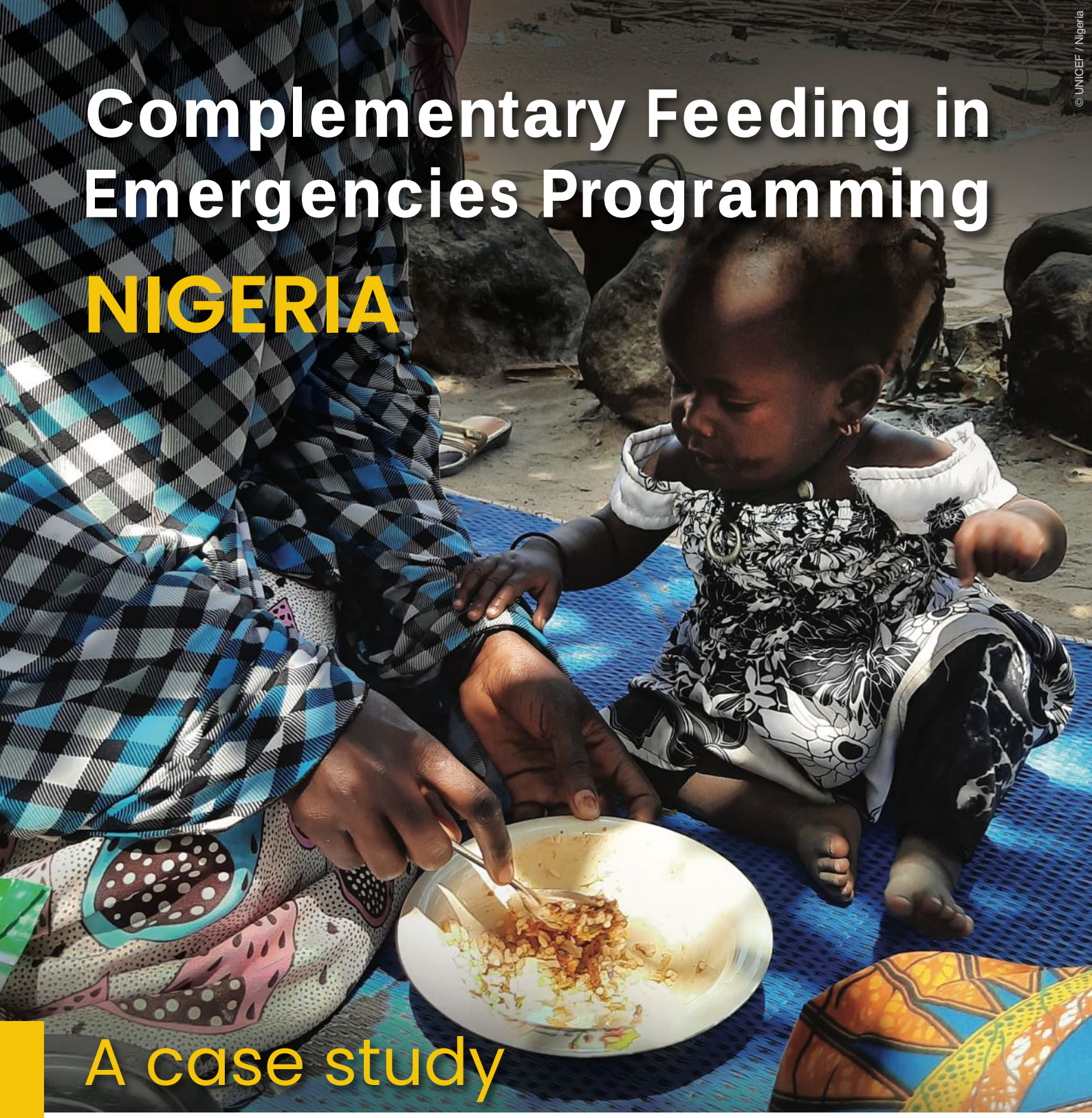

Complementary Feeding in Emergencies Programming

NIGERIA

A case study

Based on the UNICEF action framework for improving the diets of young children during the complementary feeding period

February 2022

USAID FROM THE AMERICAN PEOPLE

ENN

IFE CORE GROUP

Contents

Acronyms

BAY	Borno, Adamawa and Yobe States
BMS	Breastmilk substitutes
BSFP	Blanket supplementary feeding programme
CBT	Cash-based transfer
CF	Complementary feeding
CFE	Complementary feeding in emergencies
CHIPS	Community Health Influencers, and Promoters or Services
CMAM	Community-based management of acute malnutrition
DHS	Demographic and Health Surveys
ENN	Emergency Nutrition Network
FMoH	Federal Ministry of Health
IDP	Internally displaced people
IFE-CG	Infant and Young Child Feeding in Emergencies Core Group
IGA	Income generating activities
ISWAP	Islamic State West African Province
IYCF	Infant and young child feeding
IYCF-E	Infant and young child feeding in emergencies
KAP	Knowledge, attitudes, and practices
LGA	Local government authorities
MDD	Minimum dietary diversity
MIYCN-E	Maternal, infant and young child nutrition in emergencies
MNP	Micronutrient powder
NAFDAC	National Agency for Food and Drug Administration and Control
NDHS	Nigeria Demographic and Health Survey
NGO	Non-governmental organisation
OCHA	Office for the Coordination of Humanitarian Affairs
OTP	Outpatient therapeutic feeding programme
PHC	Primary health centre
SBCC	Social and behaviour change communication
SC	Stabilisation centre
TWG	Technical working group
UNICEF	United Nations Children's Fund
WASH	Water, sanitation, and hygiene
WFP	World Food Programme

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Executive summary

Why we did this case study

The complementary feeding (CF) period (6-23 months) is a critical period in a child's life and ensuring an appropriate diet is important to prevent malnutrition. Emergencies are especially critical as infant and young child feeding (IYCF) may be jeopardised. It is therefore vital to prioritise supporting families with children 6-23 months, in emergencies in particular, to ensure access to appropriate complementary foods, promote positive feeding practices and facilitate optimal growth and development.

The Infant and Young Child Feeding in Emergencies (IFE) Core Group provides recommendations for complementary feeding in emergencies (CFE) interventions. In a review of CFE that we conducted in 2019, we identified that there was a gap in the 'how-to' of supporting the diets of young children in emergencies. In early 2020, UNICEF launched a document 'Programming Guidance for Improving Young Children's Diets During the Complementary Feeding Period', which provides an Action Framework to improve the diets of children 6-23 months of age.[1] We therefore decided to examine the interventions and actions implemented in emergencies using the Action Framework as a tool.

What we did

We undertook a series of case-studies in two countries – Sudan and Nigeria – where some progress towards improving complementary feeding (CF) programming in emergencies had been reported and key CF actions and interventions to improve young children's diets had been documented. We hoped that the learnings from these two countries would provide greater insights for both country-level practitioners and global-level decision-makers on the 'how to' of CFE programming and contribute to improving CFE programming.

How we did it

We used a case study methodology to collect information from multiple sources including a country-level document review, an online survey questionnaire and key informant interviews. We classified data by themes following the logic of the Action Framework within the UNICEF Programme Guidance for Improving the Diets of Young Children During the Complementary Feeding Period. We then reported on the various components of CFE programming that emerged from this analysis.

What we found

Using the template of the Action Framework, we have summarised the findings of this case study in **Figure 1** – the template appears in the background and our findings in yellow notes.

What did this case study contribute?

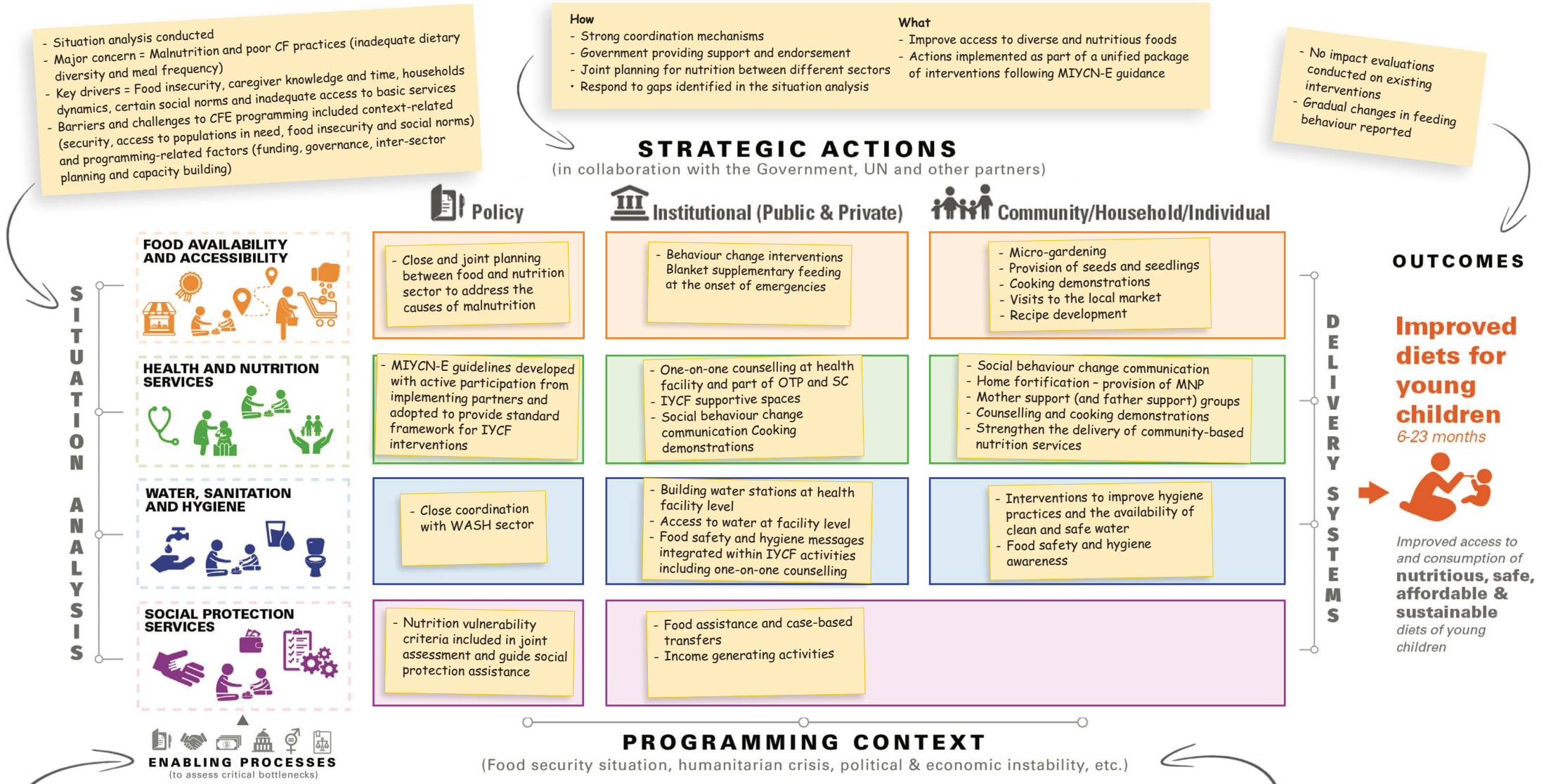
As we used the UNICEF CF Programming Guidance and its Action Framework to document CFE interventions in Nigeria, we were able to learn that:

1) When we have a package of interventions that are contextualised, we can better respond to context-specific needs.
2) The fact that a detailed situation analysis was undertaken and that drivers of CF practices were examined provided the necessary knowledge to guide the design and action of interventions.
3) Joint planning and a shared vision among different actors and systems strengthened the outcome of CFE programming.
4) Localised initiatives that provide a comprehensive package of CF interventions and that build the evidence on impact may contribute to building the momentum for scale-up and adoption at the national level to maximise impact.

We believe that the Action Framework was a useful tool as it helped to lay out the different components and stages of CFE programming and to identify potential opportunities at different levels and through various channels. It may therefore be useful for other countries to consider using it to plan, prepare for and implement CFE programming and interventions. Nevertheless, it is still necessary to examine different settings including contexts where CF is not prioritised and therefore not yet established.

[1] The Action Framework is presented in the Programme Guidance for Improving Young Children's Diets during the Complementary Feeding Period (UNICEF, 2020).

Figure 1 CFE Programming using the action framework in Nigeria



Introduction

The period between six and 23 months of age – the complementary feeding (CF) period – is a critical period in a child's life. Ensuring continued breastfeeding and access to a diverse, safe and adequate diet during this period is vital as it provides the child with the essential nutrition for proper growth and development and has been shown to prevent all forms of malnutrition. The period of introduction of complementary food is particularly important as young children are at an increased risk of becoming undernourished. Emergencies are especially critical as infant and young child feeding (IYCF) practices may be jeopardised due to poor access to adequate nutritious food to which families are accustomed to, clean and potable drinking water and quality health services as well as deteriorating nutrition-related practices due to family disruptions. Emergencies are also special circumstances where access to services for vulnerable populations may be hindered or hampered. It is therefore vital to prioritise supporting families with children 6-23 months of age to ensure access to appropriate complementary foods, to promote positive feeding practices and to facilitate optimal growth and development.

Because the support for complementary feeding in emergencies (CFE) has been reported to be a gap in programming in emergency contexts, several actions have been taken in recent years to support CFE programming, including:

- In 2017, the IFE Core Group (IFE-CG) updated its operational guidance on infant and young child feeding in emergencies (IYCF-E) which provided additional recommendations for interventions and actions to support CFE (IFE-CG, 2017).
- In 2019, the same group conducted a review of CFE which identified the main gaps[2] affecting CFE programme implementation (ENN & IFE-CG, 2020).
- In early 2020, UNICEF launched a document 'Programming Guidance for Improving Young Children's Diets During the Complementary Feeding Period' which provides a framework for action for improving the diets of children 6-23 months of age (referred to as the 'Action Framework' in this report) (UNICEF, 2020).

As a next contributing step to improving CFE programming, a series of case studies was undertaken in two countries where some progress towards improving CFE programming in emergencies had been reported – i.e., Sudan and northeast Nigeria – so that learnings from those two countries would provide insights for both country-level practitioners and global-level decision-makers on the 'how to' of CFE programming.

The case study presented in this report aims to document the CFE actions and interventions that were implemented in northeast Nigeria using the UNICEF Action Framework as a tool.[3]

[2] Gaps reported in the review included: 1) gaps in coordination and leadership, 2) lack of capacity for assessment, 3) lack of funding, 4) challenges with providing commodities and supplies to meet the needs of children 6-23 months, 5) lack of CFE-specific preparedness plans, and 6) perceived gaps in CFE programming capacity.

[3] A similar report was written to cover the Sudan case study and can be found here.

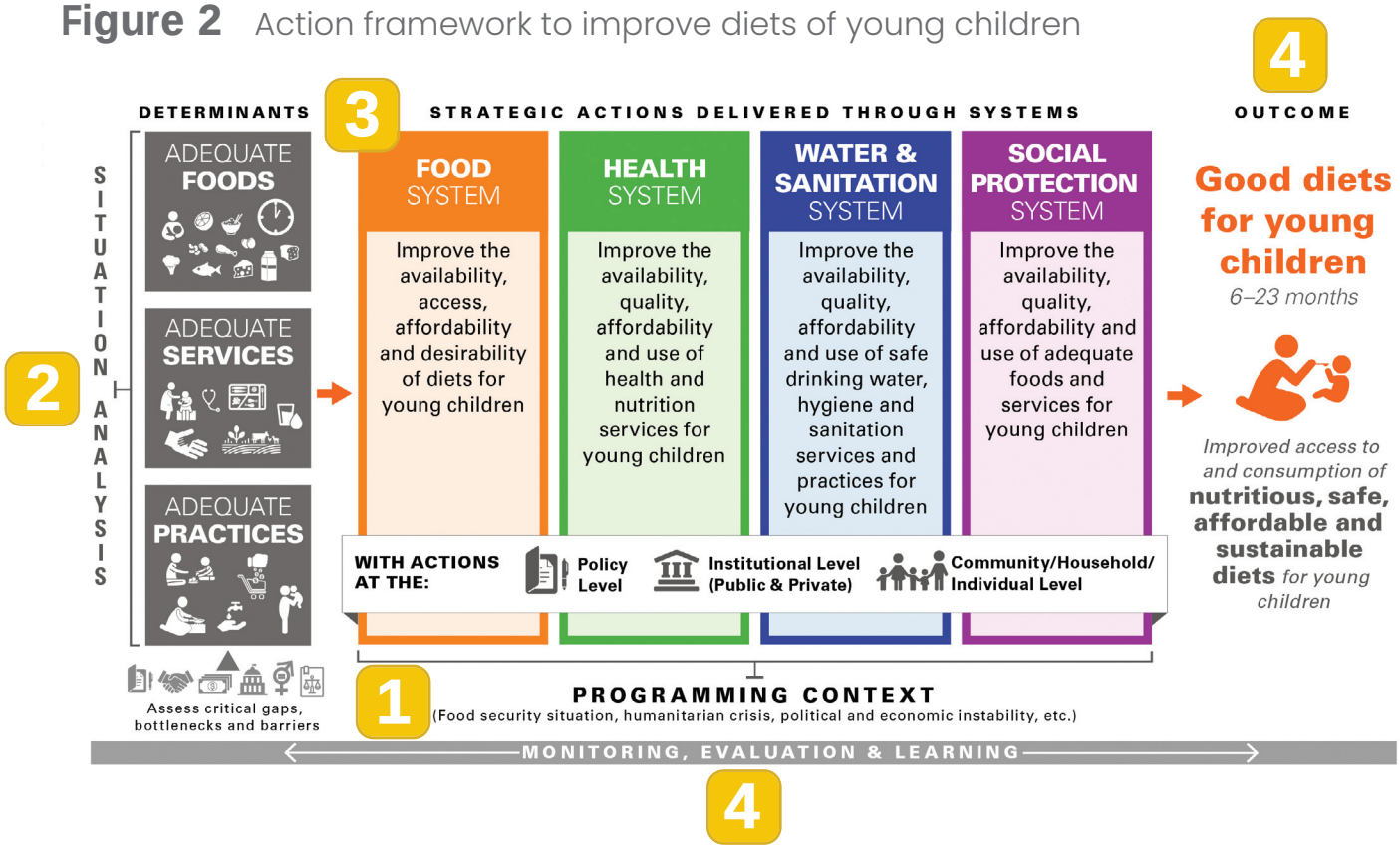
Methods

A case study methodology was used to collect information. Data was collected from multiple sources including a country-level document review, an online survey questionnaire and key informant interviews. Data was classified by themes and the various components of CFE programming that emerged from the analysis were reported following the logic of the Action Framework (summarised in **Figure 2**).

Following that logic, each of the four sections of the case study examines one of the four components of the Action Framework (numbered 1 to 4 in **Figure 2**), i.e.:

- A description of the programming context (**Section 1**)
- The actions related to the analysis of the nutrition situation including the drivers and barriers of CF (**Section 2**)
- The overall actions and activities reported to be implemented to improve children's diets during the CF period (**Section 3**, with **Table 4** that provides a summary of these interventions)
- An overview of monitoring, evaluation and learning including the reported outcomes as a result of these interventions (**Section 4**).

Figure 2 Action framework to improve diets of young children



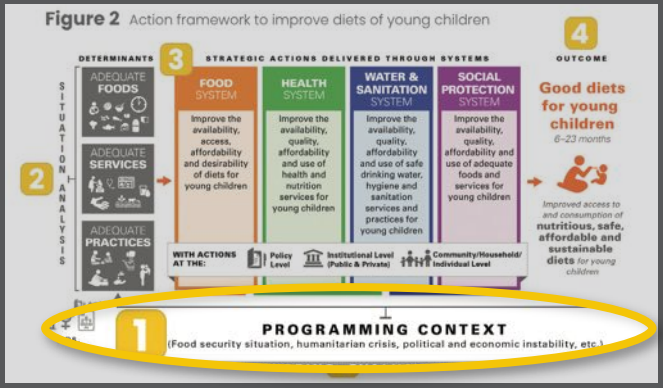
Source: UNICEF programming guidance

Findings

CFE programming in northeast Nigeria

Figure 1 is a visual summary of the findings using the Action Framework and **Annex 1** is a summary of the findings aligning with the recommendations from the UNICEF CF Programming Guidance.

Section 1
Programming context



1.1 Humanitarian situation overview

What was the setting in which the country programming was being implemented, i.e., what was the nature of the emergency

Nigeria has a long history of conflicts, many of which are still active in different regions of the country today (**Box 1**). The north-eastern part of the country has been most affected where the three states of Borno, Adamawa and Yobe (often referred to as the 'BAY states' as highlighted in orange on the map in **Figure 3**) have been experiencing emergencies since 2009 and remain the central focus of humanitarian response.

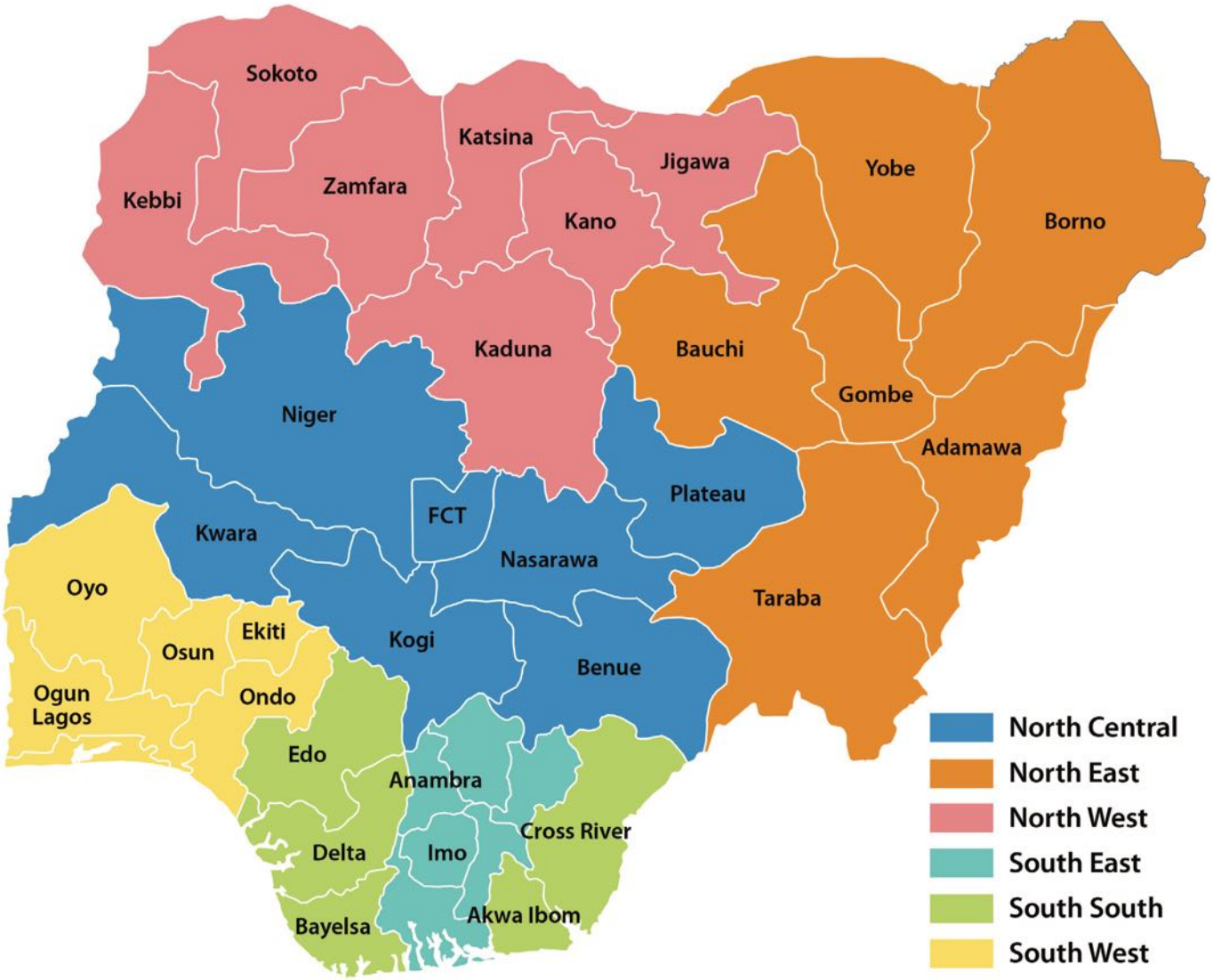
For the year 2021, the Humanitarian Response Plan (OCHA, 2021b) estimated that 8.7 million people would be in need of assistance in the north-eastern BAY states, most of them women and children (OCHA, 2021d). Across these states, 5.1 million people would be experiencing food insecurity at crisis or emergency levels (Integrated Food Security Phase Classification, 2021).

An estimated 1.5 million people were in need of lifesaving nutrition services, comprising one million children under five and half a million women of reproductive age within the BAY states (OCHA, 2021e). Of the 1.5 million people needing humanitarian nutritional services, 15% were internally displaced people (IDPs), 15% returnees and 70% were in host communities. An estimated 810,000 children under five were projected to suffer from acute malnutrition in 2021, of whom 295,000 with its severe form (OCHA, 2021e). Over 123,000 pregnant and lactating women were also projected to suffer from acute malnutrition in 2021 (OCHA, 2021b). Outbreaks of cholera and COVID-19 were adding to an already challenging situation (OCHA, 2021a).

Security risks prevented humanitarian actors from accessing people in need and disrupted service delivery, particularly for those living in host communities. Estimates indicated that one million people could not be reached with humanitarian assistance (OCHA, 2021b). In formal IDP camps, however, protection from security forces facilitated humanitarian access.

Figure 3

Map of Nigeria showing the north-eastern states that are considered in this case STUDY



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Box 1 Background about Nigeria

Located on the coast of West Africa in the Gulf of Guinea, Nigeria is the continent's most populous country with over 200 million people. Nigeria is a multicultural country made up of more than 250 ethnic groups speaking over 500 languages.

Nigeria's economy is heavily reliant on oil which accounts for 80% of exports and half of government revenues. Despite having the largest economy in sub-Saharan Africa, the country remains a lower middle-income country (The World Bank, 2021). In 2018, 40% of the population lived below the international poverty line; it is reported that the economic impacts of COVID-19 and related factors will push an additional 12 million Nigerians into poverty by 2023 (The World Bank, 2021). Although the socio-economic situation has improved somewhat in recent years, Nigeria ranked 161 out of 189 countries in the Human Development Index (UNDP, 2021).

The security situation in Nigeria is a major contributor to slow socio-economic development with active conflicts in different regions of the country. The conflict with Boko Haram and Islamic State West African Province terrorist groups based in northeast Nigeria has subjected millions of people to displacement, poverty and the threat of violence leading to one of the most severe humanitarian crises in the world today since 2009 (OCHA, 2021d). Meanwhile, violent land disputes between herders and farmers in north central Nigeria have also become an urgent security challenge with large-scale displacement and impacts on food security (International Crisis Group, 2018). In the Niger Delta region, tensions between militant groups and foreign oil corporations over the control of oil wealth have resulted in insecurity since the 1990s (African Centre for the Constructive Resolution of Disputes, 2017). Other conflicts that contribute to insecurity include renewed violence by Biafran separatists in the southeast and continued banditry and kidnappings by armed groups in the northwest (International Crisis Group, 2021).

These conflicts, compounded by the impacts of climate change, chronic underdevelopment and poverty, create a challenging programmatic environment characterised by a high burden of need for humanitarian assistance and poor access to the most vulnerable populations (International Crisis Group, 2018).

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1.2 Coordination mechanisms and structures

Who were the main actors supporting the diets of young children and what coordination mechanisms existed ?

The humanitarian response in northeast Nigeria was mostly coordinated and managed at state rather than federal level. Most programming partners and coordination bodies were based in Maiduguri, the capital city of Borno State, to cover operations in the three BAY states in collaboration with the states' government authorities. State-level coordination meetings also took place in Yobe and Adamawa states.

The Nutrition Sector[4] was led by the state Primary Health Care Development Agency with UNICEF acting as co-lead and covered the three states of northeast Nigeria. The Nutrition Sector played a critical role in supporting the coordinated nutrition humanitarian response between the partners' agencies and to support the development of tools for CFE programming (see 'Policies, plans and guidance' below). The Nutrition Sector also ensured the alignment of action as part of the coordination with other sectors such as health, water, sanitation and hygiene (WASH) and food security.

International Medical Corps chaired the IYCF Technical Working Group (TWG), housed under the Nutrition Sector coordination, which focused on improving the diets of young children through developing guidance and coordinating partners to increase coverage.

At federal level, the Federal Ministry of Health (FMoH) had recently started to restructure to have one nutrition body to coordinate all nutrition activities including, but not limited to, emergencies. This role was not yet functioning at the time of data collection but will probably be important for ownership and sustainability in the future.

Non-governmental organisation (NGO) partners – whether they be local or international – supported the states and conducted activities through government health facilities; their activities were integrated into those of the state health system, they did not operate in parallel. Partners and coordination structures were very active and dynamic in the northeast of the country. The humanitarian presence and coverage of the nutrition response was considered high in Borno state, less so in Adamawa and Yobe states (**Table 1**).

The main implementing partners who worked on IYCF-E were:

- International NGOs: Action Contre la Faim, the Alliance for Medical Action, Family Health International, InterSOS, the International Committee of the Red Cross, the International Medical Corps, the International Rescue Committee, Médecins du Monde, Première Urgence International and Save the Children
- Local implementing partners: Caritas, the Justice, the Development and Peace Commission of Maiduguri Diocese and the Yobe State Primary Health Care Management Board
- UN agencies: UNICEF and the World Food Programme (WFP).

[4] As the IASC cluster system was not activated in Nigeria, the coordination of the nutrition actors was referred to as the Nutrition Sector and not the Nutrition Cluster.

Table 1 Number of active nutrition partners and nutrition interventions coverage in northeast Nigeria

	Number of NGOs working on nutrition	Number of NGOs working on IYCF-E	Estimated geographic coverage for IYCF-E interventions
Borno	22	12	>70%
Adamawa	9	5	>70%
Yobe	17	6	<40%
Total	48	23	

1.3 Policies, plans and guidance

What was the policy environment related to complementary feeding and IYCF ?

Various guideline documents were available either at national or subnational levels to serve as a reference for states and Local Government Authorities (LGA), government bodies and NGO partners for designing and implementing nutrition interventions (**Annex 2**).

The legislative environment in support of CFE programming in northern Nigeria relied predominantly on the Nutrition in Emergency Sector Strategy and Response Plan (UNICEF, 2020). Although this strategy was developed as part of the emergency response, it had been endorsed by the health authorities of each of the three BAY states.

Over the years, as they were implementing the humanitarian nutrition response, the Nutrition Sector partners identified that there was no single reference document that would provide direction for concrete CF programming (and other IYCF interventions as well) and that the few partners who were implementing some IYCF programmes all followed different protocols and guidance. Under the Nutrition Sector overall leadership, and piloted by the IYCF-E working group, nutrition partners therefore collectively engaged in the development of a practical tool that would provide standards and tools for the implementation of IYCF-E activities. Finalised in March 2021, the 'Maternal, Infant and Young Child Nutrition in Emergencies (MIYCN-E) Operational Guidelines' (NE Nigeria Nutrition Sector & GNC Technical Alliance, 2021) outlined the key MIYCN-E activities to be conducted by all nutrition implementing partners who were part of the humanitarian nutrition response in northeast Nigeria. It was even subsequently adopted by the FMoH to adapt and roll out for the entire country.

Other federal policy documents – including regulations and standards that provided regulation for the use of breastmilk substitutes (BMS)[5], based on the legislation of the International Code of Marketing of BMS (the Code) (updated in June 2019), and the micronutrient deficiency control national guidelines (updated in July 2021) – did show that the government deployed efforts to provide a favourable policy environment in support of IYCF. Although both policy documents provided a solid legal framework to back the CFE programming that was already ongoing, they were not yet widely disseminated and enforced at country level.

[5] The "Marketing of Infant and Young Children Food and Other Designated Products Regulations 2019" subsidiary legislation of the National Agency for Food and Drug Administration and Control (NAFDAC), came into effect on June 1, 2019.

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1.4 Adapting to programming context

What adaptations were put in place for different contexts ?

Considerations for emergencies:

"In sudden onset emergencies, immediate responses may include provision of food assistance, safe drinking water, and cooking equipment. In cases of migration, the provision of nutrient-rich complementary foods through onsite supplementary feeding programmes and the distribution of food rations for households with young children may be prioritised. In economic and slow onset emergencies, ensuring sustained access to nutritious and healthy complementary foods may require reliance on cash transfers (or similar programmes), which can be used to increase household resources for food and improve access to nutrition services"

Retrieved from the CF Programming Guidance (UNICEF, 2020)

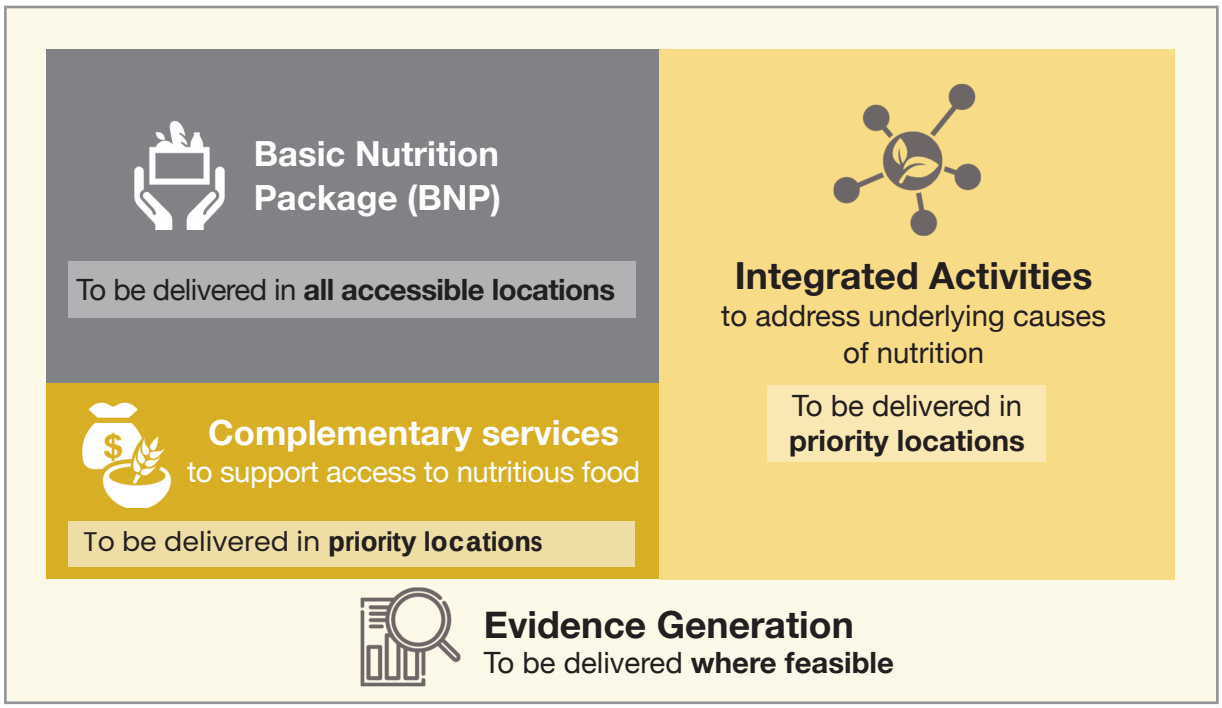
In northeast Nigeria, interventions for improving young children's diets consisted of an array of interventions covering (partially or fully) those suggested in the Action Framework for CF and utilising different channels (health, food, WASH and social protection systems) implemented at multiple levels (policy, institutional and community/household level). **Annex 3** shows the list of those activities as compiled in the MIYCN-E guidance and in what setting they were implemented depending on how areas were accessible or not.

As per the Nutrition Sector strategy, different levels of nutrition services were to be delivered depending on what the programming context was (**Figure 4**). The Basic Nutrition Package consisted of five nutrition-specific interventions and five IYCF interventions (IYCF assessment, support for basic breastfeeding issues, support for challenging IYCF cases, BMS monitoring, IYCF promotion) and had to be delivered to all locations that were accessible. Complementary services, which included a blanket supplementary feeding programme (BSFP), income generating activities (IGA), cash-based transfers (CBT) and integrated activities (nutrition-sensitive activities) had to be implemented in priority locations.[6] Evidence-generation (such as the documentation of innovative approaches) had to be done where feasible.

The MIYCN-E guidance also recommended that emergency preparedness should remain a core element of the MIYCN-E response as it was considered critical that, during the ongoing response and within any new and emerging conflicts, key conditions would be met for a rapid response to adapt to displaced populations, disease outbreaks or movement restrictions. Localised response plans were recommended to remain a key element of the programming for IYCF in order to adapt the response to movement restrictions, to changes in response due to minimum staff and to programmes implemented in acute conflict areas. Having localised response plans in place would allow for an ongoing and harmonised response, especially when access was limited. The MIYCN-E guidance also recommended adapting services depending on access to the affected population. When access was limited or an area became inaccessible, priority activities were advised to be reduced/adapted rather than discontinued.

[6] The Nutrition Sector information working group was responsible for mapping and tracking assessments in order to recommend priority locations.

Figure 4 Nutrition services according to programming context in northeast Nigeria

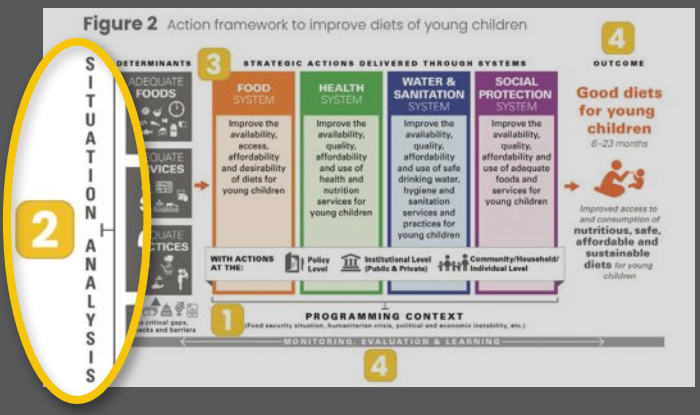


Key learnings from Section 1

- **Despite the complex emergency and difficult environment for humanitarian assistance, the strong coordination mechanisms for nutrition and the work of the Nutrition Sector enabled that the nutrition response to be gradually considered as CF (through IYCF interventions) by all implementing partners and government bodies.**
- **Although the government did not necessarily lead on CFE intervention programming issues, it had provided support and endorsement to the process of developing new guidance and tools. The policy and legislative frameworks to support CFE were being strengthened to align the federal policies with what was being done in the northeast.**
- **In 2019, the IYCF-E TWG active in the northeast collectively engaged in a review and update of existing programmatic guidance and protocols. Those were streamlined and harmonised by developing an IYCF-E guidance (referred to as the MIYCN-E guidance in Nigeria) so that all partners would start working along the same protocol instead of having each organisation following their own ways of working. Partners' engagement in the IYCF-E working group – both NGOs and the government – increased dramatically when the group started working on this activity which was perceived as a concrete and needed enterprise.**
- **Partners provided technical support and helped to increase the coverage of activities.**
- **CFE programming did not happen as a standalone intervention. It was included within the wider maternal and IYCF agendas.**
- **Interventions were adapted to each type of situation (areas with a relatively stable protracted situation, areas with possible access and areas with limited access) and priority was given to lifesaving interventions during acute emergencies.**

Section 2

Nutrition situation analysis: Drivers and barriers of young children's diets



2.1 Nutrition situation analysis

What evidence was collected/analysed to guide and inform CFE interventions ?

Considerations for emergencies:

"In emergency contexts, it is also important to understand pre-existing nutrient gaps versus those that have been exacerbated by the situation. There is also a need to understand the risks inherent in emergency contexts and identify the actions needed to strengthen systems or enhance preparedness to ensure that programmes can scale up or down in response."

Retrieved from the CF Programming Guidance (UNICEF, 2020)

All key informants reported conducting a nutrition situation analysis, either separately or jointly (through the Nutrition Sector coordination) with the intention of designing their interventions, improving their work and achieving better impact. The main source of data used to guide and inform CFE programming was the Nigeria Demographic and Health Survey (NDHS) carried out in 2018 (NPC & ICF, 2019)[7] as well as localised nutrition surveys that were conducted in accessible areas. Interviewees also indicated that national and local nutrition and/or food security surveys along with knowledge, attitudes and practices (KAP) surveys and barrier analyses informed CFE programming. Details on the child malnutrition situation in Nigeria are provided in **Box 2**. Access to food was mentioned by all key respondents as a major constraint.

The latest national nutrition survey data available (NDHS, 2018) showed that sub-optimal IYCF practices were common in Nigeria. Breastfeeding practices were weak with nearly half (49%) of the infants receiving pre-lacteal feeds and only 29% of infants under six months of age being breastfed exclusively. Less than one in three children continued breastfeeding until two years of age and very few children 6-23 months were meeting the requirements for a minimum acceptable diet (11%). Low dietary diversity was the major contributor to poor diets with just 23% of children meeting the requirements for minimum dietary diversity (MDD). Trends based on comparisons with the 2013 NDHS showed little improvements in these indicators (NPC & ICF, 2019). A summary of IYCF indicators can be found in **Table 2**.

[7] National Population Commission (NPC) [Nigeria] and ICF. 2019. Nigeria Demographic and Health Survey 2018. Abuja, Nigeria, and Rockville, Maryland, USA: NPC and ICF.

Box 2 Malnutrition in Nigeria

According to the NDHS survey, almost 14 million children under five years (37%) were stunted and 2.9 million (7%) were wasted in Nigeria in 2018 (NPC & ICF, 2019).[8] These figures masked huge geographical disparities with the northeast of the country experiencing the heaviest burden: one in two children in northern Nigeria was stunted compared with one in five children in the southern part of the country. The rates of severe wasting were particularly high in the BAY states: 5.7% in Borno, 1.6% in Adamawa and 1.9% in Yobe. Micronutrient deficiencies, particularly iron deficiency anaemia, were a major concern with 68% of children 6-59 months suffering from anaemia. The prevalence of anaemia peaked among children aged 12-17 months (i.e., in the CF period) at 81% (NPC & ICF, 2019). IYCF practices were sub-optimal in all parts of the country but the conflict and security situation in the BAY states exacerbated the difficulties households faced in providing adequate complementary foods to children 6-23 months.

Table 2 IYCF indicators in Nigeria

Indicator	Prevalence
Early initiation of breastfeeding	42%
Exclusive breastfeeding under 6 months	29%
Continued breastfeeding at 2 years	28%
Minimum meal frequency, children 6-23 months	42%
Minimum dietary diversity, children 6-23 months	23%
Minimum acceptable diet, children 6-23 months	11%

Source: NDHS, 2018

[8] Wasting was defined as weight-for-height Z-score (WHZ) < –2 SD of the WHO Child Growth Standards median. Stunting was defined as height-for-age Z-score (HAZ) < –2 SD of the WHO Child Growth Standards median.

2.2 Drivers of young children's diets (adequate foods, adequate services, adequate practices)

What were the drivers of young children's diets ?

The key drivers of malnutrition in northeast Nigeria reported in the Nutrition Sector strategy and response plan showed that the drivers of sub-optimal IYCF practices were collectively known and agreed upon (**Annex 4**). Below is a summary of the drivers revealed by this situation analysis:

Food insecurity (availability, access, affordability, desirability)

In the BAY states, access to food was consistently reported as one of the main constraints faced by caregivers to improving IYCF practices – they either reported that they could not grow food because they had been displaced or did not have access to their fields because of security issues or, where markets were functional, prices were often prohibitive for nutritious products such as animal-source foods and fruits and vegetables. This had an impact on CF practices and, in turn, on the nutritional status of children.

Caregiver knowledge and time, household dynamics, social norms

Some NGOs conducted some localised KAP surveys to better understand the specifics of IYCF practices in their areas of implementation. Those surveys indicated that sub-optimal CF practices mainly resulted from caregivers' inadequate knowledge of appropriate IYCF and WASH practices, particularly in areas where the levels of wasting were the highest. Certain cultural practices, women's low decision-making power and religious taboos were identified as important barriers to adequate feeding practices, even in cases where caregivers had the appropriate knowledge but were not in a position to put this into practice.

Inadequate services (availability and quality of preventive/curative nutrition and WASH services)

The health system remained an important platform for the delivery of nutrition services as well as antenatal and postnatal care but its coverage was limited. Where the government was not able to provide adequate services, health facilities received support through the humanitarian response. However, as discussed in the previous section (nutrition coordination mechanism and structure), accessibility to affected populations and funds to implement programmes hindered the provision of all services with full coverage and access to appropriate WASH facilities was also sub-optimal.

2.3 Gaps, bottlenecks and barriers

What were the barriers related to implementing CFE activities ?

The programmatic environment in Nigeria, specifically in the northeast, presented significant challenges to implementing programmes at scale that targeted children in the CF period. These barriers, reported by interviewees and listed in **Table 3** below, can be categorised as those pertaining to the situation and context of the country and those pertaining to the programmatic environment.

The scale-up of interventions was mainly limited by funding, by security issues/access and by limited implementation capacity.

Table 3 Gaps, bottlenecks and barriers to implementing CFE programming at scale

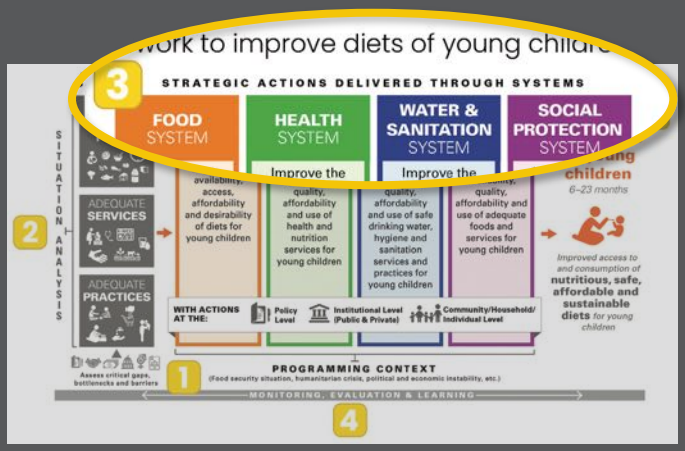
Context-related gaps, bottlenecks and barriers	
Security risks	The protracted conflict with Boko Haram and the Islamic State West African Province limited the population's access to health and nutrition services and prevented humanitarian actors from accessing beneficiaries.
Difficulties accessing populations in need	Poor road infrastructure, challenging terrain, long distances, banditry along the roads and periodic migrations of certain populations posed challenges to accessing programme beneficiaries.
Food insecurity	Markets were not functional outside of Maiduguri and larger cities due to conflict, limiting food availability and increasing food prices. Available foods were mostly starchy staples and so dietary diversity was low and children received a poor quality diet. In addition, many women returned to work early which prevented them from exclusively breastfeeding their infants for six months.
Economic issues	High inflation affected the purchasing power of households especially in terms of food access.
Social norms and cultural factors	Certain Nigerian social norms and religious taboos had negative implications for programming and were difficult to alter. Huge inequities and limited women's decision-making power and social interactions were low which resulted in lowered participation in mother-to-mother support groups or nutrition counselling.
Programming-related gaps, bottlenecks and barriers	
Insufficient programme funding	There was a lack of sustainable and multi-year funding for programme implementation. Discontinuation of programme delivery after one year resulted in unachieved outcomes and a lack of trust/sustained engagement by communities. Funding for emergency prevention and preparedness was also lacking.
Limited support for children with wasting	Supplies and sufficient number of outpatient therapeutic feeding programmes (OTPs) to support children with wasting were reported despite the large scale of the community-based management of acute malnutrition (CMAM) programme.
Governance issues	Although actions were taken by NAFDAC to monitor Code violations, the Code legislation was not properly enforced. The absence of strong leadership by local government authorities was sometimes perceived as a barrier to effective sustainable programming along with unstable government policies (e.g., the policy on the involuntary resettlement of IDPs). Humanitarian assistance relied too much on partners which posed a question of sustainability.
Lack of buy-in from other sectors	More stakeholder involvement from across sectors including NGOs and government line ministries would be needed to improve IYCF indicators.
Capacity building	Training of health workers was a challenge. Although it was needed at different levels, from manager to local, it was difficult to secure sufficient resources to deliver cascade training to all areas.
WASH issues	Poor access to water for households was a barrier to optimal WASH and agricultural practices that in turn impacted on the feeding and care of children 6-23 months.

Key learnings from Section 2

- **A situation analysis to guide CFE programming was carried out in Nigeria and reported in the Nutrition Sector strategy and response plan. The analysis indicated that the drivers of poor nutritional status in young children were well-known.**
- **The analysis was mainly informed by DHS surveys (most recently the 2018 NDHS) along with other localised nutrition, food security and KAP surveys.**
- **The situation analysis showed that:**
  - **Malnutrition and sub-optimal complementary feeding practices among children 6-23 months were a major concern in Nigeria.**
  - **Low dietary diversity was the main factor in sub-optimal complementary feeding but inadequate meal frequency was also a concern.**
  - **The main drivers of sub-optimal IYCF practices were food insecurity, caregiver knowledge and time, household dynamics, certain social norms and inadequate health, nutrition and WASH services.**
- **Findings from the analysis helped to guide IYCF actions including prioritising improving dietary diversity amongst young children.**
- **The barriers to implementing CFE programming at scale included factors that related both to the context and those that related to the programming of the response.**

Section 3

Interventions and actions for improving young children's diets



3.1 Key interventions for improving children's diets

What activities were implemented in Nigeria, at which level (policy, institutional and community) and through which channel?

Considerations for emergencies:

"The approach should involve building institutional capacity and supporting the government to mitigate the effect of humanitarian crisis and facilitate sustainable recovery" programmes can scale up or down in response."

Complementary feeding interventions:

"Key interventions for improving young children's diets (…)" are recommended to be implemented based on "their supporting evidence base":

- *"Nutrition counselling and social and behaviour change communication*
- *Counselling and education on responsive feeding and stimulation*
- *Use of vitamin and mineral supplements in settings where nutrient-poor diets prevail*
- *Access to diverse and nutritious complementary foods at household level*
- *Access to fortified foods as needed, aligned with global and national standards*
- *Promote improved accessibility & use of safe complementary food, water & clean household environment*
- *Access to affordable and nutritious foods through social protection programmes and counselling services"*

Retrieved from the CF Programming Guidance (UNICEF, 2020)

In northeast Nigeria, interventions for improving young children's diets consisted of an array of interventions that covered (partially or fully) those to improve young children's diets, as evidenced in the UNICEF CF Programming Guidance. These were implemented to address the gaps and bottlenecks identified in the situation analysis. Table 4 lists those interventions by grouping them according to the channel(s) that were used to deliver them (whether or not they were delivered through the health system, the food system, the WASH

system or the social protection system). The right of the table shows the level at which those interventions were implemented, i.e., at policy level, institutional level (facilities) or community/household level.

Although most of these interventions were usually part of an IYCF programme, some specificities to the northeast Nigeria experience are detailed below:

1. **One-on-one counselling** was delivered at health facility as well as at community and household levels, both where NGO partners were either present or not, within accessible areas. Individual counselling was reported to be done in all CMAM stabilisation centres (SC) and OTP and sometimes also during other routine health interventions. More specialised counselling was done at facility level. The IYCF counselling package seemed to be widely available although keeping up with training for its implementation/use was challenging.
2. **In mothers' support groups**, a group of selected 'lead mothers' was trained as a cohort on a variety of topics using the UNICEF IYCF counselling cards. The women met twice a month and covered two topics per session. After a year, those women would have covered all IYCF messages and would graduate from the peer support group. Between training sessions, lead mothers supported neighbouring mothers individually. These groups may have been coordinated from an OTP in which case the lead mother would provide feedback and share difficulties with OTP staff.
3. The implementation of **father-to-father support groups** was reported to be a useful way to address beliefs and norms – with their involvement, more women also participated in community activities and mother-to-mother support groups. Key messages included how fathers could support childcare.
4. **IYCF supportive spaces** (mother-baby areas, baby-friendly spaces or breastfeeding corners etc.) were physical spaces, usually staffed (although not always in the case of breastfeeding corners) with skilled focal

Table 4 Interventions for improving children diets implemented in northern Nigeria

Intervention	Channel				Level		
	Health system	Food system	WASH system	Social Protection system	Policy	Institutions/ Facilities	Community/ household
A. Nutrition counselling and social and behaviour change communication							
1. One-on-one counselling	✓				✓	✓	
2. Mothers' support groups	✓						✓
3. Fathers-to-father support groups	✓						✓
4. IYCF supportive spaces	✓					✓	
5. Social behaviour change communication	✓					✓	✓
B. Use of vitamin and mineral supplements in settings where nutrient-poor diets prevail							
6. Home fortification	✓	✓				✓	✓
C. Access to diverse and nutritious complementary foods at household level							
7. Home gardening and provision of fortified seeds		✓		✓			✓
8. Cooking demonstrations	✓	✓				✓	✓
D. Access to fortified foods as needed, aligned with global and national standards							
9. Blanket supplementary feeding	✓			✓		✓	✓
E. Promote improved accessibility and use of safe complementary food, water & clean household environment							
10. Hygiene promotion and access to water	✓	✓	✓		✓	✓	✓
F. Access to affordable and nutritious foods through social protection programmes and counselling services							
11. Food assistance and cash-based transfers	✓			✓		✓	✓
12. Income generating activities		✓		✓			✓

points who could provide services that protect, promote and support appropriate IYCF practices.

5. Although **SBCC** activities were not explicitly included in the MIYCN-E guidance, some components were reported to be used. Those that had the potential to support change of behaviour around complementary feeding and WASH were:
   - Broadcast radio programmes/campaigns to sensitise community leaders and religious leaders who were deemed influential
   - Community leaders (e.g., the head of district/ bulama) were directly targeted with messages to support adequate IYCF practices, as they were considered to be the gatekeepers for the acceptability of programmes
   - A large-scale campaign to promote exclusive breastfeeding was being designed to be launched at national level.[9]

6. Advocated by the Nutrition Sector, micronutrient **home-fortification** (using micronutrient powders (MNPs)) had been adopted since July 2020 for children 6-23 months and had been rolled out since. Counselling interventions included messages on the benefits of using home-fortification and the demonstration of how to use MNPs on complementary foods made from locally available food stuff. Supplies were procured at central level and then stored and distributed at health facility level. The coverage of MNP utilisation was reported to have increased.

7. Some examples of **micro-gardening** interventions were shared in which beneficiaries received seeds to grow their own vegetables.

8. Regular **cooking demonstrations** (weekly, biweekly or monthly) were conducted for all community mothers where peer support group activities were conducted. Few examples were provided for increasing access to diverse and nutritious complementary foods at household level.
9. Because of insufficient funding, **BSFPs** were prioritised in accessible areas where vulnerability and food insecurity levels were the highest. The use of small quantity lipid nutrient supplements for the prevention of wasting in children was included in the recently updated Federal Micronutrient Guideline.

10. Interventions to improve **hygiene practices and the availability of clean and safe water included** the repair or construction of bore holes, the treatment of water at the source or at home, improving the availability of **latrines** (in schools, hospitals and communities) and deploying hygiene promoters (volunteers at community level). WASH interventions were integrated into both CMAM and IYCF programmes.

11. An estimated 60% of the population relied on **food or cash assistance** in northeast Nigeria, mainly because of their lack of access to land.

    The health facility was one of the platforms used for distributing food and/or cash assistance to the most vulnerable populations (children and pregnant and lactating women). Some CBT programmes were linked to messaging so that beneficiaries were encouraged to use CBT to buy food for their children. CBT programmes covered all formal camps and parts of accessible areas outside camps. Not all areas where there were IYCF-E programmes had food/cash assistance because funding was limited. Beneficiaries were identified by vulnerability assessments and all women who received CBT had to be part of the support groups.

Considerations for emergencies:

"Provision of cash and food vouchers for households with children can provide vital support for improving children's diets during emergencies. It can prevent negative coping responses to food scarcity (such as reducing the number of meals per day), improve dietary intake and access to diverse foods for children"

Retrieved from the CF Programming Guidance (UNICEF, 2020)

12. **IGAs** consisted of small businesses managed by a group of people to increase their household income through livelihood diversification. NGOs that did not have programmes themselves linked beneficiaries to IGAs from other organisations. However, most of these interventions had very strict target groups and the number of beneficiaries. Thus, if the IGA programme was not planned for after a lead mother had graduated, it would be difficult for her to be included in the programme. The Nutrition Sector was trying to address this challenge by working with other ministries and agencies to better align nutrition and social protection programmes.

[9] https://www.breastmilkonly.com

3.2 Leveraging the power of multiple systems in achieving good diets

What actions were taken to strengthen the health, food, WASH and social protection systems ?

Considerations for emergencies:

"When systems-strengthening efforts continue during emergencies they can promote community resilience and help institutionalise actions to improve children's diets over the long-term"

Retrieved from the CF Programming Guidance (UNICEF, 2020)

This case study examined the extent to which programming adopted a systems approach, i.e., to what extend did it leverage the potential of each system (food, health, WASH and social protection) to deliver nutrition results for young children.

Health system strengthening actions

The health system remained an important platform for the delivery of nutrition services. Since the beginning of the nutrition emergency, the nutrition humanitarian response had a heavy focus on CMAM programmes. The recently developed MIYCN-E guidelines provided a standard framework for partners to increase their focus on prevention. Although scale-up was limited by funding, by security issues/access and by limited implementation capacity, partners were gradually adopting this guidance in their intervention areas.

Specifically at policy level, the MIYCN-E guidelines were finalised and disseminated in early 2021. NGOs were progressively adopting this or adapting it to their ongoing programmes in order to comply with it. It was expected that its uptake would be smooth and wide because 1) it was elaborated with the active participation of all implementing partners, thus making adoption easier, and 2) there was an identified gap for clear implementation guidelines that this tool was filling which would probably encourage nutrition partners working on CMAM to become more engaged in preventive interventions.

In addition, a strategic shift in programming priorities had begun in 2019-2020 which seemed to have the traction to influence the agenda of the government, both at federal and state levels, and for both development and emergency contexts. Those key programming shifts included:

- Prevention: the nutrition narrative was changing in Nigeria to prioritise prevention rather than treatment and, when prevention failed, treatment would be provided to those who were severely wasted, focusing on the most vulnerable.[10] The will was that nutrition interventions would prioritise activities that prevented all forms of malnutrition including focusing on children's diets (breastfeeding and CF) and maternal nutrition
- A focus on children 6-23 months, the most vulnerable group most exposed to malnutrition
- Adopting a systems approach: although the health system provided a traditional platform for nutrition-specific interventions such as IMCI and immunisation, other systems such as education, social protection and WASH will be considered for nutrition-sensitive interventions.

[10] At the time of data collection, the number of children in need of treatment for severe acute malnutrition in northern Nigeria were still very high, at around 300.000 each year (OCHA, 2021b).

Food system strengthening actions

Regarding the food system, there was a willingness to decentralise interventions to local government level to allow for a more multi-sector approach. Different ministries had so far implemented interventions through a vertical implementation. The devolution of power had allowed ministries of local governance to implement programmes in an integrated manner while ensuring the accountability of different actors in different departments.

All key informants raised the fact that access to food was the greatest gap to improving IYCF indicators. Diet diversity was indeed very low and food consumption was mainly based on starchy staples, especially where food assistance in the form of supplementary nutritious foods was not implemented. Actions to increase food accessibility to improve children's diets were therefore critical and had room for improvement, although the lack of access to land due to the insecurity situation by a great portion of the population was a real challenge.

Detailed guidance on mandatory food fortification (including salt iodisation) was included in the recently updated micronutrient deficiency control guidelines while consideration for other potential food vehicles for large scale food fortification, such as rice and bouillon cubes, was introduced. The prevention and control of zinc deficiency was specified for the management of diarrhoea, while information was provided on dietary sources as well as the potential of overdose if abused in supplementary interventions.

WASH system strengthening actions

The WASH system benefited from the fact that the WASH sector was mobilised to raise awareness about hygiene practices as well as to support access to clean safe water and improve the availability of latrines at the facility and community level.

Social protection system strengthening actions

The social protection system, including social safety nets at the national, community and household levels, or household food assistance, benefited from the fact that vulnerability assessments were included within the joint assessments to assess the gravity of the problem and prioritise intervention areas, e.g., for food and cash assistance. The role of the food security taskforce and of the famine response tracking mechanism (multi-sector) was to bring evidence on the food insecurity situation, i.e., to estimate the number and location of the population affected. The 'inaccessible population taskforce' was also in charge of monitoring population displacement.

Although these actions were identified as contributing to strengthening each of the four systems identified, it seems that the approach requires more than simple coordination but rather a shared vision and joint planning and monitoring.

Key learnings from Section 3

- **Actions to improve the diets of young children in northeast Nigeria went beyond the health sector and included access to food, social protection and WASH, although this may not be planned from the programme design stage.**

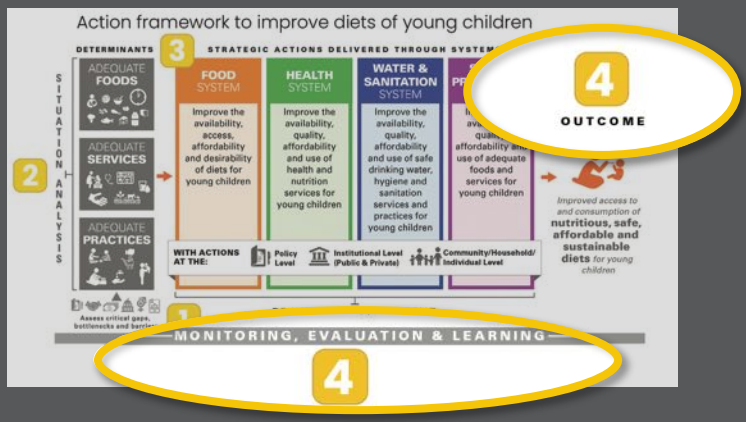
- **Interventions to improve the diets of young children in the CF period in Nigeria were part of a unified package of interventions (as per MIYCN-E guidance) and included nutrition counselling and SBCC provided alone or in combination with other interventions to improve access to diverse and nutritious foods at the household level, such as home gardening, the provision of seeds and cooking demonstrations. Supplementary feeding was also provided as well as cash assistance.**

- **The main channels of delivery of services were the health system (PHCs) and the food system. Social protection systems were also used to target families who were most in need. WASH was integrated with IYCF interventions including hygiene awareness, access to potable water and sanitation.**

- **System strengthening actions were implemented as a way to influence policy and strengthen capacity at the institutional level and community/household level. Actions to strengthen systems were implemented as part of a coordinated effort to improve the diets of young children.**

Section 4

Monitoring, evaluation, learning and reported outcomes



4.1 Monitoring and evaluation systems

What measures were in place to monitor progress and measure changes in the diets of young children

A minimum set of indicators was proposed to help assess the effectiveness and reach of the MIYCN-E activities outlined in the MIYCN-E guidance and to measure and track progress at both the facility and community level. Those included process indicators on the activity's implementation as well as outcome indicators on breastfeeding and CF. Those IYCF indicators were collected and compiled by the Nutrition Sector coordination. It was, however, on the top of the federal government's agenda to establish a sustainable mechanism for the collection and integration of nutrition indicators into the Health Information System or Nutrition Information System which would mean that routine monitoring would become more sustainable.

The guidance also recommended that the routine collection of data took place through the Nutrition Sector '5W' database, baseline and outcome surveys, KAP surveys, barrier analyses and bottleneck analyses, and that MIYCN indicators also be included in multi-sector rapid assessments. It was a considerable achievement that all nutrition and food security surveys had adopted the inclusion of IYCF indicators.

4.2 Reported outcomes

What were the reported outcomes of the interventions to improve the diets of young children

The coverage and quality of IYCF interventions had been improving gradually, as observed in the 5W matrix, probably thanks to the strategic shift in narrative from 'treatment' to more focus on 'prevention' over the previous three years. Key informants acknowledged that there was still a long way to go and that it was too soon to see changes in outcome/impact indicators but a gradual change was reported to be perceived: exclusive breastfeeding indicators had increased and were then surpassing national averages. MDD indicators, on the contrary, had not improved and remained at a persistently low level.

It had already been observed that since the MIYCN-E guidelines were developed, more NGOs were starting to conduct IYCF activities in addition to CMAM which meant the geographical coverage of IYCF interventions was rising. As for other nutrition interventions, the main gaps were seen in non-accessible areas. It was estimated that over one million women graduated from mother's support groups in the BAY states.

4.3 Key enablers, opportunities and recommendations

What were the key enablers and opportunities for improving the diets of young children ?

Data collected from key informant interviews, survey findings and a document review led to the identification of enablers on the one hand and opportunities and recommendations on the other hand which had the potential to improve CFE programming. These are detailed in **Table 5**, sorted into three categories: those that could be influencing for improving the overall food security situation and prioritising CF interventions and policies, those that concerned emergency preparedness and finally those that would permit a scale-up of CF interventions through an integrated multi-sector approach.

Table 5 Enablers, opportunities and recommendations to improve CFE programming

Enablers	Opportunities and recommendations
Community engagement. Community sensitisation and engagement encouraged programme uptake. Involving different types of community members and stakeholders was key (e.g., traditional leaders, religious leaders and government stakeholders). **Household humanitarian assistance to address food insecurity.** Provision of cash and/or food to support livelihoods and improve short-term access to food taking into account seasonality. **Government and policy support.** The involvement of the nutrition department from the FMoH, the availability of nutrition policies and guidelines at the national level and framing interventions around policy windows that resonated with policymakers enabled support for programmes targeting young children. **Multi-sector engagement and integration.** Multi-sector partnerships and collaboration among implementers worked well to support programming for young children. Mainstreaming child protection and psychosocial support activities into Nutrition Sector programmes would be an important enabler. **Increasing caregiver knowledge around complementary feeding and WASH practices.** Establishment of community and kitchen gardens and training caregivers to use locally available food items to prepare nutritious foods for children to improve CF. Behaviour change communication was implemented, especially on handwashing with soap and running water after the use of the toilet and before preparation and feeding of children.	**Increase resources for programming and scale-up programme coverage.** Sustainable multi-year funding (i.e., over 12 months) would be needed to ensure continuous programming with high coverage and to support behaviour change over time. **Increasing advocacy** to government and other stakeholders would be key to ensuring ongoing funding for programmes. **Improve programme delivery.** Examples include providing nutrition information alongside resources that enable households to access food, increasing sensitisation to encourage the uptake of MNP for young children, using innovative SBCC around CF and childcare to target male caregivers and religious leaders, conducting formative research to better understand what the constraints are to improved practices and to increase their uptake. **Decentralise responsibility for programme delivery.** Security and communication challenges along with a lack of structure between government and community level mean that it is important to decentralise responsibility for programme delivery by empowering communities and supporting local governments to deliver nutrition programming more independently. **Strengthen multi-sector programming.** There is a need to strengthen multi-sector approaches, particularly with regards to protection and early childhood development. This can be facilitated by linking with other sectors via a TWG and a Nutrition Sector coordinator. **Build momentum around the recently released nutrition strategies and guidelines**, for example the recently released national policy on nutrition. **Capacity among nutrition staff.** A trained workforce of nutritionists existed and many partners were available but greater engagement would be needed.

(Cont'd next page)

Table 5 (Cont'd)

Enablers	Opportunities and recommendations
Early detection and treatment of wasting. Ensure the timely identification and treatment of infants and young children with wasting and facilitate the availability of ready-to-use therapeutic food for children 6-59 months of age. This would also enable better CFE programming by reaching children in CMAM programmes. **Women's empowerment and gender-sensitive programming.** Empower women to increase their contributions to programming. Gender-sensitive programming also supports improved outcomes for young children.	**'Traction' from emergency responses.** Emergencies have resulted in momentum for nutrition programming and this should be harnessed to accelerate progress. The health system remains an important platform for the delivery of nutrition services. However, health sector coverage is limited. There are opportunities to **strengthen and build on health system** platforms such as antenatal care and immunisation, the inclusion of nutrition into health policies and pre-service training or the strengthening of the community component. The Borno State Primary Health Care Development Agency conducted training of the Community Health Influencers and Promoters or Services (CHIPS) and the use of the CHIPS in the community will be a great opportunity as they have a comprehensive package of services to be delivered from house to house.

Key learnings from Section 4

- Monitoring, evaluation and learning is critical to effective programme implementation. In the context of northeast Nigeria and CFE programming, activities were monitored using a proposed set of indicators as part of the newly developed MIYCN-E guidance to measure and track progress at different levels. These indicators were collected by the Nutrition Sector (considered a great achievement as all food security surveys have adopted these IYCF indicators) with potential for the federal government to adopt and integrate within the Nutrition Information System to ensure sustainability.

- There was great opportunity to build on the newly developed MIYCF-E guidelines and standard indicators to report on outcomes of key interventions in northeast Nigeria. However, it is still too soon to see these changes. A gradual change in feeding practices was nevertheless reported to be perceived as a result of behaviour change techniques building on the improvement documented related to breastfeeding.

- Although a number of barriers to improving CFE were identified, stakeholders had also identified enablers, opportunities and recommendations that had the potential to permit improved programming including: 1) the scale up of programme coverage given existing traction and enhanced programme delivery to address the drivers of CF and security risk, 2) advocacy for increasing funding, and 3) address food insecurity.

Overall learnings

Based on the content presented in Sections 1 to 4, the main learnings that were identified as having helped Nigeria to make progress towards improving the diets of young children were:

Having a package of contextualised CFE interventions enabled a response to context specific needs.
Nigeria was a country where the humanitarian response was implemented to respond to a complex emergency that was characterised by security challenges, a lack of access to food and limited access to safe and clean water – all compounded by the COVID-19 pandemic. Such humanitarian situations worsened pre-existing inappropriate feeding practices and rendered supporting the nutritional needs of young children even more important. This case study highlighted efforts where context specific packages of interventions were suggested for different settings within the country to respond to changing characteristics (e.g., access) and needs (e.g., the food security situation). Although contextualised, these were also part of the wider material and IYCF national agenda.

An initial situation analysis examining drivers of CF practices provided the necessary knowledge that guided the design of actions and interventions.
In order to respond to the nutritional needs of young children during the CF period, CFE programming efforts were founded on an initial situation analysis that provided knowledge related to feeding practices as well as their drivers and determinants. The analysis was an important step taken towards identifying actions and guiding programme planning.

Shared vision and joint/close planning among different sectors (systems) strengthened the outcomes of CFE programming.
The systems approach was illustrated by joint planning that went beyond simple coordination between sectors (systems) and with government. It featured the collaborative effort for a shared and common vision for preventing malnutrition and improving CF. The development of national guidance (the IYCF-E guidance, the National Nutrition Policy, the IYCF strategy etc.) contributed to maximising the effect of this collective effort and facilitated preparedness to emergencies. The shared vision also allowed a change in the narrative related to nutrition in emergencies, highlighting the importance of focusing on prevention and not on treatment alone.

Undertaking specific and concrete activities and building the evidence on impact encouraged uptake and scale up.
The collective review and update of programmatic guidance and protocols undertaken by the IYCF-E TWG helped to streamline and harmonise the tools used for CFE programming. This concrete and collective undertaking provided traction, on the one hand for partners who increasingly started working with the same protocol and, on the other hand, for government partners who were eager to adopt the guidance and roll it out at federal level. Having concrete activities with documented outcomes helped to build the momentum for scale-up and encouraged the buy-in of the government and other agencies, therefore maximising impact.

The Action Framework may be a useful tool that can be used to document, plan and implement CFE interventions ('how to').
In this case study, the Action Framework was used for documenting interventions and actions to strengthen systems to improve the diets of young children which facilitated the documentation of CFE programming and provided an overall examination of the actions and interventions. It was useful as it helped to lay out the different components and identify potential opportunities at different levels and through various channels. It may be useful for other countries to consider using the Action Framework as a tool to implement CFE.

Conclusion

This case study has documented the progress towards improving CFE programming by examining the approaches and interventions that aimed to improve the diets of young children in northern Nigeria, an emergency context, using the UNICEF Action Framework. It aimed to provide learning on the 'how to' of CFE programme planning and implementation which could be used by practitioners and global-level decision-makers to contribute to improving CFE programming in other contexts. It was undertaken to respond to gaps highlighted in the CFE review on the absence of examples of strong CFE responses.

In northeast Nigeria, in the context of conflict and large-scale humanitarian response, CFE interventions were adapted depending on access to the population. These were jointly planned and coordinated between different sectors following the MIYCN-E guidance, based on a situation analysis that examined CF practices as well as drivers and barriers. The policy environment was conducive and CF interventions were implemented as part of the wider IYCF agenda which included a package of interventions implemented via the health, food, WASH and social protection systems and which was monitored using CF indicators.

The study provided a number of learnings that can help programmers and decision-makers to enhance actions and interventions for improving the diets of young children during emergencies, particularly a context of conflict and large-scale humanitarian response. It has shown that having a package of contextualised CFE interventions enables a response to context-specific needs. Close collaboration, joint planning and coordination, as well as a shared vision to improve young children's diets and support systems for sustainability contributed to strengthening CFE programming. Through conducting this case study, it has been found that the Action Framework may be a useful tool that can be used to document, plan and implement CFE interventions.

The learnings that emerged from Nigeria and the use of the Action Framework can be adapted to other contexts and may provide insights towards the 'how-to' of CFE programming, including how to leverage funding, establish effective coordination mechanisms, conduct situation analyses to inform the CFE response, plan and implement actions at different levels and through different systems and conduct optimal monitoring and evaluation.

Given the importance of supporting the nutrition of young children during the CF period in emergency settings, it is important to continue the learning related to CFE by examining different settings and contexts including situations where CF is not prioritised and therefore not yet established.

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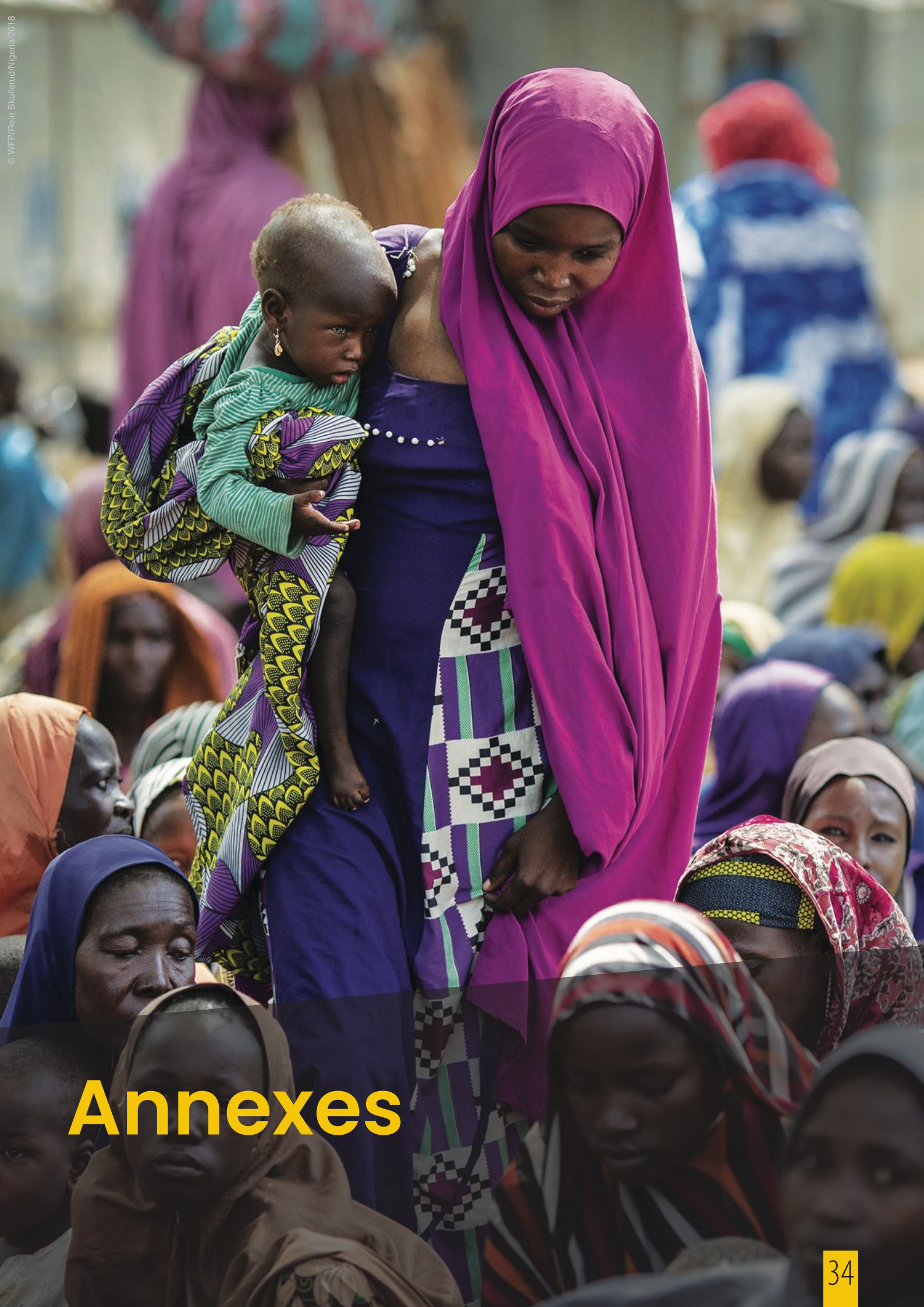

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Annexes

Annex 1
Summary table of findings

Section 1 Programming context	
What the UNICEF CF Programming Guidance suggests	**How it was applied in Nigeria**
Programming context is defined as the setting in which the country programming is being implemented taking into account contextual features such as emergencies and food security. The Action Framework (and actions to improve the diets of young children) should be adapted and expanded according to the country context.	• With a history of conflicts and emergencies that have been ongoing since 2009, Nigeria, particularly the north-eastern states, presented a complex humanitarian context in which CFE programming was taking place. • Depending on the situation, interventions were adapted (to areas with a relatively stable protracted situation, areas with possible access and areas with limited access) and priority was given to lifesaving interventions during acute emergencies.
Coordination should occur within and across sectors including strengthening multi-sector planning and clearly defining the roles of different actors.	• Strong coordination mechanisms for nutrition were in place. The work of the Nutrition Sector and the infant and young child feeding in emergencies (IYCFE-E) Technical Working Group, particularly the development of the IYCF-E guidance, enabled that the nutrition response gradually considered CF (through the infant and young child feeding (IYCF) interventions) and that implementing partners and government bodies all adopted it. • Although the government was not necessarily leading on CFE interventions, it had provided support and endorsement to the process of developing new guidance and tools.
Understanding the policy environment and legal frameworks driving complementary feeding outcomes is a key action.	• The policy and legislative frameworks to support CFE were being strengthened to align the federal policies with what was being done in the northeast and building on the IYCF-E guidance.
Section 2 Nutrition Situation Analysis: Drivers and determinants of young children's diets	
What the UNICEF CF Programming Guidance suggests	**How it was applied in Nigeria**
Conducting a situation analysis is important to design effective CF programmes including understanding the status of CF practices as well as examining the drivers of poor diets for young children.	• A situation analysis to guide CFE programming had been carried out in Nigeria and reported in the Nutrition Sector strategy and response plan. The analysis indicated that the drivers of poor nutritional status in young children were well-known. • The analysis was mainly informed by Demographic and Health Surveys (DHS) (most recently the 2018 Nigeria DHS along with other localised nutrition, food security and knowledge, attitudes and practices surveys. • The situation analysis showed that: - Malnutrition and sub-optimal CF practices among children 6-23 months were a major concern in Nigeria. - Low dietary diversity was the main factor in sub-optimal CF but inadequate meal frequency was also a concern. - The main drivers of sub-optimal IYCF practices were food insecurity, caregiver knowledge and time, household dynamics, certain social norms and inadequate health, nutrition and water, sanitation, and hygiene (WASH) services. • Findings from the analysis have helped to guide IYCF actions including prioritising improving dietary diversity among young children.
The situation analysis should include an examination of existing barriers and bottlenecks that may negatively affect CF programming.	• The barriers to implementing CFE programming at scale included factors that related both to the context and those that related to the programming of the response.

(Cont'd next page)

Section 3 Interventions and actions for improving young children's diets

What the UNICEF CF Programming Guidance suggests	How it was applied in Nigeria
Key interventions for improving young children's diets are recommended based on available evidence. These are suggested to be implemented via different channels/ systems including health, food, social protection and WASH and at multiple levels (policy, institutional and community/household). The interventions include: • Nutrition counselling and social and behaviour change communication (SBCC) (delivered via health system). • Counselling and education on responsive feeding and stimulation (delivered via health system). • Use of vitamin and mineral supplements in settings where nutrient-poor diets prevail (delivered via health system). • Access to diverse and nutritious complementary foods at household level (delivered via food system). • Access to fortified foods as needed, aligned with global and national standards (delivered via food system). • Promote improved accessibility and use of safe complementary food, water and clean household environment (delivered via WASH system). • Access to affordable and nutritious foods through social protection programmes and counselling services	• Actions to improve the diets of young children in northeast Nigeria went beyond the health sector and included access to food, social protection and WASH although this may not have been planned from the programme design stage. • Interventions to improve the diets of young children in the CF period in Nigeria were part of a unified package of interventions (as per maternal, infant and young child nutrition in emergencies (MIYCN-E) guidance) and included nutrition counselling and SBCC, provided alone or in combination with other interventions, to improve access to diverse and nutritious foods at the household level such as home gardening, the provision of seeds and cooking demonstrations. Supplementary feeding was also provided as well as cash assistance. • The main channels of delivery of services were the health system (primary health centres (PHC)) and the food system. Social protection systems were also used to target families who were most in need. WASH was integrated with IYCF interventions including hygiene awareness, access to potable water and sanitation.
A systems approach aims to leverage the potential of different systems for delivering nutrition results for young children. It includes joint planning and contributes to expanding opportunities to reach children and improve their diets in a more comprehensive and systematic way.	• System strengthening actions were implemented as a way to influence policy, strengthen capacity at the institutional level and community/household level and were part of a coordinated effort to improve the diets of young children: 1) Health system strengthening actions included influencing policy related to health and nutrition services, implementing behaviour change interventions built on mother and father support groups that contributed to strengthening delivery at the community level. 2) Actions to strengthen the food system included supporting policies related to food fortification, implementing supplementary feeding and supporting the food supply chain and behaviour of caregivers through cooking demonstrations and home gardening intervention. 3) Actions to strengthen social protection systems included the of nutrition vulnerability criteria into social protection interventions and supporting cash assistance. 4) WASH system strengthening actions included the integration of IYCF, WASH and community-based management of acute malnutrition and ensuring access to water, hygiene and food safety awareness and sanitation to vulnerable groups and areas.

Section 4 Monitoring, evaluation, learning and reported outcomes

What the UNICEF CF Programming Guidance suggests	How it was applied in Nigeria
Monitoring, evaluation and learning is critical to effective programme implementation and the achievement of programme objectives.	• CFE activities were monitored using a proposed set of indicators as part of the newly developed MIYCN-E guidance to measure and track progress at different levels. These indicators were collected by the Nutrition Sector with potential for the federal government to adopt and integrate within the national information system to ensure sustainability. • Although no formal evaluations were conducted, a gradual change in feeding practices had nevertheless been reported to be perceived as a result of behaviour change techniques building on the improvement documented related to breastfeeding. • Enablers, opportunities and recommendations that had the potential to permit improved programming were identified by stakeholders including: 1) the scale up of programme coverage given existing traction and enhanced programme delivery to address drivers of CF and security risk. 2) advocacy for increasing funding 3) addressing food insecurity

Annex 2

List of policies, strategies and guidance related to complementary feeding in Nigeria

Name of document	Status (year of publication)
National Multi-Sectoral Plan of Action for Food and Nutrition (NMPFAN) 2021-2025	2001
National policy on maternal, infant and young child nutrition (MIYCN) in Nigeria	Final draft (October 2020)
National Strategy on Maternal Infant Young Child Nutrition 2021-2025	Final draft (August 2021)
Nigeria Nutrition in Emergencies Sector Strategy and Response Plan 2020-2022	Final, 2020
UNICEF C-IYCF Counselling Package – adapted for Nigeria and adopted at national level	Final (date?)
National Operational Guidelines for Community Management of Acute Malnutrition (CMAM)	Under revision (final draft July 2021)
Micronutrient Deficiencies Control in Nigeria – Revised Guidelines	Final draft (July 2021)
Save the Children IYCF-E Toolkit	Final, 2019
Early Detection and Treatment of Wasting in Children 0-59 Months Through National Health Systems in the Context of COVID-19	Final, 2020
NFDAC Marketing of Infant and Young Children Food and Other Designated Products (Registration, Sales, etc.)	Final, 2005
NFDAC Updated Marketing of Infant and Young Children Food and Other Designated Products (Registration, Sales, etc)	Final, 2019

Annex 3

IYCF-E activities and services based on setting and access

The table below is included in the MIYCN-E Operational Guidance. It provides guidance on activities and services that can be implemented in different settings. For example, for IYCF message dissemination, the activity is implemented in all settings during all levels of access whereas nutrition counselling is implemented only during full or limited access in OTP, SC, PHCs or hospital and only during full access in camps and community.

Activities and Services	Setting																	
Full Access[11] / Limited Access[12] / No Access[13]	Community			Camps			OTP			SC			PHC			Hospital		
Nutrition screening and/or growth monitoring	■	■		■	■		■	■	■	■	■	■	■	■	■	■	■	■
MIYCN Message Dissemination	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Linkage with the CMAM programme	■	■		■	■		■	■	■	■	■	■	■	■	■	■	■	■
Rapid and full assessment of IYCF practices	■	■		■	■		■	■	■	■	■	■	■	■	■	■	■	■
Nutrition counselling of the pregnant and lactating mother	■			■			■	■		■	■		■	■		■	■	
MIYCN counselling	■			■			■	■		■	■		■	■		■	■	
Mother support groups	■			■			■			■								
Father support groups	■			■			■			■								
Supportive spaces				■	■		■	■	■	■	■	■	■	■	■	■	■	■
Care groups	■			■	■													
Implementation of the 10 steps for successful breastfeeding (BFHI)	■			■			■	■	■	■	■	■	■	■	■	■	■	■
Regulation of the marketing of BMS	■			■			■			■			■			■		
Monitoring and control of donations of breastmilk substitutes	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Care for Children in Special Circumstances	■			■	■		■	■	■	■	■	■	■	■	■	■	■	■
Artificial feeding support	■			■			■	■	■	■	■	■	■	■	■	■	■	■
BMS prescription and targeted distribution										■	■					■		
Deworming/vitamin A supplementation	■	■		■	■		■	■	■	■	■	■	■	■	■	■	■	■
Iron-folic acid supplementation				■									■	■	■	■	■	■
Complementary food supplementation (MNP)	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■

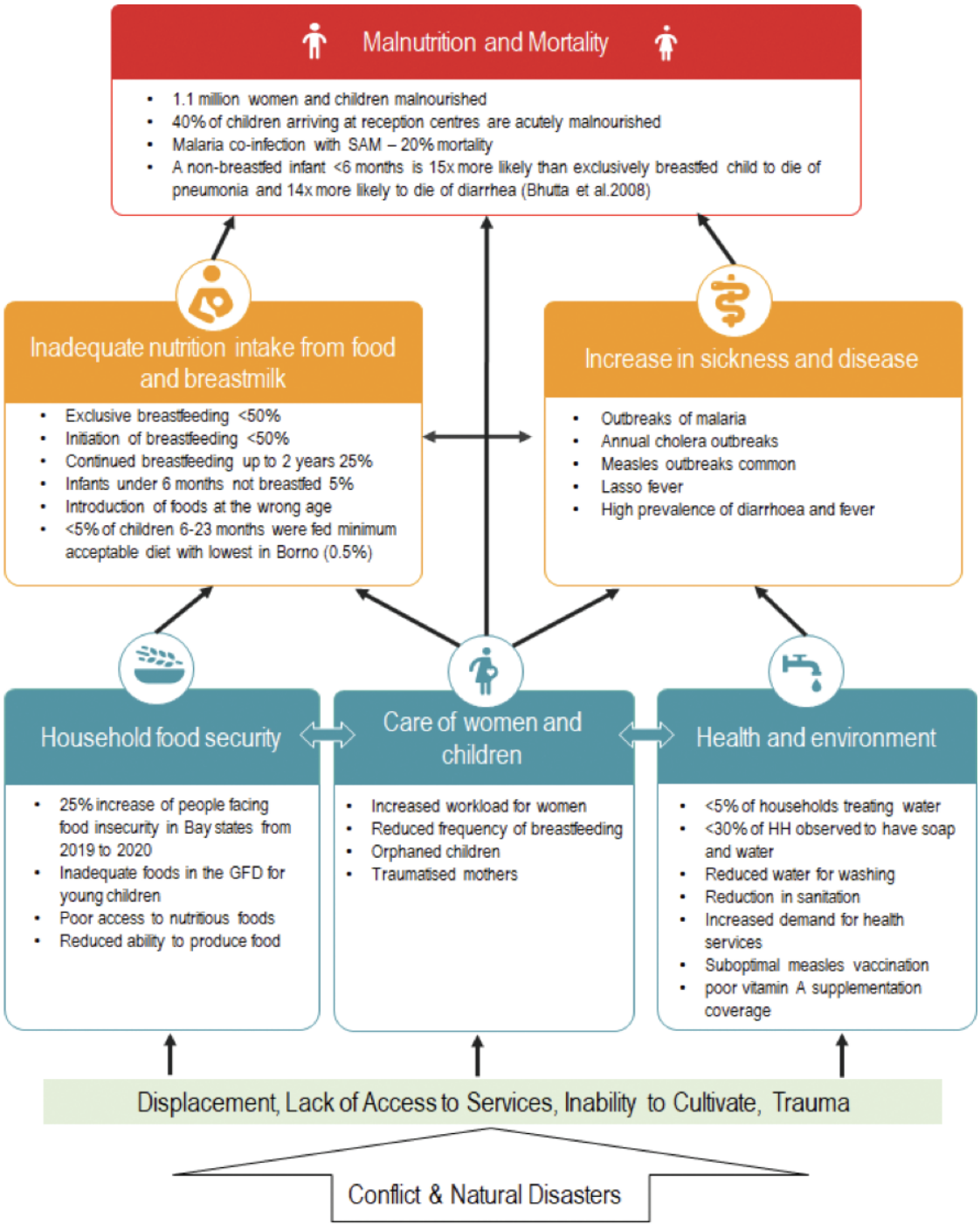
[11] Full Access means ability to reach people in need of humanitarian aid without restriction

[12] Limited Access generally means humanitarian aid, including staff and services, are able to reach the main LGA town and a variable perimeter around that center but not the entire affected population.

[13] No Access means movement is restricted and aid, including staff and services, are not able to reach the affected population

Annex 4

Key drivers of malnutrition in northeast Nigeria



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