Evaluation of the C-IYCF Counseling Package in Nigeria: Exploring the Enabling Environment

SPRING-UNICEF Webinar: Lessons Learned from Implementing UNICEF’s Community Infant and Young Child Feeding (C-IYCF) Counseling Package
9 June 2016

Sascha Lamstein, SPRING Nutrition Advisor and Co-Principal Investigator
Nigeria C-IYCF Evaluation Objectives

Components To Be Assessed: Nigeria C-IYCF Counseling Package

Contextual and environmental factors that enable or hamper success
Program processes, implementation achievements and cost
Skills and knowledge of IYCF among community volunteers
Caregivers knowledge, attitude, beliefs and practice related to IYCF
Evaluation Design

- Multi level key informant interviews
- Community volunteer surveys
- Health worker tests
- Maternal surveys
- Anthropometry surveys
- Cost study
Evaluation Locations

1 comparison LGA (Kauru)
1 intervention LGA (Kajuru)
Nigeria C-IYCF Evaluation

Components To Be Assessed: Nigeria C-IYCF Counseling Package

- Contextual and environmental factors that enable or hamper success
- Program processes, implementation achievements and cost
- Skills and knowledge of IYCF among community volunteers
- Caregivers knowledge, attitude, beliefs and practice related to IYCF
Enabling Environment: Policies

LIMITED

• Availability of nutrition-related policies, reports, and tools, particularly at lower levels
• Access to data related to maternal and child nutrition

HIGH

• Engagement by federal offices with federal-level policies and programs and overseeing the work of state-level offices
Enabling Environment: Governance

LIMITED

- Evidence of inter-ministerial coordination for decisions about administration and implementation of nutrition programs
- Engagement of the State at the community level
- Knowledge and attitudes of maternal and child nutrition among Community Volunteers

HIGH

- Level of support from various national ministries
- Engagement of state offices with budgeting and oversight of policies and programs
Enabling Environment: Resources

LIMITED

- Severe understaffing at health facilities
- Difficulties conducting regular supervision or mentoring visits of health care workers and Community Volunteers because of severely limited resources
Enabling Environment: Social Support

LIMITED

- Knowledge among Ward Development Committee members and community leaders
- Regard for Community Volunteers to provide services
- Status of women to make decisions and participate in support groups

HIGH

- Knowledge of maternal and child nutrition at the national, state, LGA, and facility levels, but with room for improvement
- Recognition by all levels of the need for nutrition programming
- Expressed willingness to support the C-IYCF program actively
Initiate breastfeeding immediately or less than 1 hour after delivery

Thin or malnourished mother can produce “enough” breast milk for her child under six months old

Exclusively breastfeed for 6 months

Breastfed children under six months of age do not need additional water, even if the weather is hot

Continue breastfeeding for two or more years

Knowledge among health workers high but had room for improvement.
Percent of health workers who strongly agreed with priority maternal nutrition practices was low.

- Eating more during pregnancy: 26.9% Agree, 64.2% Strongly Agree
- Resting more during pregnancy: 33.8% Agree, 50.0% Strongly Agree
- Eating more while lactating: 22.1% Agree, 61.8% Strongly Agree
- Resting more while lactating: 40.0% Agree, 41.5% Strongly Agree
Percent of health workers who strongly agreed with the importance of priority breastfeeding practices had room for improvement.

<table>
<thead>
<tr>
<th>Practice</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Starting breastfeeding immediately after birth</td>
<td>13.0%</td>
<td>76.8%</td>
</tr>
<tr>
<td>Breastfeeding exclusively for six months</td>
<td>8.8%</td>
<td>86.8%</td>
</tr>
<tr>
<td>Breastfeeding children for at least two years</td>
<td>23.4%</td>
<td>71.9%</td>
</tr>
<tr>
<td>Breastfeeding children under six 6 months of age on demand</td>
<td>9.4%</td>
<td>67.2%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Percent of health workers who strongly agreed with the importance of priority breastfeeding practices had room for improvement.</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Starting breastfeeding immediately after birth</td>
<td>13.0%</td>
<td>76.8%</td>
</tr>
<tr>
<td>Breastfeeding exclusively for six months</td>
<td>8.8%</td>
<td>86.8%</td>
</tr>
<tr>
<td>Breastfeeding children for at least two years</td>
<td>23.4%</td>
<td>71.9%</td>
</tr>
<tr>
<td>Breastfeeding children under six 6 months of age on demand</td>
<td>9.4%</td>
<td>67.2%</td>
</tr>
</tbody>
</table>
Percent of health workers who strongly disagreed with the IYCF misconceptions okay, but needs improvement.

- Giving newborn children glucose or sugar water at birth: 75.8% Disagree, 15.2% Strongly Disagree
- Giving children under 6 months old additional water if the weather is very hot: 82.8% Disagree, 15.6% Strongly Disagree
- Giving children under 6 months old thin or watery pap: 72.7% Disagree, 16.7% Strongly Disagree
- Waiting until a child is 1 year old to feed animal-source foods: 45.2% Disagree, 29.0% Strongly Disagree
Percent of health workers who strongly agreed with the importance of complementary feeding practices was in need of improvement.

- Introducing soft, semi-solid foods to children at 6 months of age: 23.1% Agree, 55.4% Strongly agree
- Feeding children over 6 months old a diverse diet: 47.5% Agree, 32.2% Strongly agree
MIYCN is of high or very high priority at the federal, state, and LGA levels.

<table>
<thead>
<tr>
<th>Perceptions</th>
<th>Federal</th>
<th>State</th>
<th>LGA</th>
<th>Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Need to support MIYCN activities</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Need for community-based activities</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>to support MIYCN activities</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Need for CVs to support MIYCN</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>activities</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child health / nutrition</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Women’s health / nutrition</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Food access</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>WASH</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Economic development</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Women’s status</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Education</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Road infrastructure</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Priorities

- Very high priority
- High priority
- Low priority
- N/A
Health facilities are not doing much related to MIYCN or at the community level.
Only the men should make the important decisions in the family.
A mother should be able to express her opinion regarding child feeding.
Decision-making power among women is limited.

- **Major household purchases**: 75.7% (Husband alone), 6.3% (Respondent alone), 14.1% (Jointly with husband), 0.9% (Other)
- **When to stop breastfeeding**: 49.9% (Husband alone), 28.7% (Respondent alone), 20.3% (Jointly with husband), 1.2% (Other)
- **What to feed a child**: 57.2% (Husband alone), 27.2% (Respondent alone), 15.1% (Jointly with husband), 0.5% (Other)
- **When to feed a child**: 78.1% (Husband alone), 14.1% (Respondent alone), 7.7% (Jointly with husband), 0.1% (Other)
- **What to do if a child falls sick**: 57.6% (Husband alone), 19.4% (Respondent alone), 22% (Jointly with husband), 2% (Other)
Recommendations

- Ensure – don’t assume – that key actors are familiar with and have essential policies, protocols, and job aids, etc.
- Organize routine coordination meetings at the national and district levels to strengthen coordination and ownership.
- Engage district and sub-district leaders in planning, implementing, and monitoring, including supporting and incentivizing community volunteers.
- Don’t forget to build nutrition knowledge and attitudes at all levels.
- Proactively address women’s status – decision-making power, control of resources, and mobility.
- Actively support community volunteers in their service delivery role.
Thank you!

Special acknowledgment and thanks to the Federal Ministry of Health, the Kaduna State Ministry of Health, the National Bureau of Statistics, the Kajuru LGA, Peggy Koniz-Booher (SPRING), France Begin (UNICEF), Stanley Chitekwe (UNICEF), Davis Omotola (UNICEF), Babajide Adebisi (SPRING), and Chris Isokpunwu (FMOH), as well as Susan Adeyemi (SPRING Study Coordinator), Arjan De Wagt (UNICEF), Christine Kaligirwa (UNICEF), and Dr. Florence Oni (UNICEF).