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Strengthening Partnerships, Results
and Innovations in Nutrition Globally

Nigeria: Final Country Report 2012–2016



February 2017

ABOUT SPRING

The Strengthening Partnerships, Results, and Innovations in Nutrition Globally (SPRING) project is a six-year USAID-funded cooperative agreement to strengthen global and country efforts to scale up high-impact nutrition practices and policies and improve maternal and child nutrition outcomes. The project is managed by JSI Research & Training Institute, Inc., with partners Helen Keller International, The Manoff Group, Save the Children, and the International Food Policy Research Institute.

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DISCLAIMER

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COVER PHOTO: Saidi Abdullahi and her 10-month old baby, Basharia. Saidi is a member of the Rahama mother-to-mother support group in Ningi village in Bauchi, Nigeria. Credit: Barry Chovitz, SPRING.

Contents

Acknowledgments.....	v
Acronyms and Abbreviations.....	vii
Executive Summary.....	ix
SPRING in Nigeria.....	1
Background.....	1
SPRING Goals and Objectives.....	1
SPRING Approach.....	2
Interventions and Coverage.....	3
Major Accomplishments.....	7
Increased Access to Nutrition Information and Counselling Services in OVC Project Communities.....	7
Improved National Social and Policy Environment for Priority Nutrition Practices and Services.....	14
Enhanced the Evidence Base with Respect to the C-IYCF Counselling Package.....	16
Best Practices, Challenges, and Recommendations.....	19
Best Practices.....	19
Challenges and Recommendations.....	20
Conclusion.....	21
References.....	23
Annex 1: Indicator Matrix.....	25
Annex 2: Success Stories.....	27
Annex 3: Materials and Tools Developed or Adapted by the Project.....	47

Figures

1. Number Trained on IYCF by SPRING, by Fiscal Year 10

2. Assessed Level of C-IYCF Knowledge among Respondents, by Category of Respondent 11

Map

1. SPRING's Implementation Areas, by State 4

Tables

1. SPRING's Implementation Areas, by LGA 5

2. IYCF Practices and Self-efficacy among Support Group Members—
Percent Responding Positively to Each Question..... 12

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We would also like to extend a special thanks to our key partners, including orphans and vulnerable children (OVC) implementing partners (SMILE, STEER, ARFH, HIFASS, and WEWE), the WINNN project, UNICEF, the Infant and Young Child Feeding (IYCF) Technical Working Group, and Nutrition Partners Forum.

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Acronyms and Abbreviations

Ace-HI	African Community and Environmental Health Initiative
ARFH	Association for Reproductive and Family Health
C-IYCF	community-based infant and young child feeding
CDC	Centers for Disease Control and Prevention
CRF	Care-link Resource Foundation
CSO	civil society organization
DHS	Demographic and Health Survey
ECD	early childhood development
ETMLF	Emmanuel Teryila Memorial Liberty Foundation
F-IYCF	facility-based infant and young child feeding
FCT	Federal Capital Territory
FMOH	Federal Ministry of Health
FMOWASD	Federal Ministry of Women's Affairs and Social Development
FY	fiscal year
GAWON	Ganty's Aid for Widows, Orphans and the Needy
GCF	Godiya Care Foundation
GON	Government of Nigeria
HHPF	Hope for the Handicapped Foundation
HIFASS	Health Initiatives for Safety and Stability in Africa
HMIS	health management information systems
ICWYI	Care Women and Youth Initiative
IFPF	Interfaith Peace foundation
IYCF	infant and young child feeding
IYCN	Infant and Young Child Nutrition (project)
JDPCI	Justice Development and Peace Commission Initiative

JSI	JSI Research & Training Institute, Inc.
KAF	Kola and Funke Care Foundation
LGA	local government area
LOPIN	Local Partners for Orphans and Vulnerable Children
M&E	monitoring and evaluation
MOH	Ministry of Health
OVC	orphans and vulnerable children
PEPFAR	U.S. President’s Emergency Plan for AIDS Relief
PHC	primary health care center
PMTCT	prevention of mother-to-child transmission
Rahama	Rahama Women Development Program
SMILE	Sustainable Mechanisms for Improving Livelihoods and Household Empowerment
SPRING	Strengthening Partnerships, Results, and Innovations in Nutrition Globally
STEER	Systems Transformed for Empowered Action and Enabling Responses for Vulnerable Children and Families
TWG	technical working group
TYC	The Youth Challenge
UGM	Umbrella Grant Mechanism
UNICEF	United Nations Children’s Fund
USAID	U.S. Agency for International Development
WEWE	Widows and Orphans Empowerment Organization
WHO	World Health Organization
WINNN	Working to Improve Nutrition in Northern Nigeria

Executive Summary

Nigeria ranks 152 of 188 countries in the 2015 Human Development Index and is identified as the country with the third-highest absolute number of children who are stunted in the world. According to the 2013 *Nigeria Demographic and Health Survey*, 37 percent of Nigerian children under five years of age are stunted (NPC and ICF International 2014). U.S. Agency for International Development (USAID) | Nigeria's buy-in to the Strengthening Partnerships, Results, and Innovations in Nutrition Globally (SPRING) project through the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) presented an opportunity to reverse these trends, given that malnutrition is worsened in the context HIV and AIDS.

We began work in Nigeria in June 2012 with the goal of reducing undernutrition, preventing stunting, and working with women and children to reduce anemia in Benue State and the Federal Capital Territory (FCT). In FY14, we revised our programmatic goal in response to USAID's efforts to improve nutrition and food security outcomes within their PEPFAR-funded programs for orphans and vulnerable children (OVC) and we focused on reducing maternal and child undernutrition and improving HIV-free survival of infants and young children.

SPRING's approach raised awareness and improved infant and young child feeding (IYCF) by building capacity in the use of the *Infant and Young Child Feeding Counselling Package* in facilities (F-IYCF) and the *Community Infant and Young Child Feeding Counselling Package* in communities (C-IYCF) throughout the country.

Building on USAID | Nigeria's earlier investments in the Infant and Young Child Nutrition (IYCN) project, SPRING supported the development of tools and materials that strengthened the capacity for and delivery of IYCF. As a result, Nigeria has harmonized policies and training and counselling tools to support the integration of IYCF interventions into existing maternal and child care services, including the prevention of mother-to-child transmission (PMTCT) of HIV.

We helped five PEPFAR-funded OVC implementing partners meet and enhance their nutrition and food security-related objectives by rolling out the national IYCF counselling package in their implementation areas. Our strategy built the capacity of OVC partners, civil society organizations (CSO), and government counterparts on IYCF through sensitization and advocacy, training, supportive supervision, and by strengthening coordination and collaboration among these actors.

We provided technical assistance to the groups listed in box 1 and scaled up the IYCF counselling package (community and/or facility package) across 122 local government areas (LGAs) in 16 states spread across all six geopolitical zones (Akwa-Ibom, Anambra, Bauchi, Benue, Cross River, Edo, Federal Capital Territory [FCT], Imo, Kaduna, Kogi, Kano, Lagos, Nasarawa, Plateau, Rivers, and Sokoto). The partnerships have created strong links between the

government and the OVC partners and their CSOs at the community level, thereby increasing ownership and support of IYCF activities within the states and LGAs. Our efforts established a foundation for building capacity and strengthening systems, which also has created community demand for IYCF services.

Through our five OVC partners, we worked with more than 100 CSOs, facilitated the formation of 3,280 IYCF support groups, and reached 153,174 caregivers and children under two. We also provided Centers for Disease Control and Prevention (CDC) implementing partners with a master training on both the community and facility IYCF packages. In total, we trained 2,678 people on one or both IYCF counselling packages and two other curricula developed by SPRING: *Nutrition and Hygiene for Orphans and Vulnerable Children in Nigeria: A Training Guide for Community-Based Organisations* and *Nigeria: Complementary Feeding and Food Demonstration Training Package*.

We worked with the government to strengthen coordination of IYCF activities by building on established structures within the states to ensure government ownership of IYCF rollout. This also ensured that planning and implementation of IYCF activities within the states and LGAs occurred in collaboration with the relevant government agency. Planning for and training in IYCF strengthened the capacity of the state and LGA nutrition focal persons. Supportive supervision and mentoring activities have improved the coordination system using resources from government coffers.

The results of our capacity and beneficiary assessment demonstrated that working at scale does not compromise implementation quality. More than 70 percent of CSOs, health workers, and community volunteers who were trained by SPRING over the course of the project retained high levels of knowledge on IYCF. More than 80 percent had favorable attitudes toward issues such as male involvement in support groups and in the home, women's and children's nutrition when

Box 1. Groups Receiving Technical Assistance from SPRING/Nigeria

Government of Nigeria

- Ministry of Health
- Ministry of Women Affairs & Social Development
- Ministry of Budget and Planning
- Nigeria Primary Health Care Development Agencies

USAID Partners under UGM

- Sustainable Mechanisms for Improving Livelihoods Household Empowerment (SMILE)
- Systems Transformed for Empowered Action and Enabling Responses for Vulnerable Children (STEER)

USAID Partners under LOPIN

- Association for Reproductive and Family Health (ARFH)
- Health Initiatives for Safety and Stability in Africa (HIFASS)
- Widows and Orphans Empowerment Organization (WEWE) under the Local Partners for Orphans and Vulnerable Children (LOPIN) initiatives.

the mother is HIV-positive, and breastfeeding among working women. Most offered favorable opinions and comments about support from SPRING and partners. The capacity built by SPRING appears to have led to high-quality program implementation, which in turn resulted in positive IYCF practices among support group beneficiaries. Additional findings from the assessment revealed that 66 percent of mothers of children less than six months of age interviewed were practicing exclusive breastfeeding, while 67 percent of nursing mothers expressed confidence in their ability to breastfeed their child for at least two years.

SPRING also improved the policy environment for nutrition programming by helping to harmonize nutrition monitoring tools, develop the *National Policy on Food and Nutrition and Plan of Action*, and review the *National Strategic Plan of Action for Nutrition (2014–2019)*.

This report captures SPRING/Nigeria's key accomplishments over five years of implementation. For a fuller picture of our project's work in Nigeria and to access related documents, please visit our project website at www.spring-nutrition.org.

SPRING/NIGERIA

Scaling Up IYCF Training

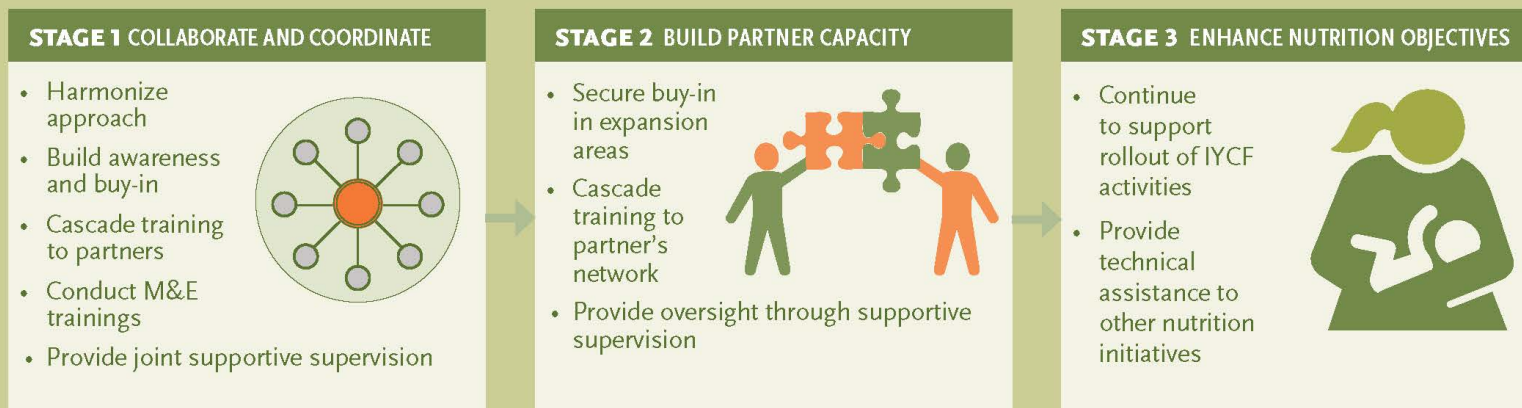
SPRING's work in Nigeria aimed to reduce maternal and child under nutrition and improve HIV-free survival of infants and young children. We built the capacity of local government, USAID Implementing Partners, civil society

organizations, and health workers in the implementation of the **Nigeria Community and Facility Infant and Young Child Feeding (IYCF) Counselling Package** in 122 local government areas across 16 states.

TIMELINE OF ACTIVITIES



ACHIEVING SCALE THROUGH PARTNERSHIPS



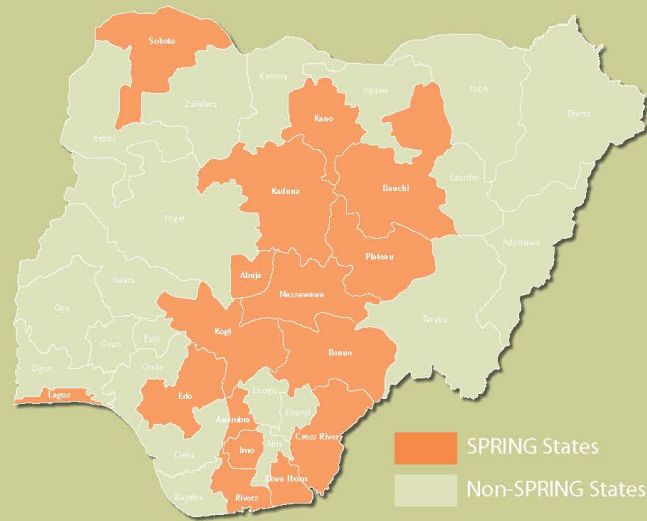
IYCF PROGRAM RESULTS

Over **2,600** people trained

Over **3,000** support groups formed*

Over **152,000** caregivers and children under 2 reached*

*through direct implementation and support provided to partners



RESPONDING TO PARTNERS' NEEDS

After successfully working on rolling out the IYCF counselling package, our partners requested we help strengthen their broader nutrition goals. Consequently, we developed a complementary feeding and food demonstration training as well as



a curriculum for community-based organizations on nutrition and hygiene for OVCs age 2-17. We trained groups of master trainers who will roll out of these curricula with support from local partners.

This graphic is made possible by the generous support of the American people through the United States Agency for International Development (USAID) and based on the findings of the U.S. Government's global hunger and food security initiative, under the terms of the Cooperative Agreement AID-GS8-00-00001 (EPH01-02), managed by IF Research & Training Institute, Inc. (ITI) with partners: Helen Keller International, the Murrill Group, Save the Children, and the International Food Policy Research Institute. The contents are the responsibility of ITI, and do not necessarily reflect the views of USAID or the United States Government.

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www.spring-nutrition.org
USAID's multi-sectoral nutrition project

SPRING in Nigeria

Background

Promotion of optimal infant and young child feeding (IYCF) practices is critical to the prevention of nutrition-related morbidity (such as stunting) and mortality (Bhutta et al. 2013). Nigeria has the third-highest absolute number of children who are stunted in the world. According to the 2013 *Nigeria Demographic and Health Survey* (DHS), 37 percent of Nigerian children under five years of age are stunted (NPC and ICF International 2014). Despite the fact that breastfeeding is nearly universal in Nigeria (97 percent of children are breastfed), early initiation of breastfeeding is only 38 percent; 17 percent of children under the age of six months are exclusively breastfed; and only 10 percent of children age 6–23 months are fed in compliance with the IYCF recommendations (consuming breastmilk or other milk products as well as having the minimum dietary diversity and minimum meal frequency).

The most serious indicators of poor nutritional status are found in the northern regions of Nigeria, where the prevalence of stunted children (children with a Height-for-Age Z-score of -2 standard deviations from the median) is 29 percent in the North Central Region; 42 percent in the North East Region; and 55 percent in the North West Region, compared to 20 percent stunting in the South West and South-South Regions and 16 percent in the South East Region (NPC and ICF International 2014).

USAID | Nigeria's buy-in to the SPRING project through the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) presented an opportunity to curb these trends, given that malnutrition is worsened in the context HIV and AIDS. The HIV epidemic influences child survival both directly through mother-to-child transmission and indirectly by diverting resources and attention from children to the care and treatment of a sick parent. The epidemic continues to weigh heavily on maternal and child mortality in countries like Nigeria, which had the highest number of new HIV infections (60,000) among children in 2012. There are an estimated 17.5 million orphans and vulnerable children (OVC) in the country (FMOH 2013; FMOWASD 2008; UNAIDS 2013). Furthermore, 10.7 percent of the 69 million children in the country are vulnerable (UNICEF 2006), and 10 percent are orphaned. A key challenge in Nigeria is to assist families and communities to care for these children in areas where the number of children who have or are affected by HIV has increased (FMOWASD 2008).

SPRING Goals and Objectives

We began work in Nigeria in June 2012 with the goal of reducing undernutrition, preventing stunting, and working with women and children to reduce anemia in Benue state and the Federal Capital Territory (FCT). In FY14, we revised our programmatic goal in response to USAID's efforts to improve nutrition and food security outcomes within their PEPFAR-funded

OVC programs by focusing on reducing maternal and child undernutrition and improving HIV-free survival of infants and young children in Nigeria. Overall, our activities focused on achieving four broad objectives:

1. Increase access to nutrition information and counselling services in OVC project communities.
2. Improve national social and policy environment regarding priority nutrition practices and services.
3. Enhance the evidence base with respect to the community-based infant and young child feeding (C-IYCF) counselling package (with funding from USAID/Washington).
4. Improve nutrition programming efforts to prevent undernutrition in OVC project communities.

Technical Approach

Building on USAID | Nigeria's earlier investments in the Infant and Young Child Nutrition (IYCN) project, SPRING supported the development of tools and materials that strengthened the capacity for and delivery of infant and young child feeding and nutrition programs. Nigeria currently has training and counselling tools to support the integration of IYCF interventions into existing maternal and child care services, including the prevention of mother-to-child transmission (PMTCT) of HIV.

The *Integrated Infant and Young Child Feeding Counselling Package* for use in secondary and tertiary facilities (F-IYCF counselling package) and the *Community Infant and Young Child Feeding Counselling Package* (C-IYCF counselling package) were adapted from the United Nations Children's Fund (UNICEF) and World Health Organization's (WHO) generic global documents and the WHO's 2010 *National Recommendations on IYCF in the Context of HIV*, following a series of technical working group meetings comprising all relevant government agencies, parastatals, development partners, and NGOs. The Nutrition Division of the Federal Ministry of Health (FMOH) led the process with financial support from UNICEF, the (former) IYCN, SPRING, and Working to Improve Nutrition in Northern Nigeria (WINNN) projects.

SPRING translated the C-IYCF counselling package into five Nigerian languages—Hausa, Idoma, Igbo, Tiv, and Yoruba—at the request of the FMOH, USAID, and other partners. Each translation was field-tested and reviewed before finalization. The Government of Nigeria approved the final training package, with an official launch in August 2013 by the FMOH as part of activities to commemorate that year's World Breastfeeding Week.

SPRING's approach focused on building capacity in both the F-IYCF and C-IYCF counselling packages, and scaling up implementation throughout the country. Since FY14, we have provided helped PEPFAR-funded OVC implementing partners (referred to as OVC partners) enhance their

nutrition-related objectives by rolling out the C-IYCF package in their communities. Our strategy focused on building the capacity of OVC partners, their civil society organizations (CSOs), and government counterparts on IYCF through sensitization and advocacy, training, supportive supervision, and strengthened coordination and collaborative efforts between these various actors.

Despite global interest and uptake of both IYCF counselling packages, little is known about its effect on IYCF behaviors in the countries where it has been adapted. After consultations with SPRING and UNICEF, the FMOH agreed to support an evaluation of the package and share the findings nationally and internationally to inform future investments in IYCF programming. The main purpose of the evaluation is to assess the effectiveness of the C-IYCF counselling package in improving IYCF behaviors in an environment supportive of its design, management, technical assistance, and monitoring when adapted to local context and implemented at scale. While the evaluation is not nationally representative, the findings should help national-level decision-making in Nigeria. The results will also make an important scientific contribution to the field of nutrition, in which there is relatively little evidence on the impact of a large-scale C-IYCF counselling package intervention.

Interventions and Coverage

SPRING provided technical assistance to the Government of Nigeria through the Ministries of Health, Women Affairs & Social Development, and Budget and National Planning, as well as Primary Health Care Development Agencies. We also helped USAID partners Sustainable Mechanisms for Improving Livelihoods and Household Empowerment (SMILE) and Systems Transformed for Empowered Action and Enabling Responses for Vulnerable Children (STEER) under the Umbrella Grant Mechanism (UGM). Additional support was provided to the Association for Reproductive and Family Health (ARFH), Health Initiatives for Safety and Stability in Africa (HIFASS), and Widows and Orphans Empowerment Organization (WEWE) under the Local Partners for Orphans and Vulnerable Children (LOPIN) initiatives, as we scaled up the IYCF counselling package (community and/or facility components) across 122 LGAs in 16 states. These states—Akwa-Ibom, Anambra, Bauchi, Benue, Cross River, Edo, FCT, Imo, Kaduna, Kogi, Kano, Lagos, Nasarawa, Plateau, Rivers, and Sokoto—are spread across all six geopolitical zones.

Through our five OVC partners, we worked with more than 100 CSOs, facilitated the formation of 3,280 IYCF support groups, and reached 153,174 caregivers and children under two. We also provided a master training on both the community and facility IYCF counselling packages to Centers for Disease Control and Prevention (CDC) implementing partners. In total, we trained 2,678 people on IYCF.

Map 1. SPRING/Nigeria’s Implementation Areas, by State



Table 1. SPRING's Implementation Areas, by LGA

State	No. of LGAs	LGAs
Anambra	3	Ayamelum, Anambra East, Akwa North
Akwa-Ibom	5	Uyo, Oron, Ikot Epkene, Okobo, Uruan
Bauchi	8	Alkaleri, Bauchi, Ganjuwa, Katagum, Misau, Ningi, Tafawa-Balewa, Toro
Benue	12	Ado, Buruku, Gwer East, Gboko, Katsina Ala, Kwande, Makurdi, Oju, Opuku, Otukpo, Ukum, Vandeikya
Cross River	13	Abi, Akamkpa, Akpabuyo, Biase, Calabar South, Obubra, Obudu, Boki, Calabar Municipal, Etung, Ikom, Obalinku, Bekwara
Edo	9	Akoko Edo, Egor, Esan North East, Esan South East, Etsako West, Ikpoba-Okha, Oredo, Orhionmwon, Owan East
FCT	3	Amac, Bwari, Gwagwalada
Imo	4	Ohaji Egbema, Owerri-West, Ngor-Okpala, Okigwe
Kano	10	Bichi, Dala, Dambatta, Fagge, Gwarzo, Kano Municipal, Kiru, Nassarawa, Rano, Wudil,
Kaduna	9	Chikun, Ikara, Jaba, Jamaa, Kachia, Kaduna North, Kaduna South, Zangon-Kataf, Zaria
Kogi	11	Bassa, Yagba East, Ofu, Okehi, Kabba-Bunu, Igalamela/Odolu, Dekina, Ankpa, Okene, Lokoja, Olamaboro
Lagos	7	Ajeromi, Badagry, Kosofe, Ojo, Badagry, Surulere, Apapa, Agege,
Nasarawa	7	Akwanga, Keana, Lafia, Nasarawa, Nassarawa-Eggon, Obi, Toto
Plateau	9	Barkin-Ladi, Jos North, Jos South, Kanam, Langtang South, Mangu, Riyom, Shendam, Wase
Rivers	3	Obio-akpor, Port-harcourt, Eleme
Sokoto	9	Binji, Goronyo, Illela, Sabon-Birni, Silame, Tambuwal, Tureta, Wammako, Yabo

Major Accomplishments

SPRING's major accomplishments in Nigeria fall into four categories:

- Increased access to nutrition information and counselling services in OVC project communities
- Improved national social and policy environment for priority nutrition practices and services
- Enhanced evidence base for the C-IYCF Counselling Package
- Improved nutrition programming efforts to prevent undernutrition in OVC project communities.

Increased Access to Nutrition Information and Counselling Services in OVC Project Communities

SPRING's single-most significant accomplishment is the scale-up of the facility and community IYCF packages across 16 states and 122 LGAs, training a total of 2,678 people and directly reaching a total of 165,295 through direct implementation and work with partners. We also provided copies of both the F-IYCF and C-IYCF counselling packages to representatives of all 36 states in the federation.

C-IYCF Training Cascade

Tier 1: State-level master trainers

Tier 2: LGA-level trainers and coaches

Tier 3: PHC staff and community volunteers

Tier 4: Formation of IYCF support groups

The C-IYCF counselling package rollout is based on a four-tier training cascade, culminating in the formation of support groups at the community level. Communities, LGAs, and states were selected in conjunction with the Federal Ministry of Health and the USAID implementing partners. Participants in the C-IYCF counselling package trainings were

selected from the following: state and LGA representatives from the Ministry of Health (MOH), Federal Ministry of Women's Affairs and Social Development (FMOWASD), and Ministry of Agriculture (MOA); OVC partner program staff; and the officer in charge from primary health care centers (PHCs) and community volunteers.

The facility-based infant and young child feeding (F-IYCF) training is designed to ensure that nutrition services are linked to and complement HIV-treatment protocols and systems; that nutrition services are integrated into the facility-based HIV services; and that there is consistency of messaging and counselling at the referral-facility level. Participants in the F-IYCF trainings were drawn from secondary and tertiary facilities: nutrition focal persons; matrons-in-charge from the pediatric ward, the under-five immunization clinic, the maternity ward, and the antenatal care unit; and nurses and doctors from the HIV unit. SPRING implemented the F-IYCF

counselling package through FY14, at which point USAID requested that we focus on rolling out the C-IYCF counselling package.

We created a job aid to help community volunteers conduct support groups after they receive their training (*Conducting an Infant and Young Child Feeding Support Group Meeting in Nigeria*). The job aid is also intended to ensure that facilitators follow a standard process for conducting a support group meeting. It is designed to complement the IYCF counselling cards and key message booklet used by support group facilitators.

Advocacy and Sensitization on Infant and Young Child Feeding

Over the life of the project, SPRING conducted 123 sensitization meetings across 122 LGAs and 16 states, meeting with stakeholders at each level to gain access to the LGAs and communities. These meetings allowed us to raise awareness of optimal IYCF practices, change perceptions, and influence key stakeholders to intensify IYCF efforts and nutrition programming. We advocated for an increased budget for community-based nutrition activities (including rolling out the C-IYCF counselling package); established and strengthened structures for collaboration on IYCF programming efforts (by sharing SPRING’s experience in rolling out the counselling package in other areas); and adapted relevant national policies and guidelines on IYCF.



Participants in Wuse market, Abuja—WBW 2014



Participants carrying out a one-on-one counselling session at Family Health Clinic Area 2, Abuja

Meeting attendees included state committees on food and nutrition; senior government officials of the Ministries of Health, Agriculture and Natural Resources Women’s Affairs and Social Development; and Budget and Planning; chairs of local government administrations; LGA supervisors for health; state nutrition officers; LGA nutrition focal persons; social mobilization officers; and heads of LGA agriculture departments.

After rolling out the IYCF counselling package in a given area, we raised awareness of optimal IYCF practices at national and state events, such as World Breastfeeding Week, conducted in partnership with our OVC partners and their respective CSOs.

Building Capacity through Training

In FY13, in conjunction with the Department for International Development-funded Working to Improve Nutrition in Northern Nigeria (WINNN) project, we trained 26 people on the IYCF counselling package. This created a pool of trainers who could be called upon to help launch training cascades throughout the country. With the MOH in LGAs in Benue state and two area councils in FCT, we rolled out the F-IYCF and C-IYCF counselling packages, including training cascades and supportive supervision.

Since FY14, we have provided technical support to PEPFAR-funded OVC implementing partners, beginning with UGM partners STEER and SMILE, as we rolled out the F-IYCF and C-IYCF counselling packages. SPRING conducted all four tiers of the training cascade, ensuring that support groups were formed in the communities across 20 LGAs in five states: Bauchi, Benue, Edo, FCT, and Kaduna.

In FY15, we expanded the C-IYCF counselling package as these partners moved into new communities: 21 new LGAs in existing UGM project states and 47 additional LGAs in five new project states (Kano, Kogi, Nasarawa, Plateau, and Sokoto). We conducted state-level trainings for each of the UGM partners to build their capacity to roll out the C-IYCF counselling package in new implementation areas. The UGM partners cascaded the training at the LGA and community levels and ensured formation of IYCF support groups in their respective focal states.

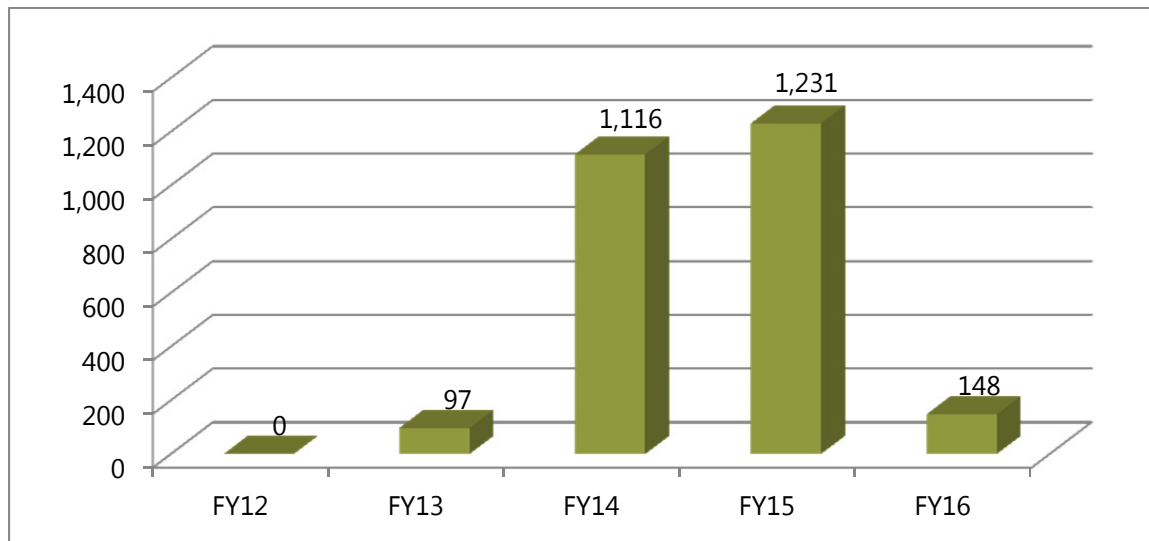
In FY15, we began work with three additional PEPFAR-funded implementing partners under the LOPIN initiative: ARFH, HIFASS, and WEWE. Following the model established with UGM partners STEER and SMILE, we focused our first year on building the capacity of the LOPIN partners to roll out the C-IYCF counselling package as they moved into 15 LGAs in Cross River, Imo, and Lagos states. We conducted the entire training cascade (state and LGA levels) and facilitated the establishment of support groups in each of the focal states.

In our final year (FY16), we transitioned to a reinforcement role with the LOPIN partners and continued to provide overarching support and technical assistance to the UGM partners. We expanded the rollout of the C-IYCF counselling package to nine new LGAs in three new LOPIN project states of Akwa-Ibom, Anambra, and Rivers, conducting state-level trainings. LOPIN partners then cascaded the trainings to the LGA and communities and established support groups.

At the request of USAID, we trained 23 CDC implementing partner staff and their CSO partners as master trainers on the C-IYCF counselling package in FY16. We also trained 31 CDC implementing partner staff and their CSO partners as master trainers on the F-IYCF counselling

package. The participants at these two trainings were from Benue, Nasarawa, and FCT states. Trained participants oversaw the rollout of the C-IYCF counselling package in the CDC priority LGAs in the aforementioned states. Participants trained in the F-IYCF counselling package are overseeing the integration of IYCF practices into HIV treatment protocols in their respective health facilities and ensuring the consistency of IYCF messaging and the quality of counselling services. The total number of participants trained by SPRING on IYCF (by fiscal year) is indicated in Figure 1.

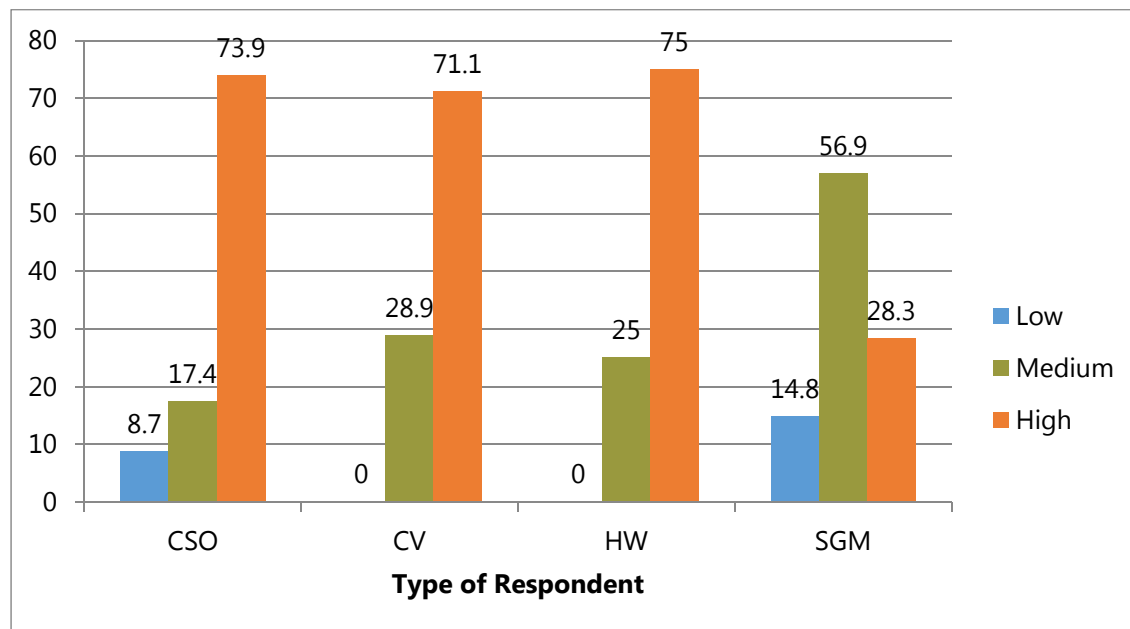
Figure 1. Number Trained on IYCF by SPRING, by Fiscal Year



An aggregate analysis of the pre- and post-SPRING IYCF training assessment results show an average improvement in learning outcomes of almost 30 percentage points. Our 2016 assessment indicated that SPRING’s capacity-building approach has led to significantly improved knowledge and attitudes about counselling on optimal IYCF practices. Support group member (SGM) beneficiaries were also seen to have medium to high knowledge levels (see Figure 2).

Knowledge was assessed based on responses to 38 yes/no questions, with high being at least 70 percent correct, medium 50–69 percent correct, and low less than 50 percent correct. It is noteworthy that more than 70 percent of CSOs, health workers, and community volunteers had retained “high” knowledge levels at the time of the assessment, and almost all had at least medium levels of knowledge. The low levels of some CSOs were likely due to staff turnover, with new staff who had not yet been trained. To a large degree, knowledge was passed down to support group members, with over 85 percent demonstrating medium or high levels. Knowledge is a necessary but incomplete aspect of behavior change, so these results show encouraging potential toward that end. We also found that support group members, the ultimate beneficiaries of the C-IYCF counselling package trainings, reported practicing optimal IYCF behaviors at a higher rate than the 2013 *Nigeria* DHS. (See next section for more details.)

Figure 2. Assessed Level of C-IYCF Knowledge among Respondents, by Category of Respondent



Increasing Access to IYCF Services

As a result of the IYCF cascade trainings, community volunteers are able to establish support groups and provide caregivers with nutrition information and counselling on IYCF. We have established 3,280 IYCF support groups (295 through SPRING trainings and 2,985 through our support to OVC partners and their CSOs). Through our trainings, community events, supportive supervision, and support groups, we have reached 153,174 caregivers and children under two (41,105 through direct implementation and 112,069 via support to OVC partners).

Trained community volunteers, serving as IYCF support group facilitators, and CSO staff are the entry point to communities for IYCF information-sharing links to providing vital links with IYCF services at the PHC (where a staff member has also been trained). For example, SPRING-trained CSOs have integrated the identification and referral of cases of severe acute malnutrition into their community-based growth promotion and



Support group session is held in the Paiko community in Gwagwalada Area Council in Federal Capital Territory.

immunization programs. SPRING’s nutrition coordinators worked with LGA nutrition focal persons to establish referral and follow-up systems between facilities and community programs (such as IYCF support groups) and identified ways to improve the functioning of these systems.

Findings from our *Assessment of SPRING-Supported IYCF Implementation in Nigeria—Measuring the Knowledge, Attitudes, and Practices of Partners and Care Givers*, which assessed the capacities of trained partners and beneficiaries as well as the IYCF practices of target beneficiaries (support group members), showed that most beneficiaries had medium to high knowledge of IYCF concepts, positive attitudes, self-efficacy, and had begun to adopt positive practices. Table 2 shows women’s practices with their youngest child, followed by their reported confidence that they will use good IYCF practices in the future, including significant improvements in optimal feeding and care practices.

Table 2. IYCF Practices and Self-efficacy among Support Group Members—Percent Responding Positively to Each Question

Indicators related to IYCF practices	Total % (N= 371)
Fed youngest child colostrum	91.1
Began breastfeeding within 30 minutes after giving birth	84.6
Practicing EBF (only breastmilk in previous 24 hours)	61.4
Self-efficacy: how confident was the woman that she would be able to...	Confident/very confident (%) N=297
Breastfeed a baby within 30 minutes of childbirth	93.8
Breastfeed exclusively for 6 months without any other food or drink	96.3
Introduce your baby to nutritious and safe and soft semi-solid foods at 6 months	95.6
Breastfeed your baby for at least 2 years	67.3
Mothers/caregivers should be alert or responsive to infants/child signs that s/he is ready to eat	97.3

These reported practices are high relative to other sources, such as the *Nigeria Demographic and Health Survey* (NPC and ICF International 2014). For example, exclusive breastfeeding was only 17 percent according to the 2013 DHS, and in another SPRING study in Kaduna state, exclusive breastfeeding was 29 percent at baseline. The fact that more than 60 percent of

beneficiaries reported practicing exclusive breastfeeding¹ with their latest child is encouraging and suggests that the support group approach contributed to the high levels of good practices being adopted.

Strengthening Supportive Supervision and Reporting Systems

In FY14, we developed a one-day monitoring and evaluation (M&E) training to accompany the rollout of the C-IYCF counselling package. Through this training, which was based on the generic UNICEF IYCF Monitoring and Supportive Supervision Guide, we built the capacity of 336 relevant government officials and M&E officers of OVC partners, their CSOs, MOH, and FMOWASD on appropriate documentation and data flow from the community to the national-level to strengthen the paper-based data flow within the government reporting system.

An integral aspect of IYCF counselling is supportive supervision to ensure the quality of the IYCF implementation at all levels (LGAs, PHCs, and support groups) and for all actors (OVC partners, their CSOs, community volunteers, and government partners). These supportive supervision visits are opportunities to provide technical support, reinforce key IYCF messages, and ensure that community volunteers use high-quality counselling skills in IYCF support group facilitation. We hired eight nutrition coordinators, who were responsible for overseeing the IYCF activities, including advocacy, training, and supportive supervision, in a cluster of states. Over the life of the project, we conducted 636 supportive supervision visits across the 16 implementation states. To the extent possible, we ensured that these visits were conducted in tandem with government personnel and our partners.

Improving Coordination at the National, State, and LGA Levels

Effective implementation of the F-IYCF and C-IYCF counselling packages requires close coordination and collaboration among relevant government ministries, departments, and agencies at the state and LGA levels. Across each of our implementation states, we collaborated with relevant authorities to establish nutrition focal persons meetings at the LGA level. These meetings are a platform for planning and reviewing IYCF-related activities conducted in the focal LGAs by our UGM and LOPIN partners; sharing and disseminating relevant information (such as vitamin A supplementation, growth monitoring, and hygiene); and identifying and proffering solutions to critical challenges/constraints to the effective rollout of the C-IYCF counselling package. The meetings brought together state nutrition officers, state monitoring and evaluation officers, LGA OVC desk officers, agriculture extension officers, technical/nutrition staff from the UGM and LOPIN partners and their respective CSOs, and LGA nutrition focal persons.

¹ Note that the DHS and SPRING's assessment measured exclusive breastfeeding differently. Although the data is not exactly comparable, the difference suggests that the training and IYCF support group methodology has had a positive effect.

Over the life of the project, we supported 38 of these meetings. Meetings were typically conducted on a quarterly basis once the training cascade was complete.

The coordination meetings were also to streamline activities, as implementing partners shared information about their individual projects; this also helped the government to be better equipped and focused in their own interventions. Starting in 2014, we convened the LGA nutrition focal persons in state by hosting a meeting biannually, once trainings were complete. They were a forum through which nutrition stakeholders reviewed the rollout of IYCF activities, and reinforced the strategy and the state's expectations within each of the LGAs. Over the life of the project, we supported a total of 38 these meetings.

Improved National Social and Policy Environment for Priority Nutrition Practices and Services

Technical Support to Government of Nigeria

Our advocacy efforts at the federal, state, and LGA levels (highlighted above) included the provision of technical assistance to the GON.

- In FY13, we provided a technical review of the *Nutritional Care and Support for Vulnerable Children: A Resource Manual*, developed under IYCN in conjunction with the FMOWSD and other partners. The USAID-funded ASSIST project led this process, with SPRING providing technical support for the food and nutrition component to help ensure consistency in the quality of service delivery to OVC in Nigeria.
- In April 2013, we met with the FMOH to review the health management information systems (HMIS) for nutrition information. During this meeting, we identified gaps and provided several recommendations to improve the collection and analysis of nutrition-related data. We then helped FMOH develop harmonized data collection tools for IYCF programming that can generate data at the community-level and housed in a national database. These tools are being used in the country pending revision to the National HMIS in 2017. The development of IYCF data tools was paramount in the absence of an IYCF data-capturing mechanism at the state and national levels. In collaboration with UNICEF, Save the Children, and other members of the IYCF technical working group (TWG), we supported the Federal Ministry of Health in harmonizing the several IYCF monitoring tools in use in the country. Following the completion of the harmonization of the tools, we produced copies and facilitated their distribution to all of our relevant partners: 500 copies each of the support group register; one-on-one counselling register; and C-IYCF monthly summary forms; 1,200 copies of health facility-based monthly summary forms; 100 copies of the LGA monthly summary forms; 20 state-level forms; and 5 national-level forms.

We have been welcomed as a technical partner to nutrition-related meetings chaired by either the FMOH or the Federal Ministry of Budget and Planning. We have continued to contribute to national-level nutrition coordination and policy efforts through regular participation in various national IYCF and nutrition platforms, including:

- **National Complementary Feeding Strategic Planning Meeting to Accelerate Responses toward Improved Complementary Feeding of Children Ages 6–23 Months.** During the meeting, SPRING presented its work and the joint SPRING-UNICEF-FMOH C-IYCF counselling package evaluation. SPRING also chaired a session on strategies to improve complementary feeding.
- **National Infant and Young Child Feeding Communication for Development Strategy 2016–2020—Technical Validation and Messaging Workshop.** SPRING participated in the strategy development process and made significant contributions during the technical validation and messaging workshop.
- **2016 Joint Assessment of Progress Setting Exercise for Scaling up Nutrition Movement in Nigeria.** We participated in the assessment process and worked in one of the four groups set up during the meeting.
- **National consultative meeting** in preparation for Nigeria’s attendance at the Rio 2016 Nutrition for Growth Summit.
- **Strategic Review and Validation Meeting for Policy Analysis on the Adoption and Implementation of the National Strategic Plan of Action for Nutrition (NSPAN 2014–2019).**
- **Budget Analysis for Nutrition** from 2010–2015 at national and state levels.
- **Development Partners Nutrition Advocacy Group Meeting.** SPRING provided project updates with emphasis on sensitization activities and advocacy to policymakers and traditional/community leaders in the states and LGAs where we work.
- **2016 Lancet Series and High Level Policy Dialogue on Breastfeeding.** SPRING contributed to the development of a communique on exclusive breastfeeding.

National IYCF Technical Working Group

In FY14, SPRING began supporting the FMOH’s National Infant and Young Child Feeding Technical Working Group (IYCF TWG, also referred to as the IYCF Task Force), which works to streamline, advocate, strategize, and proffer solutions to challenges pertaining to the nutrition and health of children under five years of age in Nigeria. The group comprises government ministries and parastatals, international nongovernmental organizations, UN agencies, and other stakeholders. However, failed coordination between the FMOH and the National Food and Nutrition Committee, which lacked a secretary, led to the TWG’s inactivity. This created a

vacuum that led partners to create parallel mechanisms to implement their activities. In FY14, SPRING helped reactivate the group by taking on the role of secretariat, supporting agenda creation and minutes circulation, and coordinating with the government to ensure meetings were held on a regular schedule. SPRING provided support to four of the group's meetings over the life of the project.

Following its reactivation, the IYCF TWG led the development of the *National Policy on Food and Nutrition and Plan of Action* and review of the *National Strategic Plan of Action for Nutrition (2014–2019)*. The IYCF TWG also strengthened coordination of national nutrition stakeholders by hosting meetings of the Development Partners Nutrition Advocacy Group, whose members also belong to the IYCF TWG. There is a forum for information exchange and identification of key issues and joint initiatives, convening major nutrition actors, including UN agencies and nongovernmental and civil society organizations such as Civil Society for Scaling up Nutrition in Nigeria.

Enhanced Evidence Base for the C-IYCF Counselling Package

In 2015, SPRING partnered with UNICEF in Nigeria and the Federal Ministry of Health to conduct an evaluation of the C-IYCF counselling package in Kaduna state. The evaluation is the first rigorous evaluation of the C-IYCF counselling package, which has been adapted for use in more than 20 countries. The findings are intended to inform national and global efforts to improve IYCF-related programming. SPRING's role in this evaluation is supported fully through funding from USAID/Washington, and is taking place in areas outside SPRING/Nigeria's implementation LGAs. A final report, detailing the results of the evaluation, will be published in mid-2017.



Adolescents review illustrations conveying information on dietary diversity during concept testing of the training package.

Improved Nutrition Programming Efforts to Prevent Undernutrition in OVC Project Communities

We provided technical assistance to the wider nutrition and food security programming efforts of OVC partners and their supported CSOs. This technical assistance was requested on an ad hoc basis and included reviews of nutrition assessment tools and strategies relevant to IYCF, provision of recommendations on food-based approaches to combat undernutrition, and information on vitamin A deficiency. We also responded to two requests for training materials (see below).

Nutrition and Hygiene for Children Ages 2–17

Our LOPIN and UGM partners requested our technical assistance to help them meet the nutritional needs of the older OVC who benefit from their programs (beyond the first 1,000 days). In FY15, SPRING conducted a landscape assessment (*Review of Programming for Orphans and Vulnerable Children in Nigeria*) that focused on identifying current nutrition best practices among children 0–17 years of age (but particularly those between 2 and 17 years), and strategies to implement the identified practices. SPRING, in conjunction with OVC partners, then defined key nutrition messages to be incorporated in any materials developed for use by CSOs. We then created a training package for our five OVC partners to use with their local partners to reach children in this age group.

The *Nutrition and Hygiene for Orphans and Vulnerable Children in Nigeria: A Training Guide for Community-Based Organisations* (referred to as the Nutrition and Hygiene for OVC in Nigeria training package) builds the nutrition capacity of CSO staff and volunteers and includes activities and lesson plans to use directly with children. Our partners identified community health workers, “Kids’ Club” leaders, early childhood development (ECD) center leaders, and other community workers as the target audience for this training, because they provide support and information on nutrition and hygiene to caregivers and children (from birth through adolescence).

The OVC training package provides basic technical knowledge on the nutrition and hygiene needs beyond the first 1,000 days to children who are 2–17 years old, highlighting the needs of OVC and those living with or affected by HIV and AIDS.

In July 2016, we tested key concepts in the OVC training package in four communities in the FCT (Tungan Ashere, Jiwa, Gwagwa, and Basan Jiwa) with volunteers who work in Kids’ Clubs and ECD centers and samples of children within each age group. During the process we checked for the flow, ease of understanding, and applicability to the local Nigerian setting. For example, the training builds on the *Go, Grow, Glow* nutrition curriculum initially developed for use in the United States and since adapted for use in Ghana, Zambia, Tanzania, Mozambique, and other countries. We changed the concept’s terms to *Move, Grow, Shine* to reflect what resonates in Nigerian local contexts.

In September 2016, we conducted a pilot training of trainers using the package. We trained 26 participants from our partners (the Ministry of Education, MOH, MOWASD, Universal Basic Education Board, and state primary health care development boards) as master trainers over four days to cascade this training in their respective organizations.

Organized in a modular fashion, the nutrition and hygiene for OVC in Nigeria training package is designed for both master and cascade trainings using the appropriate age module(s) for participants. The training package includes:

- guide for facilitators,
- introductory module for all who facilitate activities with children,
- early years module for use with children 2–5 years old,
- middle years module for use with children 6–11 years old,
- adolescent years module for use with adolescents 12–17 years old, and
- job aids and handouts.

With SPRING’s support to build a pool of master trainers, each of the five OVC partners is now able to cascade the trainings across the CSOs and communities in which they work. This training is the first of its kind in Nigeria, and other organizations and government entities, including the International Community School of Abuja, Save the Children International, and the Universal Basic Education Board, have expressed interest in using or adapting the package. The DFID-funded WINNN project has already begun adapting this package for use in northern Nigeria.

Complementary Feeding and Food Demonstration Training

In FY16, STEER and HIFASS asked SPRING to bolster and strengthen their nutrition activities and build the capacity of their CSOs and community volunteers to counsel caregivers on complementary feeding practices through a food demonstration training. We adapted the WINNN project’s complementary feeding training to include recipes with foods available in the communities of Cross River state.

These materials can be used by health service providers, households, and communities to improve understanding and knowledge of complementary feeding. The training also emphasizes best practices around water, sanitation, and hygiene in addition to food safety during the processing and preparation of food. The *Nigeria: Complementary Feeding and Food Demonstration Training Package* includes:

- facilitator guide,
- complementary feeding manual,
- food demonstration manual,
- training handouts,
- PowerPoint slides, and
- recipe cards.

SPRING used this adapted training package to conduct two complementary feeding and food demonstration workshops for a total of 60 trainers in Cross River state. Participants included coordinators of focal PHCs; LGA nutrition focal persons; relevant officials from state ministries (MOH, MOA, MOWASD), program staff from STEER, HIFASS, and their respective CSO partners; and selected community volunteers.

Best Practices, Challenges, and Recommendations

Best Practices

Increasing community members' understanding of the causes and consequences of malnutrition in communities and households is key to promoting uptake of appropriate IYCF practices in Nigeria. Findings from interactions with caregivers during the IYCF support group meetings indicated that many caregivers had limited understanding of malnutrition and misconceptions about its causes. Our findings also revealed that infant feeding practices in many rural/semi-rural communities were heavily steeped in cultural and traditional practices. However, community volunteer activities such as home visits and one-on-one counselling effectively promoted the adoption of appropriate infant feeding practices. Additionally, we found that involving fathers and mothers-in-law in support groups encouraged mothers to adopt optimal IYCF practices, and installing male support group facilitators in communities located in the northern states, where society is more patriarchal, convinced men to allow their wives to join support groups.

Changing behavior is not a linear process and requires a sustained effort because results are not immediately visible. We consider it a best practice to invest significant effort in gaining buy-in at the state, LGA, and community levels early. Advocacy and sensitization meetings with all relevant stakeholders/policymakers at national level, state, and LGA levels should continue to encourage resource commitment for nutrition activities and interventions that target the first 1,000 days. Our sensitization meetings showcased SPRING activities and enhanced our ability to promote dialogue and influence policy on the effective implementation of the IYCF counselling package. At these meetings, our government partners were highly appreciative of our efforts and commended us on our achievements. In one case, our advocacy efforts resulted in the allocation of 1 million Naira to nutrition in the 2016 budget by the Jos South local government (see the success story *Allocating Money for Better Nutrition in Nigeria* in Annex 2).

Having a set of training materials that are adapted to the local context and are technically sound is important because trainings focus on building an individual's knowledge and his/her interpersonal skills (counselling and negotiation). Refresher and catch-up trainings should be considered to ensure that these skills stay sharp and to prevent gaps in trained personnel (due to attrition or transfer).

Rolling out the IYCF counselling packages goes beyond training, and the majority of effort is spent on follow up visits to ensure the quality of IYCF messages and counselling. Ensuring that resources are available (staff level of effort, transportation, etc.) to conduct this aspect of implementation is critical to its success and the creation of behavior change. For sustained quality of the IYCF counselling, quality improvement approaches that address broader nutrition-specific interventions within the Nigerian health system are necessary. Strengthening supportive

supervision, mentoring, and coaching techniques is important for maximum impact, and other innovative approaches should be explored.

Challenges and Recommendations

SPRING ended program activities on September 30, 2016. Over the life of the project, we faced a number of obstacles and challenges that impacted our implementation, including political instability resulting from national and local elections, strikes by government workers due to non-payment of salaries, and sectarian violence and insecurity across many of our implementation states. Heavy rainfalls causing severe flooding made some LGAs inaccessible, preventing planned supportive supervision activities.

We also faced challenges in the harmonization and coordination of activities with OVC partners during the work plan development process. Additionally, some of our partners took a long time to select the LGAs in which they would work. Both of these instances delayed our ability to implement trainings and then conduct supportive supervision. Defining the roles and responsibilities of partners is important to avoid delays and misunderstandings, and the agreements made in planning meetings should be respected.

Nutrition officials at state and LGA levels have the capacity to provide supportive supervision to facilities and communities, but limited government funding makes it difficult to conduct routine supervision. It is important that funds for supportive supervision of facility and community IYCF counselling are included in state and LGA operational plans and budget forecasts.

The Ministry of Health at national and state levels, in collaboration with the Ministry of Education at national and state levels, should institutionalize a system for updating nutrition technical information (such as found in the F-IYCF and C-IYCF counselling packages) in the pre-service training curriculum for allied health professionals and as part of in-service health training at institutions.

While SPRING's work focused on promoting optimal IYCF practices almost exclusively, we recommend educating stakeholders to use a multi-sectorial approach to raise communities' understanding of the multiple causes of malnutrition and mobilize them to prevent and subvert malnutrition. Given our experience working with adolescents and children over 2 years of age, we also recommend expanding beyond the first 1,000 days to promote good nutrition and hygiene practices throughout the life cycle, which can contribute to a healthy pregnancy. The adoption of optimal nutrition practices at a younger age can lead to sustained behavior change.

Conclusion

Over the course of five years, we have built the capacity of government, PEPFAR-funded partners, CSOs, and communities across 16 states and 122 LGAs, covering all six geopolitical zones of the country. The results of our capacity and beneficiary assessment have demonstrated that it is possible to work at scale without compromising the quality of implementation. Over 70 percent of CSOs, health workers, and community volunteers who were trained by SPRING over the course of the project retained high levels of knowledge on IYCF. More than 80 percent had favorable attitudes toward issues such as male involvement in support groups and in the home, women's and children's nutrition when the mother is HIV-positive, and breastfeeding among working women. Most offered favorable opinions and comments, excerpted below, about support from SPRING and partners. The capacity built by SPRING appears to have led to high-quality program implementation, which has resulted in positive IYCF practices among support group beneficiaries.

"To a large extent SPRING has improved the knowledge of people on breastfeeding and complementary feeding. Prior to SPRING program people's knowledge on infants and children feeding is very low but now from the support from SPRING people now know how address the breastfeeding difficulties and give their children breastfeeding." – OVC desk officer

"SPRING training and support has transformed in our LGA by the strategy of IYCF support group, this has really changed their belief on young feeding, most of our caregivers now know the importance [and have] changed from the misconception of breastfeeding." Nutrition focal person

"With SPRING support, integration of nutrition into OVC programming was a success; we now use the caregiver's forum to spread IYCF messages." – CSO staff person

"SPRING training has helped me to integrate IYCF messages in the ANC service for the benefit of pregnant women and as such more pregnant women are accessing the clinic than before." – Primary health care provider

"Prior to SPRING training, I was someone who did not agree with exclusive breastfeeding, but now I have full information about the benefits, I now share the message to the women in my community and they are adopting it. This is because I attended the training and I'm impacting the knowledge on my community members." – Community volunteer

SPRING found that improving maternal and child nutrition practices by promoting optimal IYCF behaviors can be achieved with investments in capacity building, especially for community volunteers and facility-based health workers. The majority of our training participants were enthusiastic and appreciative of the opportunity to learn and practice counselling skills. Many of those trained have gone on to build the capacity of other community- and facility-based health workers. This cascade approach has significantly raised awareness of appropriate IYCF practices in focal communities, and concurrently increased adoption of optimal practices by caregivers and their families. The development of a training package for IYCF for children 2–17 years old provides an opportunity for partners to move beyond the first 1,000 days and influence the nutrition and hygiene behaviors of children, particularly OVCs, from an early age.



Participants at the SPRING/Nigeria close out event on November 10, 2016, in Abuja.

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Annex 1: Indicator Matrix

No	Indicator	Achievements, by Fiscal Year				
		FY12*	FY13	FY14	FY15	FY16
1	Number of people trained through USG-supported programs	0	97	1,116	1,231	234
2	Number of children under five reached USG-supported nutrition programs	0	1,000	2,279	2,112	1,148
3	Number of people reached by USG-supported nutrition programs	0	11,350	16,100	9,257	3,799
4	Number of coaching/supportive supervision visits conducted in supported states	0	0	60	219	357
5	Number of state-level meetings of LGA nutrition focal persons conducted during the previous year**	0	0	0	14	24
6	Number of national IYCF technical working group meetings conducted in the previous year	0	0	2	1	1
7	Number of quarterly national IYCF M&E meetings conducted in the previous year**	0	0	2	0	1

*SPRING/Nigeria did not begin implementation until FY13.

**These indicators were added to the project monitoring plan in FY15.

Annex 2: Success Stories



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FROM THE AMERICAN PEOPLE

SPRING
Strengthening Partnerships, Results,
and Innovations in Nutrition Globally

Support Groups Making a Difference in Women's Lives: Baby Aisha's Story



Fatimah, Baby Aisha, and Nuru

Fatimah is the mother of a six and half month old girl, Aisha. She lives with her family in Nasarawa village, Rimizayam, Toro Local Government Area (LGA) in Bauchi state, located in Northern Nigeria. Shortly after

her baby was born, Fatimah joined a USAID-funded, SPRING-sponsored Community Infant and Young Child Feeding (C-IYCF) support group. Here, Fatimah learned about the importance of exclusive breastfeeding.

As part of SPRING's work in Nigeria, the project aims to reduce maternal and child undernutrition and improve HIV-free survival of infants and young children. In particular, SPRING/Nigeria is contributing to improved nutrition care practices and access to quality services

I started to give water because I thought my breast milk was not enough and I did not want my baby to go hungry

through the roll out of the Nigeria Community and Facility IYCF Packages. The support group facilitators are motivated volunteers

and the last to be trained through a series of C-IYCF trainings. The support groups are comprised primarily of 15-20 mothers and their children, but many attendees are other family members including mothers-in-law and husbands. Key messages and actions for optimal IYCF are

shared and discussed within the support group, with specific emphasis on demonstration, sharing of personal experiences, and counseling.

After four weeks of exclusively breastfeeding Aisha, Fatimah feared she was not producing enough breast milk and started giving Aisha water. The support group members visited her and convinced her that her breast milk contained all the water and nutrients that her baby needed and encouraged her to continue to exclusively breastfeed.

The support group members continued their regular visits to Fatimah and her husband Nuru, who also supported his wife's choice to exclusively breastfeed.

Fatimah was thankful that her fellow support group members did not condemn her for giving her baby water and encouraged her instead. She then introduced complementary foods when the baby turned six months.

Now Baby Aisha Nuru is lively, well-nourished and healthy, and Fatimah has said she will continue to breastfeed Aisha until she is two years old.



A healthy baby Aisha Nuru

(September, 2014)

This Success Story was produced by SPRING – Strengthening Partnerships, Results, and Innovations in Nutrition Globally Project.

SPRING/Nigeria

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Building Capacity for Change: Community Workers Making a Difference in Nigerian Communities

Priscilla is a Nutrition Officer at a Civil Society Organization working in the Idu, Jiwa, Bassan Jiwa, Gwagwa and Karmo communities of Abuja Municipal Area Council of the Federal Capital Territory, Nigeria. Priscilla provides counseling on nutrition, water sanitation, and hygiene to mothers in those communities.

Priscilla received a five-day training on infant and young child feeding (IYCF) practices, intended to create a cadre of coaches at the local government area level. The community-based IYCF (C-IYCF) training is aimed at empowering individuals to provide caregivers with the relevant information and support to achieve optimal nutrition for their children.

Since her training, Priscilla has in turn trained 18 community volunteers and five primary healthcare workers. She can also now answer questions on IYCF that she found difficult to answer previously.

"IYCF training has brought me to lime light, I can now confidently counsel mothers." Priscilla

counsel mothers on the importance of adequate nutrition and IYCF practices. A major challenge was being unable to answer questions about breastfeeding and adequate nutrition for infants and young children. She also had difficulties dissuading mothers from giving water in the first six month of life as many of them had already started using 'ruwan zamzam' (presumed holy water from Mecca) as it is their belief that the water protects the babies.

Before Priscilla was trained on Community Infant and Young Child Feeding (C-IYCF) by SPRING, she found it difficult to properly

The training has also improved her counseling methods and has enabled her to promote optimal breastfeeding behaviors. She utilizes the C-IYCF counseling cards, which help visualize optimal IYCF practices and encourages mothers and care givers to share their personal experiences.



Priscilla counseling a group of pregnant and lactating mothers

In Nigeria, SPRING is working to assist the USAID Umbrella Grant Mechanism (UGM) partners, STEER and SMILE, in achieving their nutrition- and food security-related objective. SPRING/Nigeria is supporting the IYCF trainings in the five UGM-supported states (Bauchi, Benue, Edo, Federal Capital Territory and Kaduna) in two ways: targeting secondary and tertiary health personnel and facilities on the use of the facility-based IYCF (F-IYCF) counseling package and the UGM partners to roll out the C-IYCF training package.

"SPRING has armed me with knowledge and tools to work" Priscilla.

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Priscilla making a presentation during her training

Since July 2012, SPRING/Nigeria has trained 1,216 people through the C-IYCF training cascade, with 106 support groups formed across the five implementation states. An estimated 16,100

women and children have been reached as of October 2014. In FY15, the project will expand to assist SMILE and STEER in continued IYCF activities in five additional states (Kano, Kogi, Nasarawa, Plateau, and Sokoto).

(October, 2014)

This Success Story was produced by SPRING – Strengthening Partnerships, Results, and Innovations in Nutrition Globally Project.

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Bringing Better Nutrition to Orphans and Vulnerable Children in Nigeria

The Important Role of Caregiver Support Groups for Community Infant and Young Child Feeding

By SPRING/Nigeria



Health workers and caregivers learn about nutrition for orphans and vulnerable children at the Sab-Chem primary healthcare center.

“All the primary healthcare centers linked to community infant and young child feeding support groups in Jaba LGA have witnessed a tremendous increase in coverage for health services.”

- LGA social mobilization officer,
Sunday Shimen

September 2015

Caregivers of orphans and vulnerable children (OVC) in the Jaba local government area (LGA) of Kaduna state want to ensure that the youth they supervise receive the best possible nutrition. But the primary healthcare centers (PHCs) serving this community have not had a way to teach caregivers the nutrition practices critical for the health of this special group of children.

To solve this problem, the Nigeria office of the Strengthening Partnerships, Results, and Innovations in Nutrition Globally (SPRING) project collaborated with Nigeria’s Ministry of Health (MOH), Ministry of Women’s Affairs (MOWA), and the USAID-funded STEER project to roll out the community infant and young child feeding (C-IYCF) training package. This set of training guides, counseling materials, and take-home brochures helps families and caregivers adopt and sustain high-impact nutrition practices.

Partners began the roll out with trainings at the centers to introduce the package. In Jaba, the three-day nutrition training greatly increased the knowledge of center workers and community volunteers.

Subsequently, community volunteers established 29 infant and young child feeding support groups and linked them to eight local health centers. In Sab-Chem, for instance, 143 community members joined support groups that meet monthly at the centers to discuss and encourage appropriate

nutrition practices. The center officer-in-charge provides guidance during the discussions.

The improved ability of centers to provide accurate nutrition information has generated greater demand for nutrition services and increased caregiver turnout. The Sab-Chem center alone has witnessed more than an 80 percent upturn in client flow. Joseph Mamman, an LGA nutrition focal person, acknowledged this remarkable change: "We will tell our story: that Jaba LGA is no longer lagging behind in nutrition and health status in Kaduna state."

Since joining the support groups, caregivers' attitudes about and understanding of nutrition have improved. Many of the members have adopted best practices such as early initiation of breastfeeding, exclusive breastfeeding for six months, appropriate and timely complementary feeding, handwashing, and breastfeeding practices for HIV-positive mothers. Caregivers are also sharing these key messages with other members of their communities.

Through this and other programming efforts, we continue to collaborate with the MOH, MOWA, and other USAID implementing partners on the shared vision of bringing better nutrition and health to orphans and vulnerable children across Nigeria.



Photo by STRINGS/Nigeria

Support group members meet to discuss nutrition best practices in Sab-Chem community, Jaba LGA, Kaduna state, May 2015.

SPRING works in Nigeria to reduce maternal and child undernutrition and increase HIV-free survival of infants and young children by improving nutrition care practices and access to quality services. Current activities focus on the roll-out of nutrition training packages, complementary social and behavior change communication approaches, and a joint evaluation on the C-IYCF package with UNICEF.

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Mothers in Remote Utagban Become Models for Exclusive Breastfeeding

By Spring/Nigeria



Photo by SPRING/Nigeria

Community members learn about the importance of proper infant and young child feeding practices, Utagban community, Edo state.

"I am happy about what I am seeing and happy about what SPRING is doing in Utagban. We now have the information and key messages about what works in enhancing the health and development of our children. We shall ensure that all members of Utagban community get involved."

— Mrs. Rose Onobor
IYCF support group chair,
Utagban community

October 2015

Today, in the remote Utagban community of Edo state in Nigeria, many women understand the critical benefits of breastfeeding, which can greatly increase infant survival and improve brain function and motor skills. In fact, in recent interviews with members of a local nutrition support group, the majority of women responded that they exclusively breastfed their babies for six months.

But the adoption of this practice is relatively new in Utagban, a community with no functioning health facilities and no reliable way for health workers to connect with families due to poor road conditions and hazardous terrain. Isolated in their rural community, mothers here were unable to find answers to their questions about breastfeeding and caring for their infants and young children. Consequently, they often fed their infants with infant formula, water, or other local foods including *amoka* (a mild laxative).

Recognizing the need for better feeding practices in Utagban, two USAID-funded projects are collaborating to provide nutrition training in the community. The Strengthening Partnerships, Results, and Innovations in Nutrition Globally (SPRING) project used UNICEF and World Health Organization recommendations to create a nationally-approved package of training materials on community-based infant and young child feeding (C-IYCF) practices in the HIV context.

The Sustainable Mechanisms for Improving Livelihoods and Household Empowerment (SMILE) project then worked with SPRING/Nigeria to roll out the training package, which builds health worker and community volunteer capacity to deliver quality counseling around key behaviors that promote and protect nutrition in the first 1,000 days.

As part of one training session, 105 community members gathered at the Utagban community hall for demonstrations and support group simulations conducted by SPRING staff. According to Pa Roland Aghimien, a community leader, this was the first time a large health care activity had taken place in the community.

SPRING/Nigeria also conducted meetings with local gatekeepers and government representatives to sensitize them to the importance of nutrition, and deployed community volunteers to help spread key messages and mobilize communities around nutrition. Effective communication about the benefits of exclusive breastfeeding was a key focus during these activities. Community health volunteers formed infant and young child feeding support groups and made home visits to their pregnant or nursing members.

According to Aghimien, the counseling has provided necessary support to mothers within the community. "I can now feel and understand how poor health conditions were imposed on mothers. I see these activities helping to reclaim the lost values of motherhood," he said.



A nutrition officer meets with local mothers to discuss optimal feeding practices.

The experience of the Utagban community is proof that counseling and support activities such as home visits and group meetings can result in positive behavior change around child feeding practices. Utagban is a model for the successful implementation of the training package in Edo State and throughout Nigeria.

SPRING works in Nigeria to reduce maternal and child undernutrition and increase HIV-free survival of infants and young children by improving nutrition care practices and access to quality services. Current activities focus on the rollout of nutrition training packages, complementary social and behavior change communication approaches, and a joint evaluation on the C-IYCF package with UNICEF.

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Lifesaving Links in Nigeria

The Critical Role of Infant and Young Child Feeding Support Groups

By SPRING/Nigeria



Photo credit: SPRING/Nigeria 2015

The health of one-month-old Nyepesi improved greatly after her grandmother's IYCF support group referred the infant to a local health facility.

"I have lost my daughter to death and all I have to remember her is Nyepesi, thank you for saving her life. Though my daughter is dead, with Nyepesi, she is still alive."

—Maza Akaba, Nyepesi's grandmother

Fighting HIV Stigma

At birth, Nyepesi lost her mother to HIV. She was left in the care of her grandmother, Maza Akaba, who lives in Ichecheni community, 10 kilometers from Nyepesi's home in Lafia, Nigeria. No one in the community would assist Maza with baby Nyepesi's care because of the stigma associated with her mother's HIV-positive status. Maza was willing to care for her granddaughter, but her own ill health and lack of knowledge about caring for an HIV-exposed infant were overwhelming.

Help came Maza's way on a market day when she met a community volunteer trained by the Strengthening Partnerships, Results, and Innovations in Nutrition Globally (SPRING) project. The volunteer invited Maza to an infant and young child feeding (IYCF) support group where she received information about local health services. This small interaction began two-week-old Nyepesi's journey to recovery.

Identifying Proper Treatment

As an HIV-exposed infant, Nyepesi required antiretroviral drug prophylaxis. The local health care facility recognized and filled this need immediately. Facility staff also addressed the infant's most pressing problem: malnutrition. Because Nyepesi's mother had died, the infant was not being breastfed. By feeding Nyepesi a nutrient-dense therapeutic milk high in calories, fat, protein, and vitamins, facility workers were able to stabilize her health. She was then referred to the Ministry of Women Affairs and Social Development for additional care, since her grandmother did not have the financial means and was too ill to serve as her long-term caregiver. Eventually, Nyepesi was given a home in a government-owned orphanage, where she is thriving while staying connected to her grandmother. The village chief praised the efforts of the IYCF support groups and the health

February 2016

facility's quick action to save Nyepesi's life. She is now in good health and growing well. Her grandmother is excited at the change in her granddaughter and has thanked the community support group members for their assistance.

Creating Important Linkages

Funded by the U.S. Agency for International Development, SPRING's support for IYCF training plays a critical role in ensuring that infants and young children like Nyepesi receive the treatment they need. During trainings, SPRING/Nigeria establishes a link between primary health facilities and community volunteers who facilitate IYCF support groups. This ensures that there are trained health workers to whom caregivers can be referred if they have complex questions or require additional attention. SPRING also trains support group facilitators to refer patients who have severe acute malnutrition and other illnesses to facilities for immediate attention, since many home-based methods are insufficient for immediate recovery.

SPRING/Nigeria has also provided orientations to key ministries and parastatal organizations engaged in child welfare services, such as the Ministries of Health, Women Affairs, and Agriculture, to help them define their roles and responsibilities. Clear definitions help ensure that timely, quality health and nutrition services and referral systems are in place at different contact points throughout the community.

Encouraging Advocacy

Maza continues to attend the support group that helped Nyepesi. She is an advocate for nutrition



Photo credit: SPRING/Nigeria 2015

Members of an infant and young child feeding support group meet in Ichecheni, Nigeria.

and often speaks about her experience with community members. Nyepesi's progress is an excellent example of what can be accomplished by well-trained IYCF support groups.

Funded by the U.S. Agency for International Development, SPRING has provided technical support focusing on the first 1,000 days of life to prevent stunting and anemia in Nigeria since 2012. SPRING works to strengthen community support systems by training community volunteers, establishing support groups, building the capacity of primary health care facilities in IYCF, and fostering linkages between support groups and facilities.

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Putting Training into Practice for Better Infant and Young Child Nutrition in Nigeria

A Community Volunteer's Story

By SPRING/Nigeria



Mary (third from left) and her baby, Osogbon, attend a C-IYCF support group meeting in Eror community.

The SPRING C-IYCF training has helped me a lot. The things I learned worked for my baby and me. Today I now know that the IYCF training was for the greater good of my baby.

—Mary, Osogbon's mother and a community volunteer

From Skeptic to Nutrition Champion

A community volunteer in Eror, a remote area of Nigeria's Edo State, Mary Ohamije was skeptical at first about the value of community-based infant and young child feeding (C-IYCF). In June 2014, she attended a three-day training on the topic even though she felt that she had nothing new to learn about feeding babies. At the time, she was pregnant with her fourth child and planned to feed her new infant a mix of breastmilk and other liquids and foods the way she had with her first three children. Although Mary was wary of being told what to do by a government-sanctioned program, she was pleasantly surprised by what she learned.

Mary now knows not to give a baby any food or drink other than breastmilk (not even water) for the first six months. She learned the value of "first milk," or colostrum, to a baby's development and how to express breast milk by hand (manually) and keep it sanitary for safe feeding later.

Rollout of the C-IYCF Package

Funded by the U.S Agency for International Development, the Strengthening Partnerships, Results, and Innovations in Nutrition Globally (SPRING) project promotes improved nutrition practices and access to quality nutrition services in Nigeria through the rollout of the *Nigeria Community-Based Infant and Young Child Feeding Package*. The rollout, which depends on

community volunteers like Mary for its success, seeks to increase the adoption of optimal nutrition practices for infants and young children as a way to reduce stunting and malnutrition in the country. Highly motivated C-IYCF support group leaders like Mary complete a series of technical trainings that equip them to teach caregivers proper infant and young child nutrition and hygiene. They lead support group meetings, typically once a month or every two weeks, with 12-15 community members—including fathers, mothers-in-law, and other caregivers, as well as mothers—to talk about IYCF practices.

Practicing What She Teaches

When Mary's baby, Osogbon ("the new phenomenon"), was born, she decided to apply the knowledge that she had gained about IYCF to feeding her own child. She says, "It is a source of joy and relief knowing that my husband can feed my baby with my expressed breast milk as well as spending less on baby food and drugs. My baby is growing well and is very healthy. Our incomes have increased as we have had no reason to buy drugs or go to the hospital for treatment of common child diseases."

Mary and her husband continue to educate other households, particularly those with women of reproductive age, about the importance of exclusive breastfeeding. She remains an active member of Omokhodion ("the child comes first")



Photo by Peggy Konz Bocher, SPRING

As a community volunteer, Mary Ohamije helps women like this member of a local C-IYCF support group adopt optimal infant and young child feeding practices.

C-IYCF Support Group in Eror so that she can help other women benefit from this SPRING-facilitated initiative to improve lives by improving nutrition.

Funded by the U.S. Agency for International Development, SPRING has provided technical support focusing on the first 1,000 days of life to prevent stunting and anemia in Nigeria since 2012. SPRING works in 104 local government areas across 16 states to reduce maternal and child undernutrition; improve HIV-free survival of infants and young children; improve the national, social, and policy environments as they relate to priority nutrition practices and services; and increase access to nutrition information, counseling services, and other efforts to prevent undernutrition.

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Nigeria's Nutrition-Savvy Dads

The Benefits of Involving Fathers in Infant and Young Child Feeding Support Groups

By SPRING/Nigeria



Photo by SPRING/Nigeria

Community-IYCF support group member David Kershima and his son, who has benefitted greatly from his father's participation in the group.

"My wife and I have had the opportunity to learn from the support group. We learned about nutrition during pregnancy and how to care for our child after delivery through the appropriate infant and young child feeding practices."

-David Kershima,
C-IYCF Support Group member

JULY 2016

A farmer, David Kershima lives in Mbaïam community in Benue State. He and his wife joined a community-based infant and young child feeding (C-IYCF) support group in June 2014, when his wife was almost nine months pregnant with their first child. As new parents-to-be, they were eager to learn about optimal nutrition in a country where 37 percent of children are stunted, 18 percent are wasted, and 29 percent are underweight due to malnutrition.¹

To provide their children with the best diet possible, parents and caregivers need up-to-date nutrition information and counseling support. The USAID-funded Strengthening Partnerships, Results, and Innovations in Nutrition Globally (SPRING) project builds the capacity of local partner organizations to create awareness of IYCF through community sensitization meetings and the establishment of IYCF support groups. Prior to the formation of IYCF support groups in Benue, most community members had very little knowledge of appropriate IYCF practices, which meant that many of the community's children were not properly nourished.

David and his wife heard about the IYCF support group through a civil society organization (CSO) trained by SPRING. Members of the CSO, which conducts community sensitization meetings on IYCF prior to establishing support groups, explained to David and his wife that the C-IYCF support group

¹ National Population Commission (NPC) [Nigeria] and ICF International. 2014. *Nigeria Demographic and Health Survey 2013*. Abuja, Nigeria, and Rockville, Maryland, USA: NPC and ICF International.

would teach them the most effective ways to care for and feed their child. They have been active members of the group ever since. David attends meetings even when his wife is not available to participate.

In the IYCF support group, leaders and participants discuss key behaviors for optimal IYCF, such as the importance of exclusive breastfeeding for six months, with an emphasis on demonstration, sharing of personal experiences, and counseling. The support groups typically include 15-20 mothers and their children, but other family members—such as mothers-in-law and husbands—also attend.

Just one of the many nutrition-savvy dads emerging in Nigeria through participation in C-IYCF support groups, David makes it a point to put what he learns at the group meetings into practice. “I started to support my wife by buying fruits and vegetables to include in her diet. When my wife delivered, she breastfed our son exclusively, giving him only breastmilk without water or other foods or drinks. When our child was six months old, we started complementary feeding. We gave him locally available foods so we did not have to buy things we did not have.”

David continues to participate in the IYCF support group and shares the lessons he has learned with other members of their community. “I am very happy with the outcome. We have never had to take our child to the clinic for treatment of any



Parents attend a C-IYCF support group meeting in Benue State, Nigeria to learn about optimal nutrition practices.

ailment. He is now a year and eight months old, and he is strong, active, and healthy.”

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Allocating Money for Better Nutrition in Nigeria

By SPRING/ Nigeria



Photo: SPRING/Nigeria

Ms. Kush, LGA nutrition officer for Jos South, helped implement the *Nigeria Community Infant and Young Child Feeding Counselling Package* in Jos South.

“Until we recognize the magnitude of the nutrition problem and [commit resources to] tackle it, improvement in health outcomes will continue to be a mirage.”

—Ms. Kush, Jos South LGA nutrition officer

Prioritizing Nutrition

Competition for scarce resources within local governments is a common challenge. How then, did Jos South Local Government Area (LGA) in Nigeria’s Plateau State come to prioritize improved nutrition by allocating funding for infant and young child feeding (IYCF) activities for the first time?

The journey to funding for Jos South IYCF activities began with the promotion of the *Nigeria Community Infant and Young Child Feeding Counselling Package*. In April 2015, the USAID-funded Strengthening Partnership, Results, and Innovations in Nutrition Globally (SPRING) project started to introduce the nationally approved package in Jos South through a series of advocacy and sensitization meetings with the LGA director of primary health care and the nutrition focal person (NFP) or the nutrition officer.

The counseling package helps health workers and community volunteers bring consistent feeding and nutrition information and support to caregivers. SPRING had implemented the package in a number of other states and was scaling up implementation in Plateau State, Jos. Our experience in other states and LGAs taught us that these initial advocacy meetings with LGA leaders, highlighting the nutritional status of children and their mothers in the LGA, were essential to gaining buy-in for implementation of package. Advocacy meetings also promoted the allocation of local funds for nutrition to support and sustain IYCF service delivery in the primary healthcare center (PHC) and the community during and after the completion of the counseling package rollout.

OCTOBER 2016

Funding Acquired

Project efforts led to the government of Jos South LGA allocating one million naira (about 3,000 USD) to nutrition programming in the 2016 budget. These funds support IYCF activities for communities and help promote nutrition practices in the area following training with the package. This provision is an acknowledgement of nutrition as a priority in the Jos South LGA communities. The allocation also marks the first time that nutrition has been included in the Jos South LGA budget.

SPRING's Continued Support

SPRING has trained 62 government officials, health workers, community workers, and staff of civil society organizations in Plateau State on the use of the IYCF counseling package and established 356 community IYCF support groups, reaching more than 2,260 children under two years of age. Following the trainings, SPRING continued to build the capacity of health workers and local government staff on community IYCF by mentoring, supervising, and coaching the NFP and health workers in conducting IYCF in Jos South LGA and throughout the state. Although the SPRING project is closing in Nigeria in November 2016, we believe that the leaders in Jos South LGA understand the importance of ongoing support for IYCF and will continue to promote this effort.



Local government funding helps make nutrition programs sustainable. Here a community volunteer talks to women in Nigeria about optimal infant and young child feeding.

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Improved Infant Nutrition Gives Nigerian Mothers a Sense of Community and Pride

By SPRING/Nigeria



Photo credit: SPRING/Nigeria

Hajiya Abdullahi talks with infant and young child feeding support group members in Toto, Nigeria.

“IYCF support groups have empowered these women to feed their babies well and have given us a sense of belonging, too.”

-Hajiya Abdullahi, OVC desk officer

The Power of Knowledge

Many caregivers of infants and young children in the Toto Local Government Area (LGA) of Nasarawa State, Nigeria, have had no reliable source of information about infant and young child nutrition. That was why most women exclusively breastfed their babies for only three months even though the World Health Organization recommends breastfeeding for six months before introducing complementary solid foods and water.

In May 2015, Hajiya Abdullahi, an orphan and vulnerable children (OVC) desk officer at the Ministry of Women Affairs and Social Development in Toto LGA attended a training on infant and young child nutrition practices led by the USAID-funded Strengthening Partnerships, Results, and Innovations in Nutrition Globally (SPRING) project. After the training, she was determined to use the knowledge she gained to improve the health of infants and young children in her area by improving the mother or caregiver’s feeding practices.

From Student to Teacher

In July 2015, SPRING supported a three-day training in Toto conducted by Action Aid Pact (AAP), a local civil society organization working with the USAID-funded SMILE program (a SPRING partner). Participants included community volunteers and primary health care workers. Hajiya served as one of the trainers, helping form support groups during the training, and attending their meetings in the months after to monitor their progress.

September 2016

Hajiya and SPRING-trained staff from civil society organizations visited community volunteers to ensure that they were giving mothers and other caregivers the correct nutrition information and helping them adopt new practices. She conducted home visits to provide guidance on exclusive breastfeeding and encourage family members to support lactating mothers. She also reminded caregivers to attend support group meetings and health awareness activities, and to make routine visits to the health facilities.

A Ripple Effect

Although she is just one person, Hajiya has had a tremendous effect on the communities in Toto. Many people sing her praises, including Baba Dankaka, a community volunteer and support group facilitator in Angwan Wagau. "These IYCF support groups have really helped the women in my community," Baba says. "Hajiya always goes to their homes to ensure they attend meetings. She supports me. More women are now interacting with each other and sharing cooking tips amongst other things."

Other women also remark on the value of the support groups. Zahila Abdulahi from the Adadu community says, "When I was three months pregnant, I joined the support group. I learned that I should not give my baby water and to only give breast milk until six months. Now my baby is five months and he's so healthy. I am proud to show him off to my neighbors."



Photo credit: SPRING/Nigeria

Zahila Abdulahi, who received help from a local feeding support group, shows off her healthy baby boy.

SPRING's efforts have not only improved infant and young child feeding practices in Toto; they have heightened Hajiya's sense of purpose. Now that she realizes the importance of optimal feeding practices, Hajiya will keep spreading her new knowledge and skills for the benefit of the entire community.

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Growing Nutritious Food at Home

Families in Ebom, Nigeria Embrace Homestead Gardens

By SPRING/Nigeria



SPRING Nutrition Coordinator Grace Essien visits a household vegetable garden in Ebom, Nigeria, where residents believed they could not grow their own food.

"I really appreciate the effort of the support group facilitator encouraging us to go into establishing vegetable gardens. The nutrition status of my family members including my grandchildren will improve since I will be feeding them with fresh vegetables from my garden."

--Christian Ikpa, community leader

Connecting a Diverse Diet to Better Nutrition

After attending a training on optimal infant and young child feeding in September 2015, community volunteer Janet Nkanu was determined to help families in Ebom, Nigeria increase their dietary diversity by producing their own food. Implemented by the USAID-funded Strengthening Partnerships, Results, and Innovations in Nutrition Globally (SPRING) project, the training taught Janet and other community volunteers and health workers in the Abi Local Government Area how to work with families as they adopt better nutrition practices, including the consumption of a variety of fresh fruits and vegetables as well as animal-source protein.

The Critical Role of Support Groups

To encourage families to create homestead gardens and provide them with nutrition information, Janet formed the "Love Support Group" in February 2016. Through this group, she and SPRING Nutrition Coordinator Grace Essien teach infant and young child feeding practices and encourage members to help each other follow them. She also regularly provides one-on-one counseling to caregivers of households enrolled in programs for orphans and vulnerable children run by SPRING partner Health Initiative for Safety and Stability in Africa (HIFASS).

Though some community members were worried about poor soil and animals that might eat their crops, Janet was able to convince seven members of the Love Support Group to establish homestead

vegetable gardens to increase access to a quality, diverse diet and reduce household food costs.

To start their gardens, support group members planted fluted pumpkin, waterleaf, okra, pepper, tomatoes, garden egg, and mint leaves. These vegetables were chosen for their nutritional value and because they are easily grown at the household level.

Homestead Gardens Spread in Ebom

The success of the Love Support Group and Janet's work educating families about the nutritional value of vegetables and other vitamin A-rich foods have led other community members and neighbors to begin cultivating home gardens. Members of the support group anticipate a good yield when the vegetables are harvested. What they do not consume can be sold, making the crops a potential source of additional income for the families.

Funded by the U.S. Agency for International Development, SPRING has provided technical support focusing on the first 1,000 days of life to prevent stunting and anemia in Nigeria since 2012. SPRING works in 104 local government areas across 16 states to strengthen community support systems by training community volunteers, establishing support groups, building the capacity of primary health care facilities in IYCF, and fostering linkages between support groups and facilities.



The SPRING nutrition coordinator with one of the support group members in her garden.

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Annex 3: Materials and Tools Developed or Adapted by the Project

Date	Title	Type of Material	Note
July 2013	<p><i>Infant and Young Child Feeding Packages</i></p> <p>1. <i>Community IYCF</i></p> <ul style="list-style-type: none"> • Facilitator guide • Participant materials • Key messages • Job aids • Counselling cards • Brochure: <i>How to Breastfeed Your Baby</i> • Brochure: <i>How to Feed a Baby After 6 Months</i> • Brochure: <i>Maternal Nutrition</i> <p>2. <i>Facility IYCF</i></p> <ul style="list-style-type: none"> • Facilitator guide • Participant materials • Key messages • Job aids • Counselling cards • Brochure: <i>How to Breastfeed Your Baby</i> • Brochure: <i>How to Feed a Baby After 6 Months</i> • Brochure: <i>Maternal Nutrition</i> 	Training package	<p>Community IYCF materials produced in English, Hausa, Idoma, Igbo, Pidgin, Tiv, and Yoruba.</p> <p>Facility IYCF materials produced in English.</p>
May 2016	<i>Conducting an Infant and Young Child Feeding Support Group Meeting in Nigeria</i>	Job aid	

June 2016	<p><i>Nigeria: Complementary Feeding and Food Demonstration Training Package</i></p> <ul style="list-style-type: none"> • Facilitator guide • Food demonstration manual • Complementary feeding manual • Handouts • Recipe cards 	Training package	
Sept 2016	<p><i>Nutrition and Hygiene for Orphans and Vulnerable Children in Nigeria: A Training Guide for Community-Based Organisations</i></p> <ul style="list-style-type: none"> • Facilitator guide • Introductory module • Early years module: children 2–5 years old • Middle years module: children 6–11 years old • Adolescent module: adolescents 12–17 years old • Job aids and handouts 	Training package	

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