

# SCFN Orientation Package: Training Slides

August 21, 2023

# Introductions

# Orientation Outline

- Opening
- Unit 1: Nutrition and Malnutrition Fundamentals
- Unit 2: Nutrition Policy Environment in Nigeria
- Unit 3: Roles and Linkages between Nutrition Coordination Committees
- Unit 4: SCFN Monitoring, Evaluation, and Reporting
- Unit 5: Action Plan to Operationalize Nutrition Coordination Committees
- Unit 6: Gender and Equity
- Closing

# Orientation Sample Agenda

Time	Day 1	Day 2	Day 3	Day 4
<b>8:30-9:00</b>	Registration	Recap of Day 1	Recap of Day 2	Recap of Day 2
<b>9:00-9:30</b>	Session A.1: Opening and Introductions	Session 2.1	Session 3.1	Session 4.5
<b>9:30-10:00</b>	Session A.2: Training Objectives and Expectations	Session 2.2		Session 4.7
<b>10:00-10:30</b>	Session 1.1	Session 2.3	Session 3.2	Session 4.6 and 4.8
<b>10:30-11:00</b>	Tea break			
<b>11:00-11:30</b>	Session 1.1 Cont'd	Session 2.3 Cont'd	Session 4.1	Over flow
<b>11:30-12:00</b>	Session 1.2	Session 2.4		Session 5.1
<b>12:00-12:30</b>				Session 5.2
<b>12:30-13:00</b>		Session 2.5		Session 4.2
<b>13:00-14:00</b>	Lunch			
<b>14:00-14:30</b>	Session 1.2 Cont'd	Session 2.5 Cont'd	Session 4.3	Session 6.1
<b>14:30-15:00</b>				
<b>15:00-15:30</b>	Session 1.3	Session 2.6	Session 4.4	Session 6.2
<b>15:30-16:00</b>				
<b>16:00-16:30</b>			Session 2.7	Session 4.5
<b>16:30-17:00</b>	Session 1.4	Session 2.9 and 2.9	Closing	Session Z.1 and Z.2 Closing
<b>17:00-17:30</b>	Tea Break			

# Introductions

Please introduce yourself:

- Your name, location and job/role in MDA or SCFN
- Explain how nutrition is important to you and your work
- What do you want to get from this session?
- What question have you always wondered about—related to global nutrition?

# Orientation Objectives

By the end of this training, participants will be trained on:

1. The nutrition situation in Nigeria
2. The policy environment for nutrition and the Nigeria Multi-Sectoral Nutrition Coordination Framework
3. The composition, roles, and responsibilities of SCFNs at local government level
4. The linkages between SCFN, technical planning committees (TPC) and councils
5. The criteria for measuring functionality of SCFN
6. The SCFN monitoring and reporting on coordination of multi-sectoral nutrition interventions
7. How to develop an action plan to operationalize SCFN areas for improvement based on their Organizational Capacity Assessment Tool (OCAT)
8. How to apply gender (sensitive and transformative) and equity to SCFN work and to multisectoral nutrition plans

# Orientation Housekeeping

- Orientation to format (e.g., units, activities, support)
  - The training is divided into six Units, with opening and closing sessions. The orientation is designed to take place over three or four days
  - Review Orientation Package material and agenda are reviewed
  - Note additional resources available (next slide)
- Ground rules and expectations
- Complete pre-training assessment

# Orientation Housekeeping

- Accessing resources (e.g., handouts, online reference materials)
  - The handbook includes annexed reference materials to support you during this orientation and when you return to your state/LGA.
  - Other materials that are important for you are:
  - National Policy on Food and Nutrition (2016–2025)
  - National Multisectoral Plan of Action for Food and Nutrition (2021–2025)
  - Health Sector National Strategic Action Plan for Nutrition (2021–2025)
  - Agricultural Sector Food Security and Nutrition Strategy (2016–2025)



# Personal Reflection

In your participant handbook, write three expectations you have about the orientation.

- Check back on them at the end of the training to see if they were met.

# UNIT 1: NUTRITION AND MALNUTRITION FUNDAMENTALS

# Agenda

This unit covers:

- Session 1.1: What is nutrition and why it matter?
- Session 1.2: Key Concepts and Terms
- Session 1.3 Causes of Malnutrition
- Session 1.4 Vulnerable Groups

# SESSION 1.1: WHAT IS NUTRITION AND WHY DOES IT MATTER?

# What is Nutrition?

- Nutrition encompasses the process of obtaining, consuming, and utilizing nutrients from food to support growth, health, and overall well-being in individuals.
- Nutrients derived from food are essential elements that enable proper bodily functions, making nutrition a vital aspect of human life
- Nutrition significantly impacts health and development, influencing factors such as infant, child, and maternal well-being, immune strength, pregnancy safety, and longevity.

# What is Nutrition?

- Improved nutrition enhances learning outcomes in children, boosts productivity, and provides avenues to break the cycles of poverty and hunger.
- Nutrition is influenced by a range of factors including cultural practices, socioeconomic status, food access, and individual dietary choices, making it a dynamic and multifaceted field.
- To promote and maintain good nutrition, a holistic approach involving education, public policies, healthcare interventions, and community engagement is necessary to enhance overall health and well-being.

# What is Malnutrition?

- Malnutrition encompasses deficiencies, excesses, or imbalances in energy and nutrient intake, resulting from inadequate diet or the body's inability to use food due to illness.
- Malnutrition includes a focus on both the availability of quality food and the body's capacity to consume and utilize it effectively.
- Malnutrition in its various forms poses significant health risks, ranging from undernutrition to overweight and associated noncommunicable diseases.

# What is Malnutrition?

- The world faces a dual burden of malnutrition, affecting low- and middle-income countries, with undernutrition and overweight coexisting.
- Malnutrition includes manifestations such as undernutrition (wasting or stunting), vitamin or mineral deficiencies, obesity, and diseases related to dietary patterns.
- The global impact of malnutrition is felt across development, economic, social, and medical spheres, affecting approximately one-third of the world's population, particularly women and children, underscoring the need for urgent intervention.



# Why is Nutrition Important?

- Extensive research highlights the dire consequences of malnutrition, leading to loss of life and significant economic burdens on healthcare systems and a nation's GDP.
- WHO's global estimates emphasize the critical nature of malnutrition:
  - Undernutrition contributes to approximately 45% of child deaths under 5, mainly in low- and middle-income countries.
    - Anaemia is a major challenge, affecting 40% of children under 5; Stunting affects 149.2 million children under 5
  - Overweight and obesity are alarming, with 1.9 billion adults and 38.9 million children under 5 affected, particularly in higher-income countries.

# Why is Nutrition Important?

You may not realize it, but malnutrition impacts virtually all sectors.

Good nutrition is the foundation for human health and productivity, so it is important nutrition relevant sectors which are represented in the SCFN.

# Group exercise: Importance of Nutrition

Let's discuss why nutrition is important for us. Brainstorm answers to the questions below and hold a brief group discussion about the findings.

- Why is understanding nutrition essential for you in your work? How does malnutrition affect your work?
- How can addressing malnutrition strengthen or further your work?
- What do you need/want to learn more about?

# SESSION 1.2: KEY CONCEPTS, TERMS AND DEFINITIONS

# Terms and Definitions

- These terms are the foundation for some of our most basic concepts and frameworks and are important to use with precision.
- This is not an exhaustive list. It is only intended to give SCFN members more background on their work.

# Malnutrition

## Undernutrition

Acute malnutrition	Micronutrition deficiencies	Chronic (stunting)
Moderate acute malnutrition (MAM)	Vitamin A, iron, iodine, folate, zinc	Moderate stunting
Severe acute malnutrition (SAM)		Severe stunting

## Overnutrition

Overweight

Obesity

# Malnutrition

- Deficiencies, excesses, or imbalances in a person's intake of energy and/or nutrients; a condition that results when a person's diet does not provide adequate nutrients for growth and maintenance, or if a person is unable to fully utilize the food eaten due to illness.
- Two main categories:
  - Undernutrition
    - Acute malnutrition (thinness)
    - Chronic malnutrition (poor growth)
    - Micronutrient deficiency
  - Overnutrition
    - Overweight
    - Obesity

# Double/Triple Burden of Malnutrition

- The “triple burden” is the combination of three different forms of malnutrition:
  - (1) undernutrition (wasting, stunting);
  - (2) overnutrition (overweight, obesity); and
  - (3) micronutrient deficiencies. It is a growing global problem.



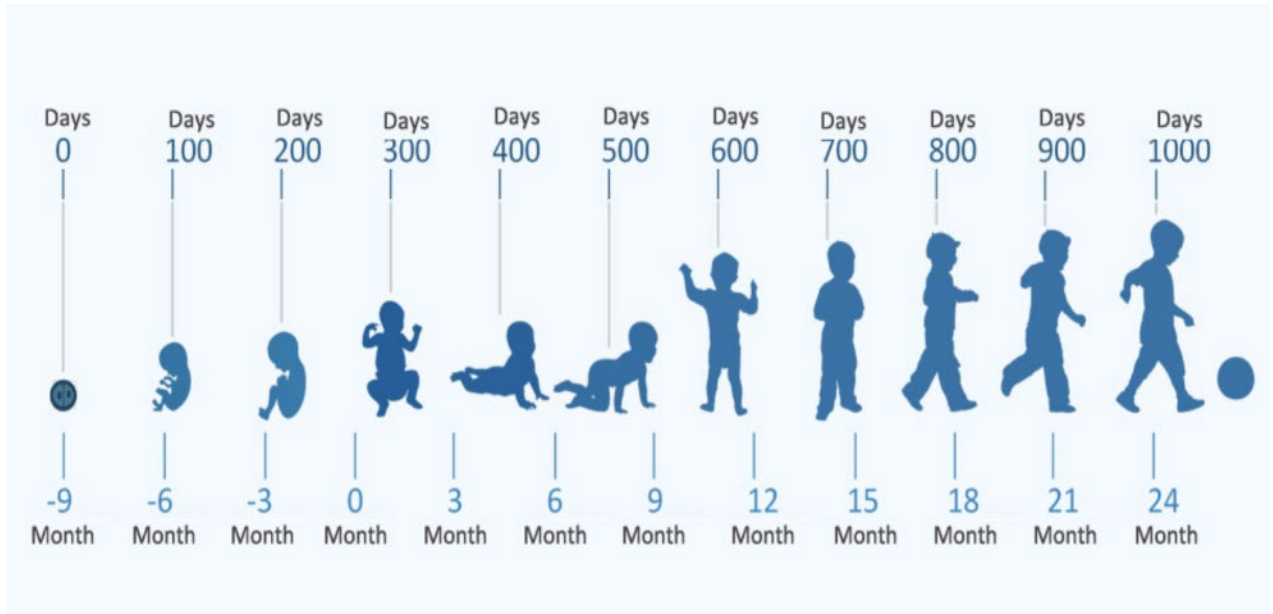
# Food Security

- When all people at all times have both physical and economic access to sufficient food to meet their dietary needs for a productive and healthy life.

# Hunger

- An uncomfortable or painful sensation caused by insufficient food energy consumption, food deprivation, and the distress associated with lack of food, specifically, consuming less than 1,800 calories per day.

# First 1,000 Days



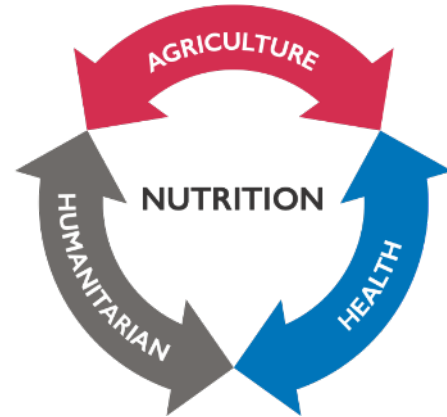
# First 1,000 Days (UNICEF video)



# Multi-Sectoral Approach

Works across sectors for these results:

1. Increased equitable provision and utilization of high-quality nutrition services.
2. Increased country capacity and commitment to nutrition.
3. Increased multi-sectoral programming and coordination for improved nutrition outcomes.
4. Increased global nutrition leadership.



USAID. 2014c. *Multi-Sectoral Nutrition Strategy 2014–2025*. Washington, DC: USAID.  
[https://www.usaid.gov/sites/default/files/documents/1867/USAID\\_Nutrition\\_Strategy\\_5-09\\_508.pdf](https://www.usaid.gov/sites/default/files/documents/1867/USAID_Nutrition_Strategy_5-09_508.pdf)

# Micronutrient Deficiency

- Insufficient intake or utilization of specific nutrients
- Commonly associated with wasting, stunting, underweight, overweight/obesity
- No visible symptoms (until severe)
- Largest public health concern: iron, iodine, folate, vitamin A, and zinc

# Nutrition Situation

- This describes the result of all factors that contribute to the nutrition outcomes of the population.
- They include, among others, factors that cause malnutrition, the existing multi-sectoral nutrition-related interventions, stakeholders, and the food security situation.

# Overnutrition





# Obesity

- Obesity is a range of weight that is much greater than what is generally considered healthy for a given height.
- For adults, obesity is having a BMI of 30 or higher. In children under five, obesity is a BMI-for-age z-score that is more than three standard deviations ( $> +3$  SD) above the median of the WHO Child Growth Standards.
- In children ages 5–19, obesity is a BMI-for-age z-score that is more than two standard deviations ( $> +2$  SD) above the median.

# Overweight

- Overweight is a range of weight that exceeds what is generally considered healthy for a given height.
- For adults, overweight is having a body mass index (BMI) from 25 to 29.9.
- In children under five, overweight is a BMI-for-age z-score more than two standard deviations ( $> +2$  SD) above the median of the World Health Organization (WHO) Child Growth Standards. In children ages 5–19, overweight is a BMI-for-age z-score more than one standard deviation ( $> +1$  SD) above the median.

# Undernutrition



**CHILD STUNTING**  
Low height for age



**CHILD WASTING**  
Low weight for height



**CHILD UNDERWEIGHT**  
Low weight for age



**MICRONUTRIENT DEFICIENCY**  
Iron, folate, vitamin A, zinc, iodine below healthy thresholds

■ NORMAL

■ MALNOURISHED

Adapted from: IFPRI (International Food Policy Research Institute.) 2016. *Global Nutrition Report 2016.: From Promise to Impact: Ending Malnutrition by 2030.* Washington, DC: IFPRI.

# Stunting

Low height for age based on international standards (WHO 2020b)

- Results from exposure in utero, infancy, and childhood to a variety of factors, including, but not limited to—
  - inadequate nutrition and nutrient-poor food
  - repeated illness
  - poor sanitation.
- A marker of a deficient environment to which children are exposed
- Associated with, but is not a direct cause of—
  - mortality and morbidity
  - poor child development and learning difficulties in school
  - lower average earnings as adults
  - poor maternal health outcomes later in life and poor birth outcomes (Black et al. 2013; USAID 2014c).

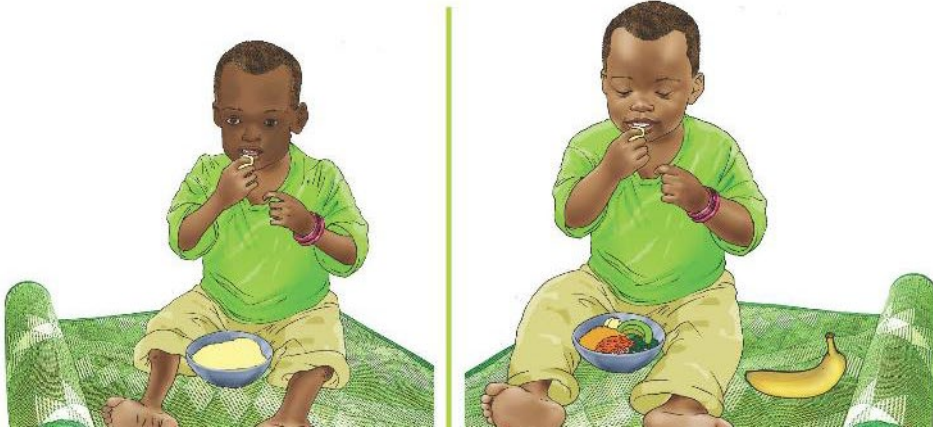


# Underweight

- Low weight for age
- Less specific measure
- Used as composite measure for malnutrition through growth monitoring (USAID 2014c).

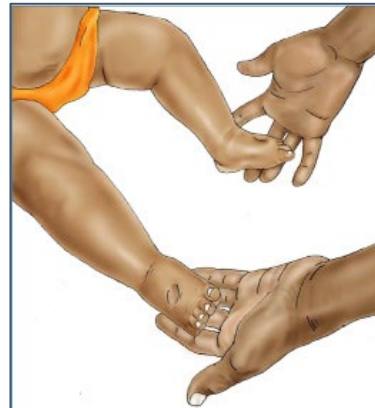
# Wasting

- Low weight for height, or acute malnutrition
- Characterized by rapid weight loss, lowered immune function, and increased susceptibility to infections
- Associated with a ninefold increase in the risk of mortality
- Clear treatment protocols exist
- Children may be both wasted and stunted simultaneously increasing risk of mortality.

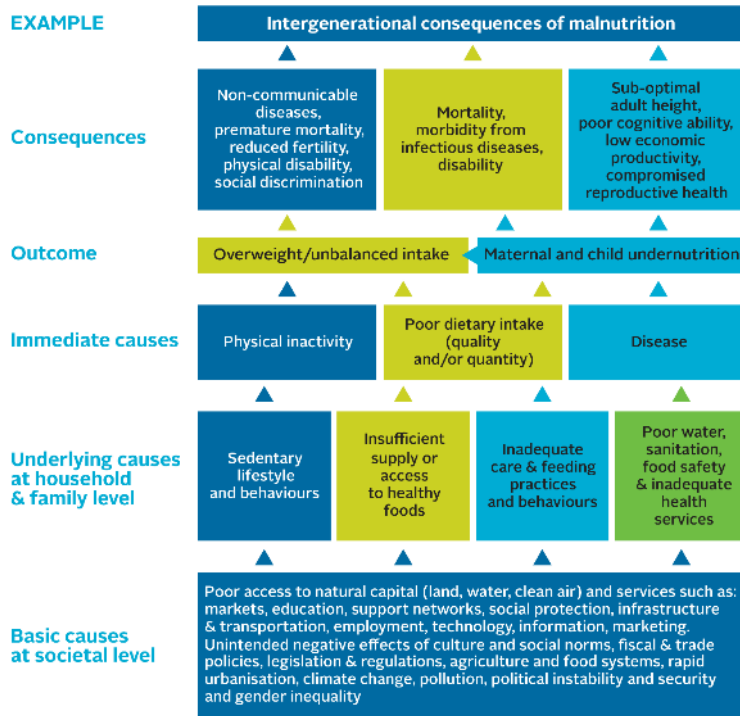


# Edema

- Previously called kwashiorkor
- Characterized by body swelling that starts from the feet/hands
- Form of severe acute malnutrition due to illness, insufficient food intake, or both



# Intergenerational Consequences of Malnutrition





# Group exercise: Causes of malnutrition

- Brainstorm and discuss the causes of malnutrition within the state
  - Be sure to discuss the challenges in each department (e.g., education, health, agriculture, planning, water, social development, trade and industry, and administration) that could contribute to malnutrition.
- Write each challenge on a card and display it at the front of the room

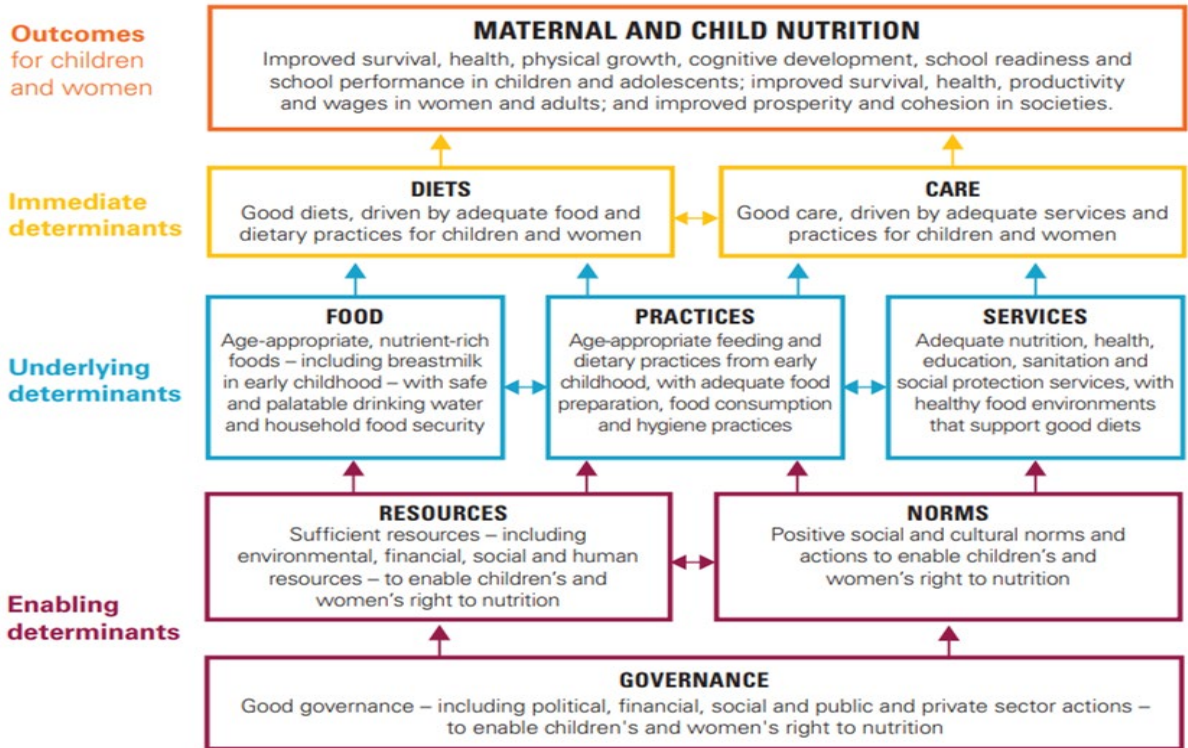
# SESSION 1.3: CAUSES OF MALNUTRITION

# Discussion

What are the causes of malnutrition?

What are some of the possible factors behind those causes?

# UNICEF Conceptual Framework



UNICEF. 2020. *UNICEF Conceptual Framework on Maternal and Child Nutrition*.

<https://www.unicef.org/documents/conceptual-framework-nutrition>

# Immediate Causes of Malnutrition

- The first category, immediate determinants, refers to nutrient intake and health status that affect nutritional status in interrelated ways.
- Inadequate nutrient intake may result from eating too little food overall, or from a diet that lacks diversity or is missing nutrients.
- Likewise, a person's health status can affect nutrition, as certain conditions can affect the individual's nutrition needs as well as how the body consumes and utilizes nutrients.
  - For example, living with chronic diseases such as human immunodeficiency virus (HIV) increases nutritional needs but may limit appetite.
- Repeated diarrhea, which often results from poor sanitation and hygiene, can damage the intestinal lining's capacity to absorb nutrients.

# Underlying Causes of Malnutrition

The second category is referred to as underlying determinants of malnutrition. These include factors that affect the direct or immediate causes, specifically—

1. food insecurity
2. care capacity and practices
3. health services
4. water, sanitation, and hygiene (WASH) and food safety

# Underlying Causes of Malnutrition: Food Insecurity

- Occurs when people are unable to meet their minimum food requirement over a sustained period of time.
- Food security exists when all people at all times have both physical and economic access to sufficient food to meet their dietary needs for a productive and healthy life.
- Food security is determined by a variety of factors, including the stability in a setting, availability and affordability of food, and no reported indications of food-access problems or limitations.

# Underlying Causes of Malnutrition: Care Capacity and Practices

- Another important underlying factor in malnutrition is how people care for themselves and others, including children, which is influenced by their capacity, knowledge, skills, available time, space, and other resources for adequate feeding and care practices.
- Caregivers at the household level as well as health service providers require sufficient capacity and resources to provide safe and nurturing care to others.



# Underlying Causes of Malnutrition: Health and WASH

- Health services, including essential nutrition actions, immunization and treatment of illnesses, affects health status and thereby nutrition.
- WASH and food safety have important implications for nutrition, since intestinal infections and other illnesses can be transmitted through unsafe practices related to food, water, and the physical environment.

# Enabling Determinants of Malnutrition

The last category is basic determinants of malnutrition, involving factors of a more structural nature. These causes relate to the availability, access to, and distribution of resources

- political
- legal, and cultural forces in the enabling environment
- education
- poverty
- income inequality
- institutions

# Group Exercise: Consequences of Malnutrition

1. Be sure to discuss the challenges in different ministries, departments, and agencies (MDAs) that could contribute to malnutrition.
  - e.g., education, health, agriculture, planning, water, social development, trade and industry, and administration
2. Write each challenge on a card and display it at the front of the room.
3. In groups, ask participants to discuss the possible causes of malnutrition in their State/ local government area (LGA). Make sure participants discuss the challenges in each MDA that could contribute to malnutrition.
4. Have groups write identified causes on post-it notes and place at the front of the room.
5. Have a brief group discussion about the findings and then present on the causes of malnutrition.

# SESSION 1.4: VULNERABLE GROUPS

# Children Under Five

- Children under five are at high risk of malnutrition, especially those under age two because they are growing the fastest and they need adequate nutrition to grow and develop properly.
- Children who are malnourished are at greater risk of infections (such as diarrhea and pneumonia), which in turn increases the risk of malnutrition.
- Malnourished children also have a greater risk of developing chronic diseases (such as diabetes and heart disease) in adulthood.
- low birth weight babies are four times more likely to die within the first month of life than other babies.

# Pregnant and Lactating Women

- Pregnancy and lactation increase a woman's nutritional needs.
  - These increased nutritional needs present additional challenges among women who are already malnourished.
- Women who are malnourished have a higher risk of dying from pregnancy-related causes. Children born to undernourished women are more likely to be born premature and be small for gestational age/have low birth weight.
- This, in turn, leads to a higher risk of stunting, an increased risk of death within one month of birth, and future developmental challenges.
- In addition, being overweight can increase pregnancy complications.

# Birth spacing has nutritional consequences

- Children conceived less than 24 months after the birth of the next older sibling have a greater risk of dying and becoming malnourished than children born farther apart.
- When a birth occurs within 24 months of a previous birth, it gives the mother little time to replenish her own body's nutrients.
- Women have increased nutritional needs during pregnancy to support growth of the fetus.

# Adolescent Girls and Women of Reproductive Age

- To ensure healthy pregnancy outcomes for both the mother and baby, it is important to support adolescent girls and women of reproductive age before they become pregnant.
- Adolescence is a time of rapid growth and development.
  - Girls need to be well nourished during this period to ensure they grow properly.
- Women who are underweight and of short stature are more likely to have babies with low birth weight.



# Adolescent Girls and Women of Reproductive Age

- Girls need to be well nourished during this period to ensure that they grow properly.
- Women who are underweight and of short stature are more likely to have babies with low birth weight.
- In addition, being overweight is a problem during pregnancy so it is important to educate young girls about a good diet.
- Coupled with access to family planning and efforts to keep girls in school, this age group is critical in breaking the cycle of malnutrition.

# Elderly

- The elderly population in Nigeria faces vulnerability to malnutrition due to factors such as limited access to nutrient-rich foods, reduced appetite and digestive issues, loneliness and social isolation, health conditions and medications, dental problems, poverty and food insecurity, lack of nutrition education, and caregiver constraints.
- These challenges can lead to inadequate nutrient intake and contribute to malnutrition and nutrient deficiencies, affecting bone density, immune system protection and overall health, among the elderly in the country.

# Infectious Diseases

- Individuals with infectious diseases, such as HIV or tuberculosis, are more at risk for malnutrition due to the higher calorie and nutrient requirements as the body battles these conditions.
- Nutrition Assessment, Counseling, and Support (NACS) is an example of an intervention that targets these specific groups.

# Discussion: Key Takeaways

Before we break, take a minute to think of one or two things you will take away from this session.

How will this new knowledge apply to your work?

# Personal Reflection

In your participant handbook, write a few reflections to the material we covered in Unit 1.

- What new things did you learn from the presentation? What surprised you? Do you recognize any of these situations or concepts from your experience in your state/LGA?
- Do you have any questions or clarifications for the facilitator?
- When you go back to your state/LGA and share what you have learned in this unit, what new understanding of nutrition issues and the causes of malnutrition did you acquire that you find important?
- How would you teach this to a new SCFN member?

# UNIT 2: NUTRITION POLICY ENVIRONMENT IN NIGERIA

# Agenda

This unit covers:

- 2.1 Global Nutrition Frameworks
- 2.2 Nutrition Situation in X State
- 2.3 Nigeria National Policy Environment
- 2.4 Nigeria Multi-Sectoral Nutrition Coordination Framework
- 2.5 Roles and Responsibilities of National Nutrition Coordination Committees
- 2.6 Roles and Responsibilities of SCFN
- 2.7 Additional Stakeholders and Collaborators
- 2.8 Configuration of SCFN
- 2.9 Proposed Subcommittees and Working Groups in the SCFN

# Objectives

- Understand the nutrition situation in Nigeria, including key statistics and the causes and consequences of malnutrition.
- Understand the policy environment at global, regional, and national level to address malnutrition.
- Understand the national multi-sectoral nutrition coordination framework, including the composition, roles, and responsibilities of nutrition coordination committees.



# SESSION 2.1: GLOBAL NUTRITION FRAMEWORKS

# Global, Regional, and National Frameworks

While multi-sectoral nutrition planning and programming is informed by the national development agenda, efforts have been made to align strategies and activities to the global and regional nutrition development agenda. At the global level, the following frameworks were considered:

- Global Nutrition Targets 2025 (World Health Organization)
- 2030 Agenda for Sustainable Development and the Sustainable Development Goals
- Scaling Up Nutrition (SUN) Movement Strategy and Roadmap (2016-2020)
- United Nations Decade of Action on Nutrition 2016–2025

# National Nutrition Policies/Legislation, Strategies, and Initiatives

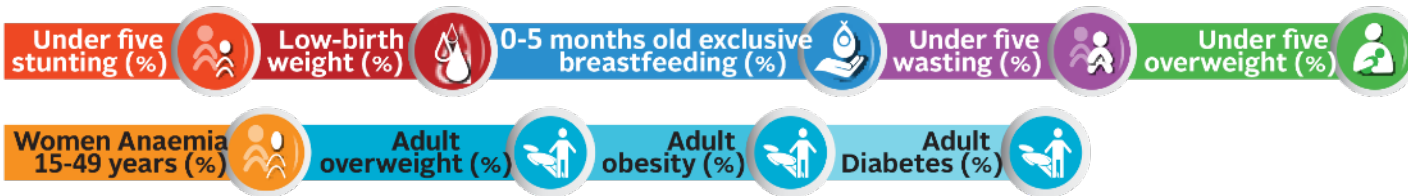
Nigeria's commitment to improving nutrition is outlined in the following documents, which aligns with the government's Vision 2020, Agenda 2050, and the National Development Plan (2021–2025).

- Health Sector National Strategic Action Plan for Nutrition (2021–2025)
- National Policy on Food and Nutrition (2016–2025)
- National Policy on Maternal Infant and Young Child Feeding in Nigeria (2010)
- Agricultural Sector Food Security and Nutrition Strategy (2016–2025)
- Nigeria National Multisectoral Plan of Action for Food and Nutrition (2021–2025)

# National Nutrition Policies/Legislation, Strategies, and Initiatives (cont'd)

- Nigeria Food and Nutrition Response Plan to COVID-19 (April 2020)
- National Policy on the Health and Development of Adolescent and Young People in Nigeria (2020–2024)
- Nigeria National Social Protection Policy (2016)
- National policy on food safety (2017–2026)
- National Agricultural Technology and Innovation Policy (2022–2027)
- National Multi-sectoral Action Plan for the Prevention and Control of Non-Communicable Diseases (2019–2025)
- The Partnership for Expanded Water Supply, Sanitation and Hygiene (PEWASH) Strategy (2016–2030)
- Basic Health Care Provision Fund

# Global Nutrition Targets

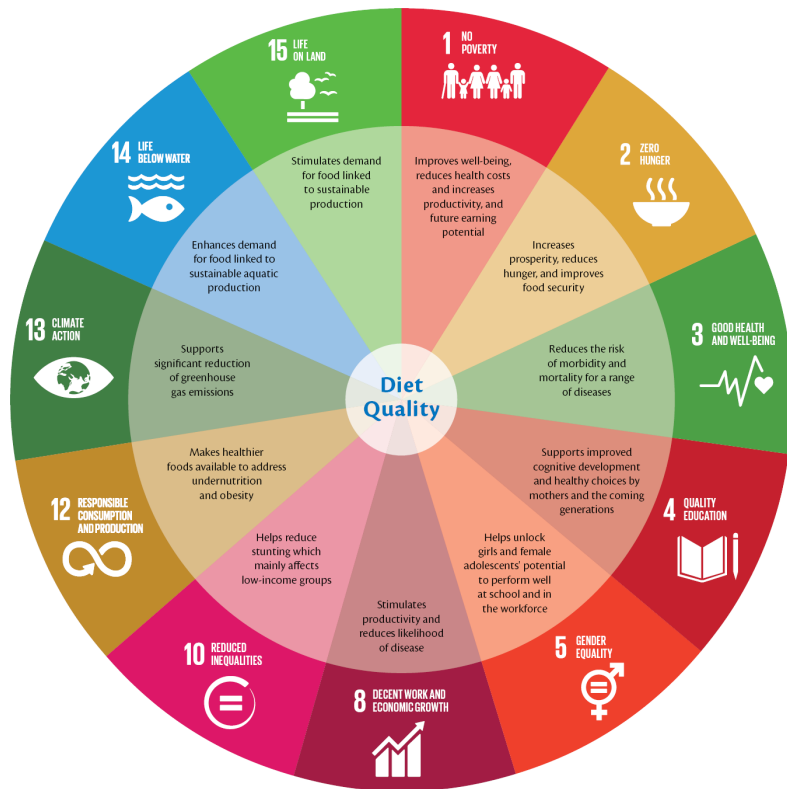


In 2012 the World Health Assembly endorsed a Comprehensive implementation plan on maternal, infant and young child nutrition, which specified a set of six global nutrition targets that by 2025 aim to:

- achieve a 40% reduction in the number of children under-5 who are stunted;
- achieve a 50% reduction of anaemia in women of reproductive age;
- achieve a 30% reduction in low birth weight;
- ensure that there is no increase in childhood overweight;
- increase the rate of exclusive breastfeeding in the first 6 months up to at least 50%;
- reduce and maintain childhood wasting to less than 5%

# Nutrition and the SDGs/2030 Agenda for Sustainable Development and the SDGs

Without adequate and sustained investments in good nutrition, the SDGs will not be realised. The ambition to 'End hunger, achieve food security and improved nutrition and promote sustainable agriculture' is captured in SDG 2, however, at least 12 of the 17 Goals contain indicators that are highly relevant to nutrition.



# Six Pillars for Nutrition Action/United Nations Decade of Action on Nutrition 2016-2025

- Sustainable food systems for healthy diets
- Aligned health systems providing universal coverage of essential nutrition actions
- Social protection and nutrition education
- Trade and investment for improved nutrition
- Enabling food and breastfeeding environments
- Review, strengthen and promote nutrition governance and accountability

The UN Decade of Action on Nutrition is a UN-wide, FAO and WHO-convened, Member State-driven global collective effort to set, track and achieve policy commitments to end all forms of malnutrition worldwide to act across six pillars for nutrition action based on the commitments of the Rome Declaration on Nutrition and the recommendations included in the International Conference on Nutrition (ICN2) Framework for Action.

# SESSION 2.2: NUTRITION SITUATION IN X STATE



# **[State] level presentation on nutrition, food security, and poverty**

To be added by SCFN

# SESSION 2.3: NIGERIA NATIONAL POLICY ENVIRONMENT

# Getting to know policy: International

The Government of Nigeria (GON) has signed on to many international frameworks to reduce poverty and improve the health and nutritional status of its population. It is:

- A signatory of the Comprehensive Africa Agriculture Development Programme Compact (2009).
  - A member of the SUN Movement since 2012 and has had a SUN Business Network since 2017.
  - Part of Economic Community of West African States (ECOWAS) Zero Hunger Initiative (2014).
- These global initiatives are reflected in the multi-sectoral nature of Nigeria's nutrition, agriculture, and food systems policies, strategies, and plans.

# Getting to know policy: National

- The National Policy on Food and Nutrition in Nigeria was revised in 2016 and provides the overarching policy framework for multi-sectoral action to reduce malnutrition in the country.
- The Revised National Social Protection Policy (2021) outlines actions to facilitate adequate nutrition among poor and marginalized groups and reduce inequities in nutritional status.

# Getting to know policy: National

In January 2021, the National Council on Nutrition (NCN) approved the National Multi-Sectoral Plan of Action for Food and Nutrition 2021–2025 (NMPFAN).

- The plan is meant to guide the implementation of nutrition-specific and nutrition-sensitive interventions across sectors to address the challenges of hunger and malnutrition.
- The NMPFAN sets national targets to:
  - reduce the proportion of people who suffer malnutrition by 50%
  - increase the exclusive breastfeeding rate to 65%
  - reduce stunting among children under-5 to 18% (Federal Ministry of Finance, Budget and National Planning 2021).

# Getting to know policy: National

The National Agricultural Technology and Innovation Policy (2022–2027) and the Nigeria Agricultural Sector Food Security and Nutrition Strategy (2016–2025) provide the strategic direction to improve nutrition and achieve food systems transformation through the agriculture sector in Nigeria.

- These policies are meant to work in synergy with other nutrition-related policies, such as the National Policy on Food and Nutrition, the NMPFAN, the National Policy on Infant and Young Child Feeding in Nigeria (2010), and the Nigeria National Social Protection Policy (2016).

# Getting to know policy: National

The National Health Policy (2016), Second National Strategic Health Development Plan (2018–2022), and Health Sector National Strategic Action Plan for Nutrition (2021–2025) provide the strategic direction to improve nutrition, particularly undernutrition, through the health sector and services.

The National Multi-sectoral Action Plan for the Prevention and Control of Non-Communicable Diseases (2019–2025) further highlights strategies for addressing overweight and obesity.

# Getting to know policy: National

The Partnership for Expanded Water Supply, Sanitation and Hygiene (PEWASH) Strategy (2016–2030) recognizes improved nutrition and reductions in stunting as an outcome area for the water and sanitation sector in Nigeria, and outlines approaches for increasing national supply to WASH services.

Nigeria Sustainable Urban and Rural Water Supply, Sanitation, and Hygiene Program for Results (SURWASH) (2021) aims to increase access to WASH services and strengthen sector institutions



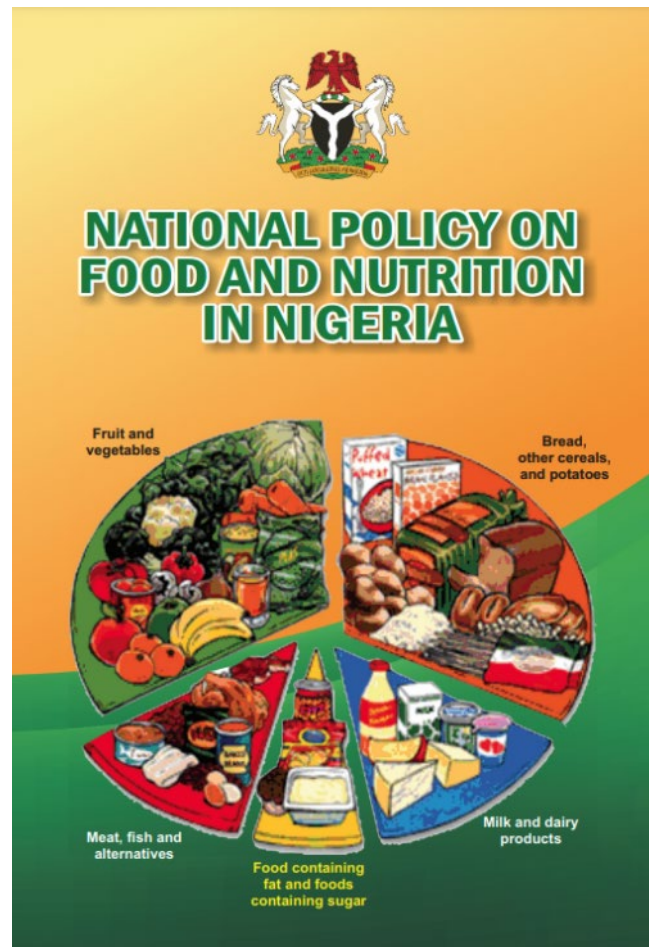
# Group Exercise: Nutrition in State-Level Plans

1. What are the nutrition interventions included in the 5-year state/LGA development plan?
2. What are the nutrition interventions included in the department's annual work plans?
3. What nutrition interventions are included in the National Plan for Food and Nutrition?
4. What are the policy environments in your state that support nutrition?

# National Policy on Food and Nutrition in Nigeria (2016)

## Vision:

A country where the people are equitably food and nutrition-secure with high quality of life and socioeconomic development contributing to human capital development objectives of Nigeria Vision 20:20:20 and beyond.



# National Policy on Food and Nutrition in Nigeria (2016): Goal and objectives

**Goal:** To attain optimal nutritional status for all Nigeria, with particular emphasis on the most vulnerable groups such as children, adolescents, women, elderly, and groups with special nutritional needs

## Objectives

To achieve the goal of attaining an optimal nutritional status by the year 2025, a number of objectives are articulated as follows:

- to improve food security at the national, community and household levels;
- to reduce undernutrition among infants and children, adolescents and women of reproductive age;
- to significantly reduce micronutrient deficiency disorders, especially among the vulnerable group;
- to increase the knowledge of nutrition among the populace and nutrition education into formal and informal trainings;
- to promote optimum nutrition for people in especially difficult circumstances, including PLWHA;
- to prevent and control chronic nutrition-related noncommunicable diseases;
- to incorporate food and nutrition considerations into the Federal, State and Local Government sectoral development plans;
- to promote and strengthen Research, Monitoring and Evaluation of food and nutrition programme;
- to strengthen systems for providing early warning information on the food and nutrition situation;
- to ensure universal access to nutrition-sensitive social protection.

# Group discussion: What is our role?

- Nutrition governance represents actions taken to provide an institutional framework and systems to facilitate the institutionalization of nutrition in existing government structures, policies, and frameworks.
- Nutrition governance includes information management, coordination and partnership, advocacy, communication, and policy development and implementation.

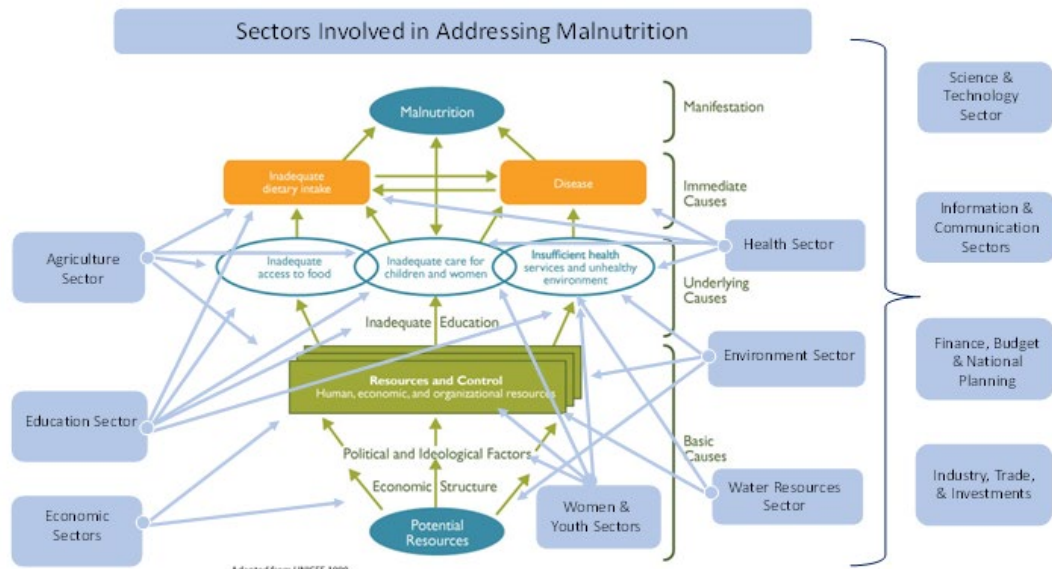
## Questions

1. Which LGAs and/or communities are most affected by malnutrition?
2. Which local government/wards/communities would you prioritize for support and why?

# SESSION 2.4: NIGERIA MULTI-SECTORAL NUTRITION COORDINATION FRAMEWORK

# Multi-Sectoral Nutrition Coordination Framework

The multi-sectoral causes of malnutrition, as highlighted in the UNICEF framework, requires that nutrition be addressed also using multi-sectoral approaches. This chart summarizes sectors and MDAs that could be involved in addressing various aspects of nutrition determinants.



# Multi-Sectoral Nutrition Coordination Framework

Malnutrition is a multi-faceted problem requiring the involvement of all sectors of the government which have direct or indirect involvement in promotion of nutrition and prevention and control of malnutrition. While a multi-sectoral approach with a central coordination is necessary to deal with the complex nature of malnutrition, to appreciate the intricate interplay of a number of its determinants, individual technically sound programmes need be implemented by each critical sector, according to its mandate and in line with the national policy on food and nutrition and the multi-sectoral strategy for its implementation.

# Multi-Sectoral Nutrition Coordination Framework

- To address the multisectoral causes of malnutrition, the GON designated the Federal Ministry of Finance, Budget and National Planning (FMFBNP) as the national focal point for food and nutrition policy, programme planning, and coordination in the country.
- NCN is the highest policy-making body for nutrition in the country.



# Various Sectors Contributions to Nutrition

- Each ministry, department, and agency (e.g., education, health, agriculture, planning, water, social development, information, trade and industry, and administration) contributes to addressing malnutrition.
- The next few slides present a brief overview of how and what they contribute.

# Education

- Can contribute to improving nutrition in several ways:
  - Children born to mothers and/or fathers with a higher number of years of education are better nourished than children whose parents have fewer years of education.
  - Formal education can facilitate increased knowledge about appropriate child feeding and care practices.
  - Education promotes self-efficacy and confidence and contributes to positive decision making around food consumption, health-seeking, and WASH.
  - Apart from impacts through parental education, the education sector can directly affect child nutrition through nutrition and hygiene education, delivery of health services, and regular provision of nutritious school meals.

# Health

- Can contribute to improving nutrition in several ways:
  - for ensuring that women have access to comprehensive antenatal care that reduces the risks of malnutrition in women and children
  - Provide family planning services provided by the health sector help women to nutritionally recover from one pregnancy before having another and thereby support improved maternal and child nutrition.
  - deliver vital nutrition-specific interventions, including micronutrient supplements, ready-to-use therapeutic foods for the treatment of severe acute malnutrition, and improved feeding behaviors and stimulation.
  - ensure that nutrition is integrated in core health services, such as family planning, antenatal care, child delivery, post-delivery care, vaccinations, well-child clinics, and sick child visits.

# Agriculture

- Can contribute to improving nutrition in several ways:
  - Agriculture is the source of all food and influences the amounts, diversity, stability, quality, and safety of foods available to households and individuals.
  - Agricultural practices influence the demand and supply of food and thereby food prices and affordability.
  - Agriculture is the main livelihood and source of income for a significant proportion of Nigeria's population and therefore affects food and non-food expenditure, including expenditure on health, education, and WASH.
  - Through agricultural labor, the health and nutrition of women can be seriously affected.

# Agriculture (cont'd)

- Agriculture can be a source of environmental contamination, increasing the risks of diseases and thus malnutrition.
- It is therefore important for the agricultural sector to contribute to improved nutrition by ensuring adequate availability of diverse, nutritious, safe, and affordable foods, while saving time and energy for women involved in agricultural activities.

# Planning

- Adequate nutrition requires that the same individuals have adequate food, health, and care at the same time.
- Given that the interventions related to these three nutrition determinants are delivered by different sectors and MDAs, it is the Planning MDA's role to ensure that other MDAs are effectively coordinated to achieve simultaneous delivery of interventions to communities, households, and individuals.
- Such coordination will include joint planning across MDAs to select communities and households that will receive interventions within a specified time period, as well as accountability mechanisms to ensure that each MDA effectively delivers their intervention to the correct households within the stipulated period.

# WASH

- The WASH sector is important to achieve the health determinants of nutritional status.
  - Poor WASH can result in illnesses and diseases that increase malnutrition. For example, diarrhoea, a common outcome of poor WASH, has been clearly linked to stunting and other forms of malnutrition.
  - Poor WASH can also result in poor intestinal (gut) health or even intestinal damage and thereby result in malnutrition.

## WASH (cont'd)

- Can contribute to improved nutrition by scaling up safely managed water and sanitation services, as well as optimal hygiene services, among recipients of other nutrition interventions.
- Nutrition and hygiene education must also be integrated into the delivery of WASH services.



# Social Development

- There are inequalities in malnutrition in Nigeria are due to differential access to services due to socioeconomic status, gender, geographical location, or other social/demographic characteristics.
- The role of social development MDAs, including the Ministries of Women Affairs, Youth Development, Humanitarian Affairs, and similar MDAs, is to reduce the differences that result in different nutrition status across social strata.

# Trade and industry

- The food and health industry involve powerful actors determining the nutrition of populations, including in Nigeria.
- Industry and trade determine what foods and drugs are available for households and individuals to procure and also determine their prices
- The role of trade and industry MDAs in improving nutrition is to ensure that healthy food products are available everyone at affordable prices.

# Information

- The Federal Ministry of Information and Culture contributes through newspapers and online publications on the importance of adequate nutrition and by organizing food fair shows through TV and radio.

# Leadership, Structures, and Institutions

- The implementation of the National Policy on Food and Nutrition is the responsibility of the authorities at the three levels of government (i.e., federal, state and LGA) in collaboration with other stakeholders, including the organized private sector, development partners, professional bodies, civil society organizations (CSO) (i.e., Non-Governmental Organizations [NGOs], Faith Based Organizations [FBOs]), and communities.

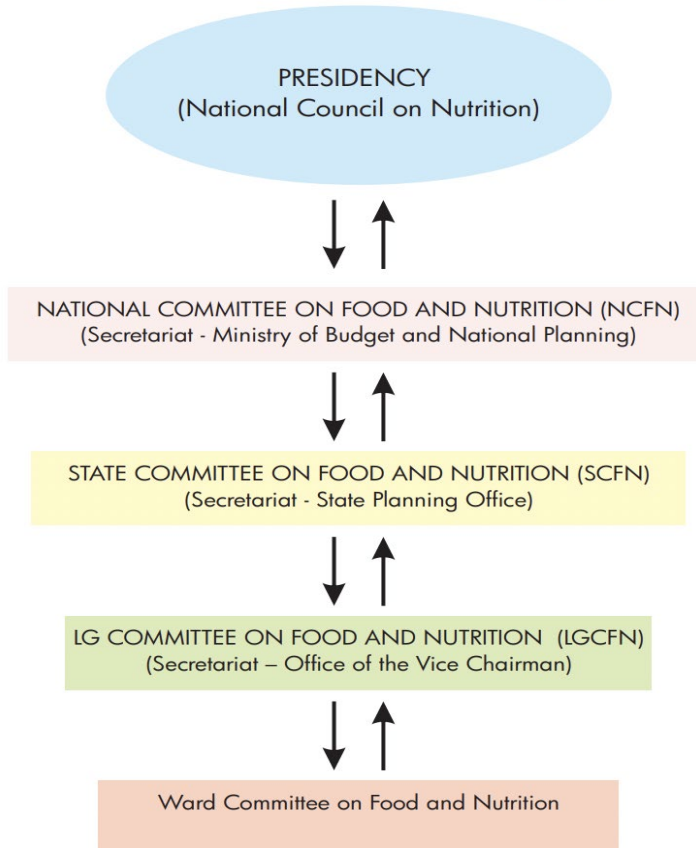
# Leadership, Structures, and Institutions (cont'd)

- State and local government counterparts of the FMFBNP will be the focal points for coordination of food and nutrition programmes at state and LGA levels.
  - They will be assisted by the State Committees on Food and Nutrition (SCFN) and Local Government Committees on Food and Nutrition (LGCFN).
- Implementation agencies at federal, state, and LGA levels are responsible for the implementation of specific projects and programmes relevant to the policy.

# Leadership, Structures, and Institutions (cont'd)

- The focal points at federal, state, and LGA levels will be responsible for identifying and mobilizing resources for carrying out given projects or activities in a coordinated manner and emphasizing the need for harmonization and synergy within each body's geographic boundaries and authority.

## Institutional Structure for the Coordination of Policy Implementation



# Discussion: Key takeaways

Take a minute to think of one or two things you will take away from this session.

How will this new knowledge apply to your work?



SESSION 2.5:  
ROLES AND RESPONSIBILITIES OF NATIONAL NUTRITION  
COORDINATION COMMITTEES

# Roles and Responsibilities of Multi-sectoral Nutrition Committees

- The following descriptions of structures come from the National Policy on Food and Nutrition (2016).
- We'll spend some time reviewing and unpacking them to better understand the roles and responsibilities of each and how they engage with other structures.

# Overview of the FMFBNP, NCN, NCFN

- For this section we will refer to the participant handbook.

# Discussion: Key takeaways

- What did you learn in this discussion?
- Are there aspects of NCN or NCFN work that wasn't covered in the discussion?
  - If so, what? How can we better mainstream these activities to benefit the SCFN?

# SESSION 2.6: ROLES AND RESPONSIBILITIES OF SCFN

# Overview of the SCFN

- For this section we will refer to the participant handbook.

# Technical Guidance

- SCFN provides nutrition technical guidance at all state government MDA, including to departments, partners, technical planning committees, and councils to ensure proper nutrition planning and quality of service delivery.
- This also includes identification of capacity strengthening needs.

# Coordination and Partnership with Nutrition Stakeholders

- SCFN provides a platform where nutrition stakeholders from all departments can:
  - share information and build consensus on how best to address nutrition problems
  - use available resources
  - harmonize the implementation of nutrition activities, both at the state and LGCFN/LGA.
- SCFN also has the responsibility to identify and build partnerships with nutrition stakeholders who can contribute to state/LGA nutrition goals and objectives.
- SCFN provides strategic coordination at state and LGA levels to ensure proper activity implementation



## Support and Oversight to the LGCFN

- SCFN provides nutrition technical guidance to the LGCFNs.
  - It oversees and supports to ensure proper nutrition planning and quality of service delivery.
- SCFN conducts joint monitoring and support supervision visits to LGCFNs to provide oversight to activity implementation.
- SCFN advocates to raise nutrition awareness in the state and among their LGCFN/LGA leaders.
- SCFN identifies and works with nutrition champions to support advocacy efforts at LGCFN/LGA levels.

## Monitoring and Reporting

- SCFN conducts joint monitoring and support supervision visits to Food and Nutrition activities within the state and their lower local government LGCFN, departments, and partners to provide oversight to activity implementation.
- SCFN is also responsible for submitting quarterly reports to NCFN and completing the National Nutrition Scorecard .
- Reports capture progress on nutrition governance activities and on the implementation of activities in the multi-sectoral nutrition action plan.

# Planning, Budgeting, and Resource Mobilization

- SCFN ensures integration and alignment of nutrition interventions in all state government development planning frameworks, including development plans, annual work plans, and budgets.
- SCFN should also mobilize internal and external resources to address resource gaps (e.g., local revenues, partners, and through proposal development).

# Advocacy

- SCFN advocates to raise nutrition awareness in the state and among their LGCFN/LGA leaders.
- SCFN should also identify and work with nutrition champions to support advocacy efforts within the state and LGA levels.

# Group Exercise: How well do SCFNs work together?

How closely do your SCFN's activities match the description in the National Policy on Food and Nutrition (2016)?

What did you learn today that can be applied to your SCFN? Be precise and expand on how you will make these changes.

How does your SCFN work with NCN and NCFN? How could your SCFN work with them better? What is the value add and how do we capture it?

# Discussion: Key Takeaways

- What did you learn in this discussion?
- Are there aspects of NCN or NCFN work that wasn't covered in the discussion?
  - If so, what? How can we better mainstream these activities to benefit the SCFN?

# SESSION 2.7: ADDITIONAL STAKEHOLDERS AND COLLABORATORS

## Additional Stakeholders and Collaborators

- As part of a multi-sectoral approach, there will be many additional stakeholders and collaborators, including political leaders, civil society, and implementing partners. Additional players may include academia, religious and cultural leaders, media, and the private sector.
- Some of these stakeholders and collaborators have both financial and technical resources and political influence; they can be effective supporters of SCFN work, even though they aren't official committee members.
- SCFNs should engage with them to advance shared goals that are appropriate for the local context, as these actors are well placed to mobilize nutrition resources and can contribute technical assistance in areas such as data collection.



## How does the SCFN work at the community level?

- Nigeria has a diverse and vibrant community structure comprising various traditional, religious and other normative groups—all pertinent to the country's nutrition outcomes.
- Pursuant to the policy, it is critical that all the community structures (e.g., traditional and religious leaders, community-based organizations (CBO), and CSO) are meaningfully and continuously engaged in multi-sectoral nutrition planning, implementation, and M&E.

# Coordination Among Government Bodies

To ensure proper coordination of activities and to avoid duplication of efforts, the coordinating agencies at federal, state and local government levels will work closely with relevant professional bodies (including Nutrition Society of Nigeria, Dietetic Association of Nigeria, and Nigeria Institute for Food Science and Technology), NGOs, CBOs, CSOs, FBOs, and local communities in pursuit of the National Policy on Food and Nutrition objectives.

- This partnership could benefit the policy implementation through:
  - Resource mobilization
  - Project implementation
  - Community mobilization, participation, and ownership at the grassroots level as well as sustainability.

# Collaboration with Private Sector

Apart from providing funds to accelerate growth in food supplies and to manufacture essential drugs, plant machinery, and equipment, the private sector is expected to support the government's food and nutrition programme effort by collaborating in specific areas, including:

- Fortification of certain identified foods with mandatory micronutrients such as Vitamin A, B Vitamins, zinc, and iron;
  - Development of low-cost nutritious complementary foods and ready-to-use therapeutic food;
  - Promotion of nutrition education that complies with quality-control standards;
  - Participation and support of knowledge sharing on research findings; and
  - Adoption and transformation of research findings into commercially viable products.
- In addition, the private sector would be fully involved and participate in the policy formulation/review as well as programme M&E.

# Collaboration with Development Partners

- Government and development partners (bilateral and multilateral agencies) have always worked closely together on food and nutrition issues in the areas of programme design, training and capacity-building, research and pilot implementation pilot, and regional and national programmes.
- The government will continue to appreciate the assistance provided by donor agencies to execute the National Policy on Food and Nutrition. This partnership has the following benefits:
  - Resource mobilization in the forms of grants and loans;
  - Providing best practices to be used in refining and redesigning existing programmes, and introducing new ones; and
  - Full participation in programme implementation, review, and M&E.

# Group Exercise: How does the SCFN work with additional stakeholders?

- Group 1: Community and Civil Society
  - Group 2: Private Sector
  - Group 3: Development Partners
- 
- How does your SCFN work with [stakeholder group].? Please be as specific as possible, naming organizations and activities.
  - How could your SCFN work with them better? What is the value add and how do we capture it?

# SESSION 2.8: CONFIGURATION OF THE SCFN

# List of all SCFN Members/Representatives

- Representative of Agriculture and Rural Development
- Representative of Health
- Hon Minister of Education
- Representative of Information
- Representative of Youth Development
- Representative for Budget and Planning
- Representative for Women Affairs and Social Development
- Representative of Finance
- Representative for Science and Technology
- Representative of Water Resources
- Representative National Institute of Medical Research
- Representative National Agency for Food & Drug Administration & Control (NAFDAC)
- Representative President, Paediatric Association of Nigeria
- Representative President, Nutrition Society of Nigeria
- Representative from food industry (2)
- Representative, Development Partners
- Representative, civil society

# Group Exercise: How does your SCFN match up with the prescribed list?

- Brainstorm representation in your SCFN.
- Does your SCFN have all of these groups represented?
- How can your SCFN work to engage missing (or new) MDAs and committee members? What is the value add and how do we capture it?



# Roles and Responsibilities within the SCFN

## Chairperson

- Role is served by the Permanent Secretary, Min of Budget and Planning
- General coordination of the committee
- Chairs all SCFN meetings
- Responsible for sourcing of funds and releases in the SCFN account
- Follow-up actions on all SCFN activities in the state
- Attends the NCFN meetings

# Roles and Responsibilities within the SCFN

## Deputy Chairperson

- Takes over the functions in the absence of the chairperson with the exception of funds release
- *In the National Policy, the Deputy Chairperson was not clearly stated, however, each state committee can decide who the Deputy Chairperson will be, if they need one.*

# Roles and Responsibilities within the SCFN

## Secretary

- The role of Secretary is served by State Nutrition Officer
- Takes meeting minutes and general running of the secretariat
- Writes funding requests to implement the SCFN activities
- Organizes meetings
- Manages committee database
- Attends NCFN meeting
- Follows up on action items for all SCFN activities and gives report to the chairperson

SESSION 2.9:  
PROPOSED SUB-COMMITTEES AND WORKING GROUPS  
WITHIN THE SCFN

# SCFN Sub-Committees

- There is so much work to do in food and nutrition.
- With a large multi-sectoral committee, the SCFN needs to organize sub-committees, such as an executive committee, and others to play different roles in relation to nutrition governance.
  - Summarized in the next slide (the constitution of committees will be at the discretion of the SCFN).

# SCFN Sub-Committees

## Annual Budget Implementation and Tracking Sub-Committee

- Monitors budget implementation.
- Tracks fund releases.

# SCFN Sub-Committees

## Technical and M&E Sub-Committee

- Provide technical assistance and supervision visits to LGCFN on nutrition interventions and relevant indicators within the development plans, M&E, annual work plans, and budgets.
- Harmonize operational plans of each MDA on nutrition interventions.
- Review implementation status of nutrition intervention.
- Provide supervisory oversight to all MDA and LGCFNs.
- Review AOP to measure achievement versus target.

# SCFN Sub-Committees

## Advocacy subcommittee

- Provide technical assistance.
- Develop advocacy briefs and other documents.
- Advocate to appropriate authorities.
- Leverage awareness days (like World Food Day, MNCH week, etc.) to conduct sensitization on key food and nutrition issues.



# Group Discussion: How SCFNs are organized to meet their needs?

As noted, there is a lot to do in food and nutrition, and with a large multi-sectoral committee, the SCFN needs to organize sub-committees.

Let's discuss how your SCFN is organized.

Questions:

1. Does your SCFN have subcommittees, such as the above, represented?
2. Do you see a need for additional subcommittees? What would their role be and how do we organize to meet the need?

# Discussion: Key Takeaways

Take a minute to think of one or two things you will take away from this session.

How will this new knowledge apply to your work?

# Personal Reflection

In your participant handbook, write a few reflections to the material we covered in Unit 2.

- What new things did you learn from the presentation? What surprised you? Do you recognize any of these situations or concepts from your experience in your state/LGA?
- Do you have any questions or clarifications for the facilitator?
- When you go back to your state/LGA and share what you have learned in this unit, what new understanding of nutrition issues and the causes of malnutrition did you acquire that you find important?
- How would you teach this to a new SCFN member?

# UNIT 3: ROLES AND LINKAGES BETWEEN NUTRITION COORDINATION COMMITTEES

# Agenda and objectives

This unit covers:

- Session 3.1 Roles of Government, Councils and Working Groups in Nutrition Governance
- Session 3.2 Linkages Between State and local (LGA) Nutrition Coordination Committees

Objectives:

- Understand the different structures and committees, their roles, and responsibilities, within the multi-sectoral nutrition landscape
- Understand the linkages between the SCFN/LGA

SESSION 3.1:  
ROLES OF GOVERNMENT, COUNCILS AND WORKING  
GROUPS  
IN NUTRITION GOVERNANCE

# Nutrition Partners Forum

- All relevant ministries are engaged through the Nutrition Partners Forum,
  - meets four times a year with external partners,
  - including national and international NGOs, United Nations agencies, donors, the private sector, and the media, to discuss strategy development and decisions related to funding and nutrition emergencies

# Roles and Linkages between Nutrition Coordination Committees

All relevant ministries are engaged through the Nutrition Partners Forum, which meets four times a year with external partners, including national and international NGOs, United Nations agencies, donors, the private sector, and media to discuss strategy development and decisions relating to funding and nutrition emergencies (Nigeria Federal Ministry of Health, Family Health Department 2014).



# National Nutrition Network (NNN)

The NNN is a platform for NCFN and SCFN to meet annually to share experiences and deliberate on annual progress, achievement, and challenges as well as chart a way forward for subsequent years.

- The FMFBNP, through the NCFN, will organize this NNN meeting with representation from the federal and state levels, development partners, and other relevant stakeholders.

# Scaling Up Nutrition (SUN)

This is located in the Federal Ministry of Health. It is focused on promoting the implementation of evidence-based nutrition interventions, scaling up successful practices, and integrating nutrition goals in broader efforts in critical sectors, such as public health, education, social protection, food, and agriculture.

SUN networks are active in Nigeria and are a member of the NCFN.

- SUN Civil Society Network
- SUN Business Network
- SUN Academia and Research Network
- SUN Donor Network
- Government Network

# Scaling Up Nutrition (SUN)

SUN Network activities can be strengthened at sub-national levels and encouraged to play a more active role in SCFN through engagement and participation in advocacy efforts, generation of evidence for decision making, capacity building, program implementation, and supportive supervision.

- SUN Network engages with NCFN and SCFN through advocacy, meetings, and membership of the committee.

# Technical Working Groups and National-Level Sub-Committees

- Working groups shall be established to aid the operational efficiency and effectiveness of the NCFN and SCFN, such as:
  - Micronutrient Deficiency Control (MNDC) Advisory Committee,
  - National Fortification Alliance (NFA),
  - Maternal Infant and Young Child Nutrition (MIYCN) Working Group,
  - National Technical Committee on the Implementation of International Code of Marketing of BMS,
  - Universal Salt Iodisation Task Force (USI-TF),
  - Integrated Management of Acute Malnutrition (IMAM) Task Force etc., with appropriate chairs from relevant MDAs with comparative advantages.
- The TWGs engages with NCFN and SCFN through attendance at meetings/technical sessions and meets at least bi-monthly to share key information.

# Group Exercise: How might we...

1. ...work better with the NNN? How will this improved collaboration be seen in our work (what is the outcome)?
2. ...work better with the SUN Network? How will this improved collaboration be seen in our work (what is the outcome)?
3. ...engage with the TWGs? What will our collaboration improve? How will this improved collaboration be seen in our work (what is the outcome)?

How would you teach this to a new SCFN member?

SESSION 3.3:  
LINKAGES BETWEEN STATE AND LOCAL (LGA) NUTRITION  
COORDINATION COMMITTEES

# Linkages with the LGA

One of the SCFN's most important roles is to oversee and support the LGCFN

- The LGCFN is established and located in the Office of the LGA Vice Chairperson.
- Its objective is to achieve the National Policy on Food and Nutrition objectives and implement its programmes
- Committee membership is similar in nature to the SCFN and will be drawn from departments as well as representatives of CSOs dealing with food and nutrition issues.
- LGCFN secretariat, similar to the SCFN, is in the Office of the LGA Vice Chairperson who shall serve as chair of the LGCFN, and the LGA nutrition focal person shall serve as the Secretary.

# Linkages and Coordination

- While each SCFN is responsible for planning, implementing, monitoring, and reporting on nutrition activities within their respective states, LGAs contribute to overall state nutrition plans, objectives, and goals.
- The LGCFN oversees the work of all LGA nutrition activities in wards and communities. The linkages between the LGCFN and the state-level structures



# Mandate of the LCGFN and SCFN Engagement

Providing necessary technical and professional assistance and support to the secretariat (Office of the LGA Vice Chairman) on food and nutrition programme implementation.

- LCGFN is responsible for planning, implementing, monitoring, and reporting on nutrition activities within their respective LGA.
- LCGFN contributes to overall state nutrition plans, objectives, and goals.
- SCFN oversees the work of all LCGFN within the state and provides technical assistance.
- SCFN conducts joint planning, monitoring, and supportive supervisory visits to LCGFNs to provide oversight to activity implementation.

# Mandate of the LCGFN and SCFN Engagement

Ensure adequate financial provision and timely release of allocated funds in state development plans.

- LGCFN hosts a budget development subcommittee, which is responsible for the annual plan development and budget, submitted to the unit director, and shared with the SCFN.
- SCFN reviews annual LGCFN/LGA budget contributions for multi-sectoral nutrition interventions.

# Mandate of the LCGFN and SCFN Engagement

Proposing and reviewing, on a continuous basis, programmes that potentially impact food and nutrition issues.

- SCFN reviews LGCFN/LGA budgets, reports, and work plans and
- SCFN report on implementation progress of multi-sectoral nutrition interventions and ensure alignment/integration with national nutrition goals.

## Mandate of the LCGFN and SCFN engagement

Ensuring that the representatives of relevant sectors on the committee effectively implement their various policies and programmes:

- LGCFN supports nutrition focal persons to implement planned activities and track activities of other nutrition actors in the LGA.
- SCFN conducts joint monitoring and supportive supervisory visits to LGCFNs to provide oversight on activity implementation.

# Mandate of the LCGFN and SCFN engagement

- Implementing appropriate strategies for programme M&E.
  - LCGFN collects data from the ward/LGA level and transmits to the SCFN.
  - LCGFN hosts an M&E sub-committee for data collection, analysis, and reporting oversight.
  - SCFN provides technical assistance and supervision visits to LCGFN on M&E.
  - SCFN collects and collates up-to-date data to complete their section of the report.
  - SCFN ensures data quality and compliance with established standards and specifications.
  - SCFN validates the accuracy of data before submission to national M&E system.
  - SCFN submits timely data and M&E reports to the national M&E system.

# Mandate of the LCGFN and SCFN engagement

- Supporting the Office of LGA Vice Chairman for ongoing advocacy for food and nutrition issues.
  - LCGFN conducts advocacy visits to traditional leaders, wards and village heads, and other community opinion leaders.
  - SCFN conducts advocacy to raise nutrition awareness in the state and among their LCGFN/LGA leaders.
  - SCFN identifies and works with nutrition champions to support advocacy efforts at LCGFN/ LGA levels.

# Mandate of the LCGFN and SCFN engagement

- Coordinating nutrition programme implementation at the LGA level.
  - LGCFN supervises activity implementation at community and ward levels.
  - SCFN supports LGCFN to hold a bi-annual meeting with the LGCFN Chairmen to discuss the annual priorities and the committee's progress.

# Mandate of the LCGFN and SCFN engagement

- SCFN has the mandate to coordinate multi-sectoral nutrition efforts at LGA level, including monitoring and supportive supervision of LGCFN.
- See Annex X for the Monitoring and Support Supervision Checklist developed to support this task.
  - The tool can be used by SCFN to monitor implementation of nutrition activities at the LGA level, check on the functionality of the LGCFNs, identify gaps, and make recommendations to the LGA.



# Group Exercise: Map your catchment area

Using the traffic light system, indicate on the map the nutrition situation in the LGA.

1. The LGA with a poor nutrition situation are coloured **RED**.
2. The LGA with a moderate nutrition situation are coloured **ORANGE**.
3. The LGA with a good nutrition situation are coloured **GREEN**.

Draw a map of the state on a flip chart, including LGA boundaries. For example, LGCFN and wards

# Group Exercise: Map your catchment area (part 2)

On a separate flip chart, group the LGA by ranking and add notes on the following:

1. Explain the immediate and root causes that contribute to the nutrition situation (good, moderate, poor).
2. Who is the most affected by the nutrition problems and why?

What actions are needed to improve the situation for these groups? Remember that you can refer to your state/LGA data to help you with this exercise.

# Discussion: Key Takeaways

Take a minute to think of one or two things you will take away from this session.

How will this new knowledge apply to your work?

# Personal Reflection

In your participant handbook, write a few reflections to the material we covered in Unit 3.

- How would you teach this to a new SCFN/LGCFN member?
- What is your view on how you can improve coordination among multi-sectoral nutrition programs and better support the LGA/LGCFN in their work?
- What could be a key contribution from your state to support the LGA/LGCFN to help them reach those that align with nutrition goals?
- What is the linkage between the various levels of multi-sectoral nutrition committees? Are these linkages functional in your state/LGA?

# UNIT 4: SCFN MONITORING, EVALUATION, AND REPORTING

# Agenda

This unit covers:

- Session 4.1 Monitoring and Evaluation (M&E) Key Concepts and Terms
- Session 4.2 SCFN M&E System
- Session 4.3 Procedures for M&E – Roles and Responsibilities of Different Actors
- Session 4.4 SCFN Indicators for Annual Reporting for Implementation of the MSNAP at the State Level
- Session 4.5 SCFN Reporting to the Nigeria Governors' Forum Subnational Scorecard
- Session 4.6 SCFN's Role in the Nutrition Information System
- Session 4.7 SCFN Quarterly Reporting
- Session 4.8 LGCFN Monitoring and Supportive Supervision Checklist

# Objectives

- Provide an overview of SCFN monitoring and reporting requirements.
- Understand the tools, timing, and process for monitoring, evaluation and reporting.
- Define the elements of M&E.

# SESSION 4.1: M&E KEY CONCEPTS AND TERMS



# M&E Key Concepts and Terms

- **Monitoring** is the routine checking of progress information to confirm that progress is occurring against the defined direction.
  - It is a continuous function that uses systematic collection of data on specified indicators to provide information to management and stakeholders on an ongoing intervention with indications of the extent of progress, achievement of objectives, and use of allocated funds.
- With the advent of High Frequency Reporting (HFR), data can be collated and reported daily. However, it commonly involves monthly, quarterly, semesterly, or yearly reporting on outputs.

# M&E Key Concepts and Terms

- **Evaluation** is a selective exercise that attempts to systematically and objectively assess progress towards the achievement of an outcome or impact.
- Used to ensure that the direction chosen is correct, and that the right mix of strategies and resources were used to get there.
- Can typically be formative (helping to develop learning and understanding among stakeholders) or summative (i.e. indicating the degree of achievement).
- Focuses on outcomes and their relationship with outputs.
- Evaluation will be done at the formative stage, mid-term, and end of project, and will include assessments and surveys.

# M&E Key Concepts and Terms

- **Inputs** are the resources that go into the intervention at the start-up phase or during the implementation to help the intervention achieve its objectives.
- The inputs (e.g. number and qualifications of personnel, financial resources, institutional set-up, timing, etc.) must be such that they meet the requirements to achieve the objective.
- The inputs should be distributed to meet all targeted groups and be accessible financially, socially, and technically.
  - If this does not happen, the outputs may not be achieved.

# M&E Key Concepts and Terms

- **Activities** (processes) are actions taken or work performed through which inputs, such as funds, technical assistance, or other types of resources contribute to produce specific outputs.
- They are what an intervention does or provides to accomplish its objectives (e.g. advocacy visits, seminars for stakeholders, training, etc.).

# M&E Key Concepts and Terms

- **Outputs** are all the goods and services delivered to the target population by the intervention.
- **Inputs** have to be transformed into outputs.
- The quantity and quality of the output is very important.

# M&E Key Concepts and Terms

- **Outcomes** are changes in behaviors/practices as a result of intervention. The outputs, if of the right quantity and quality, should produce an outcome.
- The skills of the service providers should change, and if they do their tasks well, the detrimental behavior/practices of the mothers and/or caregivers should change in order to improve their children's health.
- The change in skills of the service providers and/or the change in behavior/practices of the mothers is the outcome of the intervention. The outcome is expected to influence the problem.

# M&E Key Concepts and Terms

- **Impacts** are the effect of the intervention on the beneficiaries.
- The change in the problem is the intervention's impact on the beneficiaries.
- It helps demonstrate success or failure, and provide accountability to all stakeholders, including donors and beneficiaries.
- Impacts are the positive and negative, primary and secondary long-term effects produced by an intervention, directly or indirectly, intended or unintended, whereas outcomes are the likely or achieved short-term and medium-term effects of an intervention's outputs.

# SESSION 4.2: SCFN M&E SYSTEM



# M&E System

- To monitor and evaluate the activities of the SCFN, the SCFN will leverage the M&E frameworks of the NPMFAN and the NPFN.
- The national multi-sectoral indicators will be considered to assess whether the targets and goals are being reached.
- The M&E system will use the information generated through the food and nutrition information system in addition to scheduled NNHS, NDHS, MICS, NFCMS, and SMART surveys to inform decision-makers on the result achieved and the impact.

## M&E system

- M&E database shall be created to keep accurate and relevant information through vertical and horizontal collation of data from the LGAs, state, and federal levels so that progress and changes are tracked, and impact is measured.
- The LGCFN M&E collates data at the LGA levels and shares with the SCFN M&E to populate the state dashboard. After validation, the SCFN chairperson shares the data with the NCN/NCFN on a monthly or quarterly basis.

## M&E system

- The system shall use a simple M&E approach to enable planners at each level to collect data that will assist them in the ongoing planning and implementation of food and nutrition interventions and activities.
- A feedback mechanism shall be introduced to enable “downwards” sharing of data through regular communication on the progress of food and nutrition programmes and activities interventions at national, state, and LGA levels.
- The specific indicators for which the SCFN and NCFN are responsible are outlined in the next section.

## M&E System

- The main focus of the M&E system shall be to collect accurate, reliable, and timely data on the food and nutrition programme results at prescribed intervals using appropriate tools.
- This will include data from health facilities and other relevant institutions as well as population-based data. The FMFBEP will have responsibility for overall M&E.

## M&E system

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

# Discussion: Key Takeaways

Take a minute to think of one or two things you will take away from this session.

How will this new knowledge apply to your work?

SESSION 4.3:  
PROCEDURES FOR M&E  
ROLES AND RESPONSIBILITIES OF DIFFERENT ACTORS

## Federal MDA Role in M&E

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

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



# NCFN Role in M&E

The NCFN Secretariat, in collaboration with the M&E office of the FMB&NP, will be responsible for the following:

- Providing overall coordination of the food and nutrition M&E system.
- Sourcing and collating M&E data from relevant MDAs in federal, state, and LGAs for incorporation into the national M&E database.
- Working with the M&E departments of state and relevant MDAs to ensure timely submission and quality of data.
- Preparing annual reports on progress of implementation and achievement of objectives as stated in the policy.

## NCFN Role in M&E (cont'd)

- Identifying gaps and recommending necessary adjustments in programme implementation.
- Preparing and submitting country reports on food and nutrition situations at intervals as contained in the performance management plan.
- Engaging the National Bureau of Statistics on survey administration and data collection at specified intervals and periods to document achievements of results.
- Facilitating capacity-building for M&E officers and personnel.
- Providing data quality assurance.

# State MDA Role in M&E

- In each state, the Planning Office has a statutory role similar to the FMFBNP at the Federal level and will be responsible for coordinating the overall M&E system at the state level.
- It is expected to be linked to the Planning, Research and Statistics department of the relevant state MDA for data collection, collation, and submission to the national M&E office.

# State MDA Role in M&E

- The vertical M&E role of the Planning Officer is of line management and hierarchical structure where they are obligated to report to the National level. In this case, the SCFN reports to the NCFN and also the NGF while the horizontal M&E role is in relation to sharing ideas among Ministries, Departments, and Agencies (MDAs) and ensuring nutrition-related data is collected from all MDAs for the SCFN and onward sharing to the National.

# SCFN Role in M&E

SCFN Technical and M&E sub-committee is responsible for:

- Providing technical assistance and supervision visits to LGCFN on nutrition interventions and relevant indicators within the development plans, M&E, annual work plans, and budgets.
- Developing annual work plans, budgets, and actions plans that support alignment of nutrition interventions across departments.
- Receiving reports from MDAs and LGCFN that implement nutrition interventions.
- Providing supervisory oversight to all MDA and LGCFN.
- Review the annual operational plan to measure achievements versus targets.

# SCFN role in M&E (cont'd)

## Quarterly reporting

- SCFN should refer to the annual Multi-Sectoral Nutrition Implementation Work Plan and Budget and the Multi-Sectoral Nutrition M&E Framework from the MSPAN to report on quarterly progress towards each activity's annual target.
- SCFN should call upon partners and MDA to provide updates and data.
- SCFN should ensure data quality and compliance with established standard
- SCFN should validate data before submission to National M&E system.
- SCFN should submit timely data and M&E report to the National M&E system.

# LGCFN role in M&E

- Collating data at the LGA level.
- Ensuring data quality and compliance with established standard.
- Validating the accuracy of data before submission to state M&E system.
- Submitting timely data and M&E report to the state M&E system.
- Carrying out quarterly local-level nutrition data review at the LGA.

# Discussion: Key Takeaways

Take a minute to think of one or two things you will take away from this session.

How will this new knowledge apply to your work?



SESSION 4.4:  
SCFN INDICATORS FOR ANNUAL REPORTING FOR  
IMPLEMENTATION OF MSPAN AT STATE LEVEL

## M&E Indicators

To monitor and evaluate the nutritional impact of the National Policy on Food and Nutrition and its consequent programs, the NMPFAN created a set of indicators to assess whether the targets and goals are being reached.

# M&E Indicators

They are to be scored on a 5-point Likert scale:

- 1.0-1.4 indicates No Success
- 1.5-2.4 indicates Minimal Success
- 2.5-3.4 indicates Little Success
- 3.5-4.4 indicates Moderate Success
- 4.5-5.0 indicates Considerable Success

Most of the indicators applicable to the SCFN are reported semi-annually.

## M&E indicators

- To monitor and evaluate the nutritional impact of the National Policy on Food and Nutrition and its consequent programmes, a number of known core indicators will be considered to assess whether the targets and goals are being reached.
- The M&E system will use the information generated through the food and nutrition information system in addition to scheduled NDHS, MICS, and SMART surveys to inform decision-makers on the result achieved and the impact.

# Group Exercise: M&E indicators and gallery walk

Use flipcharts to record the ideas of your brainstorming of national level M&E indicators, as many as you can, and include the means of verification and frequency of reporting.

1. Post flip charts around the room and set up a gallery walk in presentation format.
2. As you visit the work of other teams, think about how many of your indicators were similar. Do you see room for additional custom indicators?
3. If you are presenting your team's work, note down suggestions, questions, and comments you received from visitors and share these with your other team members.
4. As a final step, one member of the group will refer to the Participant handbook and verify the correct indicators

# SESSION 4.5: SCFN Reporting to the National Nutrition Scorecard

# Governor's Forum Sub-National nutrition scorecard

- Nigeria Governors' Forum (NGF) and the Data for Decisions to Expand Nutrition Transformation project (DataDENT) in 2019–2021 collaboratively designed a sub-national nutrition scorecard that aims to hold Nigeria's governors accountable to nutrition commitments.
- NGF is the non-partisan association of Nigeria's 36 elected state governors. Policy advisors who are staff of the NGF Secretariat provide administrative and technical support aligned with the forum's vision to promote good governance and sustainable development.
- The NGF has a strong track record of using data to support decision-making and advocacy among Nigeria's governors.

# Purpose of National Nutrition Scorecard

- Nigeria's 36 state governors are well positioned to advance the nutrition agenda by authorizing and supporting increased nutrition investment and providing oversight to nutrition activities.
- The National Nutrition Scorecard was developed as an advocacy, accountability, and monitoring tool for the nutrition commitments targeted towards achieving better nutrition outcomes.



# National Nutrition Scorecard

Data provided and Validated by the National/State Committee on Food and Nutrition

INDICATORS	Governance						Finance			Human
	Nutrition Departments	NMPFAN / MSPAN	Maternity Leave	Govt-Owned Creche	Performance Review	Program Implementation Rate	Budget Line	Release of Funds for Nutrition	Government/Partners funding ratio	Human Resource for Nutrition
Federal X	● ↑ ↓	● ↑ ↓	● ↑ ↓	○ ↑ ↓	● ↑ ↓	○ ↑ ↓	● ↑ ↓	○ ↑ ↓	○ ↑ ↓	○ ↑ ↓
State A	● ↑ ↓	● ↑ ↓	● ↑ ↓	● ↑ ↓	○ ↑ ↓	○ ↑ ↓	● ↑ ↓	● ↑ ↓	● ↑ ↓	● ↑ ↓
State B	● ↑ ↓	● ↑ ↓	● ↑ ↓	● ↑ ↓	● ↑ ↓	● ↑ ↓	● ↑ ↓	● ↑ ↓	● ↑ ↓	● ↑ ↓
State C	● ↑ ↓	● ↑ ↓	● ↑ ↓	● ↑ ↓	● ↑ ↓	● ↑ ↓	● ↑ ↓	● ↑ ↓	● ↑ ↓	● ↑ ↓

**KEY**

●	Met Benchmark
●	Did not meet Benchmark
○	No Data / Missing Validation

- The scorecard is expected to be shared with the governors at least semi-annually.

SESSION 4.6:  
SCFN'S ROLE WITHIN THE NUTRITION INFORMATION  
SYSTEM (NIS)

# Nutrition Information System (NIS)

The NIS will warehouse data coming from NMPFAN's six results areas.

SCFN should review the data available in the DHIS2 in preparation to transfer to the NIS, when operational.

Timing and Frequency: SCFN can review nutrition data in the DHIS2 on a quarterly basis during quarterly review meetings.

# SESSION 4.7: SCFN QUARTERLY REPORTING

# SCFN quarterly reporting

SCFN should refer to the annual Multi-Sectoral Nutrition Implementation Work Plan and Budget and the Multi-Sectoral Nutrition M&E Framework from the MSPAN to report on quarterly progress towards each activity's annual target. SCFN should call upon partners and line MDAs to provide updates and data.

Timing and Frequency: SCFN should provide updates on activities planned for and completed during the quarter and activities anticipated for the upcoming quarter.

# Quarterly Reporting Template (example)

District/LLG:			
Reporting period (Quarter, Year):			
Report compiled by:			
Responsibility area	Planned activities for quarter	Activities conducted this quarter	Planned activities for the next quarter
Technical Guidance			
Coordination and Partnerships with Nutrition Stakeholders			
Planning, Budgeting, and Resource Mobilization			
Monitoring and Reporting			
Advocacy			
Nutrition Behaviour Change Communication and Social Mobilization			
Additional comments:			

# Quarterly Reporting Template (example)

Sn	Activities	Indicator	Quarterly Targets				Annual Target	Department/ partner responsible for collection	Quarterly Budget				Cumulative budget
			Q1	Q2	Q3	Q4			Q1	Q2	Q3	Q4	
1.0	<b>Objective 1</b>												
1.2													
1.3													
2.0	<b>Objective 2</b>												
2.1													
2.2													
3.0	<b>Objective 3</b>												
2.3													
3.1													

# Examples of Activities to Be Reported

- Technical Guidance: Nutrition guidance provided by the SCFN to departments and partners, including capacity strengthening activities; issues presented to the Technical Planning Committee during the quarter and the resulting actions.
- Coordination and Partnerships with Nutrition Stakeholders: Number of coordination meetings and joint activities conducted with stakeholders, detailing those involved and platforms used; results of stakeholder coordination efforts; and planned next steps.
- Planning, Budgeting, and Resource Mobilization: Efforts made to align MDAs and partners' plans with activities; challenges implementing plans; budgetary challenges; and resource mobilization activities.



# Examples of Activities to Be Reported

- **Monitoring and Reporting:** Frequency and types of data provided to the SCFN by MDAs and partners; description of supervision activities undertaken; actions taken as a result of monitoring, supervision, and reporting.
- **Advocacy:** Advocacy efforts undertaken by the SCFN during the quarter and actions taken by stakeholders as a result of advocacy efforts. SCFN should also refer to their advocacy implementation plan when completing this section.
- **Additional comments:** Describe overall SCFN achievements; nutrition innovations from community members, partners, or stakeholders; and any upcoming opportunities the LGCFN hopes to pursue. Detail any support required from the national level to achieve these efforts.

SESSION 4.8:  
LGCFN MONITORING AND SUPPORTIVE SUPERVISION  
CHECKLIST

# LGCFN Monitoring and Supervision Checklist

- SCFN has the mandate to coordinate multi-sectoral nutrition efforts at LGA level, including monitoring and support supervision of LGCFN.
- This Monitoring and Support Supervision Checklist was developed to support this task.
- SCFN can use the tool to monitor implementation of nutrition activities at the LGA level, check on the functionality of the LGCFNs, identify gaps, and make recommendations to the LGA.

# Discussion: Key Takeaways

Take a minute to think of one or two things you will take away from this session.

How will this new knowledge apply to your work?

# Personal Reflection

In your participant handbook, write a few reflections to the material we covered in Unit 4.

- What new things did you learn from the presentation? What surprised you? Do you recognize any of these situations or concepts from your experience in your state/LGA?
- Do you have any questions or clarifications for the facilitator?
- When you go back to your state/LGA and share what you have learned in this unit, what new understanding of nutrition issues and the causes of malnutrition did you acquire that you find important?
- How would you teach this to a new SCFN member?

UNIT 5:  
ACTION PLAN TO OPERATIONALIZE NUTRITION  
COORDINATION COMMITTEES

# Agenda and objectives

This unit covers

- Session 5.1: SCFN Action Planning
- Session 5.2: OCAT Tool and Process

Objectives:

- To provide an overview of organizational assessment tools and processes
- How to develop an action plan
- How to operationalize the OCAT and Action Planning process

# SESSION 5.1: SCFN ACTION PLANNING

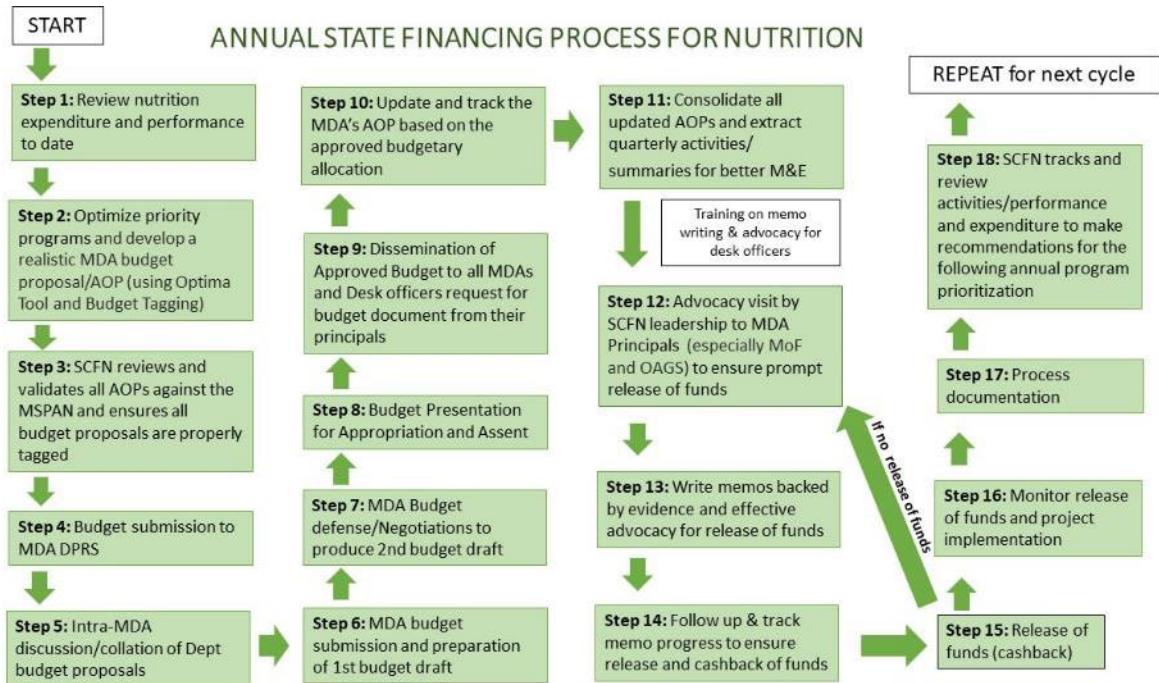


# SCFN Action Planning

SCFN Annual Budget Development sub-committee is responsible for:

- Reviewing annual SCFN budget contributions for multi-sectoral nutrition interventions.
- Reviewing annual LGCFN/LGA budget contributions for multi-sectoral nutrition interventions.

# SCFN Action Planning



# SCFN Action Planning

## **Conduct capacity building training on the budget cycle and advocacy**

- Step 1: Review the current year's nutrition budget (expenditure and performance) -at MDA Level by the Desk Officer
- Step 2: Each MDA conducts optimization of priority nutrition programs using the MSPAN and develops their nutrition budget proposal/annual operational plan (AOP) - at MDA Level by the Desk Officer
- Step 3: SCFN meeting to review and validate all AOPs against the MSPAN – at State level by the SCFN
- Step 4: Nutrition budget proposal submission to MDA budget office/ DPRS backed by internal advocacy to MDA principal officers – at MDA level by the Desk Officer

# SCFN Action Planning

## **Conduct capacity building training on the budget cycle and advocacy**

- Step 5: Intra-MDA discussion/Collation of Departmental budget proposals -at MDA level by MDA Principal Officers (PS/HC)
- Step 6: MDA budget submission and preparation of 1st budget draft – at State Level by the MDA & MB&EP
- Step 7: MDA Budget defense/Negotiations/Bilateral Discussions to produce 2nd budget draft - at State Level by the MDA, MB&EP & State Executive Council
- Step 8: Budget Presentation for Appropriation and Assent - at State Level by the Executive Council & SHoA
- Step 9: Dissemination of Approved Budget to all MDAs and intra-MDA dissemination – at both State & MDA level by the MB&EP/MDA Principal officers respectively.

# SCFN Action Planning

## **This process marks the beginning of a new year (January)**

- Step 10: Update the MDA's AOP based on the approved budgetary allocation – at MDA level by the Desk Officer
- Step 11: Consolidate all updated AOPs and extract quarterly activities/summaries for better M&E – at State level by the SCFN

# SCFN Action Planning

## **Capacity building on Memo writing and advocacy.**

- Step 12: Advocacy visit by the SCFN leadership to MDA Principals (especially MoF & OAGS) to ensure prompt release of funds for implementation – at State level by the SCFN.
- Step 13: Write memos backed by evidence and effective advocacy for release of funds -at the MDA level by the desk officer.
- Step 14: Follow up & track memo progress to ensure release and cashback of funds – at the MDA & State level by the desk officer &MDA principal officer respectively.
- Step 15: Cashback of funds

# SCFN Action Planning

**In case there's no cashback, kindly refer to step 13.**

- Step 16: Monitor release of funds and project implementation – at MDA & State level by the MDA M&E and MB&EP.
- Step 17: Process documentation – at MDA level by the Desk officer.
- Step 18: SCFN reviews performance and expenditure to make recommendations for the following fiscal year.

Timing and Frequency: This process occurs annually and is mandated by the Government of Nigeria as part of the fiscal year budgeting process.

## Sample Action Plan

Next Steps/Activities	Responsible	Timeline	Approach/ Methodology
1. Send circular to LGA about formation of SCFNs		Within 1 week	Mail letters
2. Orient SCFNs		Within 1 month	Use local government orientation materials
3.			
4.			



# SESSION 5.2: OCAT TOOLS AND PROCESSES

## OCCAT: Tool and process

- An organizational capacity assessment may be done annually to mark progress from the prior year, as followed from OCCAT Action Plan.
- It can be used on an annual basis (or more or less frequently) as a check in on areas of strength and areas that need improvement.
- It is closely linked to the action planning process to improve areas identified by the OCCAT tool.
- Timing and Frequency: This tool is strictly for capacity strengthening purposes and is outside of the regular MOH/FMFBB reporting.

## Objectives of the OCAT

- The OCAT, revised by USAID, is a self-assessment tool used to draw insights from the leadership and members of the SCFN to perform a qualitative diagnosis of its planning, budgeting, oversight, and organizational capacity and competency for implementing state nutrition policies and programs.
- Findings from the assessment will be used to identify areas where gaps exist and to produce an action plan for addressing them.

# Objectives of the OCAT

The tool will help the SCFN prioritize where it should focus its improvement efforts, decide on responsibilities and timeframes, and know when to request possible technical assistance.

Specifically, the OCAT results will be used to:

- Inform the development of capacity-building plans by identifying specific areas that should be prioritized; and
- Demonstrate progress in building the SCFN's capacity throughout the USAID project.

## Description of the OCAT

- The OCAT is a semi-quantitative assessment tool. It can provide a good understanding of an organization's capacity across all the necessary functions (i.e., highlight the key strengths and weaknesses).
- One of its advantages is that it serves as a learning tool and an assessment tool when applied as a self-assessment, giving respondents a concrete image of higher levels of capacity to strive for and a deeper understanding of each other's view of the organization's capacity.

## Description of the OCAT

- The tool is semi-quantitative scored on a five-point Likert scale will space for a qualitative response
- The OCAT tool assesses six capacity areas
  - Institutional context
  - Structure and functions
  - Gender equality and social inclusion
  - Finance and operations
  - Monitoring, evaluation, and learning
  - State and LGA offices.
- Under each capacity area, indicators are in the form of questions. For each indicator, five stages are defined:
  - Low capacity/No attainment
  - Minimal capacity/Start of formal activity
  - Adequate capacity/Some progress shown
  - Good capacity/ Good progress shown
  - Excellent capacity/Complete attainment

# OCAT Process

- The OCAT is to be filled out in a participatory setting with the relevant leaders and members of the SCFN.
- An external facilitator will guide the group discussion of each question and enter the response that the group agrees upon.
  - In case of disagreement, lack of consensus, or non-applicability of the question, the facilitator can leave the response blank and note the reason in the comments section.

## Selection of Participants

- Before the assessment, the SCFN will determine which committee members will participate in the scoring and discussions for each capacity area.
- There should be a balance of committee leaders and committee members to the extent possible.
- If the SCFN has LGA offices, it may consider including some representatives from the LGA in some or all scoring groups.
- Note that for some capacity areas, not everyone in the room is familiar with all the functions they will be scoring.



## Before the Workshop

- A few days before the start of the workshop, all scorers will be provided with hard and soft copies of the OCAT tool and an Excel-based scoring template.
- Scorers should read through the capacity areas they will be scoring/discussing and begin thinking about the stage of progress they believe the organization is in at the time for each indicator (i.e., the score they would select).
- They should come to the first day of the workshop with any questions or clarifications they want on the indicators.

## OCAT Facilitators

- The OCAT workshop will be facilitated by an external facilitator who has been trained in conducting OCAT assessments.
- Partner or NGO staff from USAID may support the facilitator during the workshop sessions and will participate in analysis of scores and development of capacity building plans.

# OCAAT Workshop

- The day will be divided into scoring sessions, with one capacity area being scored in each session
- In each scoring session, the facilitators introduce one capacity area at a time, review the questions to ensure proper understanding, and allow a discussion aimed at establishing a mutual understanding among the participants of the SCFN's processes surrounding the indicators and an agreement on the SCFN score.
- Note: The discussion is critical to the OCAAT and should be allowed to continue. It is often the most important part of the OCAAT.

## OCAT Scores

- Scores are compiled into an automated table that produces summary tables with a composite score for each capacity area.
- The facilitators analyze the scores to identify capacity areas/indicators with significantly disparate scores and identify areas of relative strengths vs. need for capacity development.

## Discussion: Key Takeaways

Take a minute to think of one or two things you will take away from this session.

How will this new knowledge apply to your work?

# Personal Reflection

In your participant handbook, write a few reflections to the material we covered in Unit 5.

- When you go back to your state/LGA and share what you've learned in this Unit, how will you teach new SCFN members about this process?
- How will the OCAT and Action Planning contribute to a stronger SCFN, specifically in which areas?

# UNIT 6: GENDER AND EQUITY

# Agenda and objectives

This unit covers

- Session 6.1: Key concepts, terms and definitions
- Session 6.2: Gender and equity domains
- Session 6.3: Gender and equity action planning for multisectoral nutrition plans

Objectives:

- To understand general gender concepts and understand how gender affects nutrition and health outcomes.
- To be able to identify differences between men and women's roles and status in your community.
- To discuss how SCFN activities can be adapted to be more gender equitable and promote women's empowerment.



# SESSION 6.1: KEY CONCEPTS, TERMS AND DEFINITIONS

# Introductory Questions

- What is your experience with gender equality, either personally or through programming?
- What do you hope to learn here?



Photo Credit: Daidre Schoo, International Center for AIDS and Treatment Programs, Columbia University School of Public Health

## Group Exercise: Values Clarification

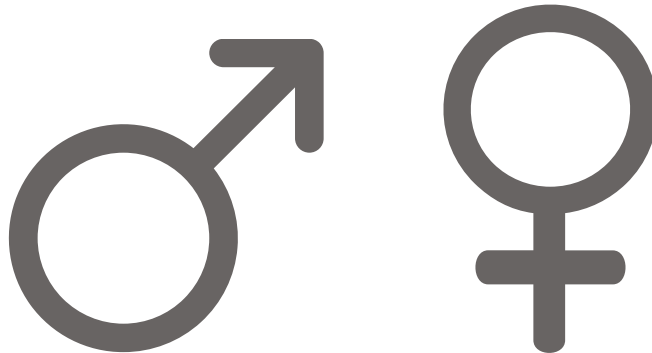
- Everyone stand in the middle of the room.
- The facilitator will read aloud a statement.
  - Step to the right if you agree.
  - Step to the left if you disagree.
- The facilitator will ask a few people to explain their answer.
- Everyone step back to the middle.

# Group Exercise: Reflection

- Even though we may be familiar with gender equality concepts, some questions are still difficult for us to answer.
- Our own experience with and beliefs on gender can affect how we view and understand our projects/programs/participants.
- We need to keep this in mind as we ask fellow staff, partners, and project beneficiaries to discuss gender issues.

# Sex

- Refers to the biological differences between males and female.
- Sex is typically assigned at birth (male/female).



# Gender

- Describes what it means to be a man or woman, based on culture, beliefs, attitudes, and norms.
- Each place and culture has a different understanding of what it means to be a “real man” or “real woman.”



# Gender and Nutrition

- Globally, women are twice as likely to be malnourished than men
- Women are more likely to experience food insecurity than men
- Girls are more likely to be wasted, stunted, and overweight than boys of the same age group

# Gender-Sensitive Programming

- Gender-sensitive programming takes into consideration the differences and inequalities between women and men [and girls and boys]
- It considers and raises awareness on the socially constructed roles, behaviours, activities and attributes that society considers appropriate for each and their related dynamics



# Gender-Responsive Programming

- Gender-responsive programming goes one step further and not only considers gender norms, roles and inequalities, but also ensures measures are taken to actively reduce their harmful effects
- Gender-sensitive efforts need to be accompanied by gender-responsive actions in order to achieve gender equality and transform gender relationships and power structures

# Gender-Transformative Programming

- Gender-transformative programming is the highest level of gender-responsive programming.
- It considers not only gender norms, roles and inequalities for men and women, but also the specific needs of men and women [and girls and boys] and how all these affect access to and control over resources.
- It also addresses the causes of gender-based inequities, including ways to transform harmful gender norms, roles and relations and strategies to foster progressive changes in power relationships between men and women

# Gender-Transformative Programming

- Gender-transformative programming is the highest level of gender-responsive programming.
- It considers not only gender norms, roles and inequalities for men and women, but also the specific needs of men and women [and girls and boys] and how all these affect access to and control over resources.
- It also addresses the causes of gender-based inequities, including ways to transform harmful gender norms, roles and relations and strategies to foster progressive changes in power relationships between men and women

# Gender Equality

- Equality refers to equal chances and opportunities for women [and men, or girls and boys] to access and control social, economic and political resources, including protection under the law.
- Simply, when men and women enjoy equal freedom, liberties, and wellbeing.

# Gender Equity

- Equity refers to fairness and considers women's and men's (and boys' and girls') different needs to achieve gender equality
- Simply, the process of being fair to men and women.



Photo Credit: Karen Kasmauski, MCSP

# Empowerment

- When women (or men) are able to make decisions about their own health, nutrition, and life overall.

# Male Engagement

- When men and boys are involved and support women and children's well-being, for example in: caregiving, fatherhood, domestic labor

# Gender-Based Violence (GBV)

- Violence directed at people based on their biological sex, gender identity, or culturally-defined expectations of being a woman, man, girl or boy.



## Group Exercise: What did you learn Q&A

- Do you remember the difference between “sex” and “gender”? Let’s see!
- The facilitator will read aloud a statement.
  - If you think this statement refers to a person’s sex, then stand up!
  - If you think this statement refers to a person’s gender, then stay seated.
- The facilitator will read the correct answer, address any questions, then continue to the next statement.

## Group Exercise: Reflection

- We may have assumptions about work, tasks, or certain foods for men, women, boys and girls.
- But as we learned earlier, beliefs around what is “right” for each gender can change over time.
- In our work, we can examine if certain gender-related beliefs, attitudes, and norms are harmful or helpful to good nutrition and health.
- We can then work with community members, religious leaders, and authority figures to support helpful gender norms and shift harmful ones.

# SESSION 6.2: GENDER AND EQUITY DOMAINS

# Group Exercise: How do tasks get assigned?

- After 15 minutes, each group will do the following:
  - Circle the tasks usually done by a woman or girl.
  - Underline the tasks usually done by a man or boy.
  - Circle and underline the tasks done by women and/or men
- The facilitator will ask groups a few questions about their answers

## Group Exercise: Reflections

- Men and women, boys and girls do not always have equal division of tasks. Some activities take a lot of time, and some require a lot of energy.
- Women and girls' tasks at home, on the farm, and in the community may limit their time for ensuring their own good health and nutrition, and the good health and nutrition of their children.
- *How can you use what you learned in this activity in your work?*

# Gender Transformative Program/Activities

Challenge harmful gender norms, roles and dynamics

Recognize and strengthen supportive gender norms

Promote relative position of women, girls and marginalized groups

Change social structures, policies and norms that allow gender inequality to continue

## Do No Harm

- Under no circumstances should the projects/activities take advantage of gender inequalities and stereotypes.
- Under no circumstances should the project/activities worsen gender inequalities.

# SESSION 6.3: GENDER AND EQUITY ACTION PLANNING FOR MULTISECTORAL NUTRITION PLANS



# Why consider gender in nutrition action plans?

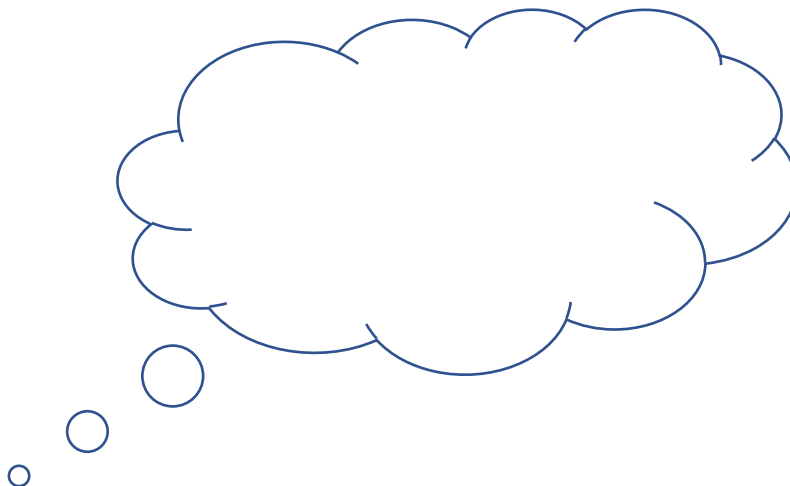
- Socially constructed gender roles can lead to unequal access to and control of education, resources, information, income and political forums, amongst others,
  - which can negatively impact a household's ability to provide sufficient food, care and health services to all its members
- Integrating gender considerations into national-level policies and programmes can support actions that will eliminate key barriers to maximum nutrition improvement

# Why consider gender in nutrition action plans?

By integrating gender into nutrition planning, the SCFN can

- contextually understand the differences that exist between men and women and boys and girls and what cultural, societal and infrastructural factors contribute to existing inequalities and
- develop the appropriate actions to improve household food security and consumption of diverse, nutritious foods of all household members

# Group exercise: How can we promote gender equity and women's empowerment in our activities?



<b>SCFN Activity</b>	<b>Adaptations to Promote Gender Equity and Women's Empowerment</b>
5.	
6.	
7.	
8.	

# Gender-Transformative Approaches

- Strengthen family support for nutrition of pregnant and lactating women.
- Nurture shared family responsibility and care for women with shared household tasks.
- Support “harmonious households” for improved communication between couples.
- Facilitate collective action on traditional gender roles and social norms for greater gender equality.
- Engage families to empower adolescent girls for improved nutrition and health.
- Support and empower women leaders in the community.

# Developing and reviewing nutrition plans through a gender lens

- Guidance from the Scaling Up Nutrition (SUN) Movement
- A core aim of SUN was to ensure equity, equality and nondiscrimination for all, with women and girls at the center of efforts
- The following slides are adapted for implementation on the MQSUN+ national nutrition plan gender assessment tool.

# Integrating gender into situational analysis

Information in the situational analysis includes:

- sex-disaggregated data by key age groups (e.g. children under age five and adolescents) for both nutrition-specific and nutrition-sensitive indicators
- *When reviewing a multisectoral nutrition plan, ask:*
  - *Does the situational analysis include sex-disaggregated data for key nutrition-specific and nutrition-sensitive indicators?*

# Integrating gender into situational analysis

The situational analysis includes:

- gender-related analysis beyond data disaggregation alone,
  - particularly discussion around gender norms, roles and relations and how this may influence nutrition (e.g. the typical role of men and women, the influence of gender roles on time, decision making, etc.)
- *When reviewing a multisectoral nutrition plan, ask:*
  - *Does the situational analysis includes discussion of the gender dimensions of nutrition beyond data disaggregation alone?*



# Integrating Gender into Stakeholder Planning

The planned actions include actions:

- incorporate the gender dimensions of nutrition based on the needs identified in the situational analysis
  - (e.g. actions that promote women's decision making, girls' education, male involvement and/or activities targeting men).
- *When reviewing a multisectoral nutrition plan, ask:*
  - *Does the plan contain actions that incorporate gender dimensions of nutrition?*

# Integrating gender into stakeholder planning

The plan development actions includes:

- consulting stakeholders and groups with gender expertise (e.g. Ministry of Women's Affairs, women's rights org, gender divisions in UN)
- mentions how stakeholders and groups with gender expertise were included and/or consulted
- *When reviewing a multisectoral nutrition plan, ask:*
  - *Does the plan reference if/how stakeholders with gender expertise were consulted and included in the plan development process?*

# Integrating Gender into Capacity Strengthening/Assessments

The capacity assessment includes:

- discussion of the unique needs of men and women and potential barriers to participation
- measures to encourage active participation of both men and women
- integrates gender discussions into capacity-building efforts to address gaps in knowledge and action
- *When reviewing a multisectoral nutrition plan, ask:*
  - *Do the capacity assessment and planned capacity-building actions consider and address the unique needs of men and women?*

# Integrating gender into M&E

The monitoring and evaluation (M&E) plan includes:

- gender consideration in how progress will be measured, analysed and reported
- gender equality indicators
  - to assess power dynamics, empowerment, gender norms, resource control, GBV, employment, household decision making, women's status, etc.;
- gender-sensitive indicators:
  - quantitative measures disaggregated by sex, age to assess outcome differences).
- *When reviewing a multisectoral nutrition plan, ask:*
  - *Does the M&E framework include gender equality indicators and/or gender-sensitive indicators?*

# Integrating Gender into M&E

The M&E framework (data collection/analysis plan) includes:

- disaggregation of data by sex and age to evaluate equity of the plan with respect to women, men, girls and boys;
- discussion around addressing data gaps where sex-disaggregated data is not currently available; and
- an analysis plan that includes use of sex-disaggregated data to inform decision making
- *When reviewing a multisectoral nutrition plan, ask:*
  - *Does the M&E plan include planned collection/disaggregation of relevant data by sex and age, how data gaps will be addressed and analysis of disaggregated data to inform decision making?*

# Discussion: Key Takeaways

Take a minute to think of one or two things you will take away from this session.

How will this new knowledge apply to your work?

# Personal Reflection

In your participant handbook, write a few reflections to the material we covered in Unit 6.

- When you go back to your state/LGA and share what you've learned in this Unit, how will you teach new SCFN members about this process? How will the GESI aspects of Multisectoral Action Planning contribute to a stronger SCFN, specifically in which areas?

# CLOSING



# Closing

## Objective for This Session

- Facilitators close the orientation, debrief on lessons and solicit feedback for improvement
  - Complete post-training assessment
  - Complete orientation evaluation

# Group Reflection

Gather as a group to reflect on the exercise:

- What did you learn?
- How did this orientation meet your expectations?
- What questions came up during the orientation?
- What will you bring back to your SCFN and how will you transfer this knowledge to new SCFN members?

# Personal Reflection

Revisit your three expectations from the opening session.

Take a few minutes to reflect if they were met and what additional questions may have come up.

