



# Formative Evaluation of the Nutrition Component of the Nigeria–UNICEF Country Programme of Cooperation 2018–2022

**THIS INDEPENDENT EVALUATION** found that the Nigeria–UNICEF Country Programme of Cooperation delivers important nutrition support to vulnerable populations across the country, particularly women and children. The programme contributed in measurable ways to improved nutrition knowledge and infant feeding practices. However, it has not achieved its goal of a significant reduction in child malnutrition, with nutrition outcomes still languishing at low levels. Furthermore, delivering a multisectoral programme to support nutrition has proved challenging, and many stakeholders have concerns about the government’s capacity to sustain progress that has been made.

## EVALUATION BACKGROUND

Nigeria has the largest number of undernourished children in Africa and the second largest in the world (14 million Nigerian children under the age of 5 are stunted and 3 million are suffering from wasting). The United Nations Children’s Fund (UNICEF) partnered with the Government of Nigeria and public-private institutions to develop and implement the Country Programme of Cooperation (CPC) 2018–2022, of which nutrition is a sub-component of the child survival component (hereafter, the Nutrition CPC). The programme’s main strategic outcome is to increase the access of vulnerable children, adolescent mothers and women to quality services and information that supports the adoption of appropriate nutritional practices to prevent and treat malnutrition.

The American Institutes for Research and Hanovia Limited were engaged to conduct both the first independent evaluation of UNICEF’s nationwide nutrition programming over time and the pilot multisectoral integrated interventions of the CPC in selected states. The Nutrition CPC (2018–2022) was evaluated against eight criteria: relevance, coherence, effectiveness, efficiency, impact, sustainability, equity and gender, and resilience. The evaluation’s main objectives



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were to determine the merit of the Nutrition CPC in terms of expected results; analyse the effectiveness of multisectoral interventions for addressing child malnutrition; understand the most significant drivers of the performance and impact of the Nutrition CPC; and provide strategic recommendations for reducing stunting, wasting and child mortality, and promoting equity in Nigeria.

Learning and accountability outcomes of this evaluation are intended to contribute to evidence-based programming aimed at strengthening implementation and preparing for scale-up of the nutrition programme during the next phase of the CPC (2023–2027).

## METHODS

The evaluation used a mixed-methods design with two components: (1) an impact and performance evaluation of the nationwide nutrition programme and (2) an impact evaluation of multisectoral integrated interventions in seven pilot states (Bayelsa, Borno, Enugu, Jigawa, Niger, Oyo and Sokoto). Methods included a document review, an analysis of existing survey data, an analysis of primary survey data from over 5,600 households, a cost analysis, qualitative interviews, focus group discussions and direct observations.

## FINDINGS

A three-category rating system was used to assess whether the Nutrition CPC was generally successful (green), partially successful (yellow) or generally unsuccessful (red).

### RELEVANCE

Most of the Nutrition CPC components were relevant to the needs of beneficiaries and communities and aligned with national and global health and nutrition goals. However, infant and young child feeding (IYCF) interventions did not meet the needs of beneficiaries. Most beneficiaries in the sample had an existing knowledge of healthy eating and breastfeeding practices, suggesting that poverty and financial constraints, rather than lack of knowledge, are the main barriers to healthy nutrition.

### COHERENCE

All Nutrition CPC activities were perceived to support the same objective (reducing malnutrition), but did not necessarily converge on the same beneficiaries. Only 2.6 per cent of households in the evaluation treatment group were aware of the three core CPC components: community-based management of acute malnutrition (CMAM), Maternal, Newborn and Child Health Week (MNCHW) and IYCF. Despite this limited internal convergence, respondents reported strong collaboration between UNICEF and the Ministry of Finance, Budget and Planning, which enabled successful coordination of activities across multiple ministries and donors. Furthermore, nutrition activities were perceived to complement other nutrition interventions such as the Masaki project in Jigawa state and the Accelerating Nutrition Results in Nigeria project, suggesting strong external coherence.

### EFFECTIVENESS

**The Nutrition Component of the Nigeria–UNICEF CPC 2018–2022 has saved the lives of over 2.5 million under-five children who have been affected by severe acute malnutrition but benefited from treatment in CMAM centres established as part of available primary health care services.**

Social and behaviour change programmes appear to have led to improvements in breastfeeding and child-feeding practices and have sensitized people to the importance of visiting a hospital or health clinic. However, the Nutrition CPC failed to reach its targets for stunting and wasting (the programme's primary outcomes of interest). Only 30 per cent of caregivers in treatment areas were aware of the programme's key activities and less than 20 per cent of caregivers reported receiving counselling on child nutrition, parenting or water, sanitation

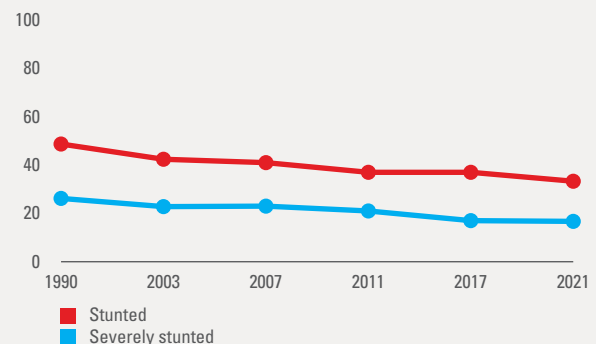
and hygiene. The support of the Nigerian government and other programme partners was an important facilitator of CPC effectiveness, while poverty and insufficient resources were notable barriers to programme success.

### EFFICIENCY

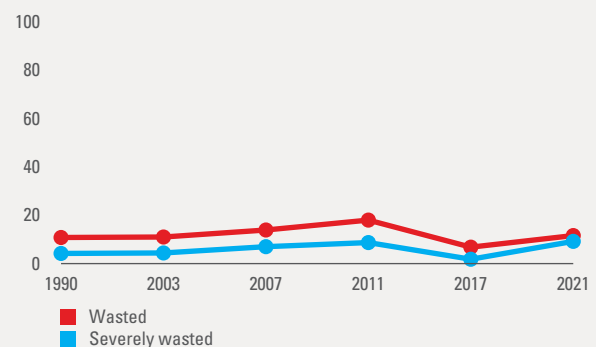
Cost data on expenditure (2018–2022) showed that both UNICEF and state governments surpassed planned expenditure for nutrition, but the federal government's financial commitments are insufficient. The programme showed positive trends for numbers of children provided with vitamin A supplements and treatment for severe acute malnutrition. It also achieved cost efficiencies for these elements. UNICEF dedicated the majority of its budget (60 per cent) to curative interventions. Overall, programme efficiency was limited by its ability to reach all eligible beneficiaries in treatment areas: only about 15 per cent of survey respondents received any of the CMAM, MNCHW or IYCF interventions. Nevertheless, an estimated 70,000 households benefited from CPC programme activities.

#### Time trends across Nigeria for prevalence of stunting and wasting (children under 5)

##### Stunting



##### Wasting



Source: Demographic and Health Surveys (DHS) 1990–2003, Multiple Indicator Cluster Surveys (MICS) 2007–2021, National Food Consumption and Micronutrient Survey (NFCMS) 2021

### State-level comparison of key impact indicators in seven selected pilot states

States	Treatment stunting	Comparison stunting	Impact	Treatment wasting	Comparison wasting	Impact
Borno	43%	46%	-1 pp	14%	19%	-3 pp
Enugu	12%	16%	-3 pp	9%	8%	0 pp
Jigawa	53%	54%	2 pp	22%	18%	4 pp
Niger	25%	34%	-11 pp***	13%	13%	-3 pp
Sokoto	36%	53%	-17 pp***	15%	17%	0 pp
Bayelsa	18%	15%	2 pp	11%	12%	4 pp
Oyo	12%	16%	-3 pp	9%	8%	0 pp
<b>Overall</b>	<b>30%</b>	<b>34%</b>	<b>-3 pp**</b>	<b>14%</b>	<b>15%</b>	<b>0 pp</b>

Notes: All results cover children aged 0–59 months. Impacts are in terms of percentage points (pp). Significance levels are indicated as follows: \*10% significance, \*\*5% significance, \*\*\*1% significance.

### IMPACT

The CPC programme achieved important nutrition outcomes affecting infants and young children. The programme led to significant improvements in breastfeeding practices and mothers/caregivers’ knowledge of infant feeding practices, particularly knowing to start breastfeeding immediately after childbirth (4 percentage points) and breastfeeding for longer (by 0.33 months). It also led to a decrease in the likelihood of newborns being fed other foods (5–7 percentage points). The Nutrition CPC increased the likelihood of children being fed nutritious foods (2–5 percentage points) and children

receiving their first dose of vitamin A (3 percentage points). These impacts resulted in reductions in both stunting and the number of underweight children, but not in wasting. Results at state level indicate that the impact of the CPC programme on stunting is driven primarily by two states, Niger and Sokoto. There appeared to be no significant impact of the programme on wasting among children in any of the states (see table). Despite the impacts achieved, these failed to extend to other outcomes such as child development and food security. Qualitative evidence shows that challenges to impacts were mainly related to poverty, food scarcity, increased inflation due to COVID-19, and physical insecurity.

### KEY LESSONS LEARNED

COVID-19 has had a negative impact on nutrition gains from previous years.

The scaling up and sustainability of the Nutrition CPC are challenged by the low level of health and nutrition financing by the Nigerian government.

Realizing comprehensive impacts on nutrition is especially challenging in contexts with high levels of food insecurity. Access to and affordability of food is a serious challenge for many households, and in some cases it prevented households from following the nutrition guidance received and successfully understood.

Adequate, resilient and affordable primary health-care systems that facilitate access to and use of maternal and child health and nutrition and the management of severe acute malnutrition represent important driving factors for achieving nutrition outcomes.

Achieving internal convergence is difficult. As other evaluations of multisectoral interventions have found,

reaching the same beneficiaries with multiple interventions under the same programme is challenging.

Effective ‘branding’ of programme activities so that they are all recognized by the same name can be challenging. Recognition of core nutrition programme activities such as CMAM, MNCHW and IYCF was also low, perhaps because respondents were unfamiliar with the names used for them.

It can be difficult to ensure the long-term sustainability of interventions initially sponsored by external actors, even if accompanied by costed plans. In 2019, for example, development partners spent three times more than the federal government on nutrition programmes, despite costed sustainability plans having been in place.

Nigeria has strong policies underpinning its national strategy for nutrition, including the National Policy on Food and Nutrition (2016), the second iteration of the National Strategic Health Development Plan (2018–2022), and the National Multisectoral Plan of Action for Food and Nutrition (2021–2025).

## RECOMMENDATIONS TO GOVERNMENT

1. **Strengthen nutrition policy implementation and reviews, and ensure the effective operationalization of the National Multisectoral Nutrition Plan of Action (2021–2025) for nutrition programmes at national and state levels.**
2. **Strengthen government public financing for nutrition at federal and state levels to ensure scale-up and sustainability of the nutrition programme in Nigeria.**
3. **Promote stronger coordination, collaboration and partnership within and outside government aimed at improving nutrition.**
4. **Strengthen social protection (cash transfers) to empower vulnerable women and girls to access nutritionally adequate diets.**
5. **Strengthen the food system through promotion of home gardening and keeping of small livestock to improve nutrition for women and children.**
6. **Strengthen the primary health system (human resources, supply and logistics, financing and information).**

## RECOMMENDATIONS TO UNICEF

1. **Support the government to strengthen the enabling environment for nutrition at all levels (federal, state and community), in particular, ensuring functionality of state committees for food and nutrition and local government committees for food and nutrition.**
2. **Leverage partnerships to scale up nutrition programme coverage beyond the current 19 states.**
3. **Increase awareness (via nutrition education/behaviour change communication) of and access to nutrition and related services.**
4. **Develop partnerships with national academic and professional institutions in the areas of research and capacity-building to promote nutrition knowledge management.**
5. **Strengthen multisectoral integrated interventions to accelerate reduction in stunting.**
6. **Ensure programme sustainability and support the government to take 'ownership' of nutrition programmes.**

## RECOMMENDATIONS TO DONORS

1. **Enlarge technical and financial support to Nigeria for Sustainable Development Goal 2 aimed at ending hunger and eliminating child malnutrition.**
2. **Scale up financial support from development partners for successful implementation of the National Multisectoral Plan of Action for Food and Nutrition (2021–2025) adopted by the Government of Nigeria.**

## SUSTAINABILITY

It is unclear whether the government has the financial resources and capacity to continue CPC programmes if UNICEF were to stop providing technical and financial support. Plans to transition responsibility for nutrition activities to the government have been met with reservations, with key informants having voiced concerns about the government's ability to fund resource-intensive nutrition interventions through the CPC. Health workers and Ministry of Health officials expressed concerns about the perceived dependence on CPC nutrition services, especially the viability of continued support for CMAM. At the level of behaviour, respondents believed that some of the behaviours learned, such as those related to IYCF and nutrition counselling sessions, were deeply entrenched and likely to continue beyond the programme period.

## EQUITY AND GENDER

CPC interventions targeted individuals and locations that had poor nutrition outcomes, signalling that the programme provided equitable nutrition assistance. Most respondents identified existing inequity for people living in poverty. Respondents said that the CMAM and related programmes helped increase equity, especially among women and girls, although barriers to meeting nutrition needs still exist because of poverty.

## RESILIENCE

The Nutrition CPC faced serious challenges in delivering nutrition programmes due to the COVID-19 pandemic. Despite these challenges, which were beyond the control of the programme, the CPC adapted modes of delivery and maintained adequate levels of support. Where activities of the government-partners' programme appeared to stop during the pandemic, people continued to apply their knowledge of nutrition and water, sanitation and hygiene. There is also evidence of UNICEF's adaptations in response to the pandemic and other shocks, with plans in place for emergency nutrition.

This brief is based on the *Formative Evaluation of the Nutrition Component of the Nigeria–UNICEF Country Programme of Cooperation 2018–2022*. The purpose of this brief is to facilitate the exchange of knowledge between UNICEF and its partners. The contents of the evaluation reports, and consequently this brief, do not necessarily reflect the policies or views of UNICEF.

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