

**Benue State Multi-Sectoral  
Plan of Action for Food and Nutrition  
2025-2028**



**Benue State Committee  
on Food & Nutrition  
in Collaboration with  
United Nations Children's Fund (UNICEF)**

**December, 2024**

# GOVERNMENT OF BENUE STATE NIGERIA



## BENUE STATE MULTISECTORAL PLAN OF ACTION FOR FOOD AND NUTRITION (2025-2028)

*Benue State Committee on Food and Nutrition in collaboration with United  
Nations Children's Fund (UNICEF)*

*December, 2024*

**ABBREVIATIONS/ACRONYMS**

AIDS	-	Acquired Immune Deficiency Syndrome
ARV	-	Anti-retroviral
BADM	-	Benue State Bureau of Agricultural Development and Mechanization
BCC	-	Behavior Change Communication
BENSHIA	-	Benue State Health Insurance Agency
BMI	-	Body Mass Index
BMS	-	Breast Milk Substitute
BNARDA	-	Benue State Agricultural and Rural Development Authority
BNSDP	-	Benue State Strategic Development Plan
BSMPFAN	-	Benue State Plan of Action on Food and Nutrition
BNSPFN	-	Benue State Policy on Food and Nutrition
BNSPHCB	-	Benue State Primary Health Care Board
BSBEPC	-	Benue State Budget and Economic Planning Commission
CBOs	-	Community-Based Organizations
CCCRN	-	Center for Clinical Care and Clinical Research, Nigeria
C-IYCF	-	Community Infant and Young Child Feeding
CMAM	-	Community Management of Acute Malnutrition
CSOs	-	Civil Society Organizations
DFID	-	Department for International Development
DIPs	-	Donor Implementing Partners
DRNCD	-	Diet Related Non-Communicable Diseases
ENA	-	Essential Nutrition Actions
FAO	-	Food and Agriculture Organization
FBOs	-	Faith Based Organizations
FMOH	-	Federal Ministry of Health
GARPR	-	Global Aids Response Country Progress Report
GCCC	-	Government Cash counterpart Contribution
HIV	-	Human Immunodeficiency Virus
ICN	-	International Conference on Nutrition
IDA	-	Iron Deficiency Anemia
IDD	-	Iodine Deficiency Disorder
IFPRI	-	International Food Policy Research Institute
IMAM	-	Integrated Management of Acute Malnutrition

IMNCH	-	Integrated Maternal Newborn and Child Health
IPs	-	Implementing Partners
ITP	-	In-Patient Therapeutic Program
IYCF	-	Infant and Young Child Feeding
LBNS	-	Liquid Based Nutrient Supplement
LGA	-	Local Government Area
LGCFN	-	Local Government Committee on Food and Nutrition
LO-ORS	-	Low Osmolarity Oral Rehydration Solution
M & E	-	Monitoring and Evaluation
MAFS	-	Ministry of Agriculture and Food Security
MAM	-	Moderate Acute Malnutrition
MIT&I	-	Ministry of Industry, Trade and Investment
MMS	-	Multiple Micronutrient supplements
MDAs	-	Ministries Departments and Agencies
MDGs	-	Millennium Development Goals
MIC&T	-	Ministry of Information, Culture and Tourism
MICS	-	Multiple Indicator Cluster Survey
MIYCN	-	Maternal, Infant and Young Child Nutrition
MNCHW	-	Maternal, Newborn and Child Health Week
MNDC	-	Micronutrient Deficiency Control
MOA&FS	-	Ministry of Agriculture and Food Security
MOE&KM	-	Ministry of Education and Knowledge Management
MOF	-	Ministry of Finance
MOH&HS	-	Ministry of Health and Human Services
MTI	-	Ministry of Trade and Investment
MWASW	-	Ministry of Women Affairs and Social Welfare
MY&SD	-	Ministry of Youth and Sport Development
NAFDAC	-	National Agency for Food and Drug Administration and Control
NBS	-	National Bureau of Statistics
NCFN	-	National Committee on Food and Nutrition
NCN	-	National Council on Nutrition
NDHS	-	Nigeria Demographic and Health Survey
NFA	-	National Fortification Alliance
NFCNS	-	Nigeria Food Consumption and Nutrition Survey

NFSP	-	National Food Security Programme
NGOs	-	Non – Governmental Organizations
NI	-	Nutrition International
NNHS	-	National Nutrition Health Survey
NNN	-	National Nutrition Network
NPC	-	National Planning Commission
NSHDP	-	National Strategic Health Development Plan
OPS	-	Organized Private Sector
OTP	-	Out-Patient Therapeutic Program
OVC	-	Orphan and Vulnerable Children
PLWHIV	-	People Living with HIV/AIDS
PRS	-	Planning, Research and Statistics
RBC	-	Radio Benue Cooperation
RRA	-	Rapid Rural Appraisal
RUTF	-	Ready to Use Therapeutic Foods
SAM	-	Severe Acute Malnutrition
SBCC	-	Social and Behavioral Change Communication
SC	-	Stabilization Centre
SCFN	-	State Committee on Food and Nutrition
SCI	-	Save the Children International
SDGs	-	Sustainable Development Goals
SHIA	-	State Health Insurance Agency
SMART	-	Standardized Monitoring Assessment of Relief and Transitions
SSA	-	State Statistical Agency
SUN	-	Scaling up Nutrition
UN	-	United Nations
UNICEF	-	United Nations Children's Emergency Fund
USI	-	Universal Salt Iodization
USI-TF	-	Universal Salt Iodization Task Force
VAD	-	Vitamin A Deficiency
VP	-	Vice President
WHA	-	World Health Assembly
WHO	-	World Health Organization

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## FOREWORD

The consequences of malnutrition in Benue State are worrisome with under 5 mortality rate 148/1000 live births (NDHS 2018), stunting 22% (MICS, 2017), underweight children 13% (NNHS 2018), Anaemia in children 69.8% and pregnant women 46.1% (NDHS,2018). Higher mortality and other consequences are inevitable if malnutrition is not addressed in the state, therefore, several efforts need to be put in place to reduce this menace.

The need to mainstream nutrition into the government's 7-point agenda is considered a matter of priority by the present administration. Of utmost concern is how to reduce the proportion of households and individuals that are both food insecure and malnourished in the State. Children, women and the elderly are the most adversely affected in this scenario. To reduce the scourge of malnutrition, and the attendant effects, there is need to build partnership among various stakeholders namely; the Government, Organized Private Sector, Civil Society, Academia, Local NGOs, International Development Partners, and Donors.

The launching of the Revised National Policy on Food and Nutrition by the Federal Government in 2016 was one of the landmark efforts to reduce the problem of malnutrition in Nigeria and by extension in Benue State. For malnutrition reduction to be achieved especially at this sub national level and for development to be sustained, there must be a dynamic balance between policies and actions. This will promote sustainable livelihood, human development, and better management of the natural and physical environment. This means establishing a pattern of economic, social, and political growth that will benefit all sectors of the society and target scarce resources appropriately to ensure that children, women, the elderly and other vulnerable groups enjoy adequate and appropriate benefits.

The goal of the Benue State Plan of Action on Food and Nutrition (BSMPFAN), is to set strategies and projects for improving the nutritional status of all residents in Benue State with specific emphasis on the most vulnerable groups. The identified intervention programmes articulated in this BSMPFAN are based on the objectives contained in the Benue State Policy on Food and Nutrition (BNSPFN). The Plan focuses on six (6) priority result areas with activities enumerated therein, which are expected to lay a solid foundation for improved productivity and development in the state. BSMPFAN was developed by stakeholders involved in food and nutrition, including representatives of Government, Organized Private Sector, Civil Society



Organizations (CSOs), Academia, NGOs, Development Partners and International Donor Agencies.

It is a well-articulated document that captures in holistic terms all issues on food and nutrition in the State and has been endorsed by the State Committee on Food and Nutrition (SCFN). It is expected that the full implementation of the Policy and Plan of Action backed with appropriate legislation and resources will lead to the reduction and eventual eradication of malnutrition and ensure food and nutrition security in the State. This is in line with the policy thrust of the present administration as enumerated in relevant parts of the Benue State Growth and Development Strategy (BNS-DP: 2025-2034). It is hoped that food and nutrition matters will also be addressed down the line by the Local Government Areas and Communities in their various development blueprints.



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## **ACKNOWLEDGEMENT**

The development of the Benue State Strategic Plan of Action for Food and Nutrition, covering from 2025-2028 is a result of broader consultations and participation of key stakeholders including Non-Governmental Organizations (NGOs), civil society organizations, academia, and the private sector. The development process of the plan ensured transparency, consensus building, and integration of multiple strategies and actions leading to a multi-sectoral approach for national scale intervention delivery.


The Benue State Strategic Plan of Action for Food and Nutrition 2025-2028 has been put together with the aim of adapting the strategies into the current global, regional and country situations with consideration of emerging evidence and issues in the field of nutrition. The process was compelled by the urgent need to accelerate a health sector response to address malnutrition in the country, particularly the contribution to reducing stunting which has had a slow downward trend over the past decade. The Benue State Strategic Plan of Action for Food and Nutrition 2025-2028 has been developed to provide guidance to the health sector workforce in response to improving the nutrition situation in the state in the coming years. It is envisaged that its effective implementation will enhance nutritional achievements by ensuring that all children grow into healthy adults to contribute positively to the country's social economic development.

The Benue State Budget and Economic Planning Commission (BSBEPC) would like to pay special tribute to the following institutions and organizations who actively participated in making this plan a reality. These are United Nations Children Fund (UNICEF), World Health Organization (WHO), Nigerian Governors' Forum (NGF), Federal Ministry of Budget and National Planning, Federal Ministry of Health and Social Welfare, National Primary Health Care Development Agency, Joseph Sarwuan Tarka University Makurdi, Benue State University Makurdi and Benue State University Teaching Hospital Makurdi. Others are State Ministries, Departments and Agencies (MDAs): Ministry of Health and Human Services, Ministry of Finance, Ministry of Information, Culture and Tourism, Ministry of Women Affairs and Social Welfare, Ministry of Water Resources, Environment and Climate Change, Ministry of Agriculture and Food Security, Ministry of Education and Knowledge Management, Ministry of Youth, Sports and Creativity, Bureau of Local Government and Chieftaincy Affairs, Ministry of Humanitarian and Disaster Management, Benue State Primary Health Care Board, Benue State Aids Control Agency, Benue State Emergency Management Agency. These MDAs Provided the Technical Groups that worked on this Plan. We appreciate the dedication of State Committee on Food and Nutrition. The team of dedicated staff from the various MDAs, and private consultants in collaboration with UNICEF nutrition Specialists formed the core team that coordinated the whole process with agility and enthusiasm.

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## EXECUTIVE SUMMARY

Malnutrition and nutrition related diseases continue to be problems of great public health importance in Benue State and Nigeria as a whole. Investment in nutrition programs in the state has not been commensurate with the contribution required to address the rate of child mortality. It is recognized that the attainment of the Sustainable Development Goals and meaningful economic development will not be achieved without an urgent improvement in nutrition. Nutrition interventions that have proven to be cost-effective, feasible and with high impact should be brought to scale. This Strategic Plan of Action recognizes that nutrition interventions need to be coordinated at all relevant Ministries, Departments and Agencies involved in nutrition at the State, Local Government Areas and community levels.

Considering the multidisciplinary and multi-sectoral nature of nutrition, the Benue State Multi-Sectoral Plan of Action for Food and Nutrition (BSMPFAN) is intended to guide the implementation of nutrition-specific and nutrition-sensitive interventions and programmes by all Ministries, Departments and Agencies at all levels across the 23 LGAs in the State.

The goals of the Benue State Plan of Action on Food and Nutrition is to initiate a new programme focus, integrate and coordinate effectively all food and nutrition programmes across all sectors. Furthermore, to advance vigorously nutrition agenda in the State that will recognize and respond effectively to Local Government Areas and Community specific needs in accordance with the State Policy on Food and Nutrition.

The State Strategic Plan of Action on Food and Nutrition was developed in line with the Benue State Policy on Food and Nutrition, using a multi-stakeholder participation approach including the relevant MDAs, Development Partners, Academia, Civil Society Organizations and Private Sector. The plan is to run for a period of four years (2025 -2028). BSMPFAN consists of six result programme areas, twenty-two strategic objectives and 115 key activities with each having an expected outcome and performance indicator(s).

The six result programme areas are: achieving food and nutrition security through investment in agriculture, enhancing caregiving capacity, enhancing provision of quality health services, improving capacity to address food and nutrition insecurity problems, raising awareness and understanding of the problem of malnutrition, and resource allocation for food and nutrition security at all levels.

The Benue State Strategic Plan of Action on Food and Nutrition using the MICS (2017), NNHS (2018) and NDHS (2018) as baseline to set targets, is aimed at reducing hunger and malnutrition from 50% to 25% by 2028, childhood wasting from 20% to 5% by 2028, child stunting from 22% to 10%, anaemia among pregnant women from 46.1% to 20% and prevalence of diet-related non-communicable diseases from 25% to 10% while increasing exclusive breastfeeding from 85% to 99%, intake of appropriate complementary feeding from 65% to 95%, coverage of vitamin A supplementation from 40% to 80%, zinc from 90% to 99%, deworming from 50% to 99%, and access to potable water from 50% to 90%, by 2028.

The costing of the BSMPFAN was done at the activity level over a four-year period taking into consideration all possible costs to implement an intervention or programme. The BSMPFAN prioritize the nutritionally vulnerable groups particularly among people in Internally Displaced Camps, pregnant women, lactating mothers and children under 5.

The implementation of this plan of action will involve actions by the various MDAs across the sectors (State Primary Health Care Board, State Ministry of Health and Human Services, State Budget and Economic Planning Commission, Ministries of Agriculture and Food Security, Education and Knowledge Management, Information Culture and Tourism, Women Affairs and Social Welfare, Youth, Sports and Creativity, Water Resources, Environment and Climate Change, etc.) at different levels (State, LGA and Ward) involving multiple partners (UN Agencies, Bilateral Organizations, Foundations and INGOs) and other stakeholders using existing delivery platforms, community structures and systems, while the Benue State Budget and Economic Planning Commission is tasked with the responsibility of coordinating the implementation and mobilization of resources.

The estimated total cost of implementing 23 nutrition-specific and nutrition-sensitive interventions across the State "full coverage scenario" would require a public investment over the four-year period (2025-2028) of **₦9,918,203,388.00**; with an average annual public investment cost estimated at **₦2,479,550,847.00**. The result area on **enhancing provision of quality health services** accounts for **₦4,258,266,000.00 (43%)** of the total estimated cost over the four years followed by **food and nutrition security** activities which is **₦1,830,897,880.00 (18%)** and **enhancing caregiving capacity** **₦1,717,123,500.00 (17%)**.



This costed plan could be used as an advocacy tool for improved nutrition financing in Benue State and it incorporates monitoring and evaluation, accountability and learning component for easy tracking of progress and impact evaluation. It will also give Benue State the leverage to contribute towards the achievement of the Sustainable Development Goals target by 2030.

## CHAPTER ONE

### 1.0 INTRODUCTION

#### 1.1 Background

The problems of hunger and malnutrition in Benue State are widespread and severe especially in the rural areas and IDP camps. In spite of the State's abundant human and natural resource endowment, poverty has remained suboptimal. The right to adequate food and nutrition is important for the promotion of optimal growth, health and productivity. According to Human Development Report, 2018, Benue State has a Multidimensional poverty index of 0.159753, with incidence of poverty (41.4%), intensity of deprivation (38.6%) and a Gini coefficient (30.68%) (Poverty and Inequality in Nigeria, 2019). The State unemployment rate is 25.9% with 20.4% active labour group aged 15-64 years unemployed (NBS Labour force Statistics, 2018). The Gross Domestic Product (GDP) is 5,974,061,470.97US dollars, with a GDP per capita of 1,545.17US dollars. Thus, analysis of the current food and nutrition situation needs to recognize the effects of poverty and make realistic projections of how the goals and objectives of poverty-reduction efforts, including the macro-economic framework, will affect the achievements of Nutrition security.

Poverty, inadequate investment in the social sector, inadequate dietary intake, and disease have been identified as some of the causes of malnutrition in the State. In the recent past, the extent of malnutrition has increased as a result of ignorance and economic hardship faced in the country, making it one of the important barriers to development. This is not only the result of insufficient intake or inappropriate feeding practices but also a consequence of other conditions such as inadequate health care. Malnutrition is manifested mainly as under-nutrition of macro- and micronutrients, specific dietary deficiency diseases, and diet-related non-communicable diseases. Eliminating the problem of malnutrition is complex since many issues need to be addressed more or less simultaneously.

In 2010, the Benue State Government established the State Committee on Food and Nutrition (SCFN) as an institutional arrangement to coordinate and provide leadership to articulate a comprehensive policy and actions that could effectively reduce malnutrition considerably or eliminate it in the State. The SCFN is domiciled in the State Budget and Economic Planning Commission. This decision was based on the unique position of the Commission, whose responsibility is to coordinate and monitor all the State policies and programmes.

The Food and Nutrition Policy document is intended to serve as a framework to guide the identification and development of intervention programmes to ameliorate malnutrition. The policy is also to address the problems of food and nutrition across different sectors and different levels of the society, from the individual to the State level. Implementation of the policy will involve sectoral ministries and their agencies, institutions of higher learning, research institutes, Private sector, Community Based Organizations (CBOs), Non-Governmental Organizations (NGOs), Development Partners, International Agencies, individuals, families, and communities.

The primary objective of the Benue State Multi-Sectoral Plan of Action on Food and Nutrition (BNSMPAFAN) is to translate the goals, objectives, and strategies articulated in the Benue State Policy on Food and Nutrition (BNSPFN) into implementable interventions and activities. This will be achieved in the context of implementing as vigorously as possible, interventions and activities that will improve the nutritional status of all Benue State residents with particular emphasis on the most vulnerable groups (children, women, and the elderly).

The thrust of this BSMPFAN is determined to a larger extent by the commitments of the State Government to achieving the goals set at:

- The World Summit for Children (1990) with a pledge to reduce or eliminate vitamin A, Iron, and Iodine deficiencies and to improve maternal and child nutrition as well as give high priority to the rights of children,
- The International Conference on Nutrition (1992) with a global goal of reducing malnutrition by the end of the decade,
- The World Food Summit (1996) that sought to improve food security and nutrition,
- The Millennium Development Goals (2000)
- Global Nutrition Report (2016)

The planned activities are also informed by research findings from the 2001 Nigeria Food Consumption and Nutrition Survey (NFCNS), the 2001 Nigeria Nutrition Programme Review (NNPR) in the Health sector sponsored by the World Bank and other studies such as Multiple Indicator Cluster Survey 2016, (MICS5), NNHS (2018) and NDHS (2018).

## **1.2 Process For Development of BSMPFAN**

The aforementioned background informed the interventions and activities that are required to address the situation and to lay a firm foundation for sustainable nutrition programmes and

continuous improvement of the nutritional status for Benue State residents. The process adopted for the development of this BSMPFAN involved desk reviews of available published documents including earlier sectoral plans of activities in nutrition as well as consultative and participatory processes. Consultants were hired with specific terms of reference including the preparation of a working document to facilitate the participatory development of the BSMPFAN.

A road map for using the information to develop a plan of action was then articulated through a consultative process including a stakeholder's workshop. This was to ensure that the food and nutrition problems in the State would be successfully tackled in an integrated manner.

The stakeholders' workshop to harmonize all sectoral plans was followed by a series of working group meetings to collate and synthesize the output from the stakeholder's workshop. This output was shared with the various nutrition partners for their input before finalization. The final draft of the BSMPFAN was presented by the SCFN to Government for approval and implementation.

### **1.3 Outline of The BSMPFAN**

This document is divided into five chapters. Chapter One, which is the Introduction presents the background information, the development process and outline of the BSMPFAN while Chapter Two presents the goals as well as the targets of BSMPFAN. The description of the implementation and the details of the activities are presented under six priority areas in Chapter Three. The planned activities are divided into short-term and medium-term activities that will be implemented within the time frame of 1 to 4 years, that is:

- Short-term activities are planned for less than 2 years
- Medium term activities will span 2 to 4 years

This position is informed by the need to properly articulate and focus on the problems of food and nutrition insecurity requiring short- and medium-term interventions.

Chapter Three summaries the budget and resource mobilization mechanism.

The budget requirements for the activities are summarized in Chapter Three on budgets as a means of prioritizing the activities based on the urgency to reduce malnutrition in the State within a short period of time. This is to facilitate adequate resource mobilization for activities to ensure effective implementation.

The document ends with Chapter Four which presents the mechanism for programme coordination, monitoring, and evaluation of the plan. The glossary of terms encountered in the document and appropriate benchmarks established by the SFCN are in the Annex.

#### **1.4 Rationale**

It is well-known that malnourished children do not attain optimal intellectual capacity and this eventually affect their ability to earn good income later in life. This affects the economic development of the society. A healthy diet at all stages of life promotes healthy pregnancy outcomes, supports normal growth, development and ageing, helps to maintain a healthy body weight, and reduces the risk of some diseases leading to overall health and well-being

The realization of this makes it pertinent for Government to put in place policies and actions in collaboration with relevant donor, private agencies and organizations to reverse the current trend of malnutrition in the State.

## **CHAPTER TWO**

### **2.0 MULTISECTORAL PLAN OF ACTION**

#### **2.1 Goals of the BSMPFAN**

The goal of the Benue State Multi-Sectoral Plan of Action for Food and Nutrition is to initiate a new Programme focus, integrate and coordinate effectively all food and nutrition programmes for all sectors. Furthermore, this is to advance vigorously the nutrition agenda for the State that will recognize and respond effectively to Local Government Areas and Community specific needs in accordance with the State Policy on Food and Nutrition (BNPFN). A detailed individual work plan of each project is to be developed based on more detailed timeframe and budget. Similarly, Annual Operational Plans shall be developed in order to work towards achieving the aims and objectives set out in the strategic plan.

In this context, the following goals will be pursued in the overall State programme:

- i. Improve the economic situation of Benue State, with particular emphasis on protecting the welfare of the most vulnerable groups in the society; and
- ii. Increase investment in the social sector, thereby raising the status of women in our society by increasing their access to and control over productive resources.

#### **2.2. General and Specific Objectives of the BSMPFAN**

To achieve the goal of attaining an optimal nutritional status by the year 2028, a number of objectives are articulated as follows:

- i. To improve food security at the state, community, and household levels.
- ii. To reduce under-nutrition among infants and children, adolescents, and women of reproductive age.
- iii. To significantly reduce micronutrient deficiency disorders, especially among the vulnerable group.
- iv. To ensure incorporation of nutrition education into formal and informal training.
- v. To promote optimum nutrition for people, especially in difficult circumstances, including PLWHIV.
- vi. To prevent and control chronic nutrition-related non-communicable diseases.

- vii. To incorporate food and nutrition considerations into the state, and local sectoral development plans.
- viii. To strengthen systems for providing early warning information on the food and nutrition situation.
- ix. To ensure universal access to nutrition-sensitive social protection.

## 2.3 BSMPFAN Strategies

Strategies have been identified to achieve high coverage and quality delivery of the priority areas of focus in nutrition, and thus achieve the objectives of the plan. To achieve the set objectives of the plan of action, the following strategies will be adopted:

### i. Behavioural Change Communication

This is an effective way of providing appropriate information on nutrition to individuals, households and community with a view of putting into practice the knowledge acquired.

### ii. Service Delivery

Nutrition interventions should be delivered at scale and with high coverage if they are to have impact on malnutrition at the population level. All health facilities within the State will need to be strengthened to provide these basic nutrition interventions, some of the services can be delivered at the community level or as outreach activities.

### iii. Capacity Building

For effective service delivery, the capacity of the provider needs to be strengthened at all levels in all the relevant sectors and in all the 23 LGAs of the State.

### iv. Research, Monitoring and Evaluation

Research, monitoring and evaluation (M&E) are essential for evidence-based decision making and enhancing public accountability. Monitoring is continuous and the State Planning Commission is to provide the management and other stakeholders with early indication of progress in the achievement of goals, objectives and results. Evaluation is a periodic exercise that attempts to systematically and objectively assess progress towards the achievement of a programme objectives and goals. Research tests specific interventions and approaches for the betterment of nutrition situation and provide further evidence for policy and programming.

#### **v. Coordination and Multi-sectoral Partnership**

The BSBEPC will coordinate all activities related to the implementation of the BSMPFAN through the State Committee on Food and Nutrition. The commission will maintain a constant link with MDAs to ensure effective implementation of their mandates and responsibilities in BSMPFAN.

### **2.4 Delivery Platforms**

The interventions and strategies will be delivered in an effective and efficient manner for maximum impacts. The three delivery platforms are through;

- i. Health system
- ii. Community
- iii. State campaign and outreaches

### **2.5 Priority Areas**

BSMPFAN consists of six result areas and eighteen strategic objectives with each of them having an expected outcome. These result areas and strategic objectives were derived from the policy and were aimed at achieving the policy objectives. The six result priority areas are the following:

#### **2.5.1 Food and Nutrition Security**

The strategic plan of action will focus on achieving food and nutrition security through investment in agriculture to increase food production, availability, accessibility and affordability to Benue State residents in particular. Measures will be taken to improve food harvesting, processing and preservation to reduce postharvest losses, improve food preparation and food quality as well as improve the management of food security crisis and nutrition in emergency situations. It will also include school-based strategies to reduce malnutrition among school age children and improve their learning, health and nutritional status.

#### **2.5.2 Enhancing Caregiving Capacity**

Nutrition-specific interventions are a major focus of this plan of action and programmes. Activities will be implemented to ensure optimal nutrition in the first 1000 days of life. Activities and programme that will address the needs of the socioeconomically disadvantaged are also included.



### 2.5.3 Enhancing Provision of Quality Health Services

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

### 2.5.4 Improving Capacity to Address Food and Nutrition Insecurity Problems

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

### 2.5.5 Raising Awareness and Understanding of the Problem of Malnutrition

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

### 2.5.6 Resource Allocation for Food and Nutrition Security at all Levels

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

## 2.6 Targets of the BSMPFAN

The following targets (Table 1) are set to address the food and nutrition problems in the State:

**Table 1: Benue State Policy on Food and Nutrition Key Targets by 2028**

Planned Targets for the BSMPFAN (%)	(NDHS 2018)

Indicators	Baseline 2021	Target 2028
Reduce the proportion of people who suffer hunger and malnutrition	3.8	1.9
Increase exclusive breastfeeding rate from	34	65
Increase the percentage of children ages six months and above who receive appropriate complementary feeding	33.2	65
Reduce childhood wasting including severe acute malnutrition (SAM)	1.1	0.5
Reduce stunting rate among under-five children	29	16
Achieve and sustain universal household access to iodized salt		
Increase coverage of Zinc supplementation in diarrhoea management	19.1	50
Increase the proportion of children who receive deworming tablets	11	80
Reduction in anaemia among pregnant women	48.8	15
Reduce prevalence of diet-related non-communicable diseases		25
Increase access to potable water	40.6	70
Increase coverage of Vitamin A supplementation	11	80
Increase Household with relevant nutrition knowledge and practice that improve their nutritional status		50
Increase the number of relevant MDAs with functional nutrition unit		75
Reduce the incidence of malnutrition among victims of emergencies		50
Strengthen and mainstream nutrition objectives into social protection and safety net programmes of all MDAs linked to nutrition by 2028.		50
Achieve universal access of all school children in the pre- and basic school classes to school-based feeding programme by 2028		50
To arrest the emerging increase in obesity prevalence in adolescents and adults by 2028		

## CHAPTER THREE

### 3.0 COSTING AND FINANCING BSMPFAN

#### 3.1 Preamble

The main objective of this section is to provide cost estimates for the period of four years (2025 - 2028) in order to allow the government and other stakeholders know the cost required to operationalize the policy and plan of action during the 4-year period. The section also provides the cost estimates to be used for advocacy and resource mobilization from stakeholders (international donors and local private sector, civil society and government) in the effort to reduce nutritional disorders in Benue State.

The Benue State Budget and Economic Planning Commission (BSBEPC), is the institution tasked to coordinate the implementation of the BSMPFAN by the State Government. The viewpoint and perspective therefore of the costing is institutional, implying that the costs calculated are linked to this institution. Given the multi-disciplinary nature of nutrition and the integration of nutrition into other Sector Strategic Plans, a large proportion of the costs will be met through resource mobilization initiatives of the BSBEPC in collaboration with the other sectors. For example, the Health sector is already financing some of the health-related nutrition interventions and the same applies to the nutrition sensitive agriculture interventions some of which are in the Agriculture Sector Strategy. Thus, only the most cost-effective nutrition sensitive agriculture interventions are covered in this multisectoral plan of action.

#### 3.2 Costed BSMPFAN

The costing of the BSMPFAN covers a four-year (2025-2028) period. This is in line with costing done in other States and will not be far from the medium-term four-year period over which it will be implemented. Although costing can be made for five-year period, any cost projection beyond the 5-year period will be of no use as changing economic environment will certainly have material effect on the unit cost and therefore, estimating the cost over a four-year period (2025-2028) is appropriate.

**Figure 1** shows the percentage distribution of the cost matrix based on result areas. **Table 2** shows the annual costs per programme area for the plan period 2025-2028. The estimated total cost of implementing 23 nutrition-specific and nutrition-sensitive interventions across the State "full coverage scenario" would require a public investment over the four-year period

(2025-2028) of **₦9,918,203,388.00**; with an average annual public investment cost estimated at **₦2,479,550,847.00**.

The result area on **enhancing provision of quality health services** accounts for **₦4,258,266,000.00 (43%)** of the total estimated cost over the four years followed by **food and nutrition security** activities which is **₦1,830,897,880.00 (18%)** and **enhancing caregiving capacity** **₦1,717,123,500.00 (17%)**.

The summary of BSMPFAN Implementation Cost Matrix by Strategic Objectives is presented in **Table 3**. This shows the disaggregation of the estimated costs of each result area into various intervention cost, while **Table 4** shows the cost based on MDAs. The implementation indicative activities Cost Matrix for each intervention are shown in **Annex I**. Nutrition investments estimate cost matrix by MDAs is shown in **Annex III**.

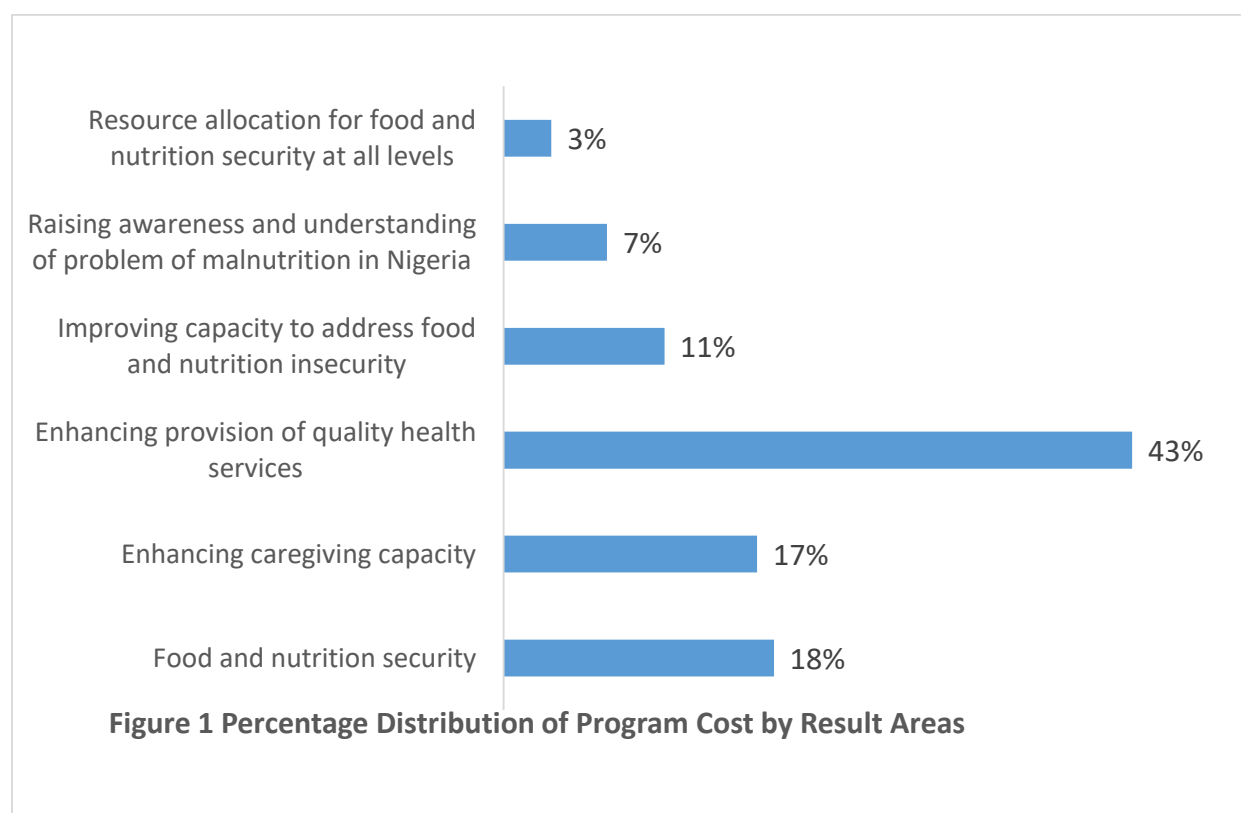


TABLE 2: ANNUAL COSTS (NAIRA) PER PROGRAM AREA 2025-2028

RESULT AREA	2025	2026	2027	2028	Total Cost	%
FOOD AND NUTRITION SECURITY	473,072,735.00	452,741,715.00	452,741,715.00	452,341,715.00	<b>1,830,897,880.00</b>	18.5
ENHANCING CAREGIVING CAPACITY	450,794,800.00	416,878,900.00	432,995,900.00	416,453,900.00	<b>1,717,123,500.00</b>	17.3
ENHANCING PROVISION OF QUALITY HEALTH SERVICES	1,448,985,900.00	934,840,300.00	934,840,300.00	939,599,500.00	<b>4,258,266,000.00</b>	42.9
IMPROVING CAPACITY TO ADDRESS FOOD AND NUTRITION INSECURITY	272,234,800.00	272,234,800.00	272,234,800.00	272,234,800.00	<b>1,088,939,200.00</b>	11.0
RAISING AWARENESS AND UNDERSTANDING OF PROBLEM OF MALNUTRITION IN NIGERIA	178,984,527.00	171,935,677.00	161,640,927.00	187,413,277.00	<b>699,974,408.00</b>	7.1
RESOURCE ALLOCATION FOR FOOD AND NUTRITION SECURITY AT ALL LEVELS	80,750,600.00	80,750,600.00	80,750,600.00	80,750,600.00	<b>323,002,400.00</b>	3.3
Estimated Total Cost	<b>2,904,823,362.00</b>	<b>2329381992</b>	<b>2335204242</b>	<b>2348793792</b>	<b>9,918,203,388.00</b>	100

**TABLE 3. SUMMARY OF COMPONENT OF 4-YEAR BSMPFAN IMPLEMENTATION COST MATRIX**

RESULT AREA/SPECIFIC OBJECTIVE	2025	2026	2027	2028	Total Cost
<b>RESULT AREA 1. FOOD AND NUTRITION SECURITY ₦1,830,897,880.00</b>					
1.1: Ensuring Food and Nutrition Security at the State, Community and Household levels	319,694,240	310,531,220	310,531,220	310,131,220	1,250,087,100.00
1.2: Increasing Availability, Accessibility and Affordability of Food	91,090,365.00	88,745,182.50	89,865,182.50	86,400,000.00	353,755,547.50
1.3: Improving Food Harvesting, Processing and Preservation	42,006,812.50	41,306,812.50	41,306,812.50	41,306,812.50	165,927,250.00
1.4: Improving Food Preparation and Quality	2,480,625.00	1,640,625.00	1,640,625.00	1,640,625.00	7,402,500.00
1.5: Improving Management of Food-Security Crises and Nutrition-in-Emergency	5,364,125.00	4,944,125.00	4,944,125.00	4,944,125.00	20,196,500.00
1.6: School-based Strategies	13,661,750.00	5573750	5573750	5573750	30,383,000.00

<b>Subtotal Result Area 1</b>	<b>473,072,735.00</b>	<b>452741715</b>	<b>452741715</b>	<b>452341715</b>	<b>1,830,897,880.00</b>
<b>RESULT AREA 2: ENHANCING CARE GIVING CAPACITY – ₦ 1,717,123,500.00</b>					
<b>2.1: Ensure Optimal Nutrition in the First 1,000 Days of life.</b>	345,926,000.00	314,602,900.00	328,397,100.00	314,447,900.00	1,303,373,900.00
<b>2.2: Caring for the Socioeconomically Disadvantaged and Nutritionally Vulnerable</b>	104,868,800.00	102,276,000.00	104,598,800.00	102,006,000.00	413,749,600.00
<b>Subtotal Result Area 2</b>	<b>450,794,800.00</b>	<b>416,878,900.00</b>	<b>432,995,900.00</b>	<b>416,453,900.00</b>	<b>1,717,123,500.00</b>
<b>RESULT AREA 3: ENHANCING PROVISION OF QUALITY HEALTH SERVICES - ₦ 4,258,266,000.00</b>					
<b>3.1: Reduce Morbidity and Mortality Associated with Malnutrition</b>	681,421,400.00	254,048,100.00	254,048,100.00	258,807,300.00	1,448,324,900.00
<b>3.2: Preventing and Managing Nutrition Related Diseases</b>	282,347,200.00	263,364,200.00	263,364,200.00	263,364,200.00	1,072,439,800.00
<b>3.3: Preventing Micronutrient Deficiency</b>	122,976,000.00	122,976,000.00	122,976,000.00	122,976,000.00	491,904,000.00

<b>3.4: Protecting the Consumer through Improved Food Quality and Safety</b>	362,241,300.00	294,452,000.00	294,452,000.00	294,452,000.00	1,245,597,300.00
<b>Subtotal Result Area 3</b>	<b>1,448,985,900.00</b>	<b>934,840,300.00</b>	<b>934,840,300.00</b>	<b>939,599,500.00</b>	<b>4,258,266,000.00</b>
<b>RESULT AREA 4: IMPROVING CAPACITY TO ADDRESS FOOD AND NUTRITION INSECURITY N1,088,939,200.00</b>					
<b>4.1: Assessing, Analyzing and Monitoring Nutrition Situations</b>	263,894,800.00	263,894,800.00	263,894,800.00	263,894,800.00	1,055,579,200.00
<b>4.2: Providing a Conducive Macro Economic Environment</b>	4,240,000.00	4,240,000.00	4,240,000.00	4,240,000.00	16,960,000.00
<b>4.3: Social Protection Programmes for the Vulnerable Groups</b>	4,100,000.00	4,100,000.00	4,100,000.00	4,100,000.00	16,400,000.00
<b>Subtotal Result Area 4</b>	<b>272,234,800.00</b>	<b>272,234,800.00</b>	<b>272,234,800.00</b>	<b>272,234,800.00</b>	<b>1,088,939,200.00</b>
<b>RESULT AREA 5: RAISING AWARENESS AND UNDERSTANDING OF PROBLEM OF MALNUTRITION IN BENUE STATE N699,974,408.00</b>					



<b>5.1: Promote Advocacy, Communication and Social Mobilization</b>	99,203,500.00	98,453,500.00	88,533,500.00	65,648,500.00	351,839,000.00
<b>5.2: Promoting Healthy Lifestyles and Dietary habits</b>	65,110,127.00	64,252,977.00	54,649,027.00	55,506,177.00	239,518,308.00
<b>5.3: Research in Nutrition</b>	14,670,900.00	9,229,200.00	18,458,400.00	66,258,600.00	108,617,100.00
<b>Subtotal Result Area 5</b>	<b>178,984,527.00</b>	<b>171,935,677.00</b>	<b>161,640,927.00</b>	<b>187,413,277.00</b>	<b>699,974,408.00</b>
<b>RESULT AREA 6: RESOURCE ALLOCATION FOR FOOD AND NUTRITION SECURITY AT ALL LEVELS N323,002,400.00</b>					
<b>6.1 Promote Adequate Budgetary Allocation and Tracking</b>	78,302,600.00	78,302,600.00	78,302,600.00	78,302,600.00	313,210,400.00
<b>6.2 Strengthening the Coordination Capacity</b>	2,448,000.00	2,448,000.00	2,448,000.00	2,448,000.00	9,792,000.00
<b>Subtotal Result Area 6</b>	<b>80,750,600.00</b>	<b>80,750,600.00</b>	<b>80,750,600.00</b>	<b>80,750,600.00</b>	<b>323,002,400.00</b>

### **3.3 Financing of the BSMPFAN**

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

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

<b>MINISTRIES, DEPARTMENTS AND AGENCIES (MDAs)</b>											
<b>RESULT AREA</b>	<b>MOA&amp;FS</b>	<b>BSBEPC</b>	<b>MoE&amp;KM</b>	<b>SEMA</b>	<b>BERWASSA</b>	<b>BNSPHCB</b>	<b>MoH&amp;HS</b>	<b>MIC&amp;T</b>	<b>MY&amp;SD</b>	<b>MWASW</b>	<b>Total</b>
Result Area 1: FOOD AND NUTRITION SECURITY	1,830,499,600	-	3,120,000	-	-	-	6,982,500	-	-	-	1,840,602,100
Result Area 2: ENHANCING CAREGIVING CAPACITY	-	-	-	643,250	-	1,254,644,950	131,074,000	-	-	414,059,600	1,800,421,800
Result Area 3: ENHANCING PROVISION OF QUALITY HEALTH SERVICES	-	-	-	-	-	1,197,485,900	2,599,285,100	-	-	-	3,796,771,000
4:IMPROVING CAPACITY TO ADDRESS FOOD AND NUTRITION INSECURITY	-	387,643,200	647,308,800	-	-	50,707,200	3,280,000	-	-	-	1,088,939,200
5: RAISING AWARENESS AND UNDERSTANDING OF PROBLEM OF MALNUTRITION IN BENUE STATE	-	187,205,000	120,185,400	-	169,995,616	-	56,782,000	122,418,000	6,686,000	-	663,272,016
6: RESOURCE ALLOCATION FOR FOOD AND NUTRITION SECURITY AT ALL LEVELS	-	323,002,400	-	-	-	-	-	-	-	-	323,002,400
<b>TOTAL &gt;&gt;&gt;&gt;</b>	<b>1,830,499,600</b>	<b>897,850,600</b>	<b>770,614,200</b>	<b>643,250</b>	<b>169,995,616</b>	<b>2,502,838,050</b>	<b>2,797,403,600</b>	<b>122,418,000</b>	<b>6,686,000</b>	<b>414,059,600</b>	<b>9,513,008,516</b>
	<b>MOA&amp;FS</b>	<b>BSBEPC</b>	<b>MoE&amp;KM</b>	<b>SEMA</b>	<b>BERWASSA</b>	<b>BNSPHCB</b>	<b>MoH&amp;HS</b>	<b>MIC&amp;T</b>	<b>MY&amp;SD</b>	<b>MWASW</b>	<b>TOTAL</b>
<b>PERCENTAGE COST BY MDA</b>	<b>19.24</b>	<b>9.44</b>	<b>8.10</b>	<b>0.01</b>	<b>1.79</b>	<b>26.31</b>	<b>29.41</b>	<b>1.29</b>	<b>0.07</b>	<b>4.35</b>	<b>100.00</b>

## CHAPTER FOUR

### 4.0 PROGRAMME COORDINATION, MONITORING AND EVALUATION

#### 4.1 Overview

**Monitoring** is a continuous function that uses systematic collection of data on specified indicators to provide management and stakeholders of an ongoing intervention with indications of the extent of progress, achievement of objectives, and use of allocated funds. Monitoring of the activities in the action plan will be done through routine collection, collation, analyzing, interpretation and dissemination of data using standardized tools in line with Nutrition Information System. The frequency of monitoring will be monthly from the facilities and communities or as applicable. Supportive supervision will be conducted monthly at the local government level and health facilities/communities by the State and local government Nutrition teams respectively.

**Evaluation** is a selective exercise that attempts to systematically and objectively assess progress towards the achievement of an outcome. Evaluation will be done at formative stage, mid-term and end of project, and will include assessments and surveys.

**Inputs** are those resources that go into the programme at the start-up phase or during the implementation to help the programme achieve its objectives. The inputs (the number and qualifications of personnel, financial resources, institutional set-up, timing, etc.) must be such that they meet the criteria to achieve the objective. The inputs should be distributed to meet all targeted groups and be accessible financially, socially, and technically; without the aforementioned, the outputs may not be met.

**Outputs** are all the goods and services delivered to the target population by the programme. Program inputs have to be transformed into outputs. The quantity and quality of the outputs is very important. For instance, if an input is the training of nutrition service providers, then the output will be the number of trained nutrition service providers. The quality of the training should also be “adequate,” otherwise just training them would not help in effectively meeting the needs of the community. It should also be understood that having very well-trained staff or personnel does not necessarily generate programme delivery nor impact. Success and impact are created by making sure that the trained personnel are provided with resources and motivated to do the work that they were trained for.

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

**Impacts** are the effect of the programme on the beneficiaries. The change in the problem is the impact of the programme on the beneficiaries.

**Assumptions** are the external factors, influences, situations or conditions which are necessary for project success. They are important for the success of the programme but are largely or completely beyond the control of programme management. For example, in nutrition education, we may assume that community workers who are trained will understand the training and be motivated to do what they have been trained to do. However, we cannot be sure that this actually will happen. Accordingly, it is necessary to make assumptions explicit and list them in the framework as elements to be monitored or evaluated.

## 4.2 Information Requirements

Among the key outcomes to be monitored will include malnutrition among children under-five years and women of reproductive age, as well as effectiveness of nutrition programmes such as service delivery, nutrition education campaigns, and extent of the use of fortified foods by households. A set of key performance indicators has been identified, and will form the basis of the information management system for the BSMPFAN. Indicators will comprise a mix of outcome and output indicators. The programme will minimize the use of input indicators to monitor progress. The selection of indicators to be tracked will be based on what is practical, what is result-oriented, and what helps to build the programme stronger.

Monitoring and evaluation will be done at three levels:

- i. Community-level monitoring (routine) to improve service delivery;
- ii. Facility-based monitoring coverage to strengthen health systems; and
- iii. Real time M&E of impact.

## 4.3 Feedback and Reports

Data obtained from monitoring and evaluation will be collated and analyzed, the result will be disseminated to the key stakeholders and relevant MDAs and as a tool for further advocacy.

### Mid-Term Review / Impact Assessment

An efficient and constant feedback loop is critical to ensuring that the strategic plan of action is being followed. In order to make timely decisions on what is working, what is not, and what needs to change, a mid-term review of the Strategic Plan of Action will be undertaken in 2026 to monitor and track progress towards meeting targets. The set of indicators outlined in the BSMPFAN shall make up the monitoring and evaluation frameworks by targets and result areas (M&E frameworks in Annex II).

#### 4.4 Programme Coordination

The State Committee on Food and Nutrition (SCFN) is an institutional arrangement established by the State to coordinate and provide leadership to articulate a comprehensive policy and actions that could effectively reduce malnutrition considerably or eliminate it in the State. The SCFN is domiciled in the State Budget and Economic Planning Commission. It is expected that the Commission with its unique position and responsibility to coordinate and monitor all State policies and programmes across sectors of the State economy, will provide the needed institutional support to the SCFN in the actualization of its objectives.

The Committee will perform its programme coordinating function in collaboration with the various sectors that relate to food and nutrition. A transparent feedback loop will be established with implementing agencies, stakeholders, and the public. In addition, the Committee will maintain a strategic link with the Local Government Committees on Food and Nutrition (LGCFNs), National Committee on Food and Nutrition (NCFN) as well as with the National Council on Nutrition (NCN), and ensure that strategies are dynamic and more effective in responding to the nutrition challenges in the State, Local Government Areas and Communities.

#### 4.5 Budget and Resource Mobilization

The BSMPFAN as presented (**Annex II**) was developed by members of the SCFN in collaboration with programme officers, PRS and account staff from relevant MDAs. The budget framework is arranged according to Result Areas. There are six (6) results or priority areas as outlined in Chapter 3 above, 22 interventions and 115 activities. Each result area has expected outcome, intervention and activity narratives.

The budget costing is done on each activity to derive a unit cost for it. This unit cost is multiplied by the frequency of each activity per year which gives the yearly cost of implementing the activity. Thus, the total cost presented is for year 2025 - 2028. The SCFN in collaboration with implementing MDAs and other partners will carry out reviews in each subsequent year based on prevailing cost considerations to determine what goes into the annual budgets. The framework also has an indicator component to assess achievement on each activity. Responsible MDAs are identified for each activity and expected to include implementation of those activities in their annual budgets.

Advocacy will be intensified at the State, Local government and Community levels for increase commitment for the full implementation of the plan in form of budgetary allocation and release. The donor agencies, NGOs and other partners will be mobilized for technical and financial support to reduce the budget gap.

Government shall regularly ensure mobilization and timely release of resources in form of Government Counterpart Cash Contribution (GCCC) required from budgetary allocations to fully implement the strategic plan on food and nutrition at all levels. These internal resources will be complemented, as required, by external grants, loans and contributions by donor/partner organizations, and private sector. The communities will also be expected to contribute in cash or kind as appropriate.

### **Budget Tracking**

Civil Society organizations will be engaged in budget tracking as independent assessors. Thus, there will be a quarterly review meeting to assess the extent of budget implementation, release of GCCC and expenditure. An annual review of budget lines in all relevant sectors and its implementation status shall be evaluated at the end of the fiscal year. A report of budget analysis shall be presented to the National Nutrition Council through the SCFN.

## **4.6 Monitoring and Evaluation**

To better understand the scope of the problem of malnutrition in the State and to measure progress in addressing it, the nutritional status of the population must be monitored on a regular basis. This requires the collection and collation of nutritional data, its analysis, and management. A robust results framework and M&E system will be put in place for implementation and results to be reported in a timely and efficient manner with transparent feedback loops established with implementing agencies, stakeholders, and the public.

Monitoring and evaluation will help extract relevant information from past and ongoing activities that can be used as the basis for programmatic fine-tuning, reorientation, and future planning. Without effective planning for M&E, it would be impossible to evaluate if activities are going as planned, whether progress and success can be claimed, and how future efforts might be improved. Programmes and projects with strong M&E components tend to stay on track. Additionally, problems are often detected earlier, which reduces the likelihood of having major cost overruns or time delays later.

The following information will be generated:

- Overall performance of the BSMPFAN;
- Coverage of nutrition interventions and services to groups that are at risk such as women and children;
- Maternal and child epidemiology related to nutrition; and
- Effects of nutrition policies, strategies, and inputs on nutrition outcomes, which will inform the process of redesigning sectoral policies and strategies as they relate to nutrition.



**ANNEX I: BENUE STATE GOVERNMENT 4-YEAR BSMFPAN IMPLEMENTATION ACTIVITY INDICATIVE COST MATRIX**

Activities	2025	2026	2027	2028	Total
<b>RESULT AREA 1. FOOD AND NUTRITION SECURITY</b>					
<b>Strategic Objective 1.1: Ensuring Food and Nutrition Security at the National, State, LGA, Community and Household</b>					
1.1.1. Promote commercial food production by empowering farmers' cooperatives / clusters and private/commercial farmers at the LGAs and community level.	3,959,940.00	1,979,970.00	1,979,970.00	1,979,970.00	9,899,850.00
1.1. 2. Support the establishment /refurbishment of Agro based cottage industries for production of complementary food packages.	1,182,500.00	-	-	-	1,182,500.00
1.1. 3. Carry out Advocacy to relevant financial Institutions to enhance increased access to Credit facilities for farmers specially women to expand farm operations (reduced interest rates and collaterals).	400,000.00	-	-	-	400,000.00

1.1. 4. Build the capacity of Agric. Extension Officers on improved techniques in crop and animal production	5,683,100.00	2,841,550.00	2,841,550.00	2,841,550.00	14,207,750.00
1.1. 5. Advocacy to House of Assembly Committee on Agriculture and Food Sufficiency on enactment of laws/legislation on food fortification, processing and value chain	420,000.00				420,000.00
1.1. 6. Follow up on proposed bills on food fortification, processing and value chain	-	400,000.00	400,000.00		800,000.00
1.1.7. Sensitize and Support the establishment of homestead farms by rural women farmers	2,739,000.00				2,739,000.00
1.1.8. Stage agricultural shows and exhibitions in the state with the participation of all 23 LGAs.	2,280,000.00	2,280,000.00	2,280,000.00	2,280,000.00	9,120,000.00
1.1. 9. Establish specialized agriculturally based programmes for youth and women	303,029,700.00	303,029,700.00	303,029,700.00	303,029,700.00	1,212,118,800.00
<b>Subtotal Objective 1.1</b>	<b>319,694,240.00</b>	<b>310,531,220.00</b>	<b>310,531,220.00</b>	<b>310,131,220.00</b>	<b>1,250,887,900.00</b>

<b>Strategy 1.2: Increasing Availability, Accessibility, Affordability and Sustainability to Food</b>					
1.2. 1. Provide Support to increase hectareage of land under cultivation of crops, livestock farming and fisheries through Government, communities and individuals	2,345,182.50		1,120,000.00		1,120,000.00
1.2. 2.Support the establishment of bio- fortified crop farms - orange fleshed sweet potatoes (OFSP), Vitamin A cassava and maize.	1,875,000.00	1,875,000.00	1,875,000.00	1,875,000.00	7,500,000.00
1.2.3. Support the establishment of special farms for fruits, vegetables and edible mushrooms.	24,000,000.00	24,000,000.00	24,000,000.00	24,000,000.00	96,000,000.00
1.2.4. Build the capacity of specialized farmers' cooperatives across the state (reducing post-harvest losses, production, processing and distribution) on farm produce.	2,345,182.50	2,345,182.50	2,345,182.50		7,035,547.50
1.2.5. Support the establishment of livestock and fish farms across the 3 senatorial districts	26,250,000.00	26,250,000.00	26,250,000.00	26,250,000.00	105,000,000.00

1.2.6. Provide improved planting materials (staple crops including Plantain, Palm seedlings, Banana and Pineapples, maize and cassava cuttings) and livestock /fisheries inputs to farmers across the state to improve food production.	33,750,000.00	33,750,000.00	33,750,000.00	33,750,000.00	135,000,000.00
1.2. 7. Conduct Advocacy to Rural Access Mobilization programme (RAMP) and relevant MDAs for rehabilitation of dilapidated feeder roads and construction of new ones for easy evacuation of farm produce	525,000.00	525,000.00	525,000.00	525,000.00	2,100,000.00
<b>Subtotal Objective 1.2</b>	<b>91,090,365.00</b>	<b>88,745,182.50</b>	<b>89,865,182.50</b>	<b>86,400,000.00</b>	<b>353,755,547.50</b>
<b>Strategy 1.3: Improving Food Harvesting, Processing and Preservation</b>					
1.3.1. Provision of smoking kilns to clusters of small-scale fish processors /farmers	36,783,187.50	36,783,187.50	36,783,187.50	36,783,187.50	147,132,750.00
1.3.2. Build capacity of farmers and fishermen on food value chain	3,018,000.00	3,018,000.00	3,018,000.00	3,018,000.00	12,072,000.00
1.3. 3. Build the capacity of farmers on appropriate use of organic	1,505,625.00	1,505,625.00	1,505,625.00	1,505,625.00	6,022,500.00

fertilizers and pesticides					
1.3.4. Carry out Advocacy to relevant MDAs on the establishment of commodity trading centres across 3 senatorial districts of the state	700,000.00	-	-	-	700,000.00
<b>Subtotal Objective 1.3</b>	<b>42,006,812.50</b>	<b>41,306,812.50</b>	<b>41,306,812.50</b>	<b>41,306,812.50</b>	<b>165,927,250.00</b>
<b>Strategy 1.4: Improving Food Preparation and Quality</b>					
1.4.1. Carry out Advocacy to relevant MDAs on the need for periodic inspection of food preparation/wastes management in Restaurants, Bakeries, Eateries and Food vendors	420,000.00				420,000.00
1.4.2. Conduct Sensitization and demonstration on food handling and safety practices to women groups across the 3 senatorial districts	1,640,625.00	1,640,625.00	1,640,625.00	1,640,625.00	6,562,500.00
1.4.3. Carry out Advocacy to relevant MDAs on registration and licensing of food operators.	420,000.00				420,000.00

<b>Subtotal Objective 1.4</b>	<b>2,480,625.00</b>	<b>1,640,625.00</b>	<b>1,640,625.00</b>	<b>1,640,625.00</b>	<b>7,402,500.00</b>
<b>Strategy 1.5: Improving Management of Food Security Crisis and Nutrition in Emergency</b>					
1.5.1. Organize sensitization campaigns on the use of available storage facilities including strategic food and grain reserve by SCFN	694,125.00	694,125.00	694,125.00	694,125.00	2,776,500.00
1.5.2. Conduct Advocacy for the establishment of Nutrition Desk in the State Emergency Management Agency (SEMA)	420,000.00				420,000.00
1.5.3. Conduct baseline/post intervention survey on Nutrition-in-emergency on people affected in the State especially vulnerable groups (children, adolescent, women)	1,750,000.00	1,750,000.00	1,750,000.00	1,750,000.00	7,000,000.00
1.5.4. Production/Procurement and distribution of Ready-to-Use Therapeutic Food (RUTF) packages to nutrition-in -emergency affected people	2,500,000.00	2,500,000.00	2,500,000.00	2,500,000.00	10,000,000.00
<b>Subtotal Objective 1.5</b>	<b>5,364,125.00</b>	<b>4,944,125.00</b>	<b>4,944,125.00</b>	<b>4,944,125.00</b>	<b>20,196,500.00</b>

<b>Strategy 1.6: School-Based Strategies</b>					
1.6.1. Inclusion of nutrition education in early child care, primary and post primary school curricula	700,000.00				700,000.00
1.6.2. Provision of agro-based teaching aids in primary and secondary schools	5,000,000.00				5,000,000.00
1.6.3. Conduct periodic school quiz and debates on food and nutrition	780,000.00	780,000.00	780,000.00	780,000.00	3,120,000.00
1.6.4. Awareness creation and sensitization of Head Teachers and relevant MDAs on establishment of school farms.	693,750.00	693,750.00	693,750.00	693,750.00	2,775,000.00
1.6.5 Support the establishment of school farms	3,750,000.00	3,750,000.00	3,750,000.00	3,750,000.00	15,000,000.00
1.6.6 Support the establishment of Young Farmers clubs at primary and secondary school level	275,000.00				275,000.00

1.6.7 Conduct Training and retraining on food and nutrition to augment the capacity of Agric. and Home Economics Teachers in primary and Post primary schools	1,533,000.00				1,533,000.00
1.6.8. Advocate Policy Makers for the extension of school feeding programmes to primary 4 to 6 in public schools.	580,000.00				580,000.00
1.6.9 Conduct periodic monitoring of the school feeding programme in the state	350,000.00	350,000.00	350,000.00	350,000.00	1,400,000.00
<b>Subtotal Objective 1.6</b>	<b>13,661,750.00</b>	<b>5,573,750.00</b>	<b>5,573,750.00</b>	<b>5,573,750.00</b>	<b>30,383,000.00</b>
<b>RESULT AREA 2: ENHANCING CAREGIVING CAPACITY</b>					
<b>Strategic Objective 2.1 Ensure Optimal Nutrition in the First 1,000 Days of life</b>					
<b>2.1. Ensure Optimal Nutrition in the First 1,000 Days of life.</b>					
<b>Activities</b>	<b>2025</b>	<b>2026</b>	<b>2027</b>	<b>2028</b>	<b>Total</b>
2.1. 2. Support Routine Iron-folic acid /Multiple micronutrient supplements (MMS) distribution to	540,000.00	-	-	-	540,000.00



pregnant women					
2.1. 3. Sustain On-going Iron-folic acid /MMS supplementation for pregnant women during MNCH Weeks	150,333,900.00	150,333,900.00	150,333,900.00	150,333,900.00	601,335,600.00
2.1. 4. Strengthen vitamin A supplementation during MNCHW for under-5 children (UNICEF)	111,984,800.00	111,984,800.00	111,984,800.00	111,984,800.00	447,939,200.00
	-	-	-	-	-
2.1. 5. Support Routine Vitamin A supplementation for under-5 children	19,347,200.00	19,347,200.00	19,347,200.00	19,347,200.00	77,388,800.00
2.1. 6. Build capacity of HWs to promote women's nutritional status through Dietary Counseling during Adolescence, Pregnancy and Lactation	3,091,850.00	-	3,091,850.00	-	6,183,700.00

2.1. 7. Promote and Support Early initiation and Exclusive Breastfeeding from 0 to 6 months and continued breastfeeding up to 2 years and beyond	10,857,350.00	-	10,857,350.00	-	21,714,700.00
2.1. 8. Promote the establishment of Baby Friendly and food demonstration Centers in health facilities and public places.	16,190,650.00	-	-	-	16,190,650.00
2.1.9. Ensure the establishment of crèches in all work places having more than 10 women in public and private sectors to promote Exclusive Breastfeeding.	155,000.00	155,000.00	-	-	310,000.00
2.1.10. Conduct community dialogue maternal infant and young Child Nutrition (MIYCN )targeted at pregnant women, adolescents and caregivers	22,384,000.00	22,384,000.00	22,384,000.00	22,384,000.00	89,536,000.00

2.1. 11. Train IDPs Camp Officials on mainstreaming Nutrition in Feeding Programmes targeted at the vulnerable groups in Emergency Situations	643,250.00	-	-	-	643,250.00
2.1. 12. Monitor the implementation of the international code on the marketing of breastmilk substitutes (BMS) in health facilities	4,140,000.00	4,140,000.00	4,140,000.00	4,140,000.00	16,560,000.00
2.1. 13. Conduct World Breastfeeding Week and all other national nutrition events at all levels - State, LGAs and Wards	6,258,000.00	6,258,000.00	6,258,000.00	6,258,000.00	25,032,000.00
<b>Subtotal Objective 2.1</b>	<b>345,926,000.00</b>	<b>314,602,900.00</b>	<b>328,397,100.00</b>	<b>314,447,900.00</b>	<b>1,303,373,900.00</b>
<b>2.2 Caring for the Socioeconomically Disadvantaged and Nutritionally Vulnerable</b>					

2.2. 1. Train Caregivers in Orphanages in the State on assessment of nutritional status and appropriate infant and young child feeding practices	2,592,800.00	-	2,592,800.00	-	5,185,600.00
2.2.2. Advocacy for the Creation of Homes for the Elderly	270000	270,000.00	-	-	540,000.00
2.2. 3. Sensitization for care of the elderly to meet their nutritional needs	102,006,000.00	102,006,000.00	102,006,000.00	102,006,000.00	408,024,000.00
<b>Subtotal Objective 2.2</b>	<b>104,868,800.00</b>	<b>102,276,000.00</b>	<b>104,598,800.00</b>	<b>102,006,000.00</b>	<b>413,749,600.00</b>
<b>RESULT AREA 3: ENHANCING PROVISION OF QUALITY HEALTH SERVICES</b>					
<b>Strategic Objective 3.1: Reduce Morbidity and Mortality Associated with Malnutrition</b>					
<b>Activities</b>	<b>2025</b>	<b>2026</b>	<b>2027</b>	<b>2028</b>	<b>Total</b>
3.1.1. Build Capacity for regular growth monitoring and promotion (GMP) at health facilities and communities.	9,518,400.00	4,759,200.00	4,759,200.00	9,518,400.00	28,555,200.00

3.1. 2. Procurement of growth monitoring equipment for health facilities.	80,813,100.00	-	-	-	80,813,100.00
3.1. 3. Sensitization of religious groups and community leaders for dissemination of messages on nutrition care, key household practices and promotion of utilization of PHC services in the State	16,119,200.00	16,119,200.00	16,119,200.00	16,119,200.00	64,476,800.00
3.1. 4. Support distribution of Iron folate supplements to WCBA and adolescent girls during MNCHW	-	-	-	-	-
3.1. 5. Provide portable water supply in PHC to enhance sanitation and hygiene.	332,400,000.00	-	-	-	332,400,000.00
3.1. 6. Establish MIYCN Support Group members in catchment areas on MIYCN, CMAM/IMAM and MNP.	814,200.00	-	-	-	814,200.00

3.1. 7. Train health workers on key household practices including Maternal Infant and Young Child Feeding/ Nutrition, HIV/AIDs Counseling and Testing	8,586,800.00	-	-	-	8,586,800.00
3.1. 8. Sustain and scale up distribution of micronutrient powder (MNP) for children 6 - 23 months	130,787,500.00	130,787,500.00	130,787,500.00	130,787,500.00	523,150,000.00
3.1. 9. Support active case finding of MAM & SAM and provide appropriate treatment	76,834,200.00	76,834,200.00	76,834,200.00	76,834,200.00	307,336,800.00
3.1. 10. Strengthen Nutrition information management and dissemination at all levels	25,548,000.00	25,548,000.00	25,548,000.00	25,548,000.00	102,192,000.00
<b>Subtotal Objective 3.1</b>	<b>681,421,400.00</b>	<b>254,048,100.00</b>	<b>254,048,100.00</b>	<b>258,807,300.00</b>	<b>1,448,324,900.00</b>
<b>Strategic Objective 3.2: Preventing and Managing Nutrition-Related Diseases</b>					

3.2.1. Provide education to the general public on risk factors and increase services for Diet Related Non-Communicable Diseases (DRNCD) at health facilities	25,800,000.00	25,800,000.00	25,800,000.00	25,800,000.00	103,200,000.00
3.2. 2. Strengthen of WASH Committees for Community Led Total Sanitation	18,983,000.00	-	-	-	18,983,000.00
3.2. 3. Procure and distribute Zinc and L -ORS, de-worming tablet for Optimized MNCHW and routine services	237,564,200.00	237,564,200.00	237,564,200.00	237,564,200.00	950,256,800.00
<b>Subtotal Objective 3.2</b>	<b>282,347,200.00</b>	<b>263,364,200.00</b>	<b>263,364,200.00</b>	<b>263,364,200.00</b>	<b>1,072,439,800.00</b>
<b>Strategic Objective 3.3 Preventing Micronutrient Deficiency</b>					
3.3. 1. Promote social and behavioural change communication (SBCC) to encourage appropriate food choices that favour consumption of micronutrient-rich foods	122,976,000.00	122,976,000.00	122,976,000.00	122,976,000.00	491,904,000.00

<b>Subtotal Objective 3.3</b>	<b>122,976,000.00</b>	<b>122,976,000.00</b>	<b>122,976,000.00</b>	<b>122,976,000.00</b>	<b>491,904,000.00</b>
<b>Strategic Objective 3.4 Protecting the Consumer through Improved Food Quality and Safety</b>					
3.4. 1. Domesticate national Quality and Safety guidelines for food handlers in the state	16,506,800.00	-	-	-	16,506,800.00
3.4. 2. Promotion of safe practices through community dialogue on food stuff processing, preservation and storage	66,320,000.00	66,320,000.00	66,320,000.00	66,320,000.00	265,280,000.00
3.4. 3. Conduct Nutrition and consumer education on improved food quality and safety in the State	196,080,000.00	196,080,000.00	196,080,000.00	196,080,000.00	784,320,000.00
3.4. 4. Strengthen Environmental Health Unit on control of public display of cooked foods by food handlers	32,052,000.00	32,052,000.00	32,052,000.00	32,052,000.00	128,208,000.00
3.4. 5. Strengthen the registration and Licensing of food handlers/food operators along the food chain in the state and LGAs	51,282,500.00	-	-	-	51,282,500.00



<b>Subtotal Objective 3.4</b>	<b>362,241,300.00</b>	<b>294,452,000.00</b>	<b>294,452,000.00</b>	<b>294,452,000.00</b>	<b>1,245,597,300.00</b>
<b>RESULT AREA 4. IMPROVING CAPACITY TO ADDRESS FOOD AND NUTRITION INSECURITY</b>					
<b>Strategic Objective 4.1 Assessing, Analyzing and Monitoring of Nutrition Situations</b>					
<b>Activities</b>	<b>2025</b>	<b>2026</b>	<b>2027</b>	<b>2028</b>	<b>Total</b>
<b>4.1. 1.</b> Conduct training and retraining of State and Community Based Agencies and Organizations and all those involved in the planning and implementation of Food and Nutrition programmes and activities.	54,625,200.00	54,625,200.00	54,625,200.00	54,625,200.00	218,500,800.00
<b>4.1. 2</b> Develop and strengthen the effective planning and managerial capacity of State Government as well as Local Government Authorities (LGAs) to address food and nutrition problems through advocacy	16,972,800.00	16,972,800.00	16,972,800.00	16,972,800.00	67,891,200.00

<b>4.1. 3</b> Institute/strengthen mechanism for regular review of nutrition curricula in Primary, Secondary, Tertiary and Vocational institutions	161,827,200.00	161,827,200.00	161,827,200.00	161,827,200.00	647,308,800.00
<b>4.1. 4</b> Conduct training and re-training of Nutritionists, Nutrition Desk Officers and other relevant service providers to improve their capacity for food and nutrition programme management	12,676,800.00	12,676,800.00	12,676,800.00	12,676,800.00	50,707,200.00
<b>4.1. 5</b> Ensure adequate staffing of relevant MDAs in implementing sectoral nutrition programmes with skilled and qualified nutritionists	820,000.00	820,000.00	820,000.00	820,000.00	3,280,000.00
<b>4.1. 6</b> Develop Supportive Supervision Monitoring and Evaluation tools for tracking nutrition programmes in the State	16,972,800.00	16,972,800.00	16,972,800.00	16,972,800.00	67,891,200.00
<b>Subtotal Objective 4.1</b>	<b>263,894,800.00</b>	<b>263,894,800.00</b>	<b>263,894,800.00</b>	<b>263,894,800.00</b>	<b>1,055,579,200.00</b>

<b>Strategic Objective 4.2 Providing a Conducive Macro Economic Environment</b>					
<b>4.2. 1.</b> Incorporate nutrition objectives into MDAs' development policies, plans, and programmes	820,000.00	820,000.00	820,000.00	820,000.00	3,280,000.00
<b>4.2. 2</b> Promote productive capacity through encouraging private sector engagement in food and nutrition related investment	3,420,000.00	3,420,000.00	3,420,000.00	3,420,000.00	13,680,000.00
<b>Subtotal Objective 4.2</b>	<b>4,240,000.00</b>	<b>4,240,000.00</b>	<b>4,240,000.00</b>	<b>4,240,000.00</b>	<b>16,960,000.00</b>
<b>Strategic Objective 4.3 Social Protection Programmes for the Vulnerable Groups</b>					
<b>4.3. 1.</b> Promote the establishment and expansion of existing social protection draft in all sectors with inclusion of nutrition considerations as conditions of social protection programmes to address poverty, malnutrition, and health of the most vulnerable groups;	820,000.00	820,000.00	820,000.00	820,000.00	3,280,000.00

<b>4.3. 2.</b> Strengthen the State Health Insurance Scheme to incorporate the Community Health Insurance services to vulnerable groups, especially women and children	3,280,000.00	3,280,000.00	3,280,000.00	3,280,000.00	13,120,000.00
<b>Subtotal Objective 4.3</b>	<b>4,100,000.00</b>	<b>4,100,000.00</b>	<b>4,100,000.00</b>	<b>4,100,000.00</b>	<b>16,400,000.00</b>
<b>RESULT AREA 5. RAISING AWARENESS AND UNDERSTANDING OF PROBLEM OF MALNUTRITION IN BENUE STATE</b>					
<b>Strategic Objective 5.1 Promote Advocacy, Communication and Social Mobilization</b>					
<b>Activities</b>	<b>2025</b>	<b>2026</b>	<b>2027</b>	<b>2028</b>	<b>Total</b>
<b>5.1. 1.</b> Develop clear advocacy strategy of engagement with relevant policy makers and stakeholders on investment in food and nutrition	1,500,000.00	750,000.00	750,000.00	750,000.00	3,750,000.00

<b>5.1. 2.</b> Create awareness on problems of malnutrition using the mass and social media (such as radio, TV drama, film documentaries, home video, viewing centers, town hall meetings and presentations by advocacy groups, and posters in English and local languages).	3,445,000.00	3,445,000.00	3,445,000.00	3,445,000.00	13,780,000.00
<b>5.1. 3.</b> Promote the use of available local varieties of nutritious food during food demonstrations by local communities	8,027,000.00	8,027,000.00	8,027,000.00	8,027,000.00	32,108,000.00
<b>5.1. 4.</b> Design and produce harmonized, appropriate BCC materials and research findings on food processing and preservation technology for use in villages and households	276,000.00	276,000.00	276,000.00	276,000.00	1,104,000.00

<b>5.1. 5.</b> Promote Behaviour Change Communication (BCC) for better understanding of food and nutrition security problems for improved food and nutrition practices through Seminars and advocacy visits	19,840,000.00	19,840,000.00	9,920,000.00	9,920,000.00	59,520,000.00
<b>5.1. 6.</b> Strengthen collaboration and synergy between relevant MDAs, State & Local Committees on Food & Nutrition, and between state & non-state actors	13,820,000.00	13,820,000.00	13,820,000.00	13,820,000.00	55,280,000.00
<b>5.1. 7.</b> Support stakeholders including NAFDAC, SON, BERWASSA, Consumer protection agency, produce departments, Veterinary dept., and private sectors to set criteria for appropriate standards on nutrition labels for packaged foods.	660,000.00	660,000.00	660,000.00	660,000.00	2,640,000.00
<b>5.1. 8.</b> Advocate for increased monitoring and enforcement that supports compliance with the State regulations on the Code of	780,000.00	780,000.00	780,000.00	780,000.00	3,120,000.00

marketing Breastmilk Substitutes					
<b>5.1. 9.</b> Advocacy to LGAs to compliment implementation of home-grown School feeding program	22,885,000.00	22,885,000.00	22,885,000.00	-	68,655,000.00
<b>5.1.10.</b> Scale up implementation of Home-grown School Feeding Programme	9,087,000.00	9,087,000.00	9,087,000.00	9,087,000.00	36,348,000.00
<b>5.1. 11.</b> Erection of Billboards to raise awareness on nutrition across the States/LGAs	4,016,000.00	4,016,000.00	4,016,000.00	4,016,000.00	16,064,000.00
<b>5.1. 12.</b> Collaborate with network providers like MTN, Airtel, GLO etc. to disseminate nutrition information to the general public	75,000.00	75,000.00	75,000.00	75,000.00	300,000.00
<b>5.1.13.</b> Conduct regular budget tracking to evaluate budget performance of Food & Nutrition in all sectors.	12,017,500.00	12,017,500.00	12,017,500.00	12,017,500.00	48,070,000.00

<b>5. 1. 14.</b> Develop and air TV/Radio jingles and produce leaflets and posters to promote good dietary practices and WASH at household, community levels and schools	2,775,000.00	2,775,000.00	2,775,000.00	2,775,000.00	11,100,000.00
<b>Subtotal Objective 5.1</b>	<b>99,203,500.00</b>	<b>98,453,500.00</b>	<b>88,533,500.00</b>	<b>65,648,500.00</b>	<b>351,839,000.00</b>
<b>Strategic Objective 5.2 Promoting Healthy Lifestyles and Dietary habits</b>					
<b>5.2.1.</b> Promote good dietary habits and healthy lifestyles for all age groups through appropriate social marketing and communication strategies	4,110,000.00	4,110,000.00	2,055,000.00	2,055,000.00	12,330,000.00
<b>5.2. 2.</b> Revise and disseminate food based dietary guidelines for healthy living	857,150.00	-	-	857,150.00	1,714,300.00
<b>5.2.3</b> Promote healthy eating habits to reduce the incidence of non-communicable diseases.	4,110,000.00	4,110,000.00	4,110,000.00	4,110,000.00	16,440,000.00



<b>5.2. 4.</b> Promote regular physical activities and medical checkup in schools and communities including provision of adequate relevant facilities	11,995,900.00	11,995,900.00	5,997,950.00	5,997,950.00	35,987,700.00
<b>5.2. 5.</b> Strengthen existing Television programs that demonstrates the preparation of meals to incorporate nutrition considerations	2,055,000.00	2,055,000.00	2,055,000.00	2,055,000.00	8,220,000.00
<b>5.2. 6.</b> Capacity building of physical and health education, nutrition and other teachers on the need for regular physical exercise & nutrition-related education	2,673,275.00	2,673,275.00	2,673,275.00	2,673,275.00	10,693,100.00
<b>5.2.7</b> Promote the commemoration of Global Hand washing Day.	3,174,000.00	3,174,000.00	3,174,000.00	3,174,000.00	12,696,000.00
<b>5.2.8</b> Training of Teachers/Caregivers on practices and taboos that affects nutritional status of women and adolescent girls health and hygiene	8,059,200.00	8,059,200.00	8,059,200.00	8,059,200.00	32,236,800.00

5.2.9 Training of peer educators (Adolescent and Young girls) on practices and taboos that affects nutritional status of women and adolescent girls health and hygiene	2,044,200.00	2,044,200.00	2,044,200.00	2,044,200.00	8,176,800.00
5.2.10 Sensitization of Household/communities on safe water management	3,102,000.00	3,102,000.00	1,551,000.00	1,551,000.00	9,306,000.00
5.2.11 Conduct food and Nutrition Education to Community Youth Associations at LGA level.	1,671,500.00	1,671,500.00	1,671,500.00	1,671,500.00	6,686,000.00
5.2.12 Provide portable water supply in Public Places to enhance sanitation and hygiene.	9,791,502.00	9,791,502.00	9,791,502.00	9,791,502.00	39,166,008.00
5.2.13 Training and retraining of WASHCOMs and VHPs on sustainable and affordable water supply and hygiene promotion in communities across the 18 LGAs.	9,137,400.00	9,137,400.00	9,137,400.00	9,137,400.00	36,549,600.00
5.2.14 Promote the commemoration of World Water Day.	1,676,500.00	1,676,500.00	1,676,500.00	1,676,500.00	6,706,000.00

5.2.15 Promote the commemoration of World Toilet Day.	652,500.00	652,500.00	652,500.00	652,500.00	2,610,000.00
<b>Subtotal Objective 5.2</b>	<b>65,110,127.00</b>	<b>64,252,977.00</b>	<b>54,649,027.00</b>	<b>55,506,177.00</b>	<b>239,518,308.00</b>
<b>Strategic Objective 5.3 Research in Nutrition</b>					
<b>5.3. 1.</b> Promote research on development of Nutritious diets from locally available staple foods for increased utilization and nutrition	9,229,200.00	9,229,200.00	18,458,400.00	55,375,200.00	92,292,000.00
<b>5.3. 2.</b> Promote, support, and disseminate research findings on food processing and preservation technologies for adaptation at the village and household levels	5,441,700.00	-	-	10,883,400.00	16,325,100.00
<b>Subtotal Objective 5.3</b>	<b>14,670,900.00</b>	<b>9,229,200.00</b>	<b>18,458,400.00</b>	<b>66,258,600.00</b>	<b>108,617,100.00</b>
<b>RESULT AREA 6 RESOURCE ALLOCATION FOR FOOD AND NUTRITION SECURITY AT ALL LEVELS</b>					
<b>Strategic Objective 6.1 Resource allocation for Food and Nutrition Security at all levels</b>					

Activities	2025	2026	2027	2028	Total
6.1.1 Ensure adequate implementation of the policy through sufficient budgetary allocation and timely release of funds.	775,000.00	775,000.00	775,000.00	775,000.00	3,100,000.00
6.1.2 Strengthen the coordination capacity of the Benue State Budget and Economic Planning Commission and line MDAs to mobilize resources for effective management of the Food and Nutrition policy.	755,000.00	755,000.00	755,000.00	755,000.00	3,020,000.00
6.1.3 Conduct regular budget tracking using developed score cards	4,587,000.00	4,587,000.00	4,587,000.00	4,587,000.00	18,348,000.00
6.1.4 Organize quarterly meetings of committee on Food and nutrition at all levels with Partners	3,648,000.00	3,648,000.00	3,648,000.00	3,648,000.00	14,592,000.00
6.1.5 Support participation of SCFN at NNN	12,030,000.00	12,030,000.00	12,030,000.00	12,030,000.00	48,120,000.00
6.1.6 Advocate, produce and	5,601,200.00	5,601,200.00	5,601,200.00	5,601,200.00	22,404,800.00

disseminate State policy on Food and Nutrition and the Plan of Action at the State/LGAs Levels					
6.1.7 Advocate for timely release of funds for food and nutrition activities in MDAs/LGAs	1,030,000.00	1,030,000.00	1,030,000.00	1,030,000.00	4,120,000.00
6.1. 8 Conduct regular budget tracking using developed score cards	8,294,000.00	8,294,000.00	8,294,000.00	8,294,000.00	33,176,000.00
6.1.9 Build the capacity of Nutrition Desk Officers in MDAs/LGAs through training & retraining on resource mobilization and allocation	17,222,400.00	17,222,400.00	17,222,400.00	17,222,400.00	68,889,600.00
6.1.10 Conduct research, monitoring & evaluation on food and nutrition activities in collaboration with partners and the private sector	24,360,000.00	24,360,000.00	24,360,000.00	24,360,000.00	97,440,000.00
<b>Subtotal Objective 6.1</b>	<b>78,302,600.00</b>	<b>78,302,600.00</b>	<b>78,302,600.00</b>	<b>78,302,600.00</b>	<b>313,210,400.00</b>
<b>Strategic Objective 6.2 Incorporating nutrition objectives into MDAs development policies, plans and programmes</b>					

<b>6.2.1.</b> Conduct high level advocacy and awareness campaign on the multi-sectoral nature of nutrition	2,448,000.00	2,448,000.00	2,448,000.00	2,448,000.00	9,792,000.00
<b>Subtotal Objective 6.2</b>	<b>2,448,000.00</b>	<b>2,448,000.00</b>	<b>2,448,000.00</b>	<b>2,448,000.00</b>	<b>9,792,000.00</b>

**Annex II: Consolidated BSMPFAN Logical Framework and Action Plan**

<p><b>Vision:</b> A State where the people are equitably food and nutrition-secured with high quality of life and socioeconomic development contributing to human capital development objectives.</p>							
<p><b>Goal:</b> To attain optimal nutritional status for every person living in Benue State, with particular emphasis on the most vulnerable groups such as children, adolescents, women, elderly, and groups with special nutritional needs.</p>							
<p><b>Result Area 1: Food and Nutrition Security</b></p>							
<p><b>Objective:</b> Sustainable increase in the production, processing and availability of nutritionally rich food to households using climate smart techniques leading to a reduced rate of malnutrition and nutrient deficiency in Benue State.</p>							
<p><b>Target:</b> Reduce the proportion of people who suffer hunger and malnutrition from 50% to 25% by 2025</p>							
Intervention Narrative	Medium Term Targets	Activities Narrative	Indicators	Expected Output	Expected Intermediate Outcome	Responsible MDA	Collaborating MDA(s)
1. Ensuring Food and Nutrition Security at the State, Community and Household levels	Reduce Food insecurity by 15% in 2026	1.1.1. Promote commercial food production by empowering farmers' cooperatives / clusters and private/commercial farmers at the LGAs	1. No of crop farmers' cooperatives/clusters registered and empowered (credit, grants, inputs and training). 2. No of crop farmers' cooperatives/clusters	Production of food crop by farmers promoted	Increased food production leading to a reduction in hunger and Malnutrition	MWASW	BSHA, SCFN, MoE&KM, ADP.

		and community level.	empowered and active 3. No of private commercial crop farmers reached				
		1.1. 2. Support the establishment /refurbishment of Agro based cottage industries for production of complementary foods.	1. No of Agro-based cottage industries refurbished. 2. No of new cottage industries established.	Availability of climate friendly and nutritionally safe agro commodities	Increase in the usage of organic farm inputs among farmers in the state	MoA&FS	MoIT&I, SCFN, MoE&KM, ADP
		1.1. 3. Carry out Advocacy to relevant financial Institutions to enhance increased access to Credit facilities for farmers specially women to expand farm operations (reduced interest rates and collaterals).	1. No of advocacy visits carried out 2. No of women farmers accessing credit facilities.	Availability of climate friendly and nutritionally safe agro commodities	Increase in the usage of organic farm inputs among farmers in the state	MoA&FS	MoIT&I , SCFN, MoE&KM, ADP



		1.1. 4. Build the capacity of Agric Extension Officers on improved techniques in crop and animal production.	1. No of Agric Extension officers trained. 2. No of training sessions carried out.	Availability of climate friendly and nutritionally safe agro commodities	Increase in the usage of organic farm inputs among farmers in the state	MoA&FS	MoIT&I , SCFN, MoE&KM, ADP
		1.1. 5. Advocacy to House of Assembly Committee on Agriculture and Food Sufficiency on enactment of laws/legislation on food fortification, processing and value chain	1. No of Advocacy visits carried out 2. No of laws enacted o food fortification/processing and value chain.	Advocacy to CBN, Financial Institutions and Fed. Min. of Agriculture on extension of credit and access to participation to farmers in the State.		MoA&FS	MoIT&I , SCFN, MoE&KM, ADP
		1.1. 6. Follow up on proposed bills on food fortification, processing and value chain	1. No of bills passed on food fortification, processing and value chain.	Proposed bills on food fortification, processing and value chain followed up on.		MoA&FS	MoIT&I , SCFN, MoE&KM, ADP

		1.1. 7. Sensitize and Support the establishment of homestead farms by rural women farmers	1. No of sensitization seminars/workshops carried out 2. No of homestead farms established by rural women farmers	Advocacy to House of Assembly Committee on Agriculture for extension of legislation on food fortification, processing and value chain carried out.		BSBEPC	MoIT&I , SCFN, MoE&KM, ADP
		1.1.8. Stage agricultural shows and exhibitions in the state with the participation of all 23 LGAs.	1. No of agricultural shows/exhibitions staged at state level 2. No of LGs that participated at the show. 3. Classes of exhibition displayed along the value chains.	Agricultural shows/exhibitions staged		MoA&FS	MoIT&I , SCFN, MoE&KM, ADP
		1.1. 9. Establish specialized agriculturally based programmes for youth and women	1. No of agricultural programmes targeting youth and women. 2. No of youths/women participating in each	Agriculturally based programmes for youth and women improved		MoA&FS	MoIT&I , SCFN, MoE&KM, ADP

			program.				
2: Increasing Availability, Accessibility and Affordability to Food	Reduce Food insecurity by 15% in 2026	1.2. 1. Provide Support to increase hectareage of land under cultivation of crops, livestock farming and fisheries through Government, communities and individuals	1. No of individuals and communities supported to increase production of crops, livestock and fisheries 2. no of additional hectares cultivated 3. additional fish ponds/ranches established.	Awareness and support to increase hectareage of land under cultivation provided	Improved better standard of living	MoA&FS	SCFN, ADP, CSOs, SUNN.
		1.2. 2.Support the establishment of biofortified crop farms - orange fleshed sweet potatoes (OFSP), Vit A cassava and Vit A maize.	1. No of biofortified crop farms established. 2. Number of new entrants in the fortified crop farming	Establishment of biofortified crop farms		MoA&FS	MoIT&I , SCFN, ADP
		1.2.3. Support the establishment of specials farms for fruits, vegetables and edible mushrooms.	1. No of special farms established. 2 Number of new entrants into special crop farming.	Establishment of special farms for fruits, vegetables and edible mushrooms supported		MoA&FS	MoIT&I , SCFN, ADP

		1.2.4. Build the capacity of specialized farmers cooperatives across the state (reducing post-harvest losses, production, processing and distribution) on farm produce.	1. No of capacity-building seminars/workshops held 2. No of specialized farmers reached during trainings	Specialized farmers cooperatives with built capacity across the state	Reduced postharvest lossess	MoA&FS	MoIT&I , SCFN, ADP
		1.2.5. Support the establishment of livestock and fish farms across the 3 senatorial districts	1. No of livestock farms established 2. No of fish farms established	Livestock and fish farms supported		MoA&FS	ADP, SCFN, MoIT&I ,DPs, Universities
		1.2.6. Provide improved planting materials (staple crops including Plantain, Palm seedlings, Banana and Pineapples, maize and cassava cuttings) and livestock /fisheries inputs to farmers across the state to improve food	1.No of farmers reached with improved planting materials 2. No of farmers reached with improved livestock/fisheries input	Planting materials and livestock/fisheries input provided		MoA&FS	ADP, SCFN, MoIT&I ,DPs, BSBEPc

		production.					
		1.2. 7. Conduct Advocacy to Rural Access Mobilization programme (RAMP) and relevant MDAs for rehabilitation of dilapidated feeder roads and construction of new ones for easy evacuation of farm produce	1. No of advocacy visits to relevant state projects and MDAs. 2. number of new feeder roads constructed/ rehabilitated.	New feeder roads constructed/ rehabilitated		MoA&FS	ADP, SCFN, MoIT&I ,
3. Improving Food Harvesting, Processing and Preservation		<b>1.3.1.</b> Provision of smoking kilns and cold chain to clusters of small-scale fish processors /farmers	1. No of smoking provided to processors. 2. No of small-scale fish farmers/processor clusters reached	Smoking kilns and cold chain provided		MoA&FS	ADP, SCFN, DPs
		1.3.2. Build capacity of farmers and fishermen on food value chain	1. No of trainings conducted 2. No farmers and fishermen on food value	Farmers and fishermen trained on food value chain		BSBEPC	MoW, RAMP, MoT&E

			chain				
		1.3. 3. Build the capacity of farmers on appropriate use of organic fertilizers and pesticides	1. No of workshops/sensitization meetings held 2. No of farmers reached. 3. number of farmers adopting the appropriate use of organic fertilizers and pesticides.	Capacity of farmers on appropriate use of organic fertilizers and pesticides built		BSBEPC	MoC, MoA&FS, SBS SCFN, ADP, OPS
		1.3.4. Carry out Advocacy to relevant MDAs on the establishment of commodity trading centres across 3 senatorial districts of the state	1. No of advocacy meetings carried out 2. No of people reached	Establishment of commodity trading centres		MoA&FS	MoC,ADP,DPs , OPS
. Improving Food Preparation and Quality		1.4.1. Carry out Advocacy to relevant MDAs on the need for periodic inspection of food preparation/wastes	1. No of advocacy meetings carried out. 2. number of inspections conducted in stipulated reporting period. 3. Number of food	Periodic inspection of food preparation/wastes management		MoA&FS	MoIT&I ,ADP,DPs, OPS,SCFN, MoE&KM

		management in Restaurants, Bakeries, Eateries and Food vendors	businesses/vendors who have adopted waste management procedures.				
	.	1.4.2. Conduct Sensitization and demonstration on food handling and safety practices to women groups across the 3 senatorial districts	1. No of sensitization seminars/workshops carried out 2. No of senatorial districts covered. 3. no of women groups that have adopted the new innovation. .	Demonstration on food handling and safety practices		SPC	MoA&FS, MoInd, OPS
		1.4.3. Carry out Advocacy to relevant MDAs on registration and licensing of food operators.	1. No of advocacy visits carried out 2. No of MDAs reached through advocacy. 3 no of food vendors registered and licensed.	Registration and licensing of food operators		MoA&FS	SCFN, OPS, MoIT&I
5. Improving Management of Food-Security Crises and Nutrition-in-	.	1.5.1. Organize sensitization campaigns on the use of available storage facilities including strategic food	1. No of campaigns carried out 2. no of individuals/organizations accessing strategic grain	Campaigns on the use of available storage facilities		MoH	MoE&KM, MoA&FS, OPS, MWASW

Emergency		banks and grain reserves.	reserves.				
		1.5.2. Conduct Advocacy for the establishment of Nutrition Desk in the State Emergency Management Agency (SEMA)	1. No of advocacy visits carried out 2. Established nutrition desk in SEMA	Establishment of Nutrition Desk in the State Emergency Management Agency (SEMA)		SCFN	MoIT&I , MOH
		1.5.3. Conduct baseline/post intervention survey on Nutrition-in-emergency on people affected in the State especially vulnerable groups (children, adolescent, women)	1. Baseline survey carried out. 2. No of beneficiaries reached.	Baseline/post intervention survey on Nutrition-in-emergency on people affected in the State		SCFN	SCFN, MOH
		1.5.4. Production/Procurement and distribution of Ready-to-Use Therapeutic Food	1. No of RUTF packages produced/procured for distribution 2. No of RUTF packages distributed. 3. No of	Production/Procurement and distribution of Ready-to-Use Therapeutic		SCFN	MoA&FS, SCFN, MOH, MWASW



		(RUTF) packages to nutrition-in -emergency affected people	beneficiaries reached with RUTF.	Food (RUTF) packages			
		1.6.2. Provision of agro-based teaching aids in primary and secondary schools	1. No. agro based teaching aids developed 2. No of agro-based teaching aids provided like IEC materials, jingles 3. No of schools that were reached	Provision of agro-based teaching aids		MoE&KM	SUBEB, MoA&FS
		1.6.3. Conduct periodic school quiz and debates on food and nutrition	1. No of school quizzes/debates organized	Periodic school quiz and debates on food and nutrition		MoE&KM	SUBEB, MWASW
		1.6.4. Awareness creation and sensitization of Head Teachers and relevant MDAs on establishment of school farms.	1. No of awareness/sensitization meetings carried out	Creation and sensitization of Head Teachers and relevant MDAs on establishment of school farms		MoIT&I	MoE&KM, MWASW, SCFN
		1.6.5 Support the establishment of school farms	1. No of school farms established	Establishment of school farms		MoE&KM	SUBEB, SCFN

		1.6.6 Support the establishment of Young Farmers clubs at primary and secondary school level	1. No of Young Farmers clubs established in schools	Establishment of Young Farmers clubs at primary and secondary school level		MoE&KM	SUBEB, SCFN
		1.6.7 Conduct Training and retraining on food and nutrition to augment the capacity of Agric. and Home Economics Teachers in primary and Post primary schools	1. No of training sessions carried out 2. No. of teachers trained.	Training and retraining on food and nutrition to augment the capacity of Agric. and Home Economics Teachers		MoE&KM	SUBEB, SCFN
		1.6.8. Advocate Policy Makers for the extension of school feeding programmes to primary 4 to 6 in public schools.	1. No of advocacy visits to policy makers carried out 2. Advocacy message developed	Extension of school feeding programmes to primary 4 to 6 in public		BSBEPC	SCFN, MIC&T

				schools.			
		1.6.9 Conduct periodic monitoring of the school feeding programme in the state	1. No of monitoring visits carried out on the school feeding program in the state	Periodic monitoring of the school feeding programme in the state		MoE&KM	SUBEB, BSBEPC, SCFN
<b>Result Area 2: ENHANCING CAREGIVING CAPACITY</b>							
Objective: Sustainable increase in the production, processing and availability of nutritionally rich food to households using climate smart techniques leading to a reduced rate of malnutrition and nutrient deficiency in Benue State							
Target: Reduce the proportion of people who suffer hunger and malnutrition from 50% to 25% by 2028							
Intervention Narrative	Targets	Activities Narrative	Indicators	EXPECTED OUTPUT	EXPECTED INTERMEDIATE OUTCOME	Responsible MDA	Collaborating MDA (s)
1. Ensure Optimal Nutrition in the First 1,000 Days of life.		2.1.1. Advocate for legislation of the prolongation of maternity leave and enactment of paternity leave	1. No. of advocacy visits 2. No. of Legislations enacted	Prolongation of maternity leave and enactment of paternity leave	Reduction in proportion of people who suffer hunger and malnutrition	MWASW	BNHA, SCFN, MoH&HS, MoJ

		2.1. 2. Support Routine Iron-folic acid supplementation for pregnant women	No. of pregnant women that received Iron-folic acid during routine antenatal services	Routine Iron-folic acid supplementation for pregnant women		BNSPHCB	MoH&HS, HMB, SCFN
		2.1. 3. Sustain On-going Iron-folic acid supplementation for pregnant women during MNCH Weeks	No. of pregnant women that received Iron Folate during MNCH weeks	Iron-folic acid supplementation for pregnant women during MNCH Weeks		BNSPHCB	MoH&HS, SCFN, MWASW
		2.1. 4. Strengthen vitamin A supplementation during MNCHW for under-5 children	Percentage of eligible children that received vitamin A during MNCH weeks	Vitamin A supplementation during MNCHW for under-5 children		BNSPHCB	MoH&HS, HMB, SCFN
		2.1. 5. Support Routine Vitamin A supplementation for under-5 children	Percentage of eligible children that received Vitamin A during routine services	Routine Vitamin A supplementation for under-5 children		BNSPHCB	MoH&HS, HMB, SCFN
		2.1. 6. Build capacity of Health Workers to promote women's nutritional status through Dietary	No. of Health Workers trained on Dietary Counseling	Promotion of women's nutritional status through		BNSPHCB	MoH&HS, HMB, SCFN, MWASW

		Counseling during Adolescence, Pregnancy and Lactation		Dietary Counseling			
		<b>2.1. 7.</b> Promote and Support Early initiation and Exclusive Breastfeeding from 0 to 6 months and continued breastfeeding up to 2 years and beyond	1. % of children who were put to breast within 1 hour of birth 2. % of children who were exclusively breastfed 3. % of children 6 - 24 months on continued breastfeeding up to 2 years and beyond	Early initiation and Exclusive Breastfeeding supported		BNSPHCB	MoH&HS, HMB, MWASW, SCFN
		<b>2.1. 8.</b> Promote the establishment of Baby Friendly and food demonstration Centers in health facilities and public places.	1. No of designated Baby Friendly Health Facilities 2. No. of Public places with Breastfeeding corners 3. No. of health facilities with functional food demonstration corners	Establishment of Baby Friendly and food demonstration Centers in health facilities and public places		BNSPHCB	MoH&HS, HMB, MWASW, SCFN
		<b>2.1.9.</b> Ensure the establishment of crèches in all work places having more than 10 women in public and private sectors to promote	1. Proportion of MDAs with established crèches 2. No. of private sector organizations with established creches	Establishment of crèches in work places		BNSPHCB	MoH&HS, HMB, MWASW, SCFN

		Exclusive Breastfeeding.					
		<b>2.1.10.</b> Conduct community dialogue on MIYCN targeted at pregnant women, adolescents and caregivers.	1. No. of dialogues conducted. 2. No. of adolescents, pregnant women and caregivers reached quarterly 3. No. of IEC materials produced and distributed	Community dialogue on MIYCN targeted at pregnant women, adolescents and caregivers		BNSPHCB	MoH&HS, HMB, MWASW, SCFN
		<b>2.1. 11.</b> Train IDPs Camp Officials on mainstreaming Nutrition in Feeding Programmes targeted at the vulnerable groups in Emergency Situations	No. of officials trained on mainstreaming Nutrition in Feeding programmes	Mainstreaming Nutrition in Feeding programmes		BNSPHCB	MoH&HS, HMB, MWASW, SCFN
		<b>2.1. 12.</b> Monitor the implementation of the international code on the marketing of breastmilk substitutes (BMS) in health	1. No. of monitoring visits carried out at the HFs 2. No of health facilities implementing the international code on BMS	Implementation of the international code on the marketing of breastmilk		MWASW	HoS, LGSC, HMB, SCFN, MoH&HS,

		facilities		substitutes (BMS)			
		2.1. 13. Conduct World Breastfeeding Week and all other national nutrition events at all levels - State, LGAs and Wards	1. No. of Nutrition events supported and carried out by the state per year 2. No. of LGAs supporting celebration of World Breastfeeding Week per year	Celebration of World Breastfeeding Week		BNSPHCB	MoH&HS, SCFN, MWASW, MIC&T
2. Caring for the Socioeconomically Disadvantaged and Nutritionally Vulnerable		<b>2.2. 1.</b> Train Caregivers in Orphanages in the State on assessment of nutritional status and appropriate infant and young child feeding practices	1. No. of caregivers in orphanages trained to assess nutritional status 2. No. of orphanages homes involved in the training	Caregivers in orphanages trained to assess nutritional status		MoH&HS	BNSPHCB, HMB, SCFN, MIC&T
		<b>2.2.2.</b> Advocacy for the Creation of Homes for the Elderly	1. No. of elderly homes created	Creation of Homes for the Elderly		BERWASA	MoH&HS, SCFN, BNSPHCB, NPHCDA
		2.2. 3. Sensitization for care of the elderly to meet their nutritional needs	1. No. of sensitization activities conducted	Care of the elderly to meet their nutritional needs		MoH&HS	SCFN, BNSPHCB

Result Area 3: Enhancing Provision of Quality Health Services							
Objective: Reduce Morbidity and Mortality Associated with Malnutrition.							
Target: Reduce the proportion of people who suffer hunger and Malnutrition by 50% by 2028.							
Intervention Narrative	Targets	Activities Narrative	Indicators	Expected Output	Expected Intermediate Outcome	Responsible MDA	Collaborating MDA (s)
1. Reduce Morbidity and Mortality Associated with Malnutrition.	<b>20% reduction of morbidity and mortality rate by 2027</b>	3.1.1. Build Capacity for regular monitoring of growth and promotion (GMP) at health facilities and communities.	1. No. of LG Nutrition Officers trained on growth monitoring and promotion tools. 2. No. of Ward Focal persons trained. 3. No. of sensitization visits by WFPs. 4. No. of Community GMP Facilitators trained	Child survival, growth and development improved.	Morbidity and Mortality Reduced.	BNSPHCB	MoH&HS, MIC&T, HMB, SCFN
		3.1. 2. Procurement of growth monitoring equipment for health facilities.	1. No. of growth monitoring equipment procured 2 No. of health facilities reporting on growth monitoring activities	Availability of growth monitoring equipment in the health facilities across the state.		BNSPHCB	MoH&HS, SCFN
		3.1. 3. Sensitization of religious groups and	1. No. of religious groups and community leaders	Faith Based		BNSPHCB	HMB, SCFN, MIC&T



		community leaders for dissemination of messages on nutrition care, key household practices and promotion of utilization of PHC services in the State	reached 2. No of community leaders visited 3. No. of advocacy visits. 4. % increase in utilization of PHC services	Leaders for dissemination of messages on nutrition care and key household practices sensitized			
		3.1. 4. Support distribution of Iron folate supplements to WCBA and adolescent girls during MNCHW	1. No. of WCBA and adolescent girls reached	Assessment on consumption of household iodized salt.		BNSPHCB	MoH&HS, HMB, SCFN, MWASW,
		3.1. 5. Provide portable water supply in PHC to enhance sanitation and hygiene.	Proportion of PHC with potable and dependable water supply	Availability of portable and dependable water.		BERWASA	MoH&HS, SCFN, BNSPHCB, NPHCDA
		3.1. 6. Establish MIYCN Support Group members in catchment areas on MIYCN, CMAM and MNP.	No. of community volunteers trained.	MIYCN Support Groups establishment and training of members in the 23 LGAs on MIYCN, CMAM and MNP		MoH&HS	SCFN, MWASW, BNSPHCB

				administration.			
		3.1. 7. Train health workers on key household practices including Infant and Young Child Feeding, HIV/AIDs Counseling and Testing.	1. No. of Health workers trained.	Orientation workshop on key household practices with emphasis on IYCF and IYCF in HIV/AIDs for health workers.		MoH&HS	BENSACA, BSPHCB, SCFN
		3.1. 8. Sustain and scale up distribution of micronutrient powder (MNP) for children 6 - 23 months.	1. No. of children 6 - 23 months that receive MNP.	Distribution of micronutrient powder (MNP) for children 6 - 23 months		BNSPHCB	MoH&HS, SCFN
		3.1. 9. Support active case finding of SAM and provide appropriate treatment	1. No. of Community Volunteers trained 2.No. of SAM cases identified and referred from communities to CMAM sites 3. No. of SAM cases treated	Active case finding of SAM and provision of appropriate treatment.		MoH&HS	BNSPHCB, HMB, SCFN
		3.1. 10. Strengthen Nutrition information management and	1. No. of M&E tools produced and distributed 2. No. of health facilities	Nutrition information management		MoH&HS	BNSPHCB, HMB, SCFN, LGSC,

		dissemination at all levels	reporting on nutrition services.	and dissemination at all levels			
2. Preventing and Managing Nutrition Related Diseases		<b>3.2.1.</b> Provide education to the general public on risk factors and increase services for Diet Related Non-Communicable Diseases (DRNCD) at health facilities.	1. No. of nutrition and lifestyle education materials developed, printed and distributed. 2. No. of health facilities with activities to reduce DRNCD. 3. No. of media houses airing nutrition and lifestyle education programs	Nutrition education to the general public on risk factors for Diet Related Non-Communicable Diseases.		MoH&HS	BNSPHCB, HMB, SCFN, MIC&T
		3.2. 2. Strengthening of WASH Committees for Community Led Total Sanitation.	1. No. of WASH Committees revived. 2. No. of WASH Committee members trained.	WASH Committees for Community Led Total Sanitation		BERWASA	MoH&HS, SCFN, BNSPHCB, NPHCDA
		<b>3.2.3</b> Procure and distribute Zinc and L - ORS, de-worming tablet for MNCHW and routine services.	No. of commodities procured and distributed.	Zinc and L -ORS, de-worming tablet for MNCHW and routine services		MoH&HS	SCFN, BNSPHCB

3. Preventing Micronutrient Deficiency		<b>3.3.1.</b> Promote social and behavioural change communication (SBCC) to encourage appropriate food choices that favour consumption of micronutrient-rich foods.	1. No. of SBCC materials developed, printed and distributed. 2. No. of communities sensitized on nutrition and lifestyle education. 3. No. of media houses airing nutrition and lifestyle education programmes.	Social and behavioural change communication (SBCC) to encourage appropriate food choices.		MoH&HS	SCFN, BNSPHCB, NPHCDA RBC
3. Protecting the Consumer through improved food quality and safety		3.4. 1. Domesticating National Quality and Safety guidelines for food handlers in the state.	1. State quality and safety guidelines for food handlers developed. 2. No. of food handlers trained on the guidelines.	National Quality and Safety guidelines for food handlers domesticated.		MoH&HS	SCFN, BNSHCB, BENSESA, MoA&FS
		3.4. 2. Promotion of safe practices through community dialogue on food stuff processing, preservation and storage.	1. No of wholesale raw food seller sensitized. 2. No. of farmers and extension officers trained.	Safe practices on food stuff storage and preservation promoted		MoH&HS	SCFN, MoA&FS
		3.4. 3. Conduct	1. No. of communities	Nutrition and		MoH&HS	SCFN, MIC&T

		Nutrition and Consumer education on improved food quality and safety in the State	sensitized.	Consumer education on improved food quality and safety.			
		3.4. 4. Strengthen Environmental Health Unit on control of public display of cooked foods by food handlers	1. No. of Strengthen Environmental Health Unit	Strengthen Environmental Health Unit		MoH&HS	SCFN, MoA&FS BNSPHCB
		3.4.5 Strengthen the registration and licensing of food handlers/food operators along the food chain in the State and LGAs	No. of food operators registered and licensed	Registration and licensing of food handlers/food operators		MoH&HS	SCFN, MoA&FS, BNSPHCB
<b>RESULT AREA 4: IMPROVING CAPACITY TO ADDRESS FOOD AND NUTRITION INSECURITY</b>							
<b>Objective: To improve food Security at the State, Community and Household Levels</b>							
<b>Target: Reduce the proportion of people who suffer hunger and Malnutrition by 50% by 2027.</b>							
<b>Intervention Narrative</b>	<b>Targets</b>	<b>Activities Narrative</b>	<b>Indicators</b>	<b>Expected Output</b>	<b>Expected Intermediate Outcome</b>	<b>Responsible MDA</b>	<b>Collaborating MDA (s)</b>
4.1 Assessing, Analyzing and	Reduce Food insecurity by	4.1. 1. Conduct training and retraining of State	1. No. of trainings conducted.	Monitoring of Nutrition	Reduction in proportion of	BSBEPC	BSPHCB, MoH&HS

Monitoring of Nutrition Situations	15% in 2027	and Community Based Agencies and Organizations and all those involved in the planning and implementation of food and nutrition programmes and activities.	2. No. of persons trained.	Situations.	people who suffer hunger and Malnutrition		
		4.1. 2 Develop and strengthen the effective planning and managerial capacity of state government as well as local government authorities (LGAs) to address food and nutrition problems through advocacy	1. No. of advocacy meetings held to address food and nutrition problems 2. No. of government officials reached	Effective planning and managerial capacity of state government as well as local government authorities (LGAs)		BSBEPC	MoH&HS, BLGCA, BSPHCB
		4.1. 3 Institute /strengthen mechanism for regular review of nutrition curricula in primary, secondary, tertiary and vocational institutions	1. No. of curricula review meetings held 2. Evaluation of the implemented Curriculum	Mechanism for regular review of nutrition curricula		MoE&KM	SUBEB, TSB, SCFN

		4.1. 4 Conduct training and re-training of Nutritionists, Nutrition Desk Officers and other relevant service providers to improve their capacity for food and nutrition programme management.	1. No. of trainings conducted. 2. No. of nutritionists trained.	Nutritionists, Nutrition Desk Officers and other relevant service providers trained, with enhanced capacity.		BSPHCB	SCFN
		4.1. 5 Ensure adequate staffing of relevant MDAs in implementing sectoral nutrition programmes with skilled and qualified nutritionists.	1. No. of skilled and qualified nutritionists recruited/deployed to relevant MDAs.	MDAs implementing sectoral nutrition programmes with skilled and qualified nutritionists.		MoH&HS	SCFN, BSBEPC
		4.1. 6 Develop supportive supervision monitoring and evaluation tools for tracking nutrition programmes in the State.	1. No. of supportive supervisions conducted (real time)	Supportive supervision monitoring and evaluation tools for tracking nutrition activities.		BSBEPC	SCFN

4.2. Providing a Conducive Macro Economic Environment		4.2. 1. Incorporate nutrition objectives into MDAs' development policies, plans, and programmes	1. No. of MDAs that have developed and incorporated nutrition objectives into their Policies, Plans and Programmes 2. No. of MDAs with Nutrition desk	Incorporate nutrition objectives into MDAs'		BSBEPC	SCFN
		4.2. 2 Promote productive capacity through encouraging private sector engagement in food and nutrition related investment.	1. No. of private agencies investing in food and nutrition intervention.	Private sector engagement in food and nutrition related investment.		BSBEPC	SCFN
4.3. Social Protection Programmes for the Vulnerable Groups.		4.3. 1. Promote the establishment and expansion of existing social protection draft in all sectors with inclusion of nutrition considerations as conditions of social protection programmes to address poverty, malnutrition, and	1. No. of policies expanded. 2. No. of Advocacy meetings held.	Establishment and expansion of existing social protection draft in all sectors.		BSBEPC	MoH&KM, MWASW



		health of the most vulnerable groups.					
		4.3. 2. Strengthen the State Health Insurance Scheme to incorporate the Community Health services to vulnerable groups, especially women and children	1. No. of Advocacy meetings held. 2. Evidence of incorporation of Community Health Insurance into SHIS.	Strengthen the State Health Insurance Scheme.		BENSHIA	BSBEPC , MWASW
Result Area 5: Raising Awareness and understanding of the problem of malnutrition.							
Objective: To increase the knowledge of nutrition among the populace and nutrition education into formal and informal training.							
Target: To increase households with relevant nutrition knowledge and practice by 50%, that improves the nutritional status by 2027.							
Intervention Narrative	Targets	Activities Narrative	Indicators	Expected Output	Expected Intermediate Outcome	Responsible MDA	Collaborating MDA (s)
5.1.1 Promote Advocacy, Communication and Social Mobilization		5.1. 1. Develop clear advocacy strategy of engagement with relevant policy makers and stakeholders on investment in food and nutrition.	No. of meetings held to develop the advocacy strategy. 2. Advocacy material developed.	Advocacy strategy of engagement with relevant policy makers and stakeholders.	Increase households with relevant nutrition knowledge and practice.	MIC&T	MoE&KM, MoH&HS, SCFN
		5.1. 2. Create awareness on problems	1. No. of radio, television programmes, TV drama,	Awareness on problems of		MIC&T	MoE&KM, MoH&HS,

		of malnutrition using the mass and social media (such as radio, TV drama, film documentaries, home video, viewing centers, town hall meetings and presentations by advocacy groups, and posters in English and local languages).	film documentaries, home video aired. 2. No. of posters in English and local languages produced. 3. No. of viewing centers used. 4. No. of town hall meetings and presentations done 5. No of social media fora used.	malnutrition using the mass and social media.			SCFN
		5.1. 3. Promote the use of available local varieties of Nutritious food during food demonstrations by local communities.	No. of local food varieties promoted.	Use of available local varieties of Nutritious food.		MoIS	SCFN, MoA&FS, MoH&HS
		5.1. 4. Design and produce harmonized, appropriate BCC materials and research findings on food processing and preservation technology for use in	No. of BCC materials produced	Harmonized, appropriate BCC materials and research findings on food processing and preservation		MoIS	MoE&KM, MoH&HS, SCFN

		villages and households		technology			
		5.1. 5. Promote Behaviour Change Communication (BCC) for better understanding of food and nutrition security problems for improved food and nutrition practices through Seminars, workshops and advocacy visits	1. No. of Seminars conducted. 2. No. of advocacy visits carried out.	Understanding of food and nutrition security problems.		MoIS	NOA, MoH&HS
		5.1. 6. Strengthen collaboration and synergy between relevant MDAs, State & Local Committees on Food and Nutrition, and between state & non-state actors	No. of meetings organized for relevant MDAs.	Strengthen collaboration and synergy		MED	SCFN, <b>MLGCA</b>
		5.1. 7. Support stakeholders including NAFDAC, SON, BERWASSA, Consumer protection agency,	1. No of stakeholders' meetings held to set up standards for nutrition labels in the State. 2. No of Food vendors	Standards for nutrition labels		MoH&HS	SCFN, MoA&FS

		produce departments, Veterinary dept, and private sectors to set criteria for appropriate standards on nutrition labels for packaged foods.	with set standards.				
		<b>5.1. 8.</b> Advocate for increased monitoring and enforcement that supports compliance with the State regulations on the Code of marketing Breastmilk Substitutes	1. No. of code monitoring tools produced and disseminated 2. No. of health workers trained. 3. No. of monitoring visits conducted. 4. No. of sanctions imposed on violators.	Support in compliance with the State regulations on the Code of marketing Breastmilk Substitutes.		MoH&HS	MED, NAFDAC, HMB
		<b>5.1. 9.</b> Advocacy to LGAs to compliment implementation of home-grown School feeding programme.	No. of LGAs implementing school feeding programme.	Implementation of home-grown School feeding programme.		MED	SCFN, MLG, MoE&KM, MoA&FS
		<b>5.1.10.</b> Scale up implementation of	1. No of schools implementing school	Implementation of Home-grown		MoIS	SCFN, MoH&HS

		Home-grown School Feeding Programme.	feeding programme. 2. No of pupils benefitting from Home Grown School Feeding Programme.	School Feeding Programme.			
		<b>5.1. 11.</b> Erection of Billboards to raise awareness on nutrition across the State/LGAs	No. of billboards erected	Awareness on nutrition across the State/LGAs		MoIS	SCFN
		<b>5.1. 12.</b> Collaborate with network providers like MTN, Airtel, GLO etc. to disseminate nutrition information to the general public	No. of network providers disseminating nutrition information to their subscribers.	Disseminate nutrition information to the general public.		MED	SCFN
		<b>5.1.13.</b> Conduct regular budget tracking to evaluate budget performance of Food & Nutrition in all sectors.	1. No. of budget performance conducted 2. No. of budget performance report produced.	Budget tracking to evaluate budget performance.		MoH&HS	MoIS, SCFN
		<b>5. 1. 14.</b> Develop and	1. No of radio	Promote good		MIC&T	SCFN,

		air TV/Radio jingles and produce leaflets and posters to promote good dietary practices and WASH at household, community levels and schools	programmes jingles, slots and leaflets prepared and aired.  2. No of IEC materials produced and disseminated	dietary practices and WASH at household, community levels and schools			MoH&HS
5.2. Promoting Healthy Lifestyles and Dietary habits		5.2.1. Promote good dietary habits and healthy lifestyles for all age groups through appropriate social marketing and communication strategies.	1. No of healthy lifestyles and dietary habits sensitizations conducted. 2. No. of beneficiaries of healthy lifestyles and dietary habits sensitization.	Good dietary habits and healthy lifestyles promoted.		MoIS	SCFN, MoH&HS
		5.2. 2. Revise and disseminate food based dietary guidelines for healthy living.	No. of copies of the revised food based dietary guidelines for healthy living disseminated.	Food based dietary guidelines for healthy living made available.		MoH&HS	SCFN, MoIS
		5.2.3 Promote healthy eating habits to reduce the incidence of non-communicable diseases	1. No. of sensitization outreaches conducted. 2. No. of beneficiaries of healthy eating habits			MoH&HS	MIC&T

		in the communities.	sensitization. 3. No. of sensitized persons that have adopted healthy eating habits.				
		5.2. 4. Promote regular physical activities and medical check-up in schools and communities including provision of adequate relevant facilities.	1. No. of medical checkups carried out in Schools and Communities. 2. No. of beneficiaries of medical checkup in Schools and Communities. 3. No. of Pupils/Students that participated in regular physical activities in Schools. 4. No. of Schools provided with relevant facilities for physical and health activities.	Regular physical activities and medical check-up in schools and communities.		MoIS	SCFN
		5.2. 5. Strengthen existing Television programmes that demonstrate the	1. No. of TV programmes that demonstrate the preparation of nutritious meals.	Demonstrate the preparation of meals to incorporate		MoE&KM	MY&SD, SCFN

		preparation of meals to incorporate nutrition considerations.	2. No. of Local Government Areas reached.	nutrition considerations.			
		5.2. 6. Capacity building of physical and health education, nutrition and other teachers on the need for regular physical exercise & nutrition-related education.	1. No. of physical and health education teachers trained on physical exercise & nutrition education.	Regular physical exercise & nutrition education.		MoE&KM	MoH&HS, MY&SD, SCFN
		5.2.7 Promote the commemoration of Global Handwashing Day.	1.Event commemorated in the State on scheduled date. 2. Activity reports and pictures.	Commemoratio n of Global Handwashing Day.		MoE&KM	MY&SD, SCFN, SPHCDA
		5.2.8 Training of Teachers/Caregivers on practices and taboos that affect nutritional status of women and adolescent girls health and hygiene.	No. of Teachers and Caregivers trained.	Awareness on nutrition practices, taboos and hygiene.		MoE&KM	MoH&HS, SCFN, MY&SD



		5.2.9 Training of peer educators (Adolescent and Young girls) on practices and taboos that affects nutritional status of women and adolescent girls health and hygiene.	No. of peer Educators trained.	Peer educators (Adolescent and Young girls) trained on nutrition practices and taboos.		MoE&KM	MoH, SCFN, MYS
		5.2.10 Sensitization of Households /communities on safe water management.	No. of Communities and Households sensitized on safe water management.	Communities and Households sensitized.		MoE&KM	MoH&HS, SCFN, MY&SD
		5.2.11 Conduct food and Nutrition Education to Community Youth Associations at LGA level.	1. No. of LGAs reached 2. No. of Youth Associations trained.	Education of Community Youth Associations on Food and Nutrition.		MoH&HS	SCFN, MY&SD
		5.2.12 Provide portable water supply in Public Places to enhance sanitation and hygiene.	No. of Public Places with potable and dependent water supply.	Portable water supply in Public Places to enhance sanitation and hygiene.		BERWASSA	MOWR

		5.2.13 Training and retraining of WASHcoms and VHPs on sustainable and affordable water supply and hygiene promotion in communities across the 23 LGAs.	No. of WASHcoms and VHPs trained in communities.	Sustainable and affordable water supply and hygiene promotion in communities.		BERWASSA	MOWR
		5.2.14 Promote the commemoration of World Water Day.	1. Event commemorated in the State on scheduled date. 2. Activity reports and pictures.	Commemoration of World Water Day.			
		5.2.15 Promote the commemoration of World Toilet Day.	1. Event commemorated in the State on scheduled date. 2. Activity reports and pictures.	Commemoration of World Toilet Day.			
5.3. Research in Nutrition		5.3. 1. Promote research on development of nutritious diets from locally available staple foods for improved	1. No of researches conducted 2. No of under-utilized crops identified and integrated into food	Development of nutritious diets from locally available staple foods		MoE&KM	MOA&FS, SCFN

		utilization and nutrition	system				
		5.3. 2. Promote, support, and disseminate research findings on food processing and preservation technologies for adaptation at the village and household levels.	1. No. of research reports produced. 2. No. of villages and households using the adapted research findings.	Dissemination of research findings on food processing and preservation technologies		MoE&KM	SCFN, MLG
Result Area 6: RESOURCE ALLOCATION FOR FOOD AND NUTRITION SECURITY AT ALL LEVELS							
Objective: To incorporate food and nutrition considerations into the State and Local Government sectoral development plan.							
Target: To increase the number of relevant MDAs at all levels with functional nutrition unit by 75%							
Intervention Narrative	Targets	Activities Narrative	Indicators	Expected Output	Expected Intermediate Outcome	Responsible MDA	Collaborating MDA (s)
6.1. Resource allocation for Food and Nutrition Security at all levels	Reduce Food insecurity by 15% in 2027.	6.1.1. Ensure adequate implementation of the policy through sufficient budgetary allocation and timely release of funds.	1. No. of MDAs receiving timely release of funds. 2. No. of Advocacy visits held.	Budgetary allocation and timely release of funds.	Increase the number of relevant MDAs with functional nutrition unit and resource	BSBEPC	SCFN, MOF

					allocation.		
		6.1.2. Strengthen the coordination capacity of the Benue State Budget and Economic Planning Commission and line MDAs to mobilize resources for effective management of the Food and Nutrition policy.	1. No. of coordination meetings held. 2. No. of advocacy meetings for funding held.	Strengthen the coordination capacity.		BSBEPC	SCFN
		6.1.3. Conduct regular budget tracking using developed scorecards.	1. No. of MDAs & LGAs with Budget tracking scorecards. 2. No. of Budget tracking reports.	Budget tracking using developed scorecards.		BSBEPC	MoH&HS, SCFN, BSPHCB
		6.1.4. Organize quarterly meetings of committee on Food and nutrition at all levels with Partners.	No. of meetings held and reports produced.	Quarterly meetings of committee on Food and nutrition.		BSBEPC	SCFN, LGAs NFPs, Partners
		6.1.4. Support participation of SCFN at NNN.	No. of SCFN members supported to attend NNN meeting.	Participation of SCFN at NNN.		BSBEPC	SCFN

		6.1.5. Advocate, produce and disseminate State policy on Food and Nutrition and the Plan of Action at the State Levels.	No. of State policy document produced and distributed.	Produce and disseminate State policy on Food and Nutrition and the Plan of Action.		BSBEPC	SCFN,
		6.1.6. Advocate for timely release of funds for food and nutrition activities in MDAs/LGAs	No. of advocacy visits recorded.	Timely release of funds for food and nutrition activities.		BSBEPC	SCFN, MOF
		6.1.7. Build the capacity of Nutrition desk officers in MDAs/LGAs through training & retraining on resource mobilization and allocation.	1. No. of officers trained. 2. No. of trainings conducted.	Nutrition desk officers trained on resource mobilization and allocation.		BSBEPC	SCFN, MoH&HS
		6.1.8. Conduct research, monitoring & evaluation on food and nutrition activities in collaboration with partners and the	1. No. of M & E visits conducted. 2. No. of monitoring reports produced.	Research, monitoring & evaluation on food and nutrition activities.		BSBEPC	SCFN, MoH&HS

		private sector.					
		6.1.9. Build the capacity of Health and Nutrition workers at state and local government on Nutrition data tools and DHIS.	1. No. of health and Nutrition workers trained. 2. No. of health and Nutrition workers that use data tools.	Health and Nutrition workers trained on data tools.		BSBEPC	MoH&HS, SCFN, SPHCB
6.2. Incorporating nutrition objectives into MDAs development policies, plans and programmes.	Reduce Food insecurity by 15% in 2027.	<b>6.2.1.</b> Conduct high level advocacy and awareness campaign on the multi-sectoral nature of nutrition.	No. of Advocacy campaigns conducted.	Awareness campaign on the multi-sectoral nature of nutrition.		BSBEPC	SCFN, MoH&HS

**Annex III: Nutrition Investments Estimate Cost Matrix by MDAs 2025 – 2028**

Lead Agency	Activities Narrative	Indicators	Total Cost per Activity	Collaborating MDA (s)	Strategic Objective
<b>MOA&amp;FS</b>	1.3.1. Provision of smoking kilns to clusters of small-scale fish processors /farmers.	1. No. of smoking kilns provided to processors. 2. No. of small-scale fish farmers/processor clusters reached.	147,132,750.00	SCFN, BNSPHCB	1
<b>MOA&amp;FS</b>	1.3. 3. Build the capacity of farmers on appropriate use of organic fertilizers and pesticides.	1. No. of workshops/sensitization meetings held. 2. No. of farmers reached. 3. No. of farmers adopting the appropriate use of organic fertilizers and pesticides.	6,022,500.00	SCFN, BNSPHCB	1
<b>MOA&amp;FS</b>	1.3.4. Carry out Advocacy to relevant MDAs on the establishment of commodity trading centres across the 3 senatorial districts of the state.	1. No. of advocacy meetings carried out. 2. No. of people reached.	700,000.00	SCFN, MoH&HS, MIC&T	1
<b>MOA&amp;FS</b>	1.2. 1. Provide Support to increase hectarage of land under cultivation of crops, livestock farming and fisheries through Government, communities and individuals	1. No. of individuals and communities supported to increase production of crops, livestock and fisheries 2. No. of additional hectares cultivated. 3. Additional fish ponds/ranches established.	1,120,000.00	MIC&T, SCFN, LGSC	1

<b>MOA&amp;FS</b>	1.2. 2.Support the establishment of biofortified crop farms - orange fleshed sweet potatoes (OFSP), Vit. A cassava and Vit. A maize.	1. No. of biofortified crop farms established. 2. No. of new entrants in the fortified crop farming.	7,500,000.00	SCFN	1
<b>MOA&amp;FS</b>	1.2.3. Support the establishment of specials farms for fruits, vegetables and edible mushrooms.	1. No. of special farms established. 2 No. of new entrants into special crop farming.	96,000,000.00	MoE&KM, SCFN, MIT&I	1
<b>MOA&amp;FS</b>	1.2.4. Build the capacity of specialized farmers cooperatives across the state (reducing post-harvest losses, production, processing and distribution) on farm produce.	1. No. of capacity-building seminars/workshops held. 2. No. of specialized farmers reached during trainings.	9,383,250.00	MWASW, SCFN	1
<b>MOA&amp;FS</b>	1.1.9. Enhance increased access of more farmers especially women and youths to specialized agricultural-based programmes	1. No. of agricultural programmes targeting youth and women. 2. No. of Women and youths accessing existing Agric. programmes	1,212,118,000.00	MWASW, SCFN	1
<b>MOA&amp;FS</b>	1.2. 7. Conduct Advocacy to Rural Access Mobilization programme (RAMP) and relevant MDAs for rehabilitation of dilapidated feeder roads and construction of new ones for easy evacuation of farm produce	1. No. of advocacy visits to relevant state projects and MDAs. 2. No. of new feeder roads constructed/ rehabilitated.	2,100,000	MOI, SCFN	1



<b>MOA&amp;FS</b>	1.2.3. Provide Support (Credit, inputs & trainings) to increase special farms, fisheries/aquaculture farms (fish, shrimps & prawns) through Government, communities and individuals as well as Support the establishment for fruits, vegetables and edible mushrooms.	1. No. of individuals and communities supported to increase Fish/ Aquaculture production. 2. No. of active Fish/Aquaculture farms. 3. No. of Aquaculture products stocked in active farms. 4. No. of special farms established. 5. No. of new entrants into special crop farming.	96,000,000.00	SCFN	1
<b>MOA&amp;FS</b>	1.1.1. Promote commercial food production by empowering farmers cooperatives / clusters and private/commercial farmers at the LGAs and community level.	1. No. of farmers cooperatives/clusters registered. 2. No. of farmers cooperative/clusters empowered. 3. No. of private/commercial farmers reached.	9,899,850.00	SCFN, MoH&HS	1
<b>MOA&amp;FS</b>	1.1. 2. Support the establishment /refurbishment of Agro based cottage industries for production of complementary food packages.	1. No. of Agro-based cottage industries refurbished. 2. No. of new cottage industries established.	1,182,500.00	SCFN, MoH&HS	1
<b>MOA&amp;FS</b>	1.1. 3. Carry out Advocacy to relevant financial Institutions to enhance increased access to Credit facilities for farmers, especially women to expand farm operations (reduced interest rates and collaterals).	1. No. of advocacy visits carried out. 2. No. of women farmers accessing credit facilities.	400,000.00	SCFN, MoH&HS	1

<b>MOA&amp;FS</b>	1.1. 4. Build the capacity of Agric. Extension Officers on improved techniques in crop and animal production.	1. No. of Agric. Extension officers trained. 2. No. of training sessions carried out.	14,207,750.00	BNSHA, SCFN, <b>MOI</b>	1
<b>MOA&amp;FS</b>	1.2.5. Support the establishment of livestock and fish farms across the 3 senatorial districts.	1. No. of livestock farms established 2. No. of fish farms established	105,000,000	BNSHA, <b>MOI</b> , SCFN	1
<b>MOA&amp;FS</b>	1.1. 5. Advocacy to House of Assembly Committee on Agriculture and Food Sufficiency on enactment of laws/legislation on food fortification, processing and value chain.	1. No. of Advocacy visits carried out 2. No. of laws enacted on food fortification/processing and value chain.	420,000.00	SCFN	1
<b>MOA&amp;FS</b>	1.1. 6. Follow up on proposed bills on food fortification, processing and value chain.	1. No. of bills passed on food fortification, processing and value chain.	400,000.00	MoH&HS, SCFN	1
<b>MOA&amp;FS</b>	1.3.3. Build capacity of farmers and fishermen on food value chain	1. No. of capacity-building seminars/workshops held. 2. No. of fishermen/farmers reached during food value chain trainings.	6,022,500.00	MoH&HS, SCFN	1
<b>MOA&amp;FS</b>	1.1. 7. Sensitize and Support the establishment of homestead farms by rural women farmers.	1. No. of sensitization seminars/workshops carried out. 2. No. of homestead farms established by rural women farmers	2,739,000.00	MoH&HS, SCFN	1
<b>MOA&amp;FS</b>	1.1.8. Stage agricultural shows and exhibitions in the state with the participation of all 23 LGAs.	1. No. of agricultural shows/exhibitions staged at state level. 2. No. of LGs that participated at	9,120,000.00	MoH&HS, SCFN, LGSC	1

		the show. 3. classes of exhibition displayed along the value chains.			
			<b>1,727,468,100.00</b>		

Lead Agency	Activities Narrative	Indicators	Total Cost per Activity	Collaborating MDA(s)	Strategic Objective
BSBEPC	4.1. 1. Conduct training and retraining of State and Community Based Agencies and Organizations and all those involved in the planning and implementation of food and nutrition programmes and activities.	1. No. of trainings conducted 2. No. of persons trained	218,500,800.00	BNSPHCB, MoH&HS	4
BSBEPC	4.1. 2 Develop and strengthen the effective planning and managerial capacity of state government as well as local government authorities (LGAs) to address food and nutrition problems through advocacy.	1. No. of advocacy meetings held to address food and nutrition problems 2. No. of government officials reached	67,891,200.00	MoH&HS, BLGCA, BNSPHCB	4
BSBEPC	4.1. 6 Develop supportive supervision monitoring and evaluation tools for tracking nutrition programmes in the State.	1. No. of supportive supervisions conducted (real time)	67,891,200.00	SCFN, BSBEPC	4

BSBEPC	4.2. 1. Incorporate nutrition objectives into MDAs development policies, plans, and programmes.	1. No. of MDAs that have developed and incorporated nutrition objectives into their Policies, Plans and Programmes 2.No. of MDAs with Nutrition desk.	3,280,000.00	SCFN	4
BSBEPC	<b>4.2. 2</b> Promote productive capacity through encouraging private sector engagement in food and nutrition related investment.	No. of private agencies investing in food and nutrition intervention.	13,680,000.00	SCFN	4
BSBEPC	4.3. 1. Promote the establishment and expansion of existing social protection draft in all sectors with inclusion of nutrition considerations as conditions of social protection programmes to address poverty, malnutrition, and health of the most vulnerable groups.	No. of policies expanded. No. of Advocacy meetings held.	3,280,000.00	BSBEPC, MWASW	4
BSBEPC	4.3. 2. Strengthen the State Health Insurance Scheme to incorporate the Community Health Insurance health services to vulnerable groups, especially women and children.	No. of Advocacy meetings held. Evidence of incorporation of Community Health Insurance into SHIS.	13,120,000.00	BSBEPC, MWASW	4
BSBEPC	6.2.1 Ensure adequate implementation of the policy through sufficient budgetary allocation and timely release of	No. of MDAs receiving timely release of funds. No. of Advocacy visits held.	9,792,000.00	SCFN	6

	fund.				
BSBEPC	5.1. 5. Promote Behaviour Change Communication (BCC) for better understanding of food and nutrition security problems for improved food and nutrition practices through Seminars and advocacy visits.	No. of Seminars conducted No. of advocacy visits carried out	59,520,000.00	NOA, MoH&HS, MOI	5
BSBEPC	5.1. 1. Develop clear advocacy strategy of engagement with relevant policy makers and stakeholders on investment in food and nutrition.	1. No. of meetings held to develop the advocacy strategy 2. Advocacy material developed	3,750,000.00	MoH&HS, SCFN, MOI	5
BSBEPC	5.1. 6. Strengthen collaboration and synergy between relevant MDAs, State & Local Committees on Food and Nutrition, and between state & non-state actors	No. of meetings organized for relevant MDAs.	55,280,000.00	SCFN, BLGCA	5
BSBEPC	5.1. 9. Advocacy to LGAs to compliment implementation of home-grown School feeding programme.	No. of LGAs implementing school feeding programme.	68,655,000.00	SCFN, BLGCA, MoE&KM, MoA&FS, SUBEB	5
BSBEPC	6.1.2. Ensure adequate implementation of the policy through sufficient budgetary allocation and timely release of funds.	No. of MDAs receiving timely release of funds. No. of Advocacy visits held.	3,100,000.00	SCFN	6

BSBEPC	6.1.2. Strengthen the coordination capacity of the State planning commission and line MDAs to mobilize resources for effective management of the Food and Nutrition policy.	No. of coordination meetings held. No. of advocacy meetings for funding held.	3,020,000.00	SCFN	6
BSBEPC	6.1.3. Conduct regular budget tracking using developed score cards.	1. No. of MDAs & LGAs with Budget tracking score cards. 2. No. of Budget tracking reports.	18,348,000.00	MoH&HS, SCFN, BNSPHCB	6
BSBEPC	6.1.4. Organize quarterly meetings of committee on Food and nutrition at all levels with Partners.	No. of meetings held and reports produced.	14,592,000.00	SCFN, LGAs NFPs,	6
BSBEPC	6.1.5. Support participation of SCFN at NNN.	No. of SCFN members supported to attend NNN meeting.	48,120,000.00	Partners	6
BSBEPC	6.1.6. Advocate, produce and disseminate State policy on Food and Nutrition and the Plan of Action at the State Levels.	No. of State policy document produced and distributed.	22,404,800.00	SCFN	6
BSBEPC	6.1.7. Advocate for Timely Release of funds for food and nutrition activities in MDAs/LGAs.	No. of advocacy visits recorded.	4,120,000.00	SCFN	6
BSBEPC	6.1.8. Build the capacity of Nutrition desk officers in MDAs/LGAs through training & retraining on resource mobilization and allocation.	1. No of officers trained. 2. No of trainings conducted.	33,176,000.00	SCFN,	6
BSBEPC	6.1.9. Conduct research, monitoring & evaluation on food and nutrition activities in collaboration with partners and the private sector.	1. No. of M & E visits conducted. 2. No of monitoring reports produced.	68,889,600.00	SCFN,	6

BSBEPC	6.1.10. Build the capacity of Health and Nutrition workers at state and local government on Nutrition data tools and DHIS.	1. No. of health and Nutrition workers trained.  2. No. of health and Nutrition workers that use data tools.	97,440,000.00	SCFN,	6
			<b>897,850,600.00</b>		

Lead Agency	Activities Narrative	Indicators	Total Cost per Activity	Collaborating MDA (s)	Strategic Objectives
<b>MoE&amp;KM</b>	5.2. 2. Revise and disseminate food based dietary guidelines for healthy living.	No. of revised food based dietary guidelines for healthy living disseminated.	1,714,300.00	SCFN, MoH&HS	5
<b>MoE&amp;KM</b>	5.2. 6. Capacity building of physical and health education, nutrition and other teachers on the need for regular physical exercise & nutrition-related education	No. of physical and health education teachers trained on physical exercise & nutrition education.	2,775,000.00	BNSPHCB, MoH&HS	5
<b>MoE&amp;KM</b>	1.6.3. Awareness creation and sensitization of Head Teachers and relevant MDAs on establishment of school farms.	1. No. of awareness/sensitization meetings carried out.	3,120,000.00	MoA&FS, SCFN, MWASW	1
<b>MoE&amp;KM</b>	4.1. 3 Institute/strengthen mechanism for regular review of nutrition curricula in primary, secondary, tertiary and vocational institutions.	1. No. of curricula review meetings held. 2. Evaluation of the implemented Curriculum.	647,308,800.00	SUBEB, TSB,	4

<b>MoE&amp;KM</b>	<b>5.1. 8.</b> Advocacy to LGAs to compliment implementation of home-grown School feeding programme.	1. No. of LGCs implementing school feeding programme.	68,655,000.00	SUBEB, MoA&FS, LGSC	5
<b>MoE&amp;KM</b>	<b>5.1.9.</b> Scale up implementation of Home-grown School Feeding Programme.	1. No. of schools implementing school feeding programme. 2. No. of pupils benefitting from Home Grown School Feeding Programme.	36,348,000.00	SUBEB, MoA&FS, MoH&HS	5
<b>MoE&amp;KM</b>	<b>5.2. 6.</b> Capacity building of physical and health education, nutrition and other teachers on the need for regular physical exercise & nutrition-related education.	No. of physical and health education teachers trained on physical exercise & nutrition education.	10,693,100.00	BNSPHCB, MoH&HS	5
			<b>770,614,200.00</b>		

Activity No.	Activities Narrative	Indicators	Total Cost per Activity	Collaborating MDA (s)	Strategic Objective
<b>SEMA</b>	2.1. 11. Train IDP Camp Officials on mainstreaming Nutrition in Feeding Programmes targeted at the vulnerable groups in Emergency Situations.	No. of officials trained on mainstreaming Nutrition in Feeding programmes.	643,250.00	SCFN, MoH&HS, SPHCB	1
			<b>643,250.00</b>		



Lead Agency	Activities Narrative	Indicators	Total Cost per Activity	Collaborating MDA (s)	Strategic Objective
<b>BERWASSA</b>	5.2.7 Promote the commemoration of Global Handwashing Day.	Event commemorated in the State on scheduled date. Activity reports and pictures.	12,696,000.00	MoE&KM, MoH&HS, SUBEB, MWASW, NGOs	5
<b>BERWASSA</b>	5.2.12 Provide portable water supply in Public Places to enhance sanitation and hygiene.	No. of Primary Health Centres with potable and dependable water supply.	39,166,008.00	MoH&HS, MOWR	5
<b>BERWASSA</b>	5.1.14 Sensitization and Advocacy with LGA Stakeholders on sustainable access to safe and affordable Water Sanitation and Hygiene.	No. of Advocacy meetings held with the LGA Stakeholders. Activity reports and pictures	11,100,000.00	BNSPHCB,	5
<b>BERWASSA</b>	5.2.7 Promote the commemoration of Global Hand washing Day.	Event commemorated in the State on scheduled date.  Activity reports and pictures.	12,696,000.00	MoE&KM, MoH&HS, NGOs	5
<b>BERWASSA</b>	5.2.10 Sensitization of Household/communities on safe water management.	Communities and Households sensitized on safe water management.	9,306,000.00	MoH&HS ,MOWR	5
<b>BERWASSA</b>	5.2.12 Provide portable water supply in Public Places to enhance sanitation and hygiene.	No of Public Places with potable and dependable water supply	39,166,008.00	MoH&HS, BNPHCB	5
<b>BERWASSA</b>	5.2.13 Training and retraining of WASHCOMs and VHPs on sustainable and affordable water supply and hygiene promotion in communities across the 18 LGAs.	No of WASHCOMs and VHPs trained in communities.	36,549,600.00	MOWR, BNPHCB	5

	5.2.14 Promote the commemoration of World Water Day.	Event commemorated in the State on scheduled date. Activity reports and pictures.	6,706,000.00	MoWR, BNPHCB	5
<b>BERWASSA</b>	5.2.15 Promote the commemoration of World Toilet Day.	Event commemorated in the State on scheduled date. Activity reports and pictures.	2,610,000.00	MoWR, BNPHCB	5
			<b>169,995,616.00</b>		

Activity No.	Activities Narrative	Indicators	Total Cost per Activity	Collaborating MDA (s)	Strategic Objective
<b>SPHCB</b>	2.1.1. Support Routine Iron-folic acid supplementation for pregnant women.	No. of pregnant women that received IFA during routine antenatal services.	540,000.00	MOI, SCFN, MoH&HS, MWASW	2
<b>SPHCB</b>	2.1. 2. Sustain On-going Iron-folic acid supplementation for pregnant women during MNCH Week.	No. of pregnant women that received Iron Folate during MNCH week.	601,335,600.00	MoH&HS, SCFN, MWASW	2
<b>SPHCB</b>	2.1. 3. Strengthen vitamin A supplementation during MNCHW for under-5 children (UNICEF)	% of eligible children that received vitamin A during MNCH weeks	0	MoH&HS, HMB, SCFN	2
<b>SPHCB</b>	2.1. 4. Support Routine Vitamin A supplementation for under-5 children.	% of eligible children that received Vitamin A during routine services	447,939,200.00	MoH&HS, HMB, SCFN, MWASW	2
<b>SPHCB</b>	2.1. 5. Build capacity of Health workers to promote women's	No. of Health workers trained on Dietary Counseling.	77,388,800.00	MoH&HS, HMB, MWASW, SCFN	2

	nutritional status through Dietary Counseling during Adolescence, Pregnancy and Lactation.				
<b>SPHCB</b>	2.1. 7. Promote and Support Early initiation and Exclusive Breastfeeding from 0 to 6 months and continued breastfeeding up to 2 years and beyond.	1. % of children who were put to breast within 1 hour of birth 2. % of children who were exclusively breastfed 3. % of children 6 - 24 months on continued breastfeeding up to 2 years and beyond	21,714,700.00	MoH&HS, HMB, MWASW, SCFN	2
<b>SPHCB</b>	3.1. 3. Sensitization of religious groups and community leaders for dissemination of messages on nutrition care, key household practices and promotion of utilization of PHC services in the State.	1. No. of religious groups and community leaders reached. 2. No of community leaders visited. 3. No. of advocacy visits. 4. % increase in utilization of PHC services.	64,476,800.00	MoH&HS, HMB, SCFN, MWASW,	3
<b>SPHCB</b>	3.1. 4. Support distribution of Iron folate supplements to WCBA and adolescent girls during MNCHW.	1. No. of WCBA and adolescent girls reached.	0	MoH&HS, SCFN, LGSC	3
<b>SPHCB</b>	3.1. 8. Sustain and scale up distribution of micronutrient powder (MNP) for children 6 - 23 months.	1. No. of children 6 - 23 months that receive MNP.	523,150,000.00	MoH&HS, SCFN	3

<b>SPHCB</b>	2.3.2. Establishment of community and school-based education platforms to address micro-Nutrient deficiencies and emerging issues of overweight and obesity.	1. No. of community-based platforms established. 2. No. of School education-based platforms established.	0	MoE&KM, LGSC	2
<b>SPHCB</b>	3.1.1. Build Capacity of Nutrition officers for regular monitoring of growth and promotion (GMP) at health facilities and communities.	1. No. of LG Nutrition Officers trained on the use of growth monitoring and promotion tools. 2. No. of Ward Focal persons trained. 3. No. of sensitization visits by WFPs 4. No. of Community GMP Facilitators trained.	28,555,200.00	MoH&HS, LGSC, SCFN, HMB	3
<b>SPHCB</b>	3.1. 2. Procurement of equipment for monitoring of growth and promotion at health facilities.	1. No. of growth monitoring equipment procured 2 No. of health facilities supplied with growth monitoring equipment	80,813,100.00	MoH&HS, SCFN, LGSC	3
<b>SPHCB</b>	3.3. 1. Promote social and behavioural change communication (SBCC) to encourage appropriate food choices that favour consumption of micronutrient-rich foods.	1. No. of SBCC materials developed, printed and distributed 2. No. of communities sensitized on nutrition and lifestyle education 3. No. of media houses airing nutrition and lifestyle education programs	491,904,000.00	MoH&HS, SCFN, MoI	3
<b>SPHCB</b>	2.1. 8. Promote the establishment of Baby Friendly and food demonstration Centers in health facilities and public places.	1. No. of designated Baby Friendly Health Facilities. 2. No. of Public places with Breastfeeding corners. 3. No. of health facilities with	16,190,650.00	MoH&HS, SCFN LGSC	2

		functional food demonstration corners			
<b>SPHCB</b>	3.1. 7. Train and re-trained health workers on key household practices including Infant and Young Child Feeding, HIV/AIDs Counseling and Testing.	1. No. of people sensitized 2. No. of seminars conducted for Health workers.	8,586,800.00	MoH&HS, SCFN LGSC	3
<b>SPHCB</b>	2.1.10. Conduct community dialogue on MIYCN targeted at pregnant women, adolescents and caregivers.	1. No. of dialogues conducted. 2. No. of adolescents, pregnant women and caregivers reached quarterly. 3. No. of IEC materials produced and distributed.	89,536,000.00	MoH&HS, SCFN, MWASW, MIC&T	2
<b>SPHCB</b>	4.1. 4 Conduct training and re-training of Nutritionists, Nutrition Desk Officers and other relevant service providers to improve their capacity for food and nutrition programme management.	1. No. of trainings conducted. 2. No. of nutritionists trained.	50,707,200.00	SCFN	4
			<b>2,502,838,050.00</b>		

Lead Agency	Activities Narrative	Indicators	Total Cost per Activity	Collaborating MDA (s)	Strategic Objectives
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<b>MoH&amp; HS</b>	1.4.2. Carry out regular inspection visits to food preparation outlets, Restaurants, Bakeries, Eateries and Food vendors to enforce compliance to State standards and regulations on food handling.	1. No. of periodic and scheduled visits to food preparation facilities. 2. No of food preparation facilities complying to State standards and regulations.	6,562,500.00	SCFN, MoE&KM, MIC&T	1
<b>MoH&amp; HS</b>	1.4.3. Conduct Sensitization and demonstration on food handling and safety practices to women and youth groups across the 18 local government areas.	1. No of sensitization seminars/workshops carried out 2. No of local government areas covered	420,000.00	SCFN, MoW&SW, , MoA&FS	1
<b>MoH&amp; HS</b>	2.1. 12. Monitor the implementation of the international code on the marketing of breastmilk substitutes (BMS) in health facilities	1. No. of monitoring visits carried out at the HFs 2. No of health facilities implementing the international code on BMS	16,506,000.00	HMB, SCFN, BNSPHCB, NAFDAC	2
<b>MoH&amp; HS</b>	2.1. 13. Conduct World Breastfeeding Week and all other national nutrition events at all levels - State, LGAs and Wards	1. No.of Nutrition events supported and carried out by the state per year 2. No. of LGAs supporting celebration of World Breastfeeding Week per year	25,032,000.00	BNSPHCB, SCFN LGSC	2
<b>MoH&amp; HS</b>	3.1. 9. Support active case finding of SAM and provide appropriate treatment	1. No. of Community Volunteers trained 2.No. of SAM cases identified and referred from communities to CMAM sites 3. No. of SAM cases treated	307,336,800.00	BNSPHCB, HMB, SCFN	3

<b>MoH&amp; HS</b>	2.1. 10. Promote the establishment of Baby Friendly Centers in health facilities and public places.	1. No. of designated Baby Friendly Health Facilities. 2. No. of Public places with Breastfeeding corners.	89,536,000.00	BNSPHCB, SCFN, MWASW, HMB	2
<b>MoH&amp; HS</b>	3.1. 6. Establish MIYCN Support Group members in catchment areas on MIYCN, CMAM and MNP.	No. of community volunteers trained.	814,200.00	BENSACA, BSPHCB, SCFN	3
<b>MoH&amp; HS</b>	3.1. 7. Train health workers on key household practices including Infant and Young Child Feeding, HIV/AIDs Counseling and Testing.	1. No. of Health workers trained.	8,586,800	HMB, SCFN, BNSPHCB, NAFDAC	3
<b>MoH&amp; HS</b>	3.2.1. Provide education to the general public on risk factors and increase services for Diet Related Non-Communicable Diseases (DRNCD) at health facilities	1.No. of nutrition and lifestyle education materials developed, printed and distributed. 2. No. of health facilities with activities to reduce DRNCD. 3. No. of media houses airing nutrition and lifestyle education programmes	103,200,000.00	BNSPHCB, HMB, SCFN, MIC&T	3
<b>MoH&amp; HS</b>	3.2. 3. Procure and distribute Zinc and L -ORS, de-worming tablet for MNCHW and routine services.	No. of commodities procured and distributed.	950,256,800.00	SCFN, BNSPHCB	3

<b>MoH&amp; HS</b>	3.4. 3. Conduct Nutrition and consumer education on improved food quality and safety in the State.	No. of communities sensitized.	784,320,000.00	SCFN, MoA&FS, BNSPHCB	3
<b>MoH&amp; HS</b>	3.4. 4. Strengthen Environmental Health Unit on control of public display of cooked foods by food handlers.	No. of food operators registered & licensed.	128,208,000.00	SCFN, MoA&FS, BNSPHCB	3
<b>MoH&amp; HS</b>	3.4. 5. Strengthen the registration and Licensing of food handlers/food operators along the food chain in the state and LGAs.	No. of food operators registered & licensed .	51,282,500.00	SCFN, BNSPHCB	3
<b>MoH&amp; HS</b>	3.4. 2. Promotion of safe practices on food stuff storage and preservation.	1. No. of trained wholesale raw food sellers. 2. No. of farmers and extension officers trained.	265,280,000.00	BNSPHCB, SCFN	3
<b>MoH&amp; HS</b>	4.1. 5 Ensure adequate staffing of relevant MDAs in implementing sectoral nutrition programmes with skilled and qualified nutritionists.	No. of skilled and qualified nutritionists recruited/deployed to relevant MDAs.	3,280,000.00	SCFN, BSBEP	4
<b>MoH&amp; HS</b>	5.2. 4. Promote regular physical activities and medical checkup in schools and communities including provision of adequate relevant facilities	1. No of medical checkup carried out in Schools and Communities. 2. No of beneficiaries of medical checkup in Schools and Communities. 3. No of Pupils/Students that participated in regular physical activities in Schools	35,987,700.00	BNSPHCB, <b>MoI</b>	5



		4. No. of Schools provided with relevant facilities for physical and health activities.			
<b>MoH&amp; HS</b>	5.1. 7. Advocate for increased monitoring and enforcement that supports compliance with the State regulations on the Code of marketing Breast milk Substitutes.	1. No. of code monitoring tools produced and disseminated. 2. No of health workers trained. 3. No of monitoring visits conducted. 4. No of sanctions imposed on violators .	2,640,000.00	SPHCDA, NAFDAC, HMB, SCFN	4
<b>MoH&amp; HS</b>	<b>5.2. 2.</b> Revise and disseminate food based dietary guidelines for healthy living.	No of revised food based dietary guidelines for healthy living disseminated.	1,714,300.00	BNSPHCB, MIC&T	5
	5.2.3 Promote healthy eating habits to reduce the incidence of non-communicable diseases.	1. No of sensitization conducted. 2. No of beneficiaries of healthy eating habits sensitized. 3. No of sensitized persons that have adopted healthy eating habit.	16,440,000.00	BNSPHCB, MIC&T, MOH&HS	5
			<b>2,797,403,600.00</b>		

Activity No.	Activities Narrative	Indicators	Total Cost per Activity	Collaborating MDA (s)	Strategic Objective
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<b>MIC&amp;T</b>	5.1. 1 Design and produce harmonized, appropriate BCC materials and research findings on food processing and preservation technology for use in villages and households.	No. of BCC materials produced.	1,104,000.00	SCFN, MoH&HS	5
<b>MIC&amp;T</b>	5.1.2. Create awareness on problems of malnutrition using the mass and social media (such as radio, TV drama, film documentaries, home video, viewing centers, town hall meetings and presentations by advocacy groups, and posters in English and local languages).	1. No. of radio, television programmes, TV drama, film documentaries, home video aired 2. No. of posters in English and local languages produced 3. No. of viewing centers used 4. No. of town hall meetings and presentations done.	13,780,000.00	MoH&HS, SCFN, RBC	5
<b>MIC&amp;T</b>	5.1. 11. Erection of Billboards to raise awareness on nutrition across the States/LGAs	No. of billboards erected	16,064,000.00	SCFN, MoH	5
<b>MIC&amp;T</b>	5.1. 12. Collaborate with network providers like MTN, Airtel, GLO etc. to disseminate nutrition information to the general public.	No. of network providers disseminating nutrition information to their subscribers.	300,000.00	SCFN	5
<b>MIC&amp;T</b>	5. 1. 14. Develop and air TV/Radio jingles and produce leaflets and posters to promote good dietary practices and WASH at household, community levels and schools.	1. No. of radio programmes jingles, slots and leaflets prepared and aired. 2. No. of IEC materials produced and disseminated.	11,100,000.00	MoH&HS, SCFN	5

<b>MIC&amp;T</b>	<b>5.1. 5.</b> Promote Behaviour Change Communication (BCC) for better understanding of food and nutrition security problems for improved food and nutrition practices through Seminars and advocacy visits.	1. No. of Seminars conducted. 2. No. of advocacy visits carried out.	59,520,000.00	MoH&HS, BNSPHCB	5
<b>MIC&amp;T</b>	<b>5.2.1.</b> Promote good dietary habits and healthy lifestyles for all age groups through appropriate social marketing and communication strategies.	1. No. of healthy lifestyles and dietary habits sensitization conducted. 2. No. of beneficiaries of healthy lifestyles and dietary habits sensitization outreach.	12,330,000.00	RBC	5
<b>MIC&amp;T</b>	<b>5.2. 5.</b> Strengthen existing Television programs that demonstrate the preparation of meals to incorporate nutrition considerations.	1. No. of TV programmes that demonstrate the preparation of nutritious meals. 2. No. of Local Government Areas reached	8,220,000.00	BNSPHCB, NOA,	5
			<b>122,418,000.00</b>		

Lead Agency	Activities Narrative	Indicators	Total Cost per Activity	Collaborating MDA (s)	Strategic Objective
<b>MY&amp;SD</b>	5.2.11 Conduct food and Nutrition Education to Community Youth Associations at LGA level.	No. of LGAs reached.	6,686,000.00	MoH&HS, MoE&KM	1
			<b>6,686,000.00</b>		

Lead agency	Activities Narrative	Indicato	Total Cost per Activity	Collaborating MDA (s)	Strategic Objective
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<b>MWAS W</b>	2.1.1. Advocate for legislation of the prolongation of maternity leave and enactment of paternity leave.	1. No. of advocacy visits. 2. No. of Legislations enacted.	540,000.00	BNHA, SCFN, MoH&HS, MIC&T	2
<b>MWAS W</b>	2.1.9. Ensure the establishment of crèches in all work places having more than 10 women in public and private sectors to promote Exclusive Breastfeeding.	1. Proportion of MDAs with established crèches. 2. No. of private sector organizations with established creches.	310,000.00	HoS, LGSC, HMB, SCFN, MoH&HS	2
<b>MWAS W</b>	2.2. 1. Train Caregivers in Orphanages in the State on assessment of nutritional status and appropriate infant and young child feeding practices.	1. No. of caregivers in orphanages trained to assess nutritional status. 2. No. of orphanage homes involved in the training.	5,185,600.00	SCFN, MoH&HS, BNSPHCB	2
<b>MWAS W</b>	2.2. 3. Sensitization for care of the elderly to meet their nutritional needs.	1. No. of sensitization activities conducted.	408,024,000.00	SCFN, MoH&HS, BNSPHCB	2
			<b>414,059,600.00</b>		

