

By 2025

- REDUCE LOW BIRTHWEIGHT TO 4.9%
- INCREASE THE RATE OF EXCLUSIVE BREASTFEEDING TO 65%
- INCREASE THE COVERAGE OF TREATMENT SERVICES TO 50% FOR CHILDREN WITH WASTING
- IMPROVE CHILD HEALTH BY ACHIEVING UNIVERSAL HEALTH COVERAGE, INCLUDING ACCESS TO QUALITY ESSENTIAL HEALTH-CARE SERVICES FOR A SELECT % OF THE POPULATION

OUTCOME 1
REDUCE LBW BY IMPROVING MATERNAL NUTRITION

SYSTEM	PRIORITY ACTION/SERVICE
HEALTH	Scale up iron and folic acid supplementation for adolescents and pregnant women Introduction of Multiple Micronutrient Supplements for pregnant women for anemia prevention and to optimize birth outcomes Nutrition Education focusing on adequate consumption animal source foods, locally available vegetables and fortified staples Promote mechanisms to ensure access to quality reproductive health services Community sensitization on the disadvantages of teenage marriage and promote access to schooling for all adolescents Dietary diversification programme for the vulnerable group using nutrition education Nationwide campaign to prevent nutrition transition and encourage consumption of locally available food materials in different geo-political zones
FOOD	Home Gardening and small animal husbandry Evidence generation through routine surveys, price monitoring, assessments of nutrition, food security and food systems Enhancement of specific value chain of high economic/nutritional value Data generation on the costs of healthy diets and revision of the minimum expenditure baskets given to households in emergency settings Biofortification of staple foods (FMARD) Food fortification (FMOH, NAFDAC, SON) Local production of fortified nutritious foods
SOCIAL PROTECTION	Revise pre-service teachers curriculum Organize in-service training to update teachers in primary and secondary schools on food and nutrition Provide SBCC materials on nutrition for teaching and learning of teachers and in-school children and out of school children Home grown school feeding programme and home grown school meals Incorporate nutrition considerations into social protection programmes to address poverty, malnutrition and health of the vulnerable groups

OUTCOME 3
IMPROVED IYCF BY IMPROVING BREASTFEEDING PRACTICES AND CHILDREN'S DIETS IN THE FIRST YEARS OF LIFE

SYSTEM	PRIORITY ACTION/SERVICE
HEALTH	Intensify Zero Water Campaign across States using multiple platforms and contact points. Rigorously monitor the implementation of the national regulation and the international code and all WHA resolutions on the marketing of Breast Milk Substitutes (BMS) Advocate for legislation for extension of maternity leave entitlement to six months Support the implementation of nutritional assessment, counselling and support for pregnant and lactating mothers Scale up growth monitoring and promotion in health facilities as an entry point for dietary assessment and counselling on optimal complementary feeding Scale up IYCF support group linked with family-led MUAC at community level and integration with wasting prevention/treatment programmes Integrate complementary feeding bowl into IYCF programming
FOOD	Integrate homestead food production into nutrition programmes to improve dietary diversity of children 6-23 months Develop and promote the use of nutritionally adequate and affordable recipes using locally available ingredients for all age groups Partnership with the private sector for the production of nutritious complementary food Evidence generation and analysis on the cost of nutritious diets Support promotion and local production of fortified complementary foods Partnership with the private sector for the production of nutritious complementary food Evidence generation and analysis on the cost of nutritious diets support markets functionality and access, strengthen the capacities of local value chain actors, support the improvement of food supply chains (especially for perishable nutrient dense foods), interventions to enhance the nutritional value content and safety, support the development of policies and regulations that promote and increase access to healthy diets Data generation from the National Food Consumption and Micronutrient Survey, Cadre Harmonisé, NNHS, NHMIS Nutritient Gap analysis and Cost of the diet study Advocacy and policy influence to invest in research, monitoring, evaluation and learning for evidence generation
SOCIAL PROTECTION	Provide specialized nutritious food (SNF), cash/voucher plus behaviour change communication campaign (nutrition advice, counselling and mentoring to support the feeding and nutrition practices of pregnant women, infants and young children) from pregnancy until the child reaches the age of two

OUTCOME 2
IMPROVED CHILD HEALTH BY IMPROVING ACCESS TO PRIMARY HEALTH CARE, WASH SERVICES AND ENHANCED FOOD SAFETY

SYSTEM	PRIORITY ACTION/SERVICE
HEALTH	Growth Monitoring for children under 5 years of age using Mid-Upper Arm Circumference (MUAC) tape Expanded deworming programmes up to secondary schools and communities Vitamin A supplementation made available for children 6-59 months MIYCN counselling Operational research, prevalence studies and capacity building of health workers and advocacy
FOOD	Capacity building through training on Good Agricultural Practices (GAP), innovative storage methods (food and inputs) and ensuring food safety along the agricultural value chain Inclusion of food safety and prevention of food contamination information during ante-natal classes, community women group's forums and IYCF materials
WASH	Increase the implementation of joint nutrition and WASH programmes and increase the coverage of handwashing facilities and WASH services (safe water and sanitation) Promote the provision of soap and relevant WASH services through all food assistance platforms

OUTCOME 4
IMPROVED TREATMENT OF CHILDREN, PLW, PLWHIV WITH WASTING BY STRENGTHENING HEALTH SYSTEMS AND INTEGRATING TREATMENT INTO ROUTINE PRIMARY HEALTH SERVICES

SYSTEM	PRIORITY ACTION/SERVICE
HEALTH	Leverage community structures for family-led MUAC measurement for early detection and self referral Integrated approach for the management of acute malnutrition, including use SQ-LNS, RUSF and RUTF for prevention and treatment of wasting and as a minimum package of MNCH services in PHCs Integration of RUTF and other nutrition commodities into the National Health Logistic Management Information System Children under five years of age are screened for malnutrition at the community level
FOOD	Training and capacity building of caregivers, farmers, processors and agriculture extension workers on processing and preservation techniques along the value chain (especially groundnuts, soybeans, maize)
SOCIAL PROTECTION	Identify, develop, implement and sustain programmes that would provide safety nets to protect the most vulnerable groups, especially women, from negative effects of food crises and wasting as a result of inadequate dietary intake, illness, natural disasters and economic policies Support effective implementation of Conditional Cash Transfer Programmes (CCT), food rations or food supplements in emergency situation COVID-19 response: Ensure that households identified for CCT include pre-school (0-5 years) and primary school children. Support distribution of nutritious food baskets which promote healthy, diverse diets).