

# How to Strengthen Program Implementation at Scale: EVIDENCE FROM NIGERIA

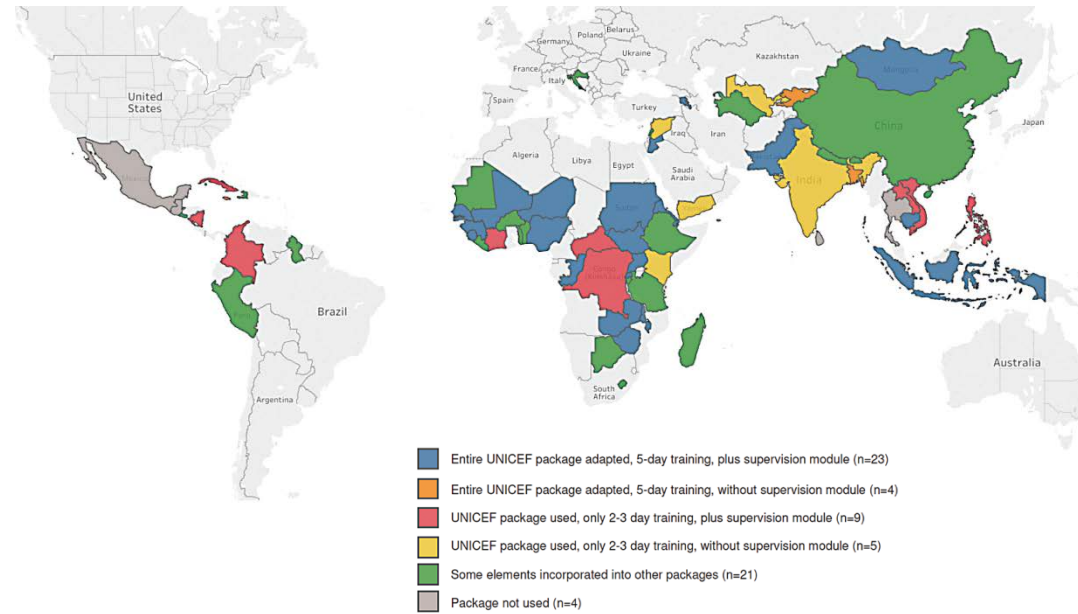
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The UNICEF *Community Infant and Young Child Feeding (C-IYCF) Counselling Package* was first released in 2010..



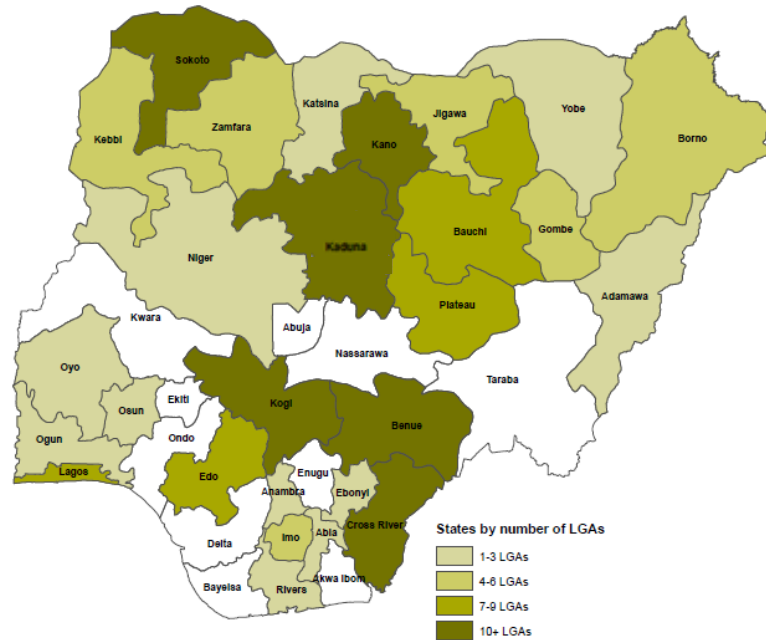
Since then, it has been used in more than 50 countries. (UNICEF 2017)



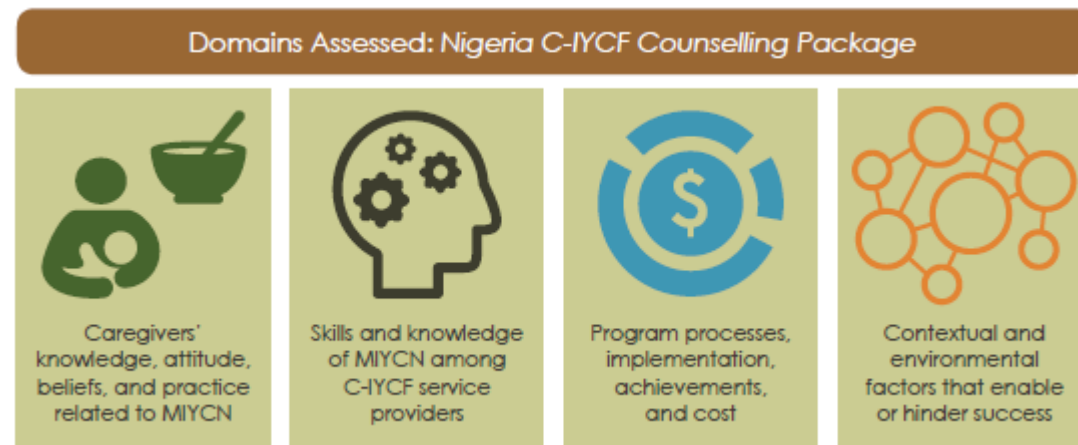
Nigeria adapted and adopted the UNICEF *Community Infant and Young Child Feeding (C-IYCF) Counselling Package*, starting in 2011, and it has since been rolled out in many states across the country.



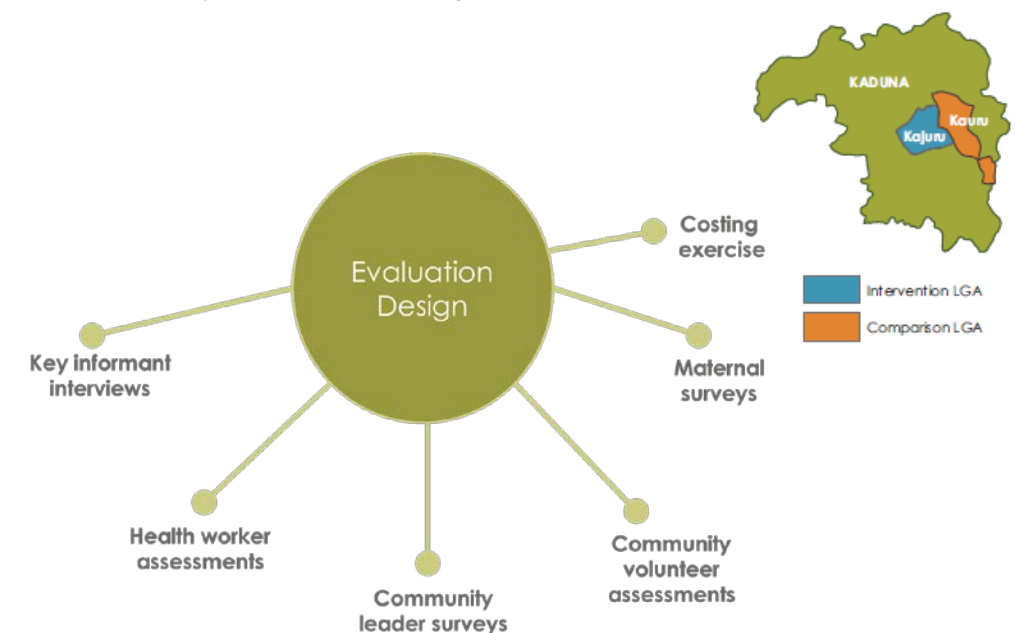
Many groups have been involved in rolling it out across the country.



The Nigerian Federal Ministry of Health (FMOH) partnered with SPRING and UNICEF to assess four domains related to implementation the package.



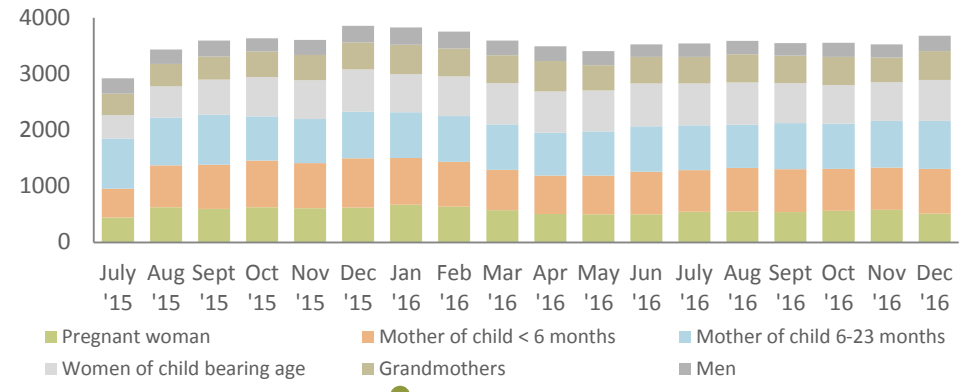
Using mixed methods, this team has evaluated at-scale implementation in Kajuru Local Government Area (LGA).



To improve program implementation, we need to dig into the data further. One way to do so, is to use a **Program Impact Pathway (PIP)** (see below). Comparing program data to a PIP can tell you a lot about **program weaknesses and strengths**, and can **provide insights into opportunities to strengthen future implementation**.

A few support groups started voluntary savings schemes, where group members contributed to a common fund and funds were shared among members according to a schedule. Women reported that, with this support, they could afford more nutritious foods for their children. A community volunteer noted: **“This was really an encouragement that made other people want to come and join.** Others said, ‘look at all what’s coming out from that group.’”

Number of people who attended support group meetings, by month and category.



**29.3%** of women surveyed at endline reported attending at least 1 support group meeting where C-IYCF images were used.

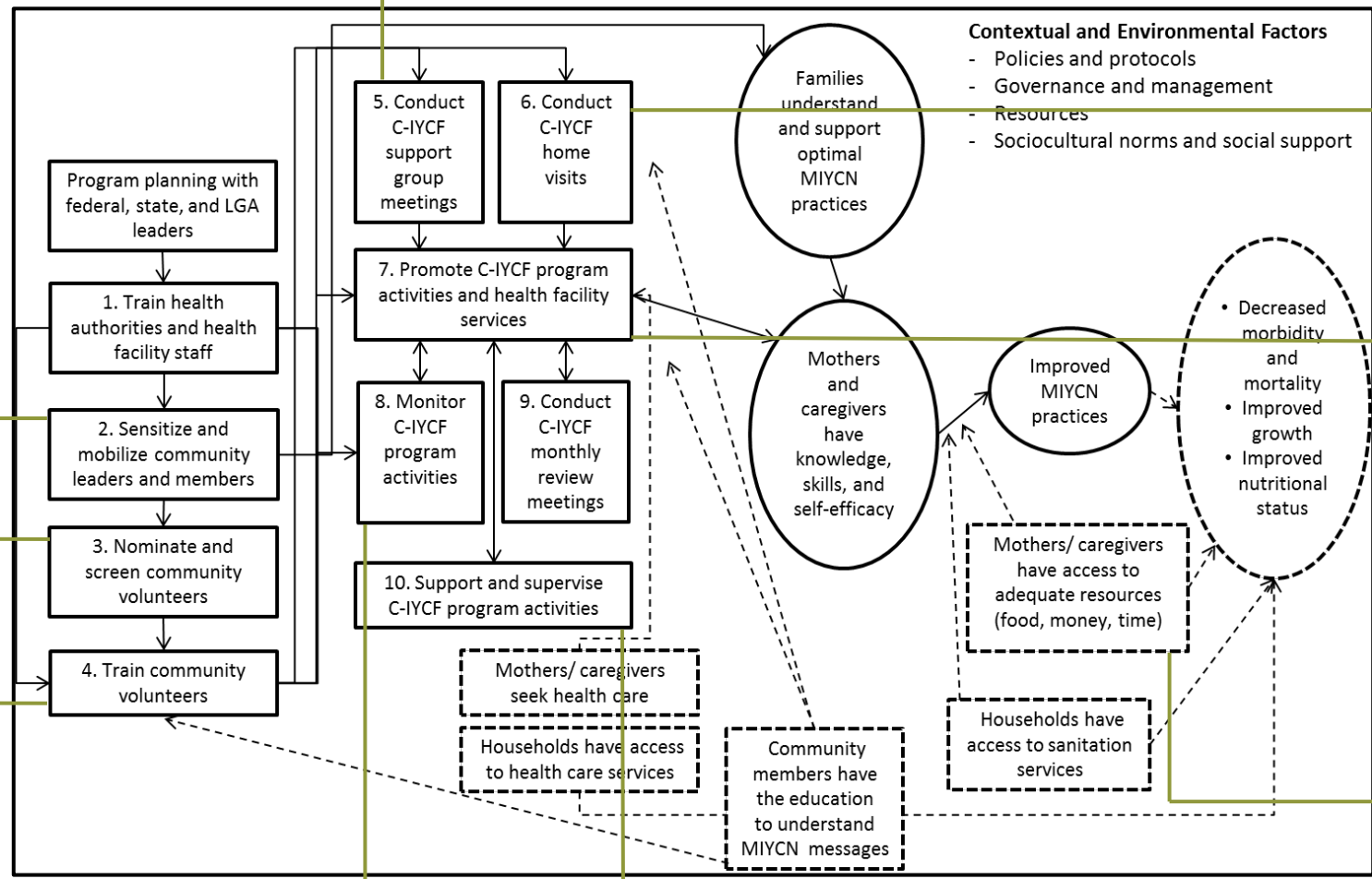
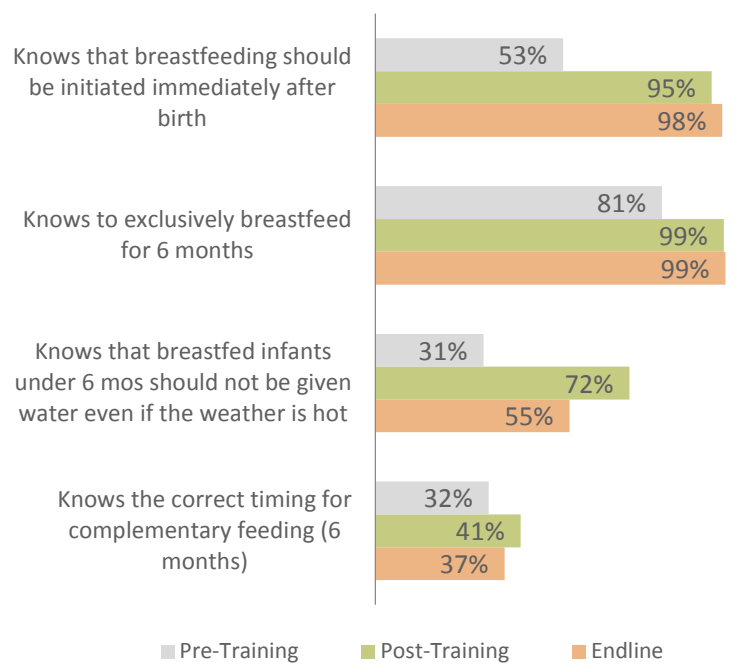
After 17 months of implementation, community volunteers (CVs) had conducted **8,308** home visits, for an average of 2 per CV per month.

At endline, only **18.3%** of women surveyed had received a home visit.

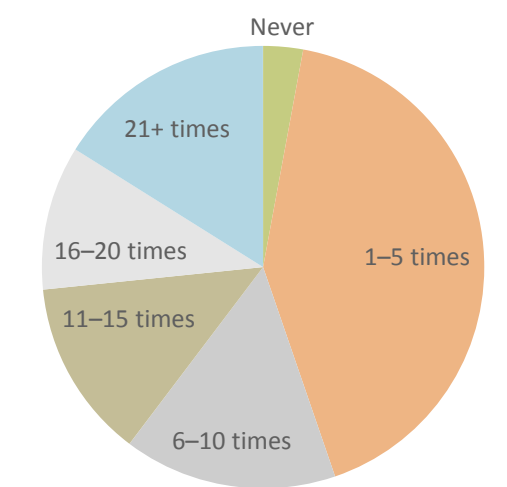
When asked about challenges to implementing the C-IYCF program, **21.7%** of community leaders reported inadequate training.

Out of **238** recruited volunteers, **15** dropped out in the program’s 18 months of implementation.

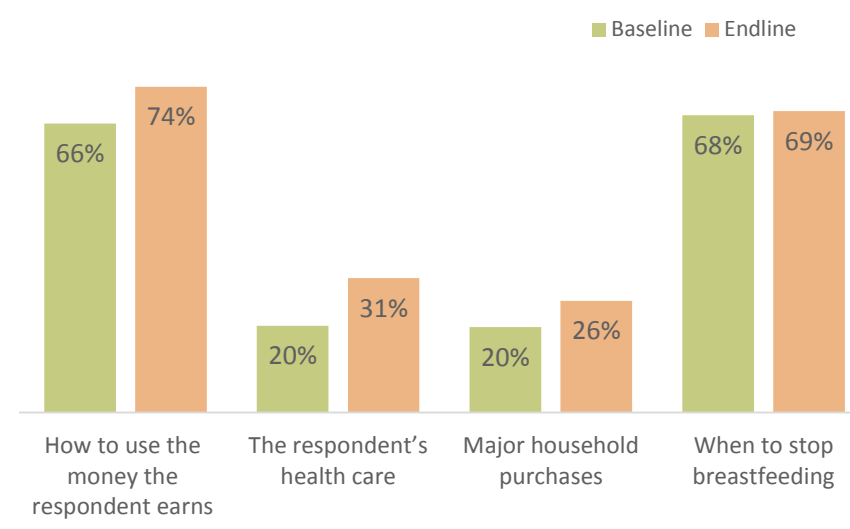
Community volunteers' breastfeeding knowledge before training, immediately after training, and at endline.



Number of times community volunteers reported encouraging community members to seek care at a health facility during the program’s 18 months of implementation.



Among pregnant women, respondents’ reported ability to make decisions, either alone or jointly with another person, about the following subjects.



**“The Project Coordinator always told us not to cook up figures.** Usually, there is a lot of manipulation of figures in monitoring and evaluation. They will just come up with figures for the sake of having more support...this was different. If we said, ‘we did this,’ she [the Project Coordinator] would ask, ‘Did you really do this? Did you really?’ to show the integrity of the program.”  
—Government respondent, Kajuru LGA level

Challenges to implementing the C-IYCF program, as stated by health workers at endline.

