

Improving Nutrition in Kebbi

Progress with the governance of nutrition work in Kebbi State

This briefing is based on the 2014 evaluation of nutrition work supported by WINNN in Kebbi, 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 findings

- The **CMAM** and **IYCF** interventions are now established in the WINNN focal LGAs of Dandi, Gwandu and Maiyama. Community leaders and volunteers are providing strong support.
- Kebbi state reinstated **MNCHWs** in 2015, and provided counterpart funding. This may improve rates of Vitamin A coverage, which were low in 2014.
- The state has released substantial **funds** to support nutrition work, focusing on procurement of *ready to use therapeutic foods* (RUTF). A key challenge during 2014 was the lack of LGA funding for nutrition. LGA counterpart funding was agreed in late 2015. These funds would be used to procure routine drugs for CMAM, and to support logistics and volunteers.
- State legislators have recently committed to provide **oversight** of nutrition work, and debated the need for a law to increase nutrition funding. They are in support of scaling-up nutrition work to all LGAs in the state, and noted that the present level of state funding is inadequate for this.
- There has been progress with nutrition sector **planning** in Kebbi. A Nutrition Strategic Plan of Action (2016-2020) has been drafted. This is a multi-sectoral strategy, and its approval is expected in early 2016.

About WINNN

Working to Improve Nutrition in Northern Nigeria (WINNN) is a DFID-funded programme. In Kebbi 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 Kebbi. WINNN (SCI) supports CMAM and IYCF in three focal LGAs: Dandi, Gwandu and Maiyama.



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Introduction

In Kebbi in 2014, child stunting rates stood at 46.5% – well above the national average of 32% (NNHS¹ 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 Kebbi state.

Progress 2014–2015

Coordination, planning and public funding

Kebbi state has released substantial funds to support nutrition work (see Table 1) each year since 2013. These funds have mainly been used to procure RUTF for CMAM.

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

Monthly LGA counterpart funding for nutrition was established in late 2015 (NGN 100,000 per LGA per month). These funds would be used to procure routine drugs for CMAM, and to support logistics and volunteers. Prior to this, in 2014, state officials reported the lack of LGA counterpart funds as a key challenge for the effective implementation of CMAM.

In late 2015, with support from WINNN, the State House of Assembly (SHoA) became engaged in the nutrition agenda. State Legislators voiced commitment to ensuring the release of funds for nutrition and effective implementation. They are in support of scaling-up nutrition work to the remaining six LGAs, and noted that the present level of state funding is inadequate for this. They debated the need for a law to sustain and increase nutrition funding. This would require the creation of nutrition lines in all relevant ministry, department and agency (MDA) budgets, and clear definition of a percentage contribution from the LGAs.

The State Ministry for Health has helped to drive nutrition work in the state, and garnered high-level political support in the last Administration. However, some →

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

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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MDAs have not felt sufficiently engaged in nutrition-sector work. The Kebbi State Committee for Food and Nutrition (SCFN) is now established. There were only two SCFN meetings in 2015, however, affected by a lack of stable leadership. It is proposed that the SCFN be expanded to include representatives of the SHoA.

Kebbi state developed a Nutrition Strategic Plan of Action (2016-2020) at the end of 2015. This is a multi-sectoral strategy, and its approval is expected in early 2016. The establishment of Local Committees for Food and Nutrition (LCFN) has also now been agreed. LCFNs should now be quickly established, to support coordination and implementation at LGA level.

Micronutrient supplementation

MNCHWs were suspended in Kebbi state in 2011. As a result, micronutrients were delivered through Immunisation Plus Days (IPDs). The state Governor reinstated MNCHWs in early 2015, and two rounds were successfully implemented in 2015. This highlights increased political commitment for MNCHWs.

IPDs worked fairly well for the delivery of micronutrients, but many stakeholders highlighted that they did

not support the MNCHW objective of promoting women's use of health facilities. The Nigerian Nutrition and Health Survey (NNHS) also recorded a lack of progress with Vitamin A coverage 2013–2014 (see Table 2).

The reinstatement of MNCHWs in 2015 and release of government counterpart funding may improve this coverage moving forward. A key issue for 2016 is ensuring that funding releases for MNCHWs are adequate and timely, to enable effective planning and social mobilisation.

CMAM

The CMAM service was established in the WINNN-supported LGAs in mid-2014, later than the three other WINNN-supported states. The service has started to attract a large number of clients. Severe acute malnutrition (SAM) recovery rates and CMAM default rates are now improving in these LGAs (see Table 3).

Monthly LGA funding for nutrition was established at the end of 2015. Prior to this, state officials identified the lack of LGA counterpart funds as the main challenge of CMAM in the WINNN-supported LGAs. Health workers also reported that the lack of LGA funds limited the availability of routine drugs, →

« A Nutrition Strategic Plan of Action (2016–2020) was developed at the end of 2015. This is a multi-sectoral strategy, and its approval is expected in early 2016. »

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 % |

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which impacts on rates of child recovery from SAM. As defined in the conditional grant agreement, the LGA funds will be used to procure RUTF and routine drugs for CMAM, to provide shelter, water and latrines at CMAM clinics, and to motivate 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 (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 in the WINNN focal LGAs in Kebbi.

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, who are a key target group, have a strong influence and belief in traditional infant feeding practices. 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 promotion. Volunteers report that the supervision monthly meetings have been useful to build their skills and motivation. In busy CMAM sites, though, health workers report feeling overwhelmed. As a result, IYCF sensitisation has often been provided to large groups of mothers, and the sessions have often been brief. This raises questions about the quality of IYCF promotion.

Ceremonies for exclusive breastfeeding have been established in the WINNN-supported LGAs in Kebbi. Unlike Zamfara and Jigawa, the ceremonies remain funded by WINNN at present, which raises questions about local ownership and sustainability.

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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