



Strengthening Wasting Management in Nigeria

Summary of Consultations with Stakeholders



Photo Credit: Karen Kasmauski MCSP

Presentation Overview

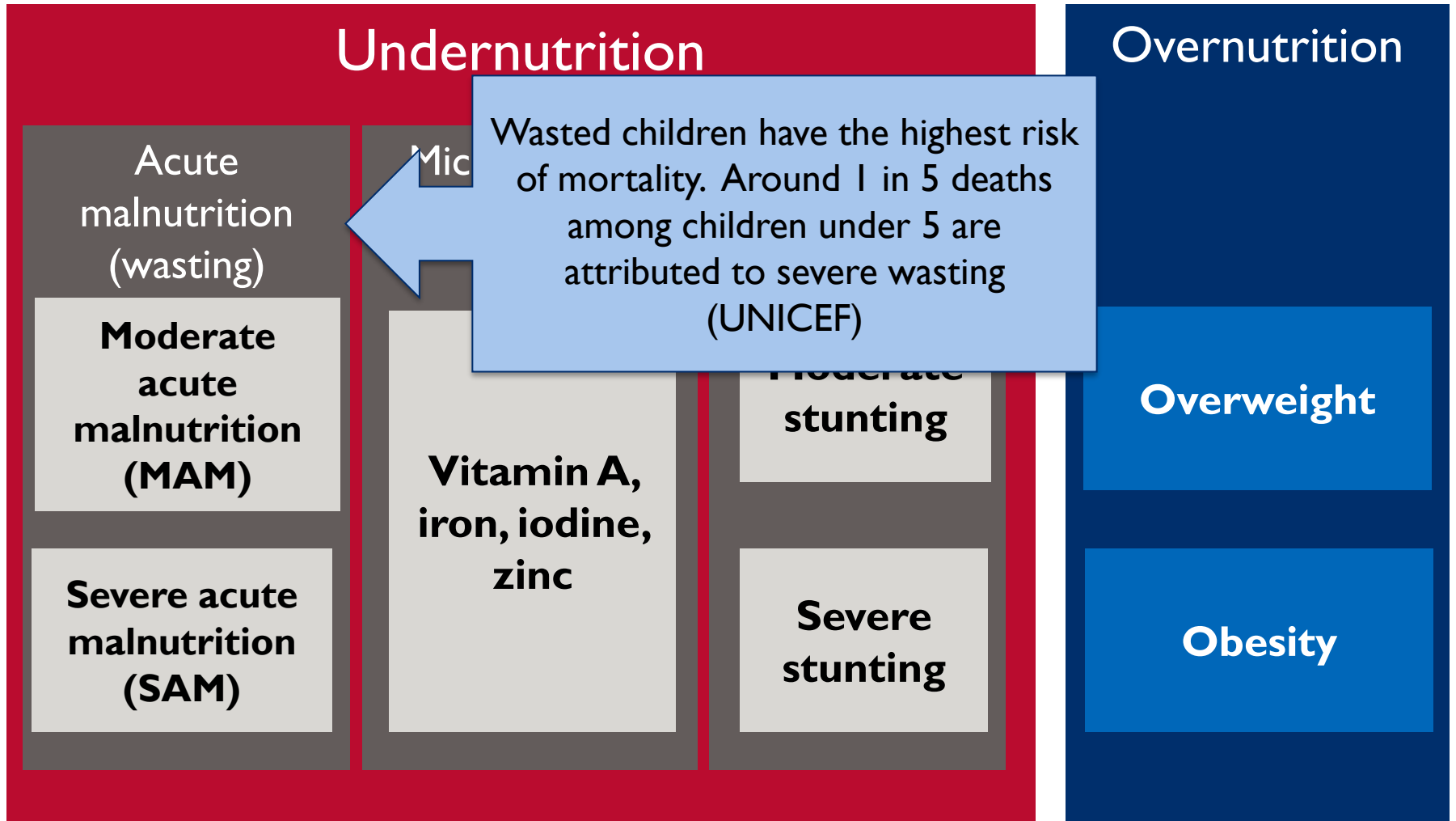
- Background and rationale for the wasting consultations
- Identified challenges:
 - Wasting treatment
 - Local production of ready-to-use therapeutic foods (RUTF)
 - Wasting prevention
- Opportunities
- Plenary discussion
- National Council on Nutrition Current Efforts
- Next steps



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Background and Rationale

Types of Malnutrition

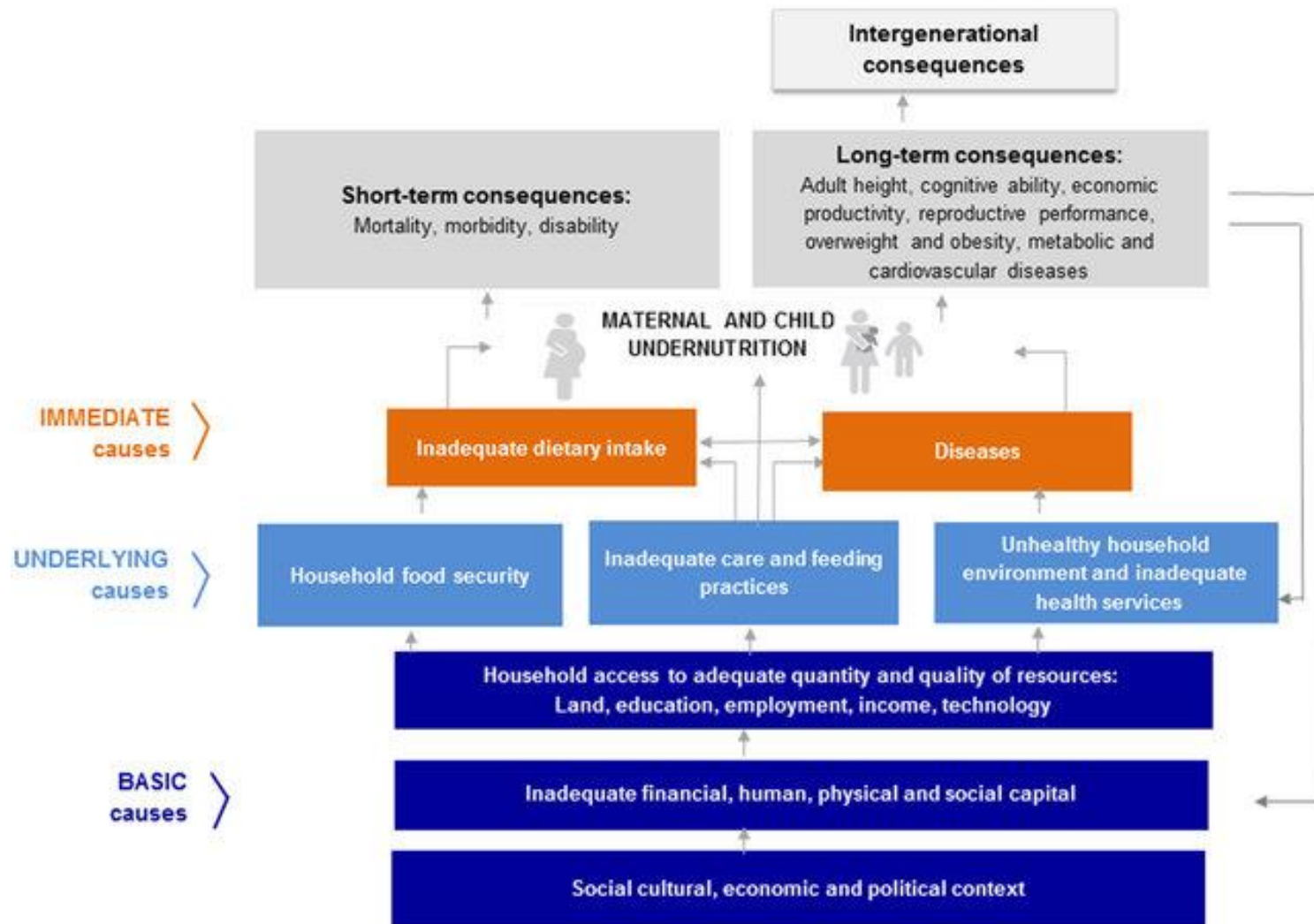


Malnutrition in Nigeria

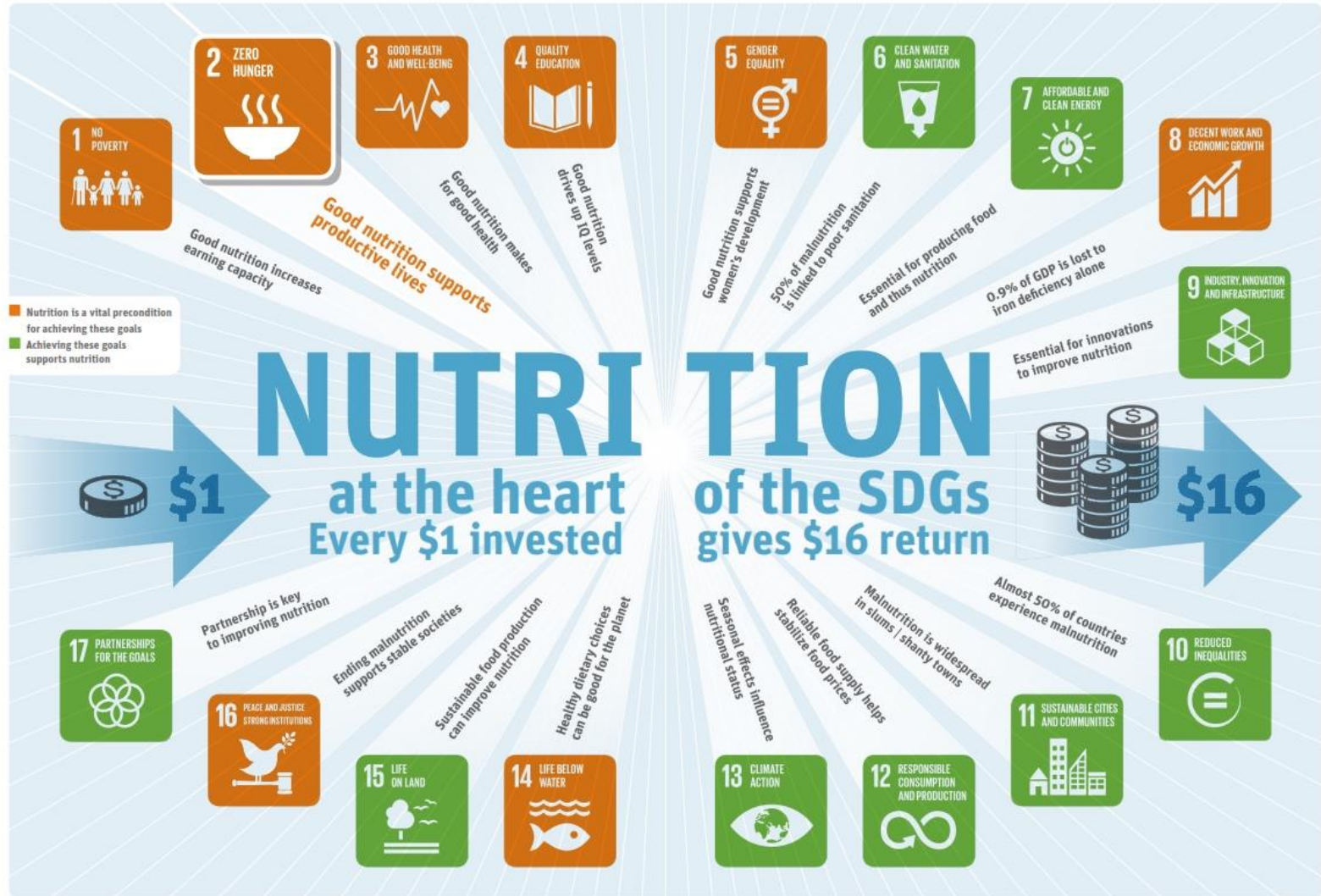
- Malnutrition remains a problem of public health significance across all age groups and geographies in Nigeria.
- Causes and risk factors of malnutrition are multifaceted; hence a multi-sectoral approach is needed to address them.
- The number of children wasted varies greatly across states and even between LGAs.
- In the North East, wasting prevalence is estimated to be as high as 28 percent, which is nearly double the emergency threshold of 15 percent.

Wasting prevalence and data on selected drivers (NDHS 2018)	National Average
Prevalence of wasting among children under 5 years (0–59 months) WFH <-2 SD	6.8%
Minimum acceptable diet, all children aged 6–23 months (percent)	10.6%
Prevalence of thinness among women of reproductive age (15–49 years) (BMI less than 18.5 kg/m ²)	12.1%
Total fertility rate	5.3
Median age at first birth, women aged 25–49	20.4
Access to improved drinking water	65.3%
Access to improved sanitation facility	53.4%
Prevalence of diarrhea in children under 5	12.8%

UNICEF Conceptual Framework of Malnutrition



Nutrition's Multi-Sectoral Contribution



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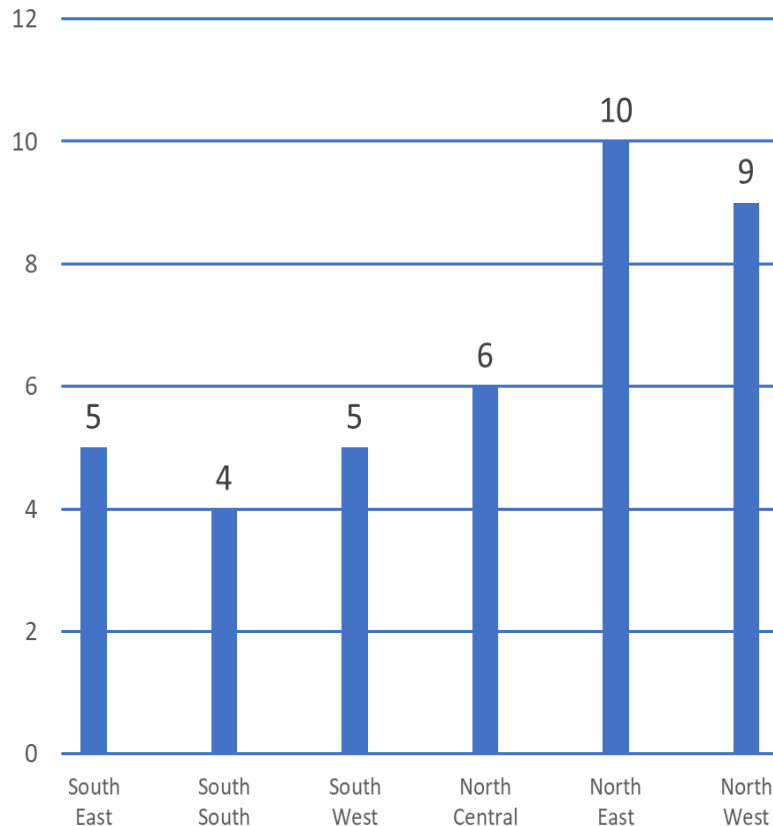
Policy Environment

- The policy environment for nutrition in Nigeria is strong:
 - The revised **National Policy on Food and Nutrition in Nigeria** provides an overarching framework for multi-sectoral action to reduce malnutrition in the country (Ministry of Budget and Planning 2016).
 - The **National Multi-Sectoral Plan of Action for Food and Nutrition 2021–2025** (NMPFAN) guides the implementation of nutrition-specific and nutrition-sensitive interventions across sectors to address the challenges of hunger and malnutrition (FMFBNP 2021).
 - **Reducing wasting is a priority** in both policy and plan documents with a target to reduce childhood wasting, including severe acute malnutrition (SAM), from 18 percent in 2013 to 10 percent in 2025.
- Coordinated by the **National Council on Nutrition**, the **National Committee on Food and Nutrition**, and **State Committees on Food and Nutrition**
- Recently approved **nutrition departments and creation of budget lines for nutrition in relevant MDAs** to ensure sustainable funding for nutrition.

Rationale for the Wasting Consultations

- Despite the strong policy environment, there are significant gaps in the availability of wasting treatment and a need for stronger coordination of multi-sectoral nutrition interventions that can help to prevent wasting.
- The objective of the wasting consultations was to **define priorities and strategies** for the Government of Nigeria, implementing partners, and donors to **strengthen the quality of and access to wasting management services and activities, inclusive of both prevention and treatment.**

Children with Wasting Across ALL Geopolitical Zones (%)



- The United Nations Cluster System has been activated in the in North East. Despite the flow of humanitarian support, needs remain high.
- However, the **need for wasting prevention and treatment support exists throughout the country.**
- There is a need for a **holistic plan to prevent children from becoming wasted and ensure that all children in need of wasting treatment can receive it regardless of where they live.**

Global Action Plan on Child Wasting (GAP)

- Jointly developed by five United Nations (UN) agencies, in consultation with implementing partners and donors:
 - Food and Agriculture Organization (FAO)
 - United Nations Children's Fund (UNICEF)
 - United Nations High Commissioner for Refugees
 - World Food Programme (WFP)
 - World Health Organization (WHO)
- It recognizes the **currently fragmented approach to wasting management**—largely emergency-centered approaches
- Promotes a shift to a systems-based approach that strengthens health; food; water, sanitation, and hygiene (WASH); and social protection systems
- Goal of reduce wasting prevalence to less than 5 percent by the year 2025 and to less than 3 percent by 2030

Nigeria GAP Country Roadmap

Nigeria is one of 23 frontrunner country governments that were to identify a “core set of ambitious yet feasibly priority actions” to address wasting.

The Nigeria GAP Country Roadmap set the following targets to achieve by 2025:

- Reduce low birth weight to 4.9 percent
- Increase the rate of exclusive breastfeeding to 65 percent
- Increase the coverage of treatment services to 50 percent for children with wasting and
- Improve child health by achieving universal health coverage, including access to quality essential health care services for a select percentage of the population (UNICEF, FAO, UNHCR, WFP, and WHO 2021).

Nigeria GAP Country Roadmap - Annual Cost (USD)

Outcome	Area	USD
1	Improved Birthweight	23,871,492.77
2	Improved Child Health	24,400,278.54
3	Diets & Practices	2,721,931.60
4	Detection & Treatment of Wasting	3,098,157.60
	Total Annual Cost	54,091,860.47

Linkages Between the GAP Country Roadmap and the NMPFAN

- The government is committed to addressing wasting and achieving the 2030 UN Sustainable Development Goals.
- In partnership with development partners and other stakeholders, have developed multiple guidelines for interventions aimed at the prevention or management of acute malnutrition, as well as national policies and plans.
- Major bottlenecks identified in the consultation are already captured in the GAP roadmap and the NMPFAN.
- Implementation of the transformation of national food systems through the three identified quick wins will ensure sustainable food and nutrition to help contribute to addressing wasting.

Consultation Process

- Individual consultations with a selection of humanitarian actors and local producers of RUTF
- State-level consultations in Sokoto, Kebbi, and Bauchi (USAID Advancing Nutrition areas of operation)
- National-level consultation
- Desk review and synthesis of findings highlighting challenges and opportunities for:
 - Wasting treatment
 - Local production of RUTF and other ready-to-use food products
 - Wasting prevention (aligned to health, food, WASH, and social protection systems as outlined in the GAP)



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Challenges: Wasting Treatment Services

Availability of Treatment Services

- There is little recent coverage data available for the country.
- Data available estimated that **only one in three children were accessing available services** (ACF 2015).
- Current coverage is assumed to be lower due to challenges.
- Service availability better in the humanitarian intervention areas but partners still face access challenges due to insecurity.
- Demands for services continue to grow due to pressures from COVID-19 and the Ukraine crisis on supply chains and inflation.

Funding and Implementation Support

- There has been a loss of support to CMAM programming in non-humanitarian settings driven by combination of factors:
 - Closure and non-renewal of projects that had been supporting CMAM sites
 - Changeover in state government contributed to the drop in active sites as a result of reduced funding for procuring RUTF
 - Existing active sites receive limited support, due to limited UNICEF funding for the provision of nutrition commodities like RUTF.
- In non-humanitarian settings greater emphasis is placed on state-support for commodities with the aim of making the services more sustainable but does not always work successfully; funds may be committed but are not always released
- Even in humanitarian settings there are large funding gaps (only 13 percent of requested funds received), leading to a reduction in partner support.

Availability of Nutrition Commodities

- Availability of therapeutic products—including RUTF, F-75, F-100—were reported as inadequate in both humanitarian and non-humanitarian settings.
- Reliant on external support from donors, UN and partners
- Limited state- and federal-level financing for the purchase of therapeutic products
 - Issues regarding release of committed funds dedicated for RUTF procurement and lack of political will to ensure more resources
- Availability of RUSF for treatment and coverage of SFP services of MAM was low.
- Stakeholders expressed the need to implement alternative treatment approaches using locally available foods, such as the Tom Brown and Porridge Mums approaches. **However, there is no evidence-based alternative approach for treatment of SAM. Therefore, therapeutic products are still essential.**

Capacity Strengthening for CMAM

- Capacity of both health workers and nutrition focal persons to use health information management systems is a challenge.
- Strengthening capacities for general CMAM service delivery is a critical part of re-scaling wasting treatment services.
- This should be alongside efforts to ensure availability of therapeutic and supplementary products at the service delivery sites.



Challenges: Local Production of RUTF

Overview on Local Producers

- Consulted with three local producers: Ariel Foods, DABS Nutritional Products Limited, Nutri K Limited.
- All have capacity to produce multiple types of ready-to-use therapeutic and supplemental food products – but not currently producing a full range of products or at full capacity due to a lack of demand.
- All have supplied UNICEF and NGO partners – very few government clients.
 - Government stakeholders view the purchase of RUTF as cost intensive and unsustainable; they would prefer to invest in alternative treatment approaches that use local foods.
- Our consultations found that despite the positive outlook and the expansion of local producers in Nigeria, challenges to the scale of local production remain.

Cost Competitiveness

- Cost of importing raw materials that are not currently available in sufficient quantities—or at all—locally is limiting the expansion.
- Difficulties competing with duty-exempt imported RUTF (as UNICEF has exemptions) at the current scale of production.
- Globally, the cost difference and estimates make locally produced RUTF cost 12 to 14 percent more than imported RUTF on average (UNICEF Supply Division 2021).

Sourcing of Raw Materials

- Most locally procured inputs are for packaging and not for the RUTF product itself.
- Producers are working with agriculture-focused NGOs to support local farmers to produce higher quantities of aflatoxin-free peanuts – but better coordination of efforts is needed.

Input Type	Locally Procured	Imported	Working on Local Procurement
Food product input	Peanuts—but limited supply, vegetable oil	Canola oil, peanuts, milk powder, vitamin premix	Palm oil, peanuts (increasing current levels availability and quality)
Packaging input	Cartons/corrugated sheets, poly-liner bags, tape, pallets, film for wrapping pallets	None mentioned	None mentioned

Regulatory and Enabling Environment

- Need for specific waivers to import certain inputs like milk powders, were noted to be labor-intensive and cumbersome.
- Importance of RUTF in reducing wasting calls for more supportive environment for local producers to meet the needs.
- Tariffs, import requirements, and inflation is driving up of the costs of inputs at local production facilities as well as the cost of imported raw materials



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Challenges: Wasting Prevention Approaches

Policy Environment for Multi-Sectoral Nutrition Activities

- NMPFAN places a strong emphasis on preventing malnutrition with 15 MDAs identified as key contributors to achieve the multi-sectoral nutrition objectives set out in this plan.
- NMPFAN has been costed in an effort to guide MDAs, donors, and partners in its implementation.
- Almost 90 percent of the costed activities are prevention related; most funding is still within the health sector (FMFBNP 2021).

Sector	Estimated Investment Contribution
Federal Ministry of Health	42%
National Primary Health Care Development Agency	42%
Federal Ministry of Agriculture & Rural Development	11%
Ministry of Finance, Budget and National Planning	3%

Challenges to Wasting Prevention Approaches - Health System

- The National CMAM Operational Guidelines cite several prevention intervention areas that should be linked to wasting treatment services.
- Much work still needs to be done to better coordinate and integrate prevention services to have impact on wasting prevalence.
- Poor integration of nutrition-sensitive programs in the communities to aid the prevention of wasting.
- Poor maternal, infant, and young child nutrition (MIYCN) practices and food insecurity as key drivers of wasting that need to be both prevented and addressed.
- More needs to be done to reduce barriers to putting knowledge into practice at the community level.
- Broader health systems strengthening is needed.

Challenges on Wasting Prevention Approaches - Food System

- Food production is hindered by many factors:
 - low adoption of good agricultural practices
 - access to inputs and services
 - banditry, kidnapping, and insecurity
- Post-harvest handling practices lead to losses: farmers do not know how to properly harvest, store, or process foods to preserve them.
- Household overcooking of foods, particularly fruits and vegetables, is an important gap in food preparation.
- Inadequate monitoring of food fortification by regulatory bodies.
- Need to improve agricultural production food safety and consumers' food preparation and storage practices.

Challenges to Wasting Prevention Approaches

WASH

- Update WASH policy frameworks to better align with the Sustainable Development Goals.
- General lack of access to and coverage of improved infrastructure.
- Focus should not be only access to clean water and sanitation facilities but also to irrigation systems to support better food production.

Social Protection Systems

- Lack of evidence and effective data monitoring systems, poor coverage, and targeting challenges.
- Limited interaction between nutrition and social protection actors.
- Lack of knowledge of complementary prevention interventions outside the health and agriculture sectors.
- Additional support to prevent relapse, or for households deemed to be at a higher risk of having children who may develop wasting.
- Need to disseminate and domesticate social protection policies to help with awareness raising.

Cross-cutting Challenges - Strengthening Coordination

- SCFNs are to ensure that nutrition-and-wasting activities take place in a coordinated manner in alignment with multi-sectoral policies, strategies, and protocols.
- Nutrition is not yet a high priority for some of the SCFN members, which creates barrier to providing coordinated, sustainable wasting prevention and treatment efforts.
- Lack of involvement of the MDA nutrition desk officers during essential government planning meetings.
- The Federal government has mandated the creation of nutrition departments within relevant national- and state-level MDAs but this is still in progress



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Opportunities and Identified Actions: Strengthen Wasting Treatment

Ensure an Adequate and Reliable Supply of Nutrition Commodities

- A plan to secure a supply of nutrition products for treatment should be put in place first and foremost before service expansion can responsibly be considered.
- Supporting the local production of RUTF and financing for the purchase of nutrition products—both imported and locally produced—needs to be increased.
- High-level advocacy at national and state levels for funding commitments for the purchase of RUTF is needed to make the issue more visible and hold decision makers accountable when commitments are not met.
- States should seek to match the funding provided by donors or implementing partners who support the purchase of RUTF and other nutrition-related commodities and supplies.
- States should consider creating a specific budget line within the federal and state Ministry of Health budgets to purchase these commodities.
- Increase the evidence base for and consider the scale-up of alternative treatment approaches.

Scale-up Service Delivery to Increase Coverage of Treatment

- Donors and implementing partners, in consultation with the federal and state Ministries of Health, need to develop a plan to ensure life-saving treatment services are available wherever they are needed.
- Partners and donors should consider ways to increase their support beyond the humanitarian realm.
- Implementing partners should work together to determine who is best placed to fund nutrition commodity shortages in non-humanitarian areas.
- Government and partners to support the capacity strengthening efforts required to ensure high-quality service delivery once the basic supplies can be secured.

Treatment Using Locally Available Foods and Simplified Approaches

- States were very interested in scaling up approaches like Tom Brown, which make use of locally available foods.
- Important to continue to gather evidence on the appropriateness of these approaches and to understand contextual factors that may influence their success and scalability.
- USAID Advancing Nutrition is contributing to this effort by conducting case studies on both Tom Brown and the Porridge Mums approaches, including gathering costing information to help inform scale-up decisions.
- Need to explore more innovations using these approaches to see if they could also be used to effectively treat wasting, such as further fortification of the Tom Brown porridge mixture.
- There are several wasting treatment simplifications that are being trialed in an effort to improve the efficiency, effectiveness, coverage, and quality of wasting treatment.

Promote the Scale-Up of Locally Produced RUTF

- To increase the availability of and financing for ready-to-use therapeutic and supplementary food products, procuring these products locally should also be encouraged.
- Support must be provided to local producers to ensure that more of the raw materials can be sourced locally in the right quantities and at the required quality.
- The enabling environment for local production should be strengthened.
- To promote the production of locally produced ready-to-use foods consider the following:
 - Commit to buying locally produced products first and importing only when there is a gap in local supply.
 - Streamline administrative processes for local producers to import raw materials that are not available locally in adequate quantities or of adequate quality.
 - Strengthen and expand local industries to produce an adequate quantity of quality, locally available raw materials



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Opportunities: Strengthen Wasting Prevention

Strengthen Wasting Prevention

- **Health System**

- Leverage existing community-based nutrition services for early detection and support for preventive action
- Improve access to health and nutrition services

- **Food System**

- Support farmers to increase their agricultural productivity
- Farmers and households to apply improved food safety and food preparation practices

- **WASH System**

- Scale up access to water and sanitation facilities alongside other key initiatives

- **Social Protection System**

- Appropriately target and bring to scale identified interventions

Cross-Cutting Opportunities

- Continue to support SCFNs and establish more local government committees for food and nutrition (LGCFNs).
 - To continue this strengthening, more engagement is needed from partners and other sectors.
 - LGCFNs must be established and supported.
- Advocate for the creation of nutrition departments within all MDAs.
 - For improved planning and coordination and budget transparency and accountability
- Develop accountability mechanisms to ensure committed nutrition funds are released on time and in the correct amounts.
 - Creating nutrition departments would also lead to the creation of a budget line for that department.
 - Budget tracking methods to be put in place to ensure that funds allocated to support nutrition activities are released and used for the appropriate activities.



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National Council on Nutrition (NCN): Current Efforts

National Council on Nutrition Work

- **National Council on Nutrition (NCN)** is the highest decision-making body on food and nutrition in Nigeria
 - **Technical Advisory Group (TAG)** was inaugurated by the NCN to provide Strategic technical advice and make recommendations to the NCN on NMPFAN
 - **Delivery Unit** in the office of VP was set up to focus on supporting the smooth delivery of the National Nutrition Council objectives
- Strong **political will** for nutrition
- **State government** fully involved through NGF
- NMPFAN **synthesized work plan**: Include roles of MDAs & capacity plans
- **Nutrition department** and creation of **budget line** approved
- NMPFAN **M&E Framework** developed
- **Nutrition communication and advocacy strategy** to be rolled out
- National **Nutrition Scorecard** being developed
- Engagement of **private sector** for nutrition investment plan

Next Steps

- USAID Advancing Nutrition plans to continue to bring together stakeholders for consultations on wasting
- Proposed activities:
 - To help further prioritize and operationalize the GAP Country Roadmap, link progress to the NMPFAN and NCN Delivery Unit work planning process using the M&E Plan
 - Hold a consultation specifically on continued strengthening of local production as a key aspect of ensuring the availability of wasting treatment – especially for severely wasted children

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USAID ADVANCING NUTRITION

IMPLEMENTED BY:

JSI Research & Training Institute, Inc.

2733 Crystal Drive

4th Floor

Arlington, VA 22202

Phone: 703-528-7474

Email: info@advancingnutrition.org

Internet: advancingnutrition.org nutrition.org

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