COMMUNIQUE ISSUED AT THE END OF A TWO-DAY SUMMIT FOR STATE POLICY MAKERS ON FINANCING NUTRITION IN NORTHERN NIGERIA ORGANIZED BY THE FEDERAL MINISTRY OF BUDGET AND NATIONAL PLANNING IN PARTNERSHIP WITH CIVIL SOCIETY LEGISLATIVE ADVOCACY CENTRE (CISLAC) AND UNITED NATIONS CHILDREN’S FUND (UNICEF) WITH SUPPORT FROM UKAID AND CHILDREN’S INVESTMENT FUND HELD AT TAHIR GUEST PALACE, G.R.A KANO STATE ON 24TH AND 25TH NOVEMBER, 2016.

Preamble

The Federal Ministry of Budget and National Planning in partnership with Civil Society Legislative Advocacy Centre (CISLAC) and United Nations Children’s Fund (UNICEF) organized a two-day Summit for State Policy Makers on Financing Nutrition in Northern Nigeria. The Summit aimed at bringing the States legislators and policy makers from various states under one roof to: identify opportunities for financing nutrition in their respective states, understand existing efforts by the States towards increasing nutrition investment and addressing nutrition emergency. The meeting drew over 70 participants from State Houses of Assembly, States Ministries of Health, Budget and Economic Planning, Federal Ministry of Budget and National Planning, civil society groups, development partners and the media.

The Summit was attended by the States’ Executives such as Kano State Honourable Commissioner for Health, Dr. Kabiru I. Getso; Jigawa State Honourable Commissioner for Health, Dr. Abba Z. Umar; Kebbi State Honourable Commissioner for Health, Mr. Umar Usman Kambara; Yobe State Honourable Commissioner for Budget and Planning, Mr. Idi Barde Gubana; Yobe State Honourable Commissioner for Health, Dr. M.B. Kawuwa; Economic Adviser to the Kaduna State Governor, Mr. Murtala M. Dabo; Special Adviser on Budget and Planning to the Bauchi State Governor, Mr. Bello Gidado; Special Adviser on Finance and Budget to the Adamawa State Government, Mr. Umar Bakari; Permanent Secretary, Jigawa State Ministry of Budget and Economic Planning, Mr. Adamu Muhammad Garunagabas; Permanent Secretary Borno State Ministry of Budget and Planning, Mr. Mustapha T. Abba; Permanent Secretary Bauchi State Planning Commission, Mr. Yaluza Adamu; Special Adviser on Health to the Jigawa State Governor, Hon. Bello Umar; Acting Permanent Secretary, Sokoto State Ministry of Budget, Mr. Usman A. Bodinga.

The Summit was also attended by Members of the State Houses of Assembly such as Gombe State Chairman House Committee on Health, Hon. Bature G. Usman; Gombe State Chairman House Committee on Finance, Hon. Adamu J. Saidu; Chairman Katsina State House Committee on Health, Hon. Abubakar Mohammed; Chairman Yobe State House Committee on Health, Hon. Ya’u Usman Dachia; Chairman Kaduna State House Committee on Health, Hon. Dr. Baal Z. Auta; Chairman Kano State House Committee on Budget, Rt. Hon. Abdul G. Azeez; Deputy Chairman Bauchi State House Committee on Health, Hon. Sale A. Umar; Deputy Chairman Bauchi State House Committee on Appropriation, Hon. Abdullahi S. Abdulkadir; Chairman Sokoto State House Committee on Finance and Appropriation, Hon.
Malami Ahmed Mohammed; Sokoto State Chairman House Committee on Health, Hon. Bature B. Muhammad.

After exhaustive deliberations on various thematic issues, the following observations and recommendations were made:

Observations:

1. Malnutrition impacts negatively on the development of a nation, and adequate health care cannot be addressed without prioritised attention to nutrition investment at all levels.
2. While 50% child mortality in the country has malnutrition as underlining cause, no fewer than 1200, out of 2600 estimated daily deaths are caused by malnutrition with only 10% children having minimum acceptable daily diet.
3. Existing religious and socio-cultural practices remain serious challenges aggravating malnutrition among the low economic quartile, which is the worst hit by endemic malnutrition across the Northern part of the country.
4. Delayed in domestication and implementation of the existing national policy guideline on nutrition like the National Policy for Food and Nutrition by the States, hampers public-private efforts to addressing nutrition coordination among relevant sectors, food insecurity, and maternal and child malnutrition.
5. Inadequate budgetary allocation to nutrition and delay in release by the state governments are inherent systemic challenges confronting donor interventions in nutrition.
6. Food insecurity, inappropriate feeding habits, poor awareness on acceptable balance diet, insufficient health facilities and services are contributory factors to maternal and child malnutrition across the North.
7. The existing abuse of Ready to Use Therapeutic Food (RUTF) across the States impedes both local and international efforts at addressing childhood malnutrition and mortality.
8. The existing constitutional provisions limiting the legislative intervention on budget to appropriation and oversight, remains a major challenge at ensuring appropriate implementation of fund as appropriated to the health sector.
9. Systemic bureaucracy in the States’ public sector delays timely accessibility to available donor funds to combat malnutrition.

Recommendations

1. Increased priority for sustainable investment in nutrition by all levels of government through adequate fund provision, timely release and appreciable policy and legislative curiosity to build healthy, productive and secured children.
2. Development of legal framework by the State Houses of Assembly to create ownership and institutionalize counterpart support by development partners to mitigate barriers confronting utilization and accessibility.

3. Prompt domestication and effective implementation of the National Policy for Food and Nutrition with functional support system and costed Nutrition Plan of Action by the States to provide guidelines and enhance planning for policy formulation towards maternal and child nutrition intervention and financing.

4. Multi-sectoral approach to address malnutrition, and creation of tracking and monitoring system on donor counterpart funding to the States to promote appropriate coordination, transparency, accountability and judicious utilisation of the funds.

5. Encouraging appropriate and exclusive breastfeeding system through individual re-orientation, community participation and ownership, to address childhood malnutrition and combat childhood killer disease at all levels.

6. Embracing local capacity in addressing malnutrition through diversification into agricultural sector to boost local remedies, enhanced financial support for Small-Scale farming; and appropriate community mobilization, sensitization and awareness.

7. Mainstreaming well-funded nutrition component in the State Primary Health Care systems to institutionalize efforts through policy transformation into legislation to address malnutrition, especially in the grassroots.

8. Appropriate operational research by relevant states’ authorities to identify thematic focus and formulate holistic framework for implementation on nutrition.

9. Adoption of appropriate family planning methods for effective utilisation of available resources to stimulate family’s socio-economic and health prosperity.

10. Adopting in totality, enabling strategies for adequate nutrition—behavioral change intervention, service delivery, capacity building, advocacy and resource mobilization, monitoring and evaluation, and multi-sectoral coordination and partnership.