



Society for Family Health
...Creating Change, Enhancing Lives

ANRiN DIGEST



INTRODUCTION



Muhammad Murtala Ibrahim
Editor-in-Chief, ANRiN

I am excited to introduce to you the second edition of our newsletter, ANRiN Digest. This edition will showcase the progress we have made in the past one year. It will feature our results, innovations and best practices, partnerships, success stories. We will also bring to you nutrition tips, nutritious recipes, fun facts on nutrition, myth busters, and much more interesting content for your reading delight.

Society for Family Health just concluded the implementation of Accelerating Nutrition Results in Nigeria for the second year in a row. During the year our coverage of implementation expanded from eleven LGAs to the twenty-three LGAs. Delivering basic package of nutrition services and adolescent health services has allowed us to improve the health of children, women, and adolescent girls for whom we exist as an organization.

We sustained service delivery despite many challenges that we faced in the past one year. We were not deterred by the insecurity in parts of the state, naira redesign policy, subsidy removal or even the electioneering campaigns but soared in accelerating results for our beneficiaries across the nooks and crannies of Kaduna State.

Our dedicated team and the excellent support we enjoyed from our key stakeholders have ensured that we remain focused on preventing malnutrition, reducing disease and deaths among women and children for overall improvement. We are grateful to Kaduna State government for the opportunity to be part of this transformative intervention. We appreciate the guidance and support of the Project Implementation Unit of the state Ministry of Health and other Ministries, Department and Agencies of Government of Kaduna State. To SFH Management and other colleagues, I say thank you for making project implementation easier and fun, and for making this edition of our newsletter a reality.

Have a pleasant read!

BACKGROUND

Nigeria faces a significant burden of malnutrition, with 44% of children under the age of five suffering from chronic malnutrition. In Kaduna State, the situation is particularly concerning, as approximately 82 out of 1000 children do not reach the age of 5, with half of these deaths attributed to under-nutrition. Despite improvements in antenatal care by skilled providers, only 9.2% of pregnant women receive sufficient IPTp (Intermittent Preventive Treatment in Pregnancy) and 46.7% receive IFA (Iron and Folic Acid) supplementation.

Additionally, the median age at first birth is 18.9 years, and more than a quarter of adolescent girls (15-19 years old) have already experienced childbirth, surpassing both national and regional averages. In response to these concerning health indicators, the state government, in collaboration with the World Bank and other stakeholders, has launched the Accelerating Nutrition Results in Nigeria (ANRiN) initiative.

The ANRiN project, implemented by the Non-State Actor (NSA) SFH, aims to enhance maternal, adolescent, and child health in Kaduna State. The main objectives are to increase the utilization of quality, cost-effective nutrition services, thereby reducing chronic malnutrition, maternal and child mortality rates. Over time, the project also aims to improve school completion and performance as well as enhance labor force productivity.

The implementation of ANRiN takes place at the community and Primary Health Care levels, targeting 23 Local Government Areas in Kaduna State: Makarfi, Kubau, Kauru, Kudan, Zaria, Lere, Giwa, Igabi, Soba, Birnin Gwari, Sabon Gari, Chikun, Ikara, Jaba, Jema'a, Kachia, Kaduna North, Kaduna South, Kagarko, Kajuru,, Kaura, Sanga and Zangon Kataf.

In the second year of BPNS service delivery, a comprehensive strategy was adopted. It entailed two primary elements: firstly, the implementation of routine household commodity deliveries, and secondly, the distribution of essential goods in remote and security-challenged areas, all of which hinged on the utilization of CHIPS (Community Health Impact Platforms) and VCM (Village Care Mobilizers) structures within these regions.

The routine house-to-house commodity deliveries aimed to optimize accessibility, ensuring that vital supplies such as food, medications, and hygiene products reached individuals consistently and conveniently. Meanwhile, in areas facing geographical or security barriers, leveraging CHIPS and VCM structures became pivotal. These community-based platforms offered a solution by capitalizing on local knowledge, trust, and cultural sensitivity. This approach not only surmounted logistical hurdles but also fostered community engagement and ownership in the service delivery process, aligning with the overarching goal of providing essential services effectively and equitably in year 2 of BPNS.



PROJECT PROGRESS

1.

A key focus for year 2 was strengthening of the quality of data through periodic but regular capacity building, data validation, verification and data quality assessment

2.

Strategy for BPNS service delivery in year 2 included house to house delivery of commodities on a routine basis, and commodity distribution in hard to reach and security compromised wards leveraging on CHIPS and VCM structures in the wards.

3.

Routine house to house commodities delivery and commodities distribution in hard to reach and security compromised wards by leveraging on CHIPS and VCM structures in the wards were part of the second year's BPNS service delivery strategy.

4.

The Chairman of the Kaduna State Council of Traditional Rulers and the Emir of Zazzau – Alhaji Ahmad Nuhu Bamalli was paid a visit by SFH, the team was accompanied by Project Implementation Unit (PIU) and Zaria LGA health officials. The visit provided SFH the opportunity to brief the Emir with level of progress. The team was warmly welcomed by the Emir, who was conferred with the “Nutrition Ambassador” for his initiatives at the beginning of implementation in 2021. The Emir and his Council were informed by the PIU and SFH ANRiN members on the status of implementation in the state as a whole and specifically within the SFH coverage area.

5.

Supervisors at the various LGAs visited the chairmen and the council members brief them on the status of nutrition intervention and advocated for support to increase coverage of ANRiN and other nutrition interventions in the LGAs. The Chairmen showed their appreciation for the lifesaving interventions and promised to continue to support the project and other nutrition initiatives for better outcome.

6.

The implementation of Safe Space Initiative (SSI) activities in Kudan and Makarfi fully commenced, and it recorded good turnout of girls in the reporting period. LGA AHS Supervisors, providers, mentors, Male IPCAs and TBAs mobilized married adolescent girls for the classes. The two LGAs successfully graduated 261 girls, who participated and completed the required 3 sessions. The topics discussed with the girls are improving family nutrition, personal hygiene, and taking care of our reproductive health. In all, 58 girls were pregnant and received MIYCN counselling while 85 were offered contraceptive services after receiving FP specific counselling delivered by the fixed post AHS provider.



BASIC PACKAGE OF NUTRITION SERVICES

Malnutrition impacts Nigerian states unevenly, and Kaduna is one of the states grappling with significant issues of micro-nutrient deficiencies, stunted growth, and undernourished children. Similarly, the utilization of contraceptives among women of reproductive age remains limited. It's crucial to engage adolescents early to enhance their health and nutritional wellbeing before pregnancy, ensuring a safe childbirth and a thriving, healthy infant. This approach also helps break the cycle of malnutrition that can pass from one generation to the next.

To respond to the poor health indices in Kaduna State, the World Bank, in partnership with the Kaduna State Government and other stakeholders initiated the Accelerating Nutrition Results in Nigeria (ANRiN) project. The project which commenced in May 2021 is being implemented by Society for Family Health (SFH) in collaboration with the Project Implementation Unit (PIU) of Kaduna State Ministry of Health to increase access to and utilization of quality, cost effective nutrition services among pregnant and lactating women, adolescent girls, and children under five years of age in Kaduna State. SFH 1 currently implements the project in 11 Local Government Areas of the state including Makarfi, Kubau, Kauru, Kudan, Zaria, Lere, Giwa, Igabi, Soba, Birnin Gwari, and Sabon Gari.

In this second edition of the ANRiN Factsheet we provide updates on quantitative and qualitative results from second year implementation of the project across the implementing local government areas.

Harmonization Workshop for Nutrition Partners: The implementation of the ANRiN project is anchored on a broad-based multistakeholder partnership involving ministries, department and agencies of Government at the state level, the Local Government Administrations as well as traditional and religious institutions. SFH ANRiN recognizes the need to harmonise nutrition activities in the state with a view to maximizing intervention impact and minimizing duplication of efforts. Consequently, SFH in partnership with the PIU organized a one-day meeting of the nutrition partners in the state. The primary objectives of the meeting were to foster collaboration among stakeholders implementing Nutrition Interventions in the state; to map nutrition interventions and agree on strategies to streamline and increase coverage of Nutrition Services.

“SFH ANRiN recognizes the need to harmonise nutrition activities in the state...”

The meeting was attended by representatives of nutrition actors in Kaduna State including Government ministries, departments and agencies, development partners and civil society organizations.

Technical support to government and other implementing partners: The ANRiN project continued to work in synergy with the State Government to ensure appropriate knowledge and skill transfer. SFH ANRiN team has provided technical support to numerous state initiatives, especially in the health sector.

- The ANRiN team actively participated in the planning and implementation of the first and second rounds of 2022 Maternal and Child Health (MNCH) week, providing both technical and material supports during both rounds.
- The team supported the State to plan and implement activities marking the 2022 World Breastfeeding Week. In line with the theme for 2022; 'Step up for Breastfeeding; Educate and support'. SFH ANRiN collaborated with the state primary health care board (SPHCB), project implementation unit (PIU) and other partners to commemorate the week. Several activities were planned and implemented to raise awareness of exclusive breastfeeding among key stakeholders. A round table discussion on benefits of breastfeeding was conducted in Makarfi LGA in collaboration with the LGA, which targeted traditional and religious leaders, women groups, and youths. The discussion was aimed at getting males involved in breastfeeding by supporting women to exclusively breastfeed their children. In attendance at the one-day event was the wife of the LGA Chairman, and the Vice Chairman among other dignitaries.

ADOLESCENT HEALTH SERVICES

We are excited to share updates on the Adolescent health services in the ANRIN projects which is aimed at increasing access to and utilization of an integrated community-based basic package of nutrition services (BPNS) and adolescent health services (AHS) in 11 LGAs in Kaduna State according to established and agreed targets (for quality and coverage) to reduce the level of malnutrition in Kaduna state.

In this edition we will be highlighting the comprehensive AHS services and the availability through the ANRIN Project and the positive impact we are making. Adolescence is a critical period of growth and development, and investing in the health and well-being of young people is crucial. The ANRIN project recognizes this and provides a range of services to meet the unique needs of adolescents.

Here are some of the Key Adolescent Health services offered through the project.

1. Counseling for increased birth spacing amongst married women of reproductive age, particularly adolescent girls (15-19 years): Confidential and group counselling services is often provided for the Adolescents by trained family planning and youth friendly service providers across our LGAs of Implementation, where young people can discuss their concerns, seek guidance on choice of birth spacing methods and receive support from the trained service providers. The safe and non-judgmental space allows adolescents to address a variety of issues including, Decision Making & Negotiation Skills, Gender Base violence (GBV) Conflict Resolution, Effective Communication.
2. Provision of full range of short-term and long-acting reversible birth-spacing method: To ensure the sexual and reproductive health needs of the adolescents are met, the project offers access to range of contraceptives including,
 - a. Condoms,
 - b. Oral contraceptive pills,
 - c. Injectables (Sayana Press, Noristerat, and Depo-Povera.)
 - d. Implants (Implanon and Jadelle) and
 - e. Intra uterine Contraceptive device (IUD).
3. Referrals and linkages to strengthen integration of BPNS-AHS to pregnant and lactating Adolescent and equally their children between IPCAs, mentors, clinical service providers and referral sites.



WORLD BREAST-FEEDING WEEK



NSCDC, SENSITIZATION OF ADOLESCENT GIRLS



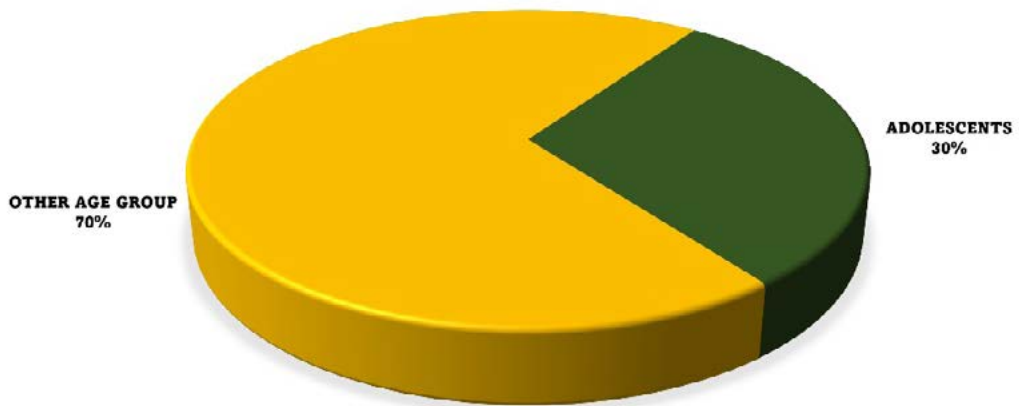
PERFORMANCE REPORT – YEAR 2

Annual performance targets (number of contacts) for Basic Package of Nutrition Services and Adolescent Health Services

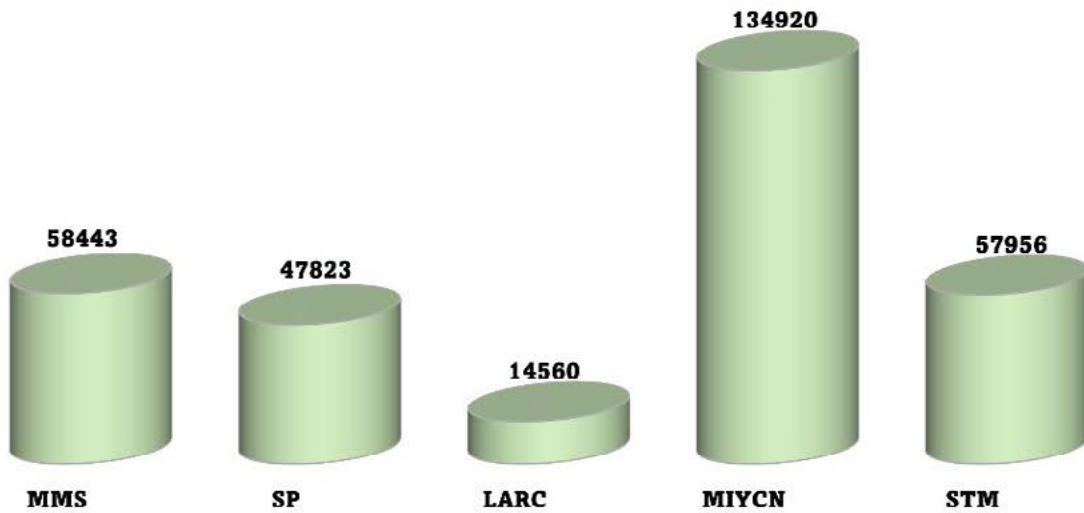
SFH-ANRiN KADUNA PERFORMANCE AGAINST TARGETS (JUL 22 - JUN 23)			
SERVICE NAME	TARGET	ACHIEVEMENT	PERFORMANCE
ALB	722,633	745,445	103%
MMS	169,536	236,010	139%
SP	154,467	202,047	131%
LARC	4,508	15,142	336%
MNP	278,759	310,788	111%
MIYCN	541,177	532,322	98%
STM	54,815	60,407	110%
VIT A	683,679	796,436	116%
Zn/ORS	270,291	391,761	145%
Grand Total	2,879,865	3,290,358	114%

SFH-ANRiN KADUNA PERFORMANCE AGAINST TARGETS (JUL 22 - JUN 23)			
SERVICE NAME	TARGET	ACHIEVEMENT	PERFORMANCE
Deworming contacts for children 12-59 months	722,633	745,445	103%
Thirty MMS supplementation tablets for pregnant women with counseling to use	169,536	236,010	139%
One dose of SP/Fansidar (IPTp) for malaria for pregnant women	154,467	202,047	131%
LARC with counseling	4,508	15,142	336%
Thirty sachets of micronutrient powders for children 6-23 months	278,759	310,788	111%
MIYCN counseling contacts for pregnant and lactating	541,177	532,322	98%
Short-term with counseling	54,815	60,407	110%
Vitamin A supplementation contacts for children 6-59	683,679	796,436	116%
Two sachets of Zinc/ORS for children 6-59 months for diarrhea	270,291	391,761	145%
Grand Total	2,879,865	3,290,358	114%

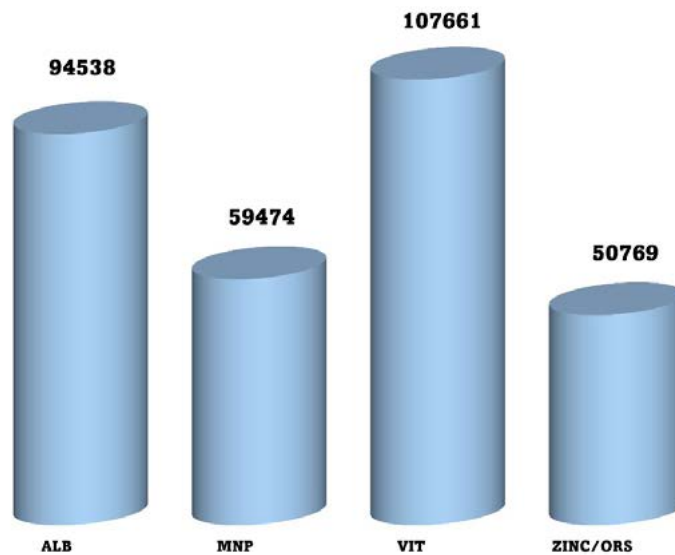
PROPORTION OF MARRIED ADOLESCENTS & OTHER MARRIED NON ADOLESCENTS REACHED (JUL 22 - JUN 23)



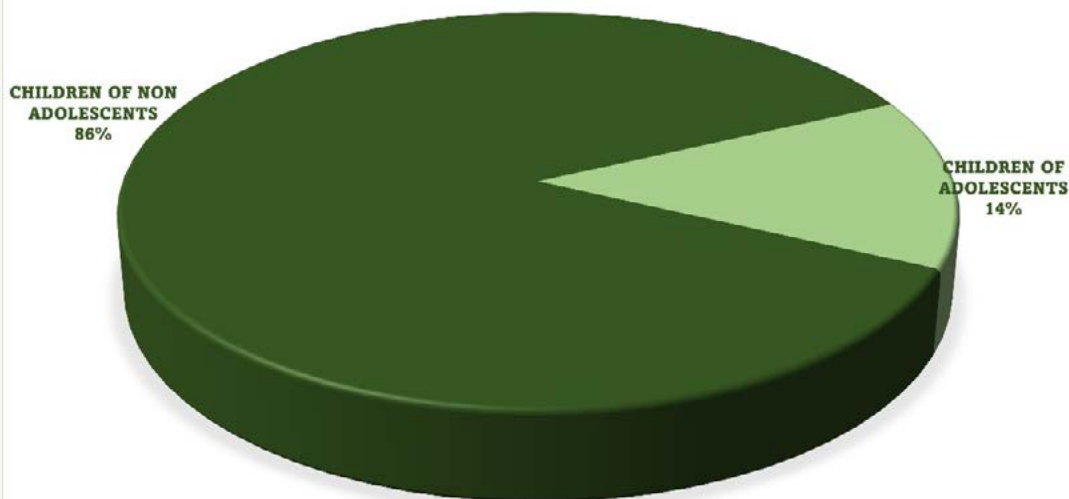
SUMMARY OF MARRIED ADOLESCENT MOTHERS REACHED (Jul 22 - Jun 23)



CHILDREN OF MARRIED ADOLESCENT MOTHERS SERVED (Jul 22 - Jun 23)



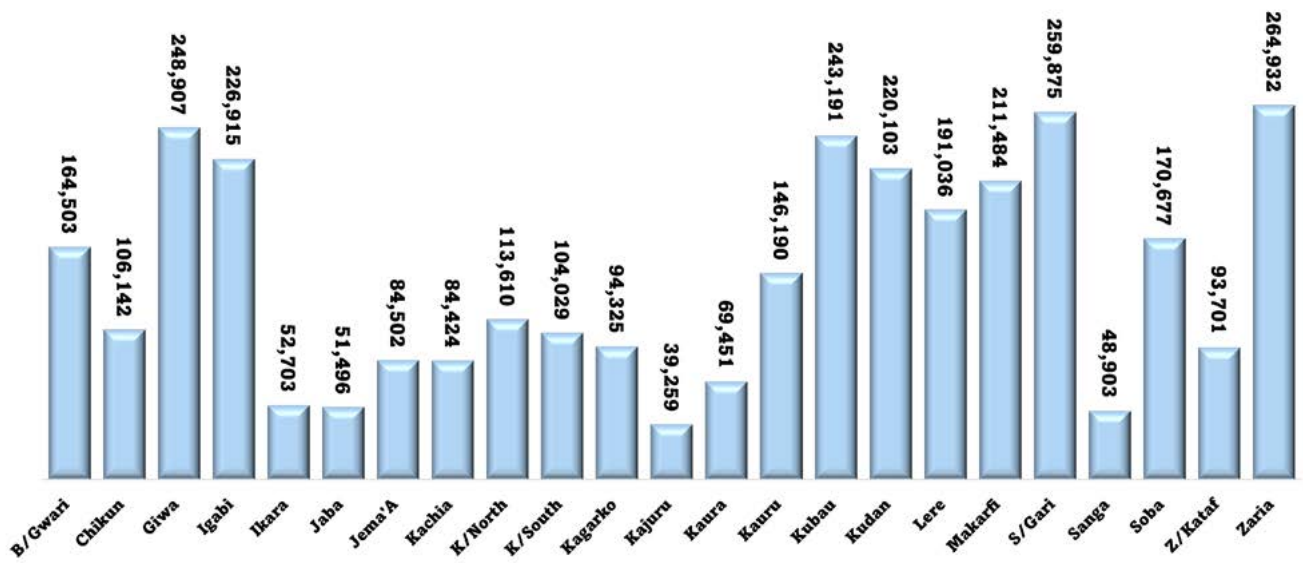
PROPORTION OF CHILDREN OF MARRIED ADOLESCENTS & NON MARRIED ADOLESCENTS MOTHERS REACHED (JUL 22 - JUN 23)



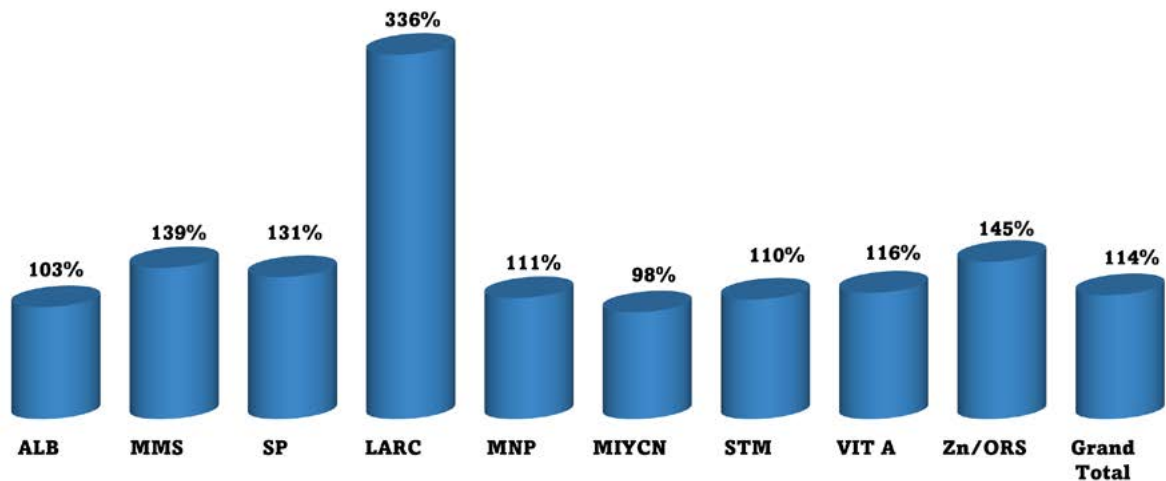
JULY 2022 TO JUNE 2023 LGA SUMMARY BY DELIVERABLES

LGA NAME	ALB	MMS	SP	LARC	MNP	MIYCN	STM	VIT A	Zn/ORS	Grand Total
B/Gwari	38,065	15,010	11,281	669	14,562	25,105	1,991	39,865	17,955	164,503
Chikun	25,318	6,240	5,040	1,282	7,711	11,690	2,360	27,657	18,844	106,142
Giwa	54,206	24,848	21,427	801	22,408	42,555	4,473	55,802	22,387	248,907
Igabi	54,545	14,913	13,892	663	20,238	33,794	4,613	55,754	28,503	226,915
Ikara	10,982	3,101	2,819	421	4,984	8,240	1,480	12,805	7,871	52,703
Jaba	12,204	2,785	2,752	289	4,919	8,005	1,011	13,604	5,927	51,496
Jema'A	16,172	4,811	4,235	250	10,085	15,985	1,681	19,525	11,758	84,502
Kachia	18,607	5,017	4,269	1,347	8,005	14,985	1,515	19,640	11,039	84,424
K/North	24,468	5,831	5,209	222	11,699	19,695	2,198	28,814	15,474	113,610
K/South	25,424	5,542	4,910	940	7,049	13,833	1,853	28,271	16,207	104,029
Kagarko	17,879	8,115	6,116	1,322	8,265	15,211	1,373	20,689	15,355	94,325
Kajuru	8,125	2,709	2,186	165	4,212	6,875	584	9,532	4,871	39,259
Kaura	15,501	4,278	3,898	160	6,881	10,816	1,006	17,357	9,554	69,451
Kauru	35,004	10,940	8,324	959	13,435	23,506	3,091	36,528	14,403	146,190
Kubau	55,547	18,155	15,181	851	22,655	42,971	4,693	58,066	25,072	243,191
Kudan	50,389	16,089	13,053	704	21,767	36,620	5,036	53,450	22,995	220,103
Lere	45,970	11,845	11,798	470	18,529	30,277	2,517	47,286	22,344	191,036
Makarfi	45,904	17,745	13,270	656	20,771	38,966	3,850	48,784	21,538	211,484
S/Gari	64,493	16,669	16,306	591	28,175	34,357	3,603	67,458	28,223	259,875
Sanga	10,694	2,225	2,062	749	4,644	5,125	998	12,312	10,094	48,903
Soba	31,877	16,567	14,289	808	14,152	31,083	4,717	33,580	23,604	170,677
Z/Kataf	18,315	6,596	5,463	347	10,325	16,819	1,987	21,300	12,549	93,701
Zaria	65,756	15,979	14,267	476	25,317	45,809	3,777	68,357	25,194	264,932
TOTAL	745,445	236,010	202,047	15,142	310,788	532,322	60,407	796,436	391,761	3,290,358

SUMMARY OF LGAs ACHIEVEMENT (July 2022-June 2023)



OVERALL PERFORMANCE BY DELIVERABLES (JUL 22 - JUN 23)



ANRIN GRIEVANCE REDRESSAL MECHANISM

SFH remained steadfast in its commitment to support the Grievance Redress Committees (GRC) operating across all 11 Local Government Areas (LGAs). The objective was to foster an environment where project beneficiaries felt encouraged to report grievances, with the assurance that their concerns would be promptly addressed. SFH not only provided technical guidance but also extended financial assistance to facilitate the regular conduct of monthly GRC meetings. Moreover, SFH actively promoted community ownership of the grievance redress mechanism.

In a bid to enhance stakeholder involvement and bolster awareness of the ANRiN implementation in the LGAs, SFH worked diligently to facilitate the participation of additional stakeholders in these monthly meetings. This approach not only widened the scope for receiving and resolving grievances at the community level but also ensured that a diverse range of perspectives were considered.

During the reporting period, the project recorded a total of 384 grievance reports. Impressively, all reported cases were addressed effectively and resolved. Here's a summary of the number of cases received, resolved, and escalated within the second year across all 11 LGAs.

LGA	CASES RECEIVED	CASES RESOLVED	CASES PENDING	CASES ESCALATED
Birningwari	23	23	0	0
Giwa	38	38	0	0
Igabi	21	21	0	0
Kauru	28	28	0	0
Kubau	49	49	0	0
Kudan	26	26	0	0
Lere	37	37	0	0
Makarfi	37	37	0	0
Sabongari	28	28	0	0
Soba	16	16	0	0
Zaria	45	45	0	0
TOTAL	348	348	0	0

Table showing: REPORT OF GRIEVANCES FROM LGAs

INNOVATION, BEST PRACTICES

1. Transforming the data collection approach through the digitalization of tools
2. Real-time collection and analysis of data
3. Presenting service data points as global positioning system coordinates (GPS coordinates)
4. Data-driven decision-making and programming
5. Target-based payment of wages of field staff
6. Award and Recognition to best performing supervisors & IPCAs/SP

MYTHS & FACTS

MYTHS

1. Malnutrition is the same as hunger.

2. Malnutrition is all about being too thin

3. Nutrition starts when a child is born.

4. The consequences of malnutrition are only health related.

5. Malnutrition only affects individuals

6. Malnutrition is not as important as other diseases in the world

7. Malnutrition and HIV are not linked.

8. Anemia cannot be reversed.

FACTS

That diet is lacking in some nutrients

Malnutrition is also related to people's financial situation.

Malnutrition in the womb can cause the fetus to not grow properly, which in turn hinders the mental and physical development of the child during the early years of its life

Also greatly affects a person's quality of life. For example, undernourished children are less likely to perform well in school,

Also influences mortality, productivity, and economic growth.

It is actually the number one health risk worldwide. 50% of all childhood deaths are connected to malnutrition. It kills 3.5 million children annually.

People with HIV may experience loss of appetite and difficulty to ingest food, because of this good nutrition can help to prolong the lives of people with HIV.

The reality is quite the opposite, most forms of anemia (when iron deficiency causes a low red cell count in the blood) can be reversed. One way to help solve this problem is to distribute a micronutrient powder to anemia sufferers

MYTHS

9. Worm infestation is only seen in non-vegetarians

10. Spicy food prevents worms

11. Worms only infest the gastrointestinal tract

12. If babies feed a lot, that means they aren't getting enough milk

13. Formula-fed babies sleep better

14. Breastfeeding changes the shape and size of your breast or reduces sensitivity.

15. Never wake a sleeping baby to breastfeed.

16. Breastfeeding prevents you from getting pregnant

17. Breastfeeding mothers cannot eat some food

18. You cannot take medication while breastfeeding

19. It is hard to wean a child if you breastfeed for more than a year

FACTS

These worms commonly lay eggs in vegetables, fish and meats which are ingested by humans leading to infestation

Spicy food cannot prevent worm infestation

Worms not only inhabit the small intestine of humans leading to anemia and intestinal obstruction but can even infect the brain, liver, lung, and muscle

Because breast milk is so easy to digest, babies generally get hungrier sooner than if they are formula-fed

Research indicates that babies fed on formula do not sleep better, although they may sleep longer. "Because bottle milk doesn't get digested as quickly

While pregnancy does somewhat alter the look and feel of your breasts, experts say breastfeeding does not cause any changes beyond that. "This is all pretty much old wives' tales."

Most of the time your baby will wake you -- and be ready to eat -- every two-and-a-half to three hours. However, your baby may feed vigorously for two or three hours -- known as "cluster feedings" -- and then sleep longer than usual.

Judging by the number of families with babies born 10 months apart, it's clear that breastfeeding isn't guaranteed birth control

Like everybody, a breastfeeding mother should always eat a balanced diet

This is not necessarily true. Some medications are needed to be taken at some specific point in time

There is no evidence that it is more difficult to stop breastfeeding after one year



“From Fragile to Flourishing: Muhammad’s Journey Against Child Malnutrition”

Muhammad following referral and treatment.

Muhammad Auwal is a resilient young boy with a contagious smile, he resides with his loving parents in the humble neighbourhood of Limanchin Kona ward in Zaria Local Government Area. Little did he know that his life was about to change drastically when Interpersonal Communication Agents (IPCA) working on ANRIN (Accelerating Nutrition Results in Nigeria) project, an intervention of Society for Family Health (SFH) visited their home during their house-to-house delivery of Basic Package of Nutrition Services (BPNS) in November 2022.

The diligent IPCAs immediately noticed the telltale signs of malnutrition in Muhammad. Concerned for his well-being, they wasted no time in enrolling him and the other household beneficiaries into the programme.

Muhammad’s parents, overwhelmed with worry, were comforted, and guided through the process, understanding the crucial role they played in their son’s recovery.

Recognizing the urgency of Muhammad’s situation, the IPCA team provided Muhammad’s parents with invaluable counselling and made a timely referral to the renowned Babban Dodo Primary Health Care Center in Zaria. The centre, known for its exceptional care and expertise in combating malnutrition, welcomed Muhammad and his family with open arms.

In a stroke of serendipity, the Nutrition Focal Person of the Zaria Local Government Area at Babban Dodo Primary Health Care Center, realising the gravity of Muhammad’s condition and being



Muhammad before treatment

“Presence and encouragement transformed the journey towards recovery into a joint effort, fostering trust.”

moved by his resilient spirit, the Nutrition Focal Person personally took the responsibility of overseeing Muhammad's progress. This unexpected turn of events further invigorated Muhammad's parents and renewed their hope for their son's recovery.

The IPCA team, demonstrating unwavering dedication, maintained regular contact with Muhammad's family. They acted as a compassionate support system, consistently following up to ensure that all medical appointments were kept and that the treatment instructions were diligently followed. Their presence and encouragement transformed the journey towards recovery into a joint effort, fostering trust and strengthening the bond between the IPCA team and Muhammad's family.

After four weeks of comprehensive care at Babban Dodo Primary Health Care Center, Muhammad's transformation was nothing short of miraculous. The before and after pictures captured his incredible progress, illustrating the profound impact of the combined efforts of the IPCA team, the dedicated staff at the health care centre, and, of course, Muhammad's unwavering determination.

The ANRiN programme has reached new heights, eradicating child malnutrition in Zaria Local Government Area and serving as a model for other regions facing similar challenges. Muhammad's journey became a symbol of hope, demonstrating that with compassion, dedication, and collective effort, every child can thrive and overcome even the most daunting obstacles.

Today, Muhammad continues to flourish, surrounded by a community that cherishes him as a living testament to the power of perseverance and love. His future is filled with endless possibilities, and his story remains etched, thanks to ANRiN (Accelerating Nutrition Results in Nigeria) project, an intervention implemented by Society for Family Health (SFH) on behalf of Kaduna State Government.

“This unexpected turn of events further invigorated Muhammad's parents and renewed their hope for their son's recovery.”

“Steps of Triumph: Khadija's Journey from Fragile to Fearless with Micronutrient powder”

Khadija Musbahu, an 8-month-old baby girl residing in a vibrant suburb of Kaduna, found herself facing an unfortunate twist of fate. Unlike many infants, Khadija had not received the invaluable gift of exclusive breastfeeding, leading to poor nutrition and gradual wasting of her tiny frame. Unable to crawl like other children her age, Khadija's journey seemed filled with obstacles, causing great concern for her loving mother, who yearned for a breakthrough to save her precious daughter.

It was at this critical juncture in Khadija's life that an intervention of ANRiN (Accelerating Nutrition Results in Nigeria) appeared at their doorstep. The Interpersonal Communication Agent (IPCA), armed with the Basic Package of Nutrition Services, entered Khadija's household, bringing with them a ray of hope and a wealth of knowledge. With utmost care and compassion, they counselled Khadija's mother on the importance of appropriate complementary feeding and wasted no time in enrolling Khadija into the programme.

Khadija's transformation was nothing short of

“Presence and encouragement transformed the journey towards recovery into a joint effort, fostering trust.”



remarkable. With the support of the IPCA, she was provided with essential nutrients such as vitamin A and Micronutrient powder, accompanied by a comprehensive guide on their daily use. The impact was immediate and astonishing. During subsequent visits, the IPCA observed a significant improvement in Khadija's health status. Her appetite had been rekindled, vitality radiated from her once-frail body, and the remarkable moment arrived when she took her very first steps, leaving her family overjoyed.

At just 11 months old, Khadija had already defied the odds, mastering the art of walking ahead of her peers. Her mother, brimming with joy, attributed this miraculous change to the transformative effects of the Micronutrient powder. However, even in the midst of her gratitude, Khadija's mother playfully expressed a single concern, stating, "Khadija is now eating too much!" The words were accompanied by a warm smile, a testament to the immense gratitude she held for the ANRiN project and the immeasurable happiness it had brought to their family through Khadija's miraculous recovery.

News of Khadija's extraordinary journey spread like wildfire throughout the community, igniting a renewed sense of hope in the hearts of families grappling with similar challenges. The ANRiN project, propelled by Khadija's remarkable story, garnered even greater support, expanding its reach to touch the lives of countless other infants and their families.

Today, Khadija continues to thrive, surrounded by a loving community that cherishes her as a living testament to the transformative power of proper nutrition and compassionate care. Her footsteps serve as a beacon of hope, lighting the way for other families in their own battles against malnutrition.

PICTURES FROM THE FIELD





RECIPE



Garau Garau

Rice and Beans (Garau Garau) is a very popular Hausa cuisine you will find in almost all households and streets of Northern Nigeria.

Its simplicity and unique taste makes it a favorite food for the rich, average, and low-income earners across the northern states.

To prepare it, rice and beans are boiled separately, vegetable oil is fried with onion or groundnut oil which doesn't require frying. It is then served with ground pepper, lettuce, slices of onion and tomato, boiled egg, meat, or fish or even without protein.

Garau garau is cheap and affordable to people on low budget.



CONTACTS

Address:

No. 6, Ibrahim Alfa Road,
Off Kinshasa Road,
Behind NYSC Secretariat, GRA,
Ungwar Rimi, Kaduna.

Tel: +234 9292 0235

Visit us @ www.sfhnigeria.org | Email: info@sfhnigeria.org
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