Preamble

Civil Society Legislative Advocacy Centre (CISLAC) organized a Retreat for relevant Committees in Katsina State House of Assembly 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 process. After deliberating exhaustively on various thematic issues, the following observations and recommendations were made:

1. Globally, Nigeria remains second and the highest country in Africa with malnutrition related burden.

2. While malnutrition related burden reduces a Nation’s GDP by 8%, it also impedes physical growth and cognitive development of a child with no fewer than 2.5million children affected in Northern Nigeria.

3. The dreaded impacts of malnutrition include monumental economic and productivity losses, irreparable potential loss, increased susceptibility to communicable diseases and other infections.


5. In 2020 Appropriation Law, Katsina State appropriated 13% of the state’s budget to health sector with sustained effort towards nutrition intervention.
6. Encouraging home-grown alternatives including preventive and curative measures is recognised as critical to address Severe Acute Malnutrition in a sustainable form.

7. Misuse of RUTF at household levels constitutes a major challenge to addressing Severe Acute Malnutrition.

8. Inadequate trained Nutritionists at Primary Health Care levels results in inefficient service delivery.

9. Inadequate orientation on SAM management of some health workers at Primary Health Care levels results in inefficient service delivery on nutrition at grassroots level.

Recommendations:

1. Embracing coordinated multi-sectoral approach to financing nutrition through constructive synergy and integrated nutrition budgetary allocation and service delivery across the line Ministries, Departments and Agencies.

2. Increased focus on preventive measures (IYCF and others) and management of SAM.

3. Immediate domestication of the National Policy on Food and Nutrition and strategic plan of action to guide identification, and implementation of Nutrition intervention,

4. Encouraging policy stability for enhanced agricultural productivity to enable availability, affordability and accessibility of locally produced nutritious foods.

5. Immediate review of existing nutrition activities with coasted plan across the line ministries in the state on nutrition intervention to be more result-oriented and impactful, taking cognizance of the existing needs and priorities.

6. Timely release of fund, cash-backing and judicious utilisation to ensure sustained nutrition intervention in the state with
strengthened oversight by the State House of Assembly on existing funds and policies.

7. Increased recruitment of nutritionists to effectively administer nutrition care, adequate training and retraining programmes for health care workers at Primary Health Care to ensure efficient service delivery on nutrition care at grassroots level.

8. Integrated farming, value innovation and re-orientation in traditional agriculture production to promote standardisation for healthy consumption.

9. Prioritising immediate curative measure to address Severe Acute Malnutrition, while galvanising preventive measures in the state.

10. Encouraging scale-up of Community-based Management of Acute Malnutrition (CMAM) to yet-to-reach Local Government Areas in the state for adequate coverage and enhanced attendance in the state.

11. Involvement of relevant LGAs, especially those with specific needs, in Appropriation process to ensure all-inclusive nutrition budgetary allocation and implementation.

12. Adequate and exclusive breastfeeding to enhance physical and cognitive development of a child for productive and fulfilling life.

13. Monitoring and tracking of related nutrition issues at constituency levels by Members of the State House of Assembly for well-informed and proactive legislative intervention.

14. Increased awareness on appropriate food intake at household levels with focus on storage and local food preservation to encourage qualitative and quantitative consumption.

Action points/commitments:
• House of Assembly to address difficulty attributed to release of fund for nutrition intervention
• House to facilitate the institutionalization and prioritisation of a functional budget implementation.
• The House to take as matter of priority, the passage of Child Protection Bill to give sustainable measure to address Severe Acute Malnutrition as a child right in the state.
• State Committee on Food and Nutrition to embark on advocacy and sensitisation to concretise a fund raising plan for local private sector financing.
• The House to coordinate with relevant stakeholders in conceptualisation of well-thought ideas with holistic view to formulate a State Policy on Nutrition for transformation into legislation. To be supported by CISLAC
• Media and civil society to constructively collaborate with the State House of Assembly and relevant MDAs sensitise and advocate for SAM
• Participants from the state to devise means of self-sustainability

Signed:

1. Hon. Lawal .H. Yaro – Chairman House Committee on Finance
2. Hon. Abubakar Suleiman Tunas – Chairman House Committee on Agric.
3. Hon. Aminu Ibrahim – Chairman House Committee on Health
4. Hon. Sirajo Sani S. – Chairman House Committee on Primary Healthcare
5. Hon. Umar Ali Bindawa – Chairman House Committee on Intergovernmental Relations.
6. Hon. Tukur Ilyasu Shagumba – Chairman House Committee on Administration
7. Alhaji Kabir Bara’u – Director Planning (representing Honourable Commissioner for Budget and Economic Planning)
8. Dr. Kabir Mustapha – Permanent Secretary, Ministry of Health (representing Commissioner for Health)
9. Mallam Yusuf Abdullahi – Clerk of the House of Assembly