Nigeria Nutrition Cluster
Integrated Famine Prevention Package: Nigeria country actions

Global Nutrition Cluster Annual Meeting
10-12th October, 2017
Geneva, Switzerland
North East Nigeria nutrition context

• One in five children is suffering from severe acute malnutrition (SAM).
• Estimated **450,000** SAM cases are in Borno, Adamawa and Yobe states.
Nutrition Sector priorities

- Provision of quality care for **treatment and management of acute malnutrition**
- Strengthening community capacity and linkages to enhance **early identification** of malnutrition and referral to facilities and participate in the promotion and support of **optimal infant and young child feeding practices**
- **Prevention** and protection of vulnerable groups, against the **deterioration of nutrition status** and to mainstream **gender and protection** in programme delivery
- Strengthen **nutrition surveillance systems** to monitor the nutrition situation
- Strengthening **nutrition sector coordination** and **partners engagement** with and **across sectors** such as Food Security, Health, WASH and Education when possible
The nutrition sector response plan includes **preparedness action**.

Emergency nutrition responses are included in the **inter-sectoral disaster response plan** led by the **state** emergency management authority.

**Joint food and nutrition emergency contingency plan** developed for floods and lean season.
**Presidential Committee on the North-East Initiative** (PCNI) is the apex federal government body with responsibility of providing leadership/coordination of all humanitarian interventions.

**Federal level**: Nutrition coordination chaired by the Head of Nutrition under the Director of Family Health.

**State level**: Nutrition coordination is chaired by the Director of Primary Health and co-led by UNICEF.
Nutrition sector pre-Rome famine response preparedness

- **Joint targeting:** Households with SAM children targeted for general food distributions

- **Conditional Cash Transfers** to the poor linked to uptake of nutrition services

- Evidence based **multi-sectorial assessment** – ‘cadre harmonize’ (IPC food and nutrition phase classification).

- **Prepositioning commodities** in the access challenged areas

- **Strengthened the human resource capacity** through state government by supporting their upkeep to work in remote areas
The **action plan** was presented to the **government** counterparts and **partners in both sectors** with briefing on the outcome of Rome Call for Action.

The **validated action plan** was presented to the **heads of cluster lead agencies** (food security and nutrition).

Update of the **action plan undertaken** in Humanitarian Coordination Working Group.

The nutrition and food security sectors constituted a **task force** made up of three partners from each sector to oversee the implementation.

The **final plan** shared with the GFSC and GNC.
Country action plan

- Identify existing guideline on joint assessment; contextualize and implement joint assessments.

- Undertake joint fundraising based on integrated approach of famine prevention.

- The food security and nutrition partners to come up with a joint response package especially in areas with limited access.

- Develop a joint accountability framework for nutrition and food security sectors.
Progress

- **Joint food and nutrition** lean season and floods **contingency** planning undertaken and funding secured.

- A **joint task force** has been established to realize the implementation of the action plan, two meetings held.

- Aligning **timing of assessments** conducted by the nutrition and the food security sectors; ongoing discussions to undertake joint assessments.

- **Implementation** of the **WFP/UNICEF joint scale up plan** realized, which has contributed to multi-sectorial funding.

- **Increased availability of nutrition data** and partner participation in the **Cadre harmonize** (IPC food and nutrition phase classification).
Nutrition partners presence and response capacity

1. Action Against Hunger
2. Caritas Nigeria
3. Catholic Relief Services
4. Intersos
5. International Committee of the Red Cross
6. International Medical Corps
7. International Rescue Committee
8. Médecins du Monde France
9. Medecin Sans Frontiere Holland
10. Medecin Sans Frontiere Spain
11. Médecins Sans Frontières France
12. Médecins Sans Frontières Belgium
13. Première Urgence Internationale
14. Save the Children International
15. Social Welfare Network Initiative
16. The Alliance for International Medical Action
17. United Nations Children's Emergency Fund
18. World Food Programme
19. World Health Organization
20. SPHCDA (Government).

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Nigeria nutrition response progress to date

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<tr>
<th>Total Required</th>
<th>Total Received</th>
<th>Total Funded</th>
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<tbody>
<tr>
<td>110,268,668 ($US)</td>
<td>86,500,938 ($US)</td>
<td>78%</td>
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**PARTNERS**
- 20 Partners

**IN NEED, TARGETED, REACHED**
- 3,500,000 in need
- 2,700,000 targeted
- 751,071 reached

**BENEFICIARIES REACHED BY SEX**
- 99,204 girls
- 95,313 boys
- 556,554 pregnant and lactating women

**Micronutrients**
- Vitamin "A" Target: 1,922,553
- Vitamin "A" Reached: 2,156,495 (112%)
- MNP Target: 561,078
- MNP Reached: 338,784 (60%)
- CMAM Target: 314,557
- CMAM Reached: 177,321 (56%)

**IYCF**
- IYCF Target: 731,332
- IYCF Reached: 556,554 (76%)

**Total Required**
- 110,268,668 ($US)
**Total Received**
- 86,500,938 ($US)
**Total Funded**
- 78%
CMAM Coverage

**Geographical Coverage Gap**
- 269 wards covered out of 711 wards geographical coverage of 44%
- Overall CMAM gap is 56% (Adamawa 47%, Borno 59%, Yobe 79%)
- Less than 40% coverage of CMAM

**Subject Coverage Gap**
- 383 wards covered out of 711 wards geographical coverage of CMAM
- Overall CMAM gap is 56% (Adamawa 27%, Borno 39%, Yobe 77%)
- Gap is based on the MDG/HFP 2015 targets

**Highlights**
- 50% coverage in Adamawa
- 44% coverage in Borno
- 83% coverage in Yobe

**Gap Ranges**
- Less than 40% coverage
- 40% - 60% coverage
- 60% - 80% coverage
- Greater than 80% coverage
- Zero gap

**Source:** SWH Jan - Aug 2017, OCHA, OSGDF and UNHCR
IYCF Coverage

Coverage of Infant and Young Child Feeding (IYCF)

Geographical coverage gap

Highlights
- 2.11 words covered out of 7.11 words (geographical coverage of 49%)
- Overall IYCF gap in North-East Nigeria
- Borno: 85% (Less than 5%)

Gap Analysis

Subject coverage gap

Inaccessible areas

Gap in the NNH/PHB 2017 targets

Highlights
- 21.13 words covered out of 71.13 words (geographical coverage of 49%)
- Overall IYCF gap is 24% (Adamawa: 77%
- Borno: 85% (Less than 5%)

Gap based on the NNH/PHB 2017 targets

Gap Range
- Less than 30%
- 30% - 60%
- 60% - 80%
- Greater than 80%
- Zero gap

Local Government Areas with zero IYCF
Local Government Areas boundaries
States
Inaccessible areas
Waterbodies
Challenges

- Despite scale-up efforts and increased global attention, humanitarian needs have continued to rise, and continue to dwarf the response capacity.

- The humanitarian community has a limited logistical capacity and operational presence on the ground to deliver assistance specifically in the newly liberated areas.

- The harmonization of the 5W common operation database naming of administrative boundaries LGA, wards and settlement is not consistent.

- The multi-sectoral HNO/HRP has been the most difficult to advocate for as the tools are limited to ‘silo’ planning (no option for multi-sector).
Context & lessons learned

Emergency humanitarian coordination is relatively new and commitment of partners to coordination still not optimal - most do not have adequate human resources and capacity to respond and engage on coordination.

The State organs have been very supportive of the coordination activities at the federal and state level.

The action planning and commitments has increased the frequency of engagement between the country and the global clusters.

The action planning has facilitated learning from the other countries facing near famine situation.
Next steps

- Continue to implement pending actions, especially the development of joint dashboards and presence maps.

- Conduct the October Cadre Harmonize analysis of the food and nutrition situation to inform the HRP 2018-2019 process and planning.

- Undertake joint vulnerability mapping for food security and nutrition to inform prioritization.

- Emphasize partner’s response to focus on out-of-camp populations and people that are displaced in urban settings.

- Finalize discussions on harmonization of methodology approach and timing of the Joint assessment.
Reflections

- The **critical role of the government** in the response as sector leads and their support to decentralize coordination.

- There are **opportunities to link emergency to early recovery and development**.

- Deconstructing the silo mentality through expanding the engagement to other sectors **WASH and Health**.

- The field presence has been strengthened through establishment of **humanitarian hubs**.

- The increased use of **cash** in the emergency response led to plans to strengthen multi purpose cash grants in the HRP 2018.
Global asks

- GNC to support with advocating for **increased capacity of partners** in country from their HQ’s.

- Guide the taskforce in Nigeria with the development of an **accountability framework**.

- Clearly illustrate the protracted nature of the crisis in the North East Nigeria and the need for **sustained funding**.

- Partners in country to increase the **human resource capacity** with adequate **experience** to respond to complex response.

- Address **systems/tools limitations** to enable **multi-sectoral HRP**.
Acknowledgements

- Nigerian government investment in Health and nutrition emergency response in the northeast to support humanitarian assistance and recovery needs.

- Commitments of the cluster co-lead agencies to support coordination staff.

- The GNC monthly call to support guide and get update of the response to the 4 famine countries.

- Donors supporting the emergency nutrition response in the North east.
Thank You