

Improving Nutrition in Zamfara

Progress with the governance of nutrition work in Zamfara State

This briefing is based on the 2014 evaluation of nutrition work supported by WINNN in Zamfara, 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 Bukura, Bungudu and Shinkafi. Community leaders and volunteers are providing strong support.
- There has been progress with nutrition sector **coordination** and **planning** in Zamfara. 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.
- An **LGA basket-fund** for nutrition work was established in 2014, which was a notable achievement. It has enabled LGAs to procure routine drugs for CMAM, and provides some secure funds for MNCHWs. The LGA funds for nutrition are small compared to other WINNN-supported states, however.
- Limited funds were released from the **state nutrition budget** during the last Administration. Political commitment is required to ensure adequate funding, timely release and accountability for the use of nutrition funds in line with the State nutrition plan.
- State legislators have recently committed to provide **oversight** of nutrition work, and emphasised the need for a sustained state nutrition budget and releases. They have requested a quarterly briefing on how the LGA nutrition funds are spent.
- **Civil society organisations (CSOs)** in Zamfara are becoming more involved in nutrition work. They have developed an action plan and intend to do budget tracking of nutrition funds. →

About WINNN

Working to Improve Nutrition in Northern Nigeria (WINNN) is a DFID-funded programme. In Zamfara 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 Zamfara. WINNN (SCI) supports CMAM and IYCF in three focal LGAs: Bukura, Bunguda and Shinkafi.

Improving Nutrition in Zamfara

Introduction

In Zamfara in 2014, child stunting rates stood at 50.1% – 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 Zamfara state.

Progress 2014–2015

Coordination, planning and public funding

Since the baseline in 2013, the profile of nutrition work has grown in Zamfara. Government interest has focused mainly on CMAM, and particularly the potential

for state procurement of *ready-to-use therapeutic foods* (RUTF). The prevention of malnutrition through IYCF has been lower profile.

Zamfara state allocated NGN20 million for nutrition in the 2015 budget, yet only NGN 3 million was released. An LGA basket fund for nutrition was established in 2014. This is a notable achievement, although the LGA funding commitment is small compared to some other states (see Table 1). Release of the LGA funds was reliable throughout 2014, but less consistent in 2015. This highlights the need for high level political support for nutrition work, to enable the adequate funding and release of nutrition funds.

In late 2015, with support from WINNN, the State House of Assembly became engaged in the nutrition agenda. Legislators emphasised the need for a sustained state nutrition budget and the timely release of these funds. They have debated the need for a law to ensure adequate nutrition funding. The House Committee on Health has also requested a quarterly briefing from the Ministry of Health on how the LGA nutrition funds are spent.

« State Legislators have debated the need for a law to ensure adequate nutrition funding and releases. They have requested a quarterly briefing on the use of LGA nutrition funds.»

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

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 Zamfara

The State Committee for Food and Nutrition (SCFN) is now functional and a costed state nutrition plan has been developed. However the plan is largely focused on the health sector, with limited focus on nutrition work in other sectors. This is a limitation of the plan. In other states, WINNN has supported development of a five-year multi-sectoral Nutrition Strategic Plan. This is critical for legislative support, long term planning and development of costed nutrition annual operational plans.

LCFNs have been established and are active in the WINNN focal LGAs. They have supported the provision of basic amenities at CMAM sites, as well as coordinating ceremonies for exclusive breastfeeding. CSOs are also becoming more involved in nutrition work in Zamfara: they have developed an action plan and intend to undertake budget tracking of nutrition funds

Micronutrient supplementation

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

Community engagement in MNCHW 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.

State officials reserved 50% of the LGA nutrition basket fund for MNCHWs in 2014. This decision was made due to the late release of state funds for MNCHWs in previous years. State officials attributed the increase in Vitamin A coverage in Zamfara (see Table 2) to the reliable release of the basket-funds, as it enabled earlier planning and social mobilisation. However, Zamfara's counterpart funding for MNCHWs have been lower than the other WINNN supported states (see Table 1).

Some health workers have been enthusiastic about their role in MNCHWs, while others believe that MNCHWs are not their core work. It was also reported that some health workers missed steps in the MNCHW protocols, which was attributed to poor understanding of the training they received and being overwhelmed by the number of clients

CMAM

In the WINNN LGAs, the CMAM service attracts a large number of clients. Community support for service delivery has been strong and the targets for severe acute malnutrition (SAM) recovery rates were reached by the end of 2014 (see Table 3).

« Community engagement in MNCHW social mobilisation has increased substantially in the WINNN focal LGAs, including good support from traditional leaders and town announcers. »

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 Zamfara

The reliable release of monthly LGA basket-funds during 2014 enabled provision of routine drugs for CMAM, as well as the transportation of RUTF. Officials perceived that this contributed to relatively high rates of recovery from SAM in the WINNN-supported LGAs (see Table 3). However, inconsistent release of the LGA funds in 2015 was a key challenge, and WINNN had to step-in to maintain service provision.

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

Most CMAM volunteers have been active, and the attrition of volunteers noted in 2013 has now reduced. However 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. Despite this, volunteers report some

challenges and 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 community volunteers have been active in IYCF sensitisation. However, 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 sensitisation.

'Ceremonies for exclusive breastfeeding' have been established in the WINNN focal LGAs. These have helped to raise the profile of IYCF among LGA officials. Yet until recently IYCF has been relatively low profile at state level. Some state officials have spoken of scaling-up the IYCF intervention to all LGAs. The SHoA Committee on Health has also requested that the state nutrition plan be revised to incorporate this scale-up.

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.

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