How to Strengthen Program Implementation at Scale: EVIDENCE FROM NIGERIA









September 2017

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

Linical (6)

Adaptation Guide

Adaptation Guide

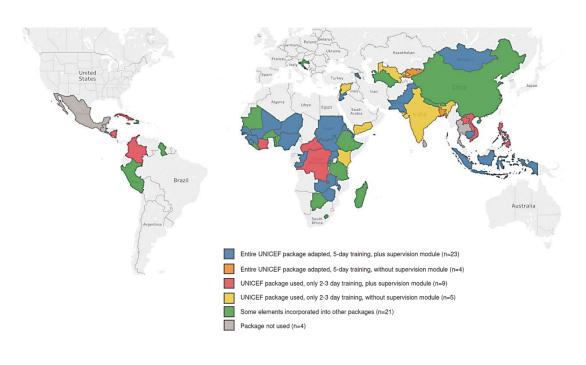
Facilitator Guide

Training Adds

Unical (9)

The Community To del Monitoring for Com

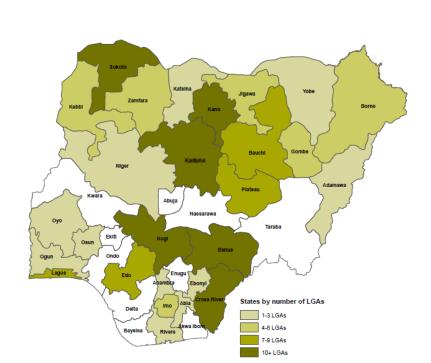
Since then, it has been used in more than 50 countries. (UNICEF 2017)



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.



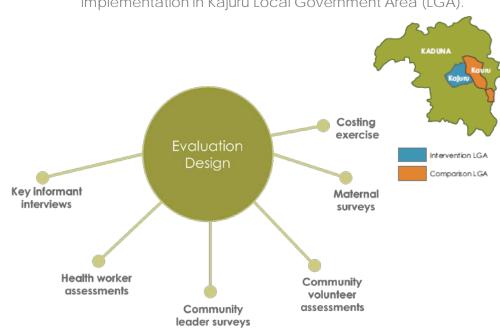
Many groups have been involved in rolling it out across the country.



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).

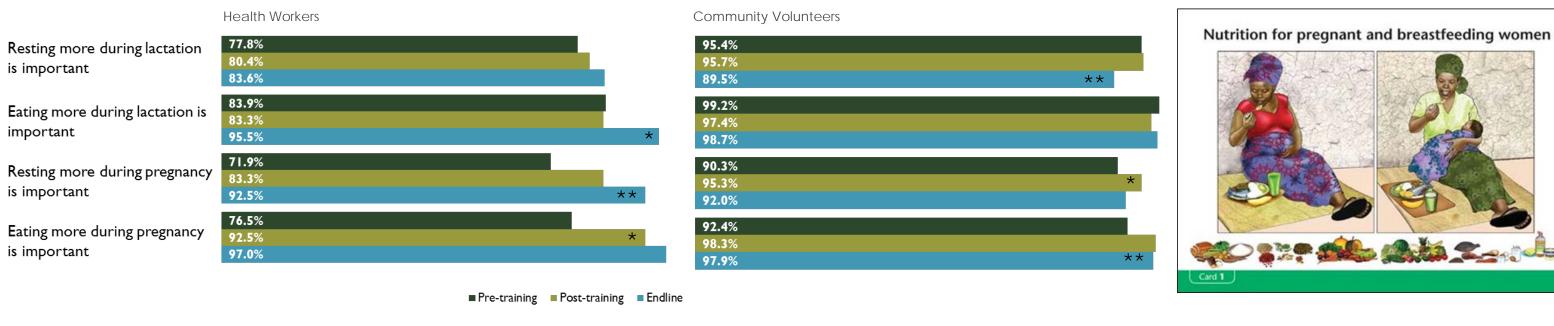


This document is made possible by the generous support of the American people through the United States Agency for International Development (USAID) under the terms of the Cooperative Agreement AIDOAA-A- 11-00031 (SPRING), managed by JSI Research & Training Institute, Inc. (JSI) with partners Helen Keller International, the Manoff Group, Save the Children, and the International Food Policy Research Institute and by funding and technical support from the United Nations Children's Fund (UNICEF) with leadership of the Federal Ministry Health (FMOH) of Nigeria. The contents are the responsibility of JSI, UNICEF, and the FMOH of Nigeria and do not necessarily reflect the views of USAID or the United States Government.

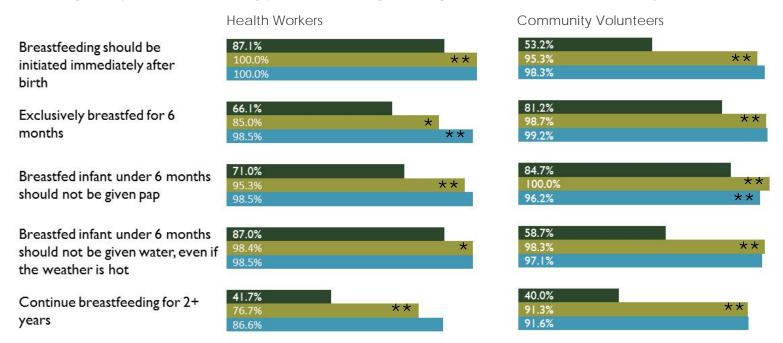


Implementation of the C-IYCF Counselling Package in Kaduru involved training 65 health workers (in a 6 day training) and 238 community volunteers (in a 3-day training)

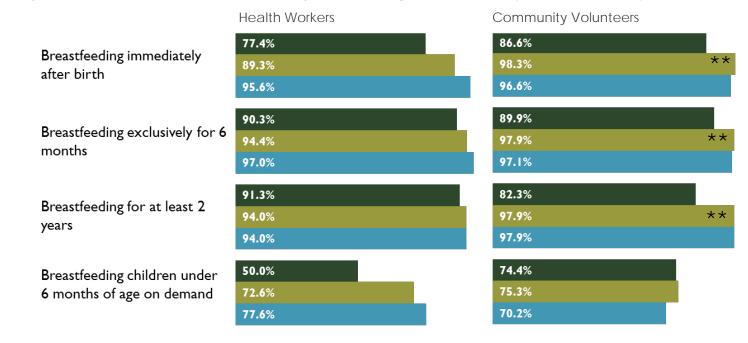
Health workers and community volunteers both agreed with the importance of the following maternal nutrition practices:



Knowledge of optimal breastfeeding practices was high among health workers and community volunteers.



By endline, health workers and community volunteers agreed with the importance of these practices.



Knowledge of optimal complementary feeding improved after training, but was not always retained at the immediate post-training level.

By endline, health workers and community volunteers **agreed with the importance of these practices**.

