

Can UNICEF's C-IYCF Counselling Package be successful at scale? Results from a Large-Scale Evaluation in Nigeria

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The author declares no conflict of interest.

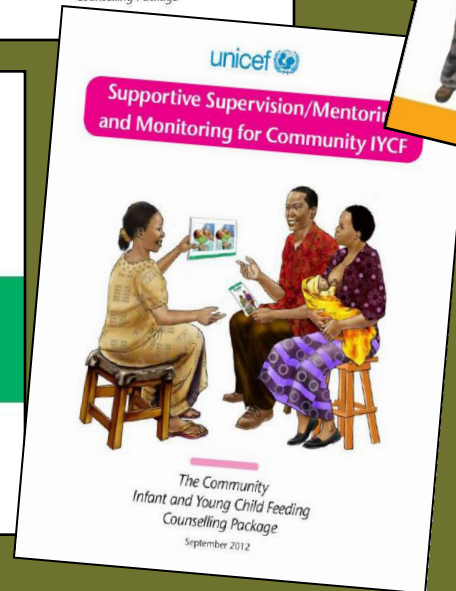
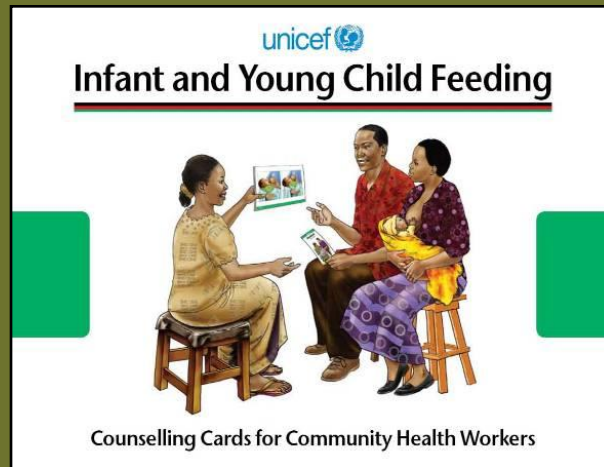
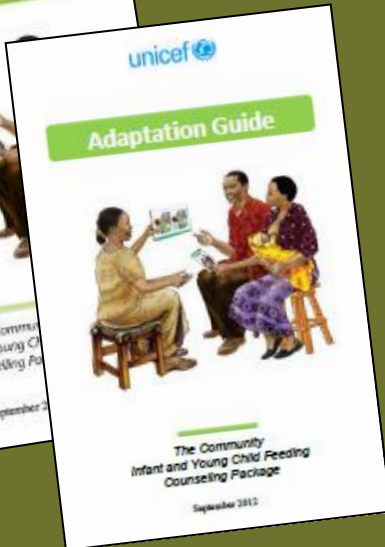
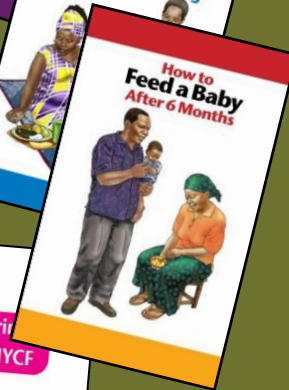
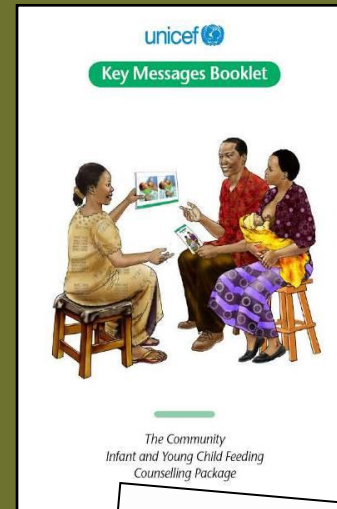
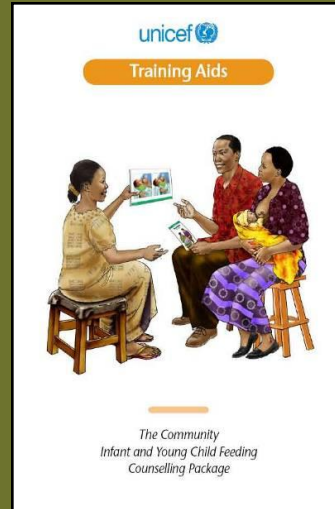
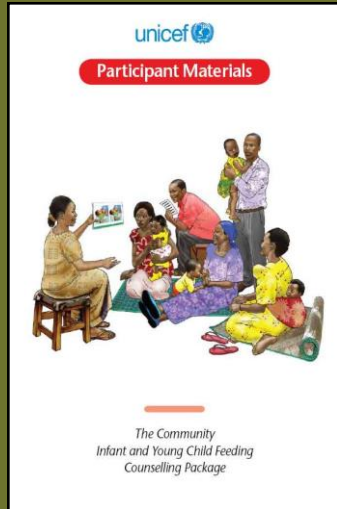
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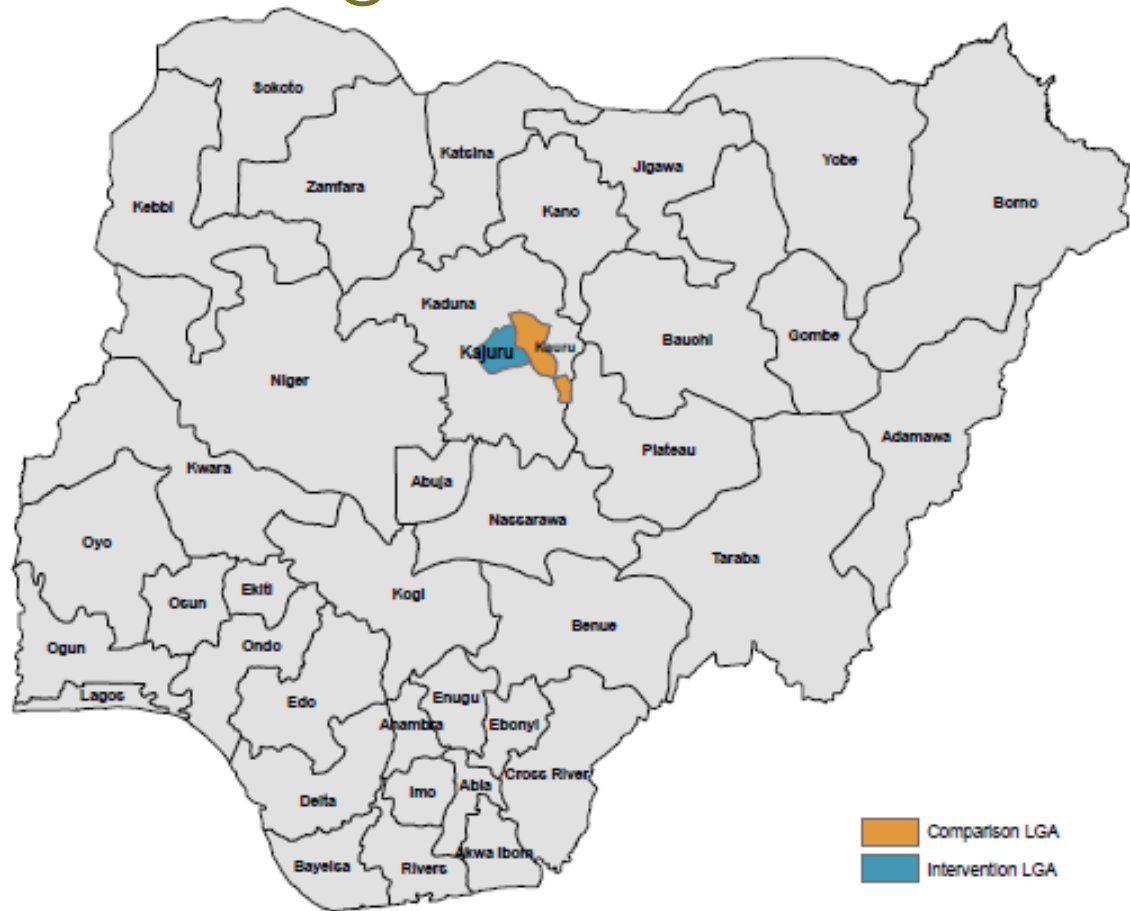
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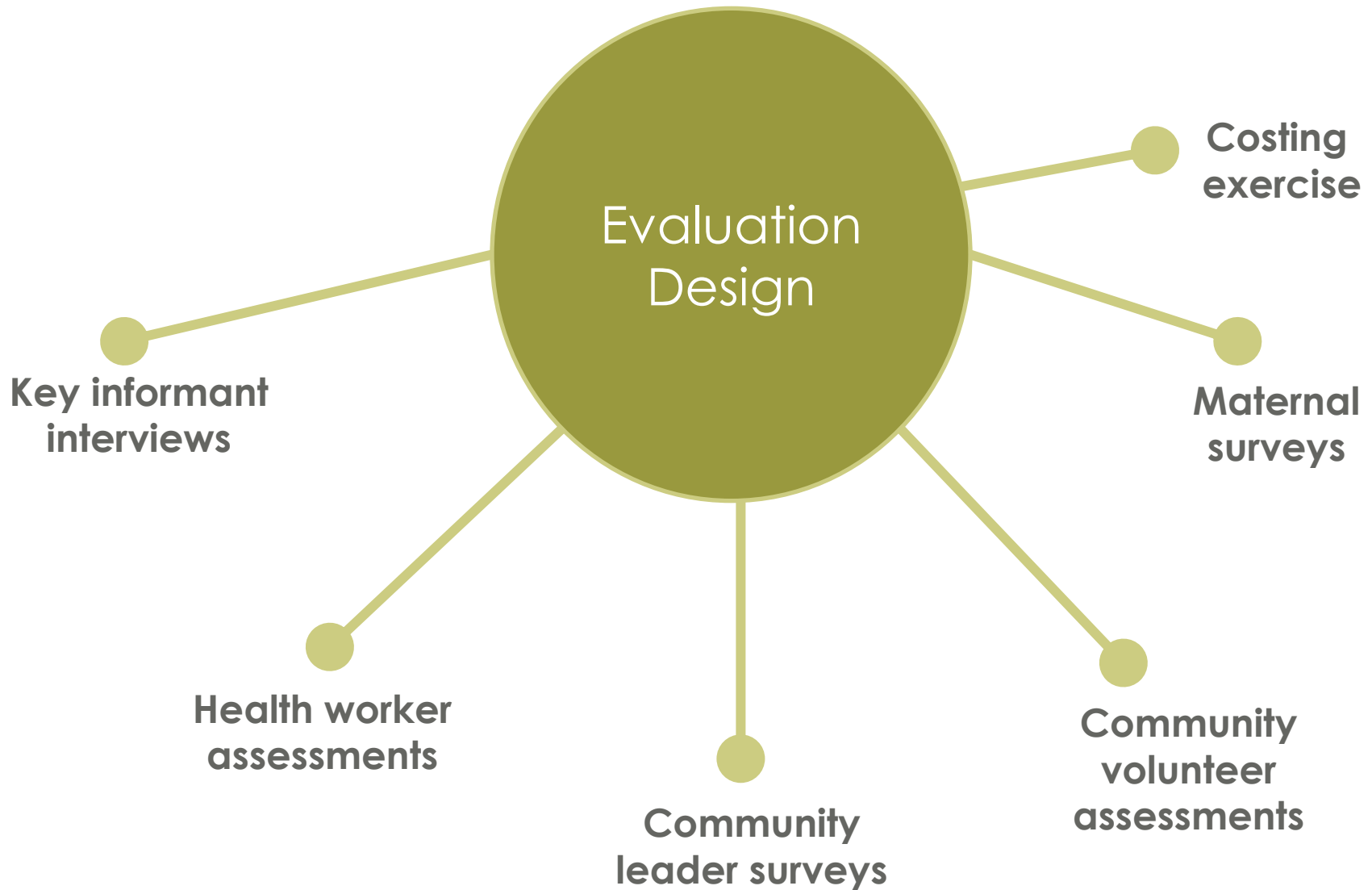
The **Community Infant and Young Child Feeding Counselling** package offered one approach to rolling out those interventions.



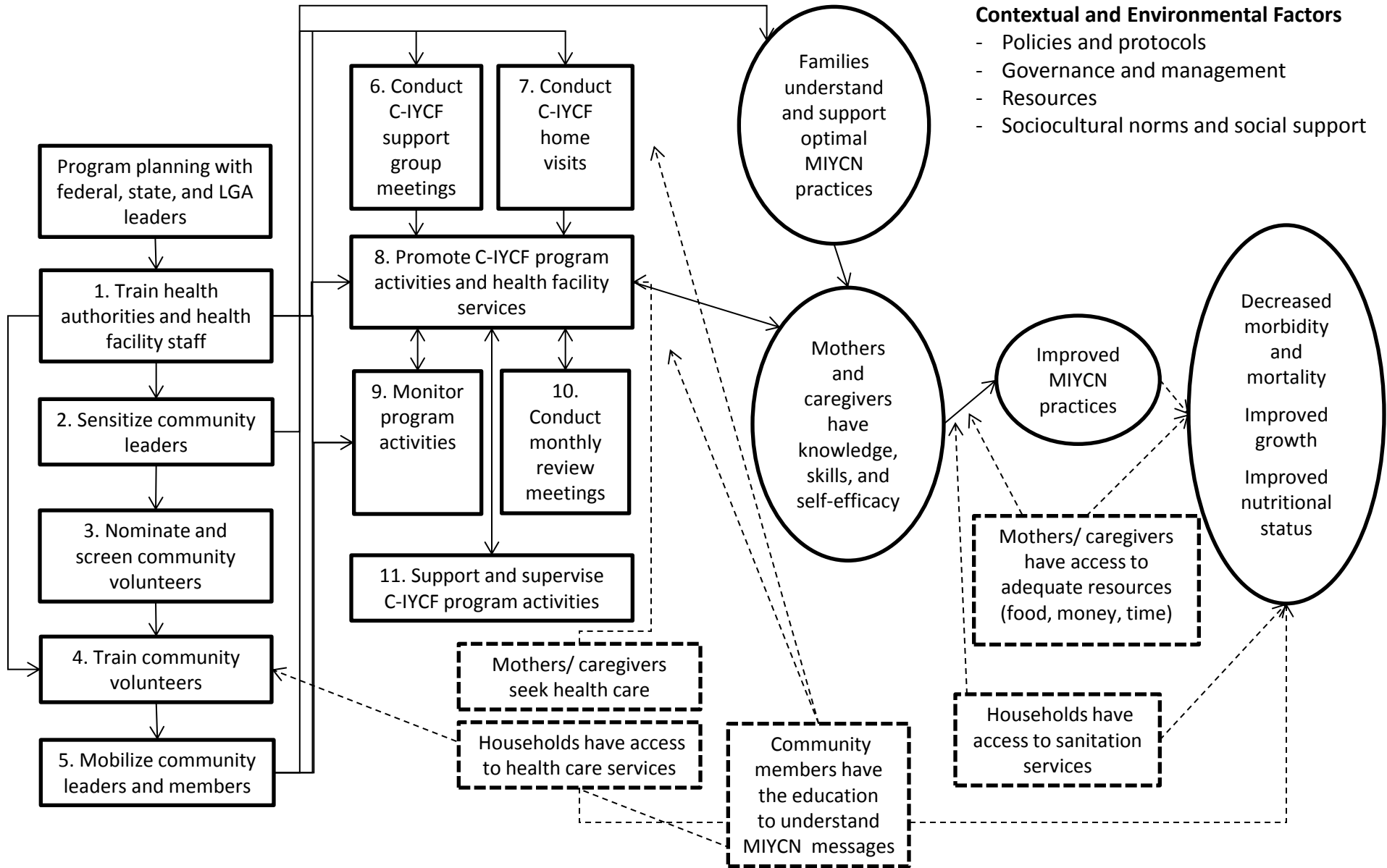
In 2014, we embarked on a rigorous evaluation of the package **implemented at scale** in Kaduna State, Nigeria.



We used mixed methods.



Implementation followed a Program Impact Pathway



Note: MIYCN stands for maternal, infant, and young child nutrition. In this context, this includes hygiene and healthcare seeking behaviors (recognition of danger signs).

We trained 10 health promoters, 65 health workers, and 238 community volunteers.





We conducted **40 community dialogues** and **80 community sensitizations** in Kajuru LGA, reaching an estimated **4,800 people**.



Pregnant women learned the importance of **eating more during pregnancy** than before pregnancy.

- During the first month of C-IYCF support group meetings, **2,923** people attended.
- Approximately **261** new participants joined support group meetings each month.
- In total, C-IYCF support groups reached **7,358** unique participants and made **64,132** contacts over the 18 months of implementation.
- Community volunteers also conducted **8,308** home visits.
- By endline, more than **70 percent** of pregnant women and mothers had seen the C-IYCF counselling cards in use.





How to hand express breastmilk and cup feed

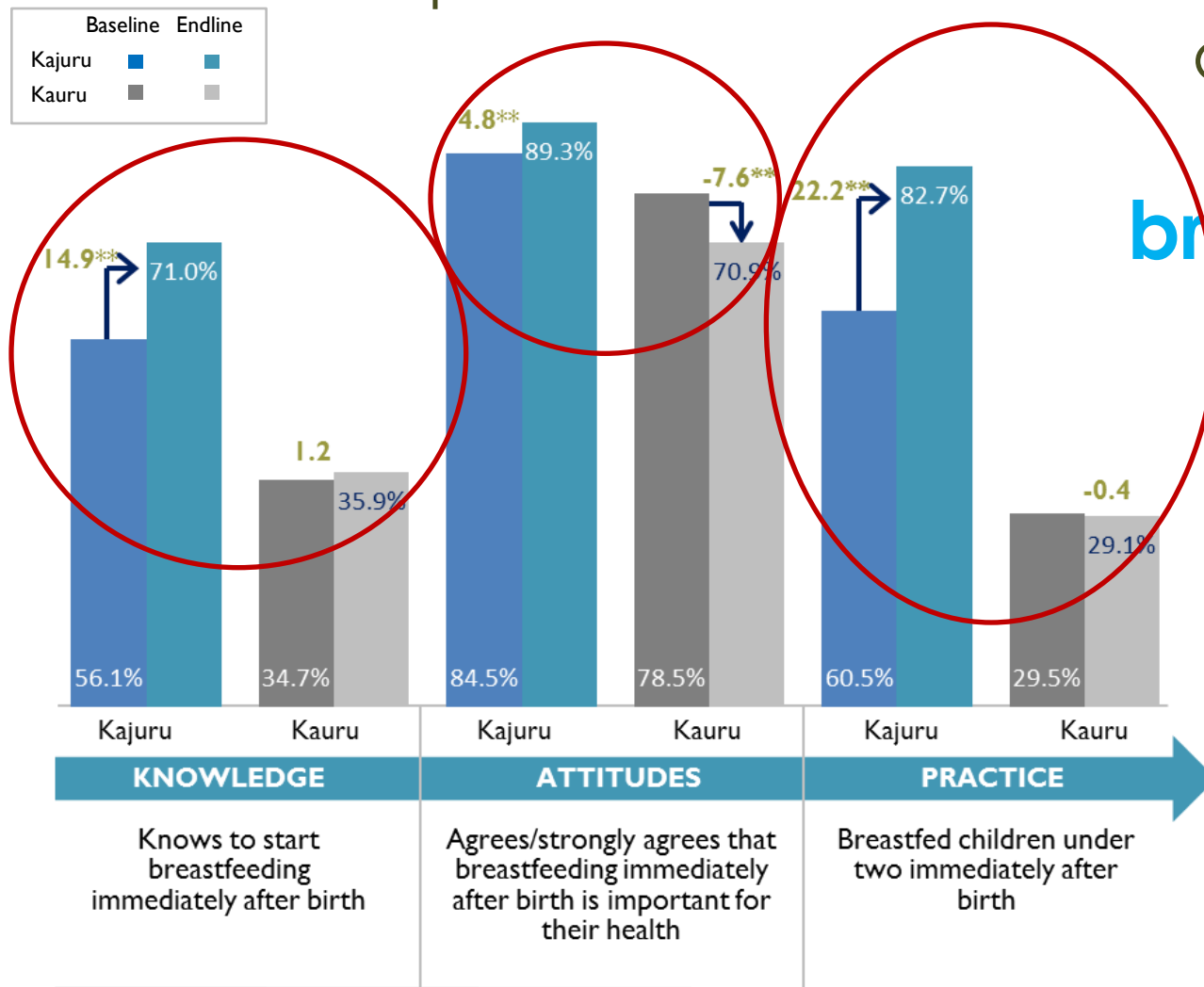


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As a result, there were impressive improvements in knowledge, attitudes, and practices related to

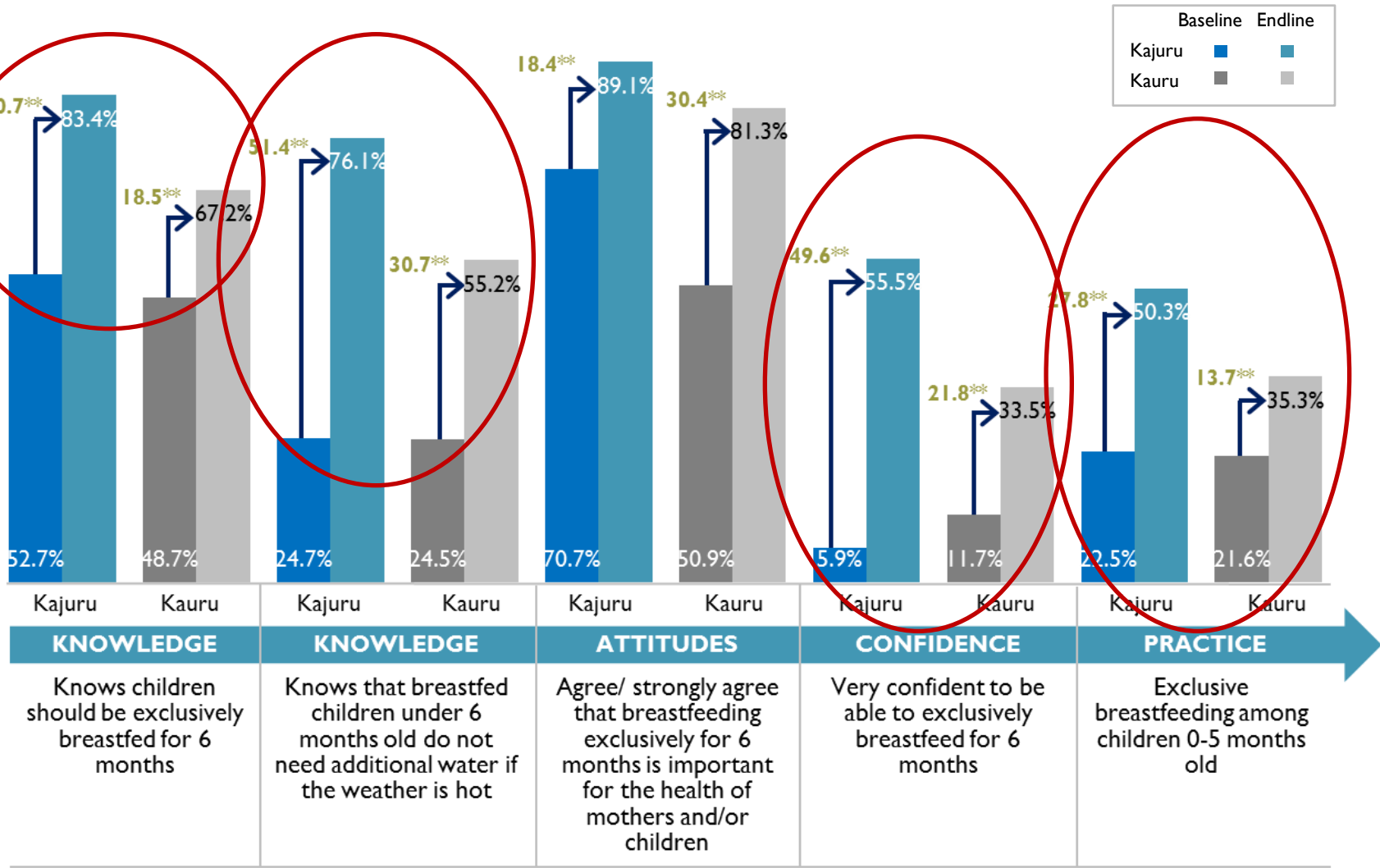
breastfeeding initiation.



Statistically significant difference in differences

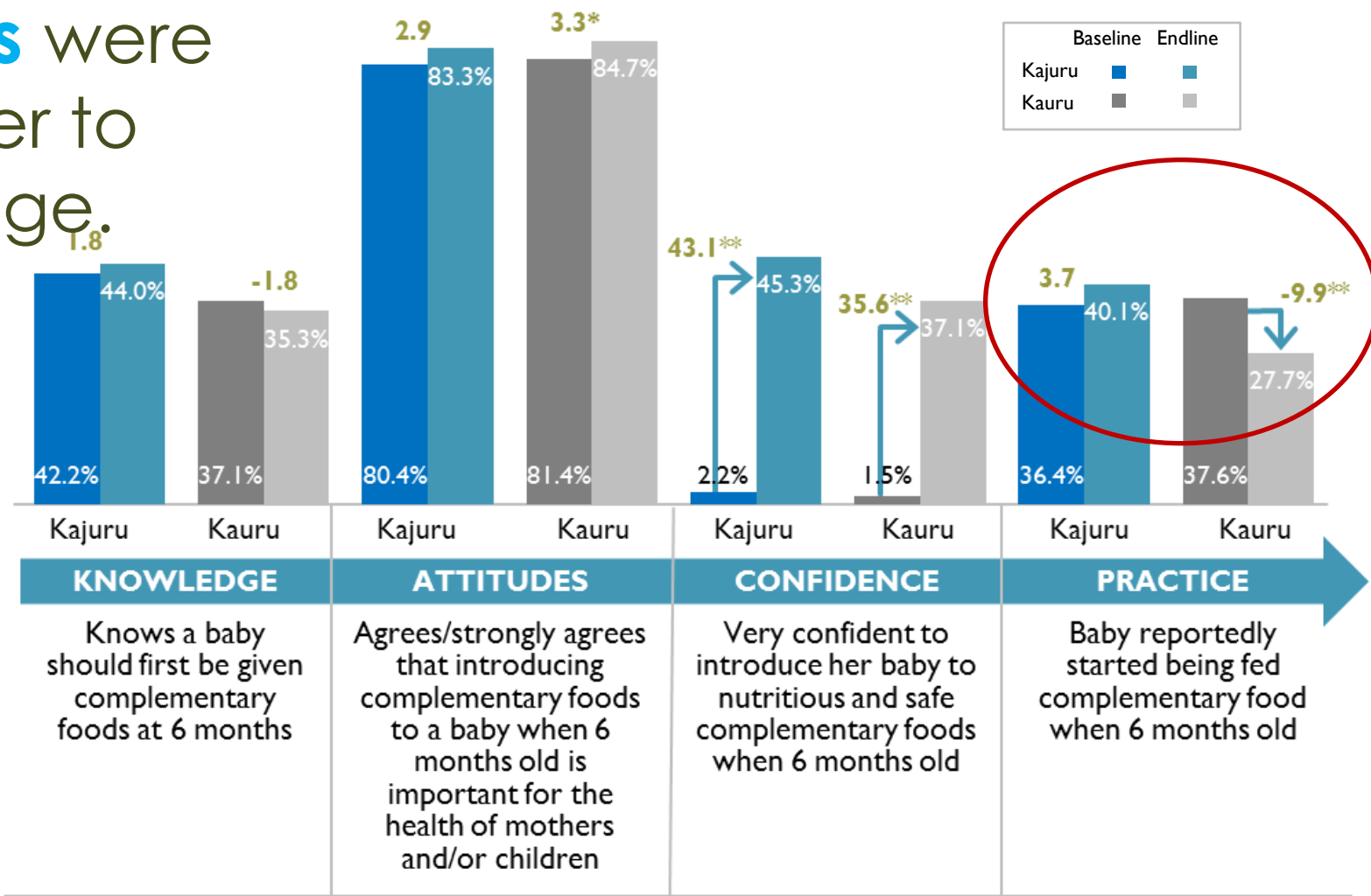
* Significant at $p < 0.05$ **Significant at $p < 0.01$

And also related to **exclusive breastfeeding**.



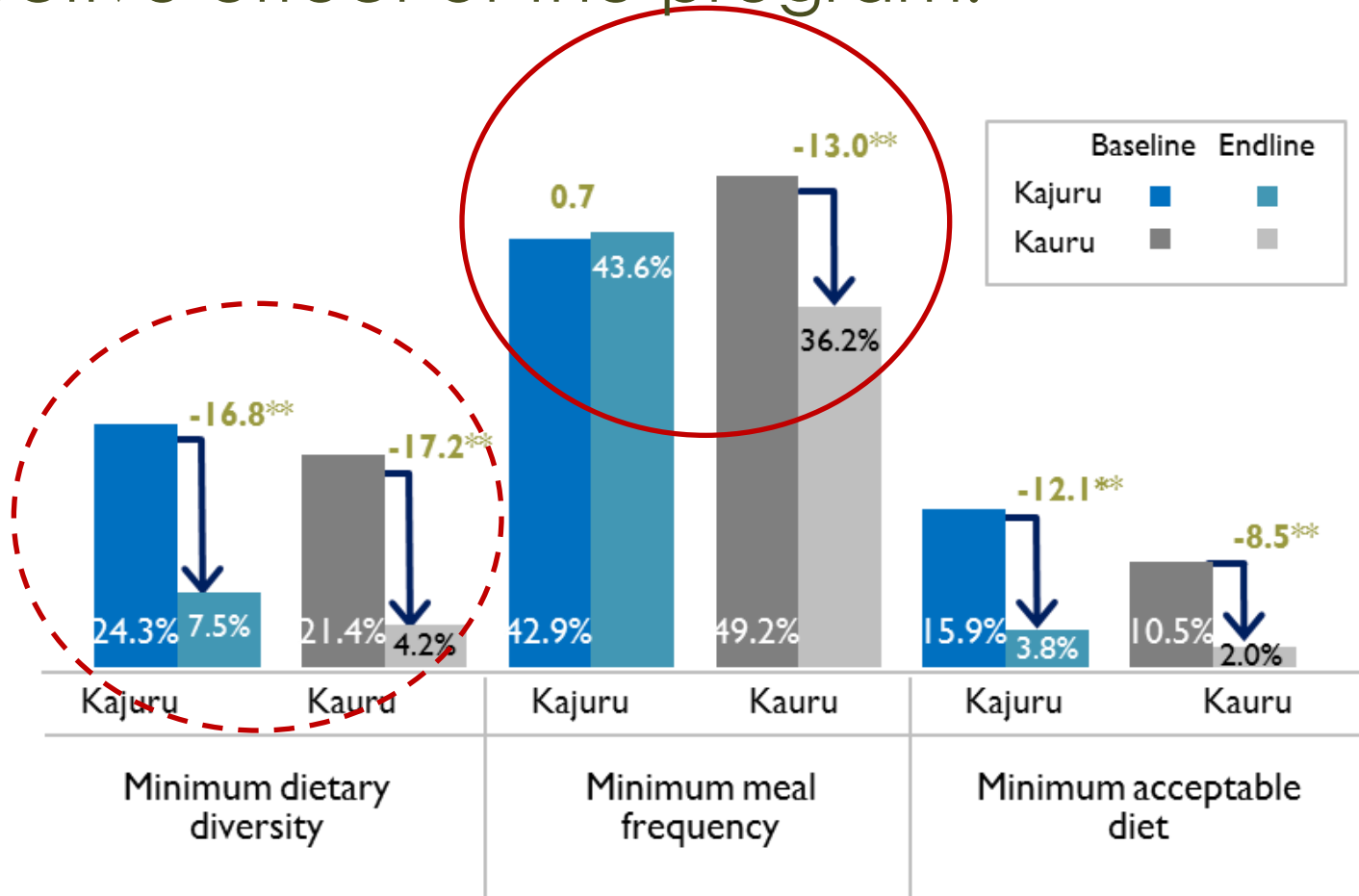
*Significant at p<0.05 **Significant at p<0.01

Knowledge and practices related to the introduction of solid, semi-solid, or soft foods were harder to change.



* Significant at p<0.05 **Significant at p<0.01

And dietary diversity declined, but not quite as much in Kajuru as in Kauru, suggesting a protective effect of the program.



* Significant at $p < 0.05$ **Significant at $p < 0.01$



Conclusions and recommendations were finalized with stakeholders.

Preliminary **conclusions** include...

- The C-IYCF program was **implemented according to plans** thanks to bottom-up engagement and top-down support.
- The program was implemented in such a way that the likelihood of the program being **sustained and scaled up** to other locations is high.
- The program **improved knowledge, attitudes, and several key IYCF practices**.
- Dietary practices did not improve as hoped, suggesting important **barriers** to change such as sociocultural norms, inflation, fuel prices, and availability of diverse foods.
- Findings indicate a need for **continued implementation** with **additional interventions** to address barriers.

Thank you for listening!



For more information, please visit:

spring-nutrition.org/about-us/activities/evaluation-community-iycf-counseling-package

And thank you to everyone involved!

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