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Cover photo credits from top left: KC Nwakalor for USAID; Susan Quinn/USAID; USAID Nigeria; A. Fleuret/USAID
# Acronyms / Abbreviations

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>BFCI</td>
<td>Baby-Friendly Community Initiative</td>
</tr>
<tr>
<td>BFHI</td>
<td>Baby-Friendly Hospital Initiative</td>
</tr>
<tr>
<td>BMI</td>
<td>body mass index</td>
</tr>
<tr>
<td>CC</td>
<td>cross-cutting</td>
</tr>
<tr>
<td>CDCS</td>
<td>Country Development Cooperation Strategy</td>
</tr>
<tr>
<td>CMAM</td>
<td>community management of acute malnutrition</td>
</tr>
<tr>
<td>COVID-19</td>
<td>coronavirus disease 2019</td>
</tr>
<tr>
<td>DHIS2</td>
<td>District Health Information System 2</td>
</tr>
<tr>
<td>DHS</td>
<td>Demographic and Health Survey</td>
</tr>
<tr>
<td>DO</td>
<td>Development Objective</td>
</tr>
<tr>
<td>EBF</td>
<td>exclusive breastfeeding</td>
</tr>
<tr>
<td>EGE</td>
<td>Economic Growth and Environment</td>
</tr>
<tr>
<td>EHA</td>
<td>Essential Hygiene Action</td>
</tr>
<tr>
<td>ENA</td>
<td>Essential Nutrition Action</td>
</tr>
<tr>
<td>GFSS</td>
<td>Global Food Security Strategy</td>
</tr>
<tr>
<td>GON</td>
<td>Government of Nigeria</td>
</tr>
<tr>
<td>HART</td>
<td>Humanitarian Assistance Response Team</td>
</tr>
<tr>
<td>HPN</td>
<td>Health, Population, and Nutrition</td>
</tr>
<tr>
<td>IR</td>
<td>intermediate result</td>
</tr>
<tr>
<td>IYCF</td>
<td>infant and young child feeding</td>
</tr>
<tr>
<td>LGA</td>
<td>local government area</td>
</tr>
<tr>
<td>MAD</td>
<td>minimum acceptable diet</td>
</tr>
<tr>
<td>MAM</td>
<td>moderate acute malnutrition</td>
</tr>
<tr>
<td>MDD</td>
<td>minimum dietary diversity</td>
</tr>
<tr>
<td>MICS</td>
<td>Multi-Indicator Cluster Survey</td>
</tr>
<tr>
<td>MSNS</td>
<td>Multi-Sectoral Nutrition Strategy</td>
</tr>
<tr>
<td>NACS</td>
<td>nutrition assessment, counseling, and support</td>
</tr>
<tr>
<td>NCD</td>
<td>non-communicable disease</td>
</tr>
<tr>
<td>OP</td>
<td>operational plan</td>
</tr>
<tr>
<td>QA</td>
<td>quality assurance</td>
</tr>
<tr>
<td>QI</td>
<td>quality improvement</td>
</tr>
<tr>
<td>RUTF</td>
<td>ready-to-use therapeutic food</td>
</tr>
<tr>
<td>SAM</td>
<td>severe acute malnutrition</td>
</tr>
</tbody>
</table>
SBCC  social behavior change communication
SDG  Sustainable Development Goal
SUN  Scaling Up Nutrition
UN  United Nations
UNICEF  United Nations Children's Fund
U.S.  United States
USAID  U.S. Agency for International Development
USG  U.S. government
WASH  water, sanitation, and hygiene
WFP  World Food Programme
Executive Summary

Food insecurity and malnutrition represent critical public health concerns in Nigeria. They constitute two of Nigeria’s greatest challenges to sustainably ending hunger, achieving food and nutrition security, and improved economic growth. These challenges are not exclusive to one facet of the country, but rather affect the health and productivity of the entire population. Therefore, addressing these interlinked challenges must be front and center in the attempt to achieve USAID’s Mission in Nigeria Country Development Cooperation Strategy (CDCS) goal and objectives.

There is global recognition that food security and nutrition are determined by a complex web of interacting physical, social, and biological determinants. They must be addressed through coordinated multi-sectoral, private, and public sector programming, including agriculture and environment; water, sanitation and hygiene; health; education; and governance. The Multi-Sectoral Nutrition Strategy (MSNS) is aligned with and designed to directly contribute to the CDCS. Mission programming, particularly through the Offices of Economic Growth and Environment Office, Health, Population and Nutrition, HIV/AIDS & Tuberculosis, and Humanitarian Assistance and Response Team (HART), and with support from the Education and Democracy, Human Rights, and Governance Offices.

The MSNS is also aligned with the Nigeria Global Food Security Strategy country plan and the USAID Multi-Sectoral Nutrition Strategy 2014–2025. It will complement the Government of Nigeria’s (GON) policies and priorities, as articulated in the National Multi-sectoral Plan of Action for Food and Nutrition in Nigeria 2021–2025. The strategy will also contribute to the global vision of a world free from malnutrition in the proposed Scaling-Up Nutrition Movement Strategy 2021–2025.

In addition to the policy approach, there is a need to transform agricultural production and food systems (MSNS Intermediate Result [IR]1), as key drivers of economic growth, and ensure that the food system is resilient and can meet the needs for safe, nutritious, and affordable foods. This will make certain there are provisions for adequate diets year-round and that all demographic groups throughout Nigeria are reached. The food system’s transformation involves not only on-farm production, but increasingly the development of modern aggregation, transport, processing, distribution, and marketing systems. In addition, Nigerian consumers need to be better informed about what constitutes healthy diets and increase their demand, ability, and willingness to pay for safe, nutritious foods. In particular, consumption of fruits and vegetables, legumes/pulses, and animal-source foods would be most beneficial. While the agri-food system largely operates within the private sector and is driven by profitability, the GON and its partners have a critical role in creating an environment that will incentivize greater production, availability, access, and affordability of safe, nutritious foods in local markets.

1 USAID’s 1992 definition of 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.” Three distinct variables are recognized as important to the achievement of food security: availability, access, and utilization.
While the food system has a critical role in improving diets and nutrition over the next generation, nutrition will continue to be greatly influenced by the health of the Nigerian population. It is an intergenerational concern as the nutrition and health status of mothers, even prior to conception, through pregnancy and the postpartum period (1,000 days), greatly determines the nutrition status, health, and development of their children. Delayed first birth, planned pregnancies, and adequate child spacing through family planning have profound effects on the nutritional status of children. Early infant and young child feeding, basic maternal/child health services, and adequate access to clean water, sanitation, and hygiene are vital to balanced, adequate nutrient intake. They also reduce the burden of infections that erode nutritional status. Thus, a major thrust of USAID/Nigeria’s support to nutrition will continue to be through health programming and service delivery (MSNS IR2), as well as through advancing food security. Efforts will pay particular attention to food utilization—a key pillar of food security.

The third major focus of Mission programming to improve food security and nutrition will be through humanitarian assistance and response (MSNS IR3). Much of HART programming will be consistent with the food and health system activities within IR1 and IR2, but focused in the northeast and northwest areas of the country and among crisis- and conflict-affected populations.

Finally, four cross-cutting IRs support IRs 1–3. These IRs focus on supporting increased capacity, commitment, and coordination for multi-sectoral collaboration among all stakeholders; improving dietary and nutrition education, social behavior change communication, and advocacy at all levels; improving policies and programs that address gender and youth disparities; increasing access to education, employment, and other services that can improve diets and nutrition; and strengthening the capacity for data collection, management and analyses, research and innovation to guide policies and programs.

Winnowing, pictured here, improves the quality of farmer’s grains by removing impurities and is predominantly carried out by women. Photo Credit: Adolphus Opara for USAID.

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2 A food system includes all processes and infrastructure involved in feeding a population: growing, harvesting, processing, packaging, transporting, marketing, consumption, and disposal of food and food-related items.


Purpose

The purpose of the USAID/Nigeria Multi-Sectoral Nutrition Strategy (MSNS) 2020–2025 is to:

- Define an overall approach and establish priorities for investments in policies and programs that will reduce the burden of malnutrition in Nigeria.
- Garner the necessary support, resources, and funding to execute the MSNS.
- Provide a tool that can guide year-by-year investments and programming in support of the strategy across the Mission’s overall portfolio.
- Foster coordination, collaboration, complementarity, and synergies with government, the private sector, civil society, implementing partners, and other stakeholders to achieve the goal and objectives of the strategy.
- Fill identified gaps and bridge siloed and inadequately coordinated Mission programming to optimize results and strengthen accountability for nutrition investment across sectors.

The MSNS provides a framework for the development of Nutrition Plans of Action (NPA). The annual plans will specify what and how the Mission and centrally managed activities will address MSNS across sectors. These sectors include economic growth and environment, health, education, humanitarian assistance and response, and governance. The plans will also specify the intermediate results (IRs) and sub-IRs to which they will contribute, and the operational plan (OP) funding levels/attributions that will be committed. The annual NPA will also include the OP key issue narratives on food security and nutrition, as well as an updated State of Strategic Integration for Nutrition. These will serve the dual purpose of reporting to USAID/Washington and linking annual plans to the USAID/Nigeria MSNS 2020–2025.
# The Nutrition Context in Nigeria

## Table 1. Nigeria Demographic, Health, and Nutrition Data

<table>
<thead>
<tr>
<th>Indicator</th>
<th>DHS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population growth rate (2020)</td>
<td>2.6% (2018)</td>
</tr>
<tr>
<td>Infant mortality (deaths / 1,000 live births)</td>
<td>69 (2013) 67 (2018)</td>
</tr>
<tr>
<td>Under-five morality (deaths / 1,000 live births)</td>
<td>128 (2013) 132 (2018)</td>
</tr>
<tr>
<td>Children under-5 years of age stunting</td>
<td>37% (2013) 37% (2018)</td>
</tr>
<tr>
<td>Children under-5 years of age wasting</td>
<td>18% (2013) 7% (2018)</td>
</tr>
<tr>
<td>Exclusive breastfeeding &lt;6 months of age</td>
<td>17% (2013) 29% (2018)</td>
</tr>
<tr>
<td>Mean duration of exclusive breastfeeding (months)</td>
<td>1.8 (2013) 2.8 (2018)</td>
</tr>
<tr>
<td>Median duration of any breastfeeding (months)</td>
<td>18.3 (2013) 18.5 (2018)</td>
</tr>
<tr>
<td>Minimum meal frequency 6–23 months of age</td>
<td>58% (2013) 42% (2018)</td>
</tr>
<tr>
<td>Minimum acceptable diet 6–23 months of age</td>
<td>11% (2013) 11% (2019)</td>
</tr>
<tr>
<td>Children with anemia</td>
<td>N/A (2013) 68% (2018)</td>
</tr>
<tr>
<td>Children with diarrhea who received ORS + zinc</td>
<td>N/A (2013) 23% (2018)</td>
</tr>
<tr>
<td>Indicator</td>
<td>DHS</td>
</tr>
<tr>
<td>--------------------------------------------------------</td>
<td>-------------------------</td>
</tr>
<tr>
<td>Women 15–49 yrs of age minimum dietary diversity</td>
<td>N/A (2013) 56% (2018)</td>
</tr>
<tr>
<td>Women of reproductive age with anemia</td>
<td>N/A (2013) 58% (2018)</td>
</tr>
<tr>
<td>Routine vitamin A supplementation 6–59 months of age</td>
<td>41% (2013) 45% (2018)</td>
</tr>
<tr>
<td>Improved source of drinking water</td>
<td>61% (2013) 66% (2018)</td>
</tr>
<tr>
<td>Improved household sanitation facility</td>
<td>55% (2013) 56% (2018)</td>
</tr>
</tbody>
</table>


Nigeria’s current population is estimated to be greater than 200 million. With a fertility rate of 5.35 children per woman and an annual growth rate of 2.6 percent, its population is expected to exceed 400 million by 2050, making it the third-most populous country after India and China. Malnutrition and nutrition-related diseases continue to be problems of public health significance in Nigeria, affecting young children and pregnant and lactating women most severely. The under-5 mortality rate has steadily decreased from 210 in 1990, but remains very high at 132 deaths per 1,000 live births, and malnutrition is estimated to be directly or indirectly associated with 53 percent of all child mortality.

According to the 2018 Demographic and Health Survey (DHS), more than 1 of every 3 children less than 5 years of age are stunted (low height-for-age) and 7 percent of children are wasted (low weight-for-height). With this prevalence, Nigeria contributes to 8.7 percent of the global burden of stunting and 5.6 percent of global wasting and, relative to sub-Saharan Africa, Nigeria has more than 20 percent of the total number of stunted and wasted children on the continent.

Although there is a dearth of recent micronutrient deficiency prevalence data, there are likely multiple deficiencies of public health significance in Nigeria, particularly vitamin A, iron, folate, zinc, calcium, and vitamins D and B12, based on dietary data and the burden of infections affecting the Nigerian population. High rates of anemia have been reported—the 2018 DHS reported anemia in 69.7 percent of children 6–59 months of age and 57.8 percent in women of reproductive age. However, etiology studies are

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7 https://tradingeconomics.com/nigeria/population
needed to assess the relative contributions of determinants of anemia within demographic groups and across geographic regions, particularly with regard to specific dietary micronutrient intake (e.g., iron, folic acid, vitamin A, zinc, and vitamin B12) and acute and chronic infections.

The 2019 Global Hunger Index, which looks at undernourishment (inadequate energy intake) in adults and children and wasting, stunting, and mortality in children under 5 years of age, ranked Nigeria 93rd of 117 countries, considered “serious” but not “alarming” or “extremely alarming.”

Despite some signs of progress, improvements in nutrition are necessary for Nigeria to attain the United Nations (UN) Sustainable Development Goals (SDGs), build resilience, and continue its journey to self-reliance. While there was a modest decrease in undernourishment between 2000 and 2010, Nigeria has seen a doubling in the prevalence over the past decade, from 6.2 to 13.4 percent. This is largely due to increases in northern Nigeria—when DHS 2018 data are disaggregated geographically, it becomes clear that states in the northern part of the country—especially in extreme northeast and northwest—are most affected by all forms of malnutrition. Stunting in the north generally exceeds 50 percent, among the highest rates globally—as seen in the map below—while children in rural areas are much more likely to be stunted (45 percent) than those in urban areas (27 percent). The food and nutrition situation is expected to get worse due to the COVID-19 pandemic, which is creating shocks across multiple sectors and systems including livelihoods, food system, health system, social protection, and humanitarian response that are essential to improving and safeguarding nutrition.

While undernourishment is a problem for many, Nigeria has also seen a steady increase in overweight and obesity—in women, overweight (body mass index [BMI] > 25) increased from 20 percent to 28 percent between 2003 and 2018 DHS, and in the adult population, obesity from 3.4 percent to 7.8 percent between 2000 and 2016, according to Food and Agriculture Organization data. Based on 2016 WHO data, 29 percent of Nigerian deaths were attributable to noncommunicable diseases (NCDs), most of which are associated with poor diets, overweight, and obesity.

Key drivers of malnutrition in Nigeria include poor maternal nutrition and health, including among adolescent girls; poor breastfeeding and complementary feeding practices; frequent infection and illness, especially among children less than two years of age; and a lack of year-round diversity and adequacy of household diets. Furthermore, there is a dire need for nutrition services at multiple levels of health care delivery, including secondary and tertiary care. Lack of access to primary health care with appropriately

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USAID/Nigeria Multi-Sectoral Nutrition Strategy 2020–2025 | 9
integrated nutrition actions can mean that high-quality nutrition services do not reach everyone. It is often the most vulnerable and disadvantaged people who have least access to services.

In the north, measures of maternal nutrition, adolescent reproductive health, and access to and use of health services is markedly worse than in the south. Cultural and gender norms contribute to poor nutrition and health among women and children, and a lack of education and awareness about good diets and resources for nutrition services underlie and exacerbate these key drivers.

Approximately 37 percent of Nigeria’s land is arable (~2x greater than the US), but its agricultural output is limited by production systems that are largely rain-fed, with small farms (average 0.5 hectares [ha]) and a lack of mechanization and inputs (e.g., fertilizers, seeds, pesticides/herbicides). Crop production lags behind global averages—a three-year average (2015–2017) of cereal yields (1.48kg/ha) in Nigeria was only 37 percent of the global average (3.99 kg/ha) in those years, while vegetable yields were 24 percent (46kg/ha) of the global average (188kg/ha) over the same period.

Post-farm aggregation, transport, processing, distribution, and market systems are largely fragmented and undeveloped, resulting in significant food loss, especially of the most perishable nutritious foods, and limiting the efficiency of the food system to produce and move foods between agro-ecological zones within Nigeria and regionally across West Africa to meet year-round dietary needs of the entire population.

The consequence of a relatively inefficient and unproductive food system is that the availability and affordability of nutritious foods are limited geographically and seasonally. Data from 2011 indicate that 92 percent of total household expenditure would be required for an adequate diet year-round in Nigeria, while actual household expenditure for food and beverage was estimated in 2010 to be 57 percent of total household spending.

In figure 2, it is evident that dietary intake of nutritious foods and key nutrients in Nigeria is considerably below recommended minimums, except for legumes, while salt and sugar-sweetened beverages are consumed in considerable excess.

National fortification of salt with iodine began in 1993, and fortification of wheat and maize flour, sugar, and oil with multiple micronutrients has been mandated by law since 2002. While Nigeria has maintained over 90 percent household coverage of adequately iodized salt since the program's inception, compliance within the other mandated food vehicles has been relatively low (30–50 percent), although there has been recent improvement in sugar and wheat flour compliance. Despite legislation, almost none of the maize flour found in the market is currently fortified. Edible oil produced by local refineries is increasingly fortified, but the coverage remains low due to significant volumes of unfortified oil coming across Nigeria's porous, unregulated borders. Poor regulatory control of locally produced food commodities, as well as imports, remains a key barrier to the fortification program, creating an uneven playing field and a disincentive for compliance among food processors. Outside the mandated food vehicles,

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20 https://globalnutritionreport.org/resources/nutrition-profiles/africa/western-africa/nigeria/
bouillon (seasoning) cubes and rice present complementary fortification opportunities to deliver multiple micronutrients.

Infant and young child feeding (IYCF) remains a challenge in Nigeria. Although the prevalence of exclusive breastfeeding (EBF) in infants <6 months of age increased by 12 percentage points between the 2013 and 2018 DHS, it is still only 29 percent, while the mean duration of breastfeeding remained essentially the same at 18.5 months. The prevalence of minimum dietary diversity (MDD) in children 6–23 months of age was 23 percent and the minimum meal frequency was 42 percent, resulting in a minimum acceptable diet (MAD) of only 11 percent; unchanged between 2013 and 2018. Routine biannual vitamin A supplementation of children 6–59 months of age was 41 percent, while 31 percent of children <59 months of age treated for diarrhea received supplemental zinc.

Inadequate water, sanitation, and hygiene (WASH) services and unhygienic environments increase the risk of diarrhea and environmental enteric dysfunction, which lead to reduced absorption and accelerated loss of nutrients. The 2018 DHS indicated that 13 percent of children under 5 years of age were reported to have had diarrhea in the 2-week period prior to the survey, and only 66 percent of households had an improved source of drinking water, while only 56 percent of households had access to improved sanitation facilities.

All of these food security and nutrition challenges are greatly elevated in the northern and central regions by irregular and inadequate rainfall; lack of agricultural production inputs, including fertilizers, improved seeds, and crop and livestock disease and pest control; resultant low agricultural output; lack of infrastructure and access to markets; limited non-agricultural livelihood opportunities; and inadequate capacity of facility- and community-based health and nutrition services—all made worse by herder-farmer conflict, the COVID-19 pandemic, and particularly by the prolonged and severe Boko Haram conflict in the northeast, disrupting humanitarian assistance and response.

Figure 2. Consumption of Food Groups and Components in Nigeria, 2016

<table>
<thead>
<tr>
<th>Component</th>
<th>Midpoint of TMREL %/g of TMREL</th>
<th>200% of TMREL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calcium</td>
<td>13 g</td>
<td></td>
</tr>
<tr>
<td>Fruit</td>
<td>250 g</td>
<td></td>
</tr>
<tr>
<td>Legumes</td>
<td>60 g</td>
<td></td>
</tr>
<tr>
<td>Milk</td>
<td>435 g</td>
<td></td>
</tr>
<tr>
<td>Nuts and seeds</td>
<td>20.5 g</td>
<td></td>
</tr>
<tr>
<td>Omega 3</td>
<td>0.3 g</td>
<td></td>
</tr>
<tr>
<td>Polyunsaturated fat</td>
<td>11%</td>
<td></td>
</tr>
<tr>
<td>Processed meat</td>
<td>2 g</td>
<td></td>
</tr>
<tr>
<td>Red meat</td>
<td>22.5 g</td>
<td></td>
</tr>
<tr>
<td>Salt</td>
<td>2 g</td>
<td></td>
</tr>
<tr>
<td>Saturated fat</td>
<td>7%</td>
<td></td>
</tr>
<tr>
<td>Sugar-sweetened beverages</td>
<td>2.5 g</td>
<td></td>
</tr>
<tr>
<td>Trans fat</td>
<td>0.5%</td>
<td></td>
</tr>
<tr>
<td>Vegetables</td>
<td>360 g</td>
<td></td>
</tr>
<tr>
<td>Whole grain</td>
<td>125 g</td>
<td></td>
</tr>
</tbody>
</table>

Source: Development Initiatives 2018.
The Government of Nigeria’s (GON) activities to reduce food insecurity and malnutrition is reflected in the National Multi-Sectoral Plan of Action for Food and Nutrition 2021–2025. This plan builds on the 2016 National Food and Nutrition Policy and sectoral plans of action, including the National Health Strategic Plan of Action for Nutrition and the Nigeria Agricultural Sector Plan for Food Security and Nutrition 2016–2025. Additionally, the 2009 Integrated Maternal, Newborn and Child Health and Nutrition Communication for Behavior and Social Change Strategy (currently under revision) and the National Social Behavior Change Communication (SBCC) Strategy for IYCF in Nigeria 2016–2020 recognize social behavior change approaches as a fundamental component of nutrition-specific and nutrition-sensitive interventions. The GON is prioritizing six areas of investment in nutrition, including—

- Food and nutrition security
- Enhancing caregiving capacity
- Enhancing provision of quality health services
- Improving capacity to address food and nutrition insecurity
- Raising awareness and understanding of the nutrition problem in Nigeria
- Resource allocation for food and nutrition security at all levels.
The Nigeria MSNS Theory of Change and Results Framework

The MSNS Results Framework has three IRs with the overall goal of improving nutrition for a healthy, productive, and resilient Nigeria. IR1 will improve food security and nutrition through the food system, under the U.S. government (USG) Feed the Future initiative as articulated in the Global Food Security Strategy (GFSS) Nigeria Country Plan and is managed by the Economic Growth and Environment (EGE) Office. IR2 will improve nutrition through the health system, managed by the Health, Population, and Nutrition (HPN) and HIV/AIDS Offices. IR3 will improve nutrition through humanitarian assistance and response, managed by the Humanitarian Assistance and Response Team (HART).

In addition, there are four cross-cutting (CC) IRs that together will support each of the primary IRs across the food and health systems and humanitarian assistance and response: CC IR1 will improve commitment, capacity, coordination, collaboration, and support for multi-sectoral nutrition policies and programs among government, donor, civil society, and private sector stakeholders at national and sub-national levels; CC IR2 will improve dietary and nutrition education, SBCC, and advocacy at national, subnational, community, household, and individual levels; CC IR3 will improve multi-sectoral nutrition policies and programs to support gender equality, female empowerment and employment, and youth engagement; and CC IR4 will strengthen generation and use of research, innovation, and strategic information supporting improved diets, nutrition, and health to guide policies and programs.

Across IRs, underlying sub-IRs are designed so that IF they are achieved together, THEN the corresponding IR will be improved, thus contributing to the overall MSNS goal:

- **If** increasing the production of safe, nutritious foods that contribute to adequate diets (sub-IR1.1) and increasing year-round availability, access, and affordability of those foods in markets (sub-IR1.2) are linked to increasing consumer demand, purchase, and consumption of those foods (sub-IR1.3), **then** food security and nutrition will be improved through the food system (IR1).

- **If** improving WASH practices and services (sub-IR2.1) and improving maternal, neonatal, infant and young child feeding and care (sub-IR2.2) are linked to improving delivery and utilization of essential health and nutrition services within facilities and communities (sub-IR2.3), **then** nutrition will be improved through the health systems (IR2).

- **If** delivery of high-quality nutrition-specific and nutrition-sensitive interventions in vulnerable and humanitarian context (sub-IR3.1) is supported by effective policies, systems, and coordination for improved provision of high-quality nutrition services for vulnerable populations (sub-IR3.2), **then** nutrition will be improved through humanitarian assistance and response (IR3).
MSNS Results Framework

Figure 3. MSNS Results Framework

**MSNS Results Framework Goal**
Improved nutrition for a healthy, productive, & resilient population in target states

<table>
<thead>
<tr>
<th>Intermediate Result 1: Improved food security and nutrition through the food system</th>
<th>Intermediate Result 2: Improved nutrition through the health system</th>
<th>Intermediate Result 3: Improved nutrition through humanitarian assistance and response</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR1.1 Increased production of safe, nutritious foods that contribute to adequate diets</td>
<td>Sub-IR2.1 Improved health through WASH practices and services</td>
<td>IR3.1 Delivery of high-quality nutrition-specific and -sensitive interventions in vulnerable and humanitarian contexts</td>
</tr>
<tr>
<td>IR1.2 Increased year-round availability and access to safe, nutritious, and affordable foods in markets</td>
<td>IR2.2 Improved maternal, neonatal, infant, and young child feeding and care</td>
<td>IR3.2 Effective policies, systems, and coordination for improved provision of high-quality nutrition services for vulnerable populations</td>
</tr>
<tr>
<td>IR1.3 Increased consumer demand, purchase, and consumption of safe, nutritious foods</td>
<td>IR2.3 Improved delivery and utilization of essential health and nutrition services within facilities and communities</td>
<td></td>
</tr>
</tbody>
</table>

**CC IR1.1**: Improved commitment, capacity, coordination, collaboration, and support for multi-sectoral nutrition policies and programs among government, donor, civil society and private sector stakeholders at national and sub-national levels

**CC IR2.1**: Improved dietary and nutrition education, social and behavior change communication, and advocacy at national, subnational, community, household, and individual levels

**CC IR3.1**: Improved nutrition policies and programs to support gender equality, female empowerment and employment, and youth engagement

**CC IR4.1**: Strengthened generation and utilization of research and innovative strategic information supporting improved diets, nutrition, and health to guide policies and programs

**MSNS Results Framework Illustrative Activities**

The following provides a menu of potential activities that the Mission could support to achieve the sub-IRs and, thereby, the IRs within the MSNS. Potential indicators for these activities are listed under the *MSNS Results Framework Illustrative Indicators* section.

**IR1: Improved food security and nutrition through the food system**

**Sub-IR1.1**: Increased production of safe, nutritious foods that contribute to adequate diets

Train and support of extension agents on nutrition-sensitive agriculture.

- Increase access to improved seed varieties (e.g., fruits, vegetables, legumes/pulses, bio-fortified foods, forages) and fertilizers for production of diverse nutrient-dense foods and feeds.
- Improve support for homestead gardening and livestock production.
- Improve mechanization, irrigation, and water management for production of nutrient-dense foods.
● Improve agronomic, horticultural, and livestock management pest and disease control, including on-farm food safety measures (e.g., reduction of mycotoxins and pesticide/herbicide residues in foods).

● Improve post-harvest handling and storage to reduce food loss.

● Improve use of crop/food residue and by-products for livestock/fish feed.

● Cooperative development/support for production of nutrient-dense foods.

● Increase input financing/micro-credit for production of nutrient-dense foods (e.g., animal-source foods, fruits, vegetables, and legumes/pulses).

**Sub-IR1.2: Increased year-round availability and access to safe, nutritious, and affordable foods in markets**

● Improve infrastructure and systems for crop and animal-source food aggregation, transport, storage, and distribution to markets.

● Increase food company capacity (e.g., business development and planning; food technology including fortification and food safety; access to finance; and marketing) to process safe, nutritious foods that have extended shelf-life/storability, transportability, and convenience for consumers.

● Improve market governance and management, particularly public (“wet”) markets, including registration/licensing of vendors.

● Improve storage and hygiene of perishable foods in markets (e.g., solar cooling and compliance with food safety standards).

● Increase capacity to maintain food system supply chains to maintain food security and diet adequacy during pandemics and other crises (e.g., COVID-19).

**Sub-IR1.3: Increased consumer demand, purchase, and consumption of safe, nutritious foods**

● Improve basic dietetics and nutrition education curricula and instruction in schools and training programs.

● Increase public service announcements and private sector marketing that promote consumer choice and willingness-to-pay for safe, nutritious foods that contribute to adequate diets year-round.

● Support and strengthen consumer associations to advocate for and support food safety and healthy diets.

● Support public and private sector promotion of life-long healthier diets to mitigate the prevalence and severity of nutrition-related non-communicable disease (e.g., overweight/obesity, cardiovascular disease, hypertension, stroke, diabetes, and cancer).

**IR2: Improved nutrition through the health system**

**Sub-IR2.1: Improved health through WASH practices and services**

● Promote and support Essential Hygiene Actions (EHAs).
• Promote and facilitate increased access to and use of safe water and sanitation.

• Promote and support increased availability and affordability of essential commodities to facilitate hygiene practices (e.g., water treatment products, soap, hand-washing stations, and sanitation).

• Support building and rehabilitation of water and sanitation infrastructure, including multiple-use systems that provide water for both domestic (e.g., drinking water and hand-washing basins) and productive uses (e.g., water to support crop and livestock production).

• Reduce exposure to animal feces, food- and water-borne infections, and environmental enteric dysfunction, particularly by isolating livestock from young children.

• Strengthen the capacity of state and local institutions (government and nongovernment) in the WASH sector to deliver and manage urban, peri-urban, and rural WASH services, including planning and budgeting and water quality monitoring.

• Strengthen the capacity of consumer associations to advocate for and hold community water committees accountable for improved management of WASH facilities and proper sanitation.

Sub-IR2.2 Improved maternal, neonatal, infant, and young child feeding and care

• Support formative research on key barriers to achieving IYCF practice and behavior targets.

• Strengthen nutrition and IYCF counseling during pregnancy and through the postpartum period (1,000 days), particularly:
  — Maternal nutrition.
  — Early initiation of breastfeeding.
  — EBF from birth to 6 months of age.
  — Continued breastfeeding with adequate complementary feeding from 6–24 months of age.

• Promote other Essential Nutrition Actions (ENAs).

• Support the Baby-Friendly Hospital Initiative (BFHI) and Baby-Friendly Community Initiative (BFCI).

• Support community-based growth monitoring and promotion of children under 2 years of age and early referral of children with growth faltering to clinical services.

Sub-IR2.3 Improved delivery and utilization of essential health and nutrition services within facilities and communities

Note: Some illustrative activities under sub-IR2.2 can also be applicable within sub-IR2.3:

• Establish routine anthropometric assessment and monitoring of all patients as a vital sign at every clinic visit, particularly:
  — Growth monitoring of children under five years of age.
  — Monitoring of weight gain during pregnancy.
  — Unintentional/unexplained weight loss (e.g., >5 percent loss of body weight within the past 6 months).
— Excess weight gain (e.g., BMI >25—overweight; BMI >30—obesity).

- Support nutrition assessment, counseling, and support (NACS) integrated within prevention and management of infectious disease (e.g., HIV, TB) in children and adults.

- Improve management of moderate and severe acute malnutrition (MAM/SAM), including community management of acute malnutrition (CMAM).

- Support targeted maternal and child micronutrient supplementation (e.g., multi-micronutrient, iron/folic acid, vitamin A, and zinc) and deworming integrated within facility- and community-based health services.

- Improve health system inventory control and supply chain management of nutrition commodities (e.g., supplementary, and therapeutic food, micronutrient supplements, and anthelmintic).

- Develop pre- and in-service training curricula for integration of nutrition within health services.

- Support integration of all essential nutrition services within routine health care through application of continuous quality improvement (QI) and quality assurance (QA) approaches at all facilities, including defining staff roles and responsibilities, and performance standards; supervision, coaching and mentoring; development and use of job aids; and strengthened data management and auditing.

- Support delayed cord clamping at birth.

- WASH:

  - Conduct capacity building and targeted behavior change communication for health workers on adoption of essential WASH practices and appropriate waste disposal methods.

  - Integrate key WASH into routine primary health care (PHC) services.

  - Strengthen access to safe water supply and essential commodities, hand washing stations to facilitate sanitation, and the key hygiene practices in health facilities.

**IR3: Improved nutrition through humanitarian assistance and response**

**Sub-IR3.1 Delivery of high-quality nutrition-specific and -sensitive interventions in vulnerable and humanitarian contexts**

- Extend activities under sub-IR1 and sub-IR2 to vulnerable populations, particularly in the northeast and northwest, and in any other regions where complex humanitarian emergencies occur.

- Support the timely distribution of commodities, cash, and vouchers, and complementary services to targeted beneficiaries to prevent and treat malnutrition and improve household diets and livelihoods.

- Support community-based screening, referral, and treatment services for acute malnutrition.

- Provide livelihood programming and support in vulnerable zones to improve food security and nutrition, promote resilience, and serve as a platform for responding to periodic crises.
● Support of CMAM policies and programs to improve early screening of acute malnutrition at the community level, referral to health facilities, and provision of ready-to-use therapeutic food (RUTF) and supplementary feeding support for SAM and MAM treatment.

● Promote and support climate-smart agricultural practices.

● Promote and support local savings and lending associations, particularly for production of and access to safe, nutritious foods and adequate diets.

● Improve linkages of smallholder farmers to markets.

● Integrate household and community-based health promotion activities.

● WASH interventions in line with Sphere standards, which include but are not limited to:
  — Provision of safe water for drinking, washing, and domestic activities.
  — Provision of access and services for safe removal and final disposal of waste (fecal and solid waste).
  — Promotion of essential hygiene behaviors and practices including handwashing, and among the affected population.

Sub-IR3.2 Effective policies, systems, and coordination for improved provision of high-quality nutrition services for vulnerable populations

● Support the Buhari Plan for Humanitarian Assistance and Social Cohesion, particularly in the northeast.

● Strengthen inventory control and supply chain management to assure consistent availability of RUTF and supplementary food commodities for treatment of SAM and MAM.

● Support establishment and maintenance of a surveillance system that regularly assesses vulnerability and makes recommendations for pre-positioned and rapid food security mobilization assistance that can respond and adapt to changing conditions.

● Support investments that bring together funding and coordinated programming from food system, health system, and humanitarian assistance actors within USAID.

● Provide leadership and support for a multilateral and bilateral donor task force to elevate and coordinate humanitarian assistance programming actions in vulnerable contexts/zones.

● Provide programmatic grants specifically focused on government capacity strengthening for the unique conditions of vulnerable contexts/zones.

CC IR1: Improved commitment, capacity, coordination, collaboration, and support for multi-sectoral nutrition policies and programs among government, donor, civil society, and private sector stakeholders at national and sub-national levels

● Establish basic dietetics and nutrition education within curricula and instruction of primary and secondary education.
Strengthen SBCC interventions and create positive social norms based on formative research on consumer and household food preferences, needs, and barriers to changing dietary and nutrition behaviors, working at the national, regional, and local levels.

Encourage the private sector to create socially responsible marketing/advertising to increase demand for safe, nutritious foods and other nutrition-related commodities and services.

Support consumer associations to promote consumer choice for safe, nutritious foods and adequate, healthy diets.

Conduct formative/implementation/QI research on the effectiveness of counseling modalities (e.g., individual versus group, frequency, duration, and use of SBCC materials).

Scale up community- and clinic-based nutrition SBCC interventions, including nutrition education and counseling, care groups, and mother-support groups.

Ensure availability, accessibility, and sustainability of promoted commodities and services that facilitate improved dietary and nutrition behaviors.

Integrate key diet and nutrition messages within communication and training materials for COVID-19 and other crisis responses.

CC IR2: Improved dietary and nutrition education, SBCC, and advocacy at national, subnational, community, household, and individual levels

Establish basic dietetics and nutrition education within curricula and instruction of primary and secondary education.

Strengthen SBCC interventions and create positive social norms based on formative research on consumer and household food preferences, needs, and barriers to changing dietary and nutrition behaviors, working at the national, regional, and local levels.

Encourage the private sector to create socially responsible marketing/advertising to increase demand for safe, nutritious foods and other nutrition-related commodities and services.

Support consumer associations to promote consumer choice for safe, nutritious foods and adequate, healthy diets.

Conduct formative/implementation/QI research on the effectiveness of counseling modalities (e.g., individual versus group, frequency, duration, and use of SBCC materials).

Scale up community- and clinic-based nutrition SBCC interventions, including nutrition education and counseling, care groups, and mother-support groups.

Ensure availability, accessibility, and sustainability of promoted commodities and services that facilitate improved dietary and nutrition behaviors.

Integrate key diet and nutrition messages within communication and training materials for COVID-19 and other crisis responses.
• Promote SBCC for WASH including advocacy, capacity building, access, and uptake of essential personal hygiene, food, and environmental hygiene in health facilities, communities, and households.

**CC IR3: Improved nutrition policies and programs to support gender equality, female empowerment and employment, and youth engagement**

• Support inclusive, equitable female primary, secondary, and advanced education.

• Improve women’s nutrition services and counseling beginning in adolescence and extending through reproductive, antenatal, and postpartum care, including dietary adequacy, weight gain during pregnancy, and maternal nutrition during lactation.

• Support efforts to prevent child marriage and adolescent pregnancy by supporting activities such as keeping girls in school, educating communities, and strengthening access to contraceptives for sexually active youth.

• Support access to family planning for all women to optimize child spacing, healthy pregnancies, and birth outcomes.

• Improve access by women to financing and inputs for production, processing, and marketing of safe, nutritious foods,

• Support inclusive economic strengthening, livelihoods, and social protection programs, including expanded and equitable employment opportunities for women and youth in food system activities.

• Support inclusive, equitable GON human resource planning to close gaps related to the gender and skill mix of nutrition professionals and technicians at each level of government.

**CC IR4: Strengthen generation and utilization of research, innovation, and strategic information supporting improved diets, nutrition, water, and health to guide policies and programs**

• Strengthen nutrition data monitoring within the health information system, particularly the DHIS2.

• Improve food information systems to monitor farm production of nutrient-dense foods, and availability and cost of foods and recommended/adequate diets in markets across seasons and geographic areas, including registration of farmers.

• Support the creation and maintenance of a Nigerian food composition table and dietary database.

• Strengthen the capacity for dietary and nutrition surveillance and periodic surveys to determine year-round availability, access, and consumption of adequate diets and nutrition status, particularly among the most vulnerable demographic groups (women of reproductive age and under-5 children) across geographic regions, including National Food Consumption and Nutrition Surveys, DHSs, and Multi-Indicator Cluster Surveys (MICS).
• Provide monitoring and evaluation training for all health ministry and development agencies to provide leadership on data generation, data quality assurance, critical review of data and generation of reports from DHIS2, and use of data for decision-making.

• Strengthen capacity to set research agendas and conduct research on relevant diet and nutrition issues.

• Support research and the use of research findings by government and other stakeholders to implement IYCF, BFHI, and BFCI in different regions of the country.

• Support impact evaluations of USAID food security and nutrition programs.

**MSNS Strategic Criteria**

Given the multitude and complexity of possible activities that could be supported by USAID/Nigeria to achieve MSNS results, the Mission should apply a set of strategic criteria in selecting each activity for investment within its portfolio.

These criteria should be applied to all activities and interventions in relation to the particular sub-IR and IR under which they will be implemented according to the theory of change. Together, the MSNS Results Framework and these criteria should provide a tool to guide new Mission policies and programs and to reassess ongoing activities on a continual basis. As they are selected, the Results Framework should be elaborated with these activities placed as sub-sub-IRs, etc., as they contribute to higher-level results.

**Criteria Checklist for Nutrition Activity / Programming Selection**

- Is it strategic within the MSNS results framework?
- Does it address an unmet need, barrier or gap?
- Is there an established evidence base for the intervention?
- Is it within the Mission’s manageable interest?
- Is it within the Mission’s comparative advantage?
- Is there a commitment from key stakeholders?
- Are there opportunities for complementarity or synergy?
Geographic Coverage and Targeting

Given the need for a multi-sectoral approach to address food security and nutrition, the Mission should consider a strategic approach to co-location of programming across its portfolio to maximize complementarity, integration, layering, and sequencing. Decisions on geographic location should be based on the strategic criteria above, considering where is the greatest burden of food insecurity and malnutrition, where is the greatest unmet need for coverage of proven interventions, where can USAID mobilize investment across sectors to maximize synergy and impact, where are there the necessary resources and commitment to potentially overcome barriers and succeed—not just USAID’s, but the government’s, the private sector’s, civil society’s, and other donors’—and where can programming come together and be rigorously measured to show proof-of-principle that approaches actually reduce the burden of food insecurity and malnutrition as a basis for scale-up, replication and sustainability?

In addition, the dynamics of addressing these problems differ by rural, peri-urban and urban location, so approaches will need to consider and adapt based on where populations reside, work and access services. Nigeria is rapidly urbanizing and although the prevalence of food insecurity and malnutrition is generally lower than in rural areas, the numbers are as great or greater. In addition, there are issues around urban diets and the greater access and consumption of ultra-processed, more “convenient,” but less healthy foods that are contributing to the rapidly increasing rates of overweight and obesity and nutrition related NCDs.

A further consideration is that while some services are very localized, e.g., provision of health care, food systems are evolving and expanding from what was historically subsistence farming and own-consumption of food to commercial farming where farmers sell an increasing amount of their production and most consumers, including farming households, purchase most of their food in markets that may source that food from distant farms and processors. Food will be increasingly produced based on optimal agro-ecological zones (particularly the north-to-south rainfall patterns) and infrastructure and market systems toward a more consolidated, integrated food system not just within Nigeria, but regionally across West Africa. Thus, the conventional Feed the Future zones of influence (ZOIs) may become less operational from the perspective that investments in expanding production in one zone may result in foods that are transported, processed, and consumed in other zones. The effects of geography and its relationship to seasonality of production are particularly crucial to ensure the year-round availability, access, and consumption of more nutritious, but perishable foods including fruits, vegetables, and animal-source.

As indicated above, the food insecurity and malnutrition situation are particularly dire in the north of Nigeria. While the Bureau for Humanitarian Assistance and other humanitarian assistance and response have been very active in the northeast, there is an urgent need to intensify and coordinate HART, EGE, and HPN programming there to prevent further deterioration and mitigate crises.
The USAID/Nigeria MSNS Technical Approach

This section of the MSNS discusses a number of technical approaches that should be integral to the implementation of the Mission’s multi-sectoral programming to improve nutrition. They should generally be applied to activities that are strategically selected in direct support of the MSNS Results Framework.

Nutrition-Specific and Nutrition-Sensitive Interventions

The distinction between nutrition-specific interventions (those that address the direct determinants of nutrient/dietary intake by individuals) and nutrition-sensitive interventions (those that address the underlying or indirect determinants of nutrition status of individuals) recognizes that nutrition is determined by a biological balance between consumption of nutrients and their metabolism within individuals, as well as all the factors that directly and indirectly influence that balance. Thus, there is a need to address nutrition through a multi-sectoral approach, including the agri-food system; maternal, infant, young child, adolescent and adult dietary intake; the health system, including family planning/reproductive health, mental health and WASH; and early childhood care and development, education, gender equity, and economic strengthening and livelihood support.

Nutrition-Specific Interventions

Nutrition-specific interventions address the direct determinants of nutrient/dietary intake in individuals:

- Promotion of early, exclusive, and extended breastfeeding and appropriate complementary feeding.
- Management of MAM and SAM.
- Maternal and child micronutrient supplementation.
- Promotion of healthy, adequate diets across the life cycle, including nutrition and dietetics education and counseling.

Nutrition-Sensitive Interventions

Nutrition-sensitive interventions address the underlying/indirect determinants of nutrition status in individuals:

- Agri-food systems, including food processing and fortification, to increase availability, access, and affordability of safe, nutritious diets year-round.
- WASH services and practices.
- Health services and care.
- Family planning, including healthy timing and spacing of pregnancy.
- Early childhood care and development.
- Gender-equitable education, employment, economic strengthening, livelihood, and social protection.
**Essential Nutrition Actions and Essential Hygiene Actions**

A number of the critical nutrition-specific and nutrition-sensitive activities have been grouped and prioritized as ENAs and EHAs, included in the IR/sub-IR illustrative activities suggested above and detailed below.

**Essential Nutrition Actions**

- Nutrition for adolescents and women during pregnancy and lactation.
- EBF during the first six months of life.
- Complementary feeding starting at six months, with continued breastfeeding to two years of age and beyond.
- Nutritional care of sick or malnourished children.
- Prevention of vitamin A deficiency in women and children.
- Prevention and control of anemia in women and children.
- Zinc supplementation in treatment of acute diarrhea.
- Consumption of iodized salt.

**Essential Hygiene Actions**

- Universal use of sanitary latrines, including by children.
- Improved water sources, purification, and storage.
- Hand washing stations in proximity to latrines and cooking areas, and washing with soap and water at critical times, particularly:
  - After urination/defecation and after cleaning baby’s feces.
  - Before preparing food, before eating food, and before feeding young children.
  - When caring for the ill.
- Keep all cooking containers and utensils, as well as water and food containers, clean and covered.
- Hygienic handling, preparation, cooking, and storage of all food.
- Healthy child play areas avoiding exposure to human or animal feces.
- Deworming.

**Nutrition Assessment, Counseling, and Support**

NACS was first developed to provide nutrition support within the President’s Emergency Program for AIDS Relief HIV/AIDS and orphans and vulnerable children (OVC) programming, but NACS is designed to integrate nutrition within health services broadly in both health facilities and communities. It emphasizes routine and consistent nutrition assessment of individuals as the critical entry point for more
comprehensive determination of an individual’s need for further clinical evaluation and management, especially where there are underlying infections that contribute to and often precipitate malnutrition. As vital as nutrition assessments are, data collection, management, and analyses are equally critical to monitor individual patients and patient populations. While NACS is particularly intrinsic within MSNS IR2.3 as a comprehensive systems approach, elements of NACS are relevant and can be applied across most of the MSNS IRs and sub-IRs. The box below provides detail on the specifics of nutrition assessment, counseling, and support to guide MSNS programming.

**Nutrition Assessment:**

- Identifying people at risk of malnutrition for early intervention or referral before they become malnourished
- Identifying malnourished clients for treatment—malnourished people who are not treated early have longer hospital stays, slower recovery from infection and complications, and higher morbidity and mortality.
- Tracking child growth
- Identifying medical complications that affect the body’s ability to digest food and utilize nutrients
- Detecting practices that can increase the risk of malnutrition and infection
- Informing nutrition education and counseling
- Establishing appropriate nutrition care plans

**Nutrition Counseling:**

- Counseling on maintaining dietary adequacy and ENA.
- Counseling for WASH and other EHAs.
- Counseling on medication and health practice adherence, including family planning services to improve nutrition.
- Establishing linkages and two-way referrals between health facilities and community services.
- Addressing gender barriers to access and adherence to recommended nutrition and health practices, services, and support.

**Nutrition Support:**

- Provision of therapeutic and supplementary food for treatment of SAM and MAM.
- Provision of micronutrient supplements per guidance.
- Referrals to community-based growth monitoring and promotion, early child development, and nutrition and health services.
- Referrals for economic strengthening, livelihood, and food security support within communities.
Quality Management—Quality Assurance and Quality Improvement

Health care, including nutrition assessment, counseling, and support, is increasingly delivered through quality management approaches—QA and QI in tandem. QA is essentially about “the what” of services—the particular guidelines and standards of care that should be provided, and how they will be measured (indicators) against specific quantitative targets for those measures. QI is about “the how” of attaining those standard-of-care targets. While governments and other service providers often have standards of care established and mandate QA systems to track service provision (e.g., health information systems), the application of QI is generally lacking or inconsistent. As detailed below, the basic QI approach involves those who are directly engaged in providing services, whether in facilities or communities, who meet regularly (typically weekly or biweekly) to prioritize services, establish roles and responsibilities, individual performance standards, indicators and targets for services, and how indicator data will be collected, managed, and analyzed. A baseline is determined for each service and the team then conducts barrier analyses and formulates what specific changes in service delivery can be tested to determine if the change moves performance toward meeting the target for that service. Changes that improve performance can be adopted and then additional changes iteratively tested on an ongoing basis to reach and maintain performance at or above the target level. Thus, QI is team-driven and data-driven, empowering those teams to collect and analyze their own data and to make changes within their facility or community. Another key aspect of QI is shared learning providing teams the opportunity to engage with other facility or community teams to discuss barriers and potential solutions that can be tested site-by-site—better practices only become best practices when they are optimized at each site. The corollary benefit of QI is that because data collection and management is improved, it becomes routine to generate and provide data required for reporting up through the health system.

The Basic Quality Improvement Approach

- Service delivery teams meet on a regular basis.
- Priorities for services determined by team.
- Measures (indicators) and targets established for priority services.
- Staff roles and responsibilities/performance standards defined for service delivery:
  - Supervision
  - Coaching
  - Mentoring
- Baseline performance data assessed relative to targets.
- Gap/barrier analysis conducted based on performance review.
- Changes in service delivery tested and assessed relative to targets.
- Improvements adopted/institutionalized.
- Repeat Plan-Do-Study-Act cycle above to incrementally move performance toward targets (documented by run charts).
- Share learning among/beyond sites: bottom-up, data-driven, proof-of-principle spread of improvement.

Elements of a Systems Approach to Multi-Sectoral Nutrition

As discussed above, the goal of attaining improved nutrition for a healthy, productive, and resilient Nigeria must be attained largely through the agri-food system (IR1) and the health system (IR2), as well as both systems addressing the needs of those receiving humanitarian assistance and response (IR3). These, in turn, are affected by and must harness the resources and coordinate with other sectors and systems,
including education, governance, and natural resources and environment. The following are some of the elements of a systems approach that should be considered and engaged when developing multi-sectoral programs to address nutrition.

Table 2. Systems Approach Elements

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<td>● Policies/guidelines</td>
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<td>● Regulatory control</td>
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<td>● Services</td>
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<td>● Marketing</td>
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A Life-Cycle Approach to Multi-Sectoral Nutrition

While most nutrition and health strategies appropriately prioritize mothers and young children as the most vulnerable, multi-sectoral nutrition programming should address the needs of entire populations throughout the life cycle—mothers and infants from conception through the first two years of life (1,000 days), children 2–5 years of age, pre-adolescent children, adolescents, and adults—while recognizing that there are intergenerational determinants of nutrition and health. The illustrative IR/sub-IR activities above recognize that there are specific nutrition interventions that should be targeted to specific cohorts (e.g., maternal iron-folic acid or multi-micronutrient supplementation during pregnancy;
promotion of early initiation and exclusive breastfeeding through 6 months of age; introduction of adequate complementary foods and continued breastfeeding beyond 6 months of age; and biannual vitamin A supplementation from 6 months to 5 years of age), but the suggested activities also recognize that healthy diets for young children are largely healthy diets throughout the life cycle. There is a need to transition diets generally toward less dependence on starchy staples (carbohydrate intake) and greater consumption of fruits, vegetables, legumes, and animal-source foods that will support full growth and development in children, while being less obesogenic and supporting health and mitigating the onset and progression of nutrition-related NCDs—particularly arteriosclerosis and cardiovascular disease, hypertension, stroke, diabetes, and some cancers—in adulthood. Thus, this life-cycle approach meets the critical needs within the 1,000-day window of pregnancy and early childhood, and promotes improved diets, nutrition, and health throughout life, contributing to greater adult productivity, reducing the burden of malnutrition on the health system, and allowing healthier adults to provide the care that is necessary for child nutrition, health, and development.

Enabling Environment: Multi-Sectoral Nutrition Leadership, Coordination, and Support

Given the complexity of programming to improve nutrition at a population level, USAID/Nigeria must engage multiple public and private sector and civil society entities to exert leadership, coordination, and support. Below is a list of primary organizations and partners with which the Mission engages and works to execute the MSNS and advance the CDCS.

- National Council on Nutrition (NCN)
- National, & States Committees for Food and Nutrition
- Ministry of Finance, Budget and National Planning (MoBNP)
- Ministry of Health (MOH) & NPHCDA
- Ministry of Agriculture and Natural Resources
- Ministry of Women Affairs
- Federal Ministry of Humanitarian Affairs
- Scaling-Up Nutrition (SUN) Movement-Development Partners Group (USAID co-chairs with UNICEF)
- SUN Business Network and other Private Actors Agriculture Donors Working Group
- UN: UNICEF, WFP, FAO, WHO
- Banks: World Bank, AfDB, KFW, IFAD
- Bilateral: USAID, DfID/FCDO, GIZ, JICA, AFD, EU
- Foundations: Bill and Melinda Gates Foundation, Dangote, Rockefeller
- Implementing Partners & CSOs

Gender and Youth

The MSNS aligns with and supports the CDCS Cross-Cutting Strategic Priority for inclusion, including gender equity and greater youth engagement and opportunities, particularly through the MSNS CC IR3—improved nutrition policies and programs to support gender equality, female empowerment and
employment, and youth engagement. Women and youth are key targets for improved food security, diets, and nutrition, and are also actors across the food, health, and humanitarian assistance and response systems. There is a need to expand education, livelihood, and employment opportunities for both women and youth, especially within food systems. As agri-food systems evolve and mature, there are increasing employment opportunities, especially post-farm for both women and youth, from processing to distribution to marketing and food service provision. Women and youth will benefit not only from more equitable employment opportunities, but also greater access to vocational, technical, business development, and management training, as well as financing and entrepreneurial skills.

Education is a key driver for improved livelihood opportunities for youth and particularly young girls, while the education level of mothers is one of the most powerful determinants of nutrition and health of their children. It is also now well established that male engagement and support is necessary not only to expand opportunities for women and youth, but to sensitize and engage them in activities and practice behaviors that lead to better diets, WASH, and nutrition for themselves and their households.

**MSNS Monitoring, Evaluation, and Learning**

Particularly under MSNS CC IR4, but woven throughout, the MSNS monitoring, evaluation, and learning approach will emphasize data-driven program design, implementation, and adaptive management to ensure that interventions and activities are achieving their intended results. Appropriate standard and custom input, output, and outcome indicators will be adopted for monitoring and managing multi-sectoral nutrition activities. Because there is a need to establish an evidence base for the effectiveness of multi-sectoral nutrition interventions. Where possible, research designs and adequate data collection should be considered in the planning phase of programs and activities, with possible counterfactuals, so that the results may be publishable as operations research. In addition, as discussed above, adopting a quality management (quality assurance quality/improvement) approach to program implementation and service delivery will drive quality data collection, management, and analyses, allowing activities to continually assess, adapt, and improve programming.

As indicated in the Nutrition Context in Nigeria section above, Nigeria lacks good, timely, representative survey, surveillance, and service delivery data and analyses. USAID/Nigeria should consider investment, engagement, and support for the GON to assure that periodic surveys, such as national food expenditure and consumption surveys, are routinely conducted and inform policies and programs. There is also a critical need to establish and maintain the capacity of the GON to manage surveillance and information systems that can provide real-time, sub-national data on food production and market availability, price, and sales by seasons, as well as tracking data on nutrition status and service delivery and health data that may affect nutrition, as with the current COVID-19 pandemic.

There is a caveat to using stunting (length/height-for-age z-score) as an indicator for multi-sectoral nutrition programming: it is becoming increasingly evident that stunting has a complex etiology that is intergenerational and that even when programs improve one or a number of determinants of stunting, an improvement in length/height may not be realized if other determinant deficits limit the response. At the same time, stunting is a composite health indicator influenced by factors that are not restricted to nutrition, while at the same time there are multiple developmental deficits associated with linear growth failure, which may be differentially affected by inadequate nutrition and health. Further, stunting is also an indicator of many social and environmental determinants. Thus, in general, stunting may be a useful proxy indicator for improved nutrition and health at the population level over extended periods of time, but stunting should NOT be applied as a program- or intervention-level indicator as a measure of success or failure. Instead, in most cases, coverage or intermediate outcome indicators should be used.

USAID/Nigeria will apply a collaborating, learning, and adapting approach to all MSNS programming, as follows:
- Collaboration: are the right partners engaged to achieve multi-sectoral nutrition complementarity and synergy (integration, layering, and sequencing)?

- Learning: are programs designed, managed, and evaluated to assess the impact of multi-sectoral nutrition programming and inform policies and programming to drive scale-up, replication, and self-reliance?

- Adaptation: are the Mission and partners using data and analyses (e.g., application of QI) to make responsive adjustments and adaptations in planning, implementation, and investments?

**Key Learning Questions**

**Food System (IR1):**

- How can specific investments in the drivers and levers of the RFS Food System Conceptual Framework result in greater nutrition-sensitivity within the food system (i.e., increase the year-round availability, access, affordability, purchase, and consumption of safer, more nutritious foods that contribute to adequate diets)?

- How can the role of the private sector be maximized to increase the year-round availability, access, affordability, purchase, and consumption of safer, more nutritious foods that contribute to adequate diets?

- What interventions and activities are effective and necessary to maintain an adequate food supply and diets during a pandemic or other crisis, based on experience with COVID-19?

**Health System (IR2):**

- What are the key barriers within the health system at facility, community, national, state, and LGA levels to overcoming malnutrition in the first 1,000 days?

- How can the health system be strengthened to meet nutrition needs and malnutrition during the first 1,000 days? What interventions could be strengthened or implemented? What stakeholders need to be engaged and how?

- How can health system nutrition services increase coverage and sustainability at the facility and community levels?

- How can health system services complement food systems in each state and LGA?

- How effective is CMAM as implemented by Breakthrough Action Nigeria (BA/N) and Integrated Health Program (IHP) activities?

- Given high levels of poverty, burden of infection, food insecurity, and lack of dietary diversity, what primary health care and community services are most effective in preventing and treating MAM?

- How can nutrition be prioritized in national and sub-national health care policies and financing?

- Can nutrition be integrated into universal health coverage as a prerequisite for improving diets, mitigating communicable and non-communicable disease, and reducing health care costs?
Humanitarian Assistance and Response (IR3):

- **Cohesiveness**: How is nutrition addressed across programming sectors given its cross-cutting nature? What is the basic package of programming necessary to meet nutrition goals?

- **Sustainability**: What activities are being used to promote nutrition autonomy and resilience, including but not limited to caregiving skills, health systems capacity, and nutrition-sensitive livelihoods and market systems?

- **Flexibility and agility**: How can emergency and development partners respond more quickly to shocks while keeping a long-term perspective in program planning approaches, including government capacity building and handover?

Cross-cutting IRs:

- **IR1**: How can programs better partner with state and local governments to build capacity and instill a sense of ownership in government actors for nutrition outcomes?

- **IR1**: What untapped opportunities exist to bring in nutrition-oriented private sector actors for improved support of nutrition goals, including production of specialized nutritious foods, larger-scale fortification, and streamlining of supply chains to ensure adequate supply of nutritious foods in markets?

- **IR1**: What are the innovative opportunities to work with the private sector and/or civil society to produce and market highly nutritious foods?

- **IR1**: How can food and health system activities/interventions be complementary and synergized to improve nutrition outcomes?

- **IR2**: What are the most effective SBCC strategies and interventions through the public and private sectors and civil society to effect positive nutrition-specific and nutrition-sensitive behaviors and practices?

- **IR3**: How can specific gender and youth activities contribute to the primary IRs?

- **IR4**: What information gaps hinder nutrition progress in Nigeria?

**MSNS Results Framework Illustrative Indicators**

**Illustrative Indicators (to be monitored at population level):**

- Prevalence of undernourishment (SDG 2.1.1).

- Prevalence of moderate and severe food insecurity in the population, based on the Food Insecurity Experience Scale (SDG 2.1.2) (FTF EG-f).

- Prevalence of stunting (height for age <-2 standard deviation from the median of the WHO Child Growth Standards) among children under 5 years of age (SDG 2.2.1).

- Prevalence of wasting (weight for height <-2 standard deviation from the median of the WHO Child Growth Standards) among children under 5 years of age (SDG 2.2.2).

- Mortality rate attributed to unsafe water, unsafe sanitation, and lack of hygiene (exposure to unsafe WASH) services (SDG 3.9.2).
- Number of people in need of humanitarian food assistance in areas/populations subject to recurrent crises [Recurrent crisis areas or if data not available, National] (FTF CONTEXT-8).
- Prevalence of low birthweight.
- Prevalence of anemia in children ages 6–59 months.
- Prevalence of anemia in women ages 15–49 years.

**IR1: Improved food security and nutrition through the food system**

**Sub-IR1.1 Increased production of safe, nutritious foods that contribute to adequate diets**

Prevalence of moderate and severe food insecurity in the population, based on the Food Insecurity Experience Scale (FTF EG-e).

- Yield of targeted agricultural commodities among program participants with USG assistance (FTF EG.3-10, -11, -12, -h).
- Value of new USG commitments and private sector investment leveraged by the USG to support food security and nutrition (FTF.3.1-14).
- Number/percent of individuals in the agriculture system who have applied improved management practices or technologies with USG assistance (FTF.3.2-24, 3.2a).
- Number of hectares under improved management practices or technologies with USG assistance (FTF.3.2-25).
- Value of annual sales of producers and firms receiving USG assistance (FTF.3.2-26).
- Value of agriculture-related financing accessed as a result of USG assistance (FTF.3.2-27).
- Number of producer cooperatives for nutrient-dense foods.
- Percentage of food production lost on-farm.

**Sub-IR1.2 Increased year-round availability and access to safe, nutritious, and affordable foods in markets**

- Value of new USG commitments and private sector investment leveraged by the USG to support food security and nutrition (FTF.3.1-14).
- Number/percent of individuals in the agriculture system who have applied improved management practices or technologies with USG assistance (FTF.3.2-24, 3.2-a).
- Value of annual sales of producers and firms receiving USG assistance (FTF.3.2-26).
- Value of agriculture-related financing accessed as a result of USG assistance (FTF.3.2-27).
- Availability and prices of select foods in markets by season (e.g., consumer food price index).
- Percentage of producers of processed foods complying with GON food safety and fortification standards.
- Percentage of food production lost between aggregation, transport, processing, distribution, and marketing.

**Sub-IR1.3 Increased consumer demand, purchase, and consumption of safe, nutritious foods**

- Percentage of female participants of USG nutrition-sensitive agriculture activities consuming a diet of minimum diversity [IM-level] (FTF EG3.3-10).
- Percentage of household income/budgets expended on food disaggregated by food type.
- Percentage of adolescents and adults consuming MAD, disaggregated by age and gender.
- Percentage of children 6–23 months old receiving MDD.
- Percentage of children 6–23 months old receiving MAD.

**IR2: Improved nutrition through the health system**

**Sub-IR2.1 Improved health through WASH practices and services**

- Proportion of schools with access to: (e) basic drinking water; (f) single-sex basic sanitation facilities; and (g) basic handwashing facilities (as per the WASH indicator definitions) (SDG 4.a.1)
- Proportion of population using safely managed drinking water services (SDG 6.1.1).
- Proportion of population using safely managed sanitation services, including a handwashing facility with soap and water (SDG 6.2.1).
- Degree of integrated water resources management implementation (SDG 6.5.1).
- Number of people gaining access to basic drinking water services as a result of USG assistance (HL.8.1-1).
- Number of people receiving improved service quality from an existing basic drinking or safely managed water service as a result of USG assistance (HL.8.1-3).
- Number of people gaining access to a basic sanitation service as a result of USG assistance (HL.8.2-2).
- Percentage of households with soap and water at a handwashing station on premises [IM-level] (HL8.2-5).
- Number of water and sanitation sector institutions strengthened to manage water resources or improve water supply and sanitation services as a result of USG assistance (HL.8.3-3).
- Value of new funding mobilized to the water and sanitation sectors as a result of USG assistance (HL.8.4-1).
- Number of people benefiting from the adoption and implementation of measures to improve water resources management as a result of USG assistance (HL.8.5-1).
● Number of people educated on tools, approaches, and/or methods for water security, integrated water resource management, and/or water source protection as a result of USG assistance.

● Number of agencies (federal, state, LGA, municipal) that have plans for improved water resource governance and data management.

● Number of water committees that are operating, maintaining, and managing commercially viable water supply systems in selected municipalities to achieve cost recovery.

● Number of food- and water-borne infections and associated acute diarrhea cases presenting at health facilities.

**Sub-IR2.2 Improved maternal, neonatal, infant, and young child feeding and care**

● Number of children under five (0–59 months) reached with nutrition-specific interventions through USG-supported nutrition programs (HL.9-1) [NHIMS-DHIS2].

● Number of children under 5 whose parents/caretakers received SBCC interventions that promote essential IYCF practices [NHIMS-DHIS2].

● Number of pregnant women reached with nutrition-specific interventions through USG-supported programs (HL.9-3) [NHIMS-DHIS2].

● Number of women receiving individual or group counseling on maternal and/or child nutrition.

● Percentage of infants 0–5 months of age exclusively breastfeeding [NHMIS-DHIS2]/MICS/NDHS.

● Percentage of term infants who were put to the breast within one hour after birth [NHMIS DHIS2].

● Percentage of children 6–23 months of age receiving MDD [MICS/NNHS/NDHS].

● Percentage of children with low birth weight [NHMIS-DHIS2].

● Percentage of wasted children under age two years [NHMIS-DHIS2].

● Percentage of underweight children under age two years [NHMIS-DHIS2].

● Percentage of mothers who received breastfeeding counseling during antenatal care [NHMIS-DHIS2].

● Percentage of mothers who received nutritional counseling during pregnancy (NHMIS-DHIS2).

● Percentage of mothers who received nutrition counseling for infants [NHIMS-DHIS2].

● Percentage of children 6–23 months of age receiving minimum meal frequency [MICS/NNHS/NDHS].

● Percentage of children 6–23 months of age receiving MAD [MICS/NNHS/NDHS].

● Number of children under 2 (0–23 months) reached community-level nutrition interventions through USG-supported programs (HL.9-2) [IM- Level Activity Report].
- Percentage of female participants of USG nutrition-sensitive agriculture activities consuming a diet of minimum diversity (FTF EG3.3-10) [IM-level/Activity Report].

- Percentage of mothers who receive nutrition and IYCF counseling by community health workers [IM-Level Activity Report].

- Percentage of mothers of preterm and term infants who received prenatal care at the facility and prenatal counseling on breastfeeding (BFHI recommended indicator).

- Percentage of mothers who had skin-to-skin contact with their babies immediately or within five minutes after birth that lasted one hour or more.

- Percentage of breastfeeding mothers of term infants who are able to demonstrate how to position their baby for breastfeeding and whose babies can suckle and transfer milk (BFHI recommended indicator).

- Percentage of breastfeeding mothers of term infants who can describe at least two indicators of whether a breastfed baby consumes adequate milk (BFHI recommended indicator).

- Percentage of infants who received only breast milk throughout their stay at the facility (BFHI recommended indicator).

- Percentage of mothers of infants whose babies stayed with them since birth without separation lasting for more than one hour (BFHI recommended indicator).

- Percentage of breastfeeding mothers who can describe at least two feeding cues (BFHI recommended indicator).

- Percentage of mothers of infants who report that a staff member has informed them where they can access breastfeeding support in their community (BFHI recommended indicator).

- Percentage of health professionals who provide antenatal, delivery, and/or newborn care and report they have received pre-service or in-service training on breastfeeding during the previous two years (BFHI recommended indicator).

- Percentage of health facilities providing obstetric service certified as baby-friendly hospitals.

- Percentage of births occurring in facilities that have been designated baby friendly; have passed external assessment; or have met a specific level of compliance with BFHI standards (per the national program) within the past five years (BFHI recommended indicator).

- Percentage of mothers who received antenatal counseling on breastfeeding (BFHI recommended indicator).

- Percentage of mothers who received support with learning to breastfeed after delivery (BFHI recommended indicator).

- Percentage of states/districts with regulations on baby-friendly standards (BFHI recommended indicator).

- Percentage of newly graduated health professionals who received training on BFHI and/or BFCl standards (BFHI recommended indicator).
Sub-IR2.3 Improved delivery and utilization of essential health and nutrition services within facilities and communities

Note: Some illustrative indicators under sub-IR2.2 can also be applicable within Sub-IR2.3:

- Number of children under 5 (0–59 months) reached with nutrition-specific interventions through USG-supported nutrition programs (HL.9-1) [NHMIS-DHIS2].
  - Number of children 6–59 months who received vitamin A supplementation in the past six months [NHMIS-DHIS2].
  - Number of children under 5 who received zinc supplementation during episodes of diarrhea [NHMIS-DHIS2].
  - Number of children under 5 who received multiple micronutrient powder supplementation [NHMIS-DHIS2].
  - Number of children under 5 who were admitted for treatment of SAM [NHMIS-DHIS2].
  - Number of children under 5 who were admitted for treatment of MAM [NHMIS-DHIS2].
- Number of pregnant women reached with nutrition-specific interventions through USG-supported programs (HL.9-3) [NHIMS-DHIS2].
  - Number of women receiving iron and folic acid supplementation [NHMIS-DHIS2].
  - Number of women receiving individual or group counseling on maternal and/or child nutrition [NHMIS-DHIS2].
  - Number of women receiving multiple micronutrient supplementation [NHMIS-DHIS2].
- Percentage of babies whose cords were clamped/cut after one minute of birth [NHMIS-DHIS2].
- Percentage of children under 5 whose growth was monitored in the past three months [NHMIS-DHIS2].
- Percentage of mothers who receive nutrition and IYCF counseling at antenatal and postnatal clinic visits [NHMIS-DHIS2].
- Percentage of children with MAM or SAM who receive supplementary or therapeutic food according to national guidelines [NHMIS-DHIS2].
- Percentage of health facilities who report no stockouts of RUTF for treatment of SAM in the past 6 months [NHMIS-DHIS2].
- Number of children under 2 (0–23 months) reached with community-level nutrition interventions through USG-supported programs (HL.9-2) [IM-Level Activity report/survey].

IR3: Improved nutrition through humanitarian assistance and response

Sub-IR3.1 Delivery of high-quality nutrition-specific and -sensitive interventions in vulnerable and humanitarian contexts

- Indicators as applicable to activities under sub-IR1 and sub-IR2.
- Number of USG social assistance beneficiaries participating in productive safety nets (ESS.1).
- Smart agriculture: Number of individuals in the agriculture system who have applied improved management practices or technologies with USG assistance.

- Cash, voucher: total USD amount of cash transferred to beneficiaries; total USD value of vouchers redeemed by beneficiaries; total USD amount of cash transferred to beneficiaries as CFW payments.

- Acute malnutrition screening and treatment: percent of referred acute malnutrition cases treated.

- Informal savings groups: number of individuals participating in USG-assisted group-based savings, micro-finance, or lending programs.

- Farmer to market linkages: number of market infrastructures rehabilitated and/or constructed; number of roads improved or constructed as a result of USG assistance.

- Percentage of households with poor, borderline, and acceptable Food Consumption Score.

- Reduced Coping Strategies Index.

- Prevalence of households with moderate or severe hunger: Household Hunger Scale.

- Household dietary diversity score.

- MDD for women.

- MAD or MDD for children.

- Number of beneficiaries with new livelihoods established.

- Number of beneficiaries with previous livelihoods restored.

- Percentage of beneficiaries actively practicing their new livelihoods.

- Percentage of beneficiaries reporting net income from their livelihood.

- Percentage of health facilities serving vulnerable populations who report no stockouts of RUTF for treatment of SAM in the past 6 months.

- Percent of transfers in safety net programs delivered on time.

**Sub-IR3.2 Effective policies, systems, and coordination for improved provision of high-quality nutrition services for vulnerable populations**

- A national multi-sectoral nutrition plan or policy is in place that includes responding to emergency nutrition needs (HL.9-5).

- Number of government officials trained on the unique conditions of vulnerable contexts/zones.

- Total value of USAID funds mobilized to support policies and programming in vulnerable contexts/zones.

- Net change in USAID investment in vulnerable contexts/zones.
- Total value of all donor funds mobilized to vulnerable contexts/zones.
- Net change in all donor investments in vulnerable contexts/zones.

**CC IR1: Improved commitment, capacity, coordination, collaboration, and support for multi-sectoral nutrition policies and programs among government, donor, civil society, and private sector stakeholders at national and sub-national levels**

- Number of individuals receiving nutrition-related professional training through USG-supported programs (standard F indicator HL.9-4).
- A national multi-sectoral nutrition plan or policy is in place that includes responding to emergency nutrition needs (HL.9-5).
- Milestones in improved institutional architecture for food security policy achieved with USG support (FTF EG3.1-d).
- Increased national, state, and LGA nutrition expertise and capacity in health and agriculture sectors.
- Increased GON federal, state, and LGA expenditures on nutrition-sensitive agriculture.
- Increased GON federal, state, and LGA expenditures on nutrition within the health system.
- Presence of multi-sectoral and multi-stakeholder nutrition coordination mechanisms at the national, state, and LGA levels (reference HANCI and USAID MSNS M&L Plan).
- GON adoption of a National Multi-Sectoral Nutrition Investment Plan and addition of nutrition-sensitive agriculture activities and budgets within National Agricultural Investment Plans.
- Increased budgets for federal- and state-level regulatory control for food safety, food fortification, and other food standards.

**CC IR2: Improved dietary and nutrition education, SBCC, and advocacy at national, subnational, community, household, and individual levels**

- Number of individuals receiving nutrition-related professional training through USG-supported programs (HL.9-4).
- Percentage of program participants improving diet quality during programming period (using Food Consumption Score, MDD women, or MAD children).
- Percentage of mothers who receive nutrition and IYCF counseling.
- Percentage of mothers who participate in a care group or mother-support group.
- Percentage of primary and/or secondary students in the target area who receive formal dietetics and nutrition education.
- Number of private sector ad campaigns that focus on increasing demand for safe, nutritious foods.
- Percentage of audience who recall hearing or seeing specific maternal/neonatal/child health and nutrition messages through USG assistance.

- Number of SBCC products (including guidelines, protocols, job aids, or other materials developed to guide interventions, policies, or influence adoption of recommended behaviors) developed and/or disseminated through the USG assistance.

- Numbers of community volunteers engaged in relevant SBCC messaging to caregivers through USG assistance.

**CC IR3: Improved nutrition policies and programs to support gender equality, female empowerment and employment, and youth engagement**

- Proportion of women of reproductive age (ages 15–49 years) who have their need for family planning satisfied with modern methods (SDG 3.7.1)

- Participation rate of youth and adults in formal and non-formal education and training in the previous 12 months, by sex (SDG 4.3.1)

- Abbreviated Women’s Empowerment in Agriculture Index (FTF EG.3-f).

- Percentage of female participants of USG nutrition-sensitive agriculture activities consuming a diet of minimum diversity (FTF EG3.3-10).

- Number of individuals participating in USG-assisted group-based savings, micro-finance or lending programs (FTF EG4.2-7, 4.2-a).

- Percentage of female participants in USG-assisted programs designed to increase access to productive economic resources (GNDR-2).

- Percentage of participants in USG-assisted programs designed to increase access to productive economic resources who are youth (15–29) (YOUTH-3).

- Couple-years protection in USG-supported programs (standard F PPR indicator, also in USAID MSNS M&L Plan).

**CC IR4: Strengthen generation and utilization of research, innovation, and strategic information supporting improved diets, nutrition, water and health to guide policies and programs**

- Number of technologies, practices, and approaches under various phases of research, development, and uptake as a result of USG assistance (FTF EG3.2-7).

- Number of nutrition indicators in the DHIS2.

- Number of LGAs reporting on nutrition indicators in the DHIS2.

- Number of evaluation publications on USAID-supported nutrition interventions.

- Number of studies on implementation of BFHI and BFCI.

- Number of states using nutrition data for decision-making (e.g., DHIS2, DHSs, MICS, national diet and nutrition surveys).
- Number of relevant population-based studies drawn from nutrition research, innovation, and strategic information.

**MSNS Mission Office Contribution Mapping**

**Table 3. Contribution of Technical Offices to the MSNS Results Framework**

<table>
<thead>
<tr>
<th>MSNS Results Framework Component</th>
<th>Sub-component</th>
<th>Economic Growth</th>
<th>Health</th>
<th>HIV, AIDS, &amp; TB</th>
<th>HART</th>
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<tbody>
<tr>
<td><strong>IR1: Improved food security and nutrition through the food system</strong></td>
<td>Sub-IR1.1 Increased production of safe, nutritious foods that contribute to adequate diets</td>
<td>X</td>
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<td></td>
<td>Sub-IR1.2 Increased year-round availability and access to safe, nutritious, and affordable foods in markets</td>
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<td></td>
<td>Sub-IR1.3 Increased consumer demand, purchase, and consumption of safe, nutritious foods</td>
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<td><strong>IR2: Improved nutrition through the health system</strong></td>
<td>Sub-IR2.1 Improved health through WASH practices and services</td>
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<td></td>
<td>Sub-IR2.2 Improved maternal, neonatal, infant, and young child feeding and care</td>
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<td>Sub-IR2.3 Improved delivery and utilization of essential health and nutrition services within facilities and communities</td>
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<td><strong>IR3: Improved nutrition through humanitarian assistance and response</strong></td>
<td>Sub-IR3.1 Delivery of high-quality nutrition-specific and -sensitive interventions in vulnerable and humanitarian contexts</td>
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<td></td>
<td>Sub-IR3.2 Effective policies, systems, and coordination for improved provision of high-quality nutrition services for vulnerable populations</td>
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<tr>
<td><strong>Cross-cutting IRs</strong></td>
<td>CC IR1: Improved commitment, capacity, coordination, collaboration, and support for multi-sectoral nutrition policies and programs among government, donor, civil society, and private sector stakeholders at national and sub-national levels</td>
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<td></td>
<td>CC IR2: Improved dietary and nutrition education, SBCC, and advocacy at national, subnational, community, household, and individual levels</td>
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<td>CC IR3: Improved nutrition policies and programs to support gender equality, female empowerment and employment, and youth engagement</td>
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<td>CC IR4: Strengthen generation and utilization of research, innovation, and strategic information supporting</td>
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USAID/Nigeria MSNS Relationship to Other USAID Conceptual/Results Frameworks and Strategies

The MSNS has been developed within the context and guided by a number of key strategies and conceptual or results frameworks, particularly:

- USAID/Nigeria CDCS 2020–2025 Results Framework
- USAID/Nigeria GFSS Country Plan Results Framework and Program Components

The following are discussed in Annex 1:

- USAID Multi-Sectoral Nutrition Strategy 2014–2025 Conceptual and Results Frameworks
- USAID/RFS Food Systems Conceptual Framework
- USAID/Bureau for Humanitarian Assistance Conceptual Framework for Food and Nutrition Security

USAID/Nigeria CDCS 2020–2025 Results Framework

The entire MSNS will support achievement of the goal of the CDCS 2020–2025; improved food security and nutrition being necessary for a healthier, more educated, prosperous, stable, and resilient Nigeria. MSNS IR1 and the Feed the Future activities to increase the year-round production, availability, access, and consumer demand and consumption of safe, nutritious foods and adequate diets directly support the CDCS DO1 for broadened and inclusive economic growth, particularly to improve incomes, food security, and nutrition in targeted geographies (IR1.1) and to increase year-round availability of safe, nutritious, affordable, and adequate diets (IR1.1.3), while improved energy access (IR1.2), private sector approaches, and water management and services (IR1.4) are key within a comprehensive food systems approach.

MSNS IR2 to improve nutrition through WASH and health services will largely support CDCS DO2 for a healthier, better educated population (although WASH activities may also support DO1 IR.1.4).

It is expected that under the MSNS, there will be a need for activities that support the CDCS DO3 to strengthen accountable, inclusive, and responsive governance. For example, there is a critical need for public institutions (i.e., federal and state government) to be accountable and effective (DO3 IR3.4) in establishing and enforcing regulatory control of food safety and fortification standards, while consumer associations have a critical role in holding both government and private sector companies and actors accountable to maintain those standards (DO3 IR3.2).

Finally, MSNS will directly support the CDCS Special Objective for greater stability and early recovery in selected states through improved nutrition through humanitarian assistance and response (MSNS IR3), particularly in the northeast and northwest in areas of extreme food insecurity, conflict, and displacement.
USAID/Nigeria GFSS Country Plan Results Framework and Program Components

The USAID/Nigeria GFSS Country Plan was adopted in 2019 based on the three primary objectives of the GFSS: 1) inclusive and sustainable agricultural-led economic growth; 2) strengthened resilience among people and systems; and 3) a well-nourished population, especially among women and children.

Goal: Sustainably reduce poverty, hunger, and malnutrition

Figure 4. CDCS 2020–2025 Results Framework

Figure 5. Nigeria GFSS Country Plan Results Framework
As can be seen in the GFSS Country Plan Results Framework and the Country Plan Program Components below, the MSNS is aligned with and will directly support the GFSS Country Plan, primarily through Feed the Future programming (MSNS IR1), complemented by investments, policies, and programming in other sectors including health (MSNS IR2), education (MSNS CC IR2), governance (MSNS CC IR1), and humanitarian assistance and response (MSNS IR3).

While some activities may be weighted more toward one or another of the three GFSS objectives, each should be assessed for potential to contribute to all three objectives. For example, production of certain crops may be driven by their profitability (Objective 1), but their contribution to adequate diets (Objective 3) and year-round availability of foods in markets (Objective 2) should be considered.

Table 4. GFSS Nigeria Country Plan Program Components and Activities

<table>
<thead>
<tr>
<th>Component A</th>
<th>Component B</th>
<th>Component C</th>
<th>Component D</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increasing the Productivity, and Competitiveness of Selected Value Chains and Market Systems</td>
<td>Enhancing the Capacities of Vulnerable Households and Communities to Respond to Shocks and Stresses</td>
<td>Improving Access to and Use of Diverse, Safe, Nutritious, and High-Quality Foods</td>
<td>Advancing Country Leadership through Strengthening of Selected Policy Systems</td>
</tr>
<tr>
<td>Activities:</td>
<td>Activities:</td>
<td>Activities:</td>
<td>Activities:</td>
</tr>
<tr>
<td>• Strengthen inclusive agriculture systems. Help smallholder farmers access the technology and inputs needed.</td>
<td>• Promote climate smart agriculture.</td>
<td>• Strengthen and link health services and agricultural market systems.</td>
<td>• Work closely with key stakeholders in the GON, private sector, and civil society levels.</td>
</tr>
<tr>
<td>• Provide technical assistance to farmers and youth;</td>
<td>• Explore and scale up proven small-scale irrigation technologies.</td>
<td>• Promote access to clean drinking water and sanitation</td>
<td>• Support Nigeria’s efforts to harmonize and accelerate private sector investments.</td>
</tr>
<tr>
<td>• Invest in sanitary and phytosanitary measures and integrated pest management.</td>
<td>• Increase local and regional food procurement.</td>
<td>• Engage and empower women through context-appropriate platforms.</td>
<td>• Support top-line priority policy areas designed to achieve systemic change at scale.</td>
</tr>
<tr>
<td></td>
<td>• Form savings and internal lending groups among vulnerable populations.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**National Multi-Sectoral Plan of Action for Food and Nutrition in Nigeria, 2021–2025**

In addition, the USAID/Nigeria MSNS has been developed to align with and support Nigeria’s National Multi-sectoral Plan of Action for Food and Nutrition (NMPAFN) 2021–2025.

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### National Multi-Sectoral Plan of Action for Food and Nutrition in Nigeria 2019–2023 (NMPAFN)

**Goal:** The goal of the plan is to attain optimal nutritional status for all Nigerians through accelerating the scaling up of priority high impact nutrition specific and nutrition sensitive interventions as well as creating the enabling environment for improved nutrition focusing on the most vulnerable especially women and children as well as internally displaced persons.

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

- To improve food security at the national, state, LGA, community, and household levels;
- To reduce undernutrition in infants, children, adolescents, and women of reproductive age;
- To significantly reduce micronutrient deficient disorders, especially among the vulnerable;
- To ensure incorporation of nutrition education into formal and informal trainings;
- To promote optimum nutrition for people in especially difficult circumstances, including people living with HIV/AIDS;
- To prevent and control chronic nutrition-related non-communicable diseases;
- To incorporate food and nutrition considerations into the federal, state, and local sectoral development plans;
- To strengthen systems for providing early warning information on the food and nutrition situation;
- To ensure universal access to nutrition-sensitive social protection.

**Program Areas:** The six result program areas are the following:

- Food and Nutrition Security
- Enhancing Care-Giving Capacity
- Enhancing Provision of Quality Health Services
- Improving Capacity to Address Food and Nutrition Insecurity Problems
- Raising Awareness and Understanding the Problem of Malnutrition
- Resource Allocation for Food and Nutrition Security at all Levels

**NMPFAN Strategies:** In order to achieve the set objectives of the plan of action, the following strategies will be adopted:

- Service delivery
- Capacity building
- Behavior Change Communication
- Advocacy and Resource Mobilization
- Research Monitoring and Evaluation
- Coordination and Multi-Sectoral Partnership
Annex 1: State of Strategic Interaction for Nutrition in USAID/Nigeria, 2019

Overview

The purpose of this brief is to summarize the state of strategic integration for nutrition for a select set of USAID Missions, as requested by the cross-bureau Nutrition Leadership Council. The map that accompanies this brief visualizes the geographic location of current funding attributions to the following Standardized Program Structure and Definitions: HL.6 Maternal and Child Health, HL.8 Water Supply and Sanitation, HL.9 Nutrition, and EG.3.3 Nutrition-Sensitive Agriculture. The map does not visualize the location of relevant funding attributions that do not operate in defined geographic locations, such as activities that operate at the central level, focus on policy or system strengthening, or provide technical assistance based on identified needs.

Limitations of Map

There are some limitations of the map related to the state of programming in Nigeria. First, the EGE Office is in early stages of procurement for many Feed the Future activities that will use EG 3.3 Nutrition-Sensitive Agriculture funds. The Feed the Future ZOIs have been identified and cut across 11 states including, Kebbi, Sokoto, Niger, Kaduna, Ebonyi, Delta, Cross-River, Benue, Borno, Adamawa, Yobe, and Gombe States. Some of the newly awarded Feed the Future-funded activities with nutrition-sensitive interventions include the Feed the Future Integrated Agriculture, Rural Resilience, and Water for Agriculture Activity are being implemented in the North East states of Adamawa, Borno, Yobe, and Gombe. Moreover, the HPN nutrition-related activities including the flagship IHP, Breakthrough Action (BA/N, and Breakthrough Research Nigeria (BR/N) are currently being implemented in three states (Bauchi, Sokoto, and Kebbi), but will be expanded to other states over the next few years. IHP planned to implement all the LGAs in participating states.

Although the EG 3.3 locations are not shown, the ZOIs that were approved as part of the Global Food Security Strategy Country Plan do not overlap with all LGAs of all of the states where the main HPN activities with nutrition funds take place, so this will limit potential for integration. There is some overlap in Kebbi State and potential overlap in Ebonyi State. The states that are not part of the ZOIs were recognized by the HPN as priority states because of the poor nutritional status. Some of the ZOIs that are outside of HPN priority areas are productive agricultural areas that have better health and nutritional status, but produce foods that move throughout the country. This disparity was recognized at the time of country plan review and approval.

Types of programming vary throughout the country based on context, and this variability is not reflected in the map. For instance, emergency programming is predominant in the Northeast. Some activities are also centered on health facilities, while others focus on LGA government or communities. Many of the activities that are in the Northeast, particularly in central and south Borno and south Yobe, are focused on the crisis and do not represent traditional development programming. Humanitarian assistance security and access issues also limit Bureau for Humanitarian Assistance/OFDA, nutrition-sensitive agriculture, and health programming in the Northeast as services and monitoring are intermittent.

Approach to Integration

Nigeria’s programming for nutrition falls under the cooperation and colocation categories in the spectrum of integration. There is a Nutrition Coordination Working Group in the USAID Mission, with representatives from HPN, EGE, and the Bureau for Humanitarian Assistance/HART, which shares information about activities and lessons learned. There are no co-funded activities, however. USAID collaborates with nutrition agencies within the government at the national level, including the Ministry of...
Health and the Ministry of Agriculture, National Committee for Food and Nutrition. Programming is also coordinated with other donors (e.g., Bill & Melinda Gates Foundation), agencies (e.g., World Bank), and implementing partners at the subnational level. Where there is geographic overlap between IHP, BA/N, and Feed the Future activities, efforts will complement one another, although there will be no co-funding.

In Nigeria, there is concurrent development and emergency programming. Bureau for Humanitarian Assistance/HART’s investments are entirely focused on emergency programming, which are complementary to HPN and EGE/Feed the Future activities. These nutrition-sensitive activities, including Rural Resilience, Integrated Agriculture, Water for Agriculture, Rural Town WASH, and Northeast Health Transition Program/Health Resilience of Northeast Nigeria (HeRoN), are not actively integrated for now because they are in the early stages of implementation or under procurement. However, the Mission will explore opportunities in the Northeast to integrate the nutrition-sensitive activities designed to support early recovery and build resilience in light of the ongoing unrest. For instance, the HeRoN activity and others in co-located areas of the Northeast can also be sequenced, layered, and integrated with existing humanitarian response and Office of Transition Initiatives activities. In addition, HPN’s investment in HeRoN, which is co-designed and co-funded with DFID, will be supporting rebuilding of the primary health care system in Borno and Yobe states and has the flexibility to respond to health emergencies in neighboring states.

With new Feed the Future activities being procured that will emphasize a food system approach that increase the year-round availability and affordability of safe, nutritious foods and adequate diets, and IHP being expanded, there are opportunities to more closely align multi-sectoral nutrition efforts. The Mission is finalizing a multi-sectoral nutrition strategy (MSNS), aligned with the development of a new CDCS, to guide future USAID nutrition investments and increase integration, layering and sequencing across sectors. There are also discussions underway on potential for designing a multilateral nutrition-focused activity and/or buy-in into a central mechanism that can lead multi-sectoral nutrition coordination at national and subnational levels.

**Approach to Multi-Sectoral Nutrition**

The Nigeria Mission has a strong approach to multi-sectoral nutrition. They have monthly meetings of the Nutrition Coordination Working Group that includes USAID/Washington nutrition advisors from the Bureau for Global Health, the Bureau for Food Security, and the Bureau for Humanitarian Assistance. Moreover, the Mission is nearly finished with its multi-sectoral nutrition strategy that will define the goals and guide activities related to nutrition programming within the health and food systems, as well as through humanitarian assistance activities. The strategy also outlines how continued investments will enhance integration and synergies, and highlights USAID’s comparative advantages, engaging government, the private sector and civil society.

**Collaboration and Coordination**

The Nigeria Mission facilitates monthly meetings for the Nutrition Coordination Working Group, which includes USAID/Washington nutrition advisors from the Bureau for Global Health, the Bureau for Food Security, and the Bureau for Humanitarian Assistance. A Mission nutrition specialist who is a staff member in HPN and EGE coordinates with the Bureau for Humanitarian Assistance, the HIV/AIDS Office, and the Program Office. In addition, the Mission facilitates coordination and collaboration related to multi-sectoral nutrition programming with the government, UN agencies, other donors, and across implementing partners at national and subnational levels. The Mission participates in and supports a number of multi-sectoral and multi-stakeholder nutrition coordination mechanisms. Currently, USAID/Nigeria is a co-chair of the Agriculture Donor Working Group, a member of the SUN Donor Network, the Nutrition in Emergencies Working Group, the National Committee on Food and Nutrition, and the Inter-Ministerial Agriculture and Nutrition Working Group, among others.
Annex 2: Nigeria Geo-Political Map

Annex 3: Relationship of MSNS USAID/Nigeria to Other Agency Results Frameworks

USAID/Nigeria MSNS Results Framework

**MSNS Results Framework Goal**

Improved nutrition for a healthy, productive, & resilient population in target states

<table>
<thead>
<tr>
<th>Intermediate Result 1: Improved food security and nutrition through the food system</th>
<th>Intermediate Result 2: Improved nutrition through the health system</th>
<th>Intermediate Result 3: Improved nutrition through humanitarian assistance and response</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR1.1 Increased production of safe, nutritious foods that contribute to adequate diets</td>
<td>IR1.2 Increased year-round availability and access to safe, nutritious, and affordable foods in markets</td>
<td>IR1.3 Increased consumer demand, purchase, and consumption of safe, nutritious foods</td>
</tr>
<tr>
<td>IR1.4 Improved dietary diversity</td>
<td>IR2.1 Improved health through WASH and WASH-related practices</td>
<td>IR2.2 Improved maternal, neonatal, infant, and young child feeding and care</td>
</tr>
<tr>
<td>IR2.3 Improved maternal, neonatal, infant, and young child feeding and care</td>
<td>IR2.4 Improved health and nutrition services within facilities and communities</td>
<td>IR3.1 Delivery of high-quality nutrition-specific and -sensitive interventions in vulnerable and humanitarian contexts</td>
</tr>
<tr>
<td>IR3.2 Effective policies, systems, and coordination for improved provision of high-quality nutrition services for vulnerable populations</td>
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</table>

CC IR1: Improved commitment, capacity, coordination, collaboration, and support for multi-sectoral nutrition policies and programs among government, donor, civil society and private sector stakeholders at national and sub-national levels

CC IR2: Improved dietary and nutrition education, social and behavior change communication, and advocacy at national, subnational, community, household, and individual levels

CC IR3: Improved nutrition policies and programs to support gender equality, female empowerment and employment, and youth engagement

CC IR4: Strengthened generation and utilization of research and innovative strategic information supporting improved diets, nutrition, and health to guide policies and programs

**USAID Multi-Sectoral Nutrition Strategy 2014–2025 Conceptual and Results Frameworks**

The USAID MSNS 2014–2025 Conceptual Framework below is an adaptation of the UNICEF framework that recognizes that nutrition reflects a biological status largely determined by dietary intake and the burden of infection and overall health status of individuals that determines how nutrients are digested, absorbed, transported, stored, metabolized and excreted. The framework further recognizes that there are underlying determinants of dietary intake and disease burden and an enabling environment that influences those determinants. The USAID/Nigeria MSNS Results Framework is essentially structured in alignment with the USAID MSNS 2014–2025 Conceptual Framework in addressing dietary intake largely through IR1 and WASH and health services under IR2, while IR3 incorporates both food system and WASH/health system interventions, specifically for vulnerable populations supported through humanitarian response and assistance. In addition, the USAID MSNS 2014-2025 Conceptual Framework suggests many of the same illustrative activities necessary to achieve the goal of optimum nutrition that are detailed above under the MSNS Results Framework Illustrative Activities.
FIGURE 1: USAID MULTI-SECTORAL NUTRITION CONCEPTUAL FRAMEWORK
Adapted from UNICEF, 2013 and Black et al., 2013

- Mortality & Mortality
- Adult Stature
- Cognitive, Motor, and Socio-Emotional Development
- Obesity
- School Performance and Learning Capacity
- Work Capacity/Productivity

OPTIMAL NUTRITION

ADEQUATE DIETARY INTAKE
- Sustainable household food security
- Availability of sufficient safe and nutritious foods
- Access to sufficient safe and nutritious foods
- Stability and resilience
- Adequate time, space, and support for care

LOW DISEASE BURDEN
- Access to effective health services
- Delivery of essential health and nutrition services
- Access to safe water and sanitation
- Appropriate hygiene practices
- Healthy environment

ILLUSTRATIVE EXAMPLES
- Agriculture Production/Income Generation for Dietary Diversity
- Food Processing
- Postharvest Storage
- Food Fortification
- Targeted Livelihood Activities
- Risk Mitigation Interventions
- Social Protection and Safety Nets
- Biofortification
- Early, Exclusive, and Continued Breastfeeding
- Appropriate Complementary Feeding
- Feeding During Illness
- Dietary Diversity for Pregnant and Lactating Women and Children
- Maternal Supplementation
- Caregiver Support and Protection
- Early Child Care and Development
- Treatment of Acute Malnutrition
- Micronutrient Supplementation or Fortification
- Nutrition Management of Diseases
- Prevention and Treatment of Infectious Diseases
- Family Planning and Reproductive Health Services
- De-worming in Children
- Nutrition Assessment and Counseling
- Safe Water Sources
- Sanitation Facilities
- Hand Washing with Soap
- Clean Family Living Environment
- Safe Food Handling
- Nutrition Advocacy
- Nutrition Resource Mobilization
- Multi-sectoral Coordination
- Human Resources for Nutrition
- Gender Sensitive Interventions
- Accountable Policies that Enable Participation and Transparency

USAID/Nigeria Multi-Sectoral Nutrition Strategy 2020–2025 | 50
The USAID MSNS 2014-2025 Results Framework below reflects how the Conceptual Framework will be operationalized from an organizational and programmatic perspective, focusing on service delivery (IR1); capacity and commitment (IR2); programming and coordination (IR3); and leadership (IR4). While IR1 (service delivery) is basically addressed across USAID/Nigeria MSNS IR1, IR2, and IR3, the other IRs of the USAID MSNS 2014–2025 are supported through the CC IRs 1–4 of the Mission’s MSNS that focus on the enabling environment necessary to support multi-sectoral nutrition.
USAID/RFS Food Systems Conceptual Framework

The USAID/RFS Food Systems Conceptual Framework is adapted from the High-Level Panel of Experts Food Systems Conceptual Framework addressing the three GFSS objectives of agricultural-led economic growth, resilience, and nutrition, and shares with the USAID/Nigeria CDCS and the MSNS the goal and objectives of achieving better diets, nutrition, health, income, and environmental sustainability as development outcomes. USAID/Nigeria MSNS IR1 Feed the Future programming is aligned with the food system: supply and demand aspect of this conceptual framework, while the cross-cutting IRs align with its drivers and investment levers. This also applies to the food system aspects of the MSNS IR3 within the Mission’s humanitarian assistance and response programming.
USAID/Bureau for Humanitarian Assistance Conceptual Framework for Food and Nutrition Security

IR3 of the USAID/Nigeria MSNS, which is focused on improved nutrition through humanitarian assistance and response, will be aligned with and guided by the Bureau for Humanitarian Assistance Conceptual Framework for Food and Nutrition Security, as depicted below, as well as being in concert with the CDCS, GFSS, USAID MSNS 2014–25, and the RFS Food System Conceptual Framework.
### Annex 4: USAID/Nigeria MSNS Plans of Action

<table>
<thead>
<tr>
<th>Activity</th>
<th>Prime/subs</th>
<th>Years</th>
<th>Geographic Focus</th>
<th>Programmatic Focus</th>
<th>Sub- &amp; CC IRs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Integrated Health Program (IHP)</td>
<td>Palladium/ JHPIEGO, Wi-Her, PharmAccess, Avenir Health, Viamo</td>
<td>2017 – 2024</td>
<td>Bauchi (TO3), Kebbi (TO4), Sokoto (TO5), Ebonyi (TO6) &amp; Federal Capital Territory (FCT) (TO7), in addition to federal MOH (TO2)</td>
<td>IHP is a 5-year flagship project aimed at strengthening health systems and increasing access to and improving the quality of PHC services. In close collaboration with the state government to implement interventions, IHP aims to reduce maternal and child mortality and increase the capacity of health systems (public and private) to sustainably support high-quality PHC services. IHP will provide technical assistance and training of health providers to focus on: 1) family planning and reproductive health; 2) maternal health; 3) newborn and child health; 4) malaria; 5) routine immunization; 6) nutrition; and 7) health systems strengthening. Small grants will support the capacity building of local training institutions in a sustainable way. The implementing partner will work with government stakeholders to strengthen facility-level results reporting and advocate for improved health system governance. It will develop robust annual OPs and identify and scale up high-impact interventions that have been demonstrated to yield results. The implementing partner is well-suited to implement these activities given its expertise in integrated programming and working in Nigeria. This activity advances the Mission’s objective of increasing the use of high-quality health services in target areas and population groups, thus contributing to a healthier population in 5 supported states. It also contributes to Agency priorities by focusing on evidence-based interventions, sustainability, and capacity building, thus advancing Nigeria’s progress on its journey to self-reliance. Key nutrition-related activities:  - Promote maternal nutrition, early initiation of breastfeeding, EBF for 0–6 months, and IYCF for 6–23 months.  - Identify, screen, and referral for SAM/MAM treatment.  - Integrate key WASH practices into routine PHC services.  - Strengthen multi-sectoral coordination for nutrition through coordination support and technical assistance to the State Committee for Food and Nutrition.</td>
<td>Sub-IR2.1, Sub-IR2.2, Sub-IR2.3, CC IR1, CC IR2, CC IR3, CC IR4</td>
</tr>
<tr>
<td>Breakthrough Action (BA-N)</td>
<td>JHU Center for Communication Programs</td>
<td>7/15/17–7/14/25</td>
<td>Bauchi, Kebbi, Sokoto, Ebonyi, &amp; FCT</td>
<td>The primary goal of BA/N is to increase the adoption and practice of priority health behaviors in 11 targeted states, which supports the broader mission development objective of a healthier, more educated population. Achieving this goal entails a coordinated range of communication and non-communication-based approaches informed by behavioral economics and human-centered design thinking. BA/N maintains a substantive focus on malaria; maternal, newborn, and child health, and nutrition; family planning/reproductive health;</td>
<td>Sub-IR2.2, Sub-IR2.3, CC IR1, CC IR2, CC IR3, CC IR4</td>
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</table>
and TB, with possible expansion into the areas of emerging pandemic threats or other potentially complementary sectors. BA/N will provide technical assistance in the design of life-stage appropriate messages and interventions through state and community media channels; phased community mobilization activities, including community dialogues, household compound meetings, and provider-community discussions, and digital channels to reinforce and spur healthier behaviors. BA/N will also continue to invest in strengthening the capacity of national and sub-national entities to coordinate and oversee high-quality social and behavior change programming (building state-level coordination structures, training state health promotion officers on cutting edge approaches including the design of engaging mass-media campaigns). This activity will contribute to USAID/Nigeria’s goal of a healthier population. It will also contribute to Agency priorities by focusing on evidence-based interventions, sustainability, and capacity building, thus advancing Nigeria’s progress on its journey to self-reliance.

Key nutrition-related activities:
- Collaboration with government and other partners:
  - Engage with government and other stakeholders/partners in various meetings as related to the project objectives.
  - Participate in national- and state-level meetings such as TWGs and other nutrition working groups.
  - Support and participation in nutrition-related plans and events (WBW, Nutrition Week, CMAM Task Force, etc.).

Community engagement activities:
- Interpersonal communication through community dialogue, compound meeting, and households’ visit by community volunteers to promote uptake of priority behaviors related to nutrition.
- Radio/media activities promoting nutrition behaviors through jingles, phone-in programs, and Albishirin Ku.
- Work with religious and traditional leaders (SBC-ACG) to promote the uptake of nutrition priority behaviors through religious speak-outs.
- Women empowerment groups promote nutrition through training, dialogue, and food demonstration.
- Build capacity of community volunteers in Ebonyi and FCT on integrated SBC programming.

Nutrition SBCC package targeting:
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<tr>
<th>Activity</th>
<th>Prime/subs</th>
<th>Years</th>
<th>Geographic Focus</th>
<th>Programmatic Focus</th>
<th>Sub- &amp; CC IRs</th>
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</table>
| Breakthrough Research (BR/N)                 | Population Council | 12/20/18 – 7/29/22 | Bauchi, Kebbi, Sokoto, Ebonyi & FCT | BR/N is the technical lead for the design and implementation of research and evaluations for BA/N. BR/N, in collaboration with BA/N, will design and implement rigorous assessments of integrated SBCC programs in Nigeria. The research will provide practical guidance on how to monitor and measure integrated SBCC programs, and document the degree, model, and measures of SBCC integration while assessing the program’s impacts, costs, and cost-effectiveness. BR/N will conduct a behavioral sentinel surveillance survey and in-depth interviews, using qualitative and quantitative methodologies with a focus on pregnant women within the 1,000-day window of opportunity. This will generate evidence of the effectiveness of integrated SBCC programming on priority reproductive, maternal, newborn, adolescent, and child health and nutrition (RMNACH+N), malaria, and postpartum family planning outcomes. BR/N will also explore how and to what extent “gateway” moments/behaviors, such as antenatal care; influence other RMNCH-related downstream behaviors, such as delivering at a health facility, early initiation of and EBF during the first six months of life, routine immunizations, and care and treatment for acute child illnesses. This activity will contribute to Agency priorities by using research and evaluations to improve behavior change interventions, and build the capacity of health communications services, thus advancing Nigeria’s progress on its journey to self-reliance. By improving health communications, this activity will increase demand for high-quality PHC services and lead to a healthier population, one of USAID/Nigeria’s development objectives. Key nutrition-related research activities:  
  ● Early ANC.  
  ● Nutrition during pregnancy.  
  ● Essential newborn care—early initiation of breastfeeding, cord care, KMC, etc.  
  ● EBF & nutrition for new mothers. | Sub-IR2.2  
Sub-IR 2.3  
CC IR1  
CC IR2  
CC IR3 |
<table>
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<tr>
<th>Activity</th>
<th>Prime/ subs</th>
<th>Years</th>
<th>Geographic Focus</th>
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</tr>
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<tr>
<td>Lafiya Health Resilience of Northeast Nigeria</td>
<td>UK’s Foreign, Commonwealth, and Development Office (FCDO)</td>
<td>3/1/20 – 2/28/23</td>
<td>Borno, Yobe, and Adamawa</td>
<td>The Lafiya HeRoN Activity (previously known as the Northeast Health Transition Program) will support primary health care service delivery as the region transitions from humanitarian interventions to development activities. The intended impact of this activity is lives saved and suffering reduced for the poorest and most vulnerable in northeast Nigeria, through a stronger and more resilient health system. Implemented through a delegated cooperation arrangement with the FCDO, this activity aims to support access to essential PHC and nutrition services for crisis-affected populations, including for the most vulnerable and marginalized groups; and support recovery of the health system, where feasible in crisis-affected areas. Interventions include: 1) supporting delivery of essential, evidence-based, and inclusive PHC and nutrition services, including integrated family planning services to the most vulnerable and marginalized groups; 2) supporting delivery of system-recovery interventions (including community-based service delivery and oversight systems, medicine supply chain, health information systems, training of health workers, human resources management, etc.), where feasible; 3) limited rehabilitation of damaged health facilities; and 4) procurement and distribution of essential medicines and equipment if required. Key nutrition-related activities: • Support access to essential PHC and nutrition services including maternal, IYCF, care and practice, treatment of acute malnutrition, and micronutrient supplementation for the most vulnerable and marginalized groups.</td>
<td>Sub-IR2.1, Sub-IR2.2, Sub-IR2.3 CC-IR1 CC-IR2 CC-IR3 CC-IR4</td>
</tr>
<tr>
<td>USAID Advancing Nutrition</td>
<td>JSI Research &amp; Training Institute, Inc. (JSI)</td>
<td>8/30/2021–8/30/2023</td>
<td>Bauchi, Kebbi and Sokoto</td>
<td>Advancing Nutrition Activity is buy-in to field support designed to increased investment in health systems to improve essential nutrition services - linked with food systems - to increase access and consumption of safe and adequate diets; and the enabling environment to enhance nutrition programming in Nigeria. The activity key interventions include: 1. Strengthen multi-sectoral linkages and coordination through technical assistance to the Government, the Mission, and implementing partners. 2. Support the Government of Nigeria to strengthen wasting prevention and treatment services.</td>
<td>Sub-IR1.1 Sub-IR1.2 Sub-IR1.3 Sub-IR2.1 Sub-IR2.2 Sub-IR2.3 CC-IR1 CC-IR2 CC-IR3 CC-IR4</td>
</tr>
</tbody>
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### Activity

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<th>Activity</th>
<th>Prime/ subs</th>
<th>Years</th>
<th>Geographic Focus</th>
<th>Programmatic Focus</th>
</tr>
</thead>
</table>
**Key interventions:**  
- Strengthen nutrition data systems for improved multi-sectoral decision-making and monitoring.  
- Generate data to support decision-making to improve the reliability and quality of wasting management.  
- Hold a stakeholder consultation on wasting management strategies and priorities.  
- Strengthen state-level food systems to ensure access to diverse and nutritious foods and help prevent wasting.  
- Generate evidence to improve nutrition programming.  
- Conduct formative research on male and female adolescents ages 10–14 and 15–19 in two states.  
- MAM treatment with local foods—documentation and approaches.  
- Food Environment Methods, Tools, and Metrics to Support Healthy Diets. |

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**MOMENTUM Country and Global Leadership (MCGL) aims to support the strengthening of maternal, newborn, and child health (MNCH) quality of care through national and state-level policy and strategy, technical support, learning and research, strengthening of QoC data systems and use of data for decision making, including the incorporation of WHO neonatal and small sick newborn (SSNB)/pediatric QoC standards into existing QoC policy, strategy, structures, and efforts in Nigeria.**

**Key activities:**

1. Support the Government of Nigeria’s ambition to collaborate with academia by commissioning research on QoC for MNCH in the six geopolitical zones.
2. Support national adaptation of WHO’s standard of care of QoC for newborn health (including SSNB) and pediatric health and develop the strategy for its implementation.
3. Support USAID implementing partners (IPs) in collaborating with target states in ensuring that QI activities are reflected in the zonal and national programs, monitoring and evaluation framework.
4. Support FMOH, Department of Planning, Research, and Statistics (DPRS) in monitoring and evaluating QoC in line with the QoC network, goals, strategic objectives and implementation [and monitoring] framework, as well as the 2016 WHO Standards for improving quality of maternal, child, and newborn care in health.
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<th>Activity</th>
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| Youth-Powered Ecosystem to Advance Urban Adolescent Health and Well-Being | DAI Global Health, Youth Empowerment and Development Initiative, Women Friendly Initiative, Yellow Brick Road, and Grassroot Soccer | 2020–2025       | Kano and Lagos   | The goal of USAID Youth-Powered Ecosystem to Advance Urban Adolescent Health and Well-Being activity is to improve the health and well-being of unmarried, out-of-school, urban poor adolescents ages 15–19 by increasing uptake and continued use of voluntary family planning from a holistic, human capital perspective. The project has three objectives: 1) life skills enhanced for healthy living and future planning; 2) leadership fostered by an enabling social and policy environment for adolescent health and development; and 3) livelihoods increased by workforce readiness, job opportunities, and entrepreneurship; and three CC areas: 1) local capacity development; 2) evidence generation and learning; and 3) effective program management. FY2020 funds will support creating youth hubs for access to family planning and reproductive health information and referrals; adapt and scale up evidence-based, high-impact curricula with sports and art-based activities to spur healthy behavior change and equitable gender norms; and establish spokes to livelihood, work readiness, and social support services, including for gender-based violence. Key nutrition-sensitive activities:  
  • Enhance youth life skills for healthy living and future planning.  
  • Foster an enabling social and policy environment for adolescent health and development.  
  • Increase youth workforce readiness, job opportunities, and entrepreneurship to address socio-economic determinants of adolescent health.  
  • Establish youth-friendly sexual and reproductive health and rights services and other social support.  
  • Integrate youth-led, human-centered design to ensure that project interventions meet adolescents’ needs.  
  • Implement social and behavior change activities combined with youth engagement with local policymakers and private sector partners.  
  • Train and mentor youth in leadership and policy advocacy skills.  
  • Facilitate partnerships to enable youth access to entrepreneurship training, incubation, and microfinance to increase self-employment. | Sub-IR2.2, Sub-IR2.3, CC IR1, CC IR2, CC IR3                      |
<p>| Promoting the Quality of Medicines Plus                                  | United States Pharmacopeial Convention,         | 01/01/2020–12/12/2024 | Nationwide       | This activity works to improve medical product quality through cross-sectoral and systems strengthening approaches and the application of international quality assurance standards across the pharmaceutical system. It provides | IR2                |</p>
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<td>Inc., IntraHealth</td>
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<td>technical assistance to strengthen the capacity of the National Agency for Food and Drug Administration and Control (NAFDAC) and the Pharmacists Council of Nigeria to improve, monitor, and regulate the quality of medicines; and the National Institute for Pharmaceutical Research and Development Laboratory to achieve international standards of operation and accreditation. It will also work with NAFDAC to roll out a Good Manufacturing Practice roadmap to ensure greater adherence to standards. By improving the quality of locally manufactured pharmaceuticals, this activity supports Nigeria’s journey to self-reliance.</td>
<td>Sub-IR2.2, Sub-IR2.3, CC IR1, CC IR2</td>
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<td>IQVIA</td>
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<td>Key nutrition-sensitive activities:</td>
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<td>NEPAD</td>
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<td>• Strengthen Nigeria’s regulatory capacities for medicines, improve quality control and quality assurance laboratories.</td>
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<td>Panagora Group</td>
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<td>• Increase access to malaria, family planning, and maternal and child health essential medicines at the community level.</td>
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<td>• Improve the quality of medicines manufactured in Nigeria.</td>
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<td>• Training support for the development of local manufacturing capacity to produce quality-assured priority commodities, including dispersible amoxicillin, low-osmolarity oral rehydration salt and pediatric zinc, RUTF, and antimalarials, chlorhexidine gel, magnesium sulphate, and oxytocin.</td>
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<td>Key nutrition-sensitive activities:</td>
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<td>• Support drug revolving funds; improve coordination among stakeholders; and improve access to health commodities by leveraging private sector expertise in supply chain.</td>
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<td>• Minimize stock-outs at supported facilities; improve coordination among stakeholders and increase access to commodities; procure malaria, family planning, and maternal, newborn, and child health commodities; and increase skills in provide logistics management capacity.</td>
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<td>Feed the Future Integrated Agriculture Activity</td>
<td>IITA</td>
<td>7/19/19 – 7/18/21</td>
<td>Adamawa, Borno</td>
<td>Integrated Agriculture activity supports vulnerable populations to engage in basic farming activities that will improve food security, increase agricultural incomes, and improve resilience among smallholder farmers and their families in Adamawa (Hong, Song, Gombi, Future, Yola South, Demsa and Guyuk LGAs) and Borno (Biu, Hawul, Kwaya-Kusa, Shani and Bayo LGAs) States. The activity</td>
<td>Sub-IR1.1, Sub-IR1.2, Sub-IR1.3, Sub-2.2, CC IR1, CC IR2</td>
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<td>Feed the Future Rural Resilience Activity</td>
<td>Mercy Corps</td>
<td>10/28/19–10/27/24</td>
<td>Adamawa, Borno, Gombe, &amp; Yobe</td>
<td>This Activity will contribute to economic recovery for vulnerable households in Nigeria’s northeast region by developing value chains and market systems. It will work with farmers and non-farm actors (e.g., input suppliers, aggregators, processors) to develop market linkages, improve agricultural productivity, and promote non-farm enterprise opportunities. Climate-smart technologies will be used to improve agricultural productivity, and nutrition-sensitive agriculture approaches will broaden program impact. Interventions will focus on women's empowerment to improve nutrition results and boost agricultural growth and productivity and farm and non-farm livelihoods among the most vulnerable to improve economic opportunities for men, women, and youth. Workforce development programs and mentoring and leadership training will target women and youth to build their capacity and skills while preparing them for greater leadership roles in their communities. The approach will enable individuals and communities to engage in strong and sustainable market systems.</td>
<td>Sub-IR1.1 Sub-IR1.2 Sub-IR1.3 Sub-IR2.2 CC IR1 CC IR2 CC IR3 CC IR4</td>
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| Water for Agriculture                        | Catholic Relief Services | 7/15/19 – 7/14/22          | Adamawa, Borno & Yobe     | The goal of this Activity is to increase agricultural productivity and income generation among smallholder farmers. The purpose is to provide adequate and sustainable water supply to vulnerable populations for both farming and livestock in selected crisis-affected communities in northeastern Nigeria. This Activity will improve livelihood opportunities by increasing water access points and improving the capacity of local governments and communities to govern and manage water infrastructure and water resources. Key nutrition-related activities:  
  - Reduce incidence of water-borne diseases.  
  - Train herders (particularly women and adolescent girls) in production, consumption, and storage of dairy products such as cheese and yoghurt, and income.  
  - Strengthen agricultural productivity and production capabilities of smallholder farmers and livestock herders.  
  - Establish public and private sector partnerships to sustainability manage and improve water resource management.                                                                                                                                                       | Sub-IR1.1    |
<p>|                                               |                      |                            |                           |                                                                                                                                                                                                                                                                                                                                               | Sub-IR1.2    |
|                                               |                      |                            |                           |                                                                                                                                                                                                                                                                                                                                               | Sub-IR2.1    |
|                                               |                      |                            |                           |                                                                                                                                                                                                                                                                                                                                               | CC IR1       |
|                                               |                      |                            |                           |                                                                                                                                                                                                                                                                                                                                               | CC IR3       |
| The Project for Improved Sustainability of Integrated WASH Services | UNICEF               | 5/6/2021– 5/5/2024        | Kebbi, Sokoto, and Zamfara | The main purpose of The Project for Improved Sustainability of Integrated WASH Services (i-WASH) is to reduce water-borne diseases and associated socio-economic challenges through an integrated, participatory, and innovative approach that focuses on improving reliable and inclusive access to WASH services in health centers, schools and unserved/underserved communities. The program is motivated by the existing deplorable conditions of poor access to WASH services and harsh environmental conditions precipitated by desertification and climate change across its target communities, i.e. the far northwest; Kebbi and Sokoto States in Nigeria. | Sub-IR2.1    |
|                                               |                      |                            |                           |                                                                                                                                                                                                                                                                                                                                               | CC IR1       |
|                                               |                      |                            |                           |                                                                                                                                                                                                                                                                                                                                               | CC IR4       |</p>
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<td>Water Improvement and Sanitation (WISE)</td>
<td>Partners for Development</td>
<td>8/6/2021–8/5/2024</td>
<td>Kano &amp; Jigawa</td>
<td>“The purpose of the Cooperative Agreement is to reduce the occurrence and impact of waterborne diseases among targeted population, especially children, by strengthening the delivery of sustainable, market-driven WASH services in rural communities in Jigawa and Kano states in Nigeria through the following objectives: 1. Enhance understanding of WASH status/capacity in target locations through mobilization/sensitization of key authorities &amp; focused assessment. 2. Provide access to quality, equitable, and sustainable WASH services in target communities using the five principles of sustainable WASH management. 3. Strengthen institutional, technical, and financial capacity of state, local government, and community institutions to optimize performance, sustainability, and impact while providing WASH services. 4. Leverage private sector capacity and innovative financial models to improve WASH service delivery. 5. Promote sustainable and long-term management of polluted, scarce, or variable freshwater sources within target locations.”</td>
<td>Sub-IR2.1 CC IR1 CC IR4</td>
</tr>
<tr>
<td>Improved Sustainability of Integrated WASH Services (i-WASH)</td>
<td>Green Habitat Initiative</td>
<td>2/16/2021–2/15/2023</td>
<td>Kebbi and Sokoto</td>
<td>Improved Sustainability of Integrated WASH Services (i-WASH) aims to reduce water-borne diseases and associated socio-economic challenges through an integrated, participatory, and innovative approach that focuses on improving reliable and inclusive access to WASH services in health centers, schools and unserved/underserved communities</td>
<td>Sub-IR2.1 CC IR1 CC IR4</td>
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<tr>
<td>Effective WASH (E-WASH)</td>
<td>Research Triangle Institute</td>
<td>5/24/18 – 2/22/22</td>
<td>Abia, Imo, Delta, Niger, &amp; Taraba</td>
<td>The activity is part of USAID’s efforts to advance broad-based economic growth, resilience, and health through improved safely managed water supply and sanitation services in urban areas. It is also part of the Mission’s effort to promote cross-sectoral programming, particularly around nutrition. E-WASH will improve urban water service delivery by strengthening the governance, and financial and technical viability of six state water boards (SWBs) in Nigeria. E-WASH works to achieve the following mutually reinforcing objectives: a) create professionally managed and commercially oriented SWBs; b) improve the financial and operational viability of SWBs; c) strengthen policy, institutional and regulatory frameworks for improved WASH services; and d) build national and state WASH advocacy, coordination, and communications for reform. These outcomes will be achieved through the provision of technical assistance as well as goods and services by building the capacity of state water agencies in management, governance, and supporting the development and implementation of new laws and policies.</td>
<td>Sub-IR2.1 CC IR1 CC IR4</td>
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| Small-Town WASH | Mercy Corps | 3/20/19– 3/19/25 | Adamawa Borno, & Yobe | This activity aims to facilitate the recovery of selected crisis-affected communities. It will: 1) strengthen state WASH institutions; and 2) increase access to WASH services to reduce illnesses and child mortality and sustain health outcomes. Key nutrition-related activities:  
- Support selected civil society organizations to conduct WASH behavior change interventions in response to COVID-19 pandemic in supported states and at national level.  
- Address the institutional gaps by strengthening the enabling environment, promoting safe sanitation management and proper hygiene, and support state governments and state water boards to make greater investments in FSM.  
- Map and develop plans for the implementation of pilot activities that will promote sanitation service improvement in cities such as Asaba, Owerri, Jalingo, Minna, and Umuahia. | Sub-IR2.1  CC IR1  CC IR4 |
<p>| USAID/Nigeria COVID-19 Food Security Challenge | Catalyst Mechanism (Resonance Global) | 2021–2023 | All over the country | This challenge seeks to partner with youth-led companies (under 29 years of age) and medium-sized companies that already work in food production, processing, and/or distribution. It will provide financial support and technical assistance to the identified innovative private sector-led solutions that have the capacity to boost food production, processing, and create market linkage along the agriculture value chain in a sustainable way across Nigeria. | Sub IR1.1  Sub IR1.2 |
| Building Sustainable Livelihoods | Nuru Nigeria | 4/9/2021– 4/8/2023 | Adamawa | Building Sustainable Livelihoods activity will directly address two of USAID’s Global Food Security Strategy (GFSS) and Nigeria’s Development Objectives thereby contributing to sustainable reductions in global hunger, malnutrition, and poverty developing resilient and cohesive communities through increasing household incomes and diversifying livelihoods, and building local solutions to increase social cohesion and improve community resilience to vulnerabilities that may otherwise be exploited by violent extremist organizations. | Sub-IR1.1  Sub-IR1.2  Sub-IR1.3  Sub-IR2.2  CC IR1  CC IR2  CC IR3 |</p>
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| **Partnership for Inclusive Agricultural Transformation in Africa (PIATA)** | Alliance for a Green Revolution in Africa | 12/19/18–12/18/21 | Niger and Kaduna | PIATA is a Global Development Alliance partnership between USAID, the Bill & Melinda Gates Foundation, and the Rockefeller Foundation. A buy-in to a broader agricultural development program in 11 African countries, in Nigeria, PIATA will catalyze an inclusive agricultural transformation with a focus on smallholder farmers and targeted investments that unlock the market force in Kaduna and Niger States. Based on consultation with the GON and other stakeholders, the activity prioritizes two broad work areas: 1) seeds systems development; and 2) national seed policy development. It will directly reach 400,000 smallholder farmers with interventions that increase staple crop productivity. It will also train researchers and build the capacity of licensing institutions to create modern seed systems, and will work with the GON through federal, state, and local government entities to better coordinate and disseminate agricultural policies. By facilitating agricultural transformation in these states, this activity will directly respond to USAID’s priority of helping Nigerian farmers become more self-reliant. Key nutrition-related activities:  
- Support women and youth empowerment and participation in management, ownership, and business operations across rice, maize, and soybean value chains.  
- Improve the quality of production and distribution of maize, rice, and soybean to increase access to safe and nutritious food.  
- Promote availability of safe and nutritious food through higher quality soybean, rice, cowpea, and maize seed varieties with good yield characteristics and resistance to the major diseases and insects and striga to increase smallholder production  
- Support post-harvest interventions (e.g., storage, processing, transport) to improve the quality of products and raise their overall value. |
| **Agribusiness Investment** | Cultivating New Frontiers in Agriculture | 12/17/18 – 12/16/23 | Kebbi, Niger, Kaduna, Benue, Cross-River, Delta, & Ebonyi | This activity will increase the agricultural competitiveness of Nigeria’s smallholder farmers by addressing constraints within the agricultural business environment in Nigeria and improving the levels of agriculture-related investments. The activity comprises three main components: 1) ease of doing business; 2) access to finance; and 3) investment promotion. Overall, the activity will improve the agribusiness investment climate, which plays a pivotal role in attracting foreign direct and domestic investments, as well as prioritize partnerships with private sector actors in targeted states. Nutrition-related businesses such as those involved in the manufacture of nutrient-rich foods will... |

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<td>Sub-IR1.1, Sub-IR1.2, Sub-IR3.1, CC-IR1, CC-IR3</td>
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<td>West Africa Trade &amp; Investment Hub Activity</td>
<td>Creative Associates International</td>
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Key nutrition-related activities:

- Work with advocacy groups and other stakeholders to support improved product quality and promote the importance of biofortification and more generally improve diets and nutrition of poor and vulnerable households.
- Provide technical support to lead firms in managing and expanding their input (in-kind) using modern technology to share relevant data and information between producers and off-takers. The extension provision to include good agricultural practices, agriculture as a business, and nutritional information.
- Promote and facilitate greater engagement of women and youth in agriculture and agribusiness that lead to improved income, access, and affordability of safe and nutritious foods.
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| Agricultural Extension & Advisory Services  | Winrock International | 5/25/20–5/24/25 | Kebbi, Niger, Kaduna, Benue, Cross-River, Delta, & Ebonyi | This Activity will partner with SMEs to test, replicate, and scale models of smallholder-oriented service delivery that will rapidly, effectively, and sustainably provide access to agro-inputs and services and disseminate extension messaging to two million smallholder farmers. This approach is underpinned by: 1) a focus on building on-farm efficiencies, ensuring that farmers’ limited resources are invested in the products, services, and technologies that yield the most value; and 2) integrating adaptive management and peer learning in business development assistance for SMEs to ensure the replication, scale-up, and sustainability of successful service provision models. Farm productivity, household incomes, and nutrition will increase significantly. Key nutrition-related activities:  
  ● Identify gaps and support activities including efficient production of nutritious foods such as catfish to improve household nutrition, reduce conflict, and empower women and youth.  
  ● Improve nutrition practices to trigger improved nutrition outcomes through three levels:  
    ○ Household: collaborate with donor-funded nutrition SBCC programs such as the Alive & Thrive in Kaduna to integrate messaging from the Lean and MIP analyses (e.g., practices that save women’s time and energy and increase women’s income). Identify outreach channels for MIP ag-nutrition content dissemination, such as the mNutrition program implemented through Airtel in Nigeria.  
    ○ Firm: test and share learning around different models of private sector participation that improve nutrition. | IRI Sub-IR1.1, Sub-IR1.2, Sub-IR1.3, CCIR1, CCIR2, CCIR3, CC IR4 |
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| **Evidence and Action Toward Safe and Nutritious Foods (EatSafe)** | Global Alliance for Improved Nutrition (GAIN) | 9/4/20 – 9/3/24 | Kebbi and Sokoto States | The centrally funded EatSafe activity will be implemented by a consortium led by GAIN with the goal of generating evidence and knowledge of the potential of increased consumer demand for safe food to substantially improve the safety of nutritious foods in informal market settings in low- and middle-income countries.  
Key nutrition-related activities:  
- Consolidate and generate knowledge and evidence about consumer values and perceptions related to food safety and quantify food safety risks in informal markets  
- Develop and test tools for consumers and informal market vendors to communicate about and/or reduce food safety risks.  
- Generate evidence of how to engage & empower consumers to demand safe, nutritious foods.  
- Provide rapid real-time tracking of local consumer perceptions and price trends of selected nutritious foods monthly in informal markets to understand market resilience. This will inform reports and country-specific digests designed to assist national and subnational governments in managing local food market system resilience under COVID-19. | IR1 Sub-IR1.1, Sub-IR1.2, Sub-IR1.3, Sub-IR 2.2, CCIR1, CCIR2, CCIR3, CC IR4 |
| **Agriculture Policy Activity** | IFPRI | 7/1/15 – 6/30/21 | Kebbi, Ebonyi, Delta, Niger, Kaduna, Benue, and Cross-River | The Feed the Future Nigeria Agricultural Policy Activity aims to promote inclusive agricultural productivity growth, improved nutritional outcomes, and enhanced livelihood resilience in Nigeria through an improved policy enabling environment. The project will achieve its goal through three principal activities:  
1) conduct evidence-based policy analysis; 2) strengthen the capacity (through training) of government stakeholders at federal and state levels; and 3) promote policy dialogue among stakeholders in the agricultural sector. Through these three components, the Agricultural Policy Activity aims to improve policy processes driven by empirical evidence and based on active stakeholder dialogue. By supporting an enabling environment that helps Nigerian farmers become more self-reliant, the Agricultural Policy Activity will contribute to putting Nigeria on a firm path to self-reliance.  
Key nutrition-related activities: | Sub-IR1.1, Sub-IR1.2, CC-IR1, CC-IR3, CC IR4 |
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| COVID-19 Food Security Prize Activity        | Resonance Global    | 2021–2023   | National         | USAID/Nigeria COVID-19 Food Security Challenge: In partnership with USAID’s EPIC Team, selected 32 companies to receive awards totaling $4 million in funding and technical assistance to support food production and/or food security in Nigeria. The winners include 19 youth-led companies and 13 mid-stage companies. Key intervention areas include:  
  - Increase food and agriculture system productivity and enhance efficient production along the value chains in order to unlock agricultural production that has been limited by COVID-19’s impact on food production, processing, and distribution in Nigeria.  
  - Increase income for Base of the Pyramid (BoP) women and men in both rural and urban areas.  
  - Provide youth-led and mid-stage companies the technical assistance and capital they need to sustainably scale solutions to meet the requirements of the Challenge.  
  - Promote climate and environmental resilience as well as biodiversity through the sustainable, holistic management of natural resources and ecosystems.  
  - Develop and promote innovative and local food-based models, including the local production, processing, and marketing of highly nutritious foods to prevent and/or treat wasting/acute malnutrition.  
  - Promote socially responsible marketing/advertising to increase demand for safe, nutritious foods and other nutrition-related commodities and services. |
| Bureau for Humanitarian Assistance (BHA)     | UN and international nongovernmental organizations | 2014–TBD    | Adamawa, Borno, Yobe, Zamfara, Sokoto and Katsina | USAID’s BHA provides emergency food and nutrition assistance to conflict-affected populations in northeastern Nigeria. BHA/HART is providing targeted cash transfers and food vouchers to displaced persons and host community members. This cash-based assistance is increasing household access to food while supporting local markets and contributing to dietary diversity. BHA/HART targets the most vulnerable populations, including pregnant and lactating women, female-headed households, and households with children under 5. Support to health systems to support outpatient treatment programs and stabilization centers for children with SAM, as well as comprehensive support for health-  
  - IR3  
  - CC-IR1  
  - CC-IR3  
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<td>Integrated Child Health and Social Services Award (ICHSSA 1-5)</td>
<td>CCCRN ARFH SFH PHI</td>
<td>2019–2024</td>
<td>Kano, Cross Rivers, Akwa-Ibom, Rivers, and Lagos</td>
<td>ystems-based nutrition services is also funded through BHA/HART. Where markets are not functioning, BHA/HART supports the WFP to distribute food procured in Nigerian and regional markets. BHA/HART also supports complementary nutrition programming that helps families use locally available foods to meet nutritional requirements. Activities include radio messaging, small group meetings, and cooking demonstrations. BHA/HART partners also provide MAM treatment services using local weaning food recipes calibrated for the needs of MAM children. BHA/HART is also providing in-kind RUTF for the treatment of SAM, and supports emergency response capacity building within the GON through its contribution to WFP. Key nutrition-related activities:  ● Deliver cash-based programming and in-kind emergency food and nutrition assistance to vulnerable Nigerians.</td>
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Annex 5: USAID/Nigeria FY20 Operation Plan Key Issue Food Security and Nutrition Narratives

Global Food Security

Nigeria continues to face significant food security challenges. According to the United Nations (https://www.unfpa.org/data/world-population/NG), the population of Nigeria is 206 million with a population growth rate of 2.6 percent. With a significant youth bulge, Nigeria’s population is projected to increase to 411 million by 2050. This has serious implications for food security. While the GON emphasizes strengthening the agricultural sector to generate broad-based growth and achieve food security, the annual 2.5 percent growth of food production is insufficient to meet future and present needs. USAID works to increase agricultural household income, raise the agriculture sector’s share of national gross domestic product, and improve Nigeria’s ease of doing business indicators.

Nigeria is a GFSS target country and USAID’s activities advance the GFSS goal of sustainably reducing hunger, malnutrition, and poverty in the country. FY 2020 investments will focus on Adamawa, Benue, Borno, Cross River, Delta, Ebonyi, Gombe, Kaduna, Kebbi, Niger and Yobe States, and on aquaculture, cowpea, maize, rice and soybean, plus small ruminants (e.g., goats) in the northeast.

The COVID-19 pandemic is unarguably the biggest challenge to Nigerian food security, affecting all sectors of the country’s economy and reducing the abilities of Nigerians to produce local foods and purchase imported ones. COVID-19 mitigation measures including lockdowns, market closures, restrictions on border crossings, etc. have hindered functioning of the agricultural sector and its many actors including small-medium enterprises that form the backbone of the supply chains in the country. These restrictive measures exacerbate food insecurity and nutritional deficits across the country, affecting normal agricultural operations and leading to unprecedented food shortages.

Overcoming the critical issue of food insecurity will require a collaborative approach by federal and state governments; private sector; and development partners. It will also require resource pooling and knowledge sharing aimed at alleviating the impact of COVID-19 on food security and nutrition. There is need to collaborate and leverage agricultural development for improved nutrition, including the urgent need to discern:

1. The link between agricultural policies and nutrition outcomes.
2. Gender access to productive agricultural resources and the effects on nutrition.
3. How agricultural productivity, agricultural extension, and advisory services affect nutrition outcomes.
4. Policies and practices that improve food security and nutrition status.
5. Supply chain protection from disruptions in the short term, especially during periods such as the current restrictive measures imposed to mitigate COVID-19.
6. Developing or protecting local, regional, and international markets in the medium term to enhance speedy economic recovery and build resilience to future shocks.

USAID will scale up agricultural investments and adopt a facilitative value chain, private sector focused approach to improve the competitiveness of selected agricultural products. Activities will link smallholder farmers to inputs, finance, production, markets, and market information systems and to larger agribusiness firms that have the capacity and incentive to invest in smallholder production. The
linkages will build the capacity of smallholder farmers to increase the efficiency of their businesses, resulting in improved production and post-harvest handling practices.

An estimated 40 percent of adult Nigerians are classified as “financially excluded,” meaning they cannot access either a formal institution such as a commercial bank or microfinance institution, or informal services like savings clubs. GFSS activities will facilitate access of targeted groups among this financially excluded group to credit facilities that enable them to adopt and scale up proven technologies and production practices. GFSS investments will strengthen the capacity of vulnerable households by facilitating improved access to financial services, diversification of income, increased assets, and market opportunities to contribute to market systems development, while reinforcing resilience at all levels. The activities will: a) analyze end markets, market systems, livelihoods, and employment opportunities to identify high-potential and inclusive market systems, and livelihood activities that offer a pathway out of poverty for women, men, and young people affected by conflicts and other shocks and stresses; b) develop inclusive and resilient market systems; c) promote improved use of natural resources and improved relationship building between crop farmers and cattle herders to the benefit of both groups; and d) layer complementary investments, sequence interventions, and integrate cross-cutting issues to coordinate complementary response and recovery efforts. Interventions will stimulate market systems growth and diverse economic opportunities by leveraging commercial incentives for a broad set of actors, including buyers, aggregators, traders, processors, producers, input suppliers, private sector extension services, and agricultural service providers, including women and youth. Other interventions will build the skills, resources, and capacities of poor and vulnerable individuals and households, including women and youth, to take advantage of market-systems.

Malnutrition is both a cause and consequence of poverty. Findings from the 2018 National Demographic and Health Survey (NDHS) indicate that about 60 percent of pregnant and breastfeeding women are anemic. In addition, 2013 and 2018 Nigeria NDHSs show that there was an 11 percentage point reduction in the national prevalence of wasting (acute malnutrition) from 18% to 7%, and 12 percentage point increase in prevalence of children exclusively breastfed from 17% to 29%. However, stunting (chronic malnutrition) remained at 37%, and children 6–23 months receiving minimum acceptable diets remained 11%, the same as in 2013. USAID will address the third GFSS objective, a well-nourished population, especially among women and children, by: a) scaling up high-quality information and communication on nutrition behaviors and practices through social and behavior change interventions; b) investing in a systems approach to increase community-based service delivery in the short term, and improve the overall quality of health services over the long term; c) ensuring a sustainable and year-round diverse, safe food supply for adequate dietary intake; and d) helping the GON strengthen its coordination of nutrition strategies and plans. USAID will continue to strengthen communication, coordination, and integration across development and humanitarian sectors. USAID will strengthen the enabling environment and support for country-led effective, integrated, and nutrition-specific and -sensitive policies, interventions, and systems. USAID will enhance nutrition interventions in existing activities, identify gaps, and explore opportunities for a nutrition-focused activity to improve nutrition outcomes among women of reproductive age, with special focus on periods of adolescence, pregnancy, postpartum, and lactation; and children under 5, with a special focus on the first 1,000 days of life when cognitive development is at its peak.

**Multi-Sectoral Nutrition**

Malnutrition remains a serious public health and development concern in Nigeria, severely affecting the most vulnerable population, especially children and women. According to the NDHS 2018, 60 percent of pregnant and breastfeeding women are anemic; 7 percent of children less than 5 years of age (2.9 million) are wasted; and 37 percent (15.1 million) are stunted. Children who fail to achieve normal growth because of inadequate diet and repeated bouts of infection may experience irreversible, life-long consequences of diminished cognitive and physical development, poor health, and increased risk of
chronic diseases such as diabetes. The NDHS 2018 reported a high rate of under-5 mortality at 132 per 1,000 live births. Malnutrition is the underlying cause of 45 percent of infant mortality globally. The COVID-19 pandemic along with an increased level of insecurity have further weakened health services and food availability.

USAID/Nigeria’s Multi-Sectoral Nutrition Strategy aligns with GON policies, priorities, and efforts to identify and address the immediate and underlying determinants of malnutrition, including gender equality, female empowerment, and youth and adolescent engagement. The Mission’s strategy addresses identified gaps and coordinates programming to optimize results and strengthen accountability for nutrition investment across sectors to improve nutrition outcomes among vulnerable populations, especially women and children. Starting from FY 2020, the Strategy will inform the Annual Plan of Action for Nutrition, the plan of action will be updated by the Mission nutrition specialist(s) in collaboration with the various nutrition POCs. The key information will be sourced from approved OP, and the relevant activities annual work plans.

USAID investments will address inadequate nutrition and health, especially among pregnant and lactating women, children under 2, and adolescents, and other contributing factors, such as lack of healthy timing and spacing of pregnancy, limited access to treatment of child illness, and poor hygiene and child-feeding practices. With FY 2020 funds, USAID will continue to support the IHP, BA/N, and BR/N activities in five targeted states, as well as a proposed new activity, to scale up high-impact innovative nutrition interventions, and approaches to improve delivery, access, and utilization of essential quality health and nutrition services and commodities.

Economic growth investments will continue to support the Ministry of Agriculture and galvanize private sector investment for food and nutrition security, and consumption of safe and nutritious diets. Existing activities, including Integrated Agriculture Activity, Rural Resilience, Agricultural Extension and Advisory Services and Technology Promotion Activity, and new activities will integrate nutrition-sensitive agriculture programming to create and strengthen systems to support year-round sustainable production, processing, marketing, and consumption of safe, nutritious, and diverse foods through three pathways; agricultural production-for-own-consumption, agricultural production-for-income, and increased control over resources by female agricultural stakeholders. In addition, interventions will increase access to safe WASH; improve the management of water resources and watersheds and ensure access to sustainable urban water and sanitation services through improved governance and accountability.

The mission hosts and collaborates with the BHA HART, which provides substantial support to nutrition commodity pipelines and program implementation in both northeast and northwest Nigeria, in alignment with the Nigerian Multi-Sectoral Nutrition Strategy’s inclusion of humanitarian contexts as an area of focus for nutrition work.

USAID/Nigeria will continue to strengthen internal coordination through the Mission Nutrition Working Group to support data-driven nutrition programming based on rigorous research and field application, strengthened evaluation and learning, increase documentation of implementation successes and failures, particularly through QA/QI, the dissemination of best practices and application of multi-sectoral data and learning to guide policies and programs. The Mission will improve coordination, complementarity, and synergy among its partners implementing nutrition-specific and -sensitive programs. For instance, Feed the Future (Rural Resilience, Integrated Agriculture, and Water for Agriculture) and WASH activities will coordinate closely in the NE and explore opportunities to collaborate with humanitarian response activities. In addition, IHP, BA, and BR/N will explore opportunities to coordinate with the newly awarded Agriculture Extension and Advisory Services activity in two states, as well as with BFA’s integrated humanitarian response in the NW.
USAID/Nigeria will continue to collaborate with other bilateral and multilateral donors to advocate and support the implementation of GON policies and programs at national and subnational levels to build the system’s resilience and journey to self-reliance. These include the National Food and Nutrition Policy, and national multi-sectoral strategic plans of action. USAID/Nigeria also works with multi-sectoral and multi-stakeholder coordination mechanisms, including nutrition partners, Agriculture Donor Working Group, Scaling Up Nutrition Donor Partners Group, the Nutrition in Emergencies Working Group, and Inter-ministerial Agriculture and Nutrition Working Group among others.
Annex 6: List of Referenced Documents


