

Management Response & Recommendations Action Plan

Evaluation Report Title: The Operational Research and Impact Evaluation of the Working to Improve Nutrition in Northern Nigeria (WINNN) programme – Final Integrated Report.

Response to Evaluation Report (overarching narrative)

The UK Department for International Development (DFID) commissioned this evaluation to fill important gaps in knowledge about the causes of and optimal responses to undernutrition in Northern Nigeria. The Operational Research and Impact Evaluation (ORIE) project was implemented by a separate consortium of UK and Nigerian institutions in order to provide independent research and evaluation on the Working to Improve Nutrition in Northern Nigeria (WINNN) programme. The ORIE consortium was composed of Oxford Policy Management (OPM), London School of Hygiene and Tropical Medicine (LSHTM), Institute of Development Studies (IDS) and Save the Children International (SCI) in the UK; and University of Ibadan and Food Basket Foundation International (FBFI) in Nigeria. ORIE started in February 2012 and ended in August 2017. The evaluation took place over a period of 5 years, from February 2012 and ended in August 2017.

The impact evaluation covers three evaluation methods; quantitative, qualitative, cost effectiveness and costing evaluation. The final integrated report consolidates key findings and recommendations of the five impact evaluations. The management response will include actions that can be implemented immediately and for future nutrition programmes.

The WINNN Programme will implement some of the recommendations that are feasible to implement within the life of the programme. DFID Nigeria will use the findings to inform a design of new Nutrition programming as necessary. We will also use the evidence to advocate for implementation of the recommendations in government and other donor supported programmes. We will circulate the finding with the DFID Health and Livelihoods advisers globally to draw lessons to improve programme implementation and influence policy.

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Recommendations	Accepted or Rejected	If “Accepted”, Action plan for Implementation or if “Rejected”, Reason for Rejection
Implement nutrition-sensitive interventions alongside nutrition-specific interventions in order to address the underlying causes of child malnutrition.	Accepted	DFID recognise the importance of combining nutrition-specific and nutrition-sensitive interventions for improve nutrition outcome. This recommendation will be considered in the design of future nutrition programming and DFID Nigeria will collaborate with other ongoing programmes to ensure nutrition sensitive interventions are implemented in WINNN Local Government Areas, as appropriate. There is already a strong collaboration between WINNN and Sanitation Hygiene and Water in Nigeria programme (SHAWN II) in selected Local Government Areas.
Create a common and flexible evaluation framework to allow for evaluation of the combined effects of nutrition-specific and nutrition-sensitive interventions.	Partially accepted	DFID will consider this in future programming if it is appropriate and feasible.
Use population-based coverage data as a core component of programme monitoring, in order to understand population coverage of interventions.	Partially accepted	This will be determined based on the type of intervention. We will consider in future programme design.
Micronutrient supplementation – Explore ways to increase attendance at MNCHW. Build on and extend WINNN’s social mobilisation strategies. Seek cost-effective ways to take MNCHW services to more remote communities.	Accepted	WINNN will continue social mobilisation activities for the remainder of the project life. It will also support government and communities to take over and scale up. This is already happening as the WINNN programme will end in three states – Katsina, Kebi and Zamfara at the end of December 2017.
Micronutrient supplementation – Continue to explore other strategies to control micro--nutrient deficiencies, including Vitamin A supplementation among children. These may include door-to-door services, food fortification, and micro-nutrient powders for home use.	Accepted	Lessons from WINNN have been used to inform our Humanitarian response. We will continue exploring other strategies within WINNN and in future nutrition programmes.
CMAM – Continue advocacy demonstrating the effectiveness and cost-effectiveness of CMAM to order to increase public funding to scale up treatment of SAM.	Accepted	DFID will continue advocacy for increased funding from donors and both federal and State governments.

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CMAM – Consider testing alternative ways of treating children with SAM, at least in the short term. This might include integration of treatment into routine services; monthly rather than weekly visits to an OTP site; and early detection and treatment of MAM.	Accepted	As part of the PHC under one roof DFID will advocate for CMAM to be part of the routine services. We will also advocate for RUTFs to be part of the essential drug list at primary and secondary health care Early detection of Moderate Acute Malnutrition (MAM) an intervention that addresses MAM will be considered in new the Nutrition programme. However WINNN will continue addressing this through improving mothers’ and care givers knowledge and practice on IYCF.
CMAM – Alternatively, if resources are available for a fuller community-based model, as CMAM is intended to be, strengthen active case finding and defaulter tracking.	Accepted	In principle we accept the approach of active case finding. But this requires huge resource. We will strengthen defaulter tracking in the WINNN programme.
CMAM – Explore if the costs of locally-produced RUTF can be reduced to below the current costs of imported RUTF in order to reduce the cost of CMAM services.	Accepted	DFID will continue encouraging the private sector and government to look at options for local production of RUTF that can reduce costs and allow scale-up. However there are numerous barriers to the local production of RUTF that need to be considered.
CMAM – CMAM training should be integrated into the standard health curriculum for all health workers if CMAM is to be fully integrated into routine PHC provision.	Accepted	DFID will continue advocating for improving human resource for Health that provides comprehensive Primary Health Care (PHC) services including nutrition.
IYCF – Continue advocacy demonstrating the importance and cost-effectiveness of IYCF counselling to order to increase public funding to scale up the service	Accepted	Lessons from WINNN on improving IYCF practices will be used as evidence to advocate for scaling up services in Nigeria and elsewhere.
IYCF – Continue to strengthen the behaviour change focus in IYCF counselling by working with small groups of mothers with similar characteristics (maternal age, stage of child feeding). Continue to test ways to support mothers to adopt EBF and improve	Accepted	WINNN has already started implementing some of the recommendations. We will continue to strengthen the behavioural change communication. Relevant information targeting different groups, such as men, have already started.

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complementary feeding. Target relevant information at mothers, fathers, and older women, all of whom play a role in child feeding.		We will inform future programming to consider lessons from WINNN.
IYCF – Find ways to further improve the reach and quality of community IYCF counselling. Assess the effectiveness of the Care Group model and of Support Groups for adolescent mothers. Continue to strengthen Support Groups for fathers. Develop separate spaces to work with grandmothers.	Accepted	WINNN will continue to look for ways to improve its reach and quality of counselling.