



Yobe State Nutrition Sector January 2022 Meeting

Venue: EOC conference room

Date: 11/01/2022

Time: 11:00am to 1:45 pm

The first nutrition coordination monthly meeting in 2022 was chaired by Director Community and family health services, Alhaji Zarami Geidam, and was Co-chaired by the SNO, Hajiya Hadiza Maina Adam, while the minutes were taken by **Mike Lawani** (CTG-UNICEF).

Agenda:

1. Opening Prayer
2. Introduction of Members -All
3. Reading and adoption of Agenda – Chair
4. Review and adoption of previous minutes and action points – Chair
5. Nutrition Programme update – SNO
6. Presentation on pilot “CMAM surge” – IRC
7. Update by partners awarded NHF funds to implement nutrition projects in Yobe in 2022.
8. Discussions, Recommendation and action points - All
9. AOB
10. Closing remarks and prayer

Introductions/welcome address

The opening remarks were given by the State Nutrition Officer, Hajiya Hadiza Maina Adam. She welcomed all partners to the maiden monthly coordination and was pleased with the number of partners who turned out for the meeting. Mariam Alidu (CCDRN) moved for the adoption of the agenda.

Review of previous minutes and action point

A review of the status of action points from the previous meeting as highlighted below was facilitated by the Chairman.



S/No	Action Point	Person responsible	Timeline	Comment
1.	MNCHW resource mobilization template should be shared with all partners to enable early planning.	Hadiza (SNO)	COB 22/10/21	Done
2.	Data presented during the coordination meeting should be compared between months and previous quarters	M&E	17/11/2021	Done
3.	Concerning Save the Children International: The Director of community and family Health should coordinate with the LGA health team to review the list of nutrition volunteers and health workers conducting CMAM in Gwange and Nayinawa PHCC.	DC&FH (Alhaji Zarami)	26/11/2021	Done

Action point 1: This action point was done by the SNO and the aim was achieved.

Action point 2: This is achieved.

Action Point 3: This action point was carried out and achieved by the Director of Community and family health Services.

Nutrition Programme update

- Potiskum LGA had the highest SAM admission with a total of 9,426 children admitted from January – December 2021. This was followed by Geidam with 9,091 children. The list number of admission in the state was recorded in Tarmuwa LGA with a total of 2,143 children that were admitted in 2021.
- Overall, the state recorded a cure rate of 97%, death rate 0.5%, defaulter rate of 2.2% and a non-recovery rate of 0.8%
- The following challenges were identified during the period January – December 2021:



- Difficulties in accessing OTP sites in Gujba, & Tarmuwa LGA due to security issues
- Attack on nutrition programme sites by NSAG leading to suspension of activities
- Shortages of Manpower to handle Nutrition programmes in the state
- Delay in validating MNCHW outcome/report due to competing priorities on the government side
- Nutrition sector meetings have been inconsistent lately due to over-arching activities of YSPHCMB that encroach into sector meetings time.
- The stabilization center in Damaturu is partially run by the government as services are not optimal since the withdrawal of AAH after the expiration of the supporting grants.
- Withdrawal of CMAM service in 9 OTPs in Nguru and 9 in Bade LGA by AAH due to expire French Embassy grant. Programme sites are partially supported by UNICEF through YSPHCMB

CMAM Surge Approach in Yobe state

- IRC, during the meeting, presented the “CMAM surge” approach which will be piloted through the HeRoN project in two health facilities in Yobe state.
- The CMAM surge approach aims at building a resilient health system by coping with periodic peaks in demand. Its objective is to better anticipate, prepare and deliver treatment services during periodic peaks in demand
- The CMAM surge approach is designed to build on the premise underpinning much of current resilience programming i.e that an appropriate, early response is more cost-effective than a traditional, large scale response launched once an emergency is underway
- It allows Health system Strengthening activities to continue over time and protects the health system from being pushed to breaking point during peaks in demand, thus ensuring gains made through wider HSS are not reversed. Makes the health system more resilient, allowing it to ‘bounce back from periods of high demand.
- It minimizes disruption to broader capacity development by avoiding dramatic shifts from ‘development’ to ‘emergency’ mode, during which parallel systems are often introduced and the lines of accountability for health service delivery (between the government, NGOs and the UN) often become blurred. Endeavors to link district-level health system alert to national early warning and emergency response systems for funding and other support over the long term.



Update by partners awarded NHF fund

Plan International:

- Plan international implemented the inpatient therapeutic care from the last round of the NHF in General Hospital Gashua in Bade LGA. It has secured more funds from NHF to scale up the stabilization care centres in Jakusko and Bursari LGAs which is ongoing after the termination of the project in Gashua. For this around of NHF 2022 funds, it has secured more funds from NHF and it is expected to start the implementation in January 2022, pending the signing of the contract agreement by NHF. This fund will be used to scale up the stabilization care centres in Damaturu, Yusufari and Karasuwa LGAs.
- For the ongoing intervention in Jakusko and Bursari SCs that started in August 2021, it has a proposed target 1,195 children with SAM with complications and 236 children have been treated and discharged so far. Caregivers of these children were counselled on covid-19 infection, prevention and control. It organized training on hygiene promotion and IYCF practices for the caregivers.

Action Aid International:

- Action Aid will be implementing the NHF project in Bursari LGA to cover communities that do not have UNICEF/WFP presence, specifically in Dapchi, Baiyi mari, Guba, and Garin Alkali. The project aims to target 2350 children for TSP and 12,000 persons with IYCF Social and behavioural change messages.
- 60 community nutrition mobilizers have been trained to carry out social mobilization
- There are plans to support quarterly training of community nutrition mobilizers
- The project will also support by proving transportation services to pick up referrals from the communities to OTP/SCs.

Jireh Doo Foundation:

- The project kicked off in Yobe in October 2021 as a consortium project with CCDRN and COOPI. It aims to improve the nutritional status of children and pregnant and lactating women. The project currently operates in 10 OTPs, 5 in Jakusko and 5 in Yusufari LGAs.
- CMAM, IYCF, GBV, cooking demonstration, Mamma/Family MUAC and support group meetings, trainings , and MAM are the activities currently being undertaken by the project in the two LGAs.



- Access to a good water supply was identified to play a negative role in the nutritional status of the vulnerable population. JDF is recommending that partners who are into WASH to step into the dire situation.

Albarka Health Spring Foundation:

- Albarka health spring foundation is one of the beneficiaries of the current NH fund. They will be implementing Reproductive, Maternal, Newborn, Child and Adolescent Health + Nutrition (RMNCH+N), WASH, General Protection, Food Security, Early recovery, economic support and Livelihood, screening – active case findings and referrals in Fune and Tarmuwa LGAs of Yobe state.

FINDEF:

- Findef is currently implementing a MAM prevention programme that includes BSFP in Tarmuwa LGA. They are also implementing social and behavioural change-related programme as well.

Matters arising, Discussion and Observations

- Several concerns were raised by the Directors present in the meeting over duplication of efforts, especially with a partner operating in the same LGAs. The deputy director of Community and family health services, Satomi Hikama requested that partners in such a situation will have to align their interest with the YSPHCMB. This could be achieved by having bilateral meetings between partners and the state government.
- The deputy director of Disease and immunization, Mohammed Ali encouraged Plan International and other partners who are implementing covid-19 awareness and sensitization activities to liaise with YSPHCMB to ensure that partners collectively contribute toward mobilizing more people to receive covid-19 vaccination.
- There were concerns raised by the YPHCMB that most partners run parallel programmes in the state which in some ways causes a setback to other routine activities in the PHC system. To this end, the director also admonish partners, especially those partners who implement health care-related activities to identify themselves with the YSPHCMB to align with the priorities of the YSPHCMB

Update from the SNO [Yobe Nutrition Achievement](#) for January 2022.



SNO

presentation_January

Sn	January 2022 Action Points	Person responsible	Timeline	Status
1.	<p>i. Partner implementing programmes in the same LGAs should work together to identify specific areas of coverages to avoid duplicating efforts: FINDEF and Albarka in Tarmuwa LGA; Plan Intl. and Action Aid in Bursari LGA; JDF and ALIMA in karasuwa and Yusufari LGAs.</p> <p>ii. The SNO facilitate this action with the respective LGA management team</p>	SNO	before 1 st week of February	
2.	Partners to identify specific areas of intervention and share with the State.	SNO	19/01/2022	
3	Partner with Social mobilization components should relate with the state and LGA social mobilization team for proper coordination of activities.	SNO	19/01/2022	
4.	All partners should identify with the respective LGA PHC monthly coordination meeting for adequate coordination.	Director C&FH	Immediately	
5.	All partner leads should be invited to the service delivery working group meetings in the state	SNO	Before next meeting	
6.	Schedule a meeting with new NHF partners implementing in Yobe state	Mike	Before next meeting	



AOB

There was no additional issue presented during AOB.

Closing

The meeting ended at 1:45pm. The Director of Disease and Immunization gave the closing remarks on behalf of the Executive Secretary. He thanked partners for their commitments. Emphasized the continuous need to improve coordination such that the government is always aware of what partners are doing and where the interventions are being given. He wished partners a safe journey to their respective locations.

The closing prayer was said by Ibrahim Bande (YSPHCMB).

The next meeting is slated for 9th February 2022.

Members Present:

Physical Attendance				
S/N	Name of participant	Organisation	email address	Phone number
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