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Enabling Environments for Nutrition Advocacy

A Comparison of Infant and Young Child Feeding and Food Fortification in Nigeria

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Abstract

The importance of an enabling environment for effective nutrition advocacy is well-recognized, and several key elements of such an environment have been well-established in existing research. However, nutrition policies are multi-faceted, and advocates may target different elements of the policy process, from agenda setting to design to implementation. As a result, enabling environments are neither uniform nor static. Drawing on 66 interviews with a diverse group of stakeholders in Nigeria at the federal and subnational level, we examine some of the factors that have facilitated or hindered the ability of advocates to influence policy implementation in the domains of infant and young child feeding (IYCF) and large-scale food fortification. In doing so, we show the importance of considering the politics, institutions, and resources specific to discrete policy categories as well as the characteristics of the broader policy system in which advocates are operating. By working across these two levels, advocates can both be reactive to the prevailing enabling environment as well as proactively consider strategies for overcoming obstacles.

Keywords: enabling environment, food fortification, infant and young child feeding, institutions, Nigeria, nutrition advocacy, political economy

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Introduction

Over the last decade, the nutrition advocacy community has expanded dramatically. Some of the most notable examples include the establishment of the Scaling Up Nutrition (SUN) Movement in 2010 and the International Coalition for Advocacy on Nutrition that emerged from the 2013 Nutrition for Growth Summit. To align with Sustainable Development Goal 2 on tackling “Zero Hunger”, an advocacy hub also has been established to bring together actors from non-governmental organizations, nutritionists, the private sector, and others to collaborate on improved nutrition and food security goals by 2030.¹ As Pelletier et al (2013a) note, this emergence of nutrition advocacy is attributed to core elements of a nutrition agenda coalescing around key tenets, including the importance of the first 1,000 days of life, the use of stunting as a central indicator, recognition of a life-cycle approach that is inclusive of maternal nutrition, and a growing focus on multi-sectoral strategies.

However, not all advocacy efforts are equally efficacious due to both characteristics of the advocates as well as the enabling environment where advocates are operating.² Gillespie et al. (2013: 553) define the enabling environment for nutrition as encompassing “political and policy processes that build and sustain momentum for the effective implementation of actions that reduce undernutrition.” While an enabling environment is often deemed necessary for gaining policy traction (e.g. Haddad 2013; Harris et al. 2016; Hodge et al. 2015; Kampman et al. 2017), enabling factors are neither uniform nor static and often depend on the policy levers under consideration as well as the cycle of the policy process—agenda-setting, policy design, or implementation—that is targeted by advocates.

Using the case of Nigeria, this paper highlights a broader range of enabling environment considerations that advocates need to contend with when pushing for the implementation of nutrition policies. In many ways, Nigeria remains a puzzle. It has attracted numerous international and domestic nutrition advocates, fostered by a pluralistic setting that has contributed to a vibrant civil society and the free dissemination of information and statistics. A variety of multi-sectoral coordination mechanisms have been established, numerous food security and nutrition policies have been drafted, and there are multiple nutrition policy champions. Yet, Nigeria continues to have the second highest child stunting rates in the world (UNICEF 2020) and is ranked 36 out of 44 African countries for government commitment to nutrition (IDS 2017).

Based on interviews with 66 advocacy, government, donor, and research stakeholders in Nigeria, this paper highlights that the enabling environment for nutrition advocacy needs to take into account both the specific policy interventions under consideration and the broader policymaking setting that prevails in

¹ See <http://sdg2advocacyhub.org/suportsdg2>

² A separate paper focuses specifically on advocacy organizations.

a particular country. Policies have varying levels of visibility, cost, and complexity and are often supported by different interest groups (Batley and McLoughlin 2015; Shiffman et al. 2016). This, in turn, affects how easy or difficult it is to mobilize political support for policies and which institutions need to be engaged. At the same time, advocates must be attuned to a county's broader political and institutional context to know who ultimately holds power and authority for the decisions that are most meaningful for the delivery of nutrition and other services, such as budgeting, hiring staff, and capacitating public sector agencies. The argument is elaborated by focusing on two policy areas, infant and young child feeding (IYCF) and large-scale food fortification, which are among two of the key areas targeted in Nigeria's National Policy on Food and Nutrition.

The paper offers three main contributions. First, an increasing focus on the political economy of nutrition looks at constituencies for reform around nutrition programs and strategy (Nisbett et al. 2014a; Harris 2019; Mejía Acosta and Haddad 2014), but this paper further considers how a country's overarching political landscape and elite rivalries affect the attention and resources allocated to specific sub-domains of nutrition. In doing so, the paper illustrates that advocates may be hindered by working with policy champions whose political influence waxes and wanes during advocacy campaigns. Second, we incorporate a subnational focus by including stakeholders from two Nigeria states that have received a high level of advocacy attention, Kaduna and Kano. As a result, the paper recognizes that in many countries, especially those that are more decentralized, implementation of some nutrition functions increasingly occurs at the subnational level (Mung'ou and Korir 2016; Gillespie et al. 2013). Consequently, the paper can help further understanding of how advocacy and the enabling environment intersect at that level as well.

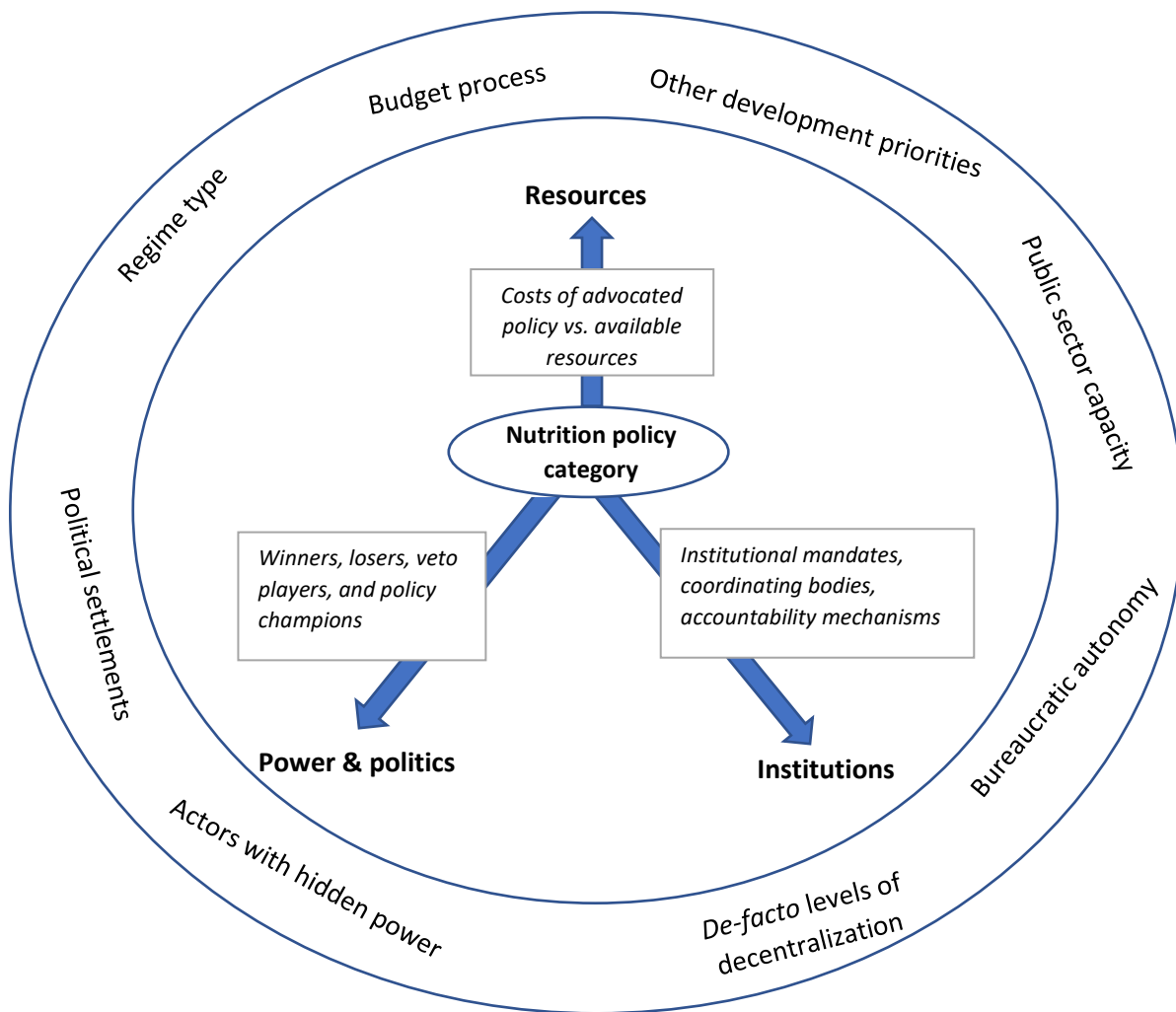
Third, as te Lintelo et al. (2016) observe, advocacy needs to be done throughout the policy cycle. By extension then, the enabling environment for advocacy will necessarily vary according to the policy cycle being targeted. A setting that is amenable to pluralism and citizen participation can be critical for advocates to first get an issue on the policy agenda, as it has in Nigeria. However, it is insufficient when advocates are more concerned with improving the resources and capacity for implementation. This paper focuses predominantly on the policy implementation side; in other words, it examines what enabling environment factors advocates need to consider to achieve progress on the ground once government officials have made both rhetorical commitments and drafted policy documents that seemingly recognize nutrition's importance.

Enabling Environment for Nutrition Advocacy: Politics, Institutions, and Policies

A large share of research on enabling environments for nutrition have focused on the sector in aggregate and the specific political economy dynamics relevant to nutrition policies. Building on this

literature, we emphasize below the importance of also considering the specific features of disparate types of nutrition policy categories. Moreover, we note the fundamental need to look beyond nutrition per se to understand the broader policy system that shapes decisionmaking in a particular country. Figure 1 illustrates two levels of the enabling environment, which includes both factors relevant to the nutrition-specific policy category under consideration as well as those that are relevant to the broader policy system in which advocates are operating. Appendix 1 lays out relevant questions about the enabling environment that can be considered when identifying which aspects of this environment may prove more or less relevant.

Figure 1: Framework of Enabling Environment Considerations for Nutrition Advocacy



Source: Authors

Policy categories

At the center of Figure 1 lies “nutrition policy category” because specific categories of nutrition interventions help contextualize the relevant subset of factors to consider; they influence economic costs, managerial relationships, and the range of active advocacy groups. Many policy process theories ignore variations in policy characteristics even though they shape the dominant variables that emerge as important in such theorizing (Grossmann 2013). Policies can be considered according to whether they are episodic or cyclical (Grossmann 2013), redistributive, distributive, or regulatory (Lowi 1964), and according to whether the benefits or costs of policy action are concentrated among particular interest groups or more dispersed (Wilson 1980). As noted by Batley and Mcloughlin (2015), some policies will result in services that have particular profiles, such as visibility, attributability, excludability, and these in turn influence whether those policies are prioritized by decisionmakers.

For example, targeted subsidies and cash transfers involve large outlays of fiscal resources and bureaucratic capacities and engender contentious interest group dynamics. Other policies, such as expanding agricultural extension training, are low visibility but also less politically contentious. Likewise, utilizing food labeling and revising food based dietary guidelines are qualitatively distinct approaches to improve dietary diversity than using fiscal measures to increase the cost of unhealthy foods or providing income transfers to help the poor better access fruits and vegetables.

Analyses of nutrition policy processes have largely focused on the sector in aggregate rather than considered the distinct characteristics of different policy levers to improve nutrition. Consequently, we compare two distinct levers for strengthening nutrition: IYCF and food fortification. Notably, these two policy arenas are not mutually exclusive; IYCF can be strengthened by giving children fortified foods (Siekman et al. 2017). However, they often involve different constituencies who need to be mobilized for reform, as well as fall under different ministerial mandates.

Key pillars of IYCF programs include counselling, support, and community-based promotion. This may involve capacitating local health workers to support pregnant women, mothers, and other types of caregivers to pursue exclusively breastfeeding for those under six months old and complementary feeding practices (Lamstein, Sascha, Perez-Escamilla et al. 2018). Beyond providing knowledge about proper feeding, IYCF policies may involve regulatory changes to the marketing of breastmilk substitutes or to labor laws related to maternity leave so that mothers have sufficient time to pursue recommended IYCF practices. Access to needed healthcare services and infrastructure, as well as provision of ready-made foods, especially in emergency circumstances, are other components of IYCF (Mahmood et al. 2017). While standards agencies and ministries of labor play a supporting role in this policy domain, ministries of health and associated health agencies are the predominant actors.

Large-scale food fortification involves delivering micronutrients to as much of the population as possible by incorporating them into foods that are broadly consumed, particularly staples.³ While IYCF depends heavily on government financial support, trained health staff, and citizen behavior, food fortification heavily relies on private sector cooperation and government oversight. Luthringer et al. (2015) characterize fortification as a “credence good,” or one that cannot be evaluated by consumers to demand better quality without technical equipment since both fortified and non-fortified food are often identical in look and taste. Mkambula et al. (2020) further point to a variety of issues that affect fortification programs, including a lack of political buy-in, insufficient understanding of government monitoring costs, disincentives for bringing industry actors together, small-scale production of staples foods that exacerbate enforcement and monitoring challenges, and private sector expectations that the government should purchase the costs of premixes need for fortification. Governments also face political risks to enforcing mandates, especially if it leads to industrial strikes, and insufficient civil service salaries in regulatory agencies can result in low training and the prioritization of resources towards food safety rather than fortification oversight (Luthringer et al. 2015). Fortification also has important implications for trade policy since government mandates over the sale of fortified foods can become a non-tariff barrier if the designated imported foods are not fortified with the mandated micronutrients (Resnick et al. 2018). In this policy domain, ministries of industry and trade, as well as standards and oversight agencies play a stronger role.

Since the two policies are qualitatively different in terms of the institutions that need to be mobilized, the politics of winners and losers, and the resources required, examining them in tandem provides a more holistic understanding of advocates’ role in the nutrition policy process and what enabling factors enhance or undermine their efficacy.

Politics and power

Much of the literature on the political economy of nutrition focuses specifically on dynamics generated by the nature of nutrition policies. This work emphasizes that nutrition is a complex multisectoral area that requires high levels of coordination (Gillespie et al. 2013), identifies the range of vested interests around nutrition interventions (Cullerton et al. 2016a), and highlights clashes among donors, NGOs, and domestic actors over priorities, framing, and ownership (Storeng et al. 2019; Harris 2019). These factors need to be complemented by a consideration of the broader political settings in which policy decisions—for nutrition and other sectors—are made. Too often, nutrition advocates have

³ The paper does not focus in-depth on biofortification, which again has distinct policy characteristics and constituencies.

been faulted for not understanding the broader policymaking process outside their area of expertise (Balarajan and Reich 2016; Cullerton et al. 2016b). As te Lintelo and Pittore (2020:20) observe, “Nutrition advocates thus require significant political guile to carefully navigate potentially treacherous political terrain.” Yet, Balarajan and Reich (2016) emphasize that nutritionists frequently are not trained to engage in broader political dynamics and the politics of the nutrition policy cycle.

A first order factor is the type of political regime—from liberal and electoral democracies to closed authoritarian regimes—that prevails. Sufficient political space must exist for advocacy efforts, including relatively open media environments, openness to the use of data and research, and few restrictions on associational activity (te Lintelo and Pittore 2020; te Lintelo, Nisbett, and Pittore 2016).⁴ Beyond this, a holistic approach accounts for the political actors that have veto power (Tsebelis 2002) in the specific nutrition domain under consideration and in the policy system more broadly. Veto players are the necessary and sufficient set of decisionmakers who need to ascent to a policy decision before it can move forward. The legitimacy of veto players’ authority can derive from the prevailing “political settlement” (Kelsall 2018). For instance, leaders’ strength within their own political parties and the range of elite ties among business associations, traditional authorities, union leaders, and military actors can determine the broader range of interest groups that can either stimulate or stymie reform efforts.

Another well-recognized factor in the enabling environment is the need for strong leadership (Nisbett et al. 2015; Mejía Acosta and Haddad 2014). In turn, this means that advocates should identify champions who can help gain policy traction. However, there is less evidence about which types of champions are more advantageous to target. In some cases, high level decisionmakers, especially politicians, are needed to gain leverage for action (Fyall and McGuire 2015; te Lintelo and Pittore 2020). In other instances, mid-level bureaucrats can be more worthwhile to target because when and if politicians leave office, advocates must invest time in re-building legitimacy and alliances (Pelletier et al. 2013a).

The most advantageous approach is likely to be working with both types of actors simultaneously since politicians are more likely to give an issue political weight and ensure sufficient resources are allocated while bureaucrats may have more influence over everyday development of policy guidelines and regulations. At the same time, there is value in reaching out to what Gaventa (2006) calls those with “hidden power,” referring to powerful people who maintain influence by controlling who gets a seat at the decisionmaking table. For instance, in Nigeria, political “godfathers,” traditional authorities, and politicians’ spouses exert considerable hidden power.

⁴ See, however, Teets (2018) for an insightful analysis of the different tactics advocates may use in authoritarian systems.

Institutions

The degree to which relevant institutions are empowered or curtailed can also affect the enabling environment. Advocates need to consider where, institutionally, policy decisions are made from both a *de jure* and *de facto* perspective. For instance, does the decision fall to a particular ministry or agency, or does it require legislative approval? Is it under a national or local mandate? If the latter, do local governments have sufficient budget and administrative autonomy to make and implement decisions? In Vietnam, Harris et al. (2016) find that while many nutrition functions were legislatively decentralized to provinces, the continued dominance of centralized planning and budgeting meant that the efforts advocates invested in building the capacities of local actors were less effective. By contrast, in Kenya, where a new constitution in 2013 led to political, fiscal, and administrative devolution, the implementation of the national Food and Nutrition Security Plan was delayed because all of the newly created 47 counties needed to first align their county development strategies to it (Hodge et al. 2015).

Due to nutrition's multi-sectoral nature, coordinating institutions typically are necessary to the enabling environment. This includes horizontal bodies across sectors as well as vertical ones from the center to the local level. Critically, these need to be funded, have clear mandates, and adequate human resources (Haddad 2013; Pelletier et al. 2012; Nisbett et al. 2014a). In places as diverse as Peru, Senegal, and Uganda, placing a multi-sectoral coordinating body in a political office, such as the Prime Minister's office, elevated its visibility (Kampman et al. 2017; Namugumya et al. 2020; Mejía Acosta and Haddad 2014). The existence of a nutrition policy or strategy to guide actions and provide a rallying point for advocates is also key (Engesveen et al. 2009).

The capacities of implementing institutions likewise are a pre-requisite for translating policy decisions into public goods and services (Andrews, Pritchett, and Woolcock 2017). Technical and resource capacities consistently emerge as important for successful implementation of nutrition policies (Pelletier et al. 2013b; Gillespie and Margetts 2013; Nisbett et al. 2014b). Such capacities may be strongly related to the incentive structures within the civil service and whether the bureaucracy has sufficient autonomy from political interference. One review found that confusion over the policymaking process stymied health advocates' progress, including a lack of understanding that politicians typically have more influence than bureaucrats and a general ignorance about hierarchies of power within government departments (Cullerton et al. 2016b). In many developing countries where nutrition interventions are most needed, bureaucracies can be highly politicized (see Dasandi and Esteve 2017). Yet, there may also be pockets of administrative efficiency whereby one or more organizations within government provide services relatively effectively, often due to good leadership, despite operating in an environment broadly characterized by inefficiency and patronage (Crook 2010; Leonard 2010).

Identifying ways to keep governments, business, and donors accountable for stated nutrition commitments is essential for ensuring that policy implementation proceeds as intended (Haddad 2013; Pelletier et al. 2011; te Lintelo, Nisbett, and Pittore 2016). A number of mutual accountability mechanisms have emerged over the last decade, including scorecards and performance contracts, where commitments to deliver upon certain goals are publicly declared and regularly reported upon. By publicly articulating goals and a timeframe for delivery, the expectation is that public shaming acts as a strong motivator for action (see Kelley 2017).

Resources

Finally, Figure 1 shows that resources play an equally important role in determining the enabling environment depending on the nature of the policy (discussed above). Advocates need to cost their proposed policy interventions and recognize that these need to be contextualized within given resource constraints for governments based on their fiscal and macroeconomic conditions, as well as leaders' extant commitments to other pressing development challenges. Relatedly, with a growing emphasis of nutrition advocates on budget tracking, greater attention is needed to the political economy of the budgeting process and both the formal and informal processes through which it manifests (Hallerberg, Scartascini, and Stein 2009).

Where domestic resource mobilization is not possible in the short-term, the existence of willing donors to provide financing is critical. Donor support can be instrumental in pushing forward the policy agenda. However, it may also create the impression that the government can instead focus its resources on other priorities, thereby undermining the long-term buy-in and sustainability of interventions. To address this dilemma, Mkambula et al. (2020) argue that advocates who push for policies that require significant budgetary outlays can bolster their case and enhance sustainability by also providing recommendations about how governments can finance their policy interventions over the long-term. In this vein, Haddad (2013) argues for finding new revenue streams and earmarking them for nutrition investments.

The Case of Nigeria

Nutrition Context

Nutrition has received increased attention by the Nigerian government in recent years, evidenced by a flurry of nutrition-related policy documents and coordinating mechanisms. For instance, in 2014, the Federal Ministry of Health (FMOH) developed the 2014-2019 National Strategic Plan of Action on Nutrition aimed at reducing the number of under-five children who are stunted by 20 percent by 2018

(FMOH 2014). The importance of tackling malnutrition is highlighted in the country's 2016-2020 Agriculture Promotion Policy (FMARD 2016) as well as the National Policy on Food and Nutrition (2016). In fact, a recent review uncovered that there are at least 19 nutrition-relevant federal policies within the country that span multiple ministries (Vanderkooy et al. 2019).

Nevertheless, despite these efforts, malnutrition remains a persistent barrier to Nigeria's development. According to the 2018 NNHS, 32 percent of children under five are stunted and only 27 percent of infants between 0 to 5 months of age are breastfed exclusively (NBS 2018). Nigeria also has among the world's largest disparities at the subnational level in stunting and wasting among children under five years of age (Kinyoki et al. 2020).

Poor implementation is undoubtedly one of the main reasons for the continued high levels of malnutrition. On the Hunger and Nutrition Commitment Index (HANCI) for Africa, Nigeria ranks 36th out of 45 African countries with respect to 22 indicators of political commitment to reduce hunger and undernutrition.⁵ In fact, between 2015-2017, nutrition specific public financing as a share of investment needs within the health sector fell from an already low 7 percent to only 2 percent (Development Initiatives 2020).

In terms of institutional coordination, the National Committee on Food and Nutrition (NCFN) was first established in 1990 and located within the Federal Ministry of Science and Technology. After the latter ministry was dissolved in 1993, the NCFN was moved to the FMOH. A year later, it was relocated to the National Planning Commission, which currently is known as the Federal Ministry of Budget and National Planning (FMBNP). This mainly was done to improve coordination and implementation of nutrition policy and programming. In 2007, a National Council on Nutrition (NCN) was established with ministers from all relevant sectors, a representation from Nigeria governors, and relevant private sector and nutrition-related agencies. The NCN was, and continues to be, chaired by the Nigerian Vice President since he is the chairman of the FMBNP. The NCFN remains the technical arm of the NCN (FMBNP 2016). A State Committee on Food and Nutrition (SCFN) was established in each state's planning office while a Local Government Committee on Food and Nutrition (LGCFN) was created in the office of the vice chairman of each local government area.

On the one hand, the creation of such committees follows recommendations of the enabling environment literature cited earlier whereby nutrition can be elevated by giving coordinating responsibilities to a powerful ministry or agency, especially one that oversees spending. On the other hand, there is some concern that such an important coordinating role has been ceded to a ministry—FMBNP—that lacks technical knowledge on nutrition.⁶ The fact that the Scaling Up Nutrition coordinator

⁵ See <http://africa.hancindex.org/>

⁶ Interview with KA3.

is located within the Ministry of Health while the NCFN is within the FMBNP sometimes has been viewed as a deterrent to cooperation and congruence of objectives (Transform Nutrition 2020).

Policymaking Context

Since Nigeria is a federal system, nutrition policies need to be ratified at the state level and therefore, national policies may not be uniformly implemented at the subnational level (Vanderkooy et al. 2019). The country has 36 states, plus the federal capital territory of Abuja, as well as 774 local government areas (LGAs). Nigeria's federal system contains a two-tiered legislature comprised of a Senate and a House of Representatives. Within the federal House of Representatives, standing committees are used to consider policies relevant to their sectoral expertise. The standing committee will both identify the sectoral projects to be implemented in the coming year and should monitor the ministry or agency responsible for project implementation (Rogger 2018). Elected state governors also have a high level of influence over both the budget drafting but also can shift public expenditure allocations away from budgeted allocations. Mogue and Olofinbiyi (2020) find that the state ministry of finance prioritizes allocations for those projects that are a governor's priority. A similar relationship exists at the local government area (LGA) level whereby the local government chairperson has the final say on expenditure assignments.⁷

Collectively, this implies that politicians—both governors and legislators—have veto power over the budgeting process. Moreover, due to Nigeria's "intrusive model" of bureaucrat-politician relations, bureaucrats have relatively little autonomy and experience a high level of political interference, even in their technical area of expertise (Dasandi and Esteve 2017; Resnick and Okumo 2016). This means that for advocates operating in Nigeria, either for nutrition policy or other arenas, relationships need to be forged with not only like-minded technical experts working in key ministries but also with legislators and executives, specifically those operating at the state level.

Moreover, both health and agriculture—two key sectors for nutrition-related interventions—are concurrent legislative powers in the Nigerian constitution, which means that both the federal government and the states can make laws relevant to the sectors (SPRING 2018).⁸ Thus, while LGAs need to report their activities to the states, the states are less bound to report to the federal level (Transform Nutrition 2020). In effect, this means that states have autonomy about the degree to which they implement national nutrition-related policies in certain domains. Collectively, this suggests that examining enabling

⁷The local government chairperson may be elected or appointed as a caretaker committee. This varies substantially depending on the state (Kyburz 2017).

⁸ See 1999 Constitution, Part II, Concurrent Legislative List: Extent of Federal and State Legislative Powers.

environments for policy implementation in Nigeria requires both a federal and sub-national focus depending on the specific nutrition policy under consideration.

Methodology and Case Selection

To understand the enabling environment for nutrition advocacy in Nigeria, structured interviews were conducted with 66 stakeholders at the federal, state, and LGA levels between October and December 2019. At the state level, Kaduna and Kano were selected for comparison because the two states face a malnutrition crisis but are also the focus of many advocacy activities. As seen in Table 1, Kaduna and Kano fare even worse than the national average on many key metrics of child malnutrition. While malnutrition indicators in other states of northern Nigeria are even worse (Amare et al. 2018), many of those states are located in conflict-affected areas that make it difficult to safely implement advocacy activities. By contrast, Kaduna and Kano attract many advocates in the nutrition arena, and overall donor investments to address malnutrition in Nigeria are among the highest in these two states (World Bank 2018). In sum, the issue of malnutrition ideally should be considered a policy priority by the government in the two states based on objective indicators of the problem and the high level of advocacy activity.

Table 1: Comparison of Malnutrition Indicators in Sample States

Indicators	Kaduna	Kano	Nigeria
Under five underweight for age (%)	22.2	26.9	19.9
Under five stunting (%)	42.9	46.0	32.0
Vitamin A supplementation for 6-59 months in prior 6 months (%)	19.4	32.2	41.0
Children 6-23 months who consumed iron-rich fortified foods during previous day (%)	23.3	25.5	45.6
Children 6-23 months who consumed minimum dietary diversity (%)	28.0	31.3	35.0

Source: NBS (2018)

Notes: Minimum dietary diversity refers to the consumption of at least 4 out of seven food groups that are associated with better quality diets for both breastfed and non-breastfed children.

The stakeholders selected spanned advocacy organizations, government officials, donor community, media, and the research community (see Table 2). Purposive sampling with those knowledgeable about the two policy domains—IYCF and food fortification—was used. To identify respondents, two consultants first worked with a comprehensive list of stakeholders collected by the Transform West Africa program and shortlisted those that were still operational and located in the states

or in Abuja where the federal government sits. Two LGAs were selected for each state: Giwa and Kachia (Kaduna) and Bichi and Wudil (Kano). These were selected based on consultation with the respective State Nutrition Officers, to ensure geographical dispersion (i.e. an LGA from the North and South of each state was selected), and based on whether the LGA was already implementing Community Infant & Young Child Feeding and Community Management of Acute Malnutrition interventions, which promote dietary diversification and dissemination of key messages on consumption of fortified foods. The latter criteria ensured that the LGA stakeholders would be knowledgeable enough to speak to health advocacy and government support for IYCF and food fortification. Appendix 2 provides the full list of stakeholder organizations that were interviewed.

Table 2: Distribution of Interviewees

Stakeholder group	Number	Share (%)
Advocacy organization	23	34.3
Government	28	42.4
Donor	4	6.1
Media	3	4.6
Research/consultant community	8	12.1
Total	66	100
Geographical distribution	Number	Share (%)
<i>Federal</i>	26	39.4
<i>Kaduna</i>		
State	9	13.6
LGA	9	13.6
<i>Kano</i>		
State	15	22.7
LGA	7	10.6
Total	66	100

Source: IFPRI (2019)

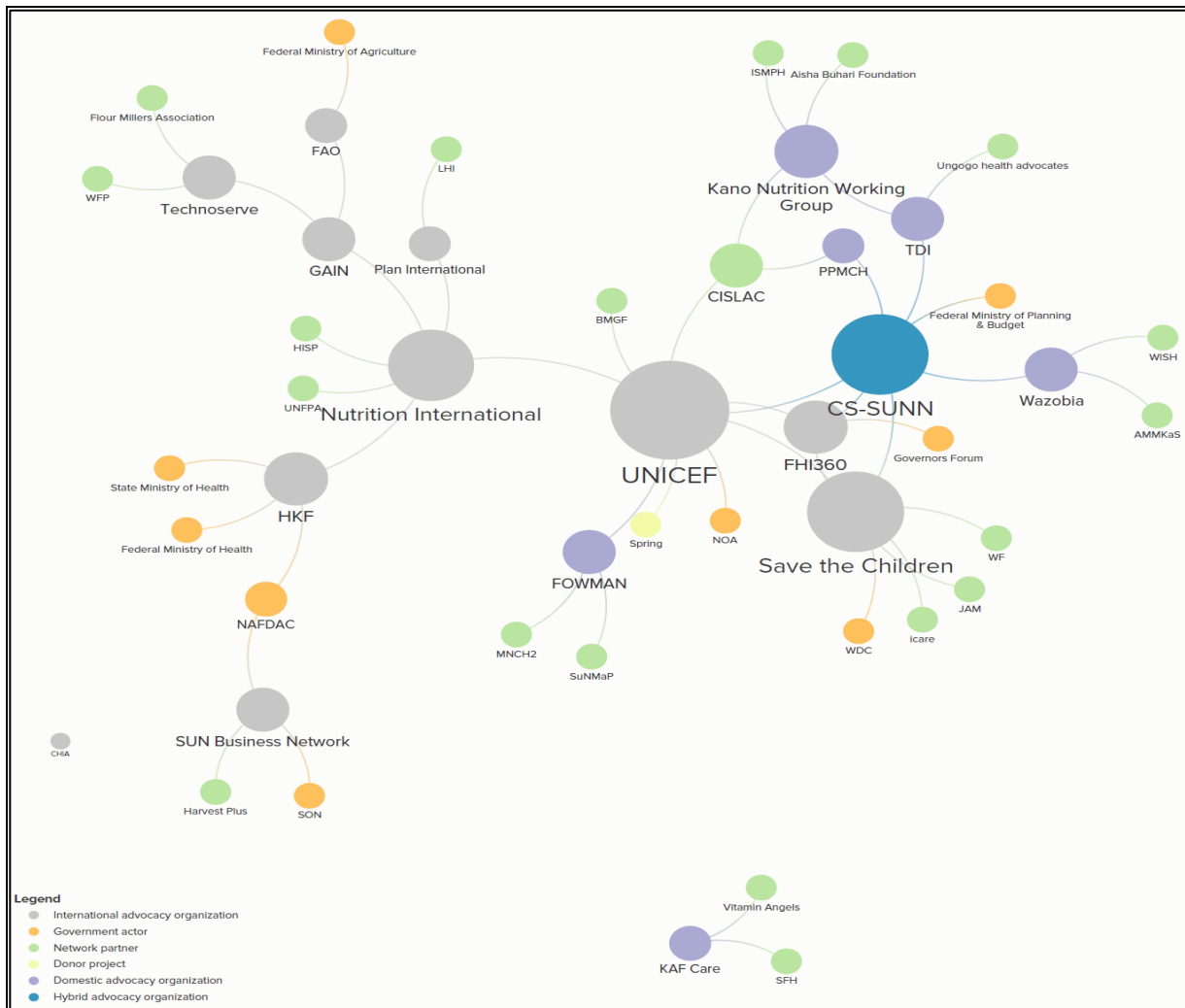
Advocacy Landscape and Efficacy

The advocacy landscape for nutrition in Nigeria is highlighted in Figure 2. This was derived by asking all of the advocacy organizations in the sample the names of up to three organizations with which they partner most frequently to advance their objectives. Although this phrasing can lead to an underestimation of total network members, imposing a ceiling reduces the likelihood of respondents listing large numbers of minor partners. The size of the circles approximates the “degree centrality,” which is a common metric used in social network analysis and involves counting the number of connections attached to each organization (Rice and Yoshioka-Maxwell 2015). Circles that are larger are considered more “central” since that indicates more organizations have connections to that organization

than to others. The color of the organization indicates whether they are international, domestic, or hybrid entities.

The figure highlights that some organizations are quite removed from the major advocacy networks. More importantly however, two distinct clusters of networks are apparent in the figure. One groups together organizations such as UNICEF, Save the Children, FHI360, and the advocacy network CS-SUNN. These organizations focus disproportionately on IYCF interventions. The other includes Nutrition International, Helen Keller Foundation, GAIN, and Technoserve, which target their efforts more towards food fortification. This figure reinforces the importance of disaggregating nutrition advocacy into specific policy domains to gain a fuller understanding of relevant actors and their engagement with the enabling environment.

Figure 2: Advocacy landscape for nutrition in Nigeria



Source: Authors compilation using Kumu software and based on data collection described in text.

Perceived barriers to effective advocacy

When asked the biggest challenges hindering advocacy organizations from having a greater impact on nutrition policy, insufficient funding for nutrition and political will were the top two factors that were identified (Figure 3). In many cases these are quite interrelated since politicians are those that provided requisite funding. In Kano, one government stakeholder explicitly noted the connection: “Lack of release of counterparts fund by state government, poor resource mobilization by nutrition line ministries and agencies, lack of capacity by members of the SCFN, low level of understanding of nutrition issues by the legislature” were all identified as barriers to advocacy efficacy.⁹ An inability of advocates to reach important decisionmakers was a common theme:

One [challenge] is access to decision makers, the real decision makers, the power brokers; I don't think there is enough of that¹⁰

High turnover of political gladiators and poor working environment for civil servants¹¹

There is no systematic advocacy strategy that is owned by [government] agencies that can have an influence, that have financing and that have capacity to execute these strategies in Nigeria at this point in time both at the federal level and the state level. This lack of a unified voice and a systematic approach of identifying who your champions could be, who are the people that could actually move the needle on nutrition investment, on nutrition outcomes, on nutrition policy environment makes efforts very sporadic, very dispersed and there is nothing that is visible.¹²

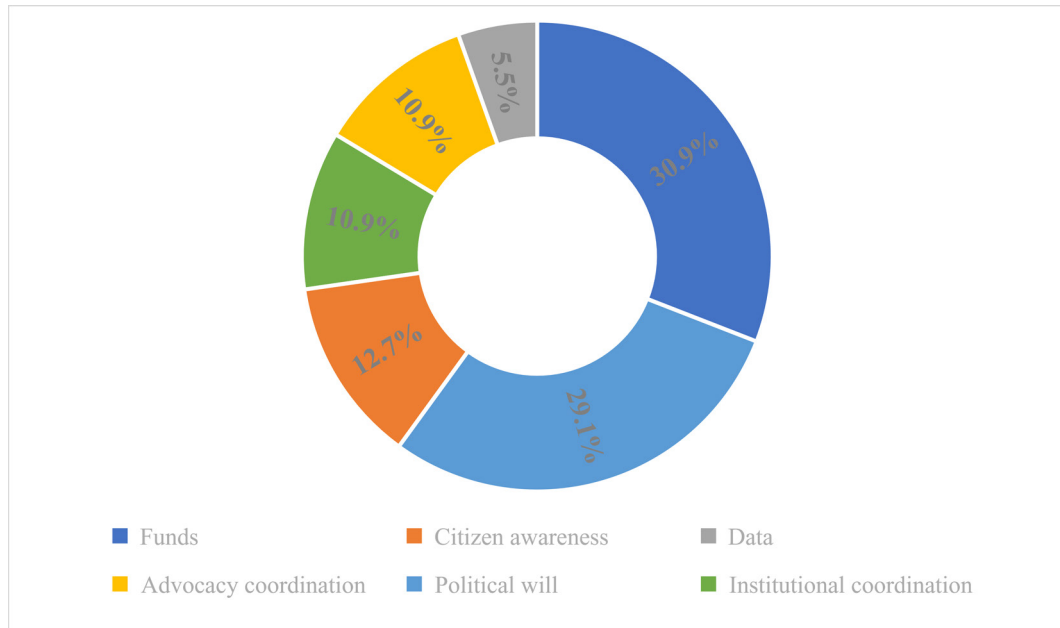
⁹ Interview with KA7.

¹⁰ Interview with OA18.

¹¹ Interview with KA12

¹² Interview with OA12.

Figure 3: Perceived Barriers to Effective Implementation



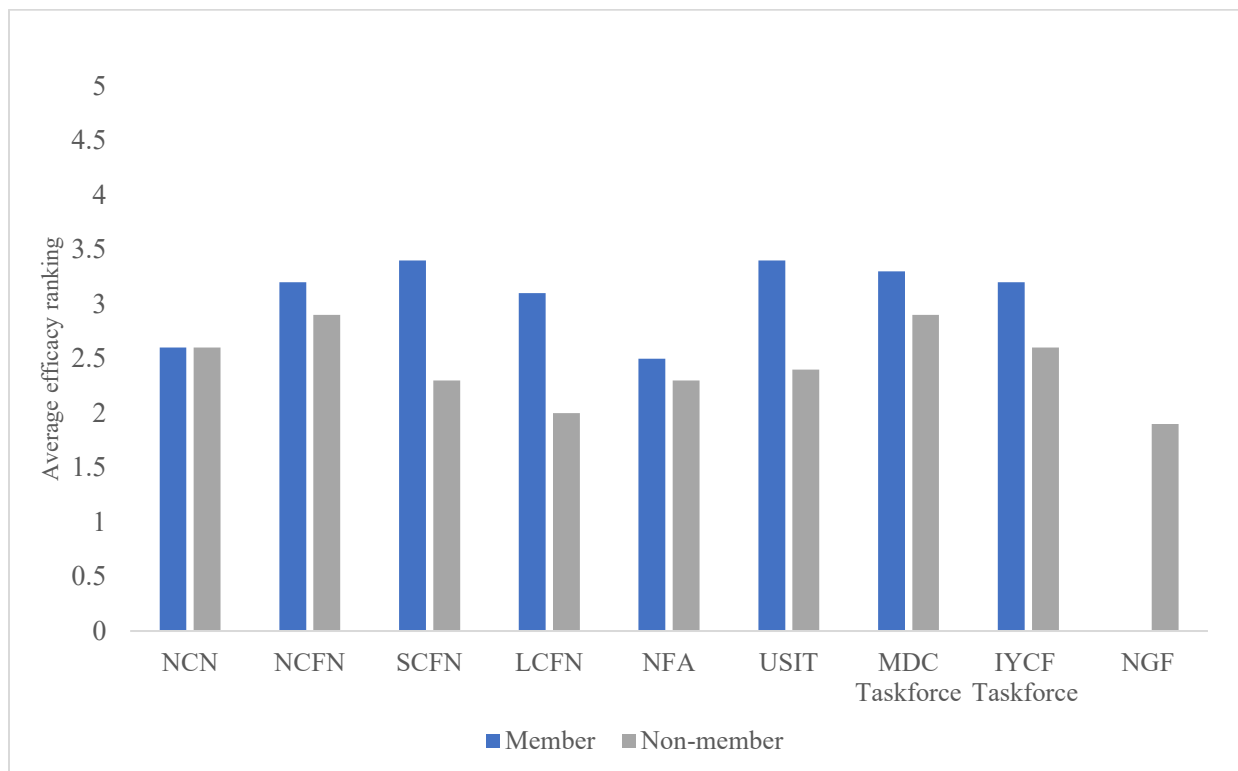
Source: IFPRI (2019)

Notes: N=55 responses from 42 respondents. The question was asked to only non-advocacy organizations. Respondents could offer more than one barrier.

Figure 4 below shows that the various institutional coordination mechanisms established for nutrition are not necessarily viewed as very effective based on subjective scale of 1 to 5, with the latter representing most effective. This is particularly true for those respondents who are not part of such coordinating groups. The perceived efficacy levels are relatively similar when assessed in terms of promoting vertical coordination across levels of government.¹³

¹³ Results available upon request.

Figure 4: Average Perceived Efficacy of Inter-Sectoral Coordination Mechanisms



Source: IFPRI (2019)

Notes: Respondents were asked “On a scale of 1 – 5 (with 5 being very effective), how effective would you rank the following committees and fora at improving coordination on nutrition across sectors.”

NCN-National Council on Nutrition; NCFN- National Committee on Food and Nutrition; SCFN- State Committee on Food and Nutrition; LCFN- Local committee on Food and Nutrition; NFA- National Fortification Alliance; USIT – Universal Salt Iodization Taskforce; MDC – Micronutrient Deficient Control; IYCF – Infant and Young Child Feeding; NGF-Nigeria Governor’s Forum

Both advocates and non-advocates recognize the importance of working with policy champions, which includes a mixture of both nutrition experts as well as those who traditionally hold a great deal of political clout. Among government and donor actors, Hajia Umami El-Rufai, who is the wife of the Kaduna state governor, was identified as the most important policy champion in Kaduna. At both the federal level and by Kano state respondents, the former Emir of Kano, Dr. Lamido Sanusi, was identified as the most important champion while those at the LGA level in Kano referred to the guiding role played by the leader of the State’s Primary Healthcare Management Board (SPHCMB). Among advocates, Dr. Sanusi and Hajia Umami-El-Rufai were also identified most as the most prominent public figures with whom the advocacy organizations engage and who support nutrition activities.

IYCF and State Level Variation

Since the early 1990s, Nigeria has initiated various programs for improving IYCF, with a National Breastfeeding Policy in 1998, a National Policy on Food and Nutrition in 2001, two National Policies on IYCF in 2005 and 2010, and the Social and Behavior Change Communication for IYCF Operational Plan (Ogbo et al. 2017). Nonetheless, breastfeeding practices and dietary diversity levels remain considerably low (Ogbo et al. 2017).¹⁴

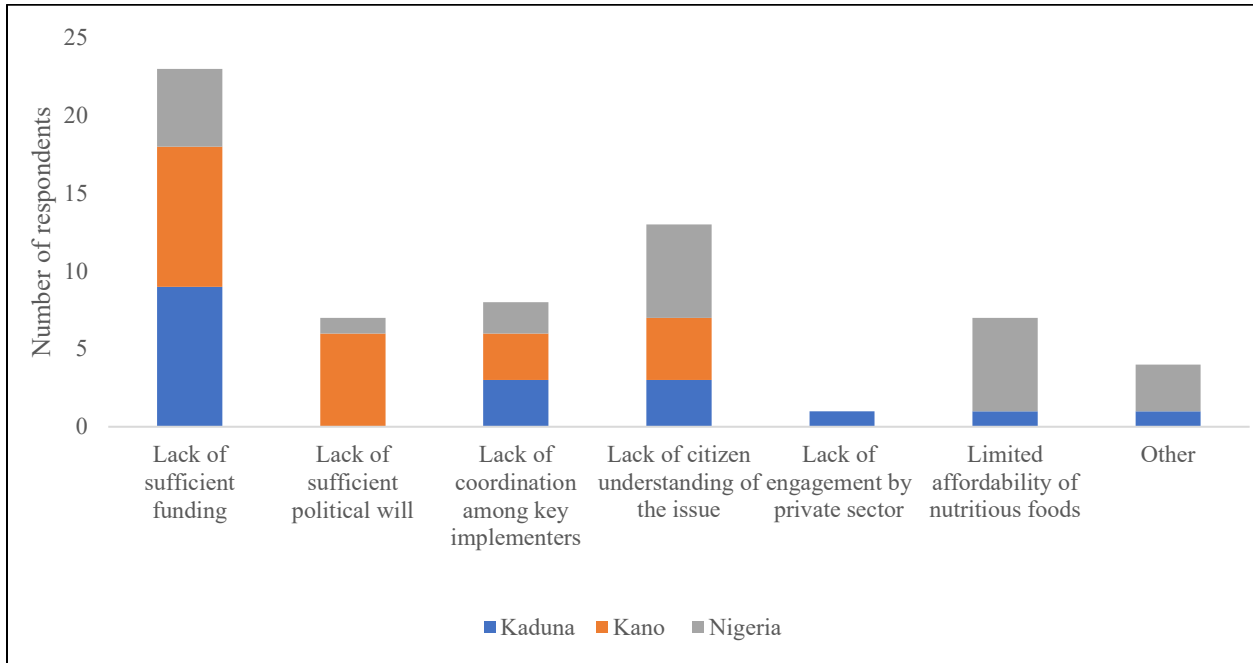
The National Policy on Food and Nutrition (NPFN) aspires to increase the exclusive breastfeeding rate during the first six months to 65 percent between 2013 to 2025 (FMBNP 2016). Common policy objectives in the NPFN to improve optimal nutrition during the first 1,000 days of life include maternity leave at all levels, including public and private sector institutions, provision of crèches in workplaces with more than 10 women in both public and private institutions, provision of IYCF counseling for pregnant and lactating women at community and health-facility levels, and the promotion of an integrated approach for management of severe malnutrition as a minimum package of maternal newborn and child health services (FMBNP 2016)

As seen in Figure 5, the main impediment to greater action on IYCF in Nigeria is attributed to a lack of sufficient funding, followed by a lack of citizen understanding of the issue. Funding for major IYCF programs is supposed to be allocated by the states, and the absence of a budget line for this and the timely release of budget allocations is an ongoing issue.¹⁵

¹⁴ Of course, policies are not solely responsible for outcomes and there are many socioeconomic, demographic, and cultural intervening factors (Issaka et al. 2015; Senarath et al. 2012).

¹⁵ See <https://scalingupnutrition.org/sun-countries/nigeria/>.

Figure 5: Main impediment to greater progress on IYCF



Source: IFPRI (2019)

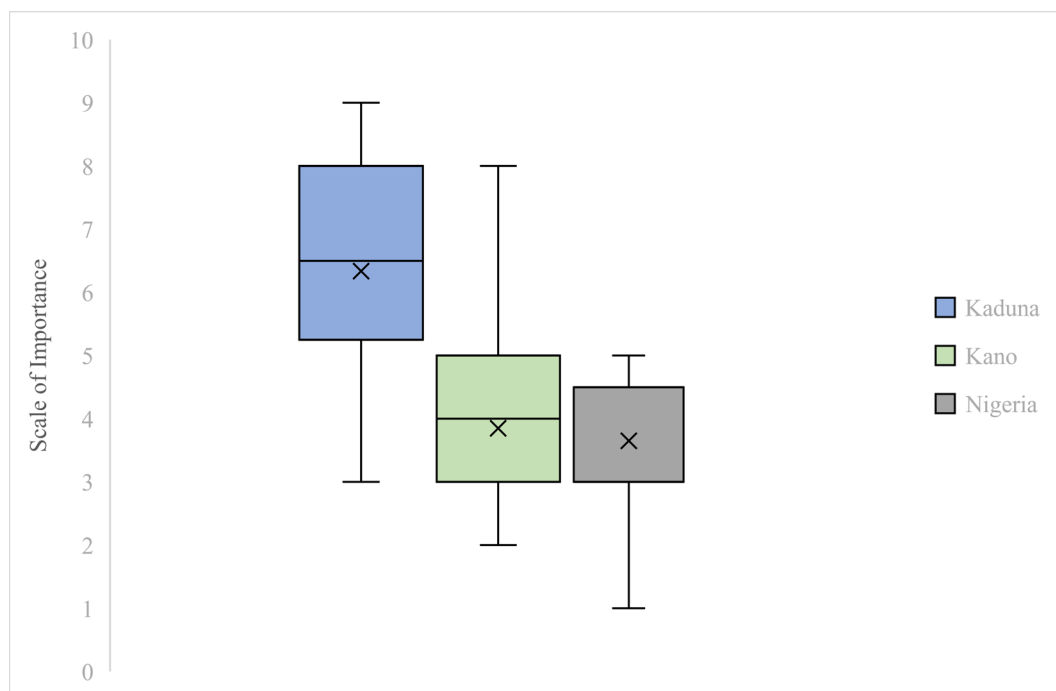
Among interviewed stakeholders, federal and state ministries of health, along with the LGA primary healthcare departments, were clearly viewed as being the main institutional leaders for IYCF policy. Reflecting on engagement at the national level, one advocacy organization noted, “Often times, it is difficult to get the top notch policy makers to talk about IYCF, they see it as a soft achievement compared to the hard one like 20 buildings for primary health care. You can get the middle cadre or lower cadre who will accept and want to run with it.”¹⁶ (OA14) These reflections reinforce the need to identify both high-level and bureaucratic champions.

A comparison of Kaduna and Kano highlights that subnational achievements with respect to IYCF are highly variable. In both states, the governors began their tenure at the same time in May 2015 and were re-elected in 2019. At his inaugural speech for his second term, Governor El-Rufai announced the extension of maternity leave from three to six months, making Kaduna the second state in the country to do so after Lagos (Adekunle 2019). Even during his first term, El-Rufai was commended by international donors for his commitment to child health (*This Day* 2017). Along with maternity leave, other achievements identified by respondents in Kaduna include the payment of IYCF LGA community volunteers of ₦3,000 monthly as a major policy achievement, along with the establishment of IYCF monitoring platforms at the LGA level and the development of the Kaduna State Maternal, Infant, and Young Child Strategic Plan. By contrast, Kano state remains like most other parts of Nigeria where new

¹⁶ Interview with OA14.

mothers receive only 12 weeks of maternity leave and, at the time of writing, is still working on its state-level IYCF plan (FMOH, Alive and Thrive, and UNICEF 2019).

Figure 6: Average ranking of perceived importance of IYCF issues by policymakers at the state and federal levels



Source: IFPRI (2019)

Notes: The exact question posed to respondents was “Given the many development issues in Nigeria/this state, how important do you think IYCF is among federal/state/ policymakers on a scale of 1 to 10?” A ranking of 1 means “not important at all” while a 10 indicates “highly important.” The boxes capture the interquartile range of responses with the Xs indicating the mean values and the horizontal lines within the boxes capturing the median. The top and box of the whiskers represent the maximum and minimum values, respectively.

Figure 6 reflects this disparity in policy achievements; respondents based in Kaduna had a more favorable impression of policymakers’ interest in IYCF than their counterparts in Kano. When asked why they gave the rankings that they did, two-thirds in Kaduna cited the political will of the state government and pointed to the disbursement of funding for community volunteers, essential commodities, and monitoring IYCF activities. This also reinforces the trend in Figure 4, which highlights that lack of political will is not viewed by anyone in Kaduna as a constraint to IYCF, but it is viewed as an important constraint in Kano. Indeed, respondents in Kano justified their low ranking of the issue for the government by pointing to the low budget for IYCF and the insufficient release of resources.

One key factor that might explain the higher levels of political will in Kaduna on IYCF is that, as mentioned earlier, one of the key policy champions recognized by advocates, government, and donor

respondents is the governor's wife, Aisha Umami Garba El-Rufai. She established the Kaduna State Emergency Nutrition Action Plan (KADENAP) in 2017 to fast track activities of Ministries and Departments that deal with nutrition, women, and child health and to ensure synergies rather than duplication of efforts. Again, advocacy efforts appeared to play an important role in this development as she directly attributed UNICEF statistics on levels of malnutrition in Kaduna as the main motivator for her interest in this issue (Kaduna State Government 2017). KADENAP, along with Alive & Thrive, CS-SUNN, and Save Children, were all credited with pushing for the extension of the maternity leave policy (Adekunle 2019).

Figure 7 also shows that both budgeted and actual expenditures to nutrition have been growing over time in Kaduna compared to Kano, even though the latter has almost double the share of the population and of malnourished children. The Kaduna governor embarked on a reform effort in his first term to consolidate more resources, including by cutting his own salary by 50 percent, reducing the number of states ministries and the number of cars in his personal convoy, consolidating more than 400 government accounts into one treasury single account, and raising more internally generated revenue (Akhaine 2016). These actions are a reminder that advocacy for more budget spending for nutrition and other development objectives cannot be divorced from the realities of resource mobilization. Moreover, while the ExCo in Kaduna includes the Ministry of Health, under which IYCF policies fall, the same ministry is excluded from the ExCo in Kano.¹⁷ As noted earlier, the ExCo ultimately decides on budget priorities and therefore, the absence of this ministry is consequential for gaining support for IYCF-related nutrition allocations.

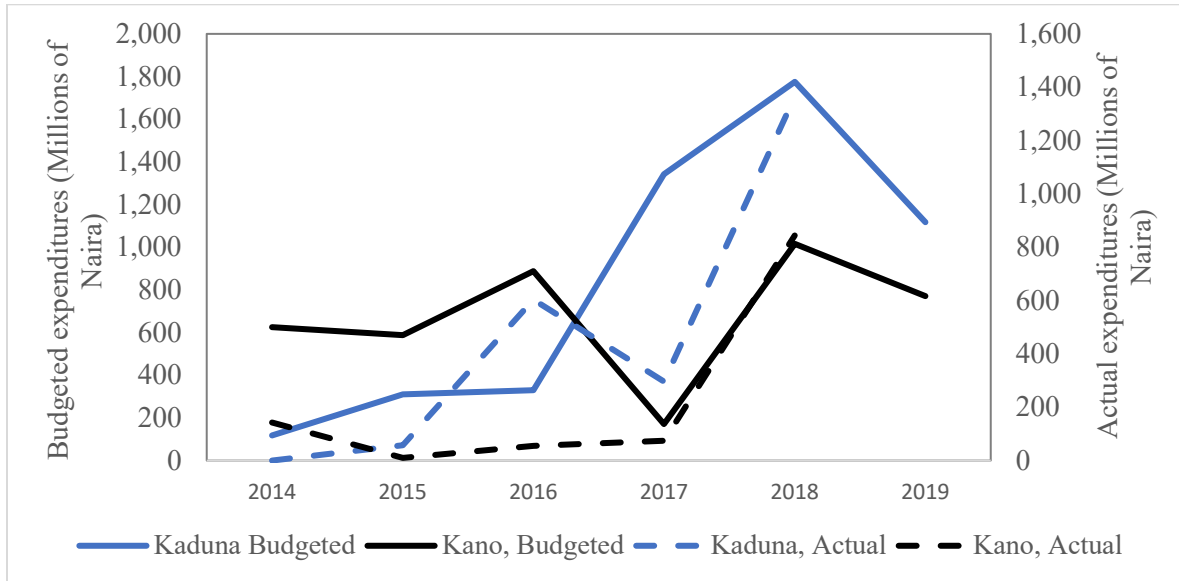
The policy priorities of Kano's governor, Abdullahi Umar Ganduje, have been focused more on child education and agro-industrial development. The state has been a leader in Nigeria's efforts at land titling reform and related initiatives aimed at improving agribusiness investment (Resnick and Okumo 2017). Moreover, Ganduje's signature project, announced during the inauguration of his second term in office, was free and compulsory public education for primary and secondary school-age children in the state ("Inauguration: Ganduje Declares Free, Compulsory Education" 2019). Again, UNICEF played a key role in this setting by pushing the government to commit to a program on "Better Education Service Delivery for All" ("Osinbajo Hails Ganduje for Education Revolution in the North" 2019). By directly funding schools, the government is spending ₦2.4 billion per year ("Kano's Exemplary Free and Compulsory Education" 2019), outstripping the levels for nutrition (see Figure 7).

As noted earlier, one of the main policy champions that advocates engaged with in Kano for IYCF was the former Emir of Kano, Lamido Sanusi. However, Sanusi, who was an ally of Ganduje's

¹⁷Membership details of the two states' Executive Councils can be found here: <https://kdsg.gov.ng/kaduna-state-executive-council/> and <https://www.kanostate.gov.ng/?q=executive-council> (accessed October 1, 2020).

predecessor, often was critical of the governor and opposed his 2019 re-election bid by supporting another candidate. In early 2020, the governor controversially de-throned Sanusi as the Emir and accused him of corruption (Naniya 2020). The incident demonstrates that policy champions who lack a good relationship with the main power brokers may not be ideal partners for advocates to target to gain traction for their issues.

Figure 7: Budgeted and Actual Expenditures on Nutrition, Millions of Naira



Source: CS-SUNN Kaduna and Kano 2019 budget statements.

Notes: Values are in nominal terms.

Food Fortification

In contrast to IYCF, food fortification is more of a federal level mandate and involves a broader array of oversight agencies than were identified for IYCF. These include the National Agency for Food and Drug Administration Control (NAFDAC), which monitors compliance with set fortification standards at the distribution and retail level, and the Standards Organization of Nigeria (SON), which establishes standards for food fortification.

National fortification in Nigeria began with iodized salt in 1993. In 2002, Nigeria mandated the fortification of wheat flour and semolina flour (vitamin A, iron, zinc, and B1, B2, B3, B6, B9, and B12), maize flour (vitamins A and B9 and zinc), and sugar and vegetable oil (vitamin A)(Food Fortification Initiative et al. 2018). Five years later, it established the National Fortification Alliance, which aimed to be a platform between the regulator—SON—and the private sector (FMBNP 2016). The National Policy on Food and Nutrition in Nigeria (2016-2025) emphasizes biofortification of staple crops with

micronutrients, fortifying staple foods along the value chain, and enforcing food fortification standards (FMBNP 2016).

Despite the existence of multiple regulatory frameworks on food fortification since the 1990s, recent findings revealed low levels of vitamin A and iron levels in processed foods (Aaron et al. 2017; Ogunmoyela et al. 2013). One reason for this is that the implementation of government mandates has been problematic in Nigeria since there are multiple bottlenecks along the way. Food staples are a high volume, low-margin business and the cost of fortification is sometimes perceived by the private sector as undermining price competitiveness, especially with few enforcement mechanisms by the state. Relatedly, private companies have been deterred by cross-border smuggling by smaller-scale producers of non-fortified products into local wet markets where the poor are more likely to purchase their food (Pilling 2018).

Moreover, there was a change of leadership at NAFDAC in the mid-2000s when a solid policy champion was replaced by one with a less impressive reputation (Williams et al. 2019). NAFDAC's reputation as being a "pocket of efficiency" in the Nigerian public sector (Pogoso and Roll 2013) was eroded. As one respondent noted, "NAFDAC was very effective when Nigeria got USI recognition [in late 1990s]. NAFDAC went to markets in all the local government areas and you could see data of fortification of salt in over 700 local governments in Nigeria. There was strong leadership in NAFDAC then. Implementation and impact depend on the leadership."¹⁸

A few years later, advocacy organizations began to reorient focus back on food fortification. Respondents pointed specifically at GAIN's sponsorship of the first ever survey of large-scale fortification of foods in Nigeria in 2012, which was viewed as critical for the amendment of fortification standards in Nigeria. Furthermore, the organization was acknowledged for leading the initiative in 2015 that brought folic acid and zinc into the country's fortification standards.¹⁹

In 2016, renewed commitment to fortified food was expressed by the government in the Lagos Statement on Food Fortification following the Future Fortified Conference. In 2017, the Bill and Melinda Gates Foundation (BMGF) committed \$10 million to food fortification in the country and has helped revamp the National Fortification Alliance by partially funding their meetings. In mid-2018, Gates and the billionaire agribusiness entrepreneur, Aliko Dangote, brought together leaders of the Nigerian food processing industry, government, and donors at the Food Processing and Nutrition Leadership Forum and committed to a tripartite compact. The private sector promised 100 percent compliance with food fortification standards, the government aimed to make premix supplies more affordable and regulatory

¹⁸Interview with OA22.

¹⁹ Interview with OA15.

enforcement more robust, and donors such as BMGF agreed to invest in third party verification of standards compliance through 2020 and needed technologies to ensure compliance (Pilling 2018).²⁰

Nonetheless, during fieldwork that occurred more than a year after the Forum, there was a perceived sense of a lack of high interest in the topic among policymakers, reinforced by Figure 8. On the one hand, some respondents noted that it received more federal attention than IYCF because “Food fortification is something you can sell so people know it more than IYCF, and it is tightly linked to the private sector and economic growth.”²¹ On the other hand, there was a sense among major stakeholders that policymakers do not have ownership over the issue. Even among advocacy organizations that focus heavily on fortification, there is disappointment: “It is not a priority to them [policymakers], it is considered a minute fraction of their activities” and “It is rare to hear politicians, be it a governor or even a minister talking about food fortification.”²²

Across the entire sample of respondents, the main impediment to progress on fortification is a lack of coordination among implementing partners (see Figure 9), followed again by a lack of citizen understanding of the issue. However, among respondents focused on the federal level, a lack of regulatory capacity and incentives to the private sector continue to be viewed as the main deterrents. As noted by one respondent, these two factors are highly interrelated: “Whether they fortify or not, people will buy their [the private sector’s] product. The regulatory agencies do not have the capacity to monitor whether they are complying or not. Compliance has direct and indirect cost implications. Indirect cost in terms of training personnel to fortify and quality assurance or quality control and cost of equipment.”²³

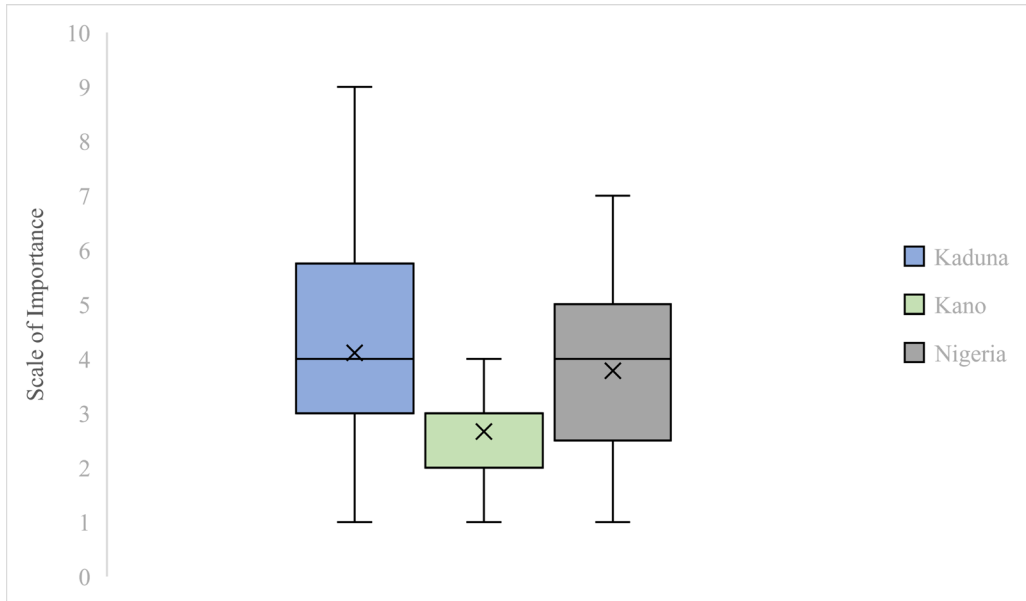
²⁰ Micronutrient costs in Nigeria are particularly high due to the country’s range of import tariffs and foreign exchange restrictions. Levies on premixes can be as high as 20 percent or more. See: <https://www.businessamlive.com/bill-melinda-gates-aliko-dangote-foundations-turn-focus-on-processing-industries-for-nutritionally-fortified-foods/>

²¹ Interview with OA03.

²² Interviews with OA02 and OA07, respectively.

²³ Interview with OA24.

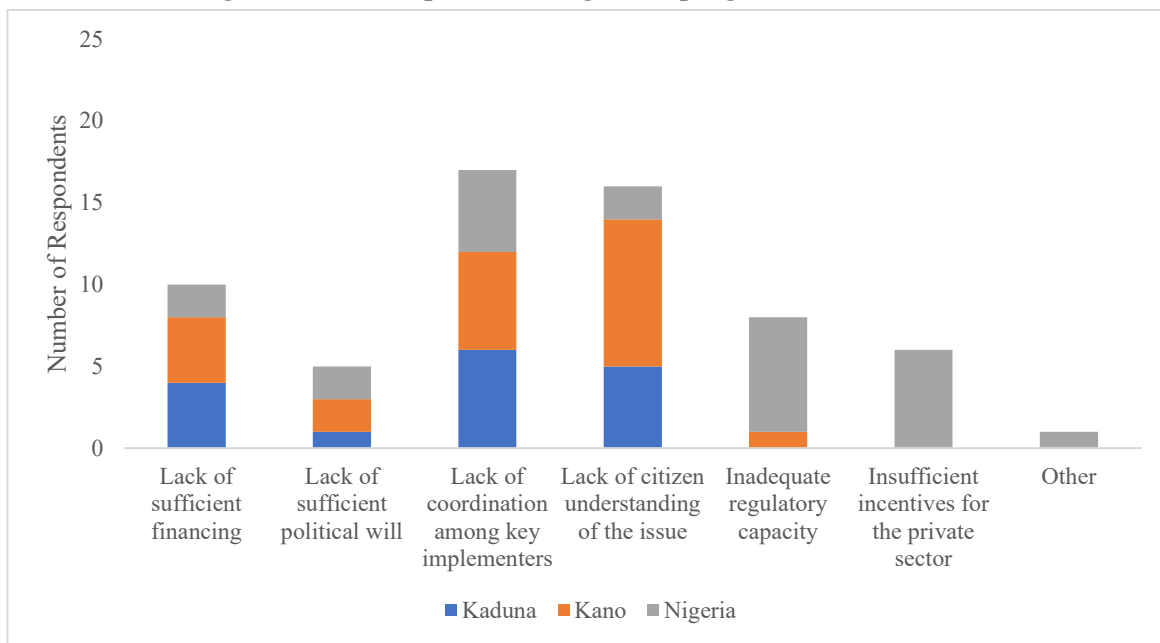
Figure 8: Average ranking of perceived importance of food fortification issues by policymakers at the state and federal levels



Source: IFPRI (2019)

Notes: The exact question posed to respondents was “Given the many development issues in Nigeria/this state, how important do you think food fortification is among federal/state/ policymakers on a scale of 1 to 10?” A ranking of 1 means “not important at all” while a 10 indicates “highly important.” A ranking of 1 means “not important at all” while a 10 indicates “highly important.” The boxes capture the interquartile range of responses with the Xs indicating the mean values and the horizontal lines within the boxes capturing the median. The top and box of the whiskers represent the maximum and minimum values, respectively.

Figure 9: Main impediment to greater progress on food fortification



Source: IFPRI (2019)

Respondents remain concerned that the agenda remains largely driven by the private sector and donors. As noted above, mobilization around food fortification in 2018 was really led by Dangote and Gates rather than major government actors. As one respondent observed, “Nothing seems to be happening in this space, everything is donor-driven. The policy makers are not aware that there is a problem, or the policy makers are not making the right kind of policies or moving to get financing for this.”²⁴ Another noted, “I don't see the impact of policy makers in the area of food fortification in the sense that most of the food fortification activities are mostly private sector and donor driven. I don't see a lot of influence or participation from policy makers.”²⁵

Despite these perceptions, in the 18 months after the Forum, among the six leading producers of staple foods in the country, the share providing adequately fortified wheat flour increased from 58 to 74 percent while fortified sugar increased from 32 to 84 percent and salt is almost 100 percent iodized (TechnoServe 2019). This suggests the value for high-profile companies of making public statements and commitments for which they will be held accountable. Indeed, as seen in other development domains, the use of mutual accountability mechanisms that will be publicly tracked by peers and citizens can be a powerful way of encouraging action (Kelley 2017).

Summary and Discussion

The above case studies highlight that advocates have played significant roles in Nigeria's nutrition landscape, whether in using the power of data to highlight the severity of malnutrition, lobbying as a network to push for maternity leave, and filling information gaps by commissioning fortification surveys. Yet, based on respondents' perceptions, there remain many barriers within the enabling environment that undermine effective nutrition advocacy despite the country's development of multiple strategies and frameworks to guide implementation. In a general sense, both IYCF and fortification remain affected by the fact that nutrition interventions are often low visibility public goods since the benefits of most interventions on human health take a considerable amount of time to materialize (Gillespie et al. 2013; Haddad 2013). Respondents highlighted that politicians may view IYCF as a “soft intervention” while lack of citizen awareness was a major hindrance for fortification efforts.

Several additional points emerge from the case studies. First, it is critical to mobilize support from major political actors, or the “political gladiators,” including executives and legislators, and to be systematic in identifying policy champions. In Kaduna, IYCF advocates successfully targeted veto

²⁴ Interview with OA12.

²⁵ Interview with OA23.

players with budget influence, namely the governor, and benefited from his wife's championship of nutrition issues. In Kano, the fractious relationship between the governor and the former Emir made the latter's support for IYCF less impactful. At the federal level, more targeted advocacy at key decisionmakers will be essential for them to recognize the relevance of food fortification and to improve local ownership of the topic.

Second, high levels of donor support for fortification can push forward the policy agenda but also create the impression that the government can instead focus its resources on other priorities. Domestic policymakers need to be convinced of the political value of fortification if such interventions are to be sustainable. Third, coordinating institutions are viewed as weakly effective. A key reason could be the lack of sustained funding to keep them sufficiently capacitated and engaged. A useful counterexample is KADENAP, which is a well-funded agency in Kano that also serves to enhance cross-sectoral coordination.

Fourth, capacity is paramount. Poor working environments for civil servants and low oversight abilities of fortification monitoring agencies were among the concerns articulated by interview respondents. At the same time, credible leadership and commitment of public sector implementing organizations, such as KADENAP and NAFDAC, were also seen as essential. In this regard, new leadership of NAFDAC since 2017 is promising.

Finally, governments have multiple priorities and limited resources. Advocates exist in many policy domains, from nutrition to education, gender equality, land rights, housing, and many more. The example of Kano, where education became a more significant issue for the governor, illustrates that advocates would benefit from a more holistic and less siloed understanding of competing pressures and development objectives faced by politicians. In this way, nutrition advocates may be able to strategically frame their recommendations and offer policy interventions that would be cross-cutting with politicians' other development priorities (e.g. opportunities to introduce fortified foods in school feeding programs).

Conclusions

Enabling environments for nutrition advocacy, or that in any other policy domain, are neither uniform nor static. Much depends on the dimensions of the proposed policy intervention and the stage of the policy process. Accountability mechanisms might be essential if successful policy implementation requires a high degree of coordinated actions across multiple actors, such as fortification, then if the policy can be secured through one-off legal reforms, such as maternity leave. The allocation of more financial resources is necessary for hiring more IYCF counsellors and therefore requires an understanding of the budget process. Yet, reducing the cost of fortification premixes for the private sector may instead rely on trade policy reforms.

Policy sub-domains create different advocacy communities, champions, and partners, elevate the importance of particular institutions, and engender unique political dynamics. At the same time, narrow policy categories operate within the broader political economy and policymaking spheres that define, *inter-alia*, how budgets are made and who determines where money is allocated, whether policy reforms require legal changes, and how public sector organizations operate. The enabling environment for nutrition advocacy therefore requires constant and strategic interaction across these two levels. The considerations delineated in Appendix 1 can guide advocates to assess not only if the factors contributing to an enabling environment for a particular policy exist but also how they may need to shift their strategies accordingly when some of these factors are absent or far from ideal.

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Appendix 1: Questions for Identifying Priority Enabling Environment Factors

Policy category	Is there a nutrition policy or strategy to guide actions and provide a rallying point for advocates?
	What is the policy response that is being advocated?
Politics and power	Does the political regime allow for advocacy and information dissemination activities?
	Who are veto players that have decisionmaking power within the policy system and vis-à-vis the advocated policy response?
	Who holds hidden power?
	Who are policy champions?
	Do they have a strong relationship with the veto players and those with hidden power?
	If so, is the relationship positive or negative?
	What are the main development priorities of veto players?
Institutions	Which agencies/ministries are responsible for the policy under consideration?
	Is authority for the policy at the national level, subnational level, or shared?
	Does the policy require legislative approval, executive approval, or both?
	Are there coordinating bodies cross-sectorally?
	Are these bodies funded?
	Are they located within political powerful or visible units of government?
	Are there coordinating bodies across levels of government?
	Are these bodies funded?
	Are there coordinating bodies with the private sector, if relevant?
	Are these bodies funded?
	Do implementing bodies have the required technical and resource capacities to implement the relevant policy response?
	To what extent is there political interference in the bureaucracy relevant to the policy?
	Are there mechanisms for ensuring mutual accountability between governments, donors, the private sector, and citizens?
Resources	Does the proposed policy require a substantial outlay of resources?
	Is the fiscal and macroeconomic environment conducive to financing the proposed policies?
	Is donor funding available to support implementation?
	Is the intervention financially sustainable when donor support diminishes?

Appendix 2: List of Stakeholders Interviewed

Category	Stakeholder
Federal	
Advocacy	Alive & Thrive FHI 360
	Civil Society-Scaling Up Nutrition in Nigeria
	Clinton Health Access Initiative
	Food and Agricultural Organization
	Global Alliance for Improved Nutrition
	Helen Keller International
	Nutrition International
	Plan International
	Save the Children
	SUN Business Network
	Technoserve
	UNICEF
	Government
Federal Competition and Consumer Protection Commission	
Federal Ministry of Finance, Budget, and National Planning	
Federal Ministry of Health	
Standards Organization of Nigeria	
Donors	Aliko Dangote Foundation
	European Union Delegation
	UK Department for International Development
	World Bank
Research/ Consultant	Nutrition consultants
Kaduna	
Advocacy	Civil Society-Scaling Up Nutrition in Nigeria
	Save the Children
	UNICEF
Government	Primary Health Care Department, Giwa LGA
	Agriculture and Forestry Sector, Giwa LGA
	Kaduna State Agricultural Development Agency
	Kaduna Planning and Budget Commission
	Kaduna State Emergency Nutrition Action Plan
	Kaduna State Primary Health Care Development Agency
	Department of Agriculture, Kachia LGA
	Primary Health Care Department, Kachia, LGA
Media	Kaduna State Media Corporation
Research/ Consultant	Ahmadu Bello University, Zaria
	Nutrition consultant
Kano	
Advocacy	Kano Nutrition Working Group
	Transparency and Development Information Initiative
	Federation of Muslim Women's Associations in Nigeria
	Partnership for the Promotion of Maternal and Child Health in Kano State
	Kola and Funke Care Foundation
	Wazobia International Women and Children Foundation

Government	State Primary Health Care Management Board
	Kano Ministry of Planning and Budget
	Kano Ministry of Health
	National Orientation Agency
	Ministry of Agriculture
	Primary Healthcare Department, Wudil LGA
	Agriculture and Natural Resources Department, Wudil, LGA
	Primary Healthcare Department, Bichi LGA
Media	Express Radio Kano
	Abubakar Rimi Television
Research/ Consultants	Bayero University