



# AYGF-ACCELERATING NUTRITION RESULTS IN NIGERIA- (ANRiN) KOGI AND NIGER STATE, NIGERIA.

## PROJECT IMPACT REPORT

MAY, 2021-MAY2022 (YEAR ONE)





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## TABLE OF CONTENT

<b>1. Nutrition Situation in Nigeria</b> . . . . .	<b>3</b>
<b>2 Impact of Malnutrition on Women and Children</b> . . . . .	<b>3</b>
<b>3. The ANRIN Project</b> . . . . .	<b>6</b>
<b>4. The ANRIN – AYGf Project Description</b> . . . . .	<b>6</b>
<b>5. AYGf Overall Objectives.</b> . . . . .	<b>9</b>
<b>6. Deliverables during Implementation</b> . . . . .	<b>9</b>
<b>7 AYGf Implementation Strategy</b> . . . . .	<b>10</b>
<b>8. Services Being Provided</b> . . . . .	<b>11</b>
<b>9. Dose Administration</b> . . . . .	<b>11</b>
<b>10. Demography of LGA.</b> . . . . .	<b>12</b>
<b>11. Key Milestone Achievement from Inception so far</b> . . . . .	<b>13</b>
<b>12. AYGf ANRiN Implementation in Kogi and Niger</b> . . . . .	<b>14</b>
<b>13 Inception and on boarding of Kogi and Niger ANRiN</b> . . . . .	<b>14</b>
<b>14. Inception Meeting.</b> . . . . .	<b>15</b>
<b>15. Independent Verification Agency (IVA) Report</b> . . . . .	<b>17</b>
<b>16. AYGf One Year Implementation in.</b> . . . . .	<b>18</b>



## 1. Nutrition Situation in Nigeria

Nigeria has very high rates of malnutrition that are unevenly spread across the country. Stunting, a measure of chronic malnutrition, and micronutrient deficiencies generate the highest burden. Stunting rates have not changed considerably since 2008, indicating a long-term nutritional problem in the country. One in three (37%) children under five years of age suffer from chronic malnutrition. This translates into 13.9 million Nigerian children at the risk of either dying or not developing to their full potential. Micronutrient deficiencies—mainly vitamin A, iodine, iron, folic acid, and zinc are a serious problem. Despite their high cost-effectiveness, coverage rates of micronutrient supplementation and fortification remain generally low. It is estimated that 60% of Nigerian children are at risk of vitamin A deficiency, whereas 68% of children and 58% of pregnant women are anaemic. 7% of children suffer from acute malnutrition nationally, a fifth of the children suffering from chronic malnutrition. Ten of the North East and North West states have rates of child stunting that exceed 50 percent, whereas some other states have rates of child stunting as low as 17 percent.

## 2. Impact of Malnutrition on Women and children

Maternal and child under nutrition is estimated to be responsible for about 45% of child mortality and 11% of the global disease burden. Malnutrition in early childhood results in decreased cognitive ability, poor educational outcomes, lost earnings and losses to national economic productivity. The recent Lancet series on early childhood development estimates that every year, Nigeria loses about 3% of its



GDP as a result of not addressing the developmental needs of children in the first 1000 days window, this is almost as much as the country's annual government expenditure on health (3.9 %). At the individual level, chronic malnutrition in children is estimated to reduce a person's potential lifetime earnings by at least 10 percent (World Bank 2006).

In the light of the forgoing indices, the need to urgently address the challenges of micronutrient malnutrition among these groups becomes imminent in Nigeria. Hence, the birth of the Accelerating Nutrition Results in Nigeria (ANRiN) project.

### 3. The ANRiN Project

The Federal Government of Nigeria entered into a financing and grant agreement with the International Development Association (IDA) and Global Financing Facility (GFF) to implement the Accelerating Nutrition Results in Nigeria (ANRiN) project to the tune of **US\$ 232 million**. The Project intends to utilize part of this financing to undertake a knowledge, attitude and practices survey among caregivers of children 0 – 23 months on maternal, infant, and young child nutrition. The overall project objective is to increase the utilization of quality, cost-effective nutrition services for pregnant and lactating women, adolescent, girls and children under five years of age in 12 high malnutrition burden states of Nigeria, representing all six geographical zones of the country. These States are Abia, Akwa Ibom, Gombe, Kaduna, Kano, Katsina, Kogi, Kwara, Nasarawa, Niger, Oyo and Plateau



## Project Cost and Financing

The total cost of the project is US\$232 million, financed by the World Bank for US\$225 million through Investment Project Financing (IPF) and a grant of US\$7 million from the Global Financing Facility (GFF) in Support of Every Woman, Every Child. Table 2 describes the financing support. The various World Bank financing instruments were considered and an IPF was determined to be the most appropriate. While the medium-term objective would be to engage on the malnutrition challenge in Nigeria through a Program for Results (PforR) operation, preliminary analyses by the team concluded that there is no sufficiently well-defined nutrition program in Nigeria which a PforR could finance. This IPF is thus designed to start using DLIs where possible while using input based financing in areas such as studies to support the government to fill the gaps in their current national nutrition program. The eligible expenditures for the DLIs will be the salary and allowances bill for officials from the Ministry of Health/health workers providing health services through public health facilities in the 12 project states. The performance-based contracts for nutrition services being a relatively new approach in Nigeria, it was determined that these will be better managed as standard service contracts, following World Bank procurement rules.

The ANRiN project is results-based and leverages performance-based contracts with Non-State Actors (NSAs) for the delivery of a basic package of nutrition services.



## 4. ANRiN Project Description

### Higher level project objectives

The higher-level objective to which ANRiN will contribute is to reduce chronic malnutrition (stunting and micronutrient deficiencies) and thus reduce maternal and child mortality rates and, over time, increase school completion and performance, and improve labour force productivity.

### Project development objective

The Project Development Objective (PDO) is to increase utilization of quality, cost-effective nutrition services for pregnant and lactating women, adolescent girls and children under five years in select areas of the Recipient's territory.

Africa Youth Growth Foundation (AYGF) is one of the NSA contracted to implementing the ANRiN project in Nigeria. This World Bank-sponsored project being implemented by AYGF is to address the issues of Mal-Nutrition in Nigeria, precisely in Kogi and Niger State, the Contract was signed on 31, May, 2021 and began to provide service in the month of July 2021

The overall mandate given to her is to deliver quality nutrition services to pregnant women, Lactating mothers, Caregivers and children under ages of children 6-59months with services like Vitamin A, Albendazole, Iron-folic acid, MIYCN counselling, Zinc/ORS, SP/IPT and Micronutrient powder (MNP.) The project is currently being implemented in 10 LGA of Kogi State and 13 LGAs in Niger State of



Nigeria Namely; Ajaokuta, Ankpa, Basa, Dekina, Ibaji, Idah, Igalemela, Ofu, Olamoboro, Omala, (Kogi) Mokwa, Bida, Gbako, Lavun, Lapai, Agaie, Edati, Chanchaga, Bosso, Gurara, Tafa Suleja and Katcha (Niger)

**Map of Kogi state showing the LGAs**



**ADMINISTRATIVE INFORMATION**

Total population	3,314,043
Land Mass	27,747km <sup>2</sup>
Population density	154.31km <sup>2</sup>
Capital	Lokoja
No. of LGAs/wards	21/239

**KEY INDICATORS (2018)**

Commerce	Agriculture
2018 health budget	13.31 billion
Health budget release	9.34 billion



## Map of Niger state showing the LGAs



### ADMINISTRATIVE INFORMATION

Total population	3,950,249
Land Mass	76,469km <sup>2</sup>
Population density	52km <sup>2</sup>
Capital	Minna
No. of LGAs/wards	25/274

### KEY INDICATORS (2019)

Commerce	Agriculture
2019 health budget	557,729,394 M



## 5. AYGF Overall Objectives

- ▶ Enhance the usage of quality, cost-effective basic package of nutrition services (BPNS) for pregnant and lactating women, and children under the age of five in 10 LGA/111 Wards of Kogi State and 13 LGA/129 Wards of Niger State
- ▶ Knowledge of mothers/caregivers of children 0-23 months of age on improved behaviors related to maternal, infant, and young child feeding, notably early, exclusive, and continued breastfeeding, appropriate complementary feeding, and early stimulation.

## 3. Deliverables during Implementation

- ▶ Submission of inception report after signing the MOU with PIU
- ▶ Submission of Annual Work plan after approval
- ▶ Procurement of commodities
- ▶ Submission progress report of the previous year
- ▶ Submission of biannual collated progress report





## 6. AYGF Implementation strategy

- ▶ AYGF engaged 3 Community volunteers per ward (one CHW, one Desk officer and one community mobilizer)



- ▶ House-to-house service provision and use primary Health facilities



- ▶ Use of the Nutrition Focal Persons as Supervisors of each LGA

- ▶ Use of Super Volunteer as Wards Supervisor

- ▶ Frequent town hall meetings

- ▶ Use of Register as a backup for service provision

▶ *ANRIN COMMODITY DISTRIBUTION ACROSS ALL 23 LGAS*

- ▶ Frequent supportive supervision by key AYGF staff to the field

- ▶ Robust monitoring and evaluation plan

- ▶ Scale-up of original target and provide corresponding commodities

- ▶ Use of social behavioral change communication methodology to improve understanding of the project among beneficiaries



## 8. Services Being Provided

- ▶ Vitamin A
- ▶ Micronutrient powder(MNP)
- ▶ Zinc/ORS
- ▶ SP/IPTP
- ▶ MIYCN
- ▶ Albendazole (deworming)
- ▶
- ▶ Iron/ Folic Acid (IFA)



## 9. Dose Administration

- ▶ Fifteen sachets of micronutrient powders per month among children 6-23 months to improve the quality of complementary feeding.
- ▶
- ▶ At least 90 iron-folic acid (IFA) tablets by pregnant women by specifically addressing barriers that inhibit women from taking a full course of IFA tablets during pregnancy through counseling during ante-natal care sessions.
- ▶ At least three doses of intermittent preventive treatment for malaria during ante-natal care by pregnant women.
- ▶ At least four sachets of zinc/oral rehydration solution (ORS)





per year for treatment of diarrhea among children 6-59 months of age.

- ▶ Semi-annual vitamin A supplementation among children 6-59 months of age.
- ▶ Semi-annual deworming among children 12-59 months of age.



## 10. Demography of LGA in Kogi and Niger State

LGA's Covered In Kogi State	POPULATION	LGA's Covered In Niger State	POPULATION
Ajaokuta	165,000	Agaië	226,600
Ankpa	358,800	Bosso	254,100
Basa	188,300	Gbako	217,600
Dekina	351,700	Gurara	155,900
Ibaji	171,900	Katcha	207,400
Idah	107,500	Suleja	368,900
Igalamela-Odolu	198,200	Lavun	359,800
Ofu	258,100	Mokwa	416,600
Olamoboro	213,600	Tafa	143,900
Omala	145,500	Bida	318,300
		Chanchaga	346,700
		Edati	274,100
		Lapai	200,700



## 11. Key Milestone Achievement from Inception

- ❖ A total of seven hundred and twenty (720) Volunteers were recruited to cover all the wards where ANRiN project is being implementation in Kogi and Niger State
- ❖ A total of 576,674, (281,195 Kogi and 358,479 Niger) beneficiaries has been enrolled on the ANRiN app in the last one year of the project in Kogi and Niger State respectively
- ❖ AYGf produced a ready to use therapeutic food for NAFDAC and world bank approval in Kogi State
- ❖ A total of 2,315,676 (1,020,707 Kogi and 1,294,969 Niger) Basic Package Nutrition Services BPNS has been provided to beneficiaries in the 10 LGA and 13 LGA of coverage in Kogi and Niger State respectively



*A cross section of picture during the MOU Signing* Supported the state to conduct MNCHW since inception and other Nutrition related programs in the State.



## 12. AYGF ANRiN Implementation in Kogi and Niger MOU Signing

AYGF signed an MOU with the Kogi and Niger States Government on 23<sup>rd</sup> May, 2021 and 31<sup>st</sup> May 2021 respectively as one of the NSA implementing the ANRiN project in the States. During the MOU signing, AYGF

assure the Kogi and Niger states Government of her determination to ensure that the contract signed will be implemented.



In addition,

focus will be on quality services as well as maximum coverage within the project scope. *The ED AYGF AND ANRIN PIU MANAGER SIGNING THE MOU IN NIGER STATE*

The contract was signed at the State ministry of health with key stakeholders of Kogi and Niger State in attendance. Notable among them are the Hon. Commissioner for health, Directors of Ministry of Health and the ANRiN Project Manager and other PIU team Members

## 13. INCEPTION AND ON- BOARDING OF KOGI AND NIGER ANRiN

Kogi State ANRiN PIU held a one-day on-boarding meeting with AYGF at Kogi State Ministry of Health on 17<sup>th</sup> June 2021. Participants consists of state level stakeholders including the MOH Director of Public Health, Kogi State ANRiN Program Coordinator, Kogi State ANRiN Program Implementing Unit (PIU) team members, AYGF



Abuja Head Quarters and AYGF Lokoja Office team members. The meeting enabled the participants to know the state of nutrition in Kogi based on surveys and health services statistics data across ANRiN indicators; why children are missed, why children are malnourished, and the perceived gaps based on nutrition mapping reports. Participants became aware of the objectives of ANRiN project, the Basic Package of Nutrition Services (BPNS); the modes of ANRiN project implementation and had an overview of ANRiN project and assignment expectations.

With the meeting, AYGF was better equipped with all relevant information and data needed to begin implementation.

#### 14. LGALEVEL TRAINING

The first batch of training took place from July/August 2021 in Kogi and Niger respectfully. Training was conducted in across 23 LGAs (10 LGA in kogi and 13 LGA in Niger).

*Participants at the training in Kogi State*

The participants were taken through various topic ranging from Nutrition in pregnancy, why infant and young child feeding matters, Common situation that affect IYCF,

Recommended IYCF practices (exclusive breast feeding, complementary feeding, Breastfeeding difficulties) IYCF in special





situation, emergencies, sick and malnourished, HIV / AIDs, Infant and young child feeding assessment, ANRiN Nutrition interventions/deliverables, and formation of IYCF support group.

The facilitators were drawn from retired and current serving Nutrition experts in the state.



The participants were also taken through data entry into all the reporting tools ranging from daily register for children, pregnant and lactating mother, Consent form, Service delivery card, and inventory control cards.

Each participant was made to perform their roles while they were assessed by the facilitators.

A total of one thousand and ten (1010) participants were trained. (454 participants in Kogi State and 556 Participants in Niger state)

Four Participants were drawn from two hundred and fifty (250) wards (111 wards in Kogi state and 139 wards in Niger state) along with the 23 LNOs of the ten LGAs.

Those trained were officers in charge of Health facilities and seven



hundred and fifty (750) Community Volunteers engaged in all the 250 wards of the 23 LGAs and their LNOs.

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### 15. Independent Verification Agency Report

The Independent Verification Agency report of the first half year shows that AYGF emerged as the best performing NSA with about 176% of the set target achieved in Kogi and 217% in Niger state

Kogi\_ AYGF

Kogi\_ AYGF Indicator Achievement

Indicator	Total Number of Contacts (A)	Target Number of Contacts (B)	Percentage of contacts achieved (A/B)*100%
1. Dispensing for children 12-59 months	69151	85133	112%
2. IFA supplementation for pregnant women	15115	15119	100%
3. IPT for malaria for pregnant women	13775	13775	100%
4. LANC with counselling	-	-	-
5. Micronutrient powders for children 6-23 months	2498	2496	100%
6. M-PCV counselling for pregnant and lactating women	4841	4841	100%
7. Short-Short with counselling	-	-	-
8. Vitamin A supplementation for children 6-59 months	11426	23228	288%
9. Deworming for children 5-59 months for all states	14071	24271	216%
All services	116687	210683	110%

The table beside is an extract from the IVA report which shows first half year target achieved

Niger\_ AYGF

Niger\_ AYGF Indicator Achievement

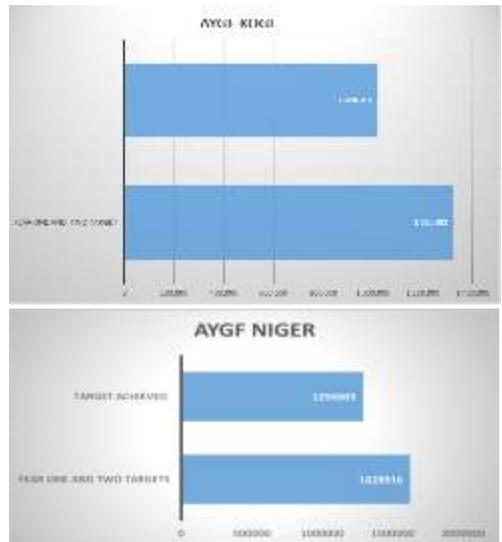
Indicator	Total Number of Contacts (A)	Target Number of Contacts (B)	Percentage of contacts achieved (A/B)*100%
1. Dispensing for children 12-59 months	16168	17645	121%
2. IFA supplementation for pregnant women	18218	18718	147%
3. IPT for malaria for pregnant women	15384	17054	145%
4. LANC with counselling	-	-	-
5. Micronutrient powders for children 6-23 months	28630	28650	100%
6. M-PCV counselling for pregnant and lactating women	57366	57769	113%
7. Short-Short with counselling	-	-	-
8. Vitamin A supplementation for children 6-59 months	22806	40806	27%
9. Deworming for children 5-59 months for all states	18716	28775	39%
All services	209180	263180	117%



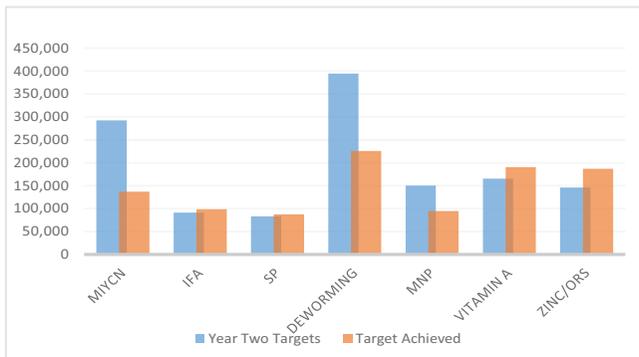
## 16. AYGF One Year Implementation in View

Since the signing of MOU in May 2021, and implementation began on 21<sup>st</sup> August 2021, AYGF has provided over two million (2,315,676) services to over 576,674 beneficiaries within eleven months of implementation amounting to over 78% of targets achieved against two years target in Kogi and Niger respectively

In this 11 months of implementation, AYGF has created significant presence in the 250 wards of the 23 LGAs of implementation, increased awareness and access to quality nutrition services and ensuring coverage to all communities within intervention scope include hard to reach terrenes.



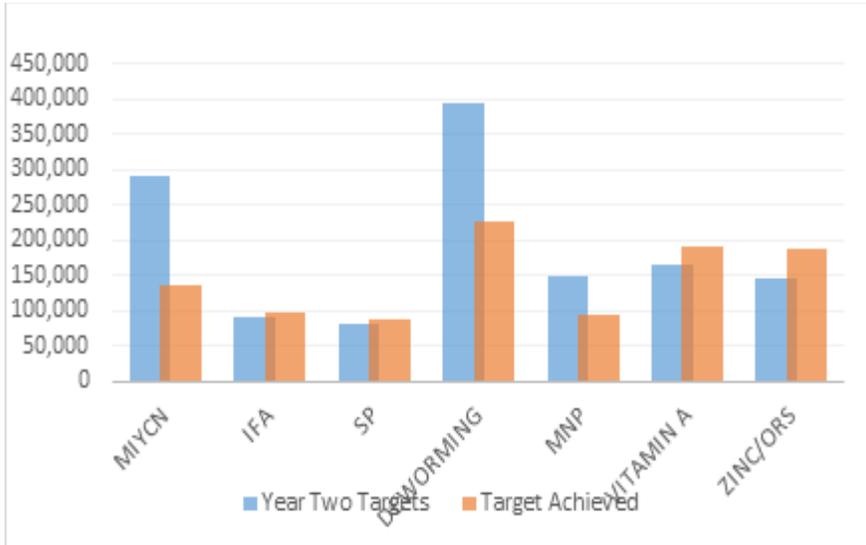
**AYGF SERVICE PROGRESS TOWARDS YEAR ONE AND TWO BY SERVICES IN KOGI STATE**



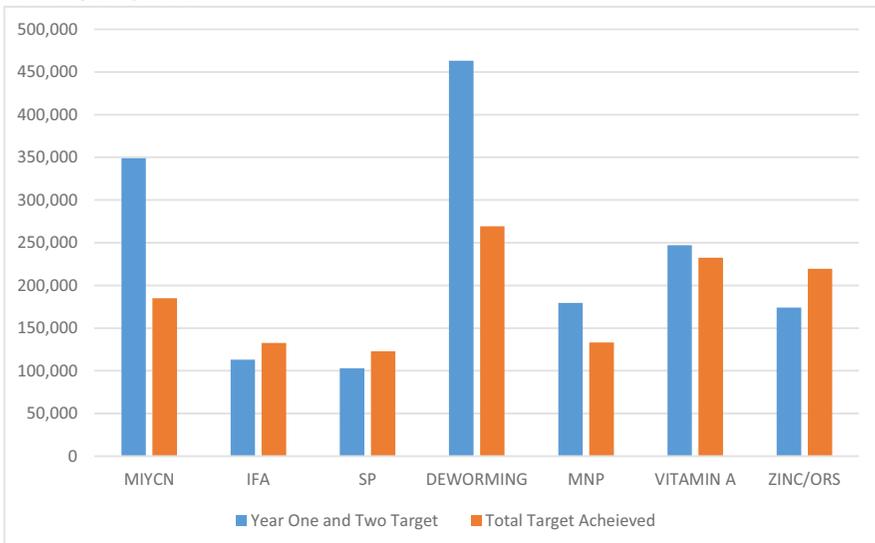
**AYGF SERVICE PROGRESS TOWARDS YEAR ONE AND TWO BY SERVICES IN NIGER STATE**



### AYGF SERVICE PROGRESS TOWARDS YEAR ONE AND TWO BY SERVICES IN KOGI STATE



### AYGF SERVICE PROGRESS TOWARDS YEAR ONE AND TWO BY SERVICES IN NIGER STATE





ANRiN MOU SIGNING, AYGF AND NIGER STATE MINSITRY OF HEALTH, MINNA.





GROUP PHOTO FROM THE MOU SIGNING CEREMONY



ONBOARDING MEETING THE KOGI STATE MINISTRY OF HEALTH, LOKOJA.



## 12. PHOTO GALLERY OF VARIOUS ACTIVITIES FROM THE FIELD



AYGF Staff conducting a town hall meeting in the LGA



BPN Service provision to beneficiaries by AYGF community volunteers



A caregiver being given MNP and Zinc/ORS Commodities on behalf of the beneficiaries.



AYGF Volunteers providing services in the community





A view of AYGF commodities received at the health facility



A pregnant woman being attended to by AYGF community volunteer

















