Improving Nutrition in Katsina

Progress with the governance of nutrition work in Katsina

This briefing is based on the 2014 evaluation of nutrition work supported by WINNN in Katsina, 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 Bakori, Jibia and Mai'adua. Community leaders and volunteers are providing strong support.
- There has been progress with nutrition sector **coordination** and **planning** in Katsina state. The state has drafted a five-year action plan for nutrition (2016-2020). A one-year multi-sectoral operational plan is now needed to guide implementation, as well as sectoral work plans funded from the state nutrition budget.
- Under Katsina's former administration **government funding** for nutrition was low overall. This reduced the effectiveness of CMAM and MNCHWs.
- 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.
- The state has agreed to establish local committees on food and nutrition (LCFN). This should now be achieved, to improve coordination and implementation at LGA level. →

About WINNN

Working to Improve Nutrition in Northern Nigeria (WINNN) is a DFID-funded programme. In Katsina state, WINNN is implemented by Save the Children International (SCI) 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 Katsina. WINNN (SCI) supports CMAM and IYCF in three focal LGAs: Bakori, Jibia and Mai'adua.

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Introduction

In Katsina, child stunting rates stand at 59.7% – the highest in Nigeria and well above the national average of 32% (NNHS[1] 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 Katsina state.

Progress 2014–2015

Coordination, planning and public funding

Compared to the baseline in 2013, there is now increased interest in nutrition work among key Commissioners and state officials. Their interest has focused particularly on CMAM and especially the potential for state procurement of ready-to-use therapeutic foods (RUTF). IYCF has remained lower profile.

Under Katsina's former administration, government funding for nutrition was limited. Katsina state allocated NGN20 million for nutrition in the 2015 state budget, enabled by support from the State House of Assembly. LGA counterpart funding for nutrition was also extended to the three WINNN focal LGAs of Bakori, Jibiya and Mai'Adua at the end of 2014. However, neither the state nor LGA funds had been released by November 2015.

In late 2015, with support from WINNN, the State House of Assembly became engaged in the nutrition agenda. The legislators developed an Action Plan, and committed to work with state government to ensure an increased nutrition budget line, timely release, oversight and accountability. Legislators are in support of scaling-up nutrition work to the remaining LGAs, and noted that the present level of state funding is inadequate for this. →

[1]Child stunting rates, age 0-59 months, Nigerian Nutrition and Health Survey (NNHS) 2014

« State Legislators have debated the need for a law to increase and sustain nutrition funding. They are in support of the scale-up of nutrition work to the remaining LGAs, and noted that the present level of state funding is inadequate for this. »

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)	✓	✓	✓	✓

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They debated the need for a law to increase nutrition funding, which would place obligations on the state and LGAs, and require the creation of nutrition lines in all relevant *Ministry, Department and Agency* (MDA) budgets.

The State Committee for Food and Nutrition (SCFN) is now functional. The SCFN led the development of a five-year multi-sectoral Plan of Action for Nutrition in 2015. A one-year costed operational plan is now needed to guide implementation, along with sectoral work-plans. The SCFN has made some progress with planning LCFNs, although these have not yet been established.

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.

However, for each MNCHW in Katsina there has been late commitment and release of government funds. This reduces the time available for planning and social mobilisation, and so affects micronutrient coverage rates. Vitamin A coverage increased by just 3% in 2013-2014 (see Table 2).

CMAM

The CMAM service was established in the WINNN focal LGAs in early 2014, and has attracted a large number of clients. Severe acute malnutrition (SAM) recovery rates were below target in 2014 in these LGAs (Table 1), but have slowly improved.

Government officials report that the main challenge has been the lack of LGA funds released for CMAM in the WINNN supported LGAs. As defined in the conditional grant agreement, LGA funds would be used to procure RUTF and routine drugs for CMAM, to provide shelter, water and latrines at CMAM clinics, and to motivate community volunteers. Health workers report that the lack of LGA funds has limited the availability of routine drugs, which impacts on the rates of child recovery from SAM.

Coordination of the CMAM programme has been fairly effective in Katsina. →

« A five-year multi-sectoral Plan of Action for Nutrition in 2015. A one-year costed operational plan is now needed to guide implementation, as well as sectoral work-plans. »

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 %

CMAM monthly meetings have been particularly useful for planning and promoting stakeholder ownership. The CMAM quarterly meetings at state level have helped to promote the leadership of key Commissioners.

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

The IYCF programme has reached a large number of community members, and many mothers are aware of the recommendation to exclusively breastfeed. Despite this knowledge, 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 volunteers have been active in IYCF sensitisation. However, IYCF community volunteers in Katsina reported that there has been limited supervision of their work, which reduces their motivation.

Mothers report that health workers have been the main source of IYCF information. Yet in busy CMAM sites health workers report feeling overwhelmed. 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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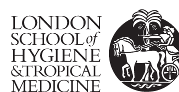

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