



Helen Keller Intl at Nutrition Society of Nigeria Conference 2025

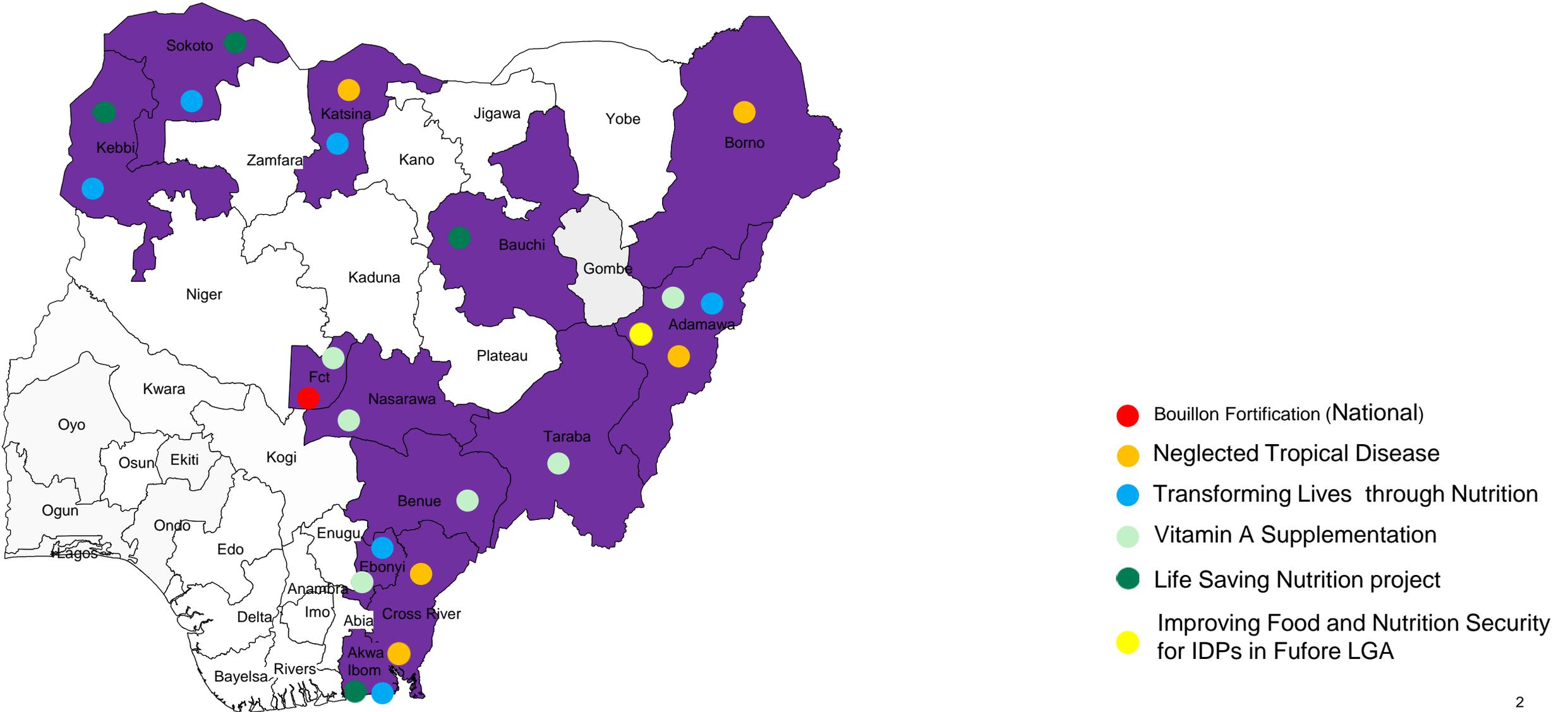
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Change*



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Helen Keller Nigeria Programs





**Women at the Centre: Promoting
Nutrition, Food Security, and Economic
Resilience IDP & Host Communities,
Fufore LGA, Adamawa State,
Nigeria**



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- ❖ Northeast Nigeria faces chronic food insecurity, malnutrition & economic vulnerability, especially among Internally Displaced Persons (IDPs).
- ❖ From 2019 to 2024, Helen Keller, with funding from the Church of Jesus Christ of Latter-day Saints, implemented a nutrition, food security, and livelihood intervention in Fufore LGA.
- ❖ **Target:** women, children <5, adolescent girls, pregnant & lactating women living in the host community.
- ❖ **Goal:** Improve nutrition, food security, livelihoods & resilience.

The project aimed to strengthen food, health, and livelihood systems in IDP host communities through integrated interventions, enabling participants to transition from dependency to sustainable self-reliance.

Specific objectives were to:

1. Improve nutrition knowledge and practices through Social and Behavior Change Communication (SBCC) and Essential Nutrition Actions (ENA).
2. Enhance household food security through homestead food production and access to agricultural inputs.
3. . Increase women's financial autonomy and resilience through Village Savings and Loan Associations (VSLAs) and Income-Generating Activities(IGAs).
4. Establish a graduation framework to ensure sustainability beyond donor support.



- ❖ Fufore LGA, Adamawa State
- ❖ Years 1–4: 5 IDP host communities (244 participants)
- ❖ Year 5: Expanded to 11 wards, 440 participants



- ❖ **Design:** Phased, multi-sectoral program (2019–2024) integrating nutrition, food security & livelihoods.
- ❖ **Participants:** 244 selected using vulnerability criteria, prioritizing women & food-insecure households.
- ❖ **Nutrition:** Training on ENA & EHA, supported by SBCC for sustained behavior change.
- ❖ **Food Security:** Homestead food production with inputs, seeds, technical training & extension worker support; market linkages for income generation.
- ❖ **Livelihoods:** Formation of 11 VSLAs enabling women to save, access credit & invest in businesses/agriculture.



- ❖ Women's Minimum Dietary Diversity (MDD) increased from 48% in Year 2 to 62% by Year 4; children's MDD rose from 7% to 49% in the same period.
- ❖ Over 30,000 children were screened for malnutrition annually, with referrals ensuring treatment access.

- ❖ **Economic Empowerment:** By program end, participants collectively saved over ₦15 million through VSLA, invested in businesses, and supported household expenses, including children's education.
- ❖ **Agricultural Impact:** Women achieved a 600% increase in agricultural production by Year 4, directly improving household resilience to food insecurity,
- ❖ **Sustainability:** The graduation framework reduced dependency by transitioning participants from in-kind aid to self-reliant production and income generation, supported by extension services and government linkages.



- ❖ The case study highlights how a community-driven, women-centered approach improved nutrition, food security, and livelihoods for IDPs and host communities, while also fostering social cohesion and resilience.
- ❖ It demonstrates that sustained investment and holistic programming can create lasting impact and serve as a scalable model for other displacement-affected areas.





Consumer Awareness and Perceptions of Food Fortification Among Nigerian Households: Evidence From A Multi-State Study



Project Funded by: **Gates Foundation**

Commissioned by: **Helen Keller Intl**

Implemented by: **Consumer Advocacy for Food Safety and Nutrition Initiative (CAFSANI)**



Background

Food fortification is a globally recognized strategy to combat *hidden hunger*- micronutrient deficiencies that impair health, growth, and productivity.

In Nigeria, deficiencies in iron, vitamin A, zinc, iodine, and folic acid remain widespread, especially among women of reproductive age, pregnant/lactating women, and children (NFCMS, 2021).

Over two decades, Nigeria has mandated fortification of some staple foods (flour, oil, sugar, salt) yet access, awareness, and perception gaps remain (Ogunmoyela et al., 2023).

Bouillon, consumed in >98% of households daily (NFCMS, 2021), offers an important fortification vehicle but raises sodium and health risk concerns.

Study Objectives

General:

- Determine whether fortification increases consumer purchase and consumption of fortified food products (including bouillon).

Specific:

- Assess consumer awareness and perceptions of fortified foods (including bouillon).
- Evaluate whether fortification influences consumer purchase and consumption (including bouillon).
- Identify drivers and barriers to the purchase and consumption of fortified food.

Methodology

Cross-sectional Mixed-methods

Quantitative:
1,556 household
surveys across 7
states + FCT, POS
observations

Qualitative: FGDs
and KIIs

Analysis: STATA
thematic analysis

Respondent Profile:

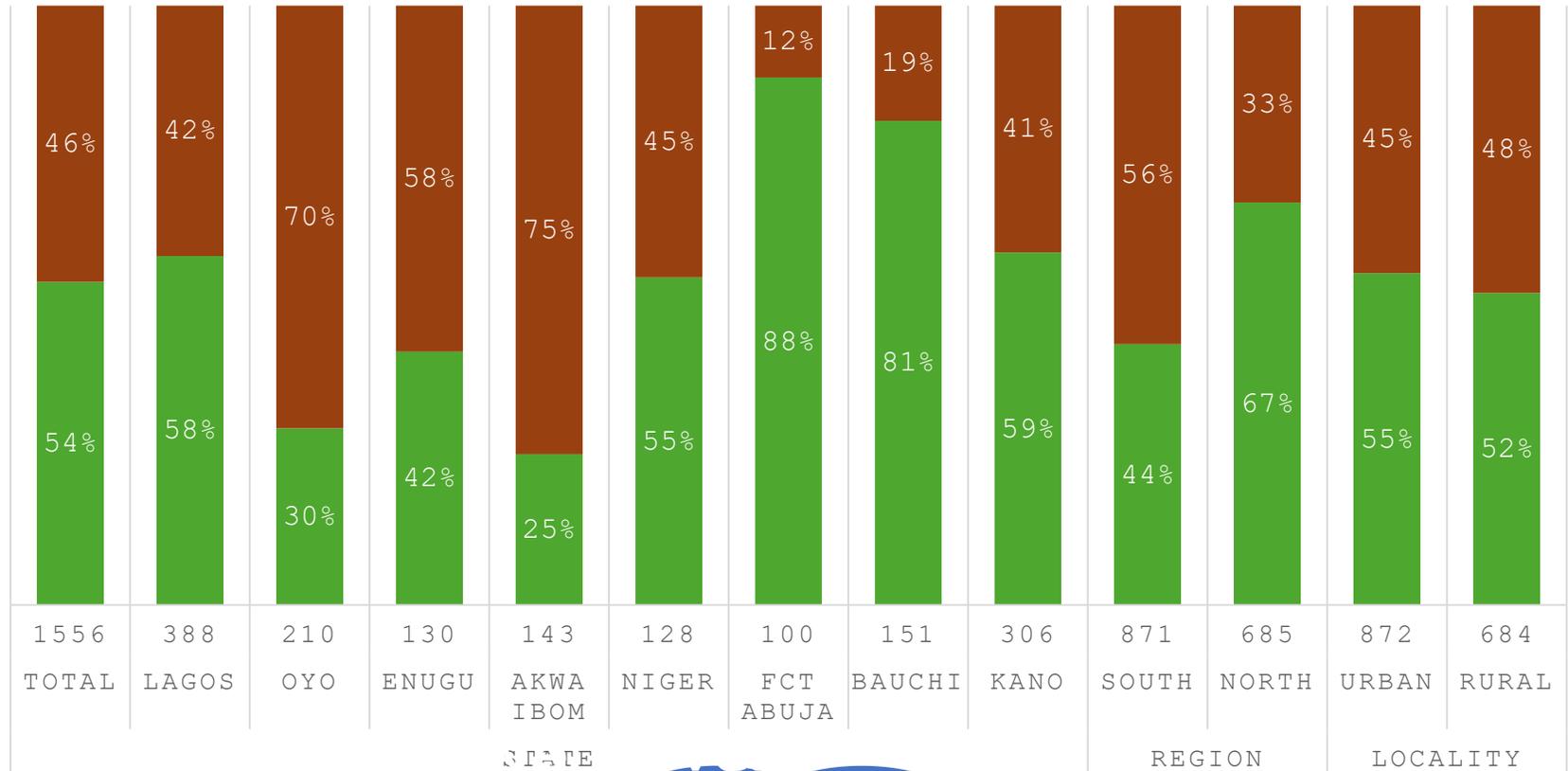
- 65% aged 25–44 (prime decision-makers).
- 70% women (main food purchasers/ preparers).
- 53% with secondary education; 19% with only primary/none.
- 82% earn < ₱200,000 monthly; majority (91%) in D–F classes.

Implication: Interventions targeting low-income, young-to-middle-aged women may likely yield the greatest impact.

Consumer Awareness of Fortification

AWARENESS OF FOOD FORTIFICATION

■ Yes ■ No



Findings:

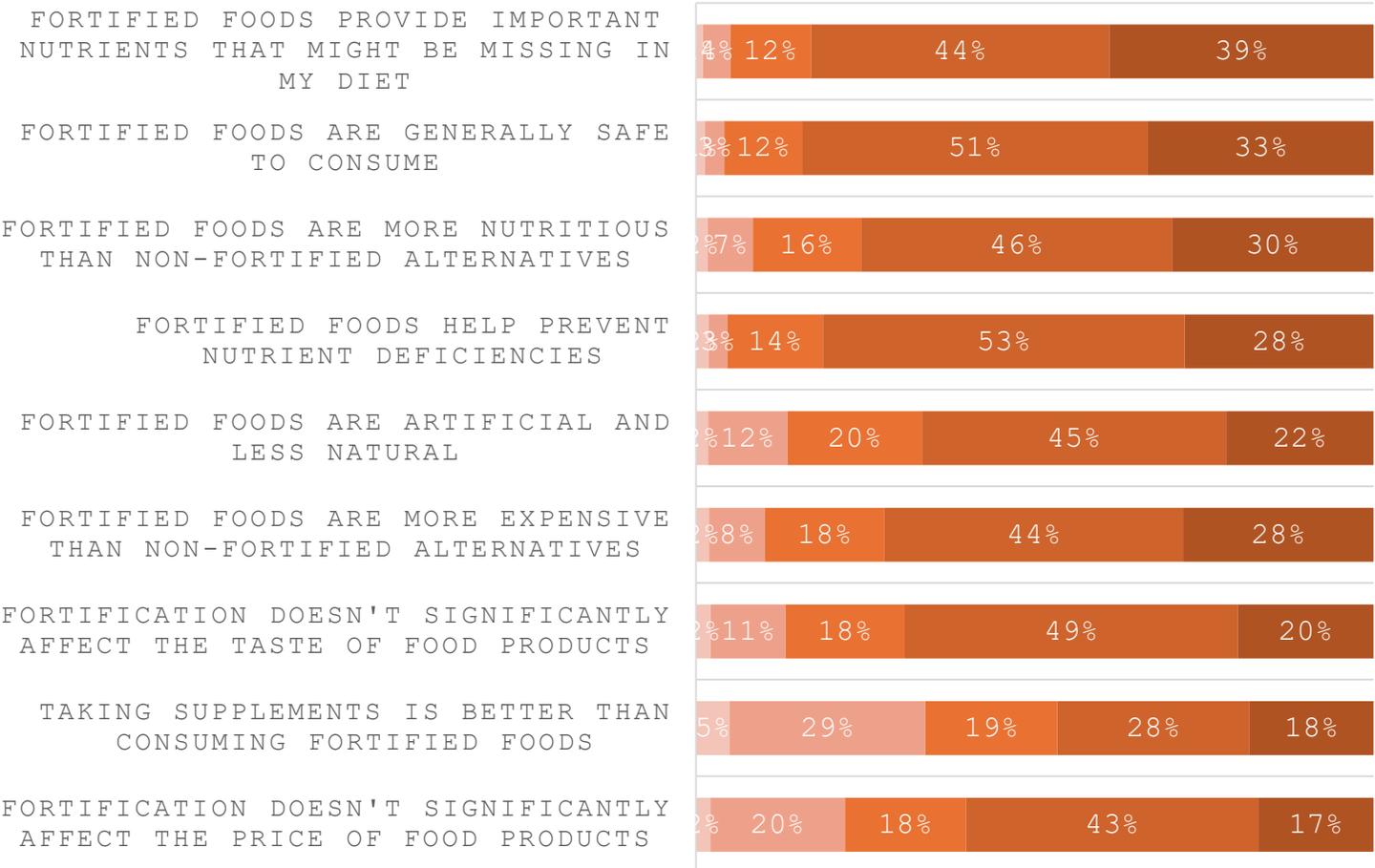
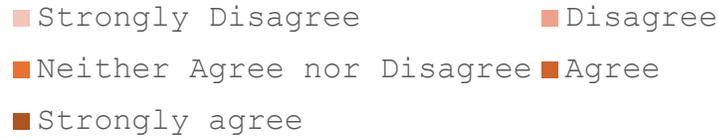
Food fortification awareness (54%).

- Awareness of mandatory fortification (47%) skewed toward salt (92%); lower for flour, oil, sugar.

Sources: Radio (49%), TV (46%), family (43%), social media (39%) → Gov't campaigns only 4%.

heard of food fortification.

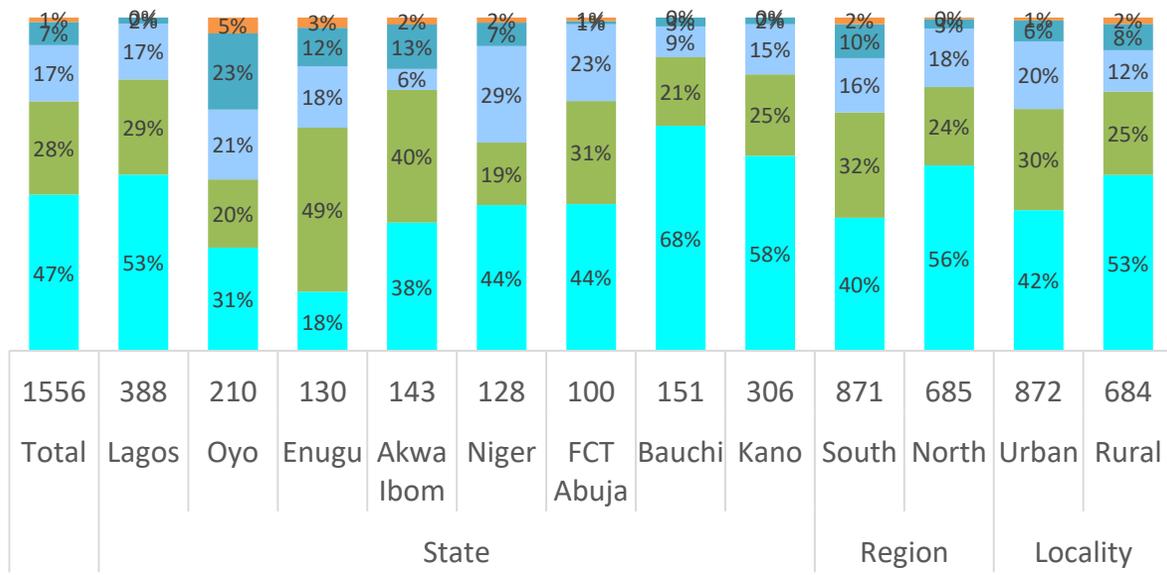
Consumer Perception of Fortified Foods



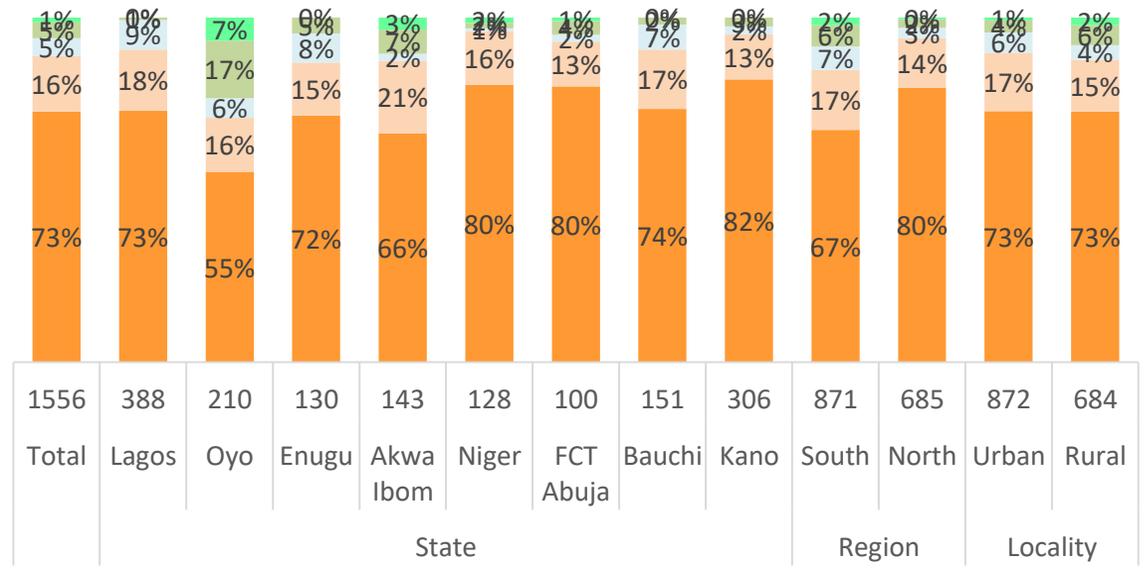
- Provide nutrients (83%), safe (84%), prevent deficiency (81%).
- But 67% see them as "less natural" while 47% perceive supplements are better than fortified foods.
- Bouillon: 81% positive in principle, but 61% doubt nutritional value.
- Perceived mainly as seasoning/flavor enhancer (70%), rather

Purchase & Consumption of Fortified Foods

HH Purchase frequency of fortified food products



HH Consumption Frequency of fortified foods

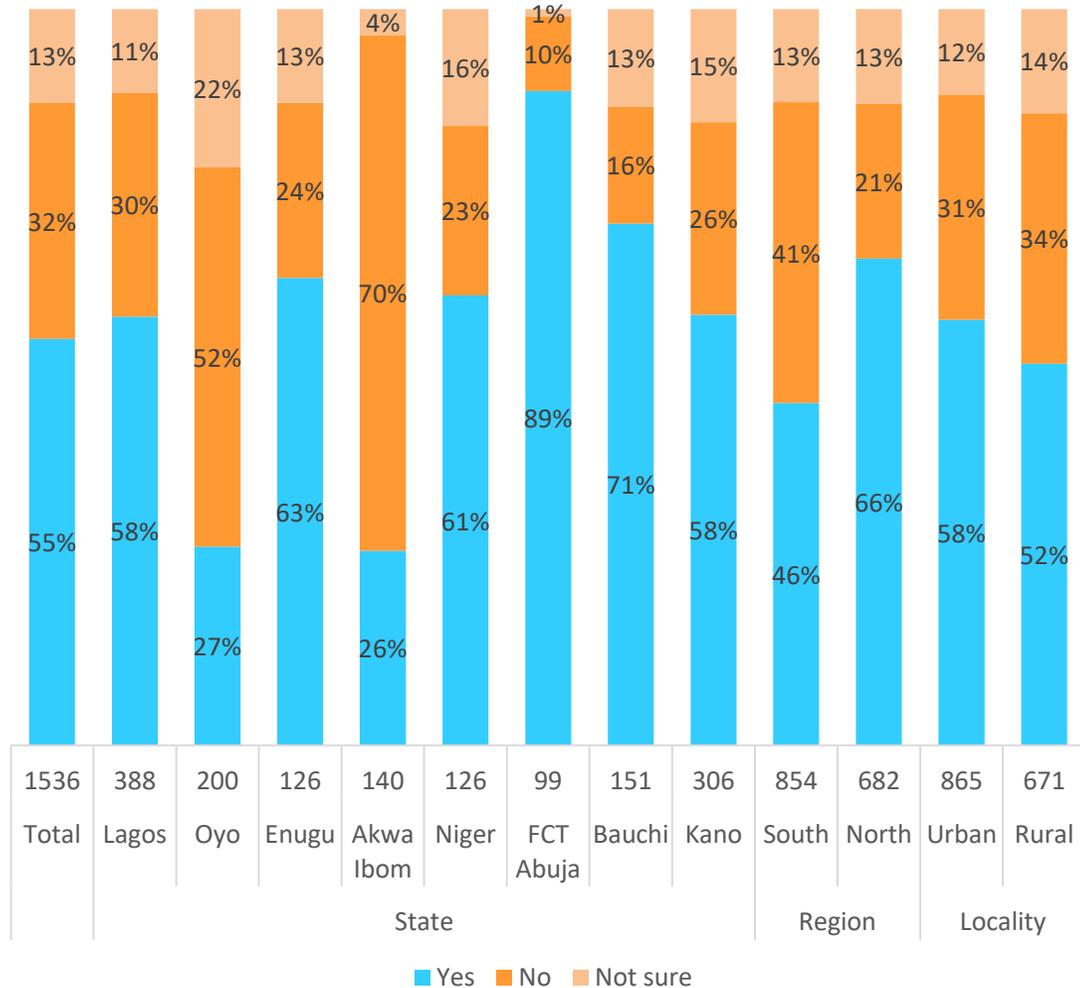


■ Daily ■ Weekly ■ Monthly ■ Occasionally ■ Never

■ Daily ■ Weekly ■ Monthly ■ Occasionally ■ Never

- 47% purchase fortified foods daily; 73% consume daily.
- Most common: Salt (92% and 90%) & bouillon (87% and 75%).
- Label reading: only 29% check labels, mostly for expiry dates.

Influence of Fortification on Purchase and Consumption of Fortified Foods



- Although 55% reported that fortification influences their purchasing decisions, respondents consistently mentioned taste, price, and brand familiarity as stronger drivers.

"...the taste is not good you can't say because it is fortified the taste should not be good I won't buy it." – Female Participant, Lagos

"I've never heard a customer asking for fortified products. They just ask for the brand they know." – Key informant, Retailer

Fortification plays a **secondary role** in food decisions; Taste/price/brand loyalty > nutrition

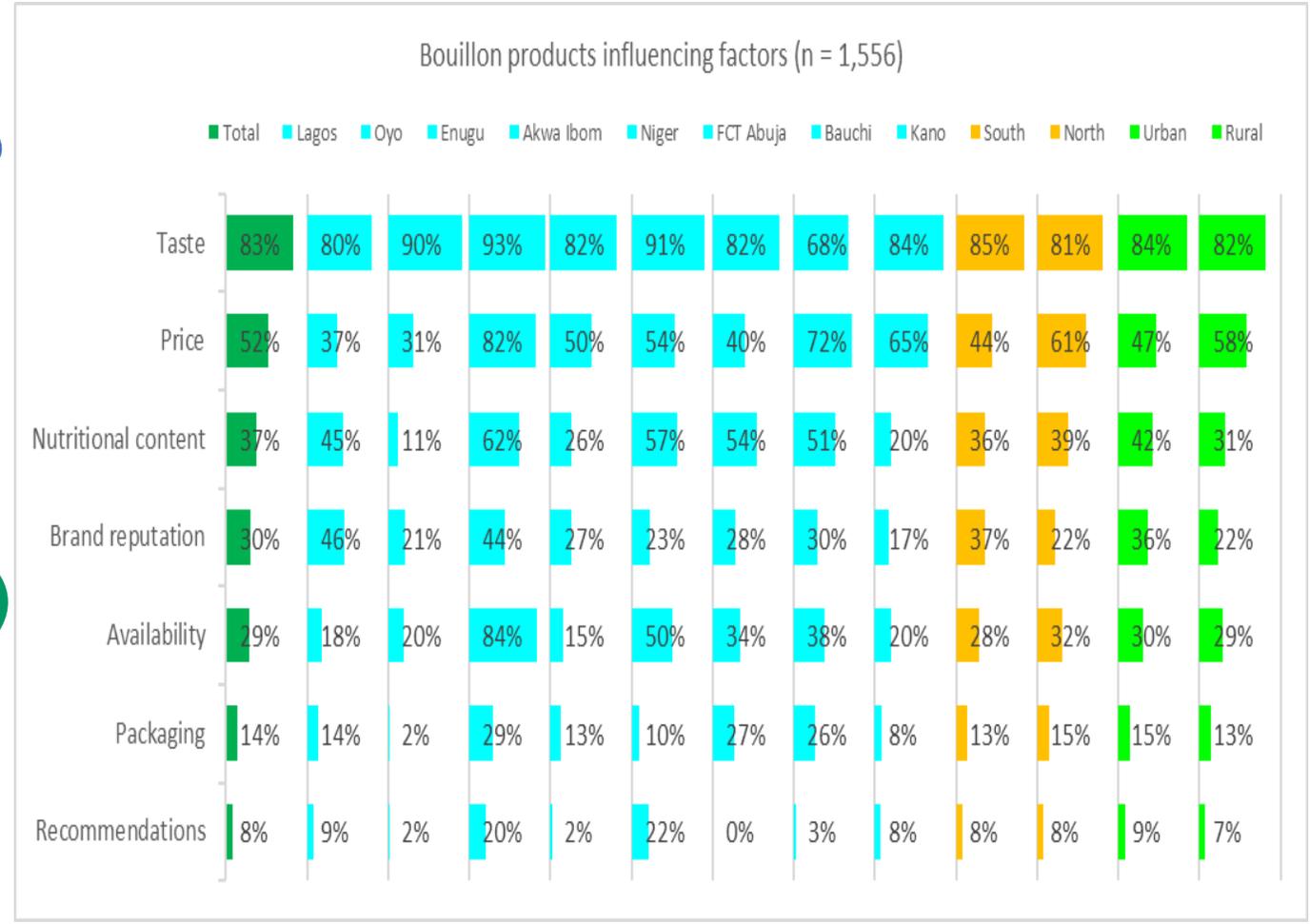
Influence of Fortification on Purchase and Consumption of Bouillon Products

product what matters to me is the taste it will give to the food, I am not after the fortifications." – FGD

main thing I consider when choosing bouillon cube." – FGD

and tasty and affordable, I'll go for it. But I won't buy it just because of vitamins." – FGD

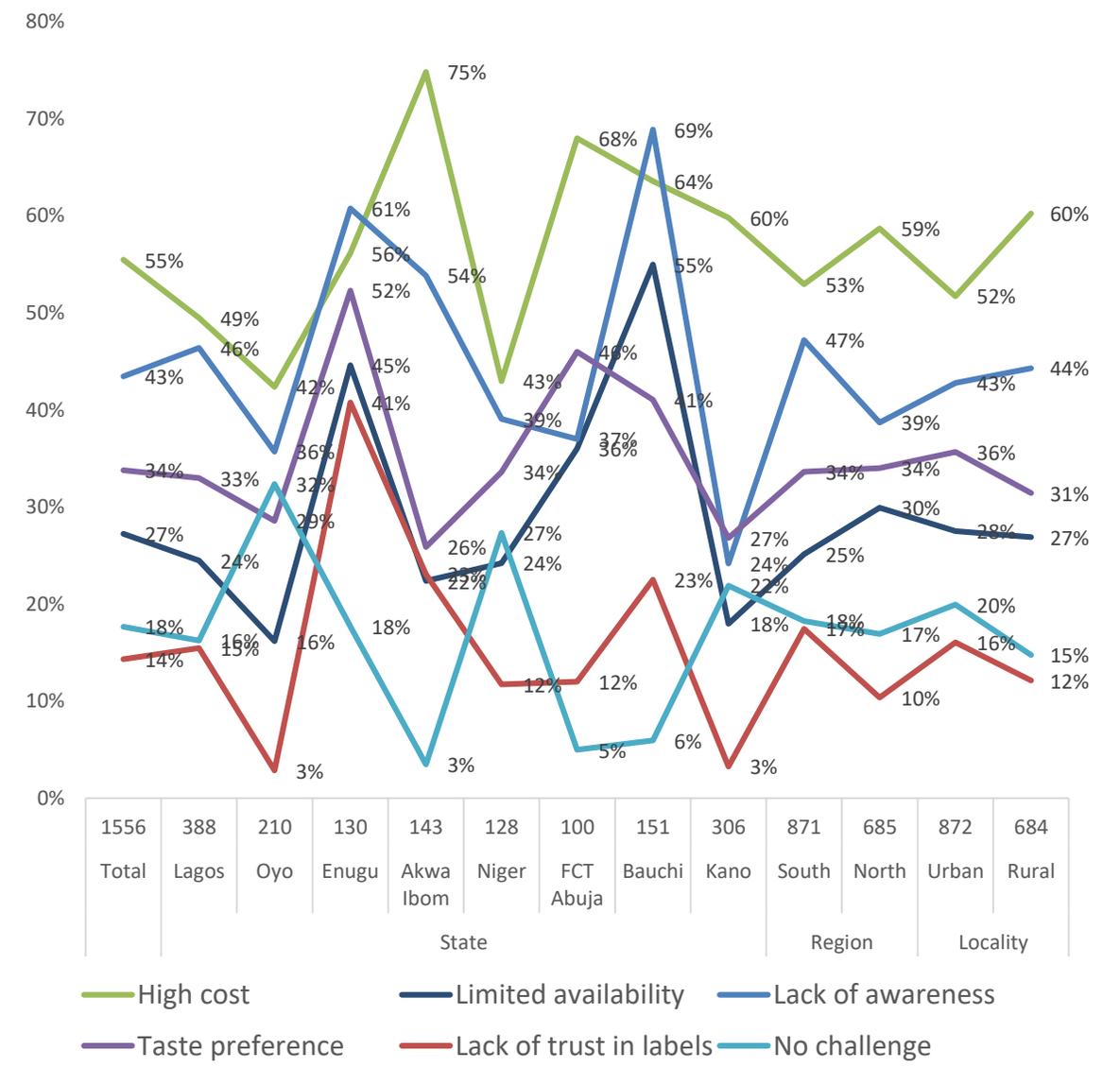
'contains iron' on the pack, many people don't read it. They just want the seasoning that tastes good." – Informant



❖ Major factors: Taste (83%), Price (52%), while nutritional content is

Major Barriers to Purchase and Consumption of Fortified Foods

- High cost (55%)
- Lack of awareness (43%)
- Taste preference (34%)
- Limited availability (27%)
- Distrust in labels (18%)
- Misinformation & concerns (chemicals, additives)
- Regulatory gaps (weak labeling, counterfeit products)



Conclusion

Fortified foods are widely consumed in Nigeria. Price, taste, and brand remain the dominant factors influencing consumer purchase and consumption rather than fortification .

Even after more than two decades of mandatory fortification policies in Nigeria, consumer demand remains largely habit-driven rather than being nutrition-driven. This directly contradicts the hypothesis that fortification would increase bouillon consumption.

Food fortification awareness levels are moderate but uneven across regions. Perceptions are generally positive but require targeted consumer education to demystify misconceptions.

With stronger education, labeling, and affordability measures, fortification can shift from passive to intentional adoption and help realize its full public health potential.

Recommendations



Consumer Education: Government-led campaigns (radio, TV, and social media); Community-based education through health workers, schools, religious leaders, and market associations



Policy Action: Strengthen labeling standards, regulate misleading claims, integrate sodium reduction with fortification.



Affordability: Support price-stabilization or subsidies for fortified foods.



Partnerships: Leverage trusted brands & community leaders to build trust.

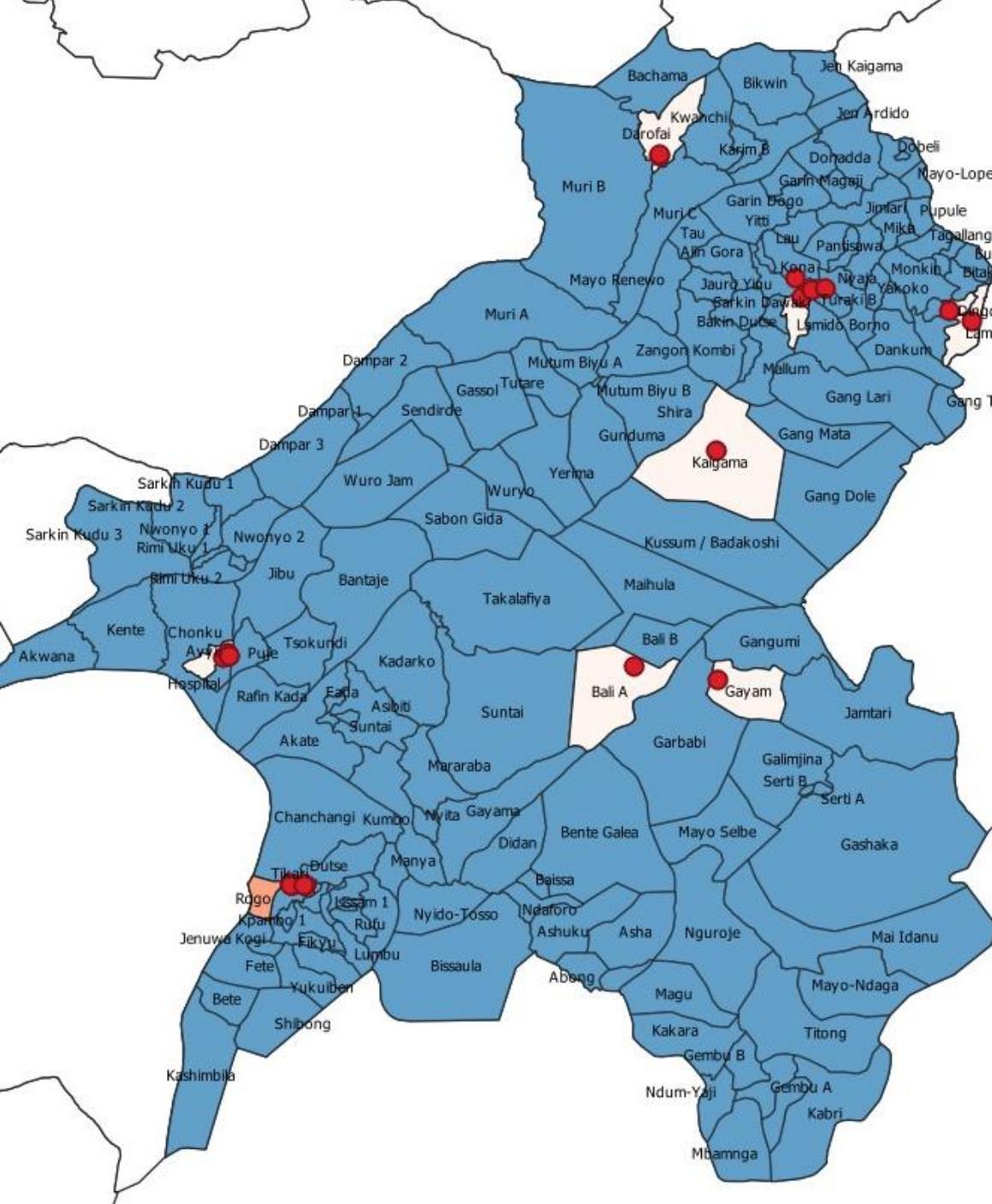
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 - Ogunmoyela Olugbenga Ben, Musa Blessing O, Oni Blessing. (2023). Progress in Food Fortification in Nigeria - Historical Overview, Current Issues, Consumer Perceptions and Awareness, and the Need for Additional Vehicles. Food Sci Nutr Res. 2023; 6(2): 1-17.
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Thank You





Leveraging Geospatial Technology for Improved Program Effectiveness: Enhancing Post-Event Coverage Surveys (PECS) through QGIS in MNCHW Implementation in Nigeria

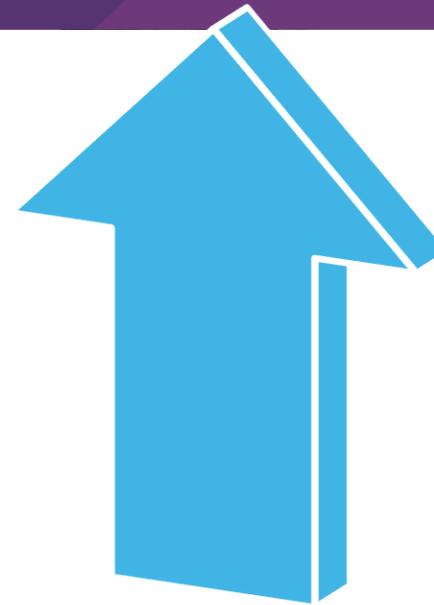


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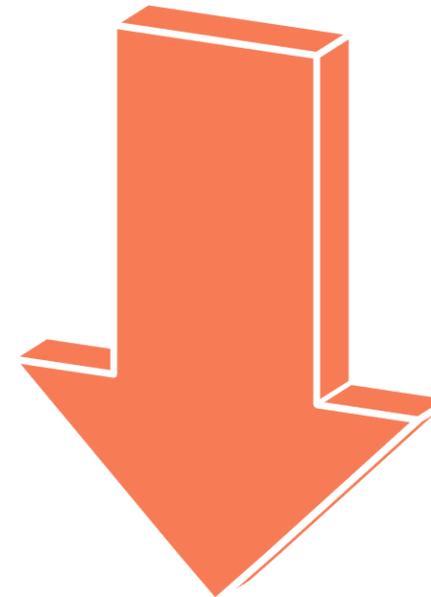
Maternal, Newborn and Child Health Week (MNCHW)

serves as a biannual platform for delivering essential high-impact interventions to children under five. Traditionally, program success has been assessed through administrative coverage data reported by health workers at community and facility levels.

In response, geospatial technology—QGIS—was introduced across five supported states and the FCT (Adamawa, Nasarawa, Benue, Ebonyi, and Taraba). The innovation was designed to improve visibility of “problem households,” strengthen accountability, and bridge the coverage gap..



However, a persistent challenge lies in the discrepancies between administrative reports and independent household-level validation through Post-Event Coverage Surveys (PECs).



➤ While administrative data frequently suggested Vitamin A coverage exceeding 90%, PECs often reported figures below 80%. These gaps pointed to missed households, equity challenges, and data quality

During MNCHW, independent monitors collected household-level data using SurveyCTO digital questionnaires. A **problem household** was defined as any household where at least one eligible child had not received Vitamin A supplementation.

hierarchical pathway:



USE OF GIS

- 1. Map problem households identified during independent monitoring
- 1. Visualize problem communities and wards requiring corrective action.
- 1. Generate real-time geospatial dashboards to guide supervision, community mobilization, and redeployment of health workers.

PECS were conducted immediately after MNCHW using systematic household sampling. Results were compared against administrative coverage to validate program effectiveness.

The results of GIS integration includes

<p><u>Improved PECs Performance</u> In May/June 2024, PECS averaged 79%, despite administrative reports indicating >90% coverage.</p> <p>Following QGIS introduction, PECS rose significantly to 90% in May/June 2025, reflecting improved equity and reach.</p>	<p><u>Targeted Interventions</u> GIS enabled real-time corrective action, such as:</p> <ul style="list-style-type: none"> ❑ Redeploying health workers to underperforming communities ❑ Extending service hours for households missed during the day. ❑ Strengthening community mobilization in identified problem areas. 	<p><u>Stakeholder Engagement</u></p> <p>GIS outputs were presented daily at State Situation Rooms, where stakeholders from State Primary Health Care Development Agencies (SPHCDA), NPHCDA, WHO, and implementing partners reviewed progress.</p>	<p><u>Equity Gains</u> By focusing interventions on problem households and communities, the innovation ensured that hard-to-reach populations were no longer systematically excluded.</p> <p>This not only narrowed the gap between administrative and PECS coverage but also demonstrated that technology can drive equity in health service delivery.</p>
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The integration of GIS into MNCHW demonstrated the transformational potential of geospatial technology for health campaign monitoring. The system allowed program managers to visualize inequities in real time, implement corrective measures, and ultimately improve PECS from 79% to 90% across the 5 Helen Keller supported states.

Key lessons include:

- **Technology enhances visibility:** Mapping problem households revealed coverage disparities that traditional reporting masked.
- **Data-driven decision-making improves outcomes:** Real-time corrective interventions directly boosted PECs performance.
- **Scalability and sustainability:** QGIS can be institutionalized within NHMIS and adapted for routine health interventions, advancing Nigeria's journey toward Universal Health Coverage (UHC).





Real-Time Monitoring of MNCHW: Effectiveness of Call-In Data for System Strengthening and NHMIS Adaptation in Six Nigerian States



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❑ Maternal, Newborn and Child Health Week (MNCHW) is a biannual nationwide campaign in Nigeria that delivers a package of high-impact interventions, including Vitamin A supplementation (VAS), deworming of children, nutrition screening, and maternal and child health services.

❑ Helen Keller International Support
Implements MNCHW in Adamawa, Benue, Ebonyi, Nasarawa, Taraba (GiveWell funding).

Supports FCT, Sokoto, Kebbi, Akwa Ibom through Transforming Lives Through Nutrition (TLTN) funding

➤ Despite its importance, MNCHW has historically faced challenges with data management. Reporting has relied on paper-based tally sheets and manual aggregation through multiple levels of the health system—facilities, wards, Local Government Areas (LGAs), and states—before reaching national stakeholders. This traditional structure introduces delays of up to **two weeks** after campaign rounds,

Call-in Process

Designated ward and LGA focal persons called in daily reports health facility data into a centralized Google Sheet template managed by the monitoring team

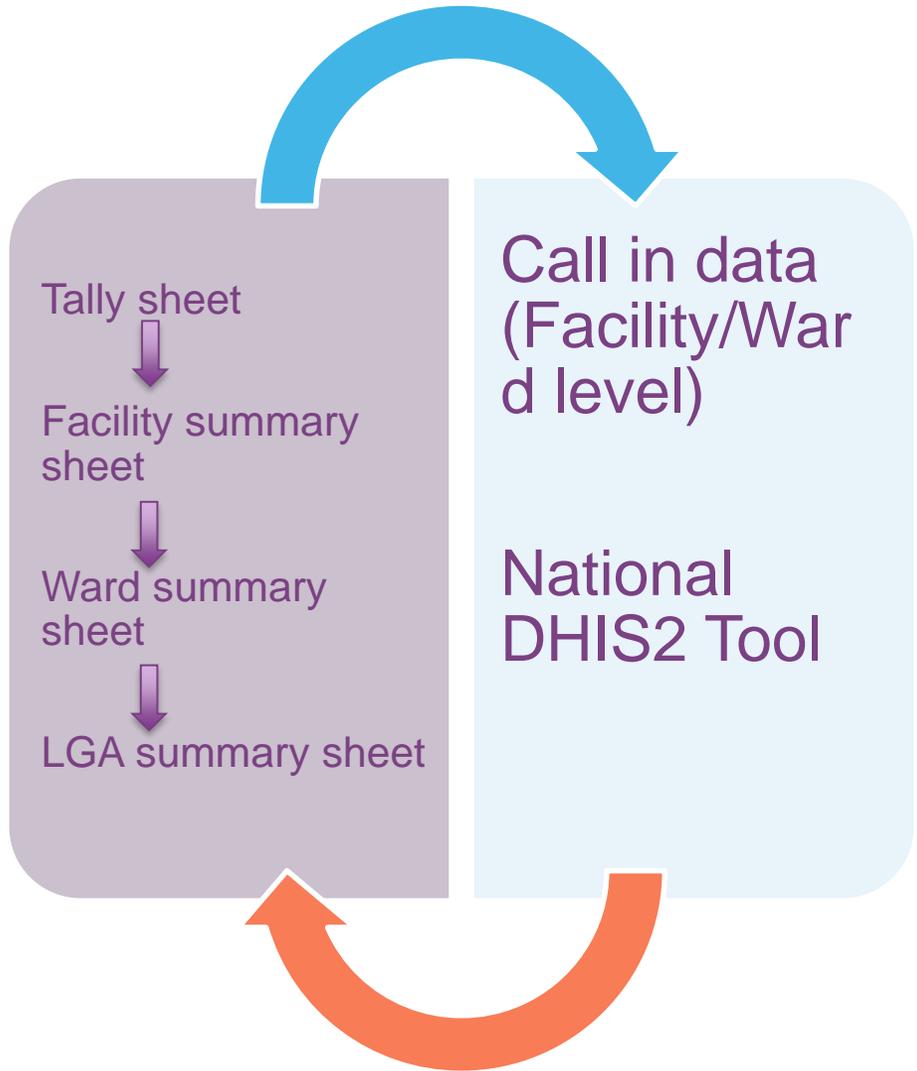
Dashboards

.Automated dashboards aggregated ward-level data into LGA and state views. This provided real-time visualization of coverage by ward, LGA, and intervention type.

Stakeholder Engagement

.Each evening, "Situation Rooms" comprising the State Primary Health Care Development Agency (SPHCDA), WHO, NPHCDA, and implementing partners reviewed dashboards, discussed gaps, and mobilized corrective actions.

MNCHW DATA FLOW



NHMISH TOOL

Facility tally sheets →
Ward summary → LGA
summary → State report
(**monthly submission**).

Reporting takes weeks
to months, limiting
responsiveness

Errors often undetected
until after submission;
backlogs common.

Poor coverage tracking
as data is Often only
available after the
campaign ends.

Facility tally sheets →
Ward summary → LGA
summary → State report
(Online, Daily submissions)
→ **Central dashboard..**

Daily reporting during
MNCHW; data visible in
real time.

Independent monitors
validate call-in data
against source forms
daily.

Coverage tracked daily
by Facility/ward/LGA
(e.g., Vitamin A,
Deworming).

Faster flow of information; reduces
delays in aggregation.

Early error detection, reducing
discrepancies.

Enables immediate corrective action
during implementation.

Allows early identification of low-
performing LGAs.

Allows room for sustainability as the
platform is an open-source platform
government can run with little or no
support from partners

CALL IN DATA

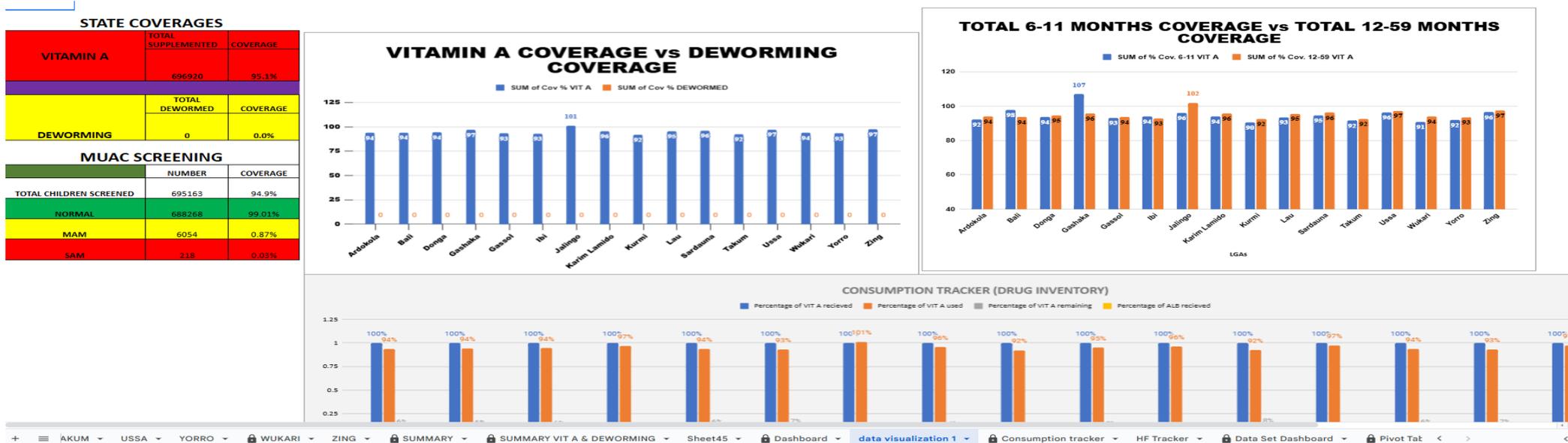
Improvement / Advantage

Conclusions

The introduction of a real-time call-in data system during MNCHW in six Nigerian states successfully demonstrated the effectiveness of adapting NHMIS tools to accelerate reporting, improve data quality, and strengthen decision-making.

Key achievements included:

- Enhanced timeliness: reducing reporting lag from weeks to hours.
- Improved coverage: enabling rapid response to underperformance during implementation.
- Strengthened accountability: through daily Situation Room reviews with state and national stakeholders.
- System sustainability: by aligning tools with NHMIS and fostering data use culture across multiple administrative levels.







Impact of Deworming on Nutritional Outcomes Among School-Aged Children in Nigeria



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Introduction

Soil-transmitted helminths (STH) and schistosomiasis (SCH) remain endemic in Nigeria, significantly affecting the health, nutrition, learning, and development of the populace, especially school-aged children. Infections from *Ascaris lumbricoides*, *Trichuris trichiura*, hookworms, and *Schistosoma* spp. Impair nutrient absorption, cause intestinal blood loss, suppress appetite, and trigger chronic inflammation, leading to anaemia, stunting, underweight, and cognitive deficits. NTDs programs across Helen Keller-supported states adopted school-based approach to mass drug administration (MDA) for both STH and SCH.

Why School-Based Deworming

School-aged children carry the highest worm burden, making schools an efficient delivery platform for mass drug administration (MDA) against STH and SCH. With minimal training, teachers can safely administer albendazole, mebendazole, or praziquantel at very low cost. Regular school-based deworming improves health, boosts school attendance, and benefits the most disadvantaged children, especially when integrated with hygiene education, sanitation, and nutrition support.

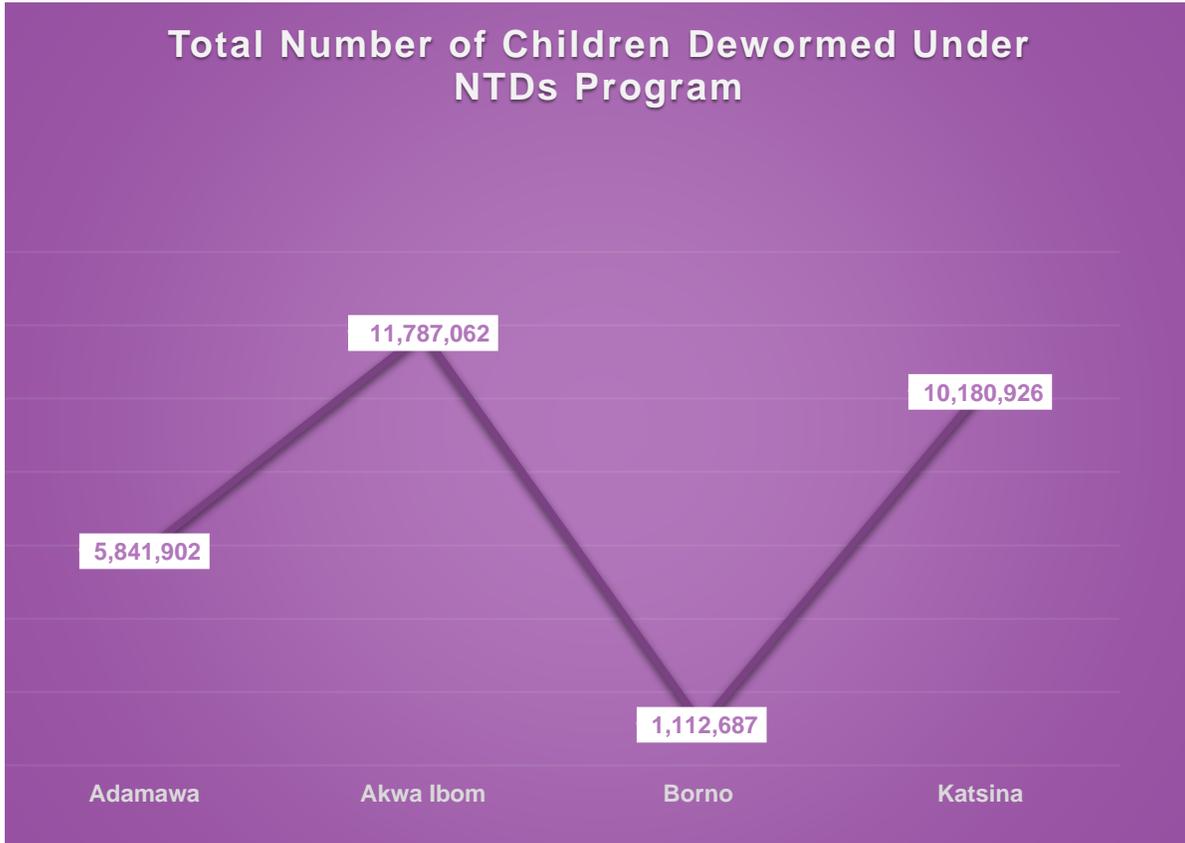
Programmatic Context

Helen Keller Intl, in partnership with Nigeria's Federal Ministry of Health and donors including LDS Charities, the END Fund, and Sightsavers, implements deworming and nutrition programs in Borno, Adamawa, Katsina, and Akwa Ibom. Utilizing platforms such as the National School-Based Deworming Programme and Maternal and Child Health Weeks, the program integrates MDA with vitamin A supplementation, micronutrient provision, nutrition education, and the promotion of homegrown food.

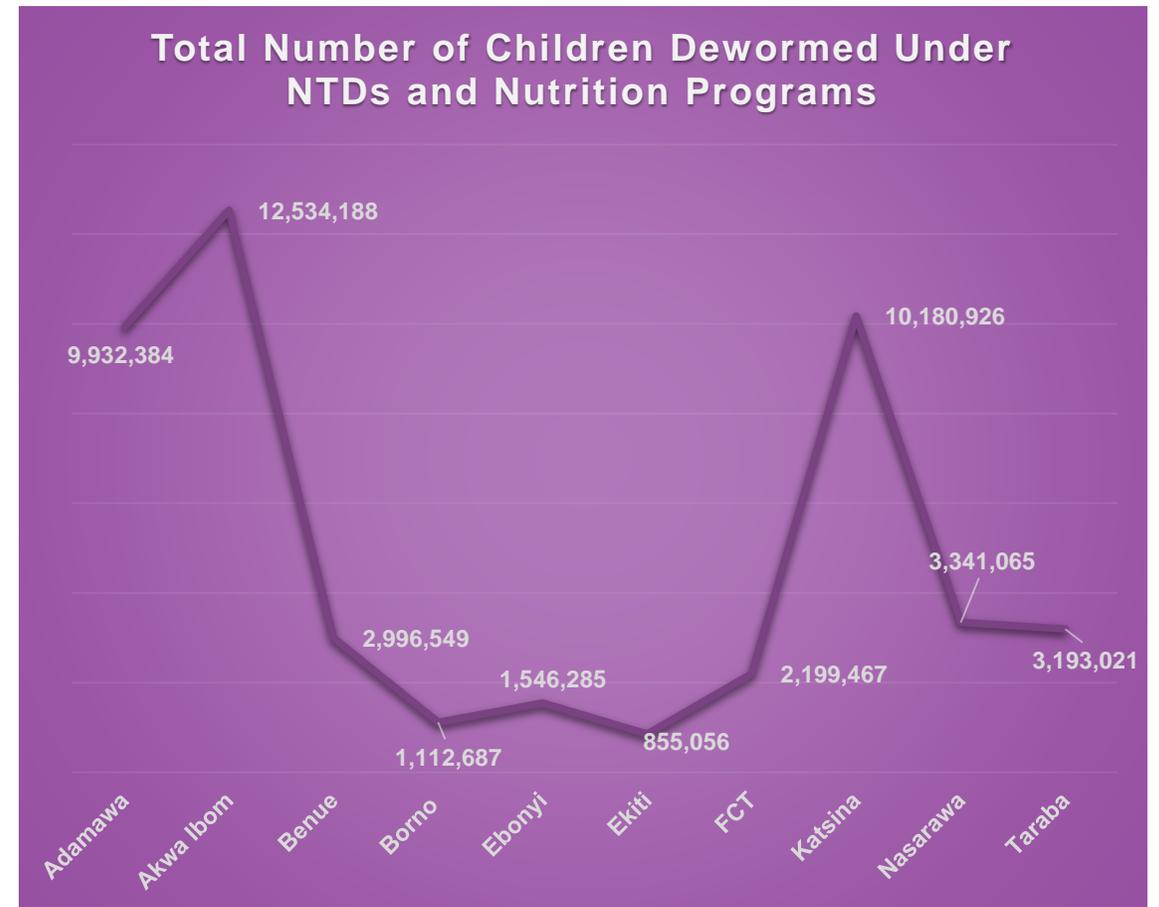
Biological & Epidemiological Context

Biologically, deworming reduces blood loss, restores iron levels, improves nutrient absorption, stimulates appetite, and lowers inflammatory burden. Epidemiologically, it reduces infection prevalence and intensity, improves anthropometric indicators (HAZ, MUAC), induces weight gain, and enhances school performance.

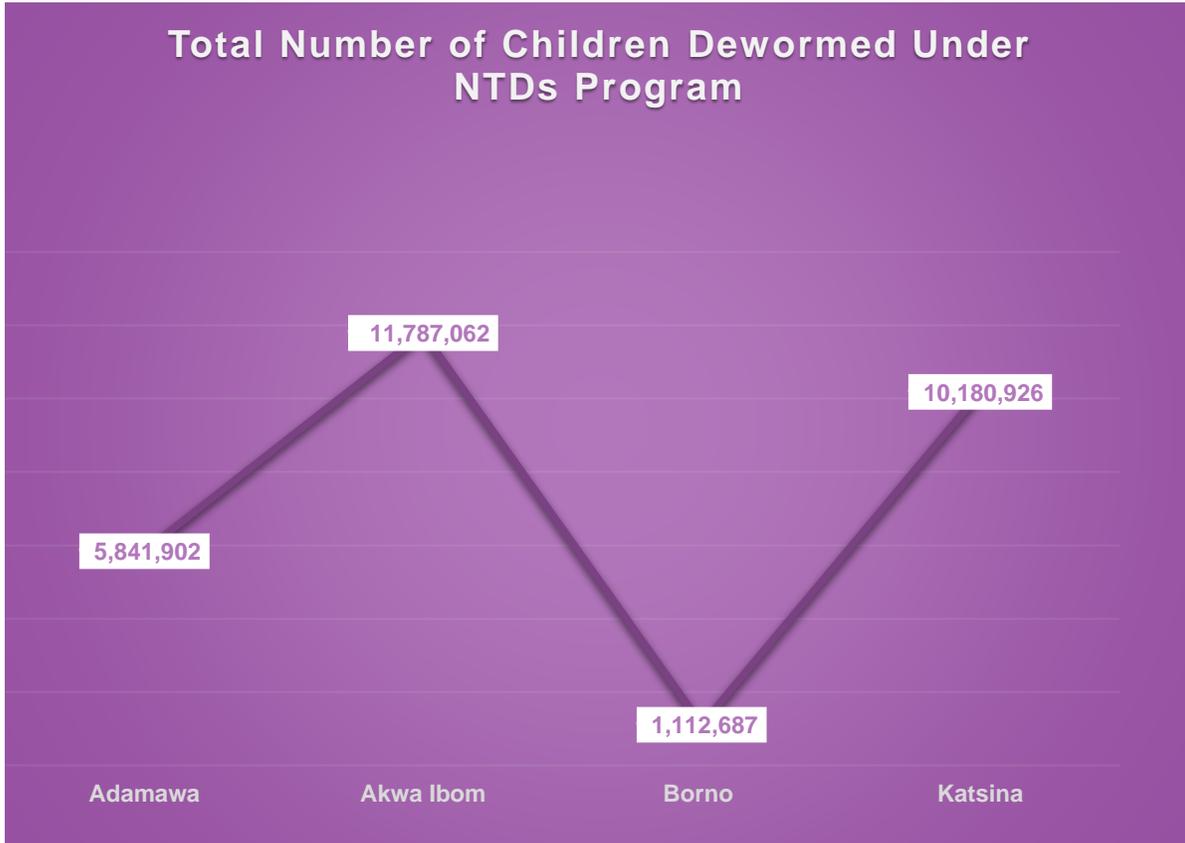
Total Number of Children Dewormed Under NTDs Program



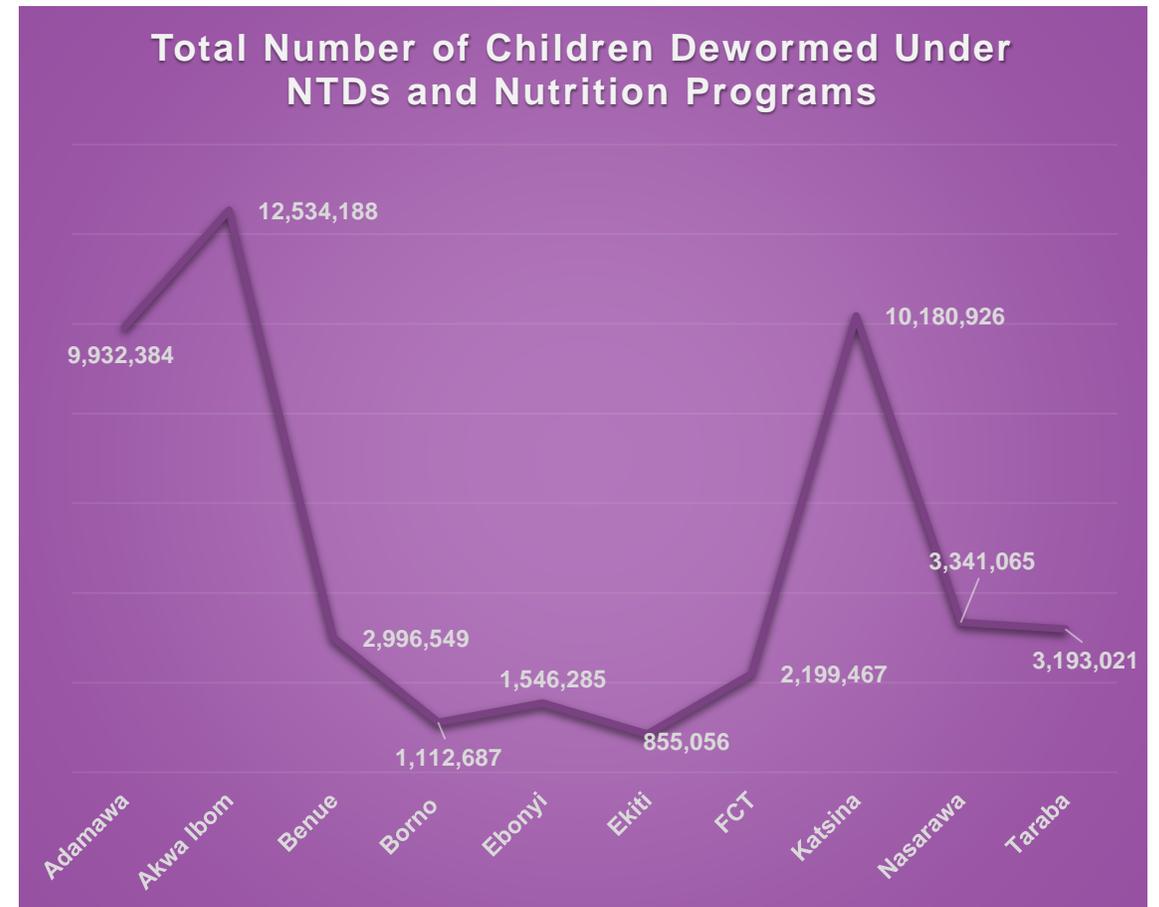
Total Number of Children Dewormed Under NTDs and Nutrition Programs



Total Number of Children Dewormed Under NTDs Program



Total Number of Children Dewormed Under NTDs and Nutrition Programs



Operational Challenges

Constraints include inadequate WASH infrastructure, funding delays, inconsistent drug supply, and low community awareness.

Recommendations

Strengthen integration of deworming with nutrition interventions, expand WASH access, enhance community health education, institutionalize robust monitoring, and secure state-level funding for sustainability.

Conclusion

Integrated deworming and nutrition programs are cost-effective, scalable, and critical for improving health, nutrition, and educational outcomes, and contributing to Nigeria's broader human capital development goals.



Thank You!