ORIE Research Summary
Nutrition Research in Northern Nigeria
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Qualitative Impact Evaluation: *Governance and social contexts for nutrition interventions*

This briefing note summarises the findings of qualitative research on the governance and social contexts for nutrition interventions. The research provides an evaluation 'baseline' for the WINNN programme.

The evaluation was facilitated after one-year of WINNN programme implementation, in May to October 2013. The research covers the national level and four of the WINNN focal states (Jigawa, Katsina, Jigawa and Zamfara), and two LGAs in which WINNN works in each state. The research was facilitated with government stakeholders, NGOs and Village Health Committees, WINNN staff, community volunteers and parents; and included analysis of key government policies. The evaluation will be repeated at eighteen month intervals to assess WINNN's contributions to progress.

National level

National level coordination and policy provides the essential framework for nutrition interventions. Prior to 1990, various national Ministries, Departments and Agencies (MDAs) supported nutrition initiatives, but this work was not well coordinated. To address this challenge, the National Committee on Food and Nutrition (NCFN) was established in 1990, initially supported by UNICEF. The NCFN is coordinated by the National Planning Commission (NPC). Since 1990, there have been a number of important achievements in nutrition policy development. This includes the National Policy on Food and Nutrition (2001) and associated National Plan of Action (2004), National Policy on IYCF (2005), National Operational Guidelines for CMAM (2011) and the National Food Fortification Programme.

WINNN supports four intervention areas

Micro-nutrient supplementation for pregnant women and children under 5-years. These supplements are principally provided through Maternal and Neonatal Child Health Weeks (MNCHWs). WINNN supports MNCHWs by building capacity for planning, budgeting and monitoring; supporting logistics; and funding some essential micronutrient commodities.

Infant and Young Child Feeding (IYCF) counselling to improve knowledge on nutrition among parents and caregivers. WINNN supports training for health workers and community volunteers, community mobilisation and IYCF policy and planning.

Community Management of Acute Malnutrition (CMAM) for children under 5 years. WINNN funds CMAM commodities (e.g. Ready to Use Therapeutic Foods – RUTFs); provides technical support, capacity building and community sensitisation.

Strengthening nutrition service coordination and planning. WINNN provides technical support and advocacy to promote the sustainability and expansion of nutrition interventions through Nigerian government services.

Nigeria's ascension to the Scaling up Nutrition (SUN) movement has re-energised support for the nutrition agenda within the Federal Ministry of Health (FMoH), and led to the Nigerian Nutrition Summit in 2012. The Summit promoted the revision of the National Policy and National Plan of Action on Food and Nutrition – which is ongoing, coordinated by the NPC. The Secretariat of the Nutrition Partners Forum is within the FMoH, and has become the main mechanism for progressing the SUN movement in Nigeria. →

Alongside these achievements, the evaluation also found some challenges. Firstly, UNICEF withdrew funding for the NCFN in 2005 and a budget line has not yet been developed to support the NPC's nutrition coordination role. The NPC's role in developing the revised National Food and Nutrition Policy is widely appreciated; yet the NCFN is now inactive which affects the NPC's capacity for intersectoral coordination of nutrition work. Secondly, there is a lack of dedicated public funding for nutrition within Federal government MDAs, which is a significant constraint for implementation of nutrition policies. There is also concern that nutrition interventions are presently dependent on donor funding. Lastly, while there is significant support for the nutrition agenda among the senior FMoH and NPC staff who are directly involved, this has not been effectively translated into wider ownership within these Ministries. There is also a need to strengthen support from other sectors.

State level

Primary health care services

Each of the four focal states have under-resourced health systems which is a challenge for the delivery of all health services, including nutrition. Of particular concern to nutrition interventions is the shortage of health workers, especially female health workers in the northern states which reduces women's' ability to access health services (for themselves and their children).

Each of the four focal states are currently implementing structural changes to bring *Primary Health Care Under One Roof* (PHCUOR). The aim is to streamline primary health services, which offers to enhance the delivery of nutrition services. Jigawa was the pioneer for PHCUOR, and commenced development of the Gunduma health system ten-years ago. Jigawa has also enhanced its broader planning, budget, human resource and procurement systems, which provides a potentially favourable governance context for nutrition interventions. In Zamfara, Katsina and Kebbi, the transition to PHCUOR is more recent and ongoing. Associated structural changes may create temporary upheavals that detract attention from health service planning and delivery, including nutrition services. For example, at the time of the evaluation in Kebbi state there were some duplications of primary health care departments in different ministries, and state officials identified disconnections in lines of authority and coordination between state and LGA nutrition officers. In Zamfara, responsibility for primary health care will soon be transferred to the State Primary Health Care Agency (SPHCA) which may similarly create temporary upheavals.

State political commitment

The evaluation found a level of political commitment for nutrition interventions in each of the four state governments. This commitment is partly evidenced by the recent creation of budget lines for nutrition in three of the states (see below). However, political support is largely focused on CMAM and the 'magical effects' of RUTFs in rehabilitating malnourished children. There is less political support for IYCF counselling to help prevent malnutrition. An exception to this was found in Jigawa, where the Commissioner for health is a strong advocate for the prevention approach of IYCF, and perceives that CMAM services may be unfordable when donor support ceases.

In both Kebbi and Jigawa, an innovative advocacy approach was used by senior state officials to spark the concern of their State Governors. In both states, the Governors were presented with acutely malnourished children in their home-LGAs. In Kebbi state, this inspired the Governor to extend CMAM services to additional LGAs and to substantially increase state funding for CMAM in 2014. The Jigawa State Governor and Deputy Governor are both said to monitor progress with nutrition interventions in their home-LGAs, which has promoted the attention of the LGA Chairmen. The advocacy approach to highlight the realities of malnutrition in political leaders' home LGAs may be learned from, and could be utilised after the upcoming elections to inspire the interest of newly appointed leaders. Continued advocacy is also required across the states to promote the release of nutrition funds and effective implementation of nutrition policies.

State nutrition policy

None of the four states have yet developed a policy framework for food and nutrition interventions. However, each of the states is engaged in the revision of the National Food and Nutrition policy, and senior officials expect that it will be domesticated in their States when it is finalised. Once promulgated, the challenge will be is to ensure that it is actively implemented.

State level coordination of nutrition work

Each of the states developed a State Committee on Food and Nutrition (SCFN)

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in the late 1990's, following a Federal government directive. However these SCFNs had been largely inactive until recently. In 2013, supported by WINNN, the SCFNs were reconvened in Jigawa, Katsina and Kebbi (with a meeting planned in Zamfara). This is a significant achievement. However, the SCFNs are in the early stages of developing their roles and are not yet functioning in the opinion of their members. In each state, nutrition interventions continue to be planned through a variety of alternative mechanisms, often through ad hoc processes. With the exception of Kebbi, nutrition interventions are perceived as largely coordinated within Forums with international development partners. In Katsina and Zamfara, state officials perceive a continuing role for WINNN in fostering intersectoral engagement and commitment. The evaluation also observed that, in each state, SCFN members are largely male and none of the Committees have civil society representation. This may limit the important inclusion of female and community knowledge on maternal and child nutrition, and associated design of appropriate strategies.

State funding for nutrition interventions

At the time of the evaluation, Jigawa, Kebbi and Zamfara state governments had approved dedicated funds for nutrition (in their 2013 or 2014 budgets). A nutrition budget had also been proposed in Katsina for 2014, at the recent SCFN meeting. This is a strong starting point and indicates a level of state government commitment.

Yet in none of the states are the budgets linked to concrete plans, and fund releases are largely approved through ad hoc processes. For example, fund releases for MNCHWs have required lobbying from officials in each of the states. In none of the states have nutrition budget allocations and releases yet been integrated into regular state planning processes. WINNN could support this process by providing reliable recurrent cost estimates to enable state and local governments to plan and budget for nutrition services, thus promoting sustainability.

Local government and community level

Local government commitment

At the LGA level, political interest in nutrition interventions varies but is largely moderate. Some LGAs have committed counterpart funds and wider support for nutrition interventions, while others have not. The evaluation found strongest political support for nutrition work in Jigawa LGAs, where this has been partly motivated by the recent concern of state political leaders. Yet only one of the Jigawa LGAs had provided counterpart funding. In Zamfara, both of the study LGAs have committed NGN 200,000 counterpart funding for CMAM. Yet these funds have been released only once, which falls short of the monthly LGA financial commitment anticipated by the state government. Some State government stakeholders in Zamfara are working to extend the State 'basket fund' (developed for immunisation initiatives) to nutrition work, to promote and ring-fence LGA counterpart funding for nutrition. Weakest support was found in Kebbi and Katsina local governments, where caretaker local Administrations were in place.

Health facilities and Health Workers

Across the four states, health workers are supportive of nutrition interventions, and demonstrated strong understanding of the IYCF and CMAM training they have received. Health workers also spoke enthusiastically about their initial work on nutrition and the early outcomes they have seen among women and children in their communities. Yet, across the states, health workers perceive challenges in coping with the large user demand for nutrition services, particularly on dedicated days for CMAM, MNCHW and ANC. Given that user awareness and thus uptake of nutrition services is presently low (see below), this challenge is likely to increase over →

State budget lines for nutrition

Jigawa: NGN 100 million nutrition budget approved in 2013. The budget is under the SCFN, but no funds were formally released in 2013 because the SCFN was not operational. However, funds for nutrition (e.g. MNCHWs) were released by the Gunduma Health Systems Board.

Kebbi: NGN 185 million budget line for nutrition approved in 2013 (and largely released). NGN 300 million for nutrition has been approved for 2014. Funds are largely earmarked for CMAM.

Katsina: A monthly budget of NGN 2.5 million was allocated to LGAs for purchase of RUTFs in 2013 (amount released unknown). Funds released for MNCHWs. NGN 200 million proposed for 2014 budget

Zamfara: NGN 20 million was allocated for nutrition in the 2013 budget. State officials acknowledged WINNN advocacy as influential. Funds also released for MNCHWs.

« Budget lines for nutrition have been allocated (or proposed) in the four states. Yet in none of the states are the budgets linked to concrete plans, and fund releases are largely approved through ad hoc processes. »

time. Struggles to cope with the level of demand were also evident in some LGAs where there have been commodity stock outs. Such stock outs are a particular challenge when women have travelled long distances to clinics, using ill-afforded money on transport. Where this has occurred it also reduces volunteer motivation, and may eventually diminish the service users' trust and therefore uptake of nutrition services.

Community volunteers

Many community volunteers for both CMAM and IYCF are currently enthusiastic about their work. They are motivated by the visible impacts of their work on child health, and by the respect they receive in communities. However, frustrations are emerging over limited financial allowances for volunteers. Particularly in Jigawa and Zamfara, there has been attrition of volunteers (particularly men, who noted the opportunity costs of volunteering and the salaried supervisors).

Community support for nutrition programmes

There has been strong community support for nutrition programmes across the states. The strongest community support was found in Zamfara, where several Village Health Committees have provided financial and in-kind support to volunteers; and some traditional and religious leaders have provided both financial and advocacy support. In other states, some Village Health Committees have built shelters for nutrition service users at health facilities, and community leaders and town criers have actively engaged in advocacy.

User access to nutrition services

Across the four states, ORIE research found that mothers and caregivers currently have low awareness of nutrition services.

Understandings of the causes of malnutrition

Across the four focal states, understandings of the **causes of malnutrition** are similar:

- Poverty and environmental conditions lead to household food insecurity, particularly in the 'hungry months'
- Weak household knowledge on nutrition, leading to sale of some nutritious foods produced by families to purchase grains
- Cultural beliefs and traditions promote problematic infant and young child feeding practices
- In communities, malnutrition is often understood as an outcome of witchcraft or the practice of cultural taboos.

Alongside this lack of awareness, women's access to nutrition services provided at health facilities is often challenged by the distance and costs of travelling to facilities, and a lack of permission from husbands. Women also fear that there may be aftereffects of micronutrients, and that health workers will blame them for the malnourished condition of their children.

Fathers voiced some alternative challenges. These include not wanting their wife to be seen by other men; general apprehension over services brought by foreigners; and perceptions that such interventions are not God's plan. Many fathers emphasised the importance of support from religious and traditional leaders in influencing their acceptance of nutrition services. The Friday Mosque is perceived as a site at which men (including some Fulani fathers) can be reached with advocacy messages.

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 qualitative evaluation baseline report by Hugh Annett, Terry Asoke, Ladi Waye and Emma Jones.

ORIE is run by a consortium of UK and Nigerian organisations. In the UK: Oxford Policy Management, Institute of Development Studies, London School of Hygiene and Tropical Medicine, Save the Children UK; in Nigeria: Food Basket Foundation International, University of Ibadan.

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