants @2000.00*21=42,000.00. Transportation @ 5000*3478=17,390,000.00. raw material @100,000.00*21=2,100,000.00	19,822,388.00	20,813,507.40	21,854,182.77	22,946,891.91	24,094,236.51	109,531,206.59	
2.1.7		Scale up of Family-Led MUAC screening from 6,255 mothers-12,510 mothers	3-day training facilitators DTA@8,828.00*3*21=55,164.00. transportation @5,000*21=105,000.00. transport allowance for participants @5000*6,255=31,275,000.00 feeding allowance: Tea break@2000*6255=12,510,000.00 lunch @4000*6255=25,020,000.00	68,965,164.00	72,413,422.20	72,585,835.11	76,215,124.87	80,025,881.11	370,205,427.29	

2.1.8		Conduct health talks and jingles quarterly on IMAM, IYCF, ANC and family Planning	Jingle production in three major languages @50,000*3=150,000.00. Cost of earring jingle (airtime fee) @10,000*60 slot (20 slot quarterly for media stations in the state) =600,000.00 Radio/TV talk show. (Media airtime @35,000.00*15*4=2,000,000 per slot. Presenter fee @10,000.00*15*4=600,000.00 per slot. Guest speaker transport all. @10,000.00*15*4=600,000.00)	3,950,000.00	4,147,500.00	4,354,875.00	4,572,618.75	4,801,249.69	21,826,243.44	
2.1.9	Procurement of SQ-LNS	Procurement of SQ-LNS for 25% of children 6-23 (77,030)	Procurement of I carton @50,000 x 77,030 =	100,000,000.00	100,000,000.00	200,000,000.00	300,000,000.00	400,000,000.00	1,100,000,000	
2.1.10	Procurement of RUTF	Procurement 30,000 cartons of RUTF annually for community management of acute malnutrition	procurement 1 carton @ 35,000.00 *30,000=1,050,000,000.00	1,050,000,000.00	1,050,000,000.00	500,000,000.00	500,000,000.00	500,000,000.00	5,250,000,000.00	
2.1.11	Sensitization to men (Husbands, Father-in-law, community and religious leaders) on appropriate MIYCN, positive parenting, care and support	Conduct community meetings with 100 men across 21 LGAs	1. Refreshment 2000 x 100 x 21 = 4,200,000 2. Transportation for facilitators @ 10000 x 10 x 21= 2,200,000 3. Honorarium @20000 x 10 x 21 =4,200,000	3,000,000	3,000,000	3,000,000	3,000,000	3,000,000		
2.1.12	Build capacity of Adolescent girls and boys on appropriate MIYCN, positive parenting, care and support	1. Formation of in-school and out of school adolescent clubs for 250,000 boys and girls 2.To sensitize 250,000 adolescent girls and boys on MIYCN care and support	1. a. Refreshment 2000 x 250,000 x 5 LGA = 2,500,000,000 b. Transportation for facilitators @ 10000 x 10 x 5= 500,000 c. Honorarium @20000 x 10 x 5 =1,000,000 2. Refreshment 2000 x 250,000 x 5LGA= 2,500,000,000	100,000,000	100,000,000	100,000,000	100,000,000	57,917,444		

			Transportation for facilitators @ 10000 x 10 x 5= 500,000 c. Honorarium @20000 x 10 x 5 =1,000,000							
	Sub-total 2.1			1,404,057,520	1,411,610,396	966,092,658	1,074,247,288	1,140,727,097	50,399,504,035.01A	
2.2	Improved Poverty Alleviation Schemes									
2.2.1	Provide grants to market women across the 21 LGAs	1. Grants to 20 women in 21 LGAs	1. Grants to market women-20000x20x21=8,400,000	8,400,000	8,820,000.00	9,261,000.00	9,724,050.00	10,210,252.50	46,415,302.50	
2.2.2	Training on Soap Making Dettol, Scent and Izal	Training of 10 Women across 21 LGAs	1. Training of Poor and vulnerable women across 3 zones (21 LGAs) a. Transport for participants 210 x 5000 =1,050,000 b. Refreshment 2000 x 210 = 420,000 c Facilitators DSA = 30,000 x 6 x 2 = 360,000 d. Fueling 15000 x 2 x 3 = 90,000 e. Driver DTA 20000 x 2 x 3=120,000	2,040,000.00	2,142,000.00	2,253,100.00	2,365,755.00	2,484,042.75	11,284,897.75	
2.2.3	Self-help project	Procurement of Petrol driven grinding machine to women in 126 communities across the state.	Procurement of Petrol driven grinding machine to women in 126 communities across the state. @126*185000=23,310,000.00	23,310,000.00	24,475,500.00	25,699,275.00	26,984,238.75	28,333,450.65	128,802,464.40	Ministry of Rural Infrastructure and Community Development
2.2.4	Sub-total 2.2			10,440,000.00	10,962,000.00	11,510,100.00	12,085,605.00	12,689,885.30		
III	Result Area 3. ENHANSING PROVISION OF QUALITY HELATH SERVICES									
	Sector: Health									
	Interventions									
3.1	Reduce Morbidity and Mortality Associated with Malnutrition									

	Promote regular monitoring of growth and development at health facilities and communities.	1. Conduct quarterly supervision to health facilities in the 21 LGA to track progress and emerging challenges on growth monitoring.	3 supervisors in each LGA Transportation @10000*2*21=420000.00 21*3000*4=252,000	672,000.00	672,000.00	672,000.00	672,000.00	672,000.00	3,360,000.00	Primary Health Care Development Agency/Ministry of Health to implement the project
	Mentoring/supportive supervision	Conduct quarterly mentoring/supportive supervision in the 21 LGAs on nutrition activities	45 Supervisors for the 21 LGAs. DTA @8,928.00*45=401,760.00. Transportation within the state@6,000.00*45=270,000.00.	671,760.00	671,760.00	671,760.00	671,760.00	671,760.00	3,358,800.00	
	Procurement of Albendazole and Vitamin A Capsules (for children 6-59 months)	5 working days MNCHW in 21 LGA	Procurement of Albendazole to 1643 for 12-59 months @N1850*1643=N3,039,550.00. Procurement of vitamin A to 1849 @1850*1849=3,420,165.3	6,459,715.30	6,782,700.00	7,121,835.00	7,477,926.80	7,851,823.13	35,694,000.23	
	Procurement of Multiple Micronutrient Supplements (MMS) (for pregnant and Lactating women)	5 working days MNCHW in 21 LGA	Procurement of Micronutrient Supplement for 2259.6@1850*2259=4,179,150.00	4,179,150.00	4,388,107.50	4,607,512.90	4,837,888.55	5,079,782.10	23,092,441.05	
	Sub-total 3.1			36,586,885.30	38,306,440.50	40,116,142.90	41,992,405.75	43,986,163.88	200,988,038.33	
3.2	Preventing and Managing Nutrition Related Diseases									
3.2.1	Management of Diarrhea Diseases	1. Procurement Zinc and low-osmolarity oral rehydration solution (LO-ORS) to treat 723,788 diarrhea Children, @N180	2. ORS + Zinc @N180 X 723,788 children =	130,281,240.00	136,795,302.00	143,635,067.10	150,816,820.46	158,357,661.48	719,886,091.03	

3.2.2	Training of 100 care givers on food supplement (25 per quarter)	001. Quarterly Training and counseling to 100 care giver of OVC on Nutrition and food demonstration for participants for 1 day	1. Hall - N50,000 x 1 day, = N50,000 Lunch @N3,000 x 100 Px, X 1 day = N300,000, Tea break @N1,500 X 100Px X 1 day = N150,000, TP for 100 Participants @2,000 X 100 X 1 day= N200,000, Honorarium 2XN30,000X4 = N240,000, = N940,000 2. Food demonstration - Meal Person @N1,500 X 100= N150,000	1,090,000.00	1,144,500.00	1,201,725.00	1,261,811.25	1,324,901.81	6,022,938.06	
3.2.3	Food supplement support to 100 under 5 children (OVCs) (25 per quarter)	002. Quarterly support of food supplement to 100 OVCs under 5 children 003 Quarterly food support to 40 PLHIV (10 per quarter)	1. Food supplement @N25,000 X 100 Children = N2,500,000 2. Procurement of Food items @N68,750 X 40 person = 2, 750,000	5,250,000.00	5,512,500.00	5,788,125.00	6,077,531.25	6,381,407.81	29,009,564.06	
3.2.4	Support 80 PABAs on IGA	To support 40 Care givers on IGA to PABAs (40 grinding machines, 40, sewing machine will be distributed to 40 care giver as IGA to support them in day to day activities)	1. Procurement grinding / sewing machines @N35,000 X 40 person = N1,400,000	1,400,000.00	1,470,000.00	1,543,500.00	1,620,675.00	1,701,708.75	7,735,883.75	
	Sub-total 3.2			138,021,240.00	144,922,302.00	152,168,417.10	159,776,837.96	167,765,679.85	762,654,476.91	
3.3	Preventing Micronutrient Deficiency									

3.3.1	Prevent Micronutrient Deficiency	1. Procurement of Micronutrient Powder for XX children @NXX 2. Procurement Zinc and low-osmolarity oral rehydration solution (LO-ORS) to treat XX diarrhea Children, @NXX	1. Procurement of Micronutrient powder for 30,000 cartons @30,000*10,000=300,000.00. 2. procurement of zinc and low-osmolarity oral rehydration solution (LO-ORS) @ 10,000*50,000=500,000,000.00	800,000,000.00	800,400,000.00	840,420,000.00	882,441,000.00	926,563,050.00	4,249,824,050.00	
	Sub-total 3.3			800,000,000.00	800,400,000.00	840,420,000.00	882,441,000.00	926,563,050.00	4,249,824,050.00	
3.4	Protecting the Consumer through Improved Food Quality and Safety									
	Sensitization for food handlers, cook or vendor on food safety and hygiene	1 day sensitization meeting in the three (3) senatorial zone for 150 food vendor/ food handlers on food safety and hygiene	Hall hire @50,000*3=150,000. Honorarium for the 3 facilitator @20,000.00*3=60,000.00. feeding (tea and lunch) 4000*159=636,000.00. Transportation for participants @3,000*150=450,000. facilitators transportation@6,000*9=54,000.00. DTA for facilitator @8,928*9=80,352. stationaries@30,000.00*3=90,000.00	1,520,352.00	1,520,352.00	1,520,352.00	1,520,352.00	1,520,352.00	7,601,760.00	
	Sub-total 3.4			1,520,352.00	1,520,352.00	1,520,352.00	1,520,352.00	1,520,352.00	7,601,760.00	
IV	Result Area 4. IMPROVING CAPACITY TO ADDRESS FOOD AND NUTRITION INSECURITY									
	Sectors: Planning, M&E, Research and Finance									
	Interventions									
4.1	Assessing, Analyzing and Monitoring Nutrition Situations									

4.1	Assessing, Analyzing and Monitoring Nutrition Situations								
	Conduct on the job training for teachers and students on the Establishment/activation of school gardens.	i. Generate database of teachers & students in state ii. Conduct a planning meeting for relevant stakeholders on establishing school gardens - 20 persons x 1 x 5yrs iii. Conduct a feasibility study of the schools with gardens and the ones to be targeted for new ones or eligible for new ones.. iv. Conduct a 2-days training for teachers on establishing/activation school gardens - 10 Agric, Home Economic & Civic education teachers drawn from the state: a. One training per quarter x 4 = 4 trainings per annum iv. Establishment/activation of school garden - 50 gardens x 12 zones x 18 quarters v. Monitoring & evaluating of establishment/activation of school garden - 15 persons drawn from the relevant ministries & MDAs 4 x 5yrs	i. Administrative ii. Administrative iii. Administrative iv. Quarterly 2-days training for 50 teachers on establishing school gardens: Honorarium for resource persons = @N20,000 x 2 persons x 2 days x 5 zones x 2 times over 5 = N800,000 Lunch for 60 participants: @N4000 x 60 x 2 days x 5 x 2 = N4,800,000 Tea break (1st & 2nd) for 60 participants: @N2000 x 60 x 2 x 2 days x 5 zones x 2 times = N4,800,000 Local transport for 60 participants: @N3000 x 60 x 5 zones x 2 times = N3,000,000 Accommodation for 60 participants: N9000 x 60 x 3 nights x 5 zones x 2 times over 5yrs = N16,200,000 DTA for 60 participants: @8928 x 60 x 3 nights x 5 zones x 2 times over 5 yrs = N16,070,400 Training and writing materials for 60 participants: @N1000 x 60 x 5 zones x 2 times over 5yrs = N600,000 Bottle water for 60 participants: N@200 x 60 x 2 x 2 days x 5 zones x 2 times over 5yrs = N480,000	58,290,400.00	61,204,920.00	64,265,166.00	67,478,424.30	70,852,345.52	322,091,255.82

			Public address system & projectors: @N20,000 x 5 zones x 2 times over 5yrs = N200,000 iv. Establishment/activation of school gardens: Farming tools: Watering Can: @N5,000 x 2 watery cans x 50 gardens x 4 x 5yrs =N2,000,000 Hoe: @N500 x 5 hoes x 50 gardens zones x 4 x 5yrs =N500,000 Cutlasses: @N300 x 10 cutlasses x 50 gardens 4 x 5yrs =N600,000 Rake: @N600 x 2 rakes x 50 gardens x 4 x 5yrs =N240,000 Seeds: Quality Protein Maize: 2kg @N2000/Kg: 2000kg x 2 x 50 x 4 x 5yrs =N800,000 Spinach: 1kg @N1500: 2kg x 1500 x 50 gardens x 4 x 5yrs =N600,000 Sorrel: 1kg @N1500 2kg x 1,500 x 50 gardens x 4 x 5 yrs =N600,000 v. Monitoring & evaluating the schools gardens established and teachers trained: Honorarium for M&E activities = N20,000 x 15 x 4 x 5yrs = N6,000,000.						
	Organise in-service capacity building training to update teachers in primary and secondary school on food and nutrition.	i. Generate database of teachers in the state - administrative ii. Conduct Planning meeting with the relevant stakeholders	i. Administrative ii. Administrative iii. Administrative iv. Two days training for 50	48,450,400.00	50,872,920.00	53,416,566.00	56,087,394.30	58,891,764.02	267,719,044.32

Comments

Provide SBCC materials on Nutrition for teaching and learning of teachers and school children	i. Identify nutrition landscape and trends in the state ii. Conduct a review of existing materials if any & decide on the ones to adopt and/or develop - administrative iii. Conduct planning meeting on developing SBCC materials for secondary & primary school teachers - 10 persons from the relevant stakeholders x 1 x 5yrs iv. Conduct workshop for SBCC draft/materials/messages development - 50 participants drawn from the relevant ministries & MDAs, partners & experts: a. identify & review relevant SBCC materials relating to the topics b. identify the target audience c. identify the types of tools to be used for the SBCC d. develop contextual messages suited for the selected tools. v. Carry out expert review of the developed SBCC tools & messages for accuracy &	i. Administrative ii. Administrative iii. Organize a planning meeting of stakeholders on developing SBCC tools and materials: Refreshments: @₦2000 x 10 persons = ₦20,000 iv. Organize a 3-days workshop to develop SBCC tools and materials: DTA = @₦8928 x 50 persons x 4 nights x once over 5 years = ₦1,785,600 Lunch for 50 participants: @₦4000 x 60 x 3 days x once over 5yrs= ₦3,600,000 Tea break (1st & 2nd) for 50 participants: @₦2000 x 60 x 3 days x 2 x once over 5yrs = ₦3,600,000 Local transport for 60 participants: @₦5000 x 60 x 3 days x once over 5yrs = ₦900,000 Accommodation for 50 participants: ₦10000 x 60 x 4 nights x once over 5yrs = ₦2,400,000 Training and writing materials for 70 participants: @₦1000 x 70 x once over 5yrs = ₦70,000 Bottle water for 60 participants: ₦@200 x 60 x 3 days x once over 5yrs = ₦36,000 Public address system & projectors: @₦20,000 x 3	17,114,600.00	17,970,330.00	18,868,846.50	19,812,288.83	20,802,903.30	94,568,968.63
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Conduct a state study on functional traditional foods/ diets and use of under-utilized crops for dietary diversification	i, Planning meeting ii. Training of enumerators iii, Hiring of Consultancy firm iii. Enumeration exercise iv. Data analysis and visualation.	i Refreshments: @N2000 x 10 persons = N20,000 ii. Accommodation 10000x115=1,150,000, Hall @200,000 Transport @N5,000 x 115=575,000 Lunch @4000x115=460,000 Tea break@2000x115=230,000 Training materials:1000 x 125=125,000 Public address system & projectors:@N20,000 iii. Expert consultancy fee: @100,000x30days=3,000,000 Enumerators fee iv. @the consultants expenses 10,000*105*10=10,500,000 Supervisors 20,000*3*10=600,000	17,157,000.00	18,014,850.00			35,171,850.00	This activity can be captured in an integrated food & nutrition household survey or the state's household survey by ADSBS, MoA & MoH and rather than carrying it as a stand-alone survey.
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	Ensure adequate staffing of relevant MDAs at all levels implementing sectoral nutrition programmes with skilled and qualified nutritionists.	i. Generate a database of all the relevant MDAs - administrative ii. Filter the MDAs with skilled & qualified nutritionists and those without/gap analysis - administrative iii. Establishment of nutrition department and creation of budget line for nutrition in all line ministries. iv. Advocacy and request to the HoS/CSC for the recruitment of qualified nutritionists in the state. v. Monitoring & evaluation of those posted nutritionists.	i. Administrative ii. Administrative iii. Administrative iv. Refreshment for 15 members including CSOs @2000 x15=30,000 Transportation @ 5000x15=75,000 v. Organize a routine M&E activities to ensure adequate staffing of qualified nutritionists at all MDAs: Administrative		105,000.00					The HoS/CSC should handle recruitment of skilled and qualified nutritionists in the state after dedicated advocacy and request.
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	Awareness creation of gatekeepers (Traditional Rulers, Religious leaders) on functional and underutilized food crops.	i. Conduct planning meeting for conducting awareness creation & sensitization of gatekeepers. ii Conduct a feasibility study of the gatekeepers to target and eligibility. iii. Carry out sensitization and advocacy to those gatekeepers	i. Administrative ii Administrative iii. Organize advocacy and sensitization: Cost for advocacy & sensitization: Refreshments: @N2000 x 20 persons x 4 x 5yrs = N800,000 DTA for 3 staff = @N12,960 x 3 persons x 4 zones x 2 x 5yrs = N311,040 Fuel: @N50000 x 3 zones x 2 x 5yrs= N300,000 Photocopy of materials@N250 x 20 x 3 x 2 N30,000 Media material: @N2000 x 3 zones x 5yrs =N6,000	1,447,040.00	1,519,392.00	1,595,361.60	1,675,129.68	1,758,886.16	7,995,809.44	
	Sub-total 4.1			125,302,440.00	148,829,562.00	156,160,790.10	145,053,237.11	152,305,899.00	727,546,928.21	
4.2	Providing a Conducive Macro Economic Environment									
	Create nutrition desk and incorporate nutrition objectives into MDAs' development policies, plans and programmes.	i. Review MDAs existing policies, plans and programmes. ii. Planning meeting to incorporate nutrition objectives into MDA's plans, policies and programs with stakeholders. iii. 3-days workshop for review of policies, plans and	i. Administrative ii Refreshments: @N2000 x 50 persons x once over 5yrs = N100,000 Local transport for 50 participants: @N5000 x 50 once over 5yrs =N250,000 iii, Tea break for 50 participants: @N2000 x 50 x 3 days x once over 5yrs = N300,000 Local transport for 50	3,810,000.00	4,000,500.00	4,200,525.00			12,011,025.00	

		programs to incorporate nutrition objectives iv. conduct 3day memo writing and resource mobilization workshop for stakeholders in the various MDAs for food and nutrition activities	participants: @N5000 x 50 x 3 days x once over 5yrs =N750,000 Workshop materials for 50 participants: @N1000 x 60 x once over 5yrs =N60,000 Public address system & projectors:@N20,000 x once over 5yrs = N20,000 Hall hire @N200,000 x 3 days = N600,000 iv. ,Tea break for 50 participants: @N2000 x 50 x 3 days x once over 5yrs = N300,000 Local transport for 50 participants: @N5000 x 50 x 3 days x once over 5yrs =N750,000 Workshop materials for 50 participants: @N1000 x 60 x once over 5yrs =N60,000 Public address system & projectors:@N20,000 x once over 5yrs = N20,000 Hall hire @N200,000 x 3 days = N600,000						
	Sub-total 4.2			3,810,000.00	4,000,500.00	4,200,525.00	-	-	12,011,025.00
4.3	Social Protection Programs for the Vulnerable Groups								
	Conduct stakeholders meeting on validation of nutrition related investment and sectoral policies.	This activity should be linked with activity 4.2.1							

	Incorporate Nutrition considerations (e.g Mothers with SAM children, CCT) into social protection programs to address poverty, malnutrition and health of the vulnerable groups.	Facilitate the linking of this activity into Results Area 1.								
	Expand the coverage of the State's Contributory Health Care Insurance Scheme to incorporate the State's contributory/Community Health Insurance Services for vulnerable groups.	i. Conduct stakeholders meeting on expanding the coverage of the state's contributory healthcare insurance scheme. ii. Conduct advocacy to leaders of relevant stakeholders. iii. Conduct awareness creation for key decision makers in the three political zones.	i. Administrative ii. Administrative iii. Honorarium for 6 resource persons: @₦20,000 x 6 = ₦120,000 Hall hire @₦200,000 x 3 zones = ₦600,000 Lunch for 210 @₦4000: ₦4000 x 210 persons = ₦840,000 Tea break for 210 ₦2000: ₦2000x2x 210 = 840,000 Local transportation for 210 @₦5000: ₦5000 x 210 = ₦1,050,000 @₦20,000: ₦20000 x 3 = ₦60,000,	3,510,000.00	3,685,500.00	3,869,775.00	4,063,263.75	4,266,426.94	19,394,965.69	
V	Sub-total 4.3			3,510,000.00	3,685,500.00	3,869,775.00	4,063,263.75	4,266,426.94	19,394,965.69	
	Sectors: Education, Social Protection and Wash									
	Interventions									
5.1	Promote Advocacy, Communication and Social Mobilization									

	Create awareness on problems of malnutrition using the mass media (such as radio, TV drama, film documentaries, home video, and posters in local languages).	i. Conduct 1day planning meeting with key stakeholders. ii. Conduct a five-day technical meeting with 47 highly skilled professionals and stakeholders (12 professionals, 30 MDAs and 5 partners) to review existing information and data to identify information gaps and strategies to address the gaps and develop key messages to address identified gaps. iii Production of IEC materials. Jingles: 2 TV Station (public & private), 2 Radio stations (public & private) - 1 slots/day x 4 stations (TV & Radio) home video using the identified major languages in the state x 2	i Administrative. ii. Public address system: N10,000 - Stationary and writing materials - N700 x 47 = N32,900 Hall N100,000 DTA @16,000 x 6 x 42 = N4,032,000 Refreshment (2 tea breaks @ N1,200 each and 1 lunch N2500) = N4,900 x 47x5 = N1,151,500 Honorarium @20,000 x 2 x5 = N200,000 iii Bill Boards (8x12 feet) x N140,000 x 23 LGAs = N3,220,000. Posters in the 255 wards: N200 x (100 x 255) = N5,100,000 Total: N8,320,000 Production of Jingles: TV - N28,500 for 60 seconds Radio - N15,000 for 60 seconds Total: N43,500 Airing: Radio: 1 min - N10,000 x TV: 1 min - N27500 Total: N37,500 Total cost for a year: 64 slots in a year x N37,500 = N2,400,000 x 4 years = N9,600,000 Total = N23,489,900	13,889,900.00	2,400,000.00	2,400,000.00	2,400,000.00	2,400,000.00	23,489,900.00	
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5.1.1	Create awareness on problems of malnutrition, nutrition care and HH practices using the mass media (such as radio, TV drama, film documentaries, billboards and posters in local languages).	i Production of IEC materials. ii. Jingles: 2 TV Station (public & private), 2 Radio stations (public & private) - 1 slots/day x 4 stations (TV & Radio) using the identified major languages in the state x 2 . Conduct drama by Action oriented groups in communities etc., promoting wise choice of food, food diversification, fortification, home gardening and hygiene practices linked to- iii.. Food demonstration and nutrition counselling as ongoing in some secondary and primary health care facilities across 21 L.GA.	i Administrative. ii. Public address system: N10,000 - Stationary and writing materials - N700 x 47 = N32,900 Hall N100,000 DTA @16,000 x 6 x 42 = N4,032,000 2 tea breaks @ N1,500 each and 1 lunch N2500 = N4,000 x 47x5 = N940,000 Honorarium @20,000 x 2 x5 = N200,000 iii Bill Boards (8x12 feet) x N140,000 x 21 LGAs = N2,940,000 Posters in the 255 wards: N200 x (100 x 255) = N5,100,000 Total: N8,320,000 Production of Jingles: TV - N28,500 for 60 seconds Radio - N15,000 for 60 seconds <u>Total:</u> N43,500 Airing: Radio: 1 min - N10,000 x TV: 1 min - N27500 Total: N37,500 Total cost for a year: 64 slots in a year x N37,500 = N2,400,000 x 4 years = N9,600,000 Total = N23,489,900	13,435,400.00	13,435,400.00	13,435,400.00	13,435,400.00	13,435,400.00	67,177,000.00	This activity will be in partnership with MoI and NoA
5.1.2	Promotion and dissemination of research findings on food processing and preservation technology for use in villages and households	i. One-day meeting to develop/review research agenda in nutrition in the state (12 professionals and 20 from MDAs). ii Facilitate conduct	i. Refreshment (2 tea breaks @ N1,200 each and 1 lunch N2500) = N4,900 x 32x1 = N156,800 DTA@N16,000 x 32 = N512,000 ii. Administrative.	2,213,800.00	2,213,800.00	2,213,800.00	2,213,800.00	2,213,800.00		

5.1.3	Strengthen collaboration and synergy between relevant MDAs, L.GAs & local Committees on F&N, and between state & non-state actors.	Conduct a one-day bi-annual coordination meeting with relevant stakeholders including TWG, Steering Committees of all nutrition intervention plans and programmes, CSOs, partners, MDAs (50 participants).	Refreshment Refreshment: (1 lunch N3500) =N3,500 x 50 = N245,000 Local Transport @N3,000 x 50 = 150,000 Total N395,000 x 2 x 5 = N3,950,000	650,000.00	650,000.00	650,000.00	650,000.00	650,000.00		ministry of Health in collaboration non state actors and relevant MDAs
5.1.4	Conduct and Sustain advocacy to policy makers (Governor, Hon Commissioners for education, information, Budget, Health, Agriculture, Legislators, SSG, Wife of Governor and LGA Chairmen) at all levels for resource mobilization for food and nutrition activities including establishment of school farms & gardens	A quarterly advocacy to 8 government offices (Executive Governor, Head of MDAs, House of Assembly and LGA Chairmen). 24 persons to participate (14 from MDAs, 6 partners and 4 media).	Refreshment lunch @3,500 x 24 =84,000 N84,000 x 4 =N336,000	336,000.00	336,000.00	336,000.00	336,000.00	336,000.00		Ministry of Information in collaboration with SCFN
5.1.5	Conduct dissemination of appropriate standards on nutrition labels for packaged foods in Nigeria with stakeholders including NAFDAC, SON, RUWASSA, Consumer protection agency, Produce departments, Veterinary dept., relevant MDAs, CSOs, Institutions, and private sectors	i. Hold a 2-day meeting to obtain and adapt guidelines for nutrition labeling of packaged foods. ii. Conduct a two-day meeting with 40 persons (30 food industry owners and 10 from MDAs) to disseminate appropriate standards on nutrition labels for packaged foods. (a one-time activity)	i. tea break @ 1500 x26=39,000 lunch @ 3500x26=N91,000 Transport refund @ Total: N126,000 ii. Refreshment (1 lunch N3500) =N3,500 x 50 x 2 = N350,000 Public address @N10,000 Hall @N100,000 x2=200,000 Stationary - N700 x 50 =N35,000 Total N595,000	851,000.00	851,000.00	851,000.00	851,000.00	851,000.00		
	Sub-total 5.1			31,376,100.00	19,886,200.00	19,886,200.00	19,886,200.00	19,886,200.00	90,666,900.00	

5.2	Promoting Healthy Lifestyles and Dietary habits									
5.2.1	Promote awareness on good dietary habits and healthy lifestyles	Linked to activity 5.1.1								
5.2.2										
5.2.3	Develop and air Radio jingles and prepare leaflets and posters to promote good dietary practices and WASH at household, community levels and schools	Linked to activity 5.1.1; 5.1.13 and activity 4.1.3 in result area 4.								
5.2.3	Conduct capacity building of physical and health education teachers on the need for regular physical exercise & nutrition-sensitive education	i. One-day Planning meeting. ii. Two-day meeting of 15 participants to develop manual for training of teachers. (One time activity) iii. Two-day annual training of 600 primary and secondary school teachers (300 primary school physical and health education teachers and 300 secondary physical and health education teachers) each from the three Senatorial District. (6 resource persons)	i. Administrative. ii. Refreshment (2 tea breaks @N1,500 each, and 1 lunch N2500) =N4,000 x 15 x 2 = N120,000 Public address @N10,000 Hall @N100,000 DTA@N16,000 x 15 x 3 = N720,000 Stationary - N700 x 15 = N10,500 Honourarium @N20,000 x 2 x 2 N80,000 Total N1,067,500. iii. Refreshment (2 tea breaks @N1,500 each, and 1 lunch N2500) =N4,000 x 606 x 2 x 3 = N14,544,400 Public address @N10,000 x3 = N30,000 Hall @N100,000 x 3 = N300,000 DTA@N16,000 x 606 x 2 x 3 = N58,176,000 Stationary - N700 x 606 x 3 = N1,272,600 Honourarium @N20,000 x 6 x 3 = N360,000 Total N77,955,000 x 4 =N311,820,000 Grand total N312,887,500	76,053,100.00	74,985,600.00	74,985,600.00	74,985,600.00	74,985,600.00		

	Sub-total 5.2			76,053,100.00	74,985,600.00	74,985,600.00	74,985,600.00	74,985,600.00		
5.3	Research In Nutrition									
	Sub-total 5.3			-	-	-	-	-	-	
VI	Result Area 6. RESOURCE ALLOCATION FOR FOOD AND NUTRITION SECURITY AT ALL LEVELS									
	Sectors: Planning, M&E, Research and Finance									
	Interventions									
6.1	Promote Adequate Budgetary Allocation and Tracking									
	Conduct assessment at all levels on determinants of low financial investments in Food & Nutrition programs compared to other life-saving interventions in partnership with development partners private sector	i. Identify and map out line MDAs, LGAs & private sector on low financial investment in food & Nutrition programs ii Organize one - day Planning meeting for a 2 -day Assessment of financial investments on Food and Nutrition by State and LGAs iii. Develop and adapt Assessment Tools for financial investment on Food and Nutrition iv. Conduct Two - day training on Assessment tools for financial investment v. Conduct Field Assessment on financial investment on Food and Nutrition programs	i. Administrative ii. Planning Meeting - Refreshment @ N2000 x 50 = N100,000.00 iii. (a) hire a consultant to develop assessment tools = N500,000. 00. (b) one day meeting to adopt the assessment tools by the SCFN @ 2,000x50=N100,000 iv. Conduct Two - day training on Assessment tools for financial investment Accommodation @ N10,000 x 3 nights x 30 participants = N900, 000 Tea Break @N 2000 x 2 x 35 ppl x 2day= N280,000 Lunch@ N4000 x 35ppl x 2day= N280,000, Hall hire @ N150,000 x 2 days = N300,000 Projector & Screen @ 10,000 x 2 = N20,000 PA Sys @ N10,000 x 2 = 20,000 W/Shop Materials @ N1000 x 35ppl= N30,000 Report Writing @ 10,000 DTA @ 8,928 x 30 ppl = N267,840	N4,050,245	4,252,757	4,465,395	4,688,665	4,933,098	22,390,160.00	

		(bi-annual) vi. Sharing of Assessment report and review of the Strategic Plan	Facilitator @ 20,000 x day x 2 ppl = N40,000 Transportation @ 5,000 x 30 ppl = N150,000 Sub Total= N2,997,840 v. Conduct field Assessment by SCFN at state and LGA levels - DTA @ 6,041 x 23 ppl x 5days= N694,715.00 - Fueling @ 10,000 per zone x 3 x 5days = N150,000.00 - Driver @ N4,320 per zone x 3 x 5days = N64,800.00 - Report Writing @ 10,000 x 3 = N30,000.00 Sub Total= N939,515.00 vi. Conduct one-day Stakeholders' Forum on Sharing of Assessment report and review of the Strategic Plan - Tea Break @N 1,500 x 2 x 50 ppl x 1day= N150,000 - Lunch@ N2,500 x 50ppl x 1day= N125,000 - Hall hire @ 100,000 - Projector & Screen @ 10,000 - PA Sys @ N10,000 - W/Shop Materials @ N700 x 50ppl= N35,000 - Report Writing @ 10,000 - Transportation @ 3,000 x 50 ppl = N150,000 - Facilitators @ 20,000 x 1day x 2 ppl = N40,000 Sub Total= N630,000.00 N4,050,245						
Conduct regular budget tracking and apply lessons learnt to all-levels of F &N budgeting processes.	i. Organise one day planning meeting for Budget Tracking including mapping of LGAs and relevant stakeholders according to zones	i. Administrative ii. Two day training for 59 participants (in Yola) - Facilitators @ N20,000 x 2 x 2 days = N80,000.00 - Accommodation (for 21LGA Nutrition Officers &	5,331,960	5,598,558	5,878,486	6,172,410	6,481,033	29,462,447.00	

		- Hall hire @ N150,000, - Projector & Screen @ 10,000 - PA Sys @ N10,000 - W/Shop Materials @ N1000 x 34 ppl= N34,000 - Transportation @ 5,000 x 34 ppl = N170,000 Sub Total= N694,000 TOTAL = N5,331,960.						
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Develop Score Cards of lessons learnt on Budget tracking & applications to ADMSPAN plan	i. Compile lessons learnt on Budget Tracking of Food and Nutrition interventions across line MDAs and LGAs ii. Develop Scorecard template for Budget Performance on Food and Nutrition interventions. iii. Validate the Scorecard Template by major Stakeholder in Nutrition iv. Organize a one day sensitization meeting on Nutrition Scorecard development v. Organize an Annual Budget Tracking Scorecard Forum on Food and Nutrition (participants to include ALGON, Commissioners, Legislature, etc)	i. Administrative ii. Produce Bi-annual Scorecard on Food & Nutrition intervention at all level - Printing of scorecard @ N2,000 x 100 x 2 = N400,000 iii. Validation of Scorecard - Refreshment for 50 key Stakeholders @ N2,000 x 50 = N100,000 iv. Organize Sensitization for 100 persons (within Yola Metropolis) - refreshment N 2000 x 100 = 200,000 - Hall hire @ N150,000, - Projector & Screen @ 10,000 - PA Sys @ N10,000 - Report Writing @ 10,000 - Transportation @ 5,000 x 100 ppl = N500,000 - Facilitators @ 20,000 x 1day x 2 ppl = N40,000 Sub Total= N1,420,000 v. One Day Annual Budget Tracking Scorecard Forum on Food and Nutrition for High level participants including Partners & CSOs - Refreshment @ N2000 for 40 persons = N80,000 - Lunch @ N4,000 for 40 persons = N160,000 - Hall Hire @ N150,000 - Facilitators @ 20,000 x 1day x 2 ppl = N40,000 - PA Sys @ N10,000 - Report Writing @ N10,000 - Transportation @ 5,000 x 30 ppl = N150,000 Sub Total= N600,000.00 TOTAL = N2,020,000	2,020,000	2,121,000	2,227,050	2,338,403	2,455,323	11,161,775.60
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Participate in bi-annual National Council on Nutrition meeting	i. Articulate key outcomes of the State Committee on Nutrition Meeting for presentation at National Council on Nutrition - Administrative ii Participate at National Council on Nutrition	i. Articulate key outcomes of the SCFN Meeting - Administrative ii. Attend Bi-Annual National Council meeting by (ASPC Chair, Perm. Sec. ES ADPHCDA, Commissioner of Health, SNO) DTA, Flight and Logistics =N 6,000,000 Sub-total = N6,000,000 TOTAL N6,000,000	6,000,000	6,300,000	6,615,000	6,945,750	7,293,037	33,153,787.50	
Organize quarterly Nutrition Partners meetings at state and LGA levels	i. Organise a planning meeting to map out Nutrition Partners at State and partners ii. Organize state level Nutrition Partners and MDAs quarterly one - day meeting	i. Planning Meeting - Refreshment @ N2000 x 15 = N30,000 ii. Organize state level Nutrition Partners and MDAs quarterly one - day meeting - Tea Break @N 2000 x 2 x 53 ppl x 1day= N212,000 - Lunch@ N4,000 x 53ppl x 1day= N212,000 - Hall hire N150,000 - Bottle Water @ N200 x 2 x 53ppl x 1day= N21,200 - Projector & Screen N10,000 - Photo copy W/Shop Material @ N250 x 53ppl = N13,250 - Report Writing @ 10,000 - Transportation @ 5,000 x 44 ppl = N220,000 - Facilitators @ 20,000 x 1day x 2 ppl = N40,000 Sub Total= N888,450	888,450	932,873	979,516	1,028,492	1,079,917	4,909,247.53	

Organize quarterly meetings of committee on Food and nutrition at state and LGA levels	i. Organise planning meeting for agenda setting, dates and responsibilities and expected outcomes ii. SCFN to lead high level advocacy visits to Wives of LGA Chairmen on the need to establish and support the effective running of Local Government Committee of Food and Nutrition iii. SCFN to establish and facilitate the conduct quarterly LGA Food and Nutrition Committee Meeting v. Produce an annual compendium on State and LGA Committees activities, success stories lessons learnt, etc	i. Planning Meeting - Refreshment @ N2,000 x 10 = N20,000 ii. SCFN to lead high level advocacy visits to Wives of LGA Chairmen: - DTA @ 20,000 x 21 ppl = N420,000.00 Sub Total= N440,000.00 iii. Conduct quarterly LGA Food and Nutrition meeting: - DTA N8,928 x 21 = N187,488 - Transportation 10,000 x 21 = N210,000 Sub Total= N397,488.00 v. Hosting of annual compendium on food and nutrition interventions on ASPC website - Administrative	837,488	879,362	923,330	969,497	1,017,971	4,627,648.90	
Organize annual State Nutrition Networking meeting of all nutrition stakeholders	i. Resuscitate Nutrition Networking Annually i	i. Organize meeting for the re-activation of Nutrition Networking - Refreshment for 26 persons @ N2,000 x 26 = N52,000 N52,000.00	52,000	54,600	57,330	60,196	63,206	28,733.00	

Validation of policy on Food and Nutrition and the Plan of Action at the State Level	i. Develop and disseminate Adamawa State Policy on Food and Nutrition ii. Dissemination of the State Policy on Food and Nutrition document iii. Development and dissemination of Adamawa State Multi-Sectoral Strategic Plan of Action for Food and Nutrition (ADMSPAN) iv. facilitate the Development of operation plan of Adamawa State Multispectral Strategic Plan of Action for Food and Nutrition (ADMSPAN) by MDAs/21 LGAs	i. Print & Disseminate 500 copies of State Policy of Food & Nutrition - ASPC to fund the dissemination ii. Hosting of Policy on Food and Nutrition by ASPC- Administrative iii. Printing of 500 copies of Adamawa State Multi-Sectoral Strategic Plan of Action for Food and Nutrition (ADMSPAN) @2,000 x 500= N1,000,000.00 - Hosting of Adamawa State Multi-Sectoral Strategic Plan of Action for Food and Nutrition (ADMSPAN) at PBC website - Administrative - Distribution of Adamawa State Multispectral Strategic Plan of Action for Food and Nutrition (ADMSPAN) to stakeholders - @ 200, 000 for courier services and fueling of vehicles = N200,000.00 iv. Administrative - MDA/LGAs to use their budget for development of the operational plan or Development Partners support	1,200,000	1,210,000	1,270,500	1,340,025	1,400,726	6,421,251.00
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Advocate for the creation of budget lines on Food and Nutrition activities in MDAs/LGAs and ensure timely release of funds	i. Identify Nutrition advocacy champions/ambassadors ii. Organise a one - day workshop to develop a MDAs/LGAs Nutrition Budget Line Advocacy Plan (including advocacy message/brief, etc) iii. Conduct evidence based advocacy with civil society to relevant policy makers on the need to create budget lines on food and nutrition and ensure timely release of funds at state and LGA levels	i. Administrative ii. Develop Advocacy Plan for MDAs/LGAs for creation Budget Line and ensure release of fund on Food & Nutrition - Tea Break @N 2000 x 2 x 40 ppl x 1day= N160,000.00 - Lunch@ N4000 x 40ppl x 1day= N160,000.00 - Hall hire @ N150,000 - Projector & Screen @ 10,000 =10,000.00 - PA Sys @ N10,000 x 4 = N10,000.00 - Meeting files @ N1000 x 40 ppl= N40,000.00 - Transportation @ 5,000 x 40 ppl = N200,000.00 Sub Total= N730,000 iii. Advocacy visit to Governor, Legislature, Hon. Commissioners and 21 LGAs Chairmen Refreshment N2000 x 30 -N60,000.00 (Annually) Total =790,000	790,000	793,000	796,150	799,457	802,930	9,981,537.38
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Build the capacity of Nutrition desk officers in MDAs/LGAs through training & retraining on resource mobilization and allocation	i. Hold a planning meeting to collate a database of Nutrition Desk Officers in line MDAs/LGAs - Administrative ii. Organise a 2- day workshop on resource mobilization and allocation and Grant proposal development for capacity building of Nutrition desk officers in line MDAs/LGAs annually iii. Develop and regularly update resource Mobilization and Allocation Plan at MDA/LGA levels - Administrative iv. Organize a two-day bi-annual refresher training on resource mobilization and allocation for Nutrition Desk Officers in MDAs/LGAs (47participants)	i. Planning Meeting - Refreshment @ N2000 x 26 = N52,000 ii. Two day Training Workshop for 60 participants (in Yola) Accommodation @ N10,000 x 3 nights x 23 participants = N690,000.00 Tea Break @N 2000 x 2 x 65 ppl x 2day= N520,000 Lunch@ N4000 x 65ppl x 2day= N520,000, Hall hire @ N150,000 x 2 = N300,000.00, Projector & Screen @ 10,000 x 2 = N20,000.00 PA Sys @ N10,000 x 2 = N20,000.00 W/Shop Materials @ N1000 x 60ppl= N60,000 Report Writing @ 10,000 DTA @ 8,928 x 3nights x 23 ppl = N616, 032.00, Facilitator @ 20,000 x 2day x 2 ppl = N80,000 Transportation @ 10,000 x 62 ppl = N620,000 Sub Total= N3,508,032 (Once off) iii. Administrative iv. Two day Refresher Training Workshop for 47 participants (in Yola) Accommodation @ N10,000 x 3 nights x 47 participants = N1,410,000.00 Tea Break @N 2000 x 50 ppl x 2 x 2day= N400,000 Lunch@ N4000 x 50ppl x 2day= N400,000, Hall hire @ N150,000 x 2 = N300,000.00, Projector & Screen @ 10,000 x 2 = N20,000.00	3,508,032	4,435,848.00	4,657,640.40	4,890,522	5,135,049	22,627,091.32	
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			PA Sys @ N10,000 x 2 = N20,000.00 W/Shop Materials @ N1000 x 47ppl= N47,000 Report Writing @ 10,000 DTA @ 8,928 x 3nights x 47 ppl = N1,258,848, Facilitator @ 20,000 x 2day x 2 ppl = N80,000 Transportation @ 10,000 x 49 ppl = N490,000 Sub Total= N4,435,848 (Annual)							
	Conduct monitoring & evaluation on food and nutrition activities in collaboration with partners, CSOs and the private sector	i. Planning meeting to facilitate Monitoring & Evaluation of Nutrition Activities ii. Compile report on nutrition activities across all levels iii. Conduct quarterly monitoring of food and nutrition activities using ICT tools iv. Produce and disseminate monitoring report	i. administrative ii. Administrative iii. Monitoring visit across the State by 4 persons per zone for 5 days - DTA @ 8,928 x 4 ppl x 5nights x 3 zone = N535,680 - Fueling @ 30,000 per zone x 5days x 3 = N450,000.00 - Driver @ N4,320 per zone x 3 x 5nights = N64,800.00 - Report Writing @ 10,000 x 3 = N30,000.00 Sub Total= N1,080,480	1,080,480	1,134,504	1,191,229	1,250,791	1,313,330	5,970,334.05	
	Conduct research on food and nutrition activities in collaboration with partners, private sector and research institutes	i. facilitate the Resuscitation of Committee for the production of local Complementary food ii. Commissioning of research institutes to develop local Complementary food	i. Plan meeting - Refreshment @ N1,500 x 15 = N22,500 ii. ASPC to facilitate		22,500				22,500.00	Is this a one off activity.

	Build the capacity of Nutrition implementers (OICs, NFPs, M & E, Agric extension officers and other nutrition officers/ workers) at state, LGA and community levels on the use of data tools for capturing of Nutrition activities	i. Planning meeting for the training of nutrition implementers on the use of data tools for capturing of Nutrition activities ii. Engage a consultant to train nutrition implementers on the use of data tools for capturing of Nutrition activities at LGA and community levels	i. Planning Meeting - Refreshment @ N2,000 x 10 = N20,000 ii. The budget for training of nutrition implementers on the use of data tools for capturing of Nutrition activities at LGA and community levels had been embedded in 6.1.13 above.	20,000					20,000.00	
	Conduct results based monitoring and evaluation for nutrition activities	i. Establishment of Based line for nutrition key indicators database ii. Collect performance of nutrition interventions across all levels. Iii. Conduct monitoring of nutrition activities across all levels iv. Conduct evaluation of nutrition activities across all levels	i. Administrative ii. Administrative iii. ASPC to Monitor nutrition performance indicators based on established KPI at both State and LGA levels - Administrative (via dash board) iv. ASPC to Evaluate outcomes and impact of nutrition intervention using budget performance visa vis Households Survey finding. - Two Day Evaluation meeting: Refreshment for 20 evaluators @2,000 x 20 x2= N80,000 Transport @5,000 x 20 = 200,000 Sub-total = N280,000.00	280,000	294,000	308,700	324,135	340,342	1,547,176.75	
	Grand Totals 6.1			22,008,410	28,029,002	29,370,327	30,808,343	32,315,960	152,323,690	

Annex : Reviewed Documents

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