The nutritional situation in Adamawa, Borno and Yobe continues to deteriorate with high rates of acute malnutrition among children and women.

In the first quarter, 2020, the Nutrition Sector Partners collectively screened over 1.4 million children, pregnant and lactating women, identifying approximately 160,000 acute malnourished cases.

A total of 46,425 severely malnourished children were admitted in the Outpatient Therapeutic Programme (OTP) and 2,521 severely malnourished with medical complications in the Inpatient Centres/Stabilization Centre for intensive nutrition care. Over 96% of all severely malnourished children are successfully treated and discharged cured.

To prevent and treat moderate acute malnutrition, the Nutrition Sector partners provided Specialised supplementary foods to 115,382 children between the ages of six and 23 months and 4,017 children between the ages of 24-59 months and with moderate acute malnutrition through the Blanket Supplementary Feeding Programme (BSFP). In selected LGAs in Yobe and Borno, a total of 3,862 children of ages 6 to 59 months with moderate acute malnutrition received intensive Targeted Supplementary Feeding Programme (TSFP) by providing Specialised supplementary foods (super cereal) or locally formulated supplementary foods e.g. Tom Brown.

To prevent acute malnutrition among the pregnant and lactating women, nutrition partners reached 57,861 in March most in IDP camps, communities with returnees and host populations directly affected by conflict.

To prevent overall malnutrition, the Nutrition partners promoted appropriate Infant and Young Child Feeding and caring practices (IYCF) through various channels including counselling at health facilities and care support groups reaching over 200,000 women and 18,000 men.

To prevent micronutrient deficiencies in the community, a total of 50,000 children between six to 23 months received multi-micronutrient supplement powder either for the first time or during repeated visits.

The main challenges facing nutrition partners includes disruption of services due to the emerging threat of COVID-19 pandemic.

### Nutrition Sector highlights: 2020 First Quarter Review

- **Sector highlights**
- **Mother/Family MUAC:** Empowering Women
- **Nutrition Interventions in the Context of COVID-19 Pandemic**
- **Nutrition Response Update**
- **UNICEF: A Chance for Survival in the Hard-to-Reach Areas**
- **INTERSOS: Care of Sickle Cell Disease with Severe Acute Malnutrition**
- **CARE International:** Prevention of Acute Malnutrition through Blanket Feeding
- **CRS’ Tom Brown:** A Community-led Approach for the Management of Moderate Acute Malnutrition
- **PLAN International:** Saving Children with Kwashiorkor
- **ACF Nigeria Opens New Stabilization Centre in Mala Kachalla**

### GAM, Global Acute Malnutrition

**GAM Prevalence**

- Northern Yobe: 10.8%
- Central Yobe: 11.1%
- Southern Yobe: 6.1%
- Central Borno: 7.9%
- Southern Borno: 9.8%
- Northern Adamawa: 7.4%
- Southern Adamawa: 7.3%

**WHO Crisis classification**

- Low
- Modest/Poor
- High
- Emergency/Critical

**Targeted Supplementary Feeding Programme (TSFP)**

- Providing Specialised supplementary foods (super cereal) or locally formulated supplementary foods e.g. Tom Brown.

### HRP 2020: Target, Reached and Funding Gap

**Nutrition Sector 5Ws, HRP/HNO 2020**

**INDICATOR-WISE, PROGRESS TOWARD HRP 2020 TARGETS**

- **TARGET**
  - 0.53M Children Under 5
  - 0.17M Pregnant & Lactating Women

- **REACHED**
  - Children Under 5: 167,414
  - Pregnant & Lactating Women: 86,720

- **FUNDING ($US)**
  - 2020 HRP Request: $90.8M
  - 2020 HRP Received: $0

- **INDICATORS**
  - WHO Crisis classification
  - GAM Prevalence
  - No data
  - Low
  - Modest/Poor
  - High
  - Emergency/Critical

**Nutrition Interventions in the Context of COVID-19 Pandemic**

- **PLAN International:** Saving Children with Kwashiorkor
  - 05

**Feedback:**

- Simon KARANJA
  - Sector Coordinator
  - skaranja@unicef.org

- Adeola MAKANJUOLA
  - Information Management Officer
  - amakanjuola@unicef.org

**Copyright:** UNICEF, Frank Dejongh
Mother/Family MUAC: Empowering Women

ALIMA is in the forefront in empowering mothers and caregivers to screen, detect and refer themselves to seek medical and nutritional assistance.

*Putting mothers at the center of malnutrition screening strategies acknowledges that they are in the best position to detect the earliest signs of malnutrition and leverage the fact that others want to participate as fully as possible in promoting the health of their children.*

The MUAC tape is very easy to use, mothers understand it well and they make sure to do the test at home.

The Nutrition Sector has adopted the guidance developed by ALIMA to support the scaling-up of the approach. UNICEF has distributed over 600,000 MUAC tapes to Nutrition Partners to support the Mother/Family MUAC.

The Mother MUAC protects the family and health workers by reducing exposure to the risk being infected by COVID-19.

Nutrition Interventions in the Context of COVID-19 Pandemic

The COVID-19 pandemic is expected to negatively affect direct and indirectly the nutrition status of the mostly children, pregnant and lactating women. In addition, it is expected it will impact on the delivery mechanism of nutrition services.

Nutrition Sector Partners have put in place measures to ensure that the Nutrition services will continue to be provided during the pandemic period in a safe manner, protecting both the service providers and beneficiaries e.g. 2 meters social distancing.

Nutrition Response Update: The State Committee on Food and Nutrition; an example of Borno State multisectoral effort to combat food and nutrition crises in the State.

The recent inauguration and orientation of Borno State Committee on Food Security and Nutrition (SCFN) by the Government of Borno State is a key decision by the government to ensure that challenges of food and nutrition bedeviling the State is handled in a coordinated manner by line ministries and agencies of government with mandate in the related food and nutrition sectors.

The Federal Government of Nigeria has formulated and activated the National Policy on Food and Nutrition to deal with the multi-faceted problems using a multi-sectoral and multi-disciplinary approach which has been updated in 2016. Thus, the policy document provides the framework for addressing the problems of Food and Nutrition insecurity in Nigeria, from the individual, household, community and up to the national level.

It also guides the identification, design and implementation of intervention activities across different relevant sectors.

In line with this, Secretary to Borno State Government inaugurated The Borno State Committee on Food and Nutrition on 11th February 2020 to play a very critical role in ensuring that Government drives and coordinates the line ministries programmes to achieve better result for the population.

This also will contribute meaningful results in the agenda of the nascent Government of Borno State.
UNICEF: A Chance for Survival in the Hard-to-Reach Areas

Kareto Ward, Mobbar LGA is one of the hard-to-reach areas in Borno State. UNICEF Nutrition Community Volunteer while conducting her usual nutrition screening came across Burah Bukar (names changed), frail and his eyes partially open, gazing into the empty space while being held by his grandmother. UNICEF Nutrition Community volunteers, screens the child using MUAC, which is 8.0cm, severely malnourished. The CNMs, swiftly made arrangement to refer the child to the nearest OTP in Kerato Clinic.

It didn’t take too long for Burah’s grandmother to get to the OTP at” Kareto clinic”.

She clutched on to the referral slip that was given to her by the volunteer with Burah strapped across her back. his eyes were still shut, and his head hanging backward facing the sun, as if praying for a chance for survival. The UNICEF team welcomed the old woman and carried Burah after hand washing exercise was carried out.

Anthropometric measurement was done by the team, it was noticed that Burah was wasted, and needed intensive care. The LGA Nutrition facilitator decided to counsel Burah’s grandmother on what the situation of the child meant and explained to her why it was important for Burah to be admitted at the Stabilization Care Unit (Action against hunger SC) till he fully recovers.

Burah’s grandmother threw her hands up and exclaimed in Hausa: “Zanje ko ina idan Yarona zai samu sauki yayi wasa da sa’anninsa”

which is translated “I will go anywhere if my son will get well, for him to play with his mates”.

Burah was taken to Damasak (Action against hunger Stabilization care) by UNICEF Nutrition Facilitator and he met stabilization care criteria and was admitted.

UNICEF, working closely with partners are targeting the very to hard-to-reach areas of Borno, ensuring that all children that require nutrition intervention receives it, despite their location. The UNICEF CNMs have committed and passionate to reach every corner of their LGAs to screen all children and ensure they have access to nutrition live saving services. It is the passion for change that continues to drive their willingness to see that every child in UNICEF targeted communities are cured and given a healthy social life.

INTERSOS: Care of Sickle Cell Disease with Severe Acute Malnutrition

Nigeria has the highest burden of Sickle Cell disease (SCD) worldwide. The care available for SCD in Nigeria is still suboptimal and especially in the rural areas and hard-to-reach places like Magumeri LGA, Borno. INTERSOS, has undertaken a concerted effort to tackle the problem, by active case finding of children with SCD, who have a significant higher chance of being severely malnourished and dying from it than other children.

Aisha Modu, mother to Falmata (2 years old female newly diagnosed Sickle cell disease patient suffering from Severe Acute Malnutrition and complicated by acute osteomyelitis (related to SCD) could not hold her happiness seeing how tremendously her daughter had improved from the care received in the OTP. She has shown appreciation to INTERSOS for its great intervention on the health of her daughter; and will join force with the community health workers to encourage other women with children affected by Sickle Cell Disease to seek healthcare in INTERSOS supported facility instead of the usual practice of seeking assistance from the traditional leaders. RSOS team to the needs of their patients.

CARE International: Prevention of Acute Malnutrition through Blanket Feeding

CARE began work in Nigeria in 2017, in response to the emergency crises, providing critical lifesaving assistance in Borno and Yobe States, focusing on the hard to reach LGAs.

CARE International in partnership with WFP Nigeria, is implementing General Food Distribution (In-Kind) and the Blanket Supplementary Feeding Programme (BSFP) targeting approximately 122,694 individuals for GFD and 11,197 Individuals for (BSFP) US and 3,400 Pregnant and Lactating Women (PLW) within 3 LGAs Dikwa, Gwoza and Kala Balge (Rann) of Borno state.

In Dikwa and Gwoza LGAs, CARE is promoting appropriate IYCF practices through the Community lead-mothers targeting pregnant women, lactating mothers of children <23 months, women if childbearing age and grandmothers.
In many contexts, children with moderate acute malnutrition (MAM) do not benefit from recommended supplementary feeding programs due to capacity or funding constraints, inadequate supply chains, and the prioritization of services for children with severe acute malnutrition (SAM). In war-torn North East Nigeria, global acute malnutrition rates have remained above emergency thresholds for years. While many actors are treating children with SAM, there have been few programs targeting children with MAM. Appropriate services for children with MAM can save lives and prevent deterioration to SAM.

Tom Brown’ is a community produced nutrient rich supplemental food for children between 6 and 59 months of age with moderate acute malnutrition (MAM). It contains significant amount of protein, iron, magnesium, potassium, carbohydrate, vitamin B6 and Vitamin B12 and lot more. A dry powder is created from millet, sorghum, soya beans, ground nuts (peanuts), sugar, and cloves which families can store until combining with hot water to make a porridge. After preparation, milk, sugar and fruit can be added to enrich the meal and sweeten to personal preference.

Tom Brown in Supplementary Feeding Programme adopts a community-led production approach which has the advantage of increasing nutrition knowledge within the community on nutritious raw food items practically grown in their communities. The communities increasingly become knowledgeable of the fact that the commonly known crops (millet, sorghum, soya beans and groundnut) can be used to produce nutritious meals like Tom Brown which can help prevent and reduce the prevalence of malnutrition in the community.

In addition, caregivers of identified MAM children are not only taught how to produce Tom Brown but also receive nutrition education on optimal feeding practices for infant and young child feeding (IYCF) and hygiene practices through the 8 weeks of programing.

This approach to supplementary feeding in Northeast Nigeria using a local complementary food recipe for the treatment of children with MAM have shown impressive recovery rates. In 2018, one of the pilot programs in Kaga LGA, provided a 65% of MAM cases recovered with four weeks of community-based supplementary feeding.

A different pilot program in Magumeri and Gubio yielded a 77% recovery rate (12.5cm and above) in four weeks and in the third pilot program in Gubio LGA for 223 children with MAM, 87% recovered in six weeks.

In the first phase of programing prior to the lean season, CRS further increased duration from 6 weeks to 8 weeks to reduce rate of relapse. CRS enrolled 982 in 5 locations and 85% had MUAC readings 12.5cm and above. In its second and third phases, 91% and 90% of children enrolled ended the program with MUAC readings 12.5cm and above.

It is acceptable by the community’s members and sustainable as raw materials are locally sourced and all grains are grown in the Northeast. It promotes community participation and ownership; engaging community members in its production strengthens acceptance level and promises high level of sustainability.

Raw food materials to produce Tom Brown for identified and referred MAM cases are procured from available vendors within the LGAs, thereby strengthening local markets and empowering farmers.

CRS’s community led approach to the management of MAM has high potential for scale up in North East Nigeria and can significantly reduce the deterioration of MAM children to SAM.

Recipe

- 6 measures (8.0kg each) of millet, sorghum and/or maize seeds
- 3 measures (8.0kg each) of soya beans
- 1 measure (2.7kg) of ground nuts
- Sugar to taste and cloves to serve as a preservative
Early initiation of and exclusive and continued breastfeeding are among the most effective interventions to reduce infant and child morbidity and mortality.

...LANCET 2016

**ACF Nigeria: Renovates the Stabilization Centre in Mala Kachalla Health Centre**

ACF Nigeria continues to support the Borno SPHCDA by rehabilitating Mala Kachalla PHC stabilization Centre, Maiduguri metropolitan council LGA in Borno State, for the treatment of severely malnourished children with medical complications.

The 28-bed stabilization will significantly improve the capacity of Borno SPHCDA to treat acute malnutrition and the health impact of the current COVID-19 emergency in areas with the highest burden of acute malnutrition.

**Coordination Team**

<table>
<thead>
<tr>
<th>Name</th>
<th>Email</th>
<th>Contact Number</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Chris Isukpunwu</td>
<td><a href="mailto:osachris@yahoo.com">osachris@yahoo.com</a></td>
<td>234 (0)8064197252</td>
<td>NiE Sector Lead (Federal)</td>
</tr>
<tr>
<td>Mr. Dauda Bukar Yunusari</td>
<td><a href="mailto:dabuyunu@gmail.com">dabuyunu@gmail.com</a></td>
<td>234 (0)8024387216</td>
<td>NiE Sector Lead (Yobe)</td>
</tr>
<tr>
<td>Dr. Heylni Mshelia</td>
<td><a href="mailto:Helnim-helia91@yahoo.com">Helnim-helia91@yahoo.com</a></td>
<td>234 (0)8036147321</td>
<td>NiE Sector Lead (Borno)</td>
</tr>
<tr>
<td>Hauwa Zoakah</td>
<td><a href="mailto:hauwabata@yahoo.com">hauwabata@yahoo.com</a></td>
<td>234 (0)7035678763</td>
<td>NiE Sector Lead (Adamawa)</td>
</tr>
<tr>
<td>Simon Karanja</td>
<td><a href="mailto:skaranja@unicef.org">skaranja@unicef.org</a></td>
<td>+234 7037596760</td>
<td>Nutrition Sector Co-Lead</td>
</tr>
<tr>
<td>Adeola Goriola Makanjuola</td>
<td><a href="mailto:amakanjuola@unicef.org">amakanjuola@unicef.org</a></td>
<td>+234 8038683907</td>
<td>Information Management Officer</td>
</tr>
</tbody>
</table>

For sector updates, please visit us on “https://www.humanitarianresponse.info/en/operations/country/nutrition”