



**NATIONAL POLICY**

**ON**

**FOOD AND NUTRITION**

**IN**

**NIGERIA**

**Produced by**  
**National Planning Commission**

**2001**

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# FOREWORD

Malnutrition has long been recognized as a consequence of poverty and lack of basic nutrition education. Since the beginning of this decade, the close relationship between malnutrition and under-development has continued to be emphasized, particularly at the various international summits aimed at improving the welfare of women and children. An important conclusion that emerged from these discussions and, in particular, from the 1992 International Conference on Nutrition (ICN), held in Rome, was that nutritional well-being of all people is a pre-condition for development and a key objective of progress in human development. Therefore, reducing malnutrition is an important goal of development, since malnutrition not only slows development, it leads directly to suffering and death.

The recent ratification of this Food and Nutrition Policy by the Nigerian Government is a major landmark in the current efforts to deal with the scourge of malnutrition, which has been the most devastating among young children and pregnant and lactating mothers. As we begin to develop intervention programmes based upon the objectives of this policy, a solid foundation will have been laid for higher productivity and the development of improved physical and mental development among our people.

**Chief Philip Asiodu**

*Chief Economic Advisor to the President of Nigeria*

# PREFACE

Food security at the aggregate and household levels, and access to adequate basic health services are essential prerequisites for good nutrition. In turn, good nutrition is necessary to achieve a healthy and active life, optimize educational performance, and enhance productivity. The generally poor economic situation in Nigeria has aggravated the poor nutrition status of the citizenry.

The major nutritional problems in Nigeria are: a) protein-energy malnutrition; and b) micronutrient deficiencies. These scourges have been most devastating in the vulnerable groups of infants, young children, and pregnant and lactating women, particularly in the poorer segments of society. Malnutrition is a drain on the nation's human resources and a hindrance to development, with enormous costs in human, social, and economic terms.

The Federal Government of Nigeria has formulated this National Policy to deal with the multi-faceted problem of food and nutrition, using a multi-sectoral and multi-disciplinary programme approach. The programme to be derived from this policy is expected to reduce the prevalence of malnutrition by alleviating poverty through increased access to productive resources, increased incomes, and enhanced standards of living.

This Food and Nutrition Policy document is intended to serve as a framework to guide the identification and development of intervention programmes. It is also aimed at addressing the problems of food and nutrition across different sectors and different levels of the Nigerian society, from the individual, household and communities to and including the national level.

Implementation of this policy shall involve sectoral ministries, institutions of higher learning, the private sector, individuals, families, communities, community-based organizations (CBOs), non-governmental organizations (NGOs) and the international agencies.

The Federal Government of Nigeria shall ensure that this policy remains operational for fifteen (15) years, i.e., to 2016, to permit a sustained pursuit of the goals and objectives set forth herein.

# CHAPTER ONE

## *Nature, Extent and Causes of Nutrition Problems in Nigeria*

### ***Background:***

In the past, food-and nutrition-related activities in Nigeria have been sectoral, uncoordinated and limited in scope. Various ministries prepared policies in which nutrition consideration were addressed from the perspective of the respective ministerial mandates. The policies included:

1. Health Sector Nutrition Policy;
2. Agricultural Policy;
3. Science and Technology Policy;
4. National Policy on Education;
5. Social Development Policy;
6. Rural Development Policy;
7. Women in Development Policy;
8. Mass Communication Policy; and
9. Industrial Policy

In 1990, a National Committee on Food and Nutrition (NCFN) was established and domiciled in the Ministry of Science and Technology to, among other things, formulate a National Food and Nutrition Policy and a National Food and Nutrition Plan of Action. With the phasing-out of that ministry in 1993, the NCFN was transferred to the Federal Ministry of Health. In 1994, NCFN and its emerging programmes were relocated to the National Planning Commission (NPC) because of its unique position as the government agency responsible for co-ordination and monitoring of all national policies and programmes, including budgetary aspects, as well as all technical assistance programmes in the country

### *The Food and Nutrition Situation in Nigeria*

The problems of hunger and malnutrition in Nigeria are more severe now than ever before. It has been estimated that the percentage of Nigerian households that are food insecure has risen from 18% in 1986, to over 40% in 1998. Malnutrition is widespread and its prevalence is high. Poverty, inadequate investment in the social sector, inadequate dietary intake, and disease have been identified as the major causes of malnutrition in Nigeria. In the recent past, the extent of malnutrition has increased as a result of economic hardships faced in the country. Malnutrition is manifested mainly as under-nutrition (both macro- and micro-nutrients) and in diet-related non-communicable diseases.

### *Food Situation*

Previously, food security in Nigeria was addressed almost exclusively in terms of aggregate food availability at the national level. Consequently, insufficient attention has been paid to the issue of household food security, especially in the poorer segments of the population.

The concept of household food security ensures that households are able to obtain adequate food, either through home production or through food purchases. Therefore, combating household food insecurity will entail increasing access to productive resources such as land, labour, input and credits, as well as increased income in off-farm activities.

While it has been reported that, at the national level, Nigeria produces enough food to meet the caloric needs of her population, there is strong evidence that national food production has, in the recent past, failed to keep pace with the population growth, and has been declining in per capita terms, despite efforts by government to stimulate food and agricultural production through various measures and incentives.

Poverty is the basic reason for a lack of access to food. It has been estimated that about 40% of all Nigerians live below the absolute poverty line, and that the incidence of poverty is more pronounced in the rural areas and in the agricultural sector. It is also, however, a problem in urban and peri-urban areas.

The prevalence of malnutrition among the groups follows that same trend as that of poverty surveys. Food intake studies showed that, in 1986, the national daily per capita average intake of energy and protein amounted to 2,071 Kcal and 54 grams per day, respectively (ICN, 1992), which suggests that the households consumed less food than they required. There is also evidence that low-income, rural and semi-urban adults consume less than 60% of their energy needs, and less than 40% of their protein needs, with the energy shortage further undermining protein utilization efficiency. A dichotomy has been noted with respect to food access between rural and urban households in Nigeria.

A 'food share' analysis was performed, using 1993 data, and suggested that most Nigerian households spend more than 75% of their income on food alone, indicating a high prevalence of food insecurity.

The food distribution system in Nigeria remains largely inefficient, due to factors such as crop seasonality, inadequate storage technology and facilities, inadequate transport and distribution systems, and inadequate market information. All of these result in considerable spatial and seasonal variation in food production and availability, and are responsible for the considerable food price variations in the country.

Another major problem affecting food availability, especially at the household level, is an inadequacy of food storage facilities at that level, resulting in significant storage losses. Losses of cereals such as maize, millet and sorghum, are estimated in the range of 25% to 30%;



for root crops, from 50% to 70%, and approximately 70% for fruits and vegetables. Additionally, due to lack of adequate storage facilities and economic pressures, farmers sell part of their produce soon after harvest at low and unremunerative prices, resulting in escalating food prices during the off-season period – often two to three times higher than prices immediately following the harvest.

### *Nutrition Situation in Nigeria*

An increasing number of Nigerian households have become food insecure as a result of the downturn of the economy, rising inflation and escalating food prices that erode their purchasing power. The major consequences of food insecurity are protein-energy malnutrition and micronutrient deficiencies. In addition, diet-related, non-communicable diseases (e.g., diabetes, hypertension) are becoming more prevalent.

### *Protein-Energy Malnutrition (PEM)*

Numerous studies, based on analyses of anthropometric data from children in various parts of Nigeria, have shown a high prevalence of household food insecurity and under-nutrition. The Nigerian Demographic and Health Survey (NDHS 1990), revealed that 43.1% of children under five years of age are stunted, an indication of the prevalence of *chronic* household food insecurity. This survey also found the proportion of underweight children to be 35.7%, attributable to transitory food insecurity. The proportion of children suffering from wasting was estimated at 9.1%. A more recent study by UNICEF (1993) in ten states of the federation reported the proportion of stunted children to be 57.6%, and wasting to be 10.9%, indicating the situation is worsening. All of these forms of malnutrition result from a combination of inadequate food intake, lack of access to clean water, and health and sanitation problems. The worsening trend is a reflection of the poor economic situation and deteriorating state of household food security in Nigeria. The poor environmental sanitation, hygiene, and unsafe drinking water result in a high prevalence of infectious and parasitic diseases, particularly in infants and children,

further aggravating the already poor nutritional status. Prevalence of under-nutrition has been generally reported to be higher in rural areas of the country.

Maternal under-nutrition results in low birth weight which, in turn, contributes to high infant mortality and is also a significant factor in the high incidence of maternal mortality in Nigeria.

#### *Micronutrients*

The proportion of the population suffering from micronutrient deficiencies and the resultant diseases is at a critical level. Nearly 20 million Nigerians are estimated to suffer from iodine deficiency disorders (IDD), with the current prevalence of goiter put at 20% (UNICEF 1993). Vitamin A deficiency (VAD) is reported to be more common in the northern parts of the country, where palm oil is not a major component of the traditional diet. VAD is a major contributory factor to childhood blindness and corneal ulceration. The Participatory Information Collection (PIC 1993) data show that 9.2% and 7.2% of children and women, respectively, are vitamin A deficient. In addition, some areas show prevalence levels as high as 45%. A number of studies indicate that vitamin A deficiency is a major contributory factor to the high infant mortality rate in those areas. Another common problem is nutritional anemia, with a prevalence of 25% to 30% among mothers and children respectively (PIC, 1993). The high maternal mortality is, in part, attributable to the high incidence of anaemia.

#### *Diet-Related, Non-communicable Diseases*

Diet-related diseases, such as diabetes, hypertension, cardiovascular diseases, cancer, etc., are also on the increase in Nigeria. The increasing prevalence of these diseases is due to the changes in the diet and lifestyle of the people of Nigeria.

# CHAPTER TWO

## *Goals and Objectives of the Food and Nutrition Policy*

Food and nutrition are an integral part of the overall national objective of improving the socio-economic well-being of the people of Nigeria. In the large societal context, within which malnutrition exists, it is important to note that the following policy objectives will be pursued in the overall national programme:

1. Improvement of the economic situation of Nigeria, with particular emphasis on protecting the welfare of the most vulnerable groups in society; and
2. Increased investment in the social sector, thereby raising the status of women in our society by increasing their access to and control over productive resources.

### *Overall Goal*

The overall goal of Nigeria's Food and Nutrition Policy is to improve the nutritional status of all Nigerians, with particular emphasis on the most vulnerable groups, i.e., children, women and the elderly.

### *Specific Goals*

The Food and Nutrition Policy aims to promote the following specific goals:

- (i) Establishment of a viable system for guiding and coordinating food and nutrition activities undertaken in the various sectors and at various levels of the society, from community to the national level;
- (ii) Incorporation of food and nutrition considerations into development plans and allocation of adequate resources towards solving the problems pertaining to food and nutrition at all levels;

- (iii) Promote habits and activities that will reduce the level of malnutrition and improve the nutritional status of the population;
- (iv) Identify sectoral roles and assign responsibilities for the alleviation of malnutrition;
- (v) Ensure that nutrition is recognized and used as an important indicator to monitor and evaluate development policies and programmes; and
- (vi) Promote good, indigenous food cultures and dietary habits of Nigerian people for healthy living and development.

#### *Specific Objectives*

To achieve the overall goal of improving nutritional status of vulnerable groups, a number of specific objectives have been formulated, as follows:

1. To improve food security at the household and aggregate levels to guarantee that families have access to adequate (both quantity and quality) and safe food to meet nutritional requirements for a healthy and active life;
2. To enhance care-giving capacity within households with respect to child feeding and child care practices, as well as addressing the care and well-being of mothers;
3. To improve the provision of human services, such as health care, environmental sanitation, education and community development;
4. To improve capacity within the country to address food and nutrition problems; and

5. To raise understanding of the problems of malnutrition in Nigeria at all levels of society, especially with respect to its causes and possible solutions.

#### *Targets*

The following targets are being set to address the food and nutrition problems in the country:

1. Reduce the level of poverty by 10% by the year 2010;
2. Reduce starvation and chronic hunger to the barest minimum through increased food intake;
3. Reduce under-nutrition, especially among children, women and the aged, and, in particular, severe and moderate malnutrition among under-fives by 30% by the year 2010;
4. Reduce micronutrient deficiencies, particularly iodine deficiency disorders (IDD), vitamin A deficiency (VAD), and iron deficiency anaemia (IDA) by 50% of the current levels by the year 2010:
5. Reduce the rate of low birthweight (2.5 kg or less) to less than 10% of the current levels by the year 2010:
6. Reduce diet-related, non-communicable diseases by 25% of current levels by the year 2010;
7. Improve general sanitation and hygiene, including availability of safe drinking water;
8. Reduce the prevalence of infectious and parasitic diseases that aggravate the poor nutritional status of infants and children by 25% of the current levels.

# CHAPTER THREE

## *Strategies for Achieving Food and Nutrition Policy Objectives*

Strategies aimed at effecting the policy objectives stated in chapter two are as follows:

### **A. *Improving Food Security***

#### **1. Increasing Access to Food**

- \* Initiate new and strengthen existing programmes and projects in the agricultural and non-agricultural sectors to increase household income especially in the poorer segments of the population;
- \* Promote income-generating activities in the economy, with particular emphasis on socioeconomically disadvantaged groups;
- \* Promote proper land use and soil conservation practices;
- \* Ensure the availability of adequate and appropriate technologies and improved agricultural inputs at the proper time during the agricultural season, especially ensuring access to same by poorer groups;
- \* Establish effective channels for the distribution of inputs and disposal of produce for all farmers, especially the poorer groups;
- \* Strengthen and improve farmer education with regard to food crops;
- \* Provide irrigation facilities and encourage irrigation farming;

- \* Strengthen agricultural research and extension services;
- \* Increase women's access to and control over resources for production (land, credit, hired labour, seeds, fertilizers agrochemicals, and other relevant inputs) and agricultural services
- \* Encourage integrated farming (crops, livestock, and fisheries) as a means of increasing food diversity and protecting the environment;
- \* Provide appropriate incentives to youths and encourage their participation in food production;
- \* Promote cooperative farming;
- \* Increase the resource base of women through income-generating activities.

## ***2. Improving Food Distribution and Availability***

- \* Develop and adequately maintain all-season, rural roads;
- \* Promote improved and cost-effective on farm food storage technologies;
- \* Improve market information and transportation system such that markets for foodstuffs become more integrated.

## ***3. Improving Food Harvesting, Processing and Preservation***

- \* Introduce and consolidate appropriate technologies for crop harvesting and preservation;
- \* Reinvigorate extension education on appropriate technologies of harvesting, processing and preserving various food crops;
- \* Promote and support research on food processing and preservation technologies at the village and household levels; and

- \* Introduce and expand such technologies and training through their inclusion in the curricular of schools and training institutions.

#### **4. *Improving Food Preparation and Quality***

- \* Develop standardized recipes using indigenous foods for all age groups;
- \* Develop hygienic food preparation methods; and
- \* Control and monitor food quality, especially of imported foods, before distribution.

#### **5. *National Food Security***

- \* Strengthen existing monitoring systems (e.g., early warning), in order to continuously assess and analyze the national food situation; and
- \* Develop a national guideline for remedial action during times of food shortfalls with respect to imports, management of strategic reserves, and food distribution.

### **B. Enhancing Care-Giving Capacity**

#### **1. Promoting Adequate Infant and Child Nutrition**

- \* Promote, encourage and support exclusive breastfeeding for the first six months and promote the continuation of breastfeeding well into the second year of life.



- \* Promote the introduction of nutritionally adequate complementary foods at six months of age;
- \* Promote regular de-worming of pre-school and primary school children;
- \* Develop a national nutrition education programme which would be targeted at mothers, fathers, other child care-givers, health workers and communities to increase awareness of the proper care and feeding of children; and
- \* Review existing supplementary feeding and nutrition rehabilitation programmes with a view to recommending improvements.

**2. *Caring for the Socioeconomically Disadvantaged and Nutritionally Vulnerable***

- \* Promote adequate (both quantity and quality) food intake and adequate rest by pregnant and lactating women;
- \* Develop labour-saving technologies to reduce the workload of women and create more time for child care;
- \* Identify complementary programmes that would provide safety nets, both short-and-long-term, to protect the most vulnerable groups from negative effects of macro-economic and sectoral policies on purchasing power, food consumption, and the delivery of human services; and
- \* Increase access to and improvement of potable water supplies and sanitation facilities.

**C. *Enhancing Provision of Human Services***

**1. *Preventing and Managing Nutrition-Related and Infectious Diseases***

- \* Increase access to and improvement of quality of health services to provide essential maternal and child health care (e.g., ante- and post-natal clinics, family planning, immunization, micronutrient supplementation, oral rehydration therapy, nutrition education, growth monitoring and promotion, etc);
- \* Increase access to and improvement of potable water supplies and sanitation facilities.

**2. *Preventing Micronutrient Deficiencies***

- \* Control iodine deficiency disorders (IDD) through the enforcement of legislation on universal salt iodization (USI) at 50mg per kg salt, and through regular monitoring of salt iodine levels;
- \* Control vitamin A deficiency (VAD) by instituting short- and long-term, sustainable interventions promoting dietary diversification and food fortification;
- \* Control iron deficiency anaemia (IDA) through the provision of iron and/or folate supplements to pregnant women, regular de-worming of pre-school and primary school children, and an information/education/communication (IEC) campaign to encourage food choices that favour iron consumption; and
- \* Control other micronutrient deficiencies that are considered to be of national importance and priority from time to time.

**3. *Protecting the Consumer Through Improved Food Quality and Safety***

- \* Strengthen existing institutional capacity for the effective control of food quality and safety;
- \* Establish, disseminate and enforce guidelines for safe street food practices;
- \* Strengthen the mechanisms for detection, monitoring, and control of chemical residues in foods;
- \* Promote appropriate and safe utilization of agricultural chemicals;
- \* Establish standards for nutrition labeling of locally prepared, indigenous foods (cuisine);
- \* Strengthen consumer education;
- \* Ensure proper storage and packaging of processed foods, and monitor the quality standards of foods, especially imported foodstuffs, before they are distributed for marketing and consumption.

**D. *Improving Capacity to Address Food and Nutrition Problems***

**1. *Assessing, analyzing and monitoring nutrition situations***

- \* Establish community-based growth monitoring to detect child growth faltering;

- \* Promote participatory approaches for communities to assess, analyze and take appropriate actions to address food and nutrition problems;
- \* Develop the planning and managerial capacity of LGAs to address food and nutrition problems ;
- \* Explore ways by which integrated food and nutrition support can be provided by the government to communities in an integrated form, especially inputs from different sectors;
- \* Establish gender-sensitive food and nutrition surveillance systems with a view toward possible uses, potential users, and existing limitations in manpower capacity and data sources;
- \* Undertake a skills-gap analysis of those involved in food and nutrition activities in order to identify training needs;
- \* Investigate potential mechanisms by which the different training needs identified from the skill-gap analysis can be met through existing institutions in the country (tertiary institutions, private sector, and NGOs) and/or by external assistance;
- \* Review existing nutrition curricula in tertiary institutions to incorporate relevant aspects of food and nutrition issues; and
- \* Support research and studies in tertiary institutions and research institutes for policy development in food and nutrition.

**2. *Providing a Conducive Macro-Economic Environment***

- \* Incorporate nutrition objectives into development policies and programmes;
- \* Analyze planned macro-economics and sectoral policies in terms of their potential negative consequences for household income, food consumption, and delivery of human services, with a view to policy modification to ameliorate those effects; and
- \* Explore ways by which social sector spending can be protected from further decline, especially with regard to the potential role of the private sector.

**E. *Raising Awareness and Understanding of the Problem of Malnutrition in Nigeria***

**1. *Information, Education and Communication (IEC)***

- \* Design, prepare and produce advocacy and IEC materials or campaigns aimed at different target groups to increase awareness of the malnutrition problem and promote appropriate changes in behaviour;
- \* Strengthen and integrate nutrition education into the curricula of primary, secondary, and tertiary institutions;

**2. *Promoting Healthy Lifestyles and Dietary Habits***

- \* Develop and disseminate dietary guidelines for all age groups;
- \* Implement and support the design of appropriate community-based nutrition education programmes.

# CHAPTER FOUR

## **Institutional Arrangements**

The National Food and Nutrition Policy requires an effective institutional arrangement to ensure a results-oriented programme implementation. Past implementation efforts have been principally sectoral (health, agriculture, science and technology, and education, etc.), uncoordinated, inadequately funded and limited in scope and coverage. Such efforts, therefore, fell short of the desired outcome of solving the problems they were designed to tackle.

### *A. National Focal Point for Food and Nutrition*

In order to address this problem, the Government of Nigeria designated the National Planning Commission (NPC) as the national focal point for food and nutrition policy programme planning and coordination in the country.

#### *Mandate of NPC*

The mandate of the NPC with regard to the National Food and Nutrition Policy and its programmes is:

- (a) to serve as the focal point for the coordination and harmonization of all food and nutrition-related policies and programmes being implemented by various ministries and agencies into a national programme consistent with the goals and aspirations outlined in this policy document;
- (b) to provide a forum for exchange of views and experiences among the bodies implementing nutrition programmes in Nigeria and, thereby, to foster a strengthening of their respective roles in the programme;

- (c) to coordinate the review, on a continuous basis, of policies and programmes with regard to their potential impact on food and nutrition issues;
- (d) to ensure effective implementation of the different policies and programmes by putting in place an effective machinery for monitoring and evaluation;
- (e) to maintain ongoing advocacy for food and nutrition issues;
- (f) to ensure that adequate financial provisions are made available in the National Rolling Plan, as well as in the national annual budget for implementing the National Food and Nutrition Policy and programmes;
- (g) to liaise with international donor agencies, financial institutions, the private sector, community-based organizations (CBOs) and non-governmental organisations (NGOs) when soliciting funds and material support to complement government resources and efforts; and
- (h) to coordinate the analysis and dissemination of results of important food and nutrition statistics and data.

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

In order to achieve the National Food and Nutrition Policy objectives and implement its programmes, a National Committee on Food and Nutrition (NCFN) has been established, located in the NPC, to assist the National Planning Commission to assess and enhance the various policies on food and nutrition and to plan national programmes on food and nutrition matters.

Membership of the committee is drawn from relevant ministries and representatives of universities dealing with issues of food and nutrition.

***Mandate of the National Committee of Food and Nutrition***

The NCFN has a mandate of:

- (a) providing necessary technical and professional assistance and support to the NPC;
- (b) proposing and reviewing, on a continuous basis, policies and programmes that have a potential impact on food and nutrition issues;
- (c) ensuring that the representatives of relevant sectors on the committee undertake effective implementation of their various policies and programmes;
- (d) formulating appropriate strategies for policy and programme monitoring and evaluation;
- (e) supporting the NPC in the maintenance of ongoing advocacy for food and nutrition issues; and
- (f) assisting the NPC to set up and manage a database of nutrition activities.

***Secretariat of the NCFN***

NCFN shall have a secretariat that shall be a division within the NPC, responsible to the chairman in the implementation of NCFN decisions and day-to-day operations of the national programme. In addition, functions of the secretariat shall be to:

1. service the NCFN;
2. establish appropriate linkages with other relevant departments within NPC toward



effective mobilization of national and international resources for the sustainable implementation of the NCFN programmes; and

3. perform any other duties as may be assigned by the NPC towards successful implementation of the national policy and programmes in Nigeria.

# CHAPTER FIVE

## Monitoring and Evaluation

For successful implementation of the Food and Nutrition Policy, an effective monitoring and evaluation system must be established. This will entail an intensive process of thorough assessment of existing problems, an analysis of their causes, and an assessment of resources required to improve the situation. The information generated will be useful for future planning exercises, as well as for monitoring and evaluating the success of government's efforts in addressing the problem of malnutrition in Nigeria.

The core component of this monitoring and evaluation strategy will be an appropriate food and nutrition monitoring system. The purpose of this type of information system will be to monitor food and nutrition conditions in the country at regular intervals, and to answer the questions 'who are the malnourished?' 'where are they located?', and 'why are they malnourished?' A better socioeconomic description of the groups most at risk is essential in order to refine policies and programmes that are aimed at different target groups in terms of their vulnerability.

Possible sources from which to obtain such data, apart from sample surveys and administrative reporting systems that already exist in certain ministries, will be considered, including data from child growth monitoring and promotion programmes, especially for developing community-level monitoring systems. Rapid Rural Appraisal (RRA) techniques will also be considered as a possible means of obtaining information quickly.

To monitor and evaluate the nutritional impact of the National Food and Nutrition Policy and its consequent programmes, a number of known indicators will be considered to assess whether the targets and goals are being reached.

# CHAPTER SIX

## **Relationships with States, LGAs, International Agencies, CBOs and NGOs**

Current administrative arrangements between the NPC, Federal and State Ministries and Local Governments will form the basis for planning and implementing the National Food and Nutrition Policy. In this regard, state and local counterparts of the NPC will be the focal points for coordination of food and nutrition programmes at state and LGA levels and will be assisted by the state committees on food and nutrition (SCFN) and local government committees on food and nutrition (LGCFN), as appropriate and needed.

### *Tertiary Institutions and Research Institutes*

These groups will be involved in undertaking research and studies for policy development and programme design, in addition to providing relevant training programmes to support the policy and programme.

### *CBOs and NGOs*

To ensure proper coordination of activities and to avoid duplication of effort, government will work closely with the CBOs, NGOs and local communities in pursuit of the Food and Nutrition Policy objectives.

### *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 also expected to support the food and nutrition programme effort of the government by collaborating in specific areas, including: fortification of certain identified foods with vitamin A and/or

iron; development of low cost, nutritious complementary foods; promotion of nutrition education that complies with quality control standards; and contribution to the policy dialogue on ways and means of refining policy and the mechanism for programme monitoring, review and evaluation.

### ***International Agencies***

In the past, government and donor agencies have worked closely together on food and nutrition issues in the areas of programme design, training and capacity building, research, and implementation of pilot, regional and national programmes. Apart from providing funds, these donor agencies also provide cross-country experiences that have proven useful in refining and re-designing existing programmes, and introducing new ones. The government will continue to appreciate the assistance provided by donor agencies in the execution of the National Food and Nutrition Policy.

### ***Resource Mobilization***

Government shall regularly mobilize the needed resources for effecting food and nutrition programmes from the federal, state and local government budgetary allocations, complemented, as required, by external grants, loans and contributions by aforementioned organizations and the private sector.

# GLOSSARY OF TERMS

***Adequate Diet:*** Food consumed habitually containing all the nutrients (calories, protein, fats, vitamins and minerals) in the right amounts and proportions to promote growth and good health.

***At-Risk Groups:*** Persons or segments of the population most likely to suffer from nutritional deprivation.

***Baby-Friendly Hospital Initiative:*** A hospital-based programme that seeks to promote good breastfeeding practices by mothers (i.e., exclusive breastfeeding for the first six months of life).

***Complementary Foods:*** Foods, in addition to breastmilk, given to infants after six months of age.

***Corneal Ulceration:*** A consequence of vitamin A deficiency in which the surface of the eye becomes rough and dry and, if left untreated, leads to perforation and blindness.

***Food:*** A composite of nutrients (protein, fat, carbohydrates, vitamins and minerals) consumed, digested and ultimately utilized to meet the body's needs.

***Functional Impairment:*** Reduction in the level of performance of any body system due to malnutrition or other causes. This may be preceded by slow rate of weight gain in children and often exists in combination with infection.

***Growth Monitoring and Promotion:*** A process which involves regular weighing of a child, plotting the weight on a growth chart, using the information obtained to assess how the child is growing, and then taking appropriate actions to improve or promote the the health and growth of the child.

**Household Food Security:** The ability of a household to gain access to adequate (both in quantity and quality) food to meet their nutritional requirements for an active life throughout the year.

**Intra-Uterine Growth Retardation:** Gradual arrest in the development of a fetus due to maternal factors, such as illness or malnutrition.

**Iodine Deficiency Disorders:** The spectrum of disorders resulting from inadequate iodine intake, including mental retardation, reduced growth, spontaneous abortions, still-births, and physical disabilities.

**Iron Deficiency Anaemia:** Reduce hemoglobin and oxygen carrying capacity of the blood due to inadequate iron intake and/or high iron losses (e.g., blood loss), characterized by fatigue, decreased capacity to work, learning disorders, and increased complications of pregnancy.

**Macronutrients:** These are carbohydrates, fats and proteins – the major components of most foods that supply energy and amino acids for proper growth and development.

**Malnutrition:** All forms of illness resulting from a shortage or excess of nutrients in the body. The major types of malnutrition in Nigeria result from inadequate (both in quantity and quality) food consumption to meet physical requirements. Malnutrition in children may result in reduced rates of growth in weight and height, functional impairments, and an increased risk of morbidity and mortality. Problems of over-nutrition also exist in Nigeria, particularly obesity, and mainly in the more affluent groups in Nigerian society.

**Micronutrients:** These are the vitamins and minerals present in foods and required by the body in very small quantities, but which are vital for proper functioning of the body.

**Night Blindness:** An inability to see in the dark, due to a deficiency of vitamin A in the diet.

**Nutrition:** The end result of various processes in society (e.g., social, economic, cultural, agricultural, and health) which culminate when food is eaten by an individual and, subsequently, absorbed and utilized by the body for physiological processes.

**Nutritional Surveillance:** The process of keeping watch over the nutritional situation of a community or a population, and the factors that affect it, in order to take appropriate actions that will forestall problems or lead to improvements in nutrition.

**Nutritive Value:** The amounts of a given nutrient in a food item that will be potentially available for use by the body.

**Over-Nutrition:** A state of nutritional imbalance brought about by consuming more food than the body requires for normal functioning.

**Prenatal Mortality:** Death of babies before birth.

**Prevalence Rate:** The percentage of individuals in a sample or population who are affected by a certain disorder or condition.

**ProVitamin A:** A substance (beta-carotene) found in plants that can be converted by the body to vitamin A.

**Stunting:** Low height-for-age, resulting from chronic inadequacy of food intake during the first two years of life; often exists in combination with infection.

**Synergistic Relationship:** The enhancing effect of two or more conditions (e.g., malnutrition and infection) on each other, such that the outcome exceeds the sum of the individual effects.

**Underweight:** Low weight-for-age, which is the end result of either past or recent inadequate food intake; often exists in combination with infection.

***Vitamin A Deficiency:*** Inadequate intake of vitamin A, leading to a reduced ability to resist infection, deteriorating eye changes that may lead to blindness, poor growth, and increased risk of morbidity and mortality.

***Vulnerable Groups:*** Segments of the population which, for reasons of age or physiological status, are most prone to nutritional problems. These groups include infants and young children, adolescent females, pregnant women, nursing mothers, and the elderly.

***Wasting:*** Low weight-for-height in an individual, especially children. This is the end result of recent inadequate food intake, often existing in combination with infection.

***Complementary Food Period:*** The time when milk alone (either mother's milk or a formula) is inadequate to sustain the growth of an infant, and other, complementary, foods must be introduced.