

Priority Gap #1

- Inadequate coverage and implementation Nigeria's IMCI package, which includes treatment of SAM

Proposed Interventions

1. Map coverage of “One PHC per Ward” initiative
2. Map implementation of IMCI (people trained, supervision conducted, etc.)
3. Strengthen coordinated planning at state and LGA levels to determine roles and responsibilities
4. Advocate for funding from government
5. Coordinate donor/partner action (insist on alignment)
6. Identify champions for Child Survive, Thrive, and Transform
7. Develop plan for engaging private sector healthcare providers
8. Roll out Nigeria’s IMCI package – improve health services, strengthen health system (including integrated supervision), and mobilize the family & community
9. Engage the commercial sector (manufacturers of RUTF, pharmaceuticals, employers)

Inputs Required

- Training resources (materials, venue, food, etc.)
- Equipment (bowls for food demonstrations, MUAC tapes, etc.)
- Supplies (medicine, RUTF, job aids, reporting forms)
- Human resources (adequate # and timely payment)
- Venue and supplies for coordination meetings
- Transport allowance (for supervision)

Timeframe

1. Short term
2. Short term
3. Medium term (already ongoing)
4. Short term and continuous
5. Short term and continuous
6. Short term and continuous
7. Medium term
8. Short term (already ongoing)
9. Short term (already ongoing by SUN Business Network)

Priority Gap #2

Low political commitment to translate policy to action at all levels

Proposed Interventions

1. Actively engage “nutrition” and “child health” people to the Child Health Technical Working Group (to bridge divide in the FMOH/SMOH and NPHCDA/SPHCDB and other sectors)
2. Identify champions for Child Survive, Thrive, and Transform
3. Advocate at all levels and among a range of actors (e.g., Governors’ Forum, Committee on Health of the National Assembly, National Council on Nutrition) to raise awareness of the importance of fetal and child growth and development
4. Assess and strengthen state and LGA committees on multi-sectoral food and nutrition

Inputs Required

- Human resources
- Targeted evidence-based advocacy materials (develop and print)
- Workshop / meeting resources (print materials, venue, food, etc.)

Timeframe

1. Short term
2. Short term
3. Short term and continuous
4. Medium term

Priority Gap #3

Limited community nutrition services (CHEWs work in facilities, don't go to communities)

Proposed Interventions

1. Build and track cadre of trained community volunteers on iCCM / C-IYCF counseling platforms
2. Promote food-based demonstrations (by positive deviants) as part of existing platforms such as NPHCDA/SPHCDB activity to optimize routine immunization services (outreach)
3. Coordinate with nutrition-sensitive interventions (WASH, agriculture, food preservation)
4. Advocate for funding from government for community nutrition services
5. Revitalize meetings between community members and PHC staff (Facility Development Committee / Ward Development Committee)
6. Use existing data regarding fetal and child growth and development for decision making at the community level

Inputs Required

- Human resources
- Equipment (bowls for food demonstrations, MUAC tapes, etc.)
- Supplies (medicine, RUTF, job aids, reporting forms)
- Meeting resources (print materials, transport allowance, venue, food, etc.)
- Data (from HMIS, immunization days, or other development programs)

Timeframe

1. Medium to long term
2. Medium term
3. Short and continuous
4. Short and continuous
5. Short and continuous
6. Medium term and continuous