

ORIE Research Summary

Nutrition Research in Northern Nigeria

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From promises to progress: assessing Nigeria's nutrition commitments

A report card on governance and community contexts for nutrition interventions, highlighting next steps in tackling child malnutrition.

Nigeria signed up to the Scaling-up Nutrition (SUN) movement in 2011, and signed the Global Nutrition for Growth Compact in 2013. In doing so, it committed itself to tackling its high rates of child malnutrition. This requires significant political commitment, government funding, effective coordination and planning at all levels and between sectors, and civil society (CSO) and community engagement.

This briefing reviews these aspects of nutrition-sector governance, which are supported by the DFID¹ funded programme *Working to Improve Nutrition in Northern Nigeria* (WINNN) implemented by UNICEF, Save the Children and Action Against Hunger, in partnership with the Government of Nigeria. This briefing reviews progress at national level and in four of the states that WINNN supports: **Jigawa, Kebbi, Katsina, and Zamfara**². It outlines progress during a one-year period, ending October 2014. It is expected to provide a report card on the last government administration, and can provide a guide to action for the administration.

Key recommendations

- Government funding for nutrition has been low overall. If Nigeria is to achieve its objective to tackle child malnutrition, political leaders must promote adequate funding for nutrition work at all levels, and the timely release of such funds.
- State government attention is largely focused on CMAM and the procurement of nutrition commodities. There is a need for greater government focus on the *prevention* of malnutrition and strengthening of IYCF promotion.
- Nutrition plans have been developed at national level and in the WINNN focal states, but focus largely on health sector interventions. Tackling malnutrition requires strengthened intersectoral coordination and integration of nutrition sensitive interventions.
- Health workers and volunteers have actively engaged in the nutrition work, yet there →

WINNN supports:

Micronutrient supplementation, by supporting maternal, newborn and child health weeks (**MNCHWs**) as well as iron folate supplementation during ANC and diarrhoea treatment.

Infant and young child feeding (IYCF): health facility and community based activities to improve feeding practices for children under age two.

Community management of acute malnutrition (CMAM): Supporting the health system technically and with supplies to treat severe acute malnutrition in children under age five.

Nutrition sector coordination and planning, through technical assistance and advocacy.

About the research

This briefing provides the main findings of the ORIE mid-term qualitative evaluation (2013-14).

Interviewees included political leaders and government officials, development partners, health workers, community volunteers, traditional leaders and CSOs.

Baseline quantitative and qualitative data was collected in 2013 and a final evaluation is due in 2017.

¹ The UK Government's Department for International Development (DFID).

² WINNN also works in Yobe state. Due to insecurity issues, the evaluation does not cover Yobe state.

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has been some attrition of volunteers and challenges with CMAM volunteer travel to remote communities. The sustainability of nutrition work requires attention to the geographical reach of the volunteer model and the incentives system for community volunteers.

The evidence

National level

There has been progress in the **policy framework** for nutrition interventions. The revised National Policy on Food and Nutrition was widely debated and a 'final draft' was developed, but as of November 2015 it had not been approved. This has delayed the implementation of the policy and its domestication at state level. A National Strategic Plan of Action for Nutrition (health sector) has been finalised and released, and guidelines on MNCHWs and CMAM stabilisation centres have been developed.

Nutrition work gained greater **profile** within key ministries, such as the FMoH, NPHCDA³ and the Ministry of Agriculture (MoA). For example, the MoA incorporated nutrition into the Agriculture Transformation Agenda. The Civil Society Scaling-Up Nutrition in Nigeria (CS-SUNN) network was also established in 2014.

Alongside these achievements there were challenges, chiefly around **funding**. There was no budget for nutrition work in the NPHCDA or the NPC⁴. The FMoH⁵ established a budget line for nutrition in 2014, but only limited funds were released. Overall, nutrition interventions remained dependent on development partner funding, raising questions about **sustainability**. The National Plan of Action for Nutrition (2014-19) has a 5-year budget of NGN 383.3 billion. In comparison, the federal government invested just US\$10 million for nutrition work in 2013.⁶

The NPC was widely appreciated for its lead in developing the revised National Policy on Food and Nutrition. Yet it lacked a budget to support **inter-sectoral coordination** and requires strengthened human resources for nutrition work. While the National Committee on Food and Nutrition (NCFN) convened in 2014, it was reported as 'not yet functional'. The Nutrition Partners Forum is seen as the main platform bringing government and development partners together on nutrition, but it is viewed as largely focused on health sector work. The majority of stakeholders feel that the NCFN is the most appropriate home for nutrition sector coordination.

State level

Some key commissioners and senior civil servants in Jigawa, Zamfara and Katsina

« Overall, nutrition interventions remained dependent on development partner funding, raising questions about sustainability. »

Table 1 Report card 2014: Governance & community contexts for nutrition work – state level

	Jigawa	Katsina	Kebbi	Zamfara
State nutrition budget 2015	25 mil	20 mil	170 mil	20 mil
State nutrition budget, 2014	Unfunded ⁷	Unfunded ⁸	175 mil	36 million
Funds released from state nutrition budget in 2014	–	–	175 mil	–
<i>Ad hoc</i> government funds released for MNCHWs 2014	✓ 17 mil	✓ 54 mil	✓ 22 mil	✓ 12.6 mil
LGA funding for nutrition (WINNN LGAs) – monthly, per LGA	202,000	250,000	✗	102,000
LGA monthly funds released in 2014 (WINNN LGAs)	✗	✗	✗	✓
State Committee on Food & Nutrition (SCFN) – functional	✓	✓	✗	✓
Local Committees (LCFN) - functional in WINNN supported LGAs	✗	✗	✗	✓
Costed state nutrition plan finalised (by end of 2014)	✓	✓	✗	✓
CSOs actively engaged in nutrition work	✓	✓	✗	✓
Communities actively engaged in nutrition work (WINNN LGAs)	✓	✓	✓	✓

³ National Primary Health Care Development Agency

⁴ National Planning Commission.

⁵ Federal Ministry of Health.

⁶ National Strategic Plan for Nutrition (2014), page 33.

⁷ Jigawa and Katsina state governments established budget lines for nutrition in 2014, but with "zero funds" allocated. Jigawa released some limited funds from another health sector budget line to support nutrition coordination work.

⁸ Katsina State government established funds for the nutrition budget in late 2014 (NGN 20 million), which relate to the 2015 financial year. No funds have yet been released from this budget line, as of September 2015.

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demonstrated increased **commitment to nutrition work**. Kebbi state in particular maintained its strong, high-level political support for CMAM. In all four states, government interest largely focused on CMAM and in particular the potential procurement of commodities such as *ready to use therapeutic food* (RUTF), which Kebbi state has done since 2012. There was weaker political interest in IYCF.

Political commitment is partly evidenced by fund releases. Of the WINNN supported states, only Kebbi has released funds from its nutrition budget line. There was notable progress with the commitment of **LGA⁹ funds** for nutrition work in Jigawa, Zamfara and Katsina, though none in Kebbi. However, the LGA budget commitments are very small (see Table above) and well below needs. Zamfara was the only state in which these LGA funds were released during 2014. These LGA funds, although small, enabled greater progress with the CMAM and MNCHW interventions in Zamfara.

State Committees on Food and Nutrition (SCFN) became functional in Jigawa, Katsina and Zamfara, enabling progress toward other goals. For example, the establishment of Local Committees on Food and Nutrition (LCFN). LCFNs are now active in the WINNN focal LGAs in Zamfara, and moving forward in Jigawa and Katsina. In contrast, the Kebbi SCFN met infrequently in 2014 and there was less progress with inter-sectoral coordination and establishment of LCFN.

All four states developed **costed nutrition plans** in 2014. Kebbi did not finalise this plan in 2014, partly because of challenges with convening the SCFN. With the exception of Katsina, the nutrition plans mainly focus on the health sector, which is a clear limiter to the plans.

Jigawa, Katsina and Zamfara showed increased **CSO engagement** in nutrition sector advocacy and community work, supported by development partners. However, none of the states had formally included CSOs as members of the SCFN.

Micronutrient supplementation through MNCHWs

MNCHWs were implemented in Jigawa, Zamfara and Katsina in 2014. The Kebbi state Governor reinstated MNCHWs at the end of 2014, and released funds, highlighting increased political commitment.



A young girl accompanies her mother to a livelihood and nutrition training event in Kano, Nigeria

WINNN uses **vitamin A coverage rates** to measure progress with the wider micronutrient supplementation intervention. National Nutrition and Health Survey (NNHS) data collected mid-2014 showed vitamin A coverage had increased by 27% in Zamfara since 2013. Katsina saw limited improvement (3%) and there was no change in Jigawa and Kebbi. UNICEF research (2014) showed lower uptake of MNCHW services by the poorest households.

The governance and implementation of MNCHWs showed improvements, however. In Jigawa, Zamfara and Katsina, government officials reported improved **coordination** and planning, and better harmonisation of government and donor resources. This helped improve forecasting and the timely delivery of nutrition commodities. In the WINNN focal LGAs, community engagement in MNCHW social mobilisation is now strong, including traditional and religious leaders, volunteers, and Ward Development Committees.

Jigawa, Zamfara and Katsina released funds for MNCHWs in 2014. However, government officials reported that these releases were often inadequate, ad hoc and late. Only Zamfara state provided MNCHW funding on time in 2014. Here, officials decided to set aside 50% of the LGA nutrition basket-fund for this bi-annual event. While these funds were small compared to other states, this secure funding mechanism enabled earlier planning and social mobilisation. This was seen as a key factor in Zamfara's gains in Vitamin A coverage.

« Government officials reported improved coordination and planning of MNCHWs and CMAM. Community engagement in nutrition work is now strong in the WINNN supported LGAs. »

⁹ Local Government Authorities

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Table 2 Progress with CMAM services in the WINNN LGAs, 2014

	Jigawa	Katsina	Kebbi	Zamfara
SAM recovery rate 2014 (WINNN supported LGAs), target > 75%	72%	69%	59%	84%
Defaulters from CMAM 2014 (WINNN LGAs), target < 15%	20%	26%	38%	11%

CMAM

By the end of 2014, the targets for severe acute malnutrition (SAM) recovery rates were being reached in WINNN-supported LGAs in Zamfara, moving towards target in Jigawa, and improving but further from target in Katsina and Kebbi, where the CMAM intervention started more recently. A large number of clients accessed CMAM out-patient services, but uptake was lower in remote communities.

Health workers and LGA officials reported that CMAM training, **coordination** and supervision was effective. Monthly meetings were particularly useful for promoting stakeholder engagement and ownership, including state and LGA officials, health workers and volunteers.

The **LGA counterpart funding** for nutrition in Zamfara, Jigawa and Katsina was largely earmarked for CMAM. Fund disbursement started in Zamfara, enabling good availability of routine drugs for CMAM. A lack of such drugs was reported as a key challenge in the other three states, with the lack of LGA funding identified as the underlying problem.

Across the four states, **community support** to CMAM service delivery was assessed as now strong. Most CMAM volunteers were active, and traditional leaders and Ward Development Committees at times stepped in to mediate challenges such as the large turnout of clients on CMAM day.

While many **CMAM volunteers** were active and motivated, there has been notable attrition. Volunteers also reported

difficulties tracking defaulters in more distant locations as they lacked a travel allowance. This suggests the need for an alternative volunteer model that addresses the need for geographical reach.

IYCF

Many health workers and community volunteers are active in IYCF promotion and feel motivated by the monthly meetings and ongoing supervision. Traditional leaders have also provided good support to IYCF volunteer recruitment and social mobilisation. In Zamfara, 'ceremonies for exclusive breastfeeding' have helped to raise the profile of IYCF at LGA level. These ceremonies are now being replicated in Katsina, Kebbi and Jigawa.

There were indications that the IYCF model worked less well in busy CMAM sites, where health workers felt overwhelmed. Here, volunteers often provided IYCF sessions, or they were provided to large groups and the sessions were often brief. This raises questions about the quality of IYCF sensitisation. While very large numbers of community members were reached with IYCF promotion, it appears that traditional infant feeding practices have been slow to change.

This calls for greater emphasis on the IYCF programme which would help to *prevent* malnutrition. Officials in three states reported plans to replicate the IYCF intervention in all LGAs, yet only one state (Jigawa) had a political champion for IYCF, and it remained the lowest profile of the nutrition interventions.

ORIE and WINNN

ORIE is an independent component of the UK Government's Department for International Development (DFID) funded Working to Improve Nutrition in Northern Nigeria (WINNN) programme. WINNN is working to improve the nutritional status of 6.2 million children under five years of age in five states of northern Nigeria. ORIE is carrying out research to determine the impact of WINNN and generate important research on key evidence gaps regarding solutions to undernutrition in northern Nigeria.

Credits

This ORIE Research Summary is based on the ORIE qualitative evaluation midline report by Emma Jones (OPM), Tarry Asoka and Ladi Wayi. Readers are encouraged to quote and reproduce material from ORIE Research Summaries in their own publication. In return, ORIE requests due acknowledgement and quotes to be referenced as above.

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