



NATIONAL STRATEGY

FOR THE IMPLEMENTATION OF THE
INTERNATIONAL CODE
OF MARKETING OF BREASTMILK
SUBSTITUTES IN NIGERIA

■ (2021-2025) ■



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Acronyms

A&T	Alive & Thrive
ATNF	Access to Nutrition Foundation
BFHI	Baby-Friendly Hospital Initiative
BFI	Baby-Friendly Initiative
BMS	Breastmilk substitute(s)
CHEW	Community Health Extension Worker
CSO	Civil Society Organisation
ECOWAS	Economic Community of West African States
FCCPC	Federal Competition and Consumer Protection Commission
FME	Federal Ministry of Education
FMoH	Federal Ministry of Health
FMoI	Federal Ministry of Information
FMoJ	Federal Ministry of Justice
FMWA&SD	Federal Ministry of Women Affairs and Social Development
FSAN	Food Safety and Applied Nutrition
GNI	Gross National Income
HDI	Human Development Index
HQ	Head quarter
IBFAN	International Baby Food Action Network
ICDC	International Code Documentation Centre
IFM	Infant Food Manufacturer
IYCF	Infant and Young Child Feeding
MDAs	Ministries Departments and Agencies
MBNP	Ministry of Budget and National Planning
MICS	Multiple Indicator Cluster Survey
MOU	Memorandum of understanding
NCFN	National Committee on Food and Nutrition
NDHS	Nigeria Demographic and Health Survey
NASS	National Assembly
NAFDAC	National Agency for Food and Drug Administration and Control
NetCode	Network for Global Monitoring and Support for Implementation of the International Code of Marketing of Breastmilk Substitutes and Subsequent relevant World Health Assembly Resolutions
NGF	Nigeria Governors' Forum
NOA	National Orientation Agency
NSN	Nutrition Society of Nigeria
SCFN	State Committee on Food and Nutrition
SDG	Sustainable Development Goal
SMoH	State Ministry of Health
SPCI	Strategic Plan for Code Implementation
TC	Technical Committee
UNICEF	United Nations Children's Fund
WABA	World Alliance for Breastfeeding Action
WASH	Water, Sanitation and Hygiene
WHA	World Health Assembly
WHO	World Health Organization

Foreword

Implementation of the International Code of marketing of breastmilk substitutes and the subsequent relevant WHA resolutions (The Code) has become very critical for us, as the world intensifies movement towards a Baby-friendly world where children not only survive but thrive, attain their optimal potential in life and contribute positively to national socio-economic development. The 2018 NDHS shows that 48.1% of infants 4 to 5 months are fed with breastmilk substitutes. This value is very high and unacceptable. Nigeria will intensify efforts and commitment in implementing all the provisions of the Code, having recently updated the national legal instrument on the Code of marketing of BMS, (Regulations 2019) to substantially align with the International Code.

The development of the National Strategic Plan for the implementation and monitoring of the National Regulations for the Marketing of Infant and Young Children Food and other Designated Products in Nigeria is timely so as to give effect to the principles and objectives of the International Code and National Regulations. It will serve as a roadmap for effective implementation, monitoring and enforcement of the Code compliance, and promote optimal breastfeeding practices to save the lives of our children. This maiden edition of the Plan clearly shows mechanisms and processes for a multi-sectorial integrated approach to the implementation and monitoring of the BMS Code compliance in Nigeria. The document covers these four priority objectives:

1. To strengthen governance, advocacy, coordination and partnerships for implementation of the Code and National Regulations.
2. To promote and support the development of National/State/LGA capacity and awareness for Code implementation and monitoring.
3. To enhance Code monitoring, enforcement and sanctions and design Code violations reporting systems
4. To enhance resource mobilization and financial sustainability for the implementation of the Code nation-wide

The gaps in the current implementation efforts were identified and strategies to address them documented. The progress made in the implementation of the BMS Code will be published and annual reports formally sent through the Honourable Minister of Health to the Director –General of the World Health Organization. NAFDAC, in collaboration with various stakeholders including donors, partners, CSOs and FBOs is therefore set to implement and monitor compliance in an integrated and cost-effective manner. It is envisaged that the use of this Strategic Plan will escalate the coverage reached and facilitate a systematic and deliberate implementation of strategies articulated there-in. The infant food manufacturers are required to update themselves and their representatives on the Code and National Regulations, comply with all their provisions and self-monitor their compliance to ensure effective implementation of the National Regulations on the BMS Code in Nigeria.

I acknowledge all stakeholders who contributed in various ways to the development of this multi-sectoral Strategic Plan 2021 - 2025 on BMS Code and National Regulations implementation. I wish to encourage all partners and stakeholders to make concerted effort to support its successful implementation.

I hereby reaffirm the commitment of NAFDAC towards ensuring that compliance with the Code and the National Regulations are enforced to contribute towards achieving the global targets for infant and young children feeding in Nigeria.

Professor Moji Christianah Adeyeye, PhD, FAS
Director General NAFDAC

Acknowledgments

The National Agency for Food and Drug Administration and Control (NAFDAC) commends all stakeholders who participated in the development of this five-year Strategic Plan for implementation and monitoring of the provision of the International Code of Marketing of Breastmilk Substitutes and the National Regulations for the Marketing of Infant and Young Children Food and other Designated Products in Nigeria.

We wish to express our gratitude to the Director General of the Agency, Professor Moji Christianah Adeyeye, who is profoundly acknowledged for her leadership and governance in prioritizing BMS Code compliance as a public health intervention for child survival and development in Nigeria.

I am grateful to FHi 360 (Alive & Thrive), the World Health Organization, Unicef, Bill and Melinda Gates Foundation (BMGF) and all the other international and National NGOs for providing technical and financial assistance for the development of this document.

My gratitude also goes to line Ministries, Departments and Agencies (MDAs), the academia and the BMS Code Technical Committee for their collaboration, participation and their invaluable contributions during the development of this five-year Strategic Plan and the Consultant, Dr Ngozi Njebuome, for anchoring the entire process.

I recommend this document to all the implementing partners, NGOs/CSOs, the Governments at all levels and Professional Associations for the anticipated cooperation in implementing the activities contained in the Strategic Plan.

Finally, I commend the facilitation and leadership of **Mrs. Eva O. Edwards, Deputy Director (FSAN-HQ) and Mrs. Ummul-Khairi A. Bobboi, Deputy Director (FSAN-Abuja)** and the BMS Code team in the Food Safety and Applied Nutrition (FSAN) Directorate, NAFDAC for their unrelenting efforts at making this document a reality.

Mr. Sherif A. Olagunju
Director Food Safety and Applied Nutrition

1. INTRODUCTION

Breastfeeding is a high impact, low technology, cost effective intervention for child survival and optimal cognitive development. Breastfeeding also promotes maternal health and contributes to environmental sustainability, but its practice is still low. There is an urgent need to accelerate progress and scale up optimal breastfeeding practice in order to achieve the 2025 global target of at least 50% exclusive breastfeeding rate in the first six months and hence save lives of children and mothers. Optimal breastfeeding as defined by the WHO and UNICEF (2020) is exclusive breastfeeding (with no other foods or liquids) of infants for the first six months of life and continued breastfeeding up to 2 years or beyond in addition to age-appropriate, nutritionally adequate and safe complementary foods (solid or semi-solid). It also implies early initiation of breastfeeding within an hour of birth.

The challenges of optimal infant and young child feeding have been long standing. Although breastfeeding practices have improved in some countries, it is not so in others where comprehensive policies, programmes and law are not implemented. A UNICEF landscape analysis in 2012 assessed political commitment and priority for breastfeeding interventions globally. The consensus was that the stagnant global breastfeeding rate is predicated on the fact that breastfeeding has not enjoyed political and donor commitments matching the potentials to save lives and promote children's welfare and national development. The analysis identified the following factors that have contributed to the low breastfeeding profile in the development agenda as:

- the influence of and aggressive marketing by breastmilk substitute companies
- insufficient global leadership
- the lack of a common agenda and unified voice; and
- the failure to frame and communicate clearly the importance of breastfeeding and risks of not breastfeeding

The twenty-seventh World Health Assembly (WHA) in 1974 and the thirty-first World Health Assembly in 1978 drew attention to the general decline in breastfeeding including a decline in its prevalence and duration as a result of factors mainly associated with production and promotion of manufactured breastmilk substitutes. The WHA noted that “The promotion of breast-feeding is fundamental to preventing malnutrition in infancy, as is the control of the introduction and use of artificial infant food” (WHA 32.37 1979). WHO and UNICEF have consistently emphasized the importance of maintaining the practice of breastfeeding and reviving the practice in places where there is a decline to improve the health and nutrition of infants and young children. Countries were encouraged to define ways of preventing irrational marketing of breastmilk substitutes.

The recent report on the State of the World's Children report (2019) observed that more children and young people are surviving, but far too few are thriving; in 2018, 149 million children under-5 years were stunted from unhealthy foods starting early in life. The report also showed that only 2 out of 5 children below six months are being breastfed exclusively and less than one third of children 6 to 23 months are fed complementary foods from minimum number of food groups that can support their rapidly growing bodies and brains. This has perpetuated intergenerational cycles of poverty and malnutrition resulting in poorly nourished children who cannot achieve their full potentials nor positively transform their societies and economies.

2. WHY BREASTFEEDING IS IMPORTANT

The benefits of breastfeeding are immeasurable, being one of the best possible investments for saving infant and maternal lives. The 2016 Lancet series noted that improving breastfeeding rates will prevent about 820,000 child deaths additionally (that is about 13% of all under-5 child deaths) and 20,000 women deaths each year (Lancet 2016). Breast milk is the ideal food for infants, it is safe, clean and contains antibodies which help protect against many common childhood illnesses; breastfed children are less prone to acute respiratory and gastrointestinal diseases (Nicole et al 2019). Breastfed children perform better on intelligence tests and school work (Heikkila Katriina et al 2014), are less likely to be overweight or obese (Jing Yan et al 2014) and have reduced risk to communicable diseases such as asthma, diabetes mellitus (Stanley et al 2007) and cancers specifically leukemia (Efrat & Lital 2015). Breastmilk is environmentally friendly and energy-saving (WABA 2014); it is a natural, renewable complete food that does not require cooking, packaging, storage or transportation. Exclusive breastfeeding has the single largest potential impact of any preventive intervention on child mortality. Women who breastfeed have a reduced risk of post-partum hemorrhage (Sobhy, S.I., et al 2004), improved birth spacing, decreased risk of breast and ovarian cancers (Mishel et al 2017; Stanley et al 2007), hypertension and diabetes mellitus (Rabel et al 2019). Where antiretroviral medicines are not available, exclusive breastfeeding greatly reduces mother-to-child transmission of HIV (WHO 2006). To date breast milk and breastfeeding have not been found to transmit active COVID-19 virus hence there is no evidence to stop or avoid breastfeeding (WHO 2020).

The financial costs of not breastfeeding to families are enormous, including cost of infant formula, feeding utensils, detergents, sterilizing equipment, fuel for boiling water and cost of treatment of sick child as non-breastfed children are sick more often. Breastfeeding has also been recognized as a high impact intervention to achieve some global targets such as the Sustainable Development Goals (SDG) and the Global Strategy for Women's, Children and Adolescent Health (2016-2030).

3. THE CASE FOR A CODE OF MARKETING OF BREASTMILK SUBSTITUTES: GLOBAL PERSPECTIVES

3.1 Promotion and Protection of Breastfeeding

In the late 20th century, (1970s and 80s) breastfeeding rates were decreasing in the low-income countries where the infant formula companies moved their markets and promoted their products vigorously. Improper and unhygienic preparation of formula led to dramatic increase in childhood mortality from malnutrition and childhood illnesses especially diarrhoea and pneumonia (Hoddinott P, Tappin D, Wright C. 2008). There are many documented studies on the increase in morbidity and mortality in developing countries from breast milk substitutes (Jones G et al 2003, WHO, 2000, Black RE et al 2008).

The WHO/UNICEF 1979 meeting on Infant and Young Child Feeding called for an urgent action to improve the infant and young child health and nutrition by controlling the marketing of breastmilk substitutes in all countries (Baer E, Margulies L 1980). In 1980, the WHO and UNICEF meeting of 150 participants representing national governments, UN agencies, non-governmental organizations, the infant food industry and experts on infant feeding, drafted the International Code of Marketing of Breastmilk Substitutes which was adopted by the WHA in May 1981 as a “minimum requirement” to be implemented in its entirety, to protect infant health. Member countries were enjoined to review sales promotion activities on baby foods and to introduce appropriate counteractive measures such as breastmilk advertisement codes and legislation (WHA32.37 1979). The International Code was revised in 2016 and all the subsequent relevant WHA Resolutions were included as component of “The Code” (Fig 1).

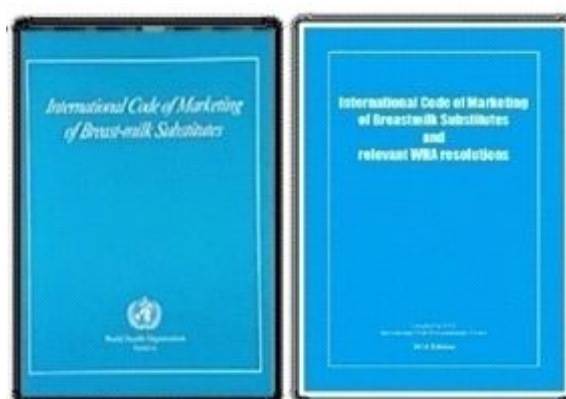


Figure 1 The Code 1981 and 2016

The global target of increasing the prevalence of exclusive breastfeeding from the then baseline of 37 percent to at least 50 percent by 2025 may not be achievable in the face of inappropriate marketing of breastmilk substitutes worldwide. Ellen and Sandra (2015) in their research found that “Marketing remains widespread even in countries that have adopted the International Code of Marketing of Breastmilk Substitutes to restrict such activities”, noting that global sales of breastmilk substitutes reached US\$40 billion in 2013 and the growth in sales exceeds 10% annually in many low- and middle-income countries, while near stagnant in high-income countries. Rollins et al in 2016 reported, global sales of breastmilk substitutes in 2014 of US\$44.8 billion, with a projected increase to US\$71 billion by 2019. The marketing of breastmilk substitutes is done directly through mass media and print advertisements and indirectly by offering incentives, free supplies, and promotions to and through health workers and health facilities, retailers and policy makers. Internet marketing through their company web sites and social media platforms, like twitter, is increasing. To counter the impacts of formula marketing globally, there was an urgent need for the adoption of stricter regulatory frameworks together with independent, quantitative monitoring and compliance enforcement.

3.2 Global Investment in Breastfeeding

Globally, investments in breastfeeding have remained very low despite the growing evidence of its advantages with estimated annually expenditure on breastfeeding programs by donors and governments in low- and middle-income countries at mere \$85 million and about \$250 million respectively. More

investment in programs and policies that are dedicated to breastfeeding promotion, protection and support are required for attainment of the WHA 2025 target of increasing to at least 50 percent the proportion of infants under six months of age who are exclusively breastfed. The World Bank, Results for Development Institute (R4D) and 1,000 Days estimate that meeting the global target by 2025 would require an additional investment of \$5.7 billion. Inadequate breastfeeding practice is also costly, and higher in Sub-Saharan Africa. It is responsible for more than 236,000 child deaths each year in China, India, Nigeria, Mexico and Indonesia alone with an estimated future economic cost of mortality and cognitive losses amounting to almost \$119 billion per year.

3.3 The Aim of the Code

The aim of the Code is: “To contribute to the provision of safe and adequate nutrition for infants, by the protection and promotion of breastfeeding, and by ensuring the proper use of breastmilk substitutes, when these are necessary, on the basis of adequate information and through appropriate marketing and distribution”.

The Code does not prohibit the existence of Infant Food Manufacturers, production, sale or purchase of BMS but prohibits the aggressive and subtle promotion and marketing of the BMS products, gifts to mothers and their families and to health facilities as well as sponsorship of meetings for health professionals and scientific meetings by manufacturers and distributors of BMS. Breastmilk substitutes should be available when needed but should not be promoted.

3.4 The Structure of the Code

The Code consists of 11 Articles and multiple subsequent WHA Resolutions; the Articles describe the Aim and scope, definition of terms, information and education, roles of general public and mothers, health care systems and health workers, responsibilities of the infant food manufacturers' and distributors' representatives, labeling specifications, quality of product and implementation and monitoring.

The scope of the Code (Article 2) applies to the marketing, and practices related thereto, of the following products: breastmilk substitutes, including infant formula; other milk products, foods and beverages, including bottle-fed complementary foods, when marketed or otherwise represented to be suitable, with or without modification, for use as a partial or total replacement of breastmilk; feeding bottles and teats. It also applies to their quality and availability, and to information concerning their use. The definition of “Breastmilk Substitute” in Article 3 is: “any food being marketed or otherwise represented as a partial or total replacement for breast milk, whether or not suitable for that purpose”.

There are many Relevant WHA Resolutions from 1980 that further clarified and strengthened aspects of the Code, infant and young child nutrition, appropriate feeding practices and related questions. The summary of the key recommendations emanating from these WHA resolutions is captured in Annex 1.

Every two years, WHO, UNICEF, and the International Baby Food Action Network (IBFAN) update countries' status of implementing the International Code of Marketing of Breastmilk Substitutes and subsequent relevant World Health Assembly (WHA) resolutions. The report presents the legal status of the Code globally and the extent to which its provisions have been incorporated in national legal instruments. The 2020 report emphasizes key Code provisions for eliminating the promotion of breastmilk substitutes, feeding bottles and teats to health workers and in health facilities. It also provides an analysis of legal measures taken to prohibit promotion to health workers and in health facilities. The WHO Director-General since 1981, reports on the Status of the Code's implementation to the World Health Assembly biennially.

3.5 About Net Code

WHO and UNICEF in 2015 established the Network for Global Monitoring and Support for Implementation of the International Code of Marketing of Breastmilk Substitutes and Subsequent relevant World Health Assembly Resolutions (NetCode). Members comprise ten NGOs, (including [Save the](#)

[Children Foundation](#), [UNICEF](#), IBFAN, HKI, [WABA](#) and [WHO](#)) and six selected WHO Member States namely, Ecuador, Myanmar, Pakistan, Philippines, Russia and South Africa. Nigeria is not a member and will explore the opportunity of being selected.

The vision of NetCode is a world in which all sectors of society are protected from the inappropriate and unethical marketing of breastmilk substitutes and other products covered by the scope of the Code. The goal is to strengthen Member States' and civil society capacity to monitor the International Code and relevant WHA resolutions; and to facilitate the development, monitoring and enforcement of national Code legislation by Member States, by bringing together a group of committed actors to support these processes. The NetCode developed a toolkit comprising two protocols for use in the two categories of Code monitoring, namely:

- I. Ongoing Monitoring System which detects and reports violations of national law and the Code for validation and activation of enforcement measures as immediate corrective action to stop such violations.
- II. Periodic Assessment Protocol (every 3 to 5 years) is an in-depth survey protocol to assess the level of adherence to the articles of the Code, trends over time, identify gaps, challenges, track progress of Code implementation and identify priority areas for Code implementation and enforcement work. The findings from the periodic assessment provides evidence with which to hold manufacturers, distributors, retail outlets, the health-care system and health-care workers accountable for their breaches of national laws and/or the Code.

4. SUB-REGIONAL EFFORTS AT CODE IMPLEMENTATION

4.1 ECOWAS Parliament and the Code

Following the 2017 meeting held in Ouagadougou, Burkina Faso on maternal and child nutrition, members of ECOWAS parliament from 14 West and Central African countries held a regional dialogue in Abidjan, Cote d'Ivoire, from 12 to 13 November 2019, to discuss further how parliaments can contribute to improving maternal and child nutrition. Specifically, they discussed child's right to survive and thrive through the protection, promotion, and support of recommended breastfeeding practices. The meeting committed to a set of recommendations that national parliaments and constituencies will implement with the support of WHO, Alive & Thrive and relevant UN and civil society organizations. This is to ensure that ECOWAS States meet and exceed the WHA global nutrition targets for 2025 including the breastfeeding targets.

The seminar identified six main themes: (1) The cost of not breastfeeding; (2) Investing in grey matter; (3) The double burden of malnutrition and how to address it (4) Family-friendly policies and maternity protections; (5) Adopting and monitoring the International Code of Marketing of Breastmilk Substitutes (Code) and (6) Creating political commitment to a pro-breastfeeding agenda.

The Parliamentarians recommended among others a strong and well-enforced national legislation to reduce the unethical marketing of BMS including water being marketed for infants and ensure support for breastfeeding. They also launched a regional campaign slogan “**Stronger with Breastmilk only,**” which aims to improve exclusive breastfeeding practices in this region.

5. NATIONAL PERSPECTIVES

5.1 Country profile 5.1.1 Political and Administrative Structure

Politically, Nigeria is divided into six zones based on geographical and socio-cultural similarities (see Figure 2). Administratively, the country is a federation made up of a Federal Capital Territory and 36 States with 774 Local Government Areas (LGAs). The capital is Abuja in the federal capital territory. The official language is English while there are three other main languages-Hausa, Igbo and Yoruba.

5.1.2 Health and Socio-economic Profile.

Nigeria is the most populous nation in Africa and the seventh most populous in the world (The World Population Prospects 2020). The population estimate from July 2020 is 206,139,589 with a male to female ratio of 1.04:1 and about 7.4 million children born annually (HDI 2020) with the under-five population being the highest. This is the group that suffers most from malnutrition, stunting and other diseases from poor feeding practices. The socioeconomic situation of Nigeria is very precarious. The health indices are poor and can be worsened by indiscriminate use of breastmilk substitutes. Health sector budget is lean with a lot of competing priorities, including communicable and non-communicable diseases and emerging epidemic and pandemic outbreaks.

The female literacy level is low, hindering the possibility of mothers to understand instructions on the use of infant formula, in addition data shows that more mothers with low educational level do not initiate breastfeeding within an hour of birth (NDHS 2013); this discourages exclusive breastfeeding. Water and sanitation components are low further compounding the hygienic preparation of artificial feeding.



Figure 2: Zones & States in Nigeria

5.1.3 Health and Nutrition Profile

Nigeria has been challenged with high infant and child mortality though it has been declining slowly since 1990. Mortality rates (fig 3) have decreased from 87 and 193 deaths per 1,000 live births in 1990 to 67 and 132 in 2018 for infants and under-fives respectively (NDHS 1990-2018).

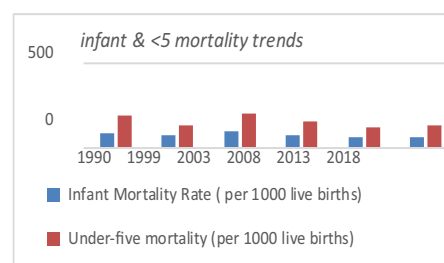


Figure 3: infant & under-5 mortality trends

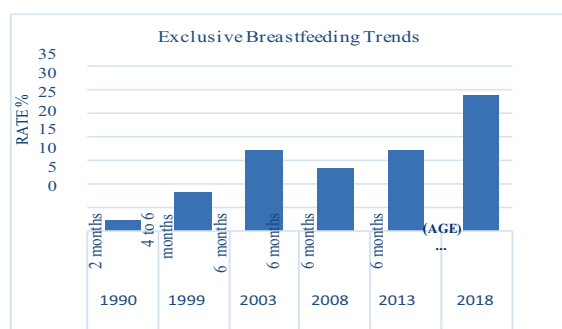


Figure 4: Exclusive breastfeeding trends

The exclusive breastfeeding trend is shown on figure 5, from less than 2% in the first 2 months in 1990 to 29% among infants below six months in 2018 (NDHS 1990; 2018). The BMS used in feeding 5.7% of babies four to six months was other milks while complementary foods were used to feed 38% of them. It is evident that about 5.4 million Nigerian children annually are not breastfed optimally and would be denied the immunological protective benefits of colostrum, baby's first breastmilk, leading to high

under-five mortality rate and high birth rate. Alive & Thrive in 2017 estimated that up to 103,742 child deaths each year could be prevented in Nigeria with good breastfeeding practices while it costs the country about 6.93 billion Naira to treat diarrhea and pneumonia diseases which are common in children who are not breastfed. The practice of exclusive breastfeeding in Nigeria is influenced negatively by several factors including advertisements of breastmilk substitutes and distribution of gifts from infant food manufacturers

and distributors and their sales representatives. Mothers were targeted at the health facilities, shops and in their homes by company representatives (Nkem Ene 2013). The economic cost of not breastfeeding to families is humongous with an expenditure of up to 34% of their savings in the first 2 years of a child's life (A&T 2016). Additionally, the study noted that the benefits of breastfeeding during children's productive years, increase cognitive capacity and prevent premature mortality in the early years which contributes about US\$21 billion (₦6.62 trillion) to the national economy (i.e. 4.1 percent of its GNI). Access to Nutrition Foundation study in 2017 reported a continuous increase in the volume of BMS in Nigeria and that the companies made about 60 billion Naira with little compliance with the Code. The study called for an urgent action to protect and promote the health and nutrition of Nigerian children and their mothers by strengthening the implementation and monitoring of the Code and national regulations (ATNF 2018).

The vicious circle of poor breastfeeding practices and large BMS market in Nigeria accelerates malnutrition and high infant mortality. Nigeria and China are listed as two leading countries growing BMS Market (Lancet Breastfeeding series 2016). The infant food manufacturers in subtle and aggressive ways market their products and with their large budgets, push these products. These marketing strategies militate against the practice of optimal infant and young child feeding. The unsafe situation is further worsened by the social media effect of rapidly growing unregulated on-line marketing platforms that promote the use of BMS in the country (ATNF report 2018).

The Federal Ministry of Health coordinates national response to improved infant and young child feeding by providing policy direction. The role of NAFDAC in this regard is to protect breastfeeding through the enforcement of the National Regulations on Marketing of Infant and Young Children Food and other Designated Products (Registration, Sales, etc.) 2019.

5.1.4 National Efforts to ensure optimal Child feeding and Survival

5.1.4.1 Baby-Friendly Hospital Initiative

Nigeria is a signatory to the Baby-friendly Hospital Initiative (BFHI) which was launched in Nigeria in 1991 as a major intervention to improve the quality of breastfeeding practices to reduce the prevalence of childhood illnesses and unnecessary deaths associated with inadequate breastfeeding among children under-five. The BFHI promotes, protects and supports exclusive breastfeeding in the first six months and continued breastfeeding with addition to appropriate complementary foods till 2 years or beyond. Health facilities offering maternity and newborn services were trained to practice the Baby-Friendly Initiative “Ten Steps to Successful Breastfeeding”. Until 2005 when the last designation held, one thousand, one hundred and fifty-three (1,153) health facilities in Nigeria had been so recognized.

5.1.4.2 Baby-Friendly Community Initiative

The FMoH in 2002 launched the Baby-friendly Community Initiative to ensure that the 59% of babies delivered outside the health facilities (NDHS 2018) are given the best start in life using a modified "Ten Steps to Successful Breastfeeding" as the tool for community mobilization for exclusive breastfeeding.

5.1.4.3 Revised “Ten Steps to Successful Breastfeeding”

The WHA 71.9 of 2018 called for reinvigoration of the Baby-friendly Hospital Initiative, including promoting full integration of the revised “Ten Steps to Successful Breastfeeding” (Annex 2) into relevant programmes that improve the quality of care for maternal, newborn and child health”. The revised “Ten Steps” prioritizes compliance with the Code and subsequent relevant World Health Assembly resolutions making it step 1 of the Ten Steps. The National BFHI Guidelines is currently being revised accordingly.

5.1.4.4 The Zero Water” Campaign

A new mass media “Zero Water” breastfeeding campaign slogan - “Start Strong: Exclusive breastfeeding for better future” was launched by the Federal Ministry of Health in 2019 and the First lady, Mrs. Aisha Buhari, the National Nutrition Ambassador, and the wives of the State Governors have been designated as breastfeeding champions. This campaign will reduce the 47% babies below 6 months who are fed on breastmilk and plain water.

6. NATIONAL AGENCY FOR FOOD AND DRUG ADMINISTRATION AND CONTROL

6.1 NAFDAC Mandate & Structure

The National Agency for Food and Drug Administration and Control (NAFDAC), a parastatal of the Federal Ministry of Health (FMOH) was established in 1993. The statutory role of NAFDAC is to eliminate counterfeit pharmaceuticals, foods, and beverage products; to ensure safety and efficacy of available medications and that foods are safe, wholesome and of good quality. NAFDAC as part of its mandate to safeguard public health, checks illicit and counterfeit regulated products in Nigeria under the country's health and food safety laws. Infant formula being baby food falls under the purview of NAFDAC.

The headquarters of NAFDAC is in Abuja with at least one office in each State of the Federation and the Federal Capital Territory as well as 6 zonal offices. Six of the eleven Technical Directorates are involved with Code implementation (Annex 3). The Food Registration Directorate in collaboration with the Food Safety and Applied Nutrition (FSAN) Directorate review the adequacy of labeling on BMS in line with article 9 of the Code; FSAN leads monitoring exercises for compliance; the Investigation and Enforcement and Legal Services Directorates support in enforcing compliance and application of sanctions; Port Inspection Directorate prevents importation of unwholesome BMS; NAFDAC Laboratory verifies the quality of BMS, and reviews the actual composition of the BMS compared to the claims of Infant Food Manufacturers (IFMs).

6.2 NAFDAC and the Code of Marketing of Breastmilk Substitutes

Nigeria is a signatory to the 1981 WHA Resolution on the Code and has shown great resolve as a country in regulating the marketing of breastmilk substitutes. In 1986, the Federal Ministry of Health developed the first Code of Marketing of breastmilk substitutes, which was named “Code of Ethics”. This first version was far from adequate as it did not capture many of the articles of the International Code. NAFDAC has however continued to make consistent giant strides in implementing the Code in Nigeria.

6.2.1 Some key achievements

Despite the challenges with human, material and financial resources, NAFDAC, with the support of international Development Partners, has made some landmark achievements in Code implementation in Nigeria. Some of these successes include: -

- Nigeria laws protecting the Code include Marketing (Breast Milk Substitutes) Decree No. 41 of 1990 amended as Decree No 22 of 1999 (Now Marketing of Breastmilk Substitute Act Cap M5 LFN 2004); Thereafter, the “Marketing of Infant and Young Children Food and other Designated Products (Registration, Sales, etc.) Regulations 2005”. This was updated again and strengthened to the currently existing National Regulations 2019.
- A Technical Committee on the Code was established in 2001 comprising of key stakeholders who meets quarterly subject to availability of funds.
- Various documents on the Code- Code handbook, Training Manual, Advocacy Tools and Code Monitoring Tools which have been developed and revised as necessary.
- Training of some NAFDAC staff from headquarters and field offices on IYCF and Code implementation and monitoring have been conducted including TOTs.
- A handful of select staff have been trained at the International Code Development Centre (ICDC) Malaysia
- Code Monitoring exercises have been conducted in many States markets, stores, crèches, conferences and health facilities.

- Development of Code Specific advocacy briefs for key target audiences.
- Media outreach on compliance with the Code in the context of COVID-19 pandemic.
- NAFDAC has held meetings with infant food manufacturers representatives on their responsibilities in Code compliance
- Enforcement and sanctions have been applied to Code violators.

6.3 Enforcement of Compliance with the Code and National Regulations Provisions

NAFDAC has a systematic method of investigating all violations against its mandate. When a violation is reported, it is investigated for evidence and the offender is communicated officially. Enforcement of compliance is effected through a series of activities and the appropriate sanction applied in accordance with provisions of the 2019 Regulations to any person, corporate organisations, firm or association found liable. The penalties include warning letters for first offenders, seizure of offending articles for destruction, Hold or detention of product to allow possible corrective action, administrative fines, closure of business premises, invalidation of Marketing License, confiscation of assets, prosecution of recalcitrant offenders, leading to fines running between no less than N150, 000 – N2, 000,000 and jail term not exceeding 6 months, as the case may be.

6.4 Financial Mechanism

There is limited funding for Code implementation at global and national levels. The 2020 state of the Code noted that only six countries have dedicated budgets or funding for monitoring and enforcement, but Nigeria is yet to have a clear budgetary provision for the monitoring and enforcement of the Code and National Regulations. Efforts are on-going to ensure that NAFDAC creates budget line for Code implementation activities which hitherto are being supported by donors. Consistent consequential sanctions application could substantially fund BMS Code implementation, monitoring and enforcement.

It is expedient that NAFDAC should deliberately create a dedicated budget line for implementing the annual work plan activities on the Code and national regulations. This is very crucial for ownership of the programme and sustainability even when challenged with donor apathy. Thus, funding support by Partners for Code implementation activities will complement the budget of NAFDAC as additional resources to scale up BMS Code implementation and monitoring activities.

7. CODE MONITORING

Code monitoring is essential to detect violations. Violations are reported to NAFDAC, the appropriate authority for enforcement so they can intervene and stop such activities and apply sanctions where appropriate. Nigeria is one of the 32 countries that have reported having a monitoring mechanism in place; however, this monitoring mechanism needs to be made more effective. Publishing the monitoring report is very important, unfortunately, less than half of those countries with a formal monitoring mechanism, including Nigeria, publish their results (WHO 2020). NAFDAC to intensify action in this regard and showcase the many achievements made on the BMS Code monitoring.

The following should be targeted for monitoring assessment:

- Parents – mothers
- Health facilities
- Health care providers (including midwives and Community health workers)
- The Media including social media(internet)
- Health-related professional Association conferences and workshops
- Manufacturers
- Retailers
- Crèches

The following specific items will be observed during the monitoring exercise:

- Media advertisements (TV, radio, online, print materials.
- Promotion in shops and pharmacies
- Free samples
- Information or educational materials for the general public
- Promotion in health facilities (public / private)
- Scholarships awarded
- Gifts of any sort (branded gifts) for health workers, health associations and mothers
- Labels on BMS and designated products
- Promotion in communities and public places
- Company/manufacturer/distributor representative presence
- Sales incentives/Sales quotas
- Donation
- Funding
- Any other marketing, promotional materials and activities that may undermine breastfeeding in the country

Monitoring can be done routinely real time and reported electronically via a mobile application and NAFDAC has developed monitoring software that will soon be deployed for use.

8. THE INFANT FOOD MANUFACTURERS (IFM) AND THEIR ROLES

The International Code of Marketing of BMS defines Manufacturer as “a corporation or other entity in the public or private sector engaged in the business or function (whether directly or through an agent or through an entity controlled by or under contract with it) of manufacturing a product within the scope of this Code”. Marketing personnel is defined as “any persons whose functions involve the marketing of a product or products coming within the scope of this Code”.

8.1 The roles of the IFM, their personnel and the primary distributors of products under the Code are:

- To implement the 11 provisions of the Code in all their activities concerning products covered by the Code, for example, article 5 forbids the Infant Food Manufacturers from distributing to pregnant women or mothers or infants and young children any gifts of articles or utensils for infant feeding. Their personnel, in their business capacity, should not seek direct or indirect contact of any kind with pregnant women or with mothers of infants and young children.
- To inform every marketing personnel about the Code and of their responsibilities under it.
- To monitor their own marketing practices to ensure they are aligned with the principles and aim of this Code. This is irrespective of any other measures taken to implement the Code. However, self-monitoring and regulation have not occurred effectively in countries or jurisdiction and requires stringent efforts by NAFDAC to make companies implement it.
- To collaborate with Government to monitor the application of this Code.
- To stop provision of information and educational materials on infant nutrition in line with the WHA resolutions (WHA 55.25 2002).
- To desist from donating or distributing equipment or services to health facilities; use health facilities to host events, contests or campaigns; sponsor meetings of health professionals and scientific meetings to avoid conflict of interest in health workers and health system (WHA69.9 2016).

The above WHO guidelines are rudimentary in Nigeria. Violations abound making this component the weakest link in Code implementation in Nigeria. NAFDAC has intensified efforts to urgently address this weakness.

9. GAPS

The findings from the desk review of Code implementation in Nigeria are summarized in a SWOT analysis table and the emanating gaps in implementation of the Code by NAFDAC identified and described below:

9.1 Planning and Coordination

Physical Code unit and supporting infrastructural facilities and equipment are to be place in the Agency for effective coordination and planning. State monitoring teams formed in the States are responsible for monitoring the provisions and the national regulations. There should be sustained adequate high level political will.

9.2 Advocacy

Advocacy is critical to the implementation of the Code in Nigeria to ensure greater visibility and support for the Code at all levels. Digital advocacy could be deployed to achieve wider coverage. The target should include the wife of the President, the wives of State Governors, community and religious leaders, infant food retailers, Officers in charge of health facilities, policy makers, media houses, Heads of Line Ministries and members of the National Assembly. The aim will be to produce many Code advocates in Nigeria that will share the vision and support the cause. The targeted advocacy materials that have been developed by NAFDAC and partners, are to be printed and disseminated to stakeholders and the general public.

9.3 Awareness Creation

Legislators and policymakers are not aware of their obligations in making adequate budgetary provisions for IYCF activities as well as promoting and protecting breastfeeding; neither are the general public, media, majority of mothers, many health workers, community members and infant food manufacturers. There is dearth of online information on the Code in Nigeria; hence the need to regularly upload Code information on the NAFDAC website. The print and electronic media should be used to create awareness, mass rallies and celebration of annual World Breastfeeding Week and other maternal, newborn and child health week.

9.4 Lack of Communication Channel for Reporting Code Violations

There is no clear channel for reporting identified Code violations by individuals and groups to NAFDAC, the appropriate regulatory authority. Anybody can monitor and report BMS Code violations, moreover, NAFDAC is constrained by human resources and available staff cannot be everywhere across the nation to observe Code compliance. The active participation of individuals and groups becomes very essential in achieving national Code compliance. Innovative digital communications will also be applied whereby violations are reported live, for example, through smart phones, dedicated toll-free telephone lines and social network websites. This method is especially relevant in exigencies where urgent action is required, for example, when violations are observed in a health-related conference which will end in a few hours.

9.5 Capacity Development

Very limited human and material resources are available for the Code implementation. Many trained health workers have retired from service, others transferred despite the evidence that capacity building improves the Code implementation and monitoring which impact positively on the Code compliance reducing violations (Alice Nte et al 2019). Government offices have no guidance for staff on interactions with infant formula manufacturers. The media, other Stakeholders-NGOs and CSOs, Development Partners, other health workers, including nutritionists, the members of the communities (Code watchers) should all be trained on the Code to enhance human resources for Code monitoring. Monitoring of the Code can be done by anybody once trained.

9.6 Monitoring and Enforcement Mechanisms

There is no sustained system for transparent and independent monitoring of the BMS Code or a simple tool for easy identification of Code violations by the general public. Code monitoring questions/indicators are not captured in national surveys, such as NDHS. Monitors in the health system are few and have limited knowledge; volunteer monitors are yet to be established. Infant Food Manufacturers do not submit self-monitoring report on quarterly basis on their marketing practices to NAFDAC as required by the Code. Independent monitoring (without the participation of IFMs) should be conducted routinely using updated monitoring tools. However, a simple monitoring questionnaire should be developed for the general public to enhance detection of violations anywhere in the communities. Violations will be sent to NAFDAC for review, investigation and application of appropriate sanctions.

The current monitoring tools have gaps when compared with NetCode toolkits in terms of some vital information, number of questions and differentiation of tools (health worker and health facility are combined into a one single monitoring tool whereas NetCode developed independent tools for mother and health facility respectively).

9.7 Sanctions

To date only very few sanctions have been applied with limited publicity. Government's effort at enforcement of compliance and application of deterrent sanctions, where applicable, is not visible. Sanctions will be publicized widely to shame offenders and any deregistered violators' products made public as news item in the print, electronic and social media including NAFDAC website.

9.8 Funding

There is no budget line and no allocation of funds for Code implementation at all levels raising the question of sustainability with withdrawal of external support. NAFDAC will establish a budget line for the Code and advocate to other MDAs, State and LGAs to do the same. Internally generated revenue from sanctions and fines, private sector engagement and product registration fees should be explored as sustainable funding sources for the implementation of the BMS Code.

9.9 Research

There is a lot of gap in knowledge on Code implementation in Nigeria. Evidence based data is critical for decision making unfortunately, not much operational research has been carried out to guide decision making. Clear evidence of a negative impact is found when breastmilk substitutes are provided for free in maternity facilities and when they are promoted by health workers and in the media however, the data available cannot quantify the impact of marketing relative to these other factors on suboptimal breastfeeding behaviors (Ellen & Sandra 2015).

9.10 Partner Coordination

NAFDAC has a responsibility of identifying all relevant partners and coordinating the entire Code and Regulations processes in order to achieve the desired goal. Currently, there are no formal structures for Code governance and partner coordination by NAFDAC. NAFDAC, on an annual basis should produce a national report to the WHO Director General as stipulated in the International Code but this has never been done due to paucity of data and inadequate programme communication.

9.11 Gaps in Regulations 2019

The 2020 Status Report on the National implementation of the Code of Marketing of Breastmilk substitutes showed that Nigeria's latest Regulations 2019 has substantially aligned to the International Code although several omissions were observed. The gaps were in the Provisions on scope, monitoring and enforcement,

informational and educational materials, engagement with health care workers and health systems and labeling. All issues omitted in the Code shall all be considered for inclusion in the Act when it is drafted.

9.12 IFMs

Companies that market breastmilk substitutes appear to be ignorant regarding their roles and responsibilities thus undermining national efforts at implementing the Code. They do not provide to NAFDAC evidence of Code compliance such as training of their staff on compliance and self-monitoring. This should be a prerequisite for registration/re-registration of BMS.

10. LINKAGES WITH EXISTING GLOBAL AND NATIONAL PLANS

This multi-sectoral action plan for Code implementation is predicated on and bears credence to the following global and national documents:

Table 1: *Linked International Documents*

Title	Relevance
UN Convention on the Rights of the Child (1989)	Article 24 (e) To ensure that all segments of society, in particular parents and children, are informed, have access to education and are supported in the use of basic knowledge of child health and nutrition, the advantages of breastfeeding, hygiene and environmental sanitation and the prevention of accidents
Global Strategy for Infant and Young Child Feeding (2003)	One of the nine operational targets “to take action to give effect to the International Code of Marketing of Breastmilk Substitutes and subsequent relevant resolutions of the World Health Assembly”.
Global Strategy for Women's, Children's and Adolescents' Health 2016-2030	The <i>Global Strategy (2016 -2030)</i> is a roadmap to achieve right to the highest attainable standard of health for all women, children and adolescents –to transform the future and ensure every newborn, mother and child not only survives, but thrives
The Sustainable Development Goals (SDGs)	3.1 By 2030, reduce the global maternal mortality ratio to less than 70 per 100 000 live births. 3.2 By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1000 live births and under -5 mortality to at least as low as 25 per 1000 live births.

Table 2: *Linked National documents*

Health Sector Component of National Food and Nutrition Policy (2014-2019)	<p>I. The legislation needed to protect appropriate IYCF practices should be reviewed, implemented, monitored, and enforced. This includes the National Regulation for Marketing of Breast Milk Substitutes and Designated Products (2019)</p> <p>II. One of the planned interventions is: Advocacy for monitoring and strengthening enforcement of the International Code of Marketing of Breast Milk Substitutes</p>
National Policy on Food and Nutrition in Nigeria (2016)	<p>Among the Roles & responsibilities of NAFDAC in the actualization of this policy are:</p> <p>I. Monitor and enforce compliance with provision of the Code of Marketing of Breast Milk Substitutes</p> <p>II. Regulate production, distribution, and marketing of processed foods and related products</p>

CHILD'S RIGHTS ACT 2003 Act No. 26	Article 4. Every child has a right to survival and development. Article 13; (3) Every Government in Nigeria shall- (a) endeavor to reduce infant and child mortality rate; (c), ensure the provision of adequate nutrition and safe drinking water;
NATIONAL POLICY ON INFANT AND YOUNG CHILD FEEDING IN NIGERIA (2010)	Policy statements: 1.3.3 Exclusive breastfeeding for the first six months of life shall be protected, promoted, and supported. 1.3.4 In all population groups, breastfeeding shall be protected, promoted and supported, unless medically contra-indicated, on case -by-case basis and this should be in line with the provisions of the Code of Marketing of Breast milk Substitutes
National IYCF SBCC Strategy	Social and behavioral changes are key to improvement in infant and child feeding practices

11. CODE STRATEGIC AGENDA

11.1 MISSION, VISION, GOALS AND PROGRAMME FOCUS:

11.1.1 Mission:

To implement the Strategic Plan on the BMS Code and National Regulations in order to achieve optimal Code compliance, promote, protect and support breastfeeding so as to achieve quality and optimal infant and young child feeding, improved health status of Nigerian children for survival and accelerated development, national economic growth and sustainable development.

11.1.2 Vision

A Nigeria where optimal breastfeeding practice is a cultural norm; where mothers, families and care givers are enabled and supported to feed and care for infants and young children free from aggressive marketing of infant foods manufacturers.

11.1.3 Goal

The overall goal of this document is to avail NAFDAC a comprehensive roadmap for the effective implementation, monitoring and enforcement of the National Regulations on the Marketing of Infant and Young Children Food and Other Designated Products/International Code of Marketing of Breastmilk Substitutes and Subsequent relevant World Health Assembly resolutions in order to reduce infant and young child morbidity and mortality in Nigeria.

11.1.4 Programme focus

To progressively achieve BMS Code/National Regulations compliance with ultimate reduction in child morbidity and mortality due to inappropriate IYCF by using integrated and cost-effective approaches to eliminating Code violations in Nigeria by year 2025.

12. STRATEGIC FRAMEWORK FOR CODE

12.1 Structure of the SPCI

The structure of this plan comprises an overarching vision, mission, goal and programme focus and then the 4 strategic objectives that will be applied to achieve the objectives of the Plan. The objectives are further divided into strategic areas which are further classified by the priority interventions that capture the specific gaps/challenges in Code implementation. The priority actions that will address each of these priority interventions were used to develop activities and sub-activities for the implementation of the plan. The responsible MDA and organizations that will be participating in each activity are listed as well as the time frame for the implementation of each activity.

The four strategic objectives which comprise the strategic work streams of the multi-year Plan are:

1. To strengthen governance, advocacy, coordination and partnerships for the Code and National Regulations.
2. To promote and support development of National/State/LGA capacity and awareness for Code implementation and monitoring of the Code.
3. To enhance the Code's monitoring, enforcement and sanctions and design Code violations reporting systems
4. To enhance resource mobilization and financial sustainability for implementation of the Code nationwide

Table 3: Strategic Objectives and Strategic Areas

Strategic Objectives	Strategic Areas
To strengthen governance, advocacy, coordination and partnerships for the Code and National Regulations.	Strengthen coordination mechanisms for implementation of the Code at national and sub-national levels
	Establish, strengthen and foster partnerships for the Code at all levels.
	Engender reviews of performance of the Code for decision making
	Strengthen advocacy, visibility and profile of the Code and National Regulations
To promote and support development of national capacity and awareness for implementation and monitoring of the Code	Develop integrated multi-year strategic plan and extract annual operational plans
	Build/strengthen National/State/LGA capacity for Code implementation and monitoring of the Code
	Develop and update tools for human resources capacity development for the Code implementation and monitoring
	Design resource mobilization approaches and strategies at national and sub-national levels
To enhance the Code monitoring, enforcement, sanctions and design Code violations reporting systems	Enhance monitoring of the national Code's compliance
	Strengthen the detection of violations and enforcement process.
	Support documentation and publication of sanctions
	Establish integrated reporting system for Code violations
	Advocate for the integration of the Code monitoring compliance, awareness and violation into the existing health and other sectors curricula
	Integrate Code indicators into relevant national surveys checklists NHDS, MICS, NNHS etc.

To enhance, resource mobilization and financial sustainability for implementation of the Code Nation-wide	Develop comprehensive budget estimate for the multi-year strategic plan and annual operational plans
	Enhance resource mobilization approaches and strategies at national and sub-national levels
	Strengthen the integration and linkages of Code and financial plans into sector-wide and national budgetary and financing mechanisms
	Establish good accountability systems for resource monitoring and control.

12.2 Strategic Areas and their priority interventions for each objective

12.2.1 Objective 1: To strengthen governance, advocacy, coordination and partnerships for the Code and National Regulations.

Governance for compliance to the Code requires orientation of the entire country, (including States and communities) towards taking charge of the health and well-being of their children. The mechanisms to achieve this must be inclusive involving governments and non-governmental organizations, donors, private sector, academia, professional bodies, civil society and communities.

Table 4: Priority Areas and interventions to strengthen governance, advocacy, coordination and partnership for the Code and national regulations

Strategic Area	Priority Interventions
1.0 To strengthen governance, coordination, collaboration and leadership	1.1 Establish a Multi-sectoral Technical Committee at State and LGAs level to provide technical support on the Code 1.2 Establish Code governance mechanisms at national, State and LGA levels for Code coordination at respective level
2.0 Establish, strengthen and foster partnerships for the Code at all levels.	2.1 Establish partnerships with global and national stakeholders, at all levels with clearly defined roles, for Code implementation
3.0 Engender reviews of performance of the Code for decision making	3.1 Establish a performance review system that holds the IFMs accountable to compliance to the Code
4.0 Strengthen advocacy, visibility and profile of the Code and National Regulations	4.1 Establish a mechanism for advocacy on the Code at all levels
Considerations/Priority actions	
<p>Considerations: The national coordination mechanism will operate from FMOH and membership will be drawn from NAFDAC, key line Ministries and donor Agencies. Similarly, coordination mechanism will be established across all tiers of government with equivalent membership.</p> <p>Priority actions</p> <ol style="list-style-type: none"> 1. Strengthen advocacy for the Code at all levels 2. Strengthen capacity of NAFDAC to provide leadership and coordination 3. Establish national and State coordination mechanisms 4. Establish a multi-sectoral Technical Committee at State and LGA levels 5. Expand Code partnerships with international and local NGOs 6. Set up and rollout the Code's performance review mechanism 	

12.2.2 Objective 2: To promote and support development of national capacity and awareness for Code implementation and monitoring.

This section describes what is needed to strengthen the management and operational capacities of the health and technical officers working on the Code programme at various levels.

Table 5: Priority areas and interventions to promote and support development of national capacity and awareness for Code implementation and monitoring

Strategic Area	Priority Interventions
Develop integrated multi - year strategic plan and extract annual operational plans	1.1 Develop and launch a 5-year national strategic plan document 1.2 Extract the relevant action plan each year
Build/strengthen National/State capacity for Code implementation and monitoring of the Code	1.2.1 Strengthen human resources and institutional capacity for the Code implementation, monitoring and awareness creation
Develop and update tools for human resource s capacity development for the Code implementation and monitoring	1.2.2 Update training, monitoring and advocacy tools 1.2.3 Update draft Bill to capture all the omissions in the 2020 Code S tatus Report
Considerations/priority actions	
<p>Considerations: Capacity building is critical for successful performance of the Code’s implementation and monitoring. The quality of work depends on how knowledgeable the technical and health workers are and how effective community participation is.</p> <p>Priority actions</p> <ol style="list-style-type: none"> 1. Develop a 5 -year national strategic plan for the Code implementation and support States to adapt the 5-year national strategy and develop their annual plans 2. Produce all training materials and awareness briefs 3. Conduct massive training of stakeholders on the Code 4. Update and finalize the draft Bill on the NAFDAC BMS ACT and advocate for the parliament to pass the Bill in to Law 5. Awareness creation among stakeholders including IFMs on the Code and new national regulations 	

12.2.3 Objective 3: To enhance the Code's monitoring, enforcement, sanctions and design Code violations reporting systems

This section describes one of the most important work streams in the strategic plan. It contains information on the major monitoring considerations, including the issues of reporting systems for detected violations. The monitoring activities should be allocated a substantial percentage of the budget.

Table 6: Priority areas and interventions to enhance the Code's monitoring, enforcement, sanctions and design violations reporting systems

Priority Area	Priority Interventions
Enhance monitoring for the national Code's compliance	1.1.1 Print monitoring tools in line with the global monitoring framework 1.1.2 Build/ Strengthen national capacity for Code monitoring
Strengthen the detection of violations and enforcement process.	1.2.1 Develop a simple Code violation checklist for the general public 1.2.2 Develop a comprehensive up-to-date product registration guide line for technical staff 1.2.3 Strengthen human resources capacity at community level for detecting violation 1.2.4 Establish sustainability pathways for monitoring of the Code
Support documentation and publication of sanctions	1.2.5 Strengthen national awareness on types and application of sanctions for Code violations and publicize reporting channels
Establish integrated reporting system for Code violations	1.2.6 Design the best channel for reporting of the Code violations across the different stakeholders
Advocate for the integration of the Code monitoring, compliance, awareness and violation into the existing health and other sectors curricular	1.2.7 Advocate, support development and integration of appropriate curricular modules on the Code for inclusion into the relevant different schools curricular.
Integrate Code indicators into relevant national surveys checklists N DHS, MICS, NNHS etc.	1.2.8 Develop strategy for institutionalize data collection on the Code
Considerations/Priority actions	
<p>Considerations: Monitoring of the Code has been weak and inconsistent partly due to funding challenges and due to lack of clarity on whose responsibility it is. Inadequate human resources and limited technical capacity are among the militating factors at service delivery points and within the communities. The human resources and monitoring tools are required but are currently limited.</p> <p>Priority actions:</p> <ol style="list-style-type: none"> 1. Production of monitoring tools 2. Strengthen technical capacity for monitoring and detection of violations 3. Develop checklist to facilitate Code violation detection 4. Integrate Code indicators into national surveys 5. Integrate Code elements into schools' curriculum 6. Conduct on-going and periodic monitoring 7. Institutionalize good communication channels and information flow mechanisms 	

12.2.4 Objective 4: To enhance resource mobilization and financial sustainability for implementation of the Code nation-wide

The financial arrangement for implementing activities related to the Code at all levels is described in this section of the document. Adequate funding provides an enabling environment for programme implementation. Identification of best strategies for resource mobilization will ensure financial sustainability which is critical for ownership and sustainability of this laudable programme; furthermore, it will prevent donor fatigue. Besides annual budgetary allocation to NAFDAC, sanction of violators generates internal revenue for NAFDAC and approval of utilization of these fines for the Code promotion could be explored with appropriate authorities.

Table 7: Priority areas and interventions to enhance resource mobilization and financial sustainability for the implementation of the Code nation-wide

<i>Priority Area</i>	<i>Priority Interventions</i>
Develop comprehensive budget estimate for the multi-year strategic plan and annual operational plans	1.1.1 Produce a cost estimate of the strategic plan and the consecutive annual plans
Design resource mobilization approaches and strategies at national and sub-national	1.2.1 Development of resource mobilization Guide and strategies for Code's implementation in Nigeria 1.2.2 Build capacity of NAFDAC, State and LGA Code implementers for resource mobilization
Strengthen the integration and linkages of Code financial plans into sector - wide and national budgetary and financing mechanisms levels	1.3.1 Identify other MDAs stakeholders and advocate for creation of budget line to implement their roles on the Code 1.3.3 Strengthen collaboration with funding partners
Establish accountability systems for resource monitoring and control.	1.3.4 Develop a financial accountability framework
Considerations/priority actions	
<p>Considerations: A budget estimate is sine qua non for resource mobilization. The health sector has many competing needs and child survival and development should be priority for the nation. Government has a duty to ensure that children born in Nigeria are given the best start in life, and the opportunity to thrive. A sure way to achieve this is through promotion and protection of breastfeeding from the activities of the IFM.</p> <p>Priority actions</p> <ol style="list-style-type: none"> 1. Develop and implement a resource mobilization strategy 2. Secure funded budget lines at all levels and across relevant sectors for the Code' implementation 3. Strengthen technical capacity for resource mobilization 4. Regular donor coordination forum at National and State levels 5. Conduct advocacy visits to key budget offices and the national Assembly and the States among others 	

13. OPERATIONAL FRAMEWORK/IMPLEMENTATION PLAN

This third component of the Code Strategic Plan document describes what activities Nigeria must put in practice to implement the Code. It also describes the country's capacity needs, resource mobilization plans, the communication channels and community participation effort for successful implementation and achievements of the set goal.

The annual plans from 2021 to 2025 will be drawn from the strategic plan in collaboration with all stakeholders (Annex 6) in order to harmonize and align available resources, ensure wide coverage of the programme, avoid duplication of activities and wastage of constrained resources.

13.1. Objective one: To strengthen governance, advocacy, coordination and partnerships for Code and National Regulations.

Table 8: Priority actions to strengthen governance, coordination, collaboration and leadership

1. Priority action: Strengthen advocacy for the Code at all levels				
Activity code	Activities	Sub-activities	MDA responsible	Time frame
1.1.	Set up a Code advocacy sub-committee of the Technical Committee	1.1.1 Update, print and disseminate Code advocacy briefs and toolkits with key messages 1.1.2 Leverage on MBNP (TAN) & CS-SUNN to map all NGOs/CSOs working on Nutrition in the country and set up a Code Advocacy sub-committee.	Led by: NAFDAC Others: FMOH, partners, TC, FME FMOI, MFBNP, NPHCDA FMoWA&SD Professional Associations	2021
		1.1.3 Support States to form advocacy committees	Led by: SMOH Others: Partner working in each State, SCFN, SMBEP, NAFDAC State office, SPHCDA, SMOI, CSOs. Media, Prof. Associations	2021- 2023
		1.1.4 Convene Biannual Code advocacy group meeting a day preceding the TC meeting 1.1.5 Convene Quarterly meetings of the Technical Committee meeting.	NAFDAC	2021-2025
1.2	Advocate to relevant governmental and non-governmental sectors and religious leaders etc.	1.2.1. Develop plans/logistics for advocacy Visits and generate a comprehensive list of places/people to visit (- Office of the Vice President of Nigeria, NGF, First Ladies, NASS, policy makers, National/State Assembly, non-health Ministries, Religious leaders etc.) and key tasks	Led by: NAFDAC Others: Advocacy sub-committee	2021

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		1.2.2 Leverage on existing platforms to conduct high-level advocacy visits to the relevant stakeholders (e.g. Office of the Vice President of Nigeria, NGF, First Ladies, NASS, Policy makers, National/ State Assembly, Non-Health Ministries, Religious Leaders, etc.)	Led by: NAFDAC Others: TC FMoH, FMOI FMOJ, FMBNP FMWA&SD NPHCDA, Partners Prof. Associations	2021-2025
		1.2.3 Follow up on commitment secured	NAFDAC	2021-2025
2. Priority action: Establish a Multi-sectoral Technical Committee at State and LGAs level to provide technical support on the Code				
Activity code	Activities	Sub-activities	Sector responsible	Time frame
2.1	Set-up State and LGA level multi-sectoral technical Committee with representatives from Health and relevant non-health government MDAs and professional Associations NAFDAC State officer, CSO, implementing partners,	2.1.1 Integrate within State Committee on Food & Nutrition (SCFN) with an active NAFDAC representative (i.e. NAFDAC BMS desk officer in the State)	Lead by: NAFDAC Others: FMoH Partners	2021
		2.1.2 Formation of State BMS Code Teams across the 36 States & FCT.	Led by: SMoH Others: Development partner, SCFN,	2021-2022
		2.1.3 Conduct a desk review of all the relevant Health & Non-health MDAs, CSO, implementing partners and professional Associations	SPHCDA, NAFDAC Led by: SMoH OTHERS: Development partner, NAFDAC	2021-2025
2.2	Build the capacity of the members of the multi-sectoral STC	2.2.1 Embed into State level training plans in the multi-sectoral plan of action for food and nutrition.	Led by: NAFDAC Others: Development partners TC, FMoH	2021- 2025
		2.2.2 NAFDAC BMS Code Teams to liaise with UNICEF to conduct training/re-training workshops on the Code for State Technical Committees.		

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3. Priority action: Strengthen NAFDAC capacity to provide leadership and coordination				
Activity code	Activities	Sub-activities	Sector responsible	Time frame
3.1	Strengthen NAFDAC in Coordination of the BMS Code.	3.1.1 Designate BMS Code Desk Officers in the Agency (across the Headquarters, 36 State offices & FCT). Procure, install and maintain equipment.	NAFDAC	2021
		3.1.2 Regular briefing & presentation of annual Code status report to the Minister of Health/NCH for onward submission to WHO Director-General.	Led by: NAFDAC Others: Partners MDAs	2021-2025
		3.1.3 Identify Code Champions/Ambassadors from different strata of the society (Retired Civil servants, Retired Senior Medical Personnel, Community Leaders, Market Leaders, etc, and develop TOR for engaging them.	NAFDAC	2021-2023
		3.2	Conduct training of Staff on Code implementation, monitoring, enforcement and application of sanctions	3.2.1 Conduct a training needs assessment through internal simple surveys/questionnaires 3.2.1
	Maintain database of the Code	3.2.2 Conduct annual Zonal TOT on the Code and National regulations.	Led by: NAFDAC Others: Development partners	2021-2022
		3.2.2 Generate a table of SMART national targets for the Code to facilitate measurement of progress	Led by: NAFDAC Others: Partners	2021
		3.2.3 Establish an electronic database for existing evidence that are relevant to Code implementation programme in Nigeria	Led by: NAFDAC Others: Partners	2021

4. Priority action: Expand Code partnerships with international and local NGOs				
Activity code	Activities	Sub-activities	MDA responsible	Time frame
4.1	Identify and engage with more international and regional partners on the Code	4.1.1. Mapping of potential Partners and contact them.	Led by: NAFDAC Others: Partners	2021
		4.1.2 Identify and update Partners list.	Led by: NAFDAC Others: Partners All stakeholders	2021-2025
		4.1.3. Participate in regional and international events, dialogue and meetings on the Code	NAFDAC	2021
		4.1.3 Register Nigeria as a member of the global NetCode group.		
5. Priority action: Set up and roll out periodic Code's performance review mechanism				
Activity code	Activities	Sub-activities	MDA responsible	Time frame
5.1	Update all stakeholders annually on Progress on the Implementation, Monitoring &	5.1.1. Develop Result Framework including Key Performance Indicators for measuring	Led by: NAFDAC Others: Partners	2021-2025
	Enforcement of the National Regulations on the Marketing of Infant & Young Children Food and other designated products (Registration, Sales, etc) 2019 in Nigeria	progress on Code implementation in Nigeria.	TC	
		5.1.2. Generate a table of SMART national targets for the Code to facilitate measurement of progress.	Led by: NAFDAC Others: Dev. Partners SMoH TC	2021-2025
		5.1.3. Establish an electronic database platform for BMS Code implementation processes (monitoring, archiving, storage, retrieval & Statistical analysis)	Led by: NAFDAC Others: Partners MDAs	2021-2025
		5.1.4. Conduct annual BMS Code LGA focal persons Review meeting.		
		5.1.5. Conduct annual National Review meeting on the BMS Code.		

13.2 Objective 2: To promote and support development of National/State/LGA capacity and awareness for Code implementation and monitoring of the Code

Table 9: Priority actions to promote and support development of national capacity and awareness for Code

1 Priority action: Develop a 5-year national strategic plan for Code implementation and support States to adapt the national strategy				
Activity code	Activities	Sub-activities	MDA responsible	Time frame
1.1	Produce print and disseminate a 5-year Strategic plan on the Code,	1.1.1 Secure endorsement of the strategic plan, print and disseminate widely. 1.1.2 Prepare internal memos (signed by the DG) forwarding the final National strategy plan on BMS code to NAFDAC States offices for the BMS Code implementation	Led by: NAFDAC Others: A&T, Other partners TC Stakeholders	2021
1.2.	Extract the annual plan for each consecutive year	1.2.1. Develop annual work plan based on the five years strategy plan	NAFDAC	2021-2025
2. Priority action: Finalise and produce all training materials and awareness briefs				
Activity code	Activities	Sub-activities	MDA responsible	Time frame
2.1	Produce BMS Code training manual	2.1.1 Printing of BMS Code Training manual.	Led by: NAFDAC Others: TC	2021
		2.1.2 Create a BMS Code Index file on the NAFDAC website.	NAFDAC	2021
		2.1.3 Upload on the NAFDAC website	NAFDAC	2021

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3. Priority action: Conduct targeted training of stakeholders on the Code				
Activity code	Activities	Sub-activities	MDA responsible	Time frame
3.1	Build the capacity of all cadres of health workers & media on Maternal and Infant and Young Child feeding and the BMS Code.	3.1.1 Conduct a needs assessment for training of targeted health workers & media, through simple survey at NAFDAC HQ and State offices	NAFDAC	2021
		3.1.2. Conduct State Level Training of Health Workers/Media Practitioners (including Social media groups) /Advertisement using the BMS Code training manual	Led by: NAFDAC	2021-2025
		3.1.3. Conduct Advocacy visits/participate in National Conferences organized by Professional Associations and Regulatory bodies for institutionalization on BMS Code.	Led by: NAFDAC Others: FMoH, partners	2021-2025
3.2	Build Community capacity to participate in Code issues	3.2.1. Develop Code orientation booklet and checklist for community Code monitoring and reporting.	Led by: NAFDAC Others: FMoH FME	2021-2025
		3.2.2. Engagement of WDCs on the BMS Code 3.2.3. Sensitize a pool of lay people selected by the communities as volunteers (Code watchers). 3.2.4. Conduct sensitization on BMS Code as part of annual World Breastfeeding Week and Nutrition week activities across the 36 states & FCT. 3.2.5. Publicize Companies violating the Code and sanctions applied.	FMoH FMOI FMWA&SD NOA NPHCDA Partners	
3.3.	Develop BMS Code specific Mass Media messages	3.3.1. 3.3.1. Develop & air Radio jingles on BMS Code messages in English and 3 other national languages. 3.3.2. Conduct radio and television discussions on the BMS Code including phone-in sessions	Led by: NAFDAC Others: FMoH, FME, FMOI, FMWA&SD, NOA, NPHCDA Partners	

4. Priority action: Advocate for the parliament to pass the bill on Marketing of BMS into Law				
Activity code	Activities	Sub-activities	MDA responsible	Time frame
4.1.	Legislation of Regulations 2019	4.1.1 Hold a consultative meeting with relevant stakeholders to review the draft bill on BMS Code	Led by: NAFDAC Others: Alive&Thrive UNICEF	2022-2024
		4.1.2. Advocate to the national assembly for passage of this Bill 4.1.3. Hold nation-wide public hearings and campaigns to promote passage of the bill	Save the Children Other Partners FMOH FMOJ FMOI NOA Professional Associations, CSOs & NGOs	

13.3 Objective 3: To improve compliance on the National Regulations on BMS Code through Code monitoring, enforcement and sanctions

Table 10: Priority actions to enhance Code monitoring, enforcement and sanctions

1. Priority action: Production of monitoring tools				
Activity code	Activities	Sub-activities	MDA responsible	Time frame
1.1	Finalise and print the developed monitoring tools	1.1.1 Review the BMS Code monitoring tools and validate with Stakeholders in line with NetCode monitoring framework. 1.1.2 Generate a checklist to facilitate Code violation detection. 1.1.3 Sensitize the general public on the channel of communicating Code violations across the nation to NAFDAC,	Led by: NAFDAC Others: FMOH, Technical Committee on the Code,partners.	2021-2022
		using the simplified checklist. 1.1.4 Produce soft and hard copies of Code violation reporting channel. 1.1.5 Disseminate Soft & Hard copies of the updated monitoring tools. 1.1.6 Develop a BMS Code Mobile Monitoring system in line with the monitoring tools.		

2. Priority action: Strengthen technical capacity for monitoring and detection of violations				
Activity code	Activities	Sub-activities	MDA responsible	Time frame
2.1	Build the capacity for national, state and LGA level Code monitoring	2.1.1. Conduct step-down training for state and LGA level M&E officers using a phased approach	Led by: NAFDAC Others: Partners FMoH TC	2021-2024
2.2	Develop curriculum for Secondary, pre-service and mandatory continuous professional development (MCPD) on the BMS Code.	2.2.1. Engage a Consultant to develop in-service curriculum for the BMS Code and hold Review & Validation meetings with Stakeholders (including regulatory bodies of health profession education and heads of Medical education schools, etc).	Led by: NAFDAC Others: FMoH Partners	2022-2024
3 Priority action: Integrate monitoring of the Code into national surveys				
Activity code	Activities	Sub-activities	MDA responsible	Time frame
3.1.	Institutionalize BMS Code indicators into the National Surveys	3.1.1 Conduct advocacy visit/submit a memorandum to NPopC (National Population Commission) and the Bureau of statistics to integrate Code elements into existing National surveys on Maternal & Infant feeding	Led by: NAFDAC Others: NPopC NBS, FMoH TC, Partners	2021-2022
4. Priority action: Conduct on-going and periodic monitoring				
Activity code	Activities	Sub-activities	MDA responsible	Time frame
4.1	Conduct periodic monitoring	4.1.1. Conduct bi-annual periodic 2 – days monitoring exercise of Code compliance and transmit report to NAFDAC HQ.	Led by: NAFDAC state offices Others: TC, Partners, SMoH	2021 and 2024
		4.1.2. Conduct Bi-ennial (every 2 years) survey on the BMS Code to assess the level of adherence to the articles of the Code, trends and	Led by: NAFDAC Others: TC Partners	2021 and 2024
		progress with Code implementation		
		4.1.3. Identify offending individuals, institutions and manufacturers and apply appropriate sanction(s)	Led by: NAFDAC Others: TC Partners	2021 and 2024

5. Priority action: Institution of good communication channels and information flow mechanisms				
Activity code	Activities	Sub-activities	MDA responsible	Time frame
5.1.	Set up direct BMS Code desk communication	5.1.1 Establish toll-free helpline on the BMS Code, and publicize it.	NAFDAC	2022-2023
		5.1.2 Generate monthly report of social media tracking of BMS Code violations for appropriate action. 5.1.3. Send Code compliance messages through the GSM to targeted audience especially during the WBW.	NAFDAC	2022-2025
	Develop a dashboard on the Code	5.1.4. A dashboard for summarizing and disseminating data on Code compliance	NAFDAC Others: Partners NPHCDA, TC	2022-2025

13.4 Objective 4: 1. To enhance resource mobilization and financial sustainability for implementation of the Code nation-wide

Table 11: Priority actions to enhance resource mobilisation and financial sustainability for Code implementation

1. Priority action: Develop and implement a resource mobilization strategy				
Activity code	Activities	Sub-activities	MDA responsible	Time frame
1.1	Produce Resource mobilization guide	1.1.1 Engage a Consultant to develop a resource mobilization guide for BMS Code implementation, for National Technical Committee to review & validate.	Led by: NAFDAC Others: TC Partners	2022
2. Priority action: Strengthen technical capacity for resource mobilization				
Activity code	Activities	Sub-activities	MDA responsible	Time frame
2.1	Build capacity for resource mobilisation	2.1.1. Integrate resource mobilization issues into TC mandates .	Led by: NAFDAC Others: FMOH, Development partners	2021-2023
		2.1.2. Explore additional funding sources that EXCLUDES the IFM (Infant Food Manufacturers).	Led by: SMOH Others: NAFDAC, TC, Development partner, State TC	2022

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3. Priority action: Secure funded budget line for BMS Code implementation in NAFDAC.				
Activity code	Activities	Sub-activities	MDA responsible	Time frame
3.1	Secure budgetary allocation for the BMS Code	3.1.1 Create dedicated budget line for the BMS Code in NAFDAC	NAFDAC	2021
4. Priority action: Regular donor coordination forum at National and State level				
Activity code	Activities	Sub-activities	MDA responsible	Time frame
4.1	Collaboration and regular engagement with partner and donors	4.1.1 Conduct bi-annual Coordination meetings with partners	NAFDAC	2021-2025
		4.1.2 Production and dissemination of activity reports, biannually.	NAFDAC	2021-2025
5. Priority action: Conduct advocacy visits to key budget offices and the National Assembly and the States among others				
Activity code	Activities	Sub-activities	MDA responsible	Time frame
5.1	Solicit national resource allocation for Code implementation	5.1.1 Conduct top level advocacy to the Hon. Minister of Finance Budget & Planning (written and face-to-face) on resource allocation for Code implementation	Led by: NAFDAC Others: TC Partners	2021
		5.1.2 Conduct top level resource mobilization advocacy visit to the NASS (committee on health).	Led BY: NAFDAC Others: TC Partners	2021

14. THE CODE COORDINATING MECHANISM

14.1 National Code Coordinating Committee

The National Code Coordinating Committee (NCCC) will be the highest decision-making body on Code and national regulations in Nigeria. Membership shall be drawn from FMOH (Directors Family Health and Food and Drugs departments) MFBNP (Director Budget), NAFDAC (DG, Directors FSAN, Food (R&R), Food laboratory, Legal, PID, I&E. Zonal Directors, State Coordinators, FCT and Lagos State Directors) Funding Partners about 15 persons. The NCCC will be chaired by the Honourable Minister of Health and the body will meet once a year (except when there is an exigency) at the FMOH. NAFDAC FSAN Directorate will serve as secretariat. Members should be trained on the Code for effective performance. The terms of reference as listed below:

14.2 Terms of Reference for the National Code Coordinating Committee

- Advocate for Code implementation and identify Champions/Ambassadors
- Undertake resource mobilization for programme implementation
- Oversee optimal use of existing resources
- Oversee the progress of implementation and achievement of targets
- Ensure the full engagement of IFM by NAFDAC to comply with the Code and National Regulations
- Evaluate progress of the partnership with funders to provide transparency

14.3 The Technical Committee on the Code

The National Technical Committee comprises of senior technical officers from the relevant MDAs, development partners, academia, relevant professional bodies, NGOs and CSOs working on nutrition with bias for infant and young child feeding. Members will be nominated by the organization they represent and will be issued letters of nomination by NAFDAC. Each nominee will serve for a period of not more than 5 years renewable only once. Members from the relevant MDAs could also be the Code focal point for their individual institutions. New members may be co-opted as the need arises with the approval of the NAFDAC DG. The Committee will establish sub-committees such as Awareness creation; Advocacy and Monitoring sub-committees. This Committee will be chaired by the DG NAFDAC and secretariat provided by FSAN Directorate and will meet quarterly. The number of persons that make up the TC should not be more than 25.

14.4 Terms of Reference for the Technical Committee

- Develop/update Code annual plans, training and monitoring manuals, advocacy and IEC materials.
- Set up sub-committees to develop and promote strategies for specific areas.
- Facilitate capacity building for Committee members, health workers, technical officers and the Media
- Discuss and track progress of implementation of Code strategic plan.
- Facilitate training at States level on implementation and monitoring of the Code.
- Join monitoring teams for regular routine and periodic monitoring
- Lead advocacy visits
- Provide technical support to the Coordinating Committee
- Support NAFDAC engagement with IFM, providing technical back up.

14.5 Monitoring Progress of Implementation of this Plan

This Strategic Plan is the organizing document that will help coordinate all efforts, technical assistance, funding and partnerships in support of the implementation of the Code in Nigeria. NAFDAC will ensure a conscientious and deliberate implementation of this Plan with a view to sustaining the gains made in the

implementation of the Code. The performance of this Plan will be monitored six monthly using process-specific, measurable, achievable, realistic and time-bound indicators to evaluate how effective each strategy is and determine the overall effectiveness of the Plan in achieving set goal. This will help to prevent wastage of resources on futile activities. Monitoring the implementation of this Plan enables identification and elimination of strategies that are not worth the time, money and effort spent since they do not yield the desired results; it helps to streamline the Plan so that only the most effective activities are retained and implemented. Furthermore, it is of utmost importance that this plan be costed for this purpose and to have a comprehensive budget for “shopping” for financial support.

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Total number of BMS Desk Officers designated across the country (Numerator); and expected number of BMS Desk Officers to be designated across the country. Count as numerical.	39	3 ¹	BMS Desk office at National	One-off	BMS Desk Office, FSAN Directorate	FSAN Director					105.41%
Total number of office equipment procured & installed (Numerator); and expected number of office equipment to be procured & installed. Count as numerical	0	37	BMS Desk office at National	One-off	BMS Desk Office, FSAN Directorate	FSAN Director					0.00%
Annual BMS Code status report submitted. Count as numerical.	0	5	BMS Desk office at National	Annually	BMS Desk Office, FSAN Directorate	FSAN Director					0.00%
Total number of BMS Code Champions identified and engaged (Numerator); and expected number of BMS Code Champions identified and engaged (Denominator). Count as numerical.	0	775	BMS Desk office at National	One-off	BMS Desk Office, FSAN Directorate	FSAN Director					0.00%
Total number of Trainers trained at Zonal levels on the BMS Code and National Regulations; and expected number of Trainers to be trained at Zonal levels (Denominator). Count as numerical.	58	148	BMS Desk office at National	Annually	BMS Desk Office, FSAN Directorate	FSAN Director					39.19%
Total number of LGA focal persons trained on the BMS Code (Numerator); and expected number of LGA focal persons to be trained on the BMS Code (Denominator). Count as numerical.	0	775	BMS Desk office at National	One-off	BMS Desk Office, FSAN Directorate	FSAN Director					0.00%
4. Priority action: Expand Code partnerships with international and local NGOs											
Total number of presentations on the BMS Code showcased (Numerator); and expected number of presentations on the BMS Code showcased (Denominator). Count as numerical.	1	10	BMS Desk office at National	Bi-annual	BMS Desk Office, FSAN Directorate	FSAN Director					10.00%
5. Priority action: Set up and roll out periodic Code's performance review mechanism											
Result Framework for measuring BMS Code implementation established. Count as numerical.	0	1	NAFDAC report	Annually	BMS Desk Office, FSAN Directorate	FSAN Director					0.00%
Total number of Review meetings held by BMS Code LGA focal persons (Numerator); and expected number of Review meetings held (Denominator). Count as numerical.	0	5	NAFDAC report	Annually	BMS Desk Office, FSAN Directorate	FSAN Director					0.00%
Total number of Review meetings held by the National Technical Committee on BMS Code (Numerator); and expected number of Review meetings held (Denominator). Count as numerical.	0	5	NAFDAC report	Annually	BMS Desk Office, FSAN Directorate	FSAN Director					0.00%
OBJECTIVE 2:											
To promote and support development of National/State/LGA capacity and awareness for Code implementation and monitoring of the Code.											
1. Priority action: Develop a 5-year national strategic plan for Code implementation and support States to adopt the national strategy											
5-year Coded Strategic plan on BMS Code produced. Count as numerical.	0	1	NAFDAC BMS Strategic plan	one-off	BMS Desk Office, FSAN Directorate	FSAN Director					0.00%
5-year Coded Strategic plan on BMS Code disseminated across the country. Count as numerical.	0	1	Report of Dissemination	one-off	BMS Desk Office, FSAN Directorate	FSAN Director					0.00%
2. Priority action: Finalize and produce all training materials and awareness briefs											
Total number of BMS Code Training manuals produced (Numerator); and expected number of BMS Code Training manuals to be produced (Denominator). Count as numerical.	0	1000	BMS Desk office at National	one-off	BMS Desk Office, FSAN Directorate	FSAN Director					0.00%

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2. Priority action: Strengthen technical capacity for monitoring and detection of violations										6.25%	
Total Number of individuals trained on BMS Code Monitoring & detection of violations. (Numerator); and expected number of individuals to be trained on BMS Code Monitoring & detection of violations. (Denominator). Count as numerical.	58	928	BMS Desk office at National	Annually	BMS Desk Office, FSAN Directorate	FSAN Director					
A Curriculum for BMS Code developed.	0	1	NAFDAC report	One-off	BMS Desk Office, FSAN Directorate	FSAN Director					0.00%
3. Priority action: Integrate monitoring of the Code into national surveys										0.00%	
Key Code indicators institutionalized into existing National surveys.	0	5	NAFDAC report	One-off	BMS Desk Office, FSAN Directorate	FSAN Director					
4. Priority action: Conduct on-going and periodic monitoring										0.00%	
Total Number of periodic monitoring of BMS Code implementation across the country (Numerator); and expected number of periodic monitoring of BMS Code implementation to be conducted across the country (Denominator). Count as numerical.	0	10	NAFDAC State office	Bi-annual	BMS Desk Office, FSAN Directorate	FSAN Director					
Number of national surveys (Bi-ennial) on the BMS Code conducted (This implies that the survey will be carried out twice in 5 years).	0	2	NAFDAC report	Bi-ennial	BMS Desk Office, FSAN Directorate	FSAN Director					0.00%
Total number of sanctions imposed for BMS Code violations published. The Target and Baseline can be zero (Compliance).	0	0	NAFDAC report	Monthly report	BMS Desk Office, FSAN Directorate	FSAN Director					
5. Priority action: Institution of good communication channels and information flow mechanisms										0.00%	
A Toll-free helpline on BMS Code established & publicized.	0	1	BMS Desk office at National	One-off	BMS Desk Office, FSAN Directorate	FSAN Director					
Total Number of Monthly Reports of social media tracking of BMS Code violations generated (Numerator); and expected number of Monthly Reports of social media tracking of BMS Code violations to be generated. Count as numerical.	0	60	NAFDAC report	Monthly report	BMS Desk Office, FSAN Directorate	FSAN Director					0.00%
A Dashboard on BMS Code developed	0	1	BMS Desk office at National	One-off	BMS Desk Office, FSAN Directorate	FSAN Director					0.00%
To enhance resource mobilization and financial sustainability for National BMS Code implementation											
OBJECTIVE 4:											
Priority Action 1: Develop and implement a resource mobilization strategy										0.00%	
A resource mobilization guide for BMS Code implementation developed.	0	1	BMS Desk office at National	One-off	BMS Desk Office, FSAN Directorate	FSAN Director					
Priority Action 2: Priority action: Secure funded budget line for BMS Code implementation in NAFDAC.										0.00%	
A dedicated budget line for BMS Code created in NAFDAC.	0	1	BMS Desk office at National	One-off	BMS Desk Office, FSAN Directorate	FSAN Director					
Priority Action 3: Bi-annual Donor coordination forum at National level for effective coordination of Code implementation & Enforcement										0.00%	
Total Number of coordination meetings held with partners (Bi-annual) as a numerator and expected meetings to be held (denominator). Count as Numerator.	0	10	NAFDAC report	Bi-annual	BMS Desk Office, FSAN Directorate	FSAN Director					

Annex 2

Costed Plan

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13.1.1 Objective one: To strengthen governance, advocacy, coordination and partnerships for Code and National Regulations.

1. Priority action: Strengthen advocacy for the Code at all levels

Activity code	Activities	Sub-activities	MDA responsible	Time frame	Unit Cost (₦)	Estimated Cost (₦)
1.1.	Set up a Code Advocacy Sub-committee of the Technical Committee	1.1.6 Update, print and disseminate Code advocacy briefs and toolkits with key messages.	Led by: NAFDAC Others: FMOH, Dev. Partners, TC, FME FMOI, MFBNP, NPHCDA FMOWA&SD Professional Associations	2021- 2025	1. 1000 copies X 5 Advocacy tools = 5,000 x 37 States = 185,000copies = ₦18,500,000.	₦18,500,000.
		1.1.7 Leverage on MBNP (TAN) & CS-SUNN to map all NGOs/CSOs working on Nutrition in the country and set up a Code Advocacy sub-committee.				
		1.1.8 Support States to form advocacy committees. 1.1.9 NAFDAC to identify those who require advocacy training and liaise with CS-SUNN to conduct the online training.	Led by: SMOH Others: Dev. Partners working in each State, SCFN, SMBEP, NAFDAC State office, SPHCDA, SMOI, CSOs. Media, Professional Associations,	2021- 2025	₦ 3000 data cost for 10 persons across the 36 States & FCT = ₦ 3,000 x 37 x 10 = ₦ 1,110,000 x 2 = ₦2,220,000	

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			State BMS code team			
		1.1.10 Set up a National Sub-Committee on Advocacy of the “National Technical Committee”.	Led by: NAFDAC	2021-2025	15 member (National Sub-Committee on Advocacy): (1 day, 2 nights, Twice a year)	12,196,000
		1.1.11 Convene Biannual Code Advocacy group meeting a day preceding the Technical Committee meeting.	Others: FMOH, partners, TC, FME FMOI, MFBNP, NPHCDA FMOWA & SD Professional Associations		*Hall: N100,000 *Lunch: N5000x15 =N75,000 Tea break: N1500x15 =N22,500 Air Travels: N80,000x6 = N480,000 Per diem: N16000x2x6= N192,000 Airport taxi: N40,000X6=N240,000 Local transport: N4800x2x6=N57,600 Local transport: N5000x1x9= N45,000 Meeting stationaries: N500x15=N7500 Total: 1,219,600x2x5 Grand total: 12,196,000	
		1.1.12 Convene Quarterly meetings of the Technical Committee meeting. Development of Code indicators into the NHMIS (National Health Management Information System), to be part of the Agenda of the National TC meeting.	Led by: NAFDAC Others: FMOH (Nutrition, FDS & DPRS), Partners, TC, FME FMOI, MFBNP, NPHCDA FMOWA & SD Professional Associations	2021-2025	National Technical Committee meeting: 30 members (1day; 2 nights; 4 times a year) *Hall: N200,000 *Lunch: N5000x30 =N150,000 Tea break: N1500x30 =N45,000 Air Travels: N80,000x6 = N480,000 Per diem: N16000x2x6= N192,000 Airport taxi: N40,000X6=N240,000 Local transport: N4800x2x6=N57,600	29,992,000

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					Local transport: N5000x1x24= N120,000 Meeting stationaries: N500x30=N15,000 Total: 1,499,600x4x5 Grand total: 29,992,000	
1.2	Advocate to relevant governmental and non-governmental sectors and religious leaders etc.	2.2.2. Develop plans /logistics for Bi-annual advocacy visits and generate a comprehensive list of places/people to visit. 2.2.3. Leverage on existing platforms to conduct high-level advocacy visits to the relevant stakeholders (e.g. Office of the Vice President of Nigeria, NGF, First Ladies, NASS, Policy makers, National/ State Assembly, Non-Health Ministries, Religious Leaders, etc.)	Led by: NAFDAC Others: Advocacy Sub-committee	2021-2025	15 members: Local transport: N5,000*2 Advocacy visits *15 = N150,000 For 5 years =N150,000*5 = N750,000	750,000
2. Priority action: Establish a Multi-sectoral Technical Committee at State and LGAs level to provide technical support on the Code						
Activity code	Activities	Sub-activities	MDA responsible	Time frame	Unit Cost (₦)	Estimated Cost (₦)
2.1	Set-up State and LGA level multi-sectoral Technical Committee with representatives from Health and relevant non-health government MDAs and	2.1.3 Integrate within State Committee on Food & Nutrition (SCFN) with an active NAFDAC representative (i.e. NAFDAC BMS desk officer in the State) 2.1.4 Formation of State BMS Code Teams	Led by: NAFDAC Others: SMoH SPHCDB	2021	Nil	Nil
	professional Associations, NAFDAC State officers, CSO, implementing partners, etc	across the 36 States & FCT. 2.1.5 Conduct a desk review of all the relevant Health & Non-health MDAs, CSO, implementing partners and professional Associations	Led by: SMoH Others: Development Partners, SCFN, SPHCDA, NAFDAC	2021-2022	Nil	Nil

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2.2	Build the capacity of the members of the multi-sectoral State Technical Committee (STC)	2.2.3 Embed into State level training plans in the multi-sectoral plan of action for food and nutrition. 2.2.4 NAFDAC BMS Code Teams to liaise with UNICEF to conduct training/re-training workshops on the Code for State Technical Committees.	Led by: NAFDAC Others: Development partners TC, FMOH	2021- 2025	Nil	Nil
3. Priority action: Strengthen NAFDAC capacity to provide leadership and coordination						
Activity code	Activities	Sub-activities	MDA responsible	Time frame	Unit Cost (₦)	Estimated Cost (₦)
3.1	Strengthen NAFDAC in Coordination of the BMS Code.	3.1.1 Designate BMS Code Desk Officers in the Agency (across the Headquarters, 36 State offices & FCT). Procure, install and maintain equipment.	NAFDAC	2021	Cost will be estimated by Procurement Office	Cost will be estimated by Procurement Office
		3.1.2 Regular briefing & presentation of annual Code status report to the Minister of Health/NCH for onward submission to WHO Director-General.	NAFDAC	2021-2025	Printing and binding of report: 1000 * 50copies = 50,000 Grand total: 50,000*5years= 750,000	750,000
		3.1.3 Identify Code Champions/Ambassadors from different strata of the society (Retired Civil servants, Retired Senior Medical Personnel, Community Leaders, Market Leaders, etc, and develop TOR for engaging them.	Led by: NAFDAC Others: FMOWA & SD FMOH, TC Partners	2022-2024	Nil	Nil
3.2	Conduct training of Staff on Code implementation, monitoring, enforcement and application of sanctions	3.2.1 Conduct a training needs assessment through internal simple surveys/questionnaires	Led by: NAFDAC Others: Development Partners	2021	Nil	Nil
		3.2.2. Conduct annual Zonal TOT on the Code and National regulations.	Led by: NAFDAC Others: Development partners, TC	2021-2022	Training & Monitoring at Zonal levels (3 days; 6 Zones): Participants: 1. BMS Code Teams: 4 Persons per State.	26,172,400

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					<p>2. Facilitators (including Statisticians): 4 persons per State.</p> <p><u>Component 1:</u></p> <p>Hall: N100,000*3days= N300,000*6 Zones = N1,800,000.</p> <p>Lunch (by 37 States): N5,000*4persons* 37 States*3 days= N2,220,000 .</p> <p>Road Transport (N30 per Km); N1,000,000 *6 Zones = N6,000,000.</p> <p>Perdiem : 16,000*4persons* 37States*4nights = N9,472,000.</p> <p>Local Transport: N4800*4persons*37States*4days = 2,841,600.</p> <p>Stationeries: N500* 4*37=N74,000</p> <p>SUB-TOTAL: N22,407,600.</p> <p><u>Component 2</u> <u>(Facilitators-4 per Zone);</u></p> <p>Lunch (by 6 Zones): N5,000*4persons *6 Zones*3days = N360,000</p> <p>Air Ticket (4 Zones) ; N80,000*4persons* 4Zones = N1,280,000.</p> <p>Airport Taxi (4 Zones); N40,000*4persons*4Zones = N640,000.</p> <p>Local Transport: N4800*4persons* 6Zones*4days=N460,800</p> <p>Perdiem : 16,000*4Persons* 4Zones*4Nights = N1,024,000</p> <p>SUB-TOTAL: N3,764,800</p>	

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3.3	Step-down Training at 774 LGAs	<p>3.3.1. Conduct Step down Training for LGA Focal Persons using the Code Training manual. (The nutrition focal persons in the LGAs should be identified)</p> <p>3.3.2. Translate Code flyers into vernacular and disseminate them.</p> <p>3.3.3. Share Code message through local communication</p>	NAFDAC	2021-2022	<p>Training (1 day) at State levels (37 States):</p> <p>Participants:</p> <p>1. 774 Focal Persons</p> <p>2. Facilitators: 2 persons per State.</p> <p><u>Component 1 s:</u></p>	19,211,400
		<p>methods and in vernacular to reach wider public.</p>			<p>Hall:= 50,000 * 37 States = N1,850,000</p> <p>Lunch (by 37 States): 3,000 *1day* 774 Focal Persons= N2,322,000 .</p> <p>Road Transport (N30 per Km); N200,000*37States* 1day = N7,400,000.</p> <p>Per diem: N16,000*1day*185= N2,960,000.</p> <p>Local Transport: N4800*1day*774Focal Persons= 3,715,200.</p> <p>Stationeries: N500* 1*774=N387,000</p> <p>SUB-TOTAL: N18,634,200.</p> <p><u>Component 2 (2 Facilitators):</u></p> <p>Lunch (by 37 States): N3,000 *1day*37States* 2facilitators = N222,000</p>	
					<p>Local Transport: N4800*1day*37States*2 facilitators= N355,200.</p> <p>SUB-TOTAL: N577,200.</p>	

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4. Priority action: Expand Code partnerships with international and local NGOs						
Activity code	Activities	Sub-activities	MDA responsible	Time frame	Unit Cost (₦)	Estimated Cost (₦)
4.1	Identify and engage with more International and Regional Partners on the Code	5.1.1. Mapping of potential Partners and contact them.	Led by: NAFDAC	2021	Nil	Nil
		5.1.2. Identify and update Partners list.	Others: Partners			
		5.1.3. Participate in regional and international events, dialogue and meetings on the Code	Led by: NAFDAC Others: Partners, All stakeholders	2021-2025	Budget: 2 Delegates; Air Ticket (Int'l); N2,600,000*2*5yrs = N26,000,000. Airport Taxi (2) (Nig. Terminal); N20,000*2*5yrs = N200,000. Airport Taxi (2) (Int'l) \$100*2*5yrs = \$1,000 = \$1,000*N500= N500,000 Estacode Allowance \$426*2*4days*5yrs= \$17,040 = \$17,040*N500= N8,520,000 TOTAL: N35,220,000	35,220,000
		4.1.4 Register Nigeria as a member of the global NetCode group.		NAFDAC	2021	Nil
5. Priority action: Set up and roll out periodic Code's performance review mechanism						
Activity code	Activities	Sub-activities	MDA responsible	Time frame	Unit Cost (₦)	Estimated Cost (₦)
5.1	Update all stakeholders annually on “Progress report on the Implementation, Monitoring & Enforcement of the National Regulations on the Marketing of Infant & Young Children Food and other designated products (Registration,	5.1.6. Develop Result Framework including Key Performance Indicators for measuring progress on Code implementation in Nigeria. 5.1.7. Generate a table of SMART national targets for the Code to facilitate measurement of progress. 5.1.8. Establish an electronic database platform for BMS Code implementation processes (monitoring, archiving, storage, retrieval & Statistical analysis)	Led by: NAFDAC Others: Partners, Technical Committee (TC)	2021-2025	Consultancy fee: N100,000*5days*1 =N500,000 Lunch: N5,000*1* 20persons = N100,000 Total: N600,000	600,000

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Sales, etc) 2019” in Nigeria	5.1.9. Conduct annual BMS Code LGA focal persons meeting. Review	Led by: NAFDAC Others: Dev. Partners, SMoH, TC	2021-2025	1-day meeting at State levels (37 States): Participants: 1. 774 Focal Persons 2. Facilitators: 2 persons per State. Component 1: Hall: = N50,000 * 37 States = N1,850,000 Lunch (by 37 States):N3,000*1* 774= N2,322,000 . Road Transport (N30 per Km); N200,000 * 37*1 = N7,400,000. Perdiem : 16,000*1*185= N2,960,000. Local Transport: N4800*1*774= 3,715,200. SUB-TOTAL: N18,247,200. Component 2: Lunch (by 37 States): 3,000 * 1* 74= 222,000 Local Transport: N4800*1day*37*2= 355,200.	18,824,400
				SUB-TOTAL: N577,200.	
	5.1.10. Conduct National Review meeting on the BMS Code.	Led by: NAFDAC Others: Partners, MDAs	2021-2025	2 Virtual meetings 3 Physical meetings. Component 1 (2 Virtual meetings): Data cost: N3000*30NTC*2Virtual meetings = N180,000 Sub-Total: N180,000. Component 1 (3 Physical meetings): 30 members (1day; 2 nights; 3 meetings) *Hall: N200,000 *Lunch: N5000x30 =N150,000 Tea break: N1500x30 =N45,000 Air Travels: N80,000x6	4,678,800

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					= N480,000 Per diem: N16000x2x6= N192,000 Airport taxi: N40,000X6=N240,000 Local transport: N4800x2x6=N57,600	
					Local transport: N5000x1x24= N120,000 Meeting stationaries: N500x30=N15,000 Sub-Total: N1,499,600x3Physical meetings = N4,498,800 Grand total: N4,678,800	

13.1.2 Objective Two: To promote and support development of national capacity and awareness for Code implementation and monitoring

Table 9: Priority actions to promote and support development of national capacity and awareness for Code

1 Priority action: Develop a 5-year national strategic plan for Code implementation and support States to adapt the national strategy						
Activity code	Activities	Sub-activities	MDA responsible	Time frame	Unit Cost (₦)	Estimated Cost (₦)
1.1	Produce print and disseminate a 5-year Strategic plan on the BMS Code.	1.1.1. Secure endorsement of the strategic plan, print and disseminate widely. 1.1.2. Prepare internal memos (signed by the DG) forwarding the final National strategy plan on BMS code to NAFDAC States offices for the BMS Code implementation.	Led by: NAFDAC Others: A&T, Other partners TC Stakeholders	2021	*Production: 1000 copies* 1500 = 1,500,000 *Dissemination cost (for 36 states): = 500,000 *Data cost: 3000*100= 300,000 Total: 2,300,000	2,300,000
1.2	Extract the Annual Workplan for each consecutive year.	1.2.1. Develop annual work plan based on the five years strategy plan	Led by: NAFDAC	2021-2025	Nil	Nil
2. Priority action: Finalize and produce all training materials and awareness briefs						
Activity code	Activities	Sub-activities	MDA responsible	Time frame	Unit cost (₦)	Estimated cost (₦)
2.1	Produce BMS Code Training manual	2.1.4 Printing of BMS Code Training manual. 2.1.5 Create a BMS Code Index file on the NAFDAC website. 2.1.6 Upload on the NAFDAC website	Led by: NAFDAC Others: Dev. Partners	2021	Production- 1000 copies* 1500 = N1,500,000 Dissemination cost- (for 36 states) = N500,000	2,000,000

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3. Priority action: Conduct targeted training/sensitization of Stakeholders on the Code						
Activity code	Activities	Sub-activities	MDA responsible	Time frame	Unit cost (₦)	Estimated cost (₦)
3.1	Build the capacity of all cadres of health workers & media on infant feeding and the Code.	3.1.1 Conduct a needs assessment for training of targeted health workers & media, through simple survey at NAFDAC HQ and State offices	NAFDAC	2021	Nil	Nil
		3.1.2. Conduct State Level Training of Health Workers/Media Practitioners (including Social media groups) /Advertisement using the BMS Code training manual.	Led by: NAFDAC	2021-2025	1-day training at State levels (37 States): Participants: 1. 60 health workers 2. 20 media per state 3. 60 advertisement practitioners (one-off) Component 1 (health workers): Hall:= N50,000 * 37 States = N1,850,000 Lunch (by 37 States): N3,000*1*60*37= N 6,660,000 Road Transport (N30 per Km); N200,000 * 37*1 = N7,400,000. Perdiem : 16,000*1*30= N480,000. Local Transport: N4800*1*30= 144,000. SUB-TOTAL: N16,534,000 X 5 years = N82,670,000 Component 2 (media): Hall:= N50,000 * 37 States = N1,850,000 Lunch (by 37 States): 3,000 * 1*37*20= 2,220,000 Local Transport: N4800*1day*37*20= 3,552,000. SUB-TOTAL: N7,622,000 X 5 years = 38,110,000 Component 3 (advertisement practitioners (one-off): Hall:= N50,000 * 37 States = N1,850,000	N139,946,000

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					<p>Lunch (by 37 States): 3,000 * 1*37*60= 6,660,000</p> <p>Local Transport: N4800*1day*37*60= 10,656,000</p> <p>SUB-TOTAL: N19,166,000</p>	
		<p>3.1.3 Conduct Advocacy visits/participate in National Conferences organized by Professional Associations and Regulatory bodies for institutionalization on BMS Code.</p>	<p>Led by: NAFDAC</p> <p>Others: TC Partner</p>	2021-2025	<p>*Local transport: N4800*5*2 persons= N48,000</p> <p>*Air ticket: N80,000*5 = N400,00</p> <p>*Per diem: N16,000*5*2= N160,000</p> <p>*Airport taxi: 40,000*5=200,000</p> <p>Total: N808,000 *5 years= N4,040,000</p>	4,040,000
3.2.	Build Community capacity to participate in Code issues	<p>3.2.1 Develop Code orientation booklet and checklist for community Code monitoring and reporting.</p> <p>3.2.2. Engagement of WDCs on the BMS Code</p> <p>3.2.3. Sensitize a pool of lay people selected by the communities as volunteers (Code watchers).</p>	<p>Led by: NAFDAC</p> <p>Others: FMOH FME FMOH FMOI FMWA&SD</p>	2021-2025	<p>*Printing cost (4 pages): 2 copies 774 LGAs *N200= N309,600</p> <p>*Dissemination (37 states): 500,000</p> <p>Total = N809,600</p>	809,600
		<p>3.2.4. Conduct sensitization on BMS Code as part of annual World Breastfeeding Week and Nutrition week activities across the 36 states & FCT.</p>	<p>NOA NPHCDA Partners</p> <p>Led by: NAFDAC</p> <p>Others: Partners MDAs</p>	2022-2024 (twice in 5 years)	<p>Hall: 100,000</p> <p>Local transport: 5000*50=250,000</p> <p>Lunch: 5000*50=250,000</p> <p>Tea break: 1500*50=75,000</p> <p>Writing materials: 500*50=25,000</p> <p>Total: 700,000 *37*2= 51,800,000</p>	51,800,000

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3.3	Develop BMS Code specific Mass Media messages	3.3.1. Develop & air Radio jingles on BMS Code messages in English and 3 other national languages.	Led by: NAFDAC Others: Partners MDAs	2021-2025	Nil	Nil
		3.3.2. Conduct radio and television discussions on the BMS Code including phone-in sessions			Hall- 30,000* 15 states =450,000 Lunch- 3000*20*37= 2,220,000 Local Run = N5000*20*37 = 3,700,000. Total: N6,370,000*2times= N12,740,000	12,740,000
4. Priority action: Advocate for the parliament to pass the bill on Marketing of BMS into Law						
Activity code	Activities	Sub-activities	MDA responsible	Time frame	Unit Cost	Estimated cost (N)
4.1.	Legislation of Regulations 2019 (Annex 7)	4.1.1 Hold a consultative meeting with relevant stakeholders to review the draft bill on BMS Code 4.1.2. Advocate to the national assembly for passage of this Bill 4.1.3. Hold nation-wide public hearings and campaigns to promote passage of the bill	Led by: NAFDAC Others: Save the Children Other Partners FMoH FMOJ FMOI NOA Prof. Association, CSOs & NGOs	2021-2023	Consultancy fee: 80,000*30days=2,400,000 Sub-total 1: N2,400,000 Meeting: Location-Abuja *Hall- 200,000 *Lunch- N5000*40 =200,000 *Tea break- N1500*40 = 60,000 *Air ticket- 80,000*5 (BMS Experts) = 400,000 *Airport taxi- 40,000*5 = 200,000 *Per diem- 16,000*5 =80,000 *Local transport- 4800 *2days*5 =48,000. *Local Run= N5,000*20(MDAs) = N100,000 Subtotal Total 2: N1,288,000 *2times over 5 years = N2,576,000	14,976,000

					<p>Public Hearings: N10,000,000</p> <ol style="list-style-type: none"> 1. Advertisement in 3 National Dailies 2. Refreshments 3. 50 Copies of Documents <p>Grand total: N14,976,000</p>	
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13.1.3 Objective 3: To improve compliance on the National Regulations on BMS Code through Code monitoring, enforcement and sanctions

Table 10: Priority actions to enhance Code monitoring, enforcement and sanctions

2. Priority action: Production of monitoring tools						
Activity code	Activities	Sub-activities	MDA responsible	Time frame	Unit Cost (N)	Estimated Cost (N)
1.1	Finalize and print the developed monitoring tools	<p>2.1.1 Review the BMS Code monitoring tools and validate with Stakeholders in line with NetCode monitoring framework.</p> <p>2.1.2 Generate a checklist to facilitate Code violation detection.</p> <p>2.1.3 Sensitize the general public on the channel of</p>	<p>Led by: NAFDAC</p> <p>Others: TC Partners</p>	2021 2021	<p><u>Review (2days) & Validation (1 day) Meeting, 15 persons (10 Abuja, 5 Outside Abuja):</u></p> <p><u>Location-Abuja</u></p> <p>*Hall: 200,000*3days= N600,000</p> <p>*Lunch: N5000*15*3days =N225,000</p> <p>*Tea break: N1500*15*3days = N67,500</p>	2,468,500
		<p>communicating Code violations across the nation to NAFDAC, using the simplified checklist.</p> <p>2.1.4 Produce soft and hard copies of Code violation reporting channel (Fig 6)</p> <p>2.1.5 Disseminate Soft & Hard copies of the updated monitoring tools.</p> <p>2.1.6 Develop a BMS Code Mobile Monitoring system in line with the monitoring tools.</p>			<p>*Air ticket- N80,000*5 (BMS Experts) = N400,000</p> <p>*Airport taxi- N40,000*5 (BMS Experts) = N200,000</p> <p>*Per diem-N16,000*5 (BMS Experts)*4nights =N320,000</p> <p>*Local transport- N4,800 *4days*5persons =N96,000.</p> <p>Local Run= N5,000*10(MDAs) = N50,000</p> <p>Subtotal Total: N1,958,500</p> <p><u>Printing:</u></p> <p>1 carton of A4 Paper = N10,000</p> <p><u>Mobile Monitoring System:</u></p> <p>N500,000</p> <p>Grand Total: N2,468,500</p>	

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3. Priority action: Strengthen technical capacity for monitoring and detection of violations						
Activity code	Activities	Sub-activities	MDA responsible	Time frame	Unit Cost (N)	Estimated Cost (N)
2.1	Build the capacity for national, state and LGA level Code monitoring	3.2.1. Conduct step-down training for state and LGA level M&E officers using a phased approach	Led by: NAFDAC Others: Partners FMoH TC	2021-2024	<p>Training (1 day) at State levels (37 States): Participants: 1. 774 Focal Persons 2. Facilitators: 2 persons per State. Component 1 s: Hall:= 50,000 * 37 States = N1,850,000 Lunch (by 37 States): 3,000 *1day* 774 Focal Persons= N2,322,000 . Road Transport (N30 per Km); N200,000*37States* 1day = N7,400,000. Perdiem: N16,000*1day*185= N2,960,000. Local Transport: N4800*1day*774Focal Persons= 3,715,200. Stationeries: N500* 1*774=N387,000 SUB-TOTAL: N18,634,200. Component 2 (2 Facilitators): Lunch (by 37 States): N3,000 *1day*37States* 2facilitators = N222,000 Local Transport: N4800*1day*37States*2facilitators = N355,200. SUB-TOTAL: N577,200.</p>	19,211,400

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2.2	Develop curriculum for Secondary, pre-service and mandatory continuous professional development (MCPD) on the BMS Code.	2.2.1. Engage a Consultant to develop in-service curriculum for the BMS Code and hold Review & Validation meetings with Stakeholders (including regulatory bodies of health profession and heads of Medical education schools, etc).	Led by: NAFDAC Others: FMoH Partners	2021-2022	<p>Consultancy fee: 80,000*14days=1,120,000</p> <p>Sub-total 1: N1,120,000</p> <p><u>Meetings (Review & Validation meeting):</u></p> <p><u>Location-Abuja</u></p> <p>Hall- 200,000</p> <p>lunch- N5000*40 =200,000</p> <p>tea break- N1500*40 = 60,000</p> <p>air ticket- 80,000*5 (BMS Experts) = 400,000</p> <p>airport taxi- 40,000*5 = 200,000</p> <p>Per diem-16,000*5 =80,000</p> <p>local transport- 4800 *2days*5 =48,000.</p> <p>Local Run= N5,000*20(MDAs) = N100,000</p> <p>Subtotal Total: N1,288,000</p> <p>Grand total: N2,408,000 (x 2 meetings)</p>	4, 816,000
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3. Priority action: Develop checklist to facilitate Code violation detection

Activity code	Activities	Sub-activities	MDA responsible	Time frame	Unit Cost (N)	Estimated Cost (N)
3.1.	Institutionalize BMS Code indicators into the National Surveys	3.1.1. Conduct advocacy visit/submit a memorandum to NPopC (National Population Commission) and the Bureau of statistics to integrate Code elements into existing National surveys on Maternal & Infant feeding .	Led by: NAFDAC Others: NPopC NBS, FMoH TC, Partners	2021-2022	Nil	Nil

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4.Priority action: Conduct on-going and periodic monitoring						
Activity code	Activities	Sub-activities	MDA responsible	Time frame	Unit Cost (N)	Estimated Cost (N)
4..1	Conduct periodic monitoring	4.1.1. Conduct bi-annual periodic 2 – days monitoring exercise of Code compliance and transmit report to NAFDAC HQ.	Led by: NAFDAC Others: TC, Partners, SMOH	2021 and 2024	Car hire: N20000*1*2days = N40,000*37=N1,480,000 Monitoring Allowance: N5000*2days*4*37= N1,480,000 Subtotal: N2,960,000*2times*5yrs =N29,600,000	29,600,000
		4.1.2. Conduct Bi-ennial (every 2 years) survey on the BMS Code to assess the level of adherence to the articles of the	Led by: NAFDAC Others: TC Partners	2021 and 2024	Nil	
		Code, trends and progress with Code implementation				
		4.1.3. Identify offending individuals, institutions and manufacturers and apply appropriate sanction(s)	NAFDAC	2021-2025	Nil	
5.Priority action: Institution of good communication channels and information flow mechanisms						
Activity code	Activities	Sub-activities	MDA responsible	Time frame	Unit Cost (N)	Estimated Cost (N)
5.1.	Set up direct BMS Code desk communication	5.1.1 Establish toll-free helpline on the BMS Code, and publicize it.	NAFDAC	2021-2023	Nil	
		5.1.2 Generate monthly report of social media tracking of BMS Code violations for appropriate action. 5.1.3. Send Code compliance messages through the GSM to targeted audience especially during the WBW.	NAFDAC Partners and media Telecommunication companies	2021-2025	Nil	
	Develop a dashboard on the Code	5.1.4. A dashboard for summarizing and disseminating data on Code compliance	NAFDAC Others: Partners NPHCDA, TC	2021-2025 2021	Nil	

13.1.4 Objective 4: To enhance resource mobilization and financial sustainability for National Code implementation

Table 11: Priority actions to enhance resource mobilisation and financial sustainability for Code implementation

1. Priority action: Develop and implement a resource mobilization strategy						
Activity code	Activities	Sub-activities	MDA responsible	Time frame	Unit Cost (N)	Estimated Cost (N)
1.1	Produce Resource mobilization guide	1.1. Engage a Consultant to develop a resource mobilization guide for BMS Code implementation, for National Technical Committee to review & validate.	Led by: NAFDAC Others: TC Partners	2021	Consultancy fee: 70,000*10days= N700,000	N700,000
1.2.	Build capacity for resource mobilization	1.2. Integrate resource mobilization issues into TC mandates . 1.3. The TOR of the TC should capture the “Develop & Implement a Resource Mobilization strategy”.				
		1.4. Explore additional funding sources that EXCLUDES the IFM (Infant Food Manufacturers.				
2. Priority action: Secure funded budget line for BMS Code implementation in NAFDAC.						
Activity code	Activities	Sub-activities	MDA responsible	Time frame	Unit Cost (N)	Estimated Cost (N)
2.1	Secure budgetary allocation for the BMS Code	2.1.1 Create dedicated budget line for the BMS Code in NAFDAC	NAFDAC	2021	Nil	

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3. Priority action: Bi annual Donor coordination forum at National level for effective coordination of Code implementation & Enforcement

Activity code	Activities	Sub-activities	MDA responsible	Time frame	Unit Cost (N)	Estimated Cost (N)
3.1	Collaboration and Bi-annual engagement with Partners	3.1.1. Conduct bi-annual Coordination meetings with partners	NAFDAC	2021-2025	<p>Meeting</p> <p><u>Location-Abuja</u></p> <p>lunch- N5000*15 =75,000</p> <p>Tea break- N1500*15 = N22,500</p> <p>Subtotal Total=N97,500*2times* 5yrs</p> <p>Grand total: N975,000</p>	N975,000
		3.1.2. Production and dissemination of activity reports, biannually.	NAFDAC	2021-2025	Nil	

4. Priority action: Conduct advocacy visits to key budget offices and the National Assembly and the States among others

Activity code	Activities	Sub-activities	MDA responsible	Time frame	Unit Cost (N)	Estimated Cost (N)
4.1	Solicit national resource allocation for Code implementation	4.1.1. Conduct top level advocacy to the Hon. Minister of Finance Budget & Planning (written and face-to-face) on resource allocation for Code implementation	Led by: NAFDAC Others: TC Partners	2021	Nil	
		4.1.2. Conduct top level resource mobilization advocacy visit to the NASS (committee on health).	Led BY: NAFDAC Others: TC Partners	2021	Nil	

Annex. 3 Summary of WHA Resolutions adopted subsequent to the Code

These recommendations by the Assembly have the same legal status as the Code, clarifying and extending certain provisions. For Code implementation, both Code and resolutions are equally relevant.		
Year	WHA Number	Resolutions
1981	34.22	<ul style="list-style-type: none"> • Code overwhelmingly adopted by WHA (118 in favour, 1 no, 3 abstentions) • Stresses that adoption and adherence to the Code is a minimum requirement. Member States are urged to implement the Code into national legislation, regulations and other suitable measures.
1982	35.26	<ul style="list-style-type: none"> • Recognizes that commercial promotion of breastmilk substitutes contributes to an increase in artificial feeding and calls for renewed attention to implement and monitor the Code at national and international levels.
1984	WHA 37.30	<ul style="list-style-type: none"> • Requests that the Director General work with Member States to implement and monitor the Code and to examine the promotion and use of foods unsuitable for infant and young child feeding.
1986	WHA 39.	<ul style="list-style-type: none"> • Urges Member States to ensure that small amounts of breastmilk substitutes needed for the minority of infants are made available through normal procurement channels and not through free or subsidized supplies. • Directs attention of Member States to the following: <ul style="list-style-type: none"> ▪ Any food or drink given before complementary feeding is nutritionally required may interfere with breastfeeding and therefore should neither be promoted nor encouraged for use by infants during this period. ▪ Practice of providing infants with follow up milks is “not necessary”.
1988	WHA 41.11	<ul style="list-style-type: none"> • Request the Director General to provide legal and technical assistance to Member States in drafting or implementing the Code into national measures.
1990	WHA43.3	<ul style="list-style-type: none"> • Highlights the WHO/ statement on “protection, promoting and supporting breastfeeding: the special role of maternity services” which led to the Baby-Friendly Hospital Initiative in 1992. • Urges Member States to ensure that the principles and aim of the Code are given full expression in national health and nutrition policy and action.
1994	WHA47.5	<ul style="list-style-type: none"> • Reiterates earlier calls in 1986, 1990 and 1992 to end “free or low-cost supplies” and extends the ban to all parts of the health care system; effectively superseding the provisions of Art.6.6 of the Code. Provides guidelines on donation of breastmilk substitutes in emergencies
1996	WHA49.15	<p>Calls on Member States to ensure that:</p> <ul style="list-style-type: none"> • Complementary foods are not marketed for or used to undermine exclusive and sustained breastfeeding; • financial support to health professionals does not create conflicts of interests; • Code monitoring is carried out in an independent, transparent manner free from commercial interest
2001	WHA 54.2	<ul style="list-style-type: none"> • Sets global recommendation of “6 months” exclusive breastfeeding, with safe and appropriate complementary foods and continued breastfeeding for up to two years or beyond.
2002	WHA55.25	<ul style="list-style-type: none"> • Endorses the Global Strategy on Infant and Young Child Feeding which confines the baby food companies’ role to 1. Ensure quality of their products and 2. Comply with the Code and subsequent WHA resolutions, as well as national measures. • Recognizes the role of optimal infant feeding to reduce the risk of obesity. • Alerts that micronutrient interventions should not undermine exclusive breastfeeding.

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2005	WHA58.32	<p>Asks Member States to:</p> <ul style="list-style-type: none"> • Ensure that nutrition and health claims for breastmilk substitutes are not permitted unless national/regional legislation allows; • Be aware of the risks of intrinsic contamination of powdered infant formulas and to ensure this information be conveyed through label warnings; • Ensure that financial support and other incentives for programmers and health professionals working in infant and young child health do not create conflicts of interest.
2006	WHA59.11	<ul style="list-style-type: none"> • Member States to make sure the response to the HIV pandemic does not include non-Code compliant donations of breastmilk substitutes or the promotion thereof.
2006	WHA 59.21	<ul style="list-style-type: none"> • Commemorates the 25th anniversary of the adoption of the Code; welcomes the 2005 Innocenti Declaration and asks WHO to mobilize technical support for Code implementation and monitoring
2008	WHA61.20	<ul style="list-style-type: none"> • Urges Member States to scale up efforts to monitor and enforce national measures and to avoid conflicts of interest. • Investigate the safe use of donor milk through human milk banks for vulnerable infants, mindful of national laws, cultural and religious beliefs
2010	WHA 63.14	<ul style="list-style-type: none"> • Member States to implement recommendations to reduce the impact on children of the marketing of 'junk' foods (foods high in saturated fats, trans-fatty acids, free sugars, or salt) by restricting marketing, including in settings where children gather such as schools and to avoid conflicts of interest.
2010	WHA 63.23	<ul style="list-style-type: none"> • Member States to strengthen implementation of the International Code of Marketing of Breastmilk Substitutes and relevant WHA Resolutions, The Global Strategy on Infant and Young Child Feeding, the Baby Friendly Hospital Initiative, Operational Guidance for Emergency Relief Staff and Programme Managers on infant and young child feeding in emergencies. • End to all forms of inappropriate promotion of foods for infants and young children and that nutrition and health claims should not be permitted on these foods .(i.e. claims about IQ, eyesight or protection from infection)
2012	WHA 65.6	<ul style="list-style-type: none"> • Member States, to put into practice, as appropriate, the comprehensive implementation plan on maternal, infant and young child nutrition, including: <ul style="list-style-type: none"> • developing or, where necessary, strengthening legislative, regulatory and/or other effective measures to control the marketing of breastmilk substitutes • establishing a dialogue with relevant national and international parties and forming alliances and partnerships to expand nutrition actions with the establishment of adequate mechanisms to safeguard against potential conflicts of interest <p>Request DG to:</p> <ul style="list-style-type: none"> • to provide clarification and guidance on the inappropriate promotion of foods for infants and young children cited in resolution WHA63.23, taking into consideration the ongoing work of the Codex Alimentarius Commission; • to support Member States in the monitoring and evaluation of policies and programmes, including those of the global strategy for infant and young child feeding, with the latest evidence on nutrition;
2014	WHA67.9	<p>Requests DG to provide clarification and guidance by end of 2015 on the meaning of “ending inappropriate promotion of food for infants and young children” as cited in resolution WHA63.23 on infant and young child nutrition</p>

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2016	WHA 69.9	<ul style="list-style-type: none"> • Member States to take all necessary measures in the interest of public health to end the inappropriate promotion of foods for infants and young children, including, in particular, implementation of the guidance recommendations while taking into account existing legislation and policies, as well as international obligations; • to end inappropriate promotion of food for infants and young children, and to promote policy, social and economic environments that enable parents and caregivers to make well informed infant and young child feeding decisions, and further support appropriate feeding practices by improving health and nutrition literacy; • to continue to implement the International Code of Marketing of Breastmilk Substitutes and WHO recommendations on the marketing of foods and non-alcoholic beverages to children;
2018	WHA 71.9	<ul style="list-style-type: none"> • Member States to increase investment in development, implementation and monitoring and evaluation of laws, policies and programmes aimed at protection, promotion, including education and support of breastfeeding, including through multi-sectoral approaches and awareness raising; • to reinvigorate the Baby-friendly Hospital Initiative, including by promoting full integration of the revised Ten steps to successful breastfeeding, in efforts and programmes aimed at improving quality of care for maternal, newborn and child health • to implement and/or strengthen national mechanisms for effective implementation of measures aimed at giving effect to the International Code of Marketing of Breastmilk Substitutes, as well as other WHO evidence-based recommendations;

Based on Code & Resolutions and Code Essentials 3; Responsibilities of Health Workers under the International Code of Marketing of Breastmilk Substitutes and subsequent WHA resolutions. IBFAN Penang, 2011. UPDATED 30/6/2020

Annex 4: Revised Ten Steps to Successful Breastfeeding

Ten steps to successful breastfeeding *(revised 2018)*

Critical management procedures

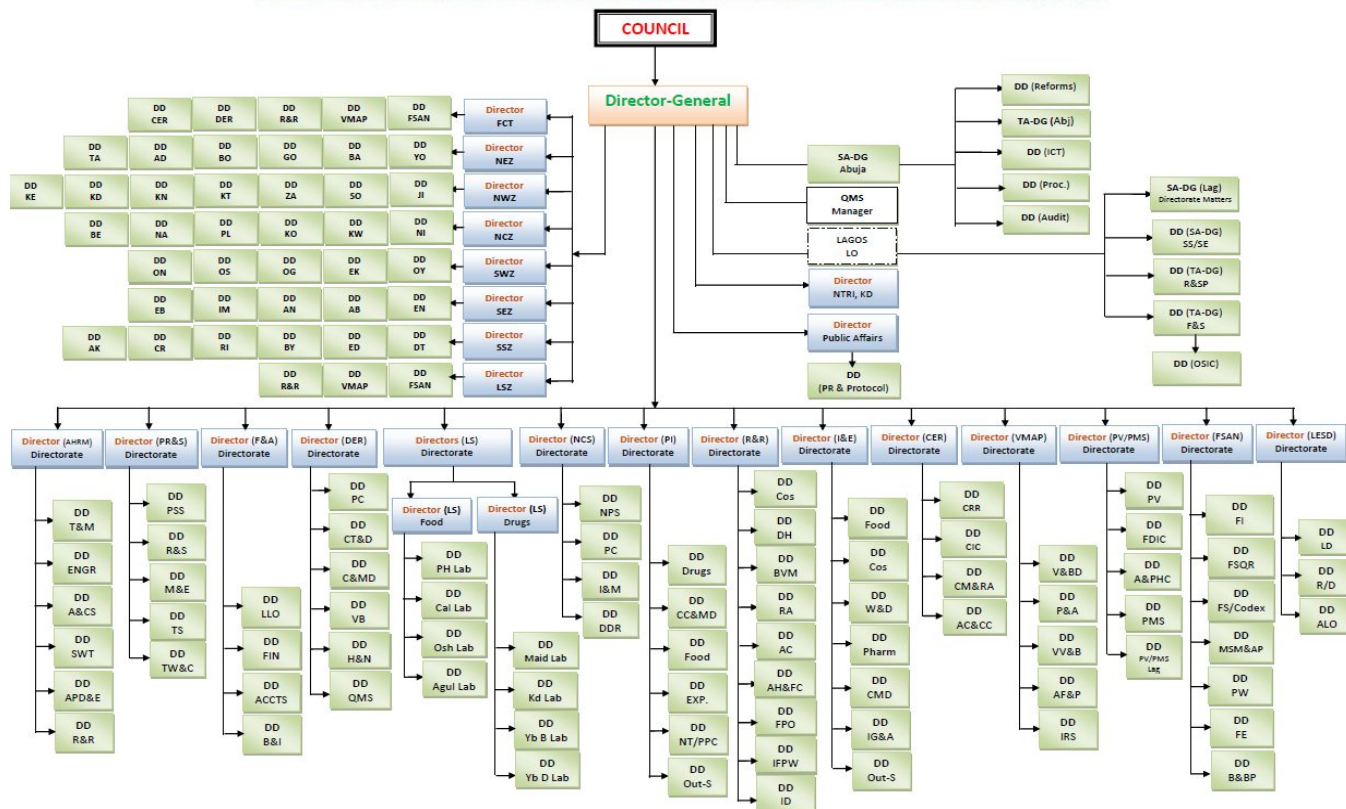
- 1a. Comply fully with the International Code of Marketing of Breastmilk Substitutes and relevant World Health Assembly resolutions.
- 1b. Have a written infant feeding policy that is routinely communicated to staff and parents.
- 1c. Establish on-going monitoring and data-management systems.
2. Ensure that staff have sufficient knowledge, competence and skills to support breastfeeding.

Key clinical practices

3. Discuss the importance and management of breastfeeding with pregnant women and their families.
4. Facilitate immediate and uninterrupted skin-to-skin contact and support mothers to initiate breastfeeding as soon as possible after birth.
5. Support mothers to initiate and maintain breastfeeding and manage common difficulties.
6. Do not provide breastfed newborns any food or fluids other than breast milk, unless medically indicated.
7. Enable mothers and their infants to remain together and to practise rooming-in 24 hours a day.
8. Support mothers to recognize and respond to their infants' cues for feeding.
9. Counsel mothers on the use and risks of feeding bottles, teats and pacifiers.
10. Coordinate discharge so that parents and their infants have timely access to ongoing support and care.

Annex 5: NAFDAC Organogram (2018)

ORGANOGRAM OF NATIONAL AGENCY FOR FOOD AND DRUG ADMINISTRATION AND CONTROL (NAFDAC)



NAFDAC Organogram KEY	
A&HRM Directorate: (Admin & Human Resources Mgt)	LESD Directorate: (Legal Services)
F&A Directorate: (Finance & Accounts)	PR&S Directorate: (Planning, Research & Statistics)
PV/PMS Directorate: (Pharmacovigilance & Post Marketing Surveillance)	NCS Directorate: (Narcotics & Controlled Substances)
DE&R Directorate: (Drug Evaluation & Research)	VM&AP Directorate: (Veterinary Medicines & Allied Products)
LS F: (Laboratory Services Directorate: Food)	CER Directorate: (Chemical Evaluation & Research)
LS D: (Laboratory Services Directorate: Drugs & Bio)	FSAN Directorate: (Food Safety & Applied Nutrition)
PI Directorate: (Port Inspectorate)	PA: (Public Affairs)
FR&R Directorate: (Food Registration & Regulatory Affairs)	

Annex 6: Decree 22 of 1999

**MARKETING (BREAST-MILK SUBSTITUTES)
(AMENDMENT) DECREE 1999**



Decree No. 22

[23rd March 1999] Commencement.

THE FEDERAL MILITARY GOVERNMENT hereby
decrees as follows:-

1. The Marketing (Breast-Milk Substitutes) Decree 1990 is amended in section 14 by substituting for the definitions of the words "appropriate authority" and "infant formula" the following new definitions - Amendment of
1990 No. 41.

"appropriate authority" means the National Agency for Food and Drug Administration and Control;" and


"infant formula" means a breast-milk substitute formulated and adapted to satisfy the normal nutritional requirements of an infant not exceeding twelve months old in accordance with applicable regulations under the Food and Drug Act;".

2. This Decree may be cited as the Marketing (Breast-Milk Substitutes) (Amendment) Decree 1999. Citation.

MADE at Abuja this 23rd day of March 1999.

GENERAL ABDULSALAMI ALHAJI ABUBAKAR,
*Head of State, Commander-in-Chief
of the Armed Forces,
Federal Republic of Nigeria*


Annex 7: Key points on the BMS Code



Key Points

From The International Code of Marketing of Breastmilk Substitutes

AIM



To protect and promote breastfeeding by ensuring appropriate marketing and distribution of breastmilk substitutes.

BREASTMILK SUBSTITUTES INCLUDE:

infant formula, follow-up formula, other milk products, baby teas and juices. THE CODE also applies to feeding bottles and teats.

1. Breastmilk substitutes should not be advertised or otherwise promoted to the public.
2. Mothers, pregnant women, and their families should not be given free samples of products.
3. Health workers should not be given gifts or samples of products by breastmilk substitute manufacturers or marketers, except the samples are for professional evaluation or research.
4. There should be no promotion of products in the health care facility; no product displays, no posters or distribution of promotional materials.
5. There should be no free or low-cost supplies of breastmilk substitutes to any part of the health care system.
6. People responsible for marketing breastmilk substitutes should not try to contact mothers or pregnant women or their families.
7. The labels on products should not use words or pictures, including pictures of infants, to idealize the use of the products.
8. Information and educational materials for health workers should contain only scientific and factual information and must not imply or create a belief that bottle-feeding is equivalent or superior to breastfeeding.
9. All information and educational materials for pregnant women and mothers, including labels, should explain the benefits and superiority of breastfeeding. The health hazards of unnecessary or improper use of infant formula and other breastmilk substitutes should be explained.
10. All products should be of a high quality and meet applicable standards.



Annex 8: List of Stakeholders

Government MDA	Development Partners	NGO's, CSO's, Professional Associations.
NAFDAC	WHO	CS-SUNN
Federal & State Ministries of Health	UNICEF	Nutrition Society of Nigeria
Ministry of Budget and National Planning	World Bank	Nigerian Dietetic Association
Federal Ministry of Finance	Bill and Melinda Gates Foundation	Paediatric Association of Nigeria
Federal Ministry of Labour & Employment	Alive & Thrive-FHI360	Society of Obstetrics and Gynaecology of Nigeria
Federal Ministry of Trade and Industry	Save the Children	National Association of Nigerian Nurses and Midwives
Federal Ministry of Women Affairs and Social Development	Global Alliance for Improved Nutrition	Media Practitioners
Federal Ministry of Information (Child Rights Bureau)	Helen Keller International	Advertising Practitioners Council of Nigeria (APCON)
Federal Ministry of Justice		Nigerian Medical Association (NMA)
Federal Ministry of Education (FME)		Proprietors of crèches and Day-care centres
National Bureau of Statistics		Association of General and Private Medical Practitioners of Nigeria
NPHCDA		Faith-Based Organizations (FBOs)
State Governments		Association of Community Health Practitioners
Standard Organisation of Nigeria		
National Orientation Agency		
Nigeria Custom Services		
Federal Competition and Consumer Protection Commission (FCCPC)		
All Health training institutions		
Local Governments		

Annex 9: List of Contributors

NAME	ORGANISATION
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