COMMUNIQUE ISSUED AT THE END OF AN EXECUTIVE, LEGISLATIVE CSOs AND MEDIA ROUNDTABLE ON FINANCING FOR NUTRITION IN KATSINA STATE ORGANISED BY CIVIL SOCIETY LEGISLATIVE ADVOCACY CENTRE (CISLAC) IN PARTNERSHIP WITH UNITED NATIONS CHILDREN’S FUND (UNICEF) HELD AT MAKER A 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, Budget and Planning, Education, Women Affairs, civil society groups, and the media. It was also attended by the Executive Secretary, SPHCDA. 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.

4. While it costs N21,300 ($160) to cure a Severe 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 measures to sensitize mothers against childhood malnutrition.

6. The State has as part of its costed Annual Development Plan where funding for nutrition takes a priority.

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. Nutrition intervention has been transferred 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 with sustained focus on nutrition.
11. An estimated N250, 000 is released by the State 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.

Recommendations:

Participants recommended as follows:

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

2. Expansion of CMAM programmes to all 34 Local Government Areas and 361 wards for adequate coverage and timely intervention.

3. Establishing a dedicated 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. Proactive stakeholders and adequate synergy among the line ministries in amplifying importance of adequate nutrition status through enhanced education and awareness programmes, and food security.

6. Increased focus on prevention while galvanizing curative effort towards addressing exiting 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. Prompt approval and timely release 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 CMAM activities.

11. Adequate data provision and availability 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 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.

**Action points:**

- NTA Katsina to provide CISLAC with free 1 hour live airtime on its Wednesday 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 prioritize implementation of Primary Health Care provision enshrined in National Health Act.
- The SPHCDA to improve data accessibility to civil society groups and the media.

**Signed:**