

Improving Nutrition in Jigawa

Progress with the governance of nutrition work in Jigawa State

This briefing is based on the 2014 evaluation of nutrition work supported by WINNN in Jigawa, as well as ORIE research in 2015. Interviewees included political leaders and government officials, development partners, health workers, community volunteers, traditional leaders, civil society and community members.

Key evaluation findings

- The CMAM and IYCF interventions are now established in the WINNN focal LGAs of Birnin Kudu, Brininwa and Guri. Community leaders and volunteers are providing strong support.
- There has been progress with nutrition sector **coordination** and **planning** in Jigawa. A costed state nutrition plan has been developed. It is focused mainly on the health sector however. Tackling malnutrition requires the integration of nutrition work from other sectors.
- Jigawa state committed NGN 90 million for nutrition in the 2015 **budget**. Yet none of these funds were released. Monthly LGA funding for nutrition has now been established, which is a notable achievement. Political commitment is required to ensure adequate and timely funding, and effective use of nutrition funds in line with the state nutrition plan.
- State legislators have recently committed to provide **oversight** of nutrition work. They have debated the need for a law to increase nutrition funding and ensure release of funds and effective implementation. →

About WINNN

Working to Improve Nutrition in Northern Nigeria (WINNN) is a DFID-funded programme. In Jigawa state, WINNN is implemented by Action Against Hunger (ACF) and UNICEF.

WINNN supports:

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

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

Community management of acute malnutrition (CMAM), by 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.

WINNN funds UNICEF support to MNCHWs in all LGAs in Jigawa. WINNN (ACF) supports CMAM and IYCF in three focal LGAs: Birnin Kudu, Brininwa and Guri.

Improving Nutrition in Jigawa

Introduction

In Jigawa in 2014, the global acute malnutrition (GAM)¹ rate stood at 17.7% – the highest in Nigeria (NNHS 2014).

Nigeria signed up to the Scaling-up Nutrition (SUN) movement in 2011, committing itself to tackling its high rates of child malnutrition. Achieving this objective requires significant political commitment and government funding at both the state and federal levels. It also requires effective coordination and implementation of nutrition work, and civil society and community engagement. This briefing reviews these aspects of nutrition-sector governance, which are supported by the DFID-funded programme WINNN in Jigawa state.

Progress 2014–2015

Coordination, planning and public funding

Compared to the baseline in 2013, nutrition work is now higher profile among

¹Global acute malnutrition (GAM) refers to both *moderate* acute malnutrition (MAM) and *severe* acute malnutrition (SAM). This data is taken from the Nigerian Nutrition and Health Survey (NNHS) 2014

key Commissioners and government officials in Jigawa state. Their interest is focused particularly on CMAM and especially the potential for state procurement of RUTF.

The state approved a nutrition budget of NGN 90 million in 2015, but no funds were released (see Table 1). In 2016, Jigawa state has committed NGN 35 million for nutrition work. LGA monthly counterpart funding to support CMAM services was also agreed at the end of 2014. Prior to this, officials reported that the lack of LGA funding was a key challenge for the effective implementation of nutrition work.

In late 2015, with support from WINNN, the State House of Assembly (SHoA) became engaged in the nutrition agenda. State Legislators have debated the need for a law to sustain and increase nutrition funding. They also committed to ensuring the release of funds for nutrition and effective implementation. They support the scale up of nutrition work to the remaining LGAs, and noted that the present level of state funding is inadequate for this. →

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Table 1: Report card 2014-2015: Governance and community contexts for nutrition work

	Jigawa	Katsina	Kebbi	Zamfara
State nutrition budget 2015	90 mil	20 mil	175 mil	20 mil
State nutrition budget 2014	unfunded	unfunded	175 mil	36 mil
Funds released from state nutrition budget 2014	–	–	175 mil	–
Government funds released for MNCHWs 2014	✓ 17 mil	✓ 44 mil	✓ 22 mil	✓ 12.5 mil
LGA funding for nutrition (WINNN LGAs) – monthly commitment	202,000	250,000	100,000	102,000
LGA funds released in 2014 (WINNN LGAs)	✗	✗	✗	✓
State Committee on Food & Nutrition – functional (meets quarterly)	✓	✓	✗	✓
Local Committees (LCFN) – functional in WINNN supported LGAs	✓	✗	✗	✓
Costed state nutrition plan	✓	✓	✓	✓
CSOs actively engaged in nutrition work	✓	✓	✗	✓
Communities actively engaged in nutrition work (WINNN LGAs)	✓	✓	✓	✓

Improving Nutrition in Jigawa

The Jigawa State Committee for Food and Nutrition (SCFN) is now functional. In addition to successfully advocating for a state nutrition budget, the SCFN led the development of a costed nutrition plan in 2014. The nutrition plan is mainly focused on health sector work, however, with limited attention to nutrition work in other sectors. This is a limitation. In other states, WINNN has supported the development of a five-year multi-sectoral Nutrition Strategic Plan. This is critical for legislative support, long term planning, and the development of costed nutrition annual operational plans.

Local Committees on Food and Nutrition (LCFNs) are now functioning in all 12 LGAs that implement CMAM services. Civil Society Organisations (CSOs) are also becoming more engaged in nutrition work in Jigawa.

Micronutrient supplementation

Government officials reported that the coordination and planning of MNCHWs has improved since 2013, including better harmonisation of government and donor resources. This has helped improve forecasting and the timely delivery of commodities.

Community engagement in social mobilisation has increased substantially in the WINNN focal LGAs, including good support from traditional leaders

and town announcers. This is a key step towards increasing community awareness and the uptake of services.

Jigawa state released NGN 23 million to support the implementation of MNCHWs in 2015. However, state officials raised concerns that for each MNCHW, there has been late commitment and release of government funds. This reduces the time available for planning and social mobilisation, which would affect micronutrient coverage rates. Between 2013 and 2014 vitamin A coverage increased by just 0.3% in Jigawa (see Table 2).

CMAM

The CMAM service is now established in the WINNN-supported LGAs, and has attracted a large number of clients. Severe acute malnutrition (SAM) recovery rates have gradually improved in these LGAs (see Table 3).

Prior to the establishment of LGA counterpart funding at the end of 2014, government officials reported that the main challenge has been the lack of LGA funds released for CMAM. Health workers explained that the lack of LGA funds has limited the availability of routine drugs, which negatively affects rates of child recovery from SAM. The LGAs have now committed to provide NGN 202,000 monthly for →

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Table 2: MNCHW outcomes – Vitamin A coverage rates 2014

Nigerian Nutrition and Health Survey (NNHS)	Jigawa	Katsina	Kebbi	Zamfara
Vitamin A coverage rates 2014, (target for 2017 = 85%)	32.3%	56.9%	15.2%	46.6%
Increase in Vitamin A coverage 2013–14	0.3%	3%	0%	27%

Table 3: Progress with CMAM service outcomes in the WINNN supported LGAs

CMAM service data, WINNN supported LGAs	Jigawa	Katsina	Kebbi	Zamfara
SAM recovery rate 2014 (target > 75%)	72%	69%	59%	84 %
SAM recovery rate 2015 (January to November)	96.4%	76%	87%	90 %
Defaulters from CMAM services 2014 (target < 15%)	20%	26%	38%	11 %
Defaulters from CMAM services 2015 (January to November)	1.3%	16%	10%	7 %

Improving Nutrition in Jigawa

CMAM. These funds were released monthly during 2015. The funds are earmarked for procurement of routine drugs, transportation of RUTF, monitoring and supervision, and a stipend (NGN 500 monthly) to community volunteers.

Coordination of the CMAM programme has been fairly effective. CMAM monthly meetings have been particularly useful for planning and promoting stakeholder ownership.

Most CMAM volunteers have been active, although there has been notable attrition of volunteers (particularly of men). Volunteers report difficulties with tracking defaulters in more distant locations as they lack a travel allowance.

Traditional leaders and Ward Development Committees have also been active in support of CMAM services, and at times they step in to mediate challenges experienced at community level. This includes crowd management on CMAM day. The large turnout of clients has been a challenge for health workers, as it affects the quality of services they can provide.

IYCF

Jigawa state has a high level political champion for IYCF, and public officials spoke of a plan to scale-up the IYCF intervention to all LGAs in the state. Health workers and community volunteers in the WINNN focal LGAs are also committed to their IYCF work.

The IYCF programme has reached a large number of community members. Despite this, there are indications that traditional infant feeding practices have been slow to change. A key challenge is women's fear that their infant will dehydrate if not given additional water. Grandmothers have strong influence and belief in traditional infant feeding practices, and are a key target group. The support of husbands and religious leaders is also critical to promote acceptance and change in communities.

Health workers and community volunteers have been active in IYCF sensitisation. Yet health workers report feeling overwhelmed, particularly in busy CMAM sites. As a result, IYCF sensitisation has often been provided to large groups of mothers, and the sessions have been brief. This raises questions about the quality of IYCF promotion.

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

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