

**COMMUNIQUE ISSUED AT THE END OF A RETREAT FOR RELEVANT COMMITTEES IN THE SENATE AND HOUSE OF REPRESENTATIVES ON RECOGNISING PREVENTION AND TREATMENT OF SEVERE ACUTE MALNUTRITION AS A CHILD RIGHT ISSUE ORGANISED BY CIVIL SOCIETY LEGISLATIVE ADVOCACY CENTRE (CISLAC) AT SWISS SPIRIT HOTEL & SUITES, ACCRA GHANA ON 13<sup>TH</sup> FEBRUARY, 2020 1500hrs.**

**Preamble**

Civil Society Legislative Advocacy Centre (CISLAC) organized a Retreat for relevant Committees in the Senate and House of Representatives on prevention and treatment of Severe Acute Malnutrition (SAM) as a child right. The Retreat aimed at enlightening members of relevant committees on SAM issues and how they can ensure that SAM is recognised as a human right issue and prioritization of funding for the Ready-to-Use Therapeutic Food (RUTF) and Community-based Management of Acute Malnutrition (CMAM) through appropriate legislative intervention. The Retreat was chaired by **Sen. Ibrahim Yahaya Oloriegbe**. After deliberating exhaustively on various thematic issues, the following observations and recommendations were made:

1. While malnutrition constitutes a critical developmental issue cutting across multi-sectoral dimension, it affects the future and reduces the GDP of a nation by 8%.
2. Nigeria records the highest burden of malnutrition in Africa with 37% stunting and 7% wasting prevalence (NDHS, 2018) among children under-5 in Nigeria.
3. While malnutrition manifests in poor physical and cognitive development like stunting, wasting, underweight, over-weight and low productivity, Severe Acute Malnutrition increases a child susceptibility to immediate mortality.
4. With the Universal Declaration of Human Right, Constitution of Federal Republic of Nigeria, Sustainable Development Goals (particularly Goal 2—Zero Hunger), Child Right Act 2013, adequate nutrition status constitutes a Child Right in Nigeria.

5. Delayed domestication of Child Right Act at state level remains a serious challenge to the prevention and treatment of Severe Acute Malnutrition (SAM) as a Child Right.
6. Poor hygiene, ignorance, illiteracy and inappropriate feeding habit at household level are contributory to malnutrition.
7. Existing international proclamation militating against local production of Ready-to-Use Therapeutic Food (RUTF) in Nigeria is a major impediment rendering local technically know-how effort inefficient.
8. Inadequate funding for the prevention and treatment of SAM at all levels of government.

## **Recommendations**

1. Strengthening legislative oversight on existing nutrition policies implementation like National Policy on Food and Nutrition to promote holistic intervention on the prevention and treatment of Severe Acute Malnutrition (SAM).
2. Extensive legislative oversight on nutrition budgetary allocation; utilisation of Basic Health Care Provision Fund; and agricultural budgetary allocation for increased food accessibility, availability and accessibility at all levels.
3. Embracing collaborative and coordinated multi-sectoral approach with increased highly level priority to addressing malnutrition nutrition through constructive synergy, supervision and integrated nutrition budgetary allocation and service delivery across the line Ministries, Departments and Agencies.
4. Promote local production of Ready-to-Use Therapeutic Food (RUTF) in Nigeria to promote sustainable treatment of SAM and avert dreaded impacts of stock-out as presently experienced in some affected states.

5. Reviewing relevant legislation militating against local production of Ready-to-Use Therapeutic Food (RUTF) based on needs assessment and national priority.
6. Evidence-based needs assessment of Ready-to-Use Therapeutic Food (RUTF) requirement for budgetary allocation.
7. Making nutrition as a separate component of Basic Health Care allocation in Nigeria.
8. Instituting appropriate public health education on adequate nutrition status at all levels for required behavioural change through massive public/community awareness and sensitisation by relevant MDAs to complement efforts in the prevention and treatment of Severe Acute Malnutrition (SAM).
9. Prioritising immediate curative measure to address Severe Acute Malnutrition, while galvanising preventive measures through scale-up of Community-based Management of Acute Malnutrition (CMAM) across affected communities in Nigeria.
10. Immediate domestication and full implementation of Child Right Act at state level to prioritise prevention and treatment of SAM as a child right issue.
11. Deepening cooperation and collaboration between the national and state governments to ensure synergy in intervention.
12. Enhanced national security to encourage local food production and decrease number of Internally Displaced Persons (IDPs).
13. Immediate constitutional amendment for Local Government Autonomy to self-sufficiency and enable development at grassroots level.

**Signed:**