The challenge
Over one million children under five die every year in Nigeria. A large proportion of these are preventable deaths due to undernutrition and the number of stunted children remains higher in Nigeria than in any other sub-Saharan African country. The situation is especially severe in the North of the country, where more than one-third of children are underweight and one in five suffer from acute malnutrition.

Poor nutrition is not just about the physical well-being of the child. Good nutrition leads to higher attendance at school, higher IQ and ensures children grow into more productive adults earning higher wages.

What is being done? Working to Improve Nutrition in Northern Nigeria (WINNN)
There is strong global evidence for the effectiveness and affordability of a number of solutions to address undernutrition. These are being implemented as part of WINNN, a £50 million DFID-funded programme seeking to improve the nutritional status of 6.2 million children across five states: Kebbi, Katsina, Jigawa, Zamfara, and Yobe. The programme includes:

- **Micro-nutrient supplementation** for pregnant women and children under five years. This includes the provision of key micronutrients, such as iron, for pregnant women. Young children are given vitamin A, which improves immune function, as well as deworming tablets and treatment for diarrhoea.

- **Infant and Young Child Feeding (IYCF) counselling** to improve breastfeeding practices (early initiation, exclusive breastfeeding for the first six months and continued breastfeeding for two years) and optimal complementary feeding for children aged 6 to 24 months.

- **Community Management of Acute Malnutrition (CMAM)** for children under five years. CMAM provides a life-saving treatment for Severe Acute Malnutrition (SAM) with specially formulated therapeutic foods.

- **Creating an enabling environment for nutrition** through advocacy to strengthen nutrition policies, coordination, and planning as well as increased funding for nutrition programmes.

Investing in nutrition is cost effective. It has been shown that every Naira spent on nutrition now will yield 27 Naira in future savings and increased productivity.

Operations Research and Impact Evaluation (ORIE)
There is strong international evidence on the effectiveness of these programmes. However, the specific benefits of implementing a comprehensive set of nutrition programmes has not been fully evaluated in the Nigerian context.

ORIE was set up to determine the impact and cost-effectiveness of the WINNN programme. Additionally, ORIE undertakes research in order to recommend context specific solutions to key challenges identified by partners and service users to maximise the programme’s impact on nutrition outcomes.

ORIE undertakes a range of activities including:

- A systematic review of evidence to identify successful nutrition interventions and their applicability to the Nigerian context.

- A mixed-methods impact evaluation incorporating household surveys, key informant interviews and focus group discussions.

- Operational research into different programme interventions making strategic recommendations.

ORIE supports national research capacity on nutrition and has given grants to Ahmadu Bello University, Zaria and Bayero University, Kano.
How ORIE works to improve nutrition services in Northern Nigeria

ORIE undertakes regular operations research which aims at understanding service delivery challenges on the ground and provide specific recommendations on how nutrition services can better meet people’s needs. Most recently, findings were used to advocate for necessary improvements to the delivery of biannual maternal, newborn and child health weeks (MNCHW).

Key challenges identified

1. Many people are not able to access services because they live too far away from health posts.
2. There was very low awareness of the MNCHWs among potential services users and social mobilisers, with many confusing MNCHWs with other health programmes, like the Immunisation-Plus Days.

Action taken

Access: The WINNN team facilitated a review of the guidelines for MNCHW by the Federal Government. This ensured that the findings from the operations research were translated into practice. Access to services was improved by increasing the number of health facilities providing MNCHW services, from two health facilities per ward to all eligible health facilities. The new guidelines were shared with all states and were used in the most recent round of health weeks held in November 2014, reducing the barriers to access nutrition services.

Low levels of community awareness: WINNN used ORIE findings to improve the MNCHW social mobilisation strategy. New messages were tested, with the specific aim of clarifying the difference between MNCHW and other campaigns such as the Immunisation-Plus day.

ORIE research also found that some mothers are aware of the MNCHW but do not attend them. In order to address this challenge, WINNN is piloting the use of community volunteers to target mothers and fathers and combine health education with social mobilisation in order to increase knowledge of MNCHW and its health benefits for mothers and children.