

Case Study 2

Complementary feeding in emergencies programming

Nigeria case study

A mother interacting with her child during feeding, as recommended by the World Health Organization



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Introduction

This case study reviewed the experiences undertaken in Nigeria, where some progress was known to have happened in recent years in terms of complementary feeding in emergencies (CFE) programming (ENN and IFE CG, 2022).

Programming context

With a history of conflicts and emergencies since 2009, and a particularly complex security situation in the north-eastern states, Nigeria presented a challenging humanitarian context for CFE programming.

Strong coordination mechanisms for nutrition were in place in the northeast, where the Nutrition Sector and the infant and young child feeding in emergencies (IYCF-E) Technical Working Group worked to develop an IYCF-E guidance. This was later adapted into a unified package of interventions, as per maternal, infant, and young child nutrition in emergencies (MIYCN-E) guidance. The adoption of the guidance by all implementing partners and government bodies ensured that the nutrition response increasingly considered complementary feeding (through the infant and young child feeding (IYCF) interventions).

Although the government was not necessarily leading on CFE interventions at the start, it did provide support and endorsement to the process of developing the new guidance and tools, and their subsequent application, particularly in the northeast. The policy and legislative frameworks to support CFE were later strengthened to align federal policies with what was being done in the northeast, building on the IYCF-E and MIYCN-E documents.

Depending on the situation – areas with a relatively stable protracted situation, areas with possible access, and areas with limited access – CFE interventions in the northeast were adapted and priority was given to lifesaving interventions during acute emergencies.

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

A situation analysis to guide complementary feeding programming had been carried out in Nigeria and reported in the Nutrition Sector strategy and response plan. The analysis was mainly informed by the Demographic and Health Surveys (DHS, 2018) along with other localised nutrition, food security and knowledge, attitudes, and practices surveys.

The situation analysis showed that malnutrition and sub-optimal complementary feeding practices among children 6-23 months were major concerns in Nigeria, low dietary diversity was the main factor in sub-optimal complementary feeding, but inadequate meal frequency was also prevalent, and the main drivers of sub-optimal IYCF practices were food insecurity, lack of caregiver knowledge and time, household dynamics, certain social norms, and inadequate water, sanitation, and hygiene (WASH) services.

The findings from the analysis helped to guide IYCF actions and the development of the IYCF-E guidance including prioritising dietary diversity among young children. The barriers to implementing CFE programming at scale included both contextual factors (security risks, poorly functioning markets, high inflation) and those that related to the programming of the

response (insufficient funding, lack of buy-in from other sectors, capacity building constraints).

Interventions and actions for improving young children's diets

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. Interventions to improve the diets of young children in the complementary feeding period were part of a unified package of interventions (MIYCN-E guidance) and included nutrition counselling and social and behaviour change communication, provided alone or in combination with other interventions.

The main channels of service delivery were the health system (through primary health centres) and the food system. Social protection systems were also used to target the most vulnerable families. WASH was integrated with IYCF interventions, including hygiene awareness, access to potable water, and sanitation.

System strengthening actions were implemented to influence policy, strengthen capacity at the institutional and community/household levels, and were part of a coordinated effort to improve the diets of young children:

Health system strengthening actions included influencing policy related to health and nutrition services, and strategic programmatic shifts towards prioritising prevention and focusing on children 6-23 months which gained traction in influencing federal and state governments.

Food system strengthening included supporting policies regarding food fortification, im-

plementing supplementary feeding, supporting the food supply chain and caregiver behaviour via cooking demonstrations and home gardening interventions.

Social protection system strengthening included the integration of nutrition vulnerability criteria into social protection interventions, as well as cash assistance.

WASH system strengthening actions included the integration of IYCF, WASH, and community-based management of acute malnutrition and ensuring access to WASH services for vulnerable groups.

Monitoring, evaluation, learning, and reported outcomes

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

was perceived (based on documented improvements in exclusive breastfeeding indicators) and attributed to behaviour change techniques.

Opportunities and recommendations that could enhance programming were identified by stakeholders including the need to scale up programme coverage (given existing traction and enhanced programme delivery to address complementary feeding drivers and security risk), the need to advocate for increased funding, and the need to better address food insecurity.

Conclusion

Using the UNICEF CF Programming Guidance and its Action Framework to document CFE interventions in Nigeria, we learned that having a package of interventions that is contextualised to specific needs, e.g., food insecurity and changing characteristics, e.g., access, allows for a better, more tailored response. A detailed situation analysis that examined the drivers of complementary feeding practices provided the necessary knowledge to guide the design and implementation of appropriate interventions. Joint planning and a shared vision across actors, e.g., in the development of national guidance, strengthened the focus of CFE programming on prevention as well as treatment. Also, undertaking specific and concrete activities, such



as the collective review and update of programming guidance and building evidence on impact, encouraged uptake and scale up.

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References

ENN and IFE Core Group (2022) Complementary Feeding in Emergencies Programming in Nigeria - A case study based on the UNICEF Action Framework for improving the diets of young children during the complementary feeding period <https://www.enonline.net/cfcasestudyinigeria>

Figure 1 CFE Programming using the Action Framework in Nigeria

