



# REPORT OF THE WINNN-ORIE NUTRITION STAKEHOLDERS ENGAGEMENT EVENT

29 April 2014, Abuja

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## 1 Background

Malnutrition is at critical levels in Northern Nigeria. Interventions, supported by DFID, include a programme of Working to Improve Nutrition in Northern Nigeria (WINNN) and its independent Operations Research and Impact Evaluation (ORIE) project. Both work with the Government of Nigeria.

On the morning of Tuesday 29 April 2014, about 70 stakeholders discussed how to tackle undernutrition in Northern Nigeria, including staff from state and federal government, multilateral agencies, Nigerian research institutions, and domestic and international non-governmental organisations. The meeting was convened in Abuja at the invitation of the Federal Ministry of Health (FMOH) and the National Planning Commission (NPC) Nigeria. The meeting reviewed the implications of new research findings by ORIE on the severity of malnutrition in Northern Nigeria and the interventions implemented by the (WINNN) programme, in partnership with government, to tackle malnutrition. This report summarises the key issues and recommendations.

The WINNN programme works in five states in Northern Nigeria (Katsina, Kebbi, Jigawa, Yobe and Zamfara) to improve nutrition through the management of severe acute malnutrition, promoting better feeding for young children, and ensuring children and pregnant women receive essential nutrients. WINNN works to build the capacity of state and local government areas (LGAs) to implement nutrition interventions as routine services through existing primary health care structures.

The ORIE project works alongside WINNN to identify the scale, causes and underlying factors of malnutrition providing evidence that will help improve programme quality and impact and support evidence-based advocacy to leverage domestic resources for tackling malnutrition. Some of the key results of the baseline assessment presented at the meeting are summarised in this document (full reports are available on the DFID HEART website<sup>1</sup>).

## 2 Situation of malnutrition and its consequences

Malnutrition is a critical problem in Northern Nigeria. Rates of stunting (58%), underweight (41%) and wasting (16%) among children are all at "Very High" levels according to WHO standards; these rates are much worse than elsewhere in Nigeria.

In the short term these critical levels of malnutrition contribute to the high rates of child and maternal mortality in Northern Nigeria. In the long term they result in impaired learning ability, lower IQ levels, lower employment levels and reduced economic development and GDP.

## 3 Causal factors

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<sup>1</sup> <http://www.heart-resources.org/tag/orie/>

The three key causal factors which contribute to malnutrition were highly prevalent:

- a. Inadequate household food security (e.g. over a half of households reported insufficient food);
- b. Poor infection control (e.g. less than 3% of children were fully immunised, with only 16% against measles and only 13% of households had soap);
- c. Poor care (less than 10% of mothers delivered in a health facility, less than a third of household heads had received education, attendance at clinics was infrequent).

#### **4 Underlying household factors**

The underlying household factors identified were:

- a. Low levels of knowledge about the ways to care for a child in a difficult environment;
- b. Low levels of attendance at clinics for prevention, detection and treatment of child and maternal malnutrition and disease;
- c. Poor maternal nutrition;
- d. Adolescent pregnancy;
- e. Low levels of decision making by women in relation to household resources, including for seeking health care.

#### **5 WINNN interventions**

WINNN supports 3 nutrition specific interventions: Maternal and Newborn Child Health Weeks (MNCHW), Infant and Young Child Feeding (IYCF) and Community Based Management of Severe Acute Malnutrition (CMAM). WINNN also advocates for greater involvement and resource allocation for improving nutrition by federal, state and local government authorities, greater collaboration between those government departments which can make effective nutrition sensitive interventions and greater community involvement. ORIE supports WINNN by providing data for improving the efficiency of the three nutrition specific interventions and for advocacy for increased resources for tackling malnutrition.

##### **5.1 MNCHW – Maternal and Newborn Child Health Weeks**

WINNN supports MNCHWs at the state level, and so this work subsequently impacts on LGAs where WINNN is not working. WINNN provides zinc and ORS for diarrhoea management and iron folate for women in WINNN LGAs. Many community leaders are not aware of MNCHW, and even fewer mothers are aware. Only 5% of mothers in the household survey sample attended the last MNCHW, whereas women seem to know much more about CMAM programmes and where to take their children. This differs considerably from the much higher attendance rates at health facilities in previous decades.

There are many barriers to mothers accessing MNCHW, including a lack of awareness of the campaign and its health benefits. Many potential beneficiaries struggle to differentiate between MNCHW and immunisation campaigns, including polio. There is also some fatigue towards health campaigns in general, which impacts on uptake. There is thus a need to modify the messages and to enlist the support of community and religious leaders to communicate information about MNCHW, as well as to look at other potential barriers to uptake and improved nutrition outcomes.

Low attendance at antenatal clinics, very high rates of home delivery, high rates of child marriage and low rates of girl education all contribute to poor maternal health and poor child health and healthcare. The National Primary Health Care Development Agency (NPHCDA) has

been drawing on ORIE evidence to inform recent national discussions around the modification of MNCHW to make it more effective.

### **5.2 *IYCF – Infant and Young Child Feeding***

WINNN supports the monitoring and enforcement of the breast milk substitutes marketing act. It delivers community-based IYCF in three LGAs in each WINNN supported state through volunteers.

Overall, ORIE research suggests that most women are aware that early initiation of breast feeding is important, but they are less aware of the benefits of exclusive breastfeeding. ORIE research found that levels of preventive health care practices were low. Only 3% of children were fully vaccinated and 18% of households practiced open defecation. The latter shows the importance of WASH as a critical nutrition-sensitive intervention.

Low awareness of IYCF, related to the challenges women face in accessing health services, requires IYCF to be taken beyond the health facility, including the introduction of IYCF within community groups, market days, and work with community and religious leaders. There is evidence of the effective use of community groups elsewhere in Africa. There is great need to address financial and non-financial incentives to encourage sustained work by community volunteers, who are critical for service delivery.

Given the power dynamics in many households and communities in Northern Nigeria, including mothers' limited control of household level purchases, there is a need to get men and other family members (e.g. mothers-in-law, grandparents) involved with understanding, supporting and promoting IYCF.

### **5.3 *CMAM – Community Management of Severe Acute Malnutrition***

WINNN provides, supports and coordinates CMAM across each of the five WINNN supported states. The CMAM programme appears to be extremely active and popular with reports of crowds of severely malnourished children being accepted onto the programme. The popularity of CMAM services should be harnessed as a platform to improve the likes of routine immunisation and IYCF. The ORIE data on use and impact of the CMAM programme will be available later in 2014.

## **6 Systems and Management**

ORIE also assists WINNN by reviewing issues of leadership, coordination and accountability.

### **6.1 *Political commitment***

At the federal level, there is a strong interest and commitment from those directly concerned with nutrition. This needs to extend to other individuals, agencies and sectors. At the state level, interest from governors and commissioners for health has been forthcoming in all four states studied by ORIE, especially for CMAM. This is also true for preventive interventions such as IYCF. However, LGA chairmen are not yet engaged or supportive of nutrition-specific actions. More intensive advocacy, focused at the LGA level, is needed. This requires an appreciation that Nutrition, unlike some other issues, can be hard for key decision making audiences to understand. To have influence, innovative, appropriate advocacy messages and vivid examples are needed.

### **6.2 *Financing and resource allocation***

The funding of efforts to tackle undernutrition is hampered by unclear budgeting and limited financial accountability at federal, state, and LGA levels. Furthermore, where allocations for nutrition are defined, there are often delays or barriers to disbursement. State governments need to work to create and expand transparent funding arrangements for nutrition, including gazetted nutrition budget lines for each state to ensure continuity from one administration to another. Innovations such as basket funding in Zamfara state and state contributions to the CMAM fund in Katsina state could be built upon.

### **6.3 Leadership, coordination and accountability**

State and LGA Committees of Food and Nutrition (CFN) need to be strengthened so they can fulfil tasks such as producing results-based operational plans and budgets, with nutrition indicators for all relevant line ministries, departments and agencies (MDAs). There needs to be greater permanent technical capacity located within key MDAs to support CFN and effectively defend budgets to ensure disbursement. Gender inequality in state and LGA decision making fora needs to be addressed. There should be strong representation of women at state and LGA level committees, and more work with key civil society organisations such as the Federation of Muslim Women Associations of Nigeria (FOMWAN).

The Federal Government of Nigeria is committed to investing in high impact nutrition interventions. The NPC is currently leading a review of the National Food and Nutrition Policy and Plan of Action. Following their finalisation, the domestication of these at sub-national levels is crucial.

There needs to be improved coordination and communication by programmes operating in states, including state level programmes funded by DFID. The Scaling Up Nutrition (SUN) Movement in Nigeria is at an embryonic stage; all stakeholders need to work together more intensively for it to grow and prosper.

## **7 Opportunities for inter-sectoral collaboration**

Nutrition is not just about health. For example, dietary diversity needs to be improved through the promotion of home production of a diversity of foods, access to portable drinking water and sanitation facilities. Thus, in order to best tackle malnutrition many sectors should be involved, including the likes of Federal and State Ministries of Water Resources, Women Affairs and Social Development, Education, and Agriculture and Rural Development. These should recognise, but not be defeated by, the challenges (e.g. such as the civil unrest, antagonism faced by some health workers, low levels of education, and an under-resourced health system with low staffing levels and poor facilities) to introducing interventions which work in other contexts into Northern Nigeria.

## **8 Community involvement**

ORIE assists WINNN by assessing the interaction and opportunities for interaction with communities. There is a need to work with key stakeholders at the sub-national level to create audience appropriate messages that create a sense of urgency and resonate with communities so that they can feel empowered to act. All stakeholders need to actively engage with local communities to promote decision making and planning around delivery of services. Guiding teams, comprised primarily of communities, should be established in each state to mobilise commitment and action.

## **9 Recommendations – next steps**

### **9.1 For WINNN**

As far as WINN is concerned, their work on supporting MNCHW, IYCF, CMAM and Advocacy can be enhanced immediately by modifying the way that these programmes are run, particularly focusing on ways that collaboration with community groups, including religious leaders, which will promote greater understanding and enthusiasm for use of the service supported by WINNN. In addition there are ways in which communications and staffing can be modified to enhance the importance and attractiveness of WINNN programmes. Specific recommendations are outlined in the ORIE reports (see website<sup>2</sup>).

Despite the many challenges, there is clear evidence of hard work by many in the WINNN programme and early reports of improvement in services and their impact as a result of WINNN activities. The follow up studies planned by ORIE will provide invaluable data on which programmes are working well and why and will also enable the development of evidence based modifications to improve the quality and uptake of services for the improvement of nutrition in mothers and children. These are likely to be applicable elsewhere in addition to the states being supported by WINNN.

### **9.2 For Government and Civil Society**

As far as other stakeholders with responsibility for tackling the critical state of malnutrition in Northern Nigeria are concerned, there are key activities which require starting or consolidating at federal, state and LGA levels. These include creating greater awareness of the existence and value of operational research. Particularly important will be identification, starting or intensifying of nutrition sensitive interventions (e.g. WASH, social development, education for girls, family planning, and agricultural extension), improved human resource management, and financial accountability and disbursement of funds for nutrition.

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<sup>2</sup> <http://www.heart-resources.org/tag/orie/>

## Annexe 1: Meeting agenda

<b>Time</b>	<b>Session</b>	<b>Speaker</b>
9.30-10.05	Welcome and introduce schedule and panel	Dr. Chris Osa (FMoH)
10.05-10.20	Welcome Remarks – Chair	Mr. Rafiu Ibraheem (NPC)
10.20-10.40	Overview of the WINNN programme	Dr. Ibrahim Oloriegbe (WINNN)
10.40-11.30	ORIE research findings	Prof. Andrew Tomkins (ORIE)
11.30-11.50	Making the case for action to address undernutrition – messages from implementation and research	Dr. David Olayemi (WINNN)
11.50 - 13.00	Discussion	Chaired by Dr. Chris Osa
13.00-13.15	Wrap up and close	Mr. Pragya Mathema (UNICEF)
13.15	<b>CLOSE</b>	
13.30-14.30	Lunch	

## Annexe 2: Participants attendance list

S/N	Name	Organization	Position
1	Kat Pittore	ORIE	EDU Officer
2	Prof. Ngozi Nnam	Nutrition Society of Nigeria	President
3	Dr. Halima Abdu	University of Jos	Paediatrician
4	Dr. Wahab Afolabi	Fed. University of Agriculture, Abeokuta	Nutritionist
5	Dr. Muyiwa Owolabi	Ahmadu Bello University, Zaria	Nutritionist
6	Gertrude Odezugo	USAID/NG	MCH Program Manager
7	Femi Adegoke	OPM	QRM
8	Nelson Chito	NPHCDA	Assist. Director
9	K. C. Thompson	FMoH	Assist. Director
10	C.A . Jeminiwa	National Planning Commission	CPO
11	Prof. Danladi Ameh	Ahmadu Bello University, Zaria	Researcher
12	Auwal Ibrahim Jauro	FHCMB, Yobe	Nutrition M&E
13	Patrick Ward	ORIE/OPM	Project Manager
14	Prof. Taofeek Ibrahim	Usman Dan Fodio University, Sokoto	Researcher
15	Prof. Kabiru Sabitu	Ahmadu Bello University, Zaria	Researcher
16	Sani. S. Hassan	Ahmadu Bello University, Zaria	Researcher
17	Dr. Janet Alegbejo	Ahmadu Bello University, Zaria	Paediatrician
18	Dr. K.M. Anigo	Ahmadu Bello University, Zaria	Researcher
19	Dr. Clara Ejembi	Ahmadu Bello University, Zaria	Researcher
20	Hafsat Abdullahi	University of Maiduguri	Researcher

21	Isah Garba	DFID/NG	Program Officer
22	Dr. Florence Oni	UNICEF	Nutrition Specialist
23	Yakubu Bitrus	UNICEF	State Nutrition Coordinator, Kebbi
24	Abdulhadi Abdulkadir	UNICEF	State Nutrition Coordinator
25	Aishatu Aminu Zango	Gunduma Health Service Board, Gusua	State Nutrition Officer
26	Tom Barker	ORIE	EDU Officer
27	Aisha Abdulahi	Katsina Stte PHC Development Agency	Assit. SNO
28	Hannatu Yaro	ORIE	Gender Consultant
29	Temitope Falayi	Federal Ministry of Information	Senior Information Officer
30	Dr. Kabir Ibrahim	Gunduma Health Service Board, Gusua	Director, PHC
31	Dr. Ahmed Abdulwahab	PRRINN-MNCH	National Programme Manager
32	Babatunde Lawani	Save the Children	State Technical Advisor
33	Taiye Babarinsa	Save the Children	Field Manager
34	Sani Yusuf Argungu	SMOH, Kebbi	Director, PHC
35	Dr. Tamanna Ferdous	ACF	Nutrition Specialist
36	Dr. Abimbola Williams	Save the Children	Senior MNH Manager
37	Lawan K. Ibrahim	State PHC Management Board, Yobe	Director General
38	Dr. M.B Kawuwa	State Ministry of Health, Yobe	Hon. Commissioner
39	Mohammed Ali	State PHC Management Board, Yobe	Assit. Director
40	Dipo Ogini	FMoH	Nutrition Officer
41	Abdullah Magama	ACF	State Technical Advisor
42	Kabiru Mohammed	Ministry of Budget, Zamfara State	Permanent Secretary



43	Yusuf A. Musa	SMOH	Director, PHC
44	Samaila Bakura	State Ministry of Health, Zamfara	State Nutrition Officer
45	Aliyu Galadima	State Ministry of Health, Kebbi	State Nutrition Officer
46	Aminu Usman D.	Save the Children	State Technical Advisor
47	Ibrahim S. Adamu	ACF	Head of Base
48	Idris Abdulsala	ACF	State Technical Advisor
49	Gloria Njoku	ACF, Jigawa	HEad of Base
50	Pragya Mathema	UNICEF	Nutrition Specialist
51	Dr. Emmanuel Odu	NPHCDA	Director, Com. Health Services
52	R.O Ibrahim	National Planning Commission	Ag. Director, Economic Growth
53	Dr. Tayo Adeyemi	ORIE	Consultant
54	Dr. Ibrahim Oloriegbe	WINNN	Chief of Party
55	Pharm. Usman Taliq	Gunduma Health Service Board, Gusua	Director General
56	Abdulahi Abdulkadir	UNICEF	State Nutrition Consultant
57	Shehu Aliyu Sambawa	SMOH, Kebbi	Hon. Commissioner
58	Abubakar Tafida	SMOH, Jigawa	Hon. Commissioner
59	Kelechi Amaefule	NPHCDA	ACSO
60	Dr. Chris Isokpunwu	FMoH	Head of Nutrition
61	Omolola Morgan	Save the Children	Nutrition Program Officer
62	Adaeze Oramalu	Save the Children	Nutrition Adviser
63	Abubakar Udu Idris	SMOH, Kebbi	Chairman, SFNC
64	Uruakpa John	FMoH	Assit. Director

65	Amelia Boniqueoult	Save the Children	Regional Nutirtion, Adviser, Senegal
66	Peter Oladele	UNICEF	Program. Assit., Nutrition
67	Innih Catherin	DFID/NG	
68	M. K. Janyau	SMOH, Zamfara	Hon. Commissioner
69	Prof. Andrew Tomkins	ORIE	International Team Leader
70	Dr. Frances Hansford	ORIE	Consultant
71	Dr. Vincent Ahonsi	ORIE	National Team Leader
72	Dr. David Olayemi	Save the Children	Senior Advocacy Manager