COMMUNIQUE ISSUED AT THE END OF AN EXECUTIVE, LEGISLATIVE CSOs AND MEDIA ROUNDTABLE ON FINANCING NUTRITION IN KATSINA STATE ORGANISED BY CIVIL SOCIETY LEGISLATIVE ADVOCACY CENTRE (CISLAC) IN PARTNERSHIP WITH UNITED NATIONS CHILDREN’S FUND (UNICEF) HELD AT MAKERA HOTEL, KATSINA STATE ON 3RD OCTOBER, 2018.

Preamble

The Civil Society Legislative Advocacy Centre (CISLAC) in partnership with United Nations Children’s Fund (UNICEF) organized a Roundtable Dialogue. The Dialogue aimed at bringing under one roof the state’s executive, legislature, CSOs and the media to identify opportunities for financing nutrition, understand existing efforts by the State towards increasing domestic investment for nutrition and addressing nutrition emergency, giving cognizance to the importance of timely release of funds for nutrition, and increased domestic investment for the scale-up of CMAM in Katsina state. The meeting drew participants from the State Primary Health Care Development Agency (SPHCDA), State House of Assembly, State Ministries of Health, Agriculture, Education, Women Affairs, Department of budget and Economic Planning, civil society groups and the media. It was also attended by the Executive Secretary, SPHCDA who represented the Honourable Commissioner for Health. After exhaustive deliberations on various thematic issues, the following observations and recommendations were made:

Observations:

1. While malnutrition constitutes a serious setback to socio-economic development of a nation, sustainable growth in Katsina state cannot be achieved without prioritized attention to scale-up and sustain investment for nutrition.

2. An estimated 2.5 million Nigerian children under-5 suffer from Severe Acute Malnutrition (SAM) annually, exposing nearly 420,000 children under-5 to early death from common childhood illnesses such as diarrhoea, pneumonia and malaria.
3. Katsina state records 4.1% children with Severely Acute Malnutrition, 35% stunted, 14.9% wasting and 18.5% under-weight rates (Multiple indicator cluster survey, 2017).

4. While it costs N21,300 ($160) to cure a Severely Acute Malnourished child, in 2017, no fewer than 13,676 Severely Acute Malnourished children were saved from the State-Government-UNICEF intervention through Community Management of Severe Acute Malnutrition (CMAM) activities in the state.

5. The State Government has initiated Infant and Young Child Feeding as a proactive measure to sensitize communities against childhood malnutrition.

6. As part of its costed Annual Operational Plan, the State has a package where funding for nutrition is inclusive.

7. With 19 out of 34 LGAs living without CMAM, more funds are required to cure yet-to-cover SAM children in the state.

8. The budget line for nutrition intervention has been transferred from Department of Budget and Economic Planning to the State Primary Health Care Development Agency (SPHCDA) for improved coordination and efficiency.

9. The present rebasing of economy data initiated by the Nigerian government in April 2014 with resultant transition from Low Income Country to Middle Income Country presents the country with an emerging challenge that will soon be rendering her ineligible to access development partners’ support in providing for RUTF and other Primary Health Care services.

10. The state’s media outfits have in recent times formed a platform titled “Health Promoters Forum” to discuss issues bothering awareness and advocacy on health, nutrition inclusive.
11. An estimated N250,000 is released by the State Government through the Ministry of Local Government to each LGA (covered in CMAM) monthly for the management of SAM children in addition to the regular prioritized attention to MNCH Week.

12. The State House of Assembly relates with the CSOs to get citizens’ inputs to budgetary processes and oversight functions.

13. UNICEF has established a community-based approach to prevent malnutrition in the CMAM LGAs.

14. As part of sustainability plan, the State Government has Women Empowerment programmes to reduce poverty and increase access health care services.

Recommendations:
Participants recommended as follows:

1. Prioritized Community Management of Acute Malnutrition programmes in the state through existing policies implementation, timely release, cash backing and utilization of funds and oversight activities.

2. Expansion of CMAM programmes to additional prioritized Local Government Areas for adequate coverage and timely intervention.

3. Strengthen Women and Children Committee in the State House of Assembly with special focus on nutrition to give desired attention to malnutrition.

4. Adequate and sustainable provision of resources to Ready-to-Use Therapeutic Foods (RUTF), routine drugs and complimentary commodities.

5. Need for stakeholders to be proactive to ensure adequate synergy in amplifying importance of adequate nutrition status through
enhanced education and awareness programmes, and food security.

6. Increased focus on prevention such as Community-based approach while galvanizing curative effort towards addressing existing malnutrition status in the state.

7. Adequate support to the Early Child Development Centres in the state to sustain nutrition interventions in presence to dwindling donor resources.

8. Sustained budget line for nutrition and timely releases of funds for the procurement RUTF to avert stock-out in distribution.

9. Agenda-setting by the media through dedicated programmes and activities promoting adequate and sustainable nutrition investment in the state.

10. Increased collaboration with the media and other relevant organisations—CSOs, FBOs to publicize nutrition activities.

11. Improve access to data by relevant authorities to inform and support civil society and media for policy advocacy on nutrition funding.

12. Enhanced investigative journalism to amplify public and policy awareness on timely release of nutrition funds for sustained intervention.

13. Increased alternative domestic sources of fund through improved Internally Generated Revenue (IGR) to sustain nutrition intervention in presence of dwindling donor resources.

14. Establish an effective mechanism for budget tracking and monitoring by CSOs and the media.

**Action points:**
• NTA Katsina to provide CISLAC with free 1 hour live airtime on its Wednesday and Sunday health programme to discuss issues around nutrition financing in the state.
• The state media through an existing Platform on Health will amplify public and policy awareness on nutrition.
• The SPHCDA to complete implementation of Primary Health Care under one roof (PHCUOR).
• All relevant MDAs to improve data accessibility to civil society groups and the media.

Signed:

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