

## Annual Review – Summary Sheet

This Summary Sheet captures the headlines on programme performance, agreed actions and learning over the course of the review period. It should be attached to all subsequent reviews to build a complete picture of actions and learning throughout the life of the programme.

<b>Title: Working to Improve Nutrition in Northern Nigeria (WINNN)</b>		
<b>Programme Value: £52 million</b>		<b>Review Date: April 2016</b>
<b>Programme Code: 201874</b>	<b>Start Date: Sept 2011</b>	<b>End Date: August 2017</b>

### Summary of Programme Performance

Year	2012	2013	2014	2015	2016			
Programme Score	A	A	A+	A+	A			
Risk Rating	Medium	Medium	Medium	Medium	Medium			

### Summary of progress and lessons learnt since last review

#### Overview

WINNN continues to be a successful programme that is achieving most of its objectives, is well managed and year on year is improving its effectiveness and increasing its reach.

Some issues remain to be addressed, as outlined in this review, as the programme prepares for closure in August 2017. During the remaining months it will be especially important to:

i) support the domestication in the intervention states of the National Food and Nutrition Policy that was given final approval in late April 2016, with the development of multi-sector (education, water and sanitation for health (WASH), agriculture etc) plans for nutrition that are costed and budgeted;

ii) continue to improve infant and young child feeding (IYCF), focusing especially on developing the effectiveness of the community groups that meet to help women learn about and adopt good nutrition practices and the groups for adolescent girls only, also reaching out to others (husbands, mothers, community leaders etc) who influence young women;

iii) develop an exit strategy that will see the gains made by the programme continued beyond its life.

WINNN continues to deliver an effective nutrition programme that increasingly:

- raises the profile of nutrition in Nigeria at federal level and in the five states in which the programme is active;
- supports access by women and children across the five intervention states to essential micro-nutrients, de-worming and improved treatment of diarrhoea;
- enables women to adopt key nutrition practices related to their under-two year old children, including improved hygiene, exclusive breast-feeding in the first six months, provision of a balanced diet for weaned children and attractive presentation of appetising food;
- supports an effective model of community management of acute malnutrition (CMAM) care for appropriately diagnosed children in selected local government areas (LGAs) in the intervention states;
- advocates for government resources for improved nutrition to be budgeted and released alongside other key health interventions, with some success; and
- makes available reliable operational research findings related to nutrition that are highly relevant and of value across Nigeria and in many other countries facing similar problems.

#### - Progress in 2015/16

Specifically during this period WINNN has:

- successfully increased attention given to nutrition at national and state levels with supportive collaboration for national nutrition initiatives, including advocating for approval of the National Food and Nutrition Policy and supporting the development of the National Nutrition Information System;
- increased micro-nutrient etc coverage during two rounds of maternal, newborn and child health (MNCH) weeks with improved availability of the necessary commodities despite often late releases of government funds, security issues disrupting planned activities and the geographical remoteness of some communities that required a great effort to reach;
- successfully scaled up the number and reach of IYCF community groups and enhanced supervision of them by trained supervisors identified for each ward in the target LGAs; started up IYCF counselling corners at the CMAM outpatient therapeutic programme centres (OTPs) and demonstrations of how to prepare nutritious complementary foods; completed a barrier study to identify what hinders women from translating messages on improved nutrition into changed behaviour and practices; and developed and implemented quality improvement initiative schemes for both the OTPs and the community IYCF groups;
- increased the number community volunteers (CVs) active in nutrition education for women; tracing defaulters from both the OTP-based intervention and from secondary care given at the stabilisation care centres; motivating husbands, mothers and mothers-in-law, and community and religious leaders to promote optimum IYCF practices; and identifying cases of malnourished children to be assessed for CMAM;
- successfully developed a range of behaviour change communication materials, including musical videos and community dramas, that promote nutrition, which are at the final stage of production and will be used at a range of community gatherings in the coming months;
- increased the uptake of effective CMAM with improved client experience;
- supported the development of state nutrition plans in each of the five states and in two states developed agreed and costed multi-sector nutrition plans; worked to ensure all the intervention states have a functioning State Committee on Food and Nutrition (SCFN); engaged some governors and all State Houses of Assembly (SHOAs) in championing nutrition; and helped civil society organisations (CSOs) gain attention for nutrition; and
- increased political commitment to nutrition budget lines being created in most states, with some releases by states and LGAs.

### **Lessons learned**

- The programme should continue to shift its focus to the prevention of malnutrition as a multi-sectoral issue, and with more emphasis on equity and optimal integration with relevant programmes locally.
- The programme's delivery of IYCF should continue to improve in quality, focus and sustainability.
- Urgent attention is needed to continue planning the programme's sustainable transition beyond its scheduled life, so as to secure its impact.
- The programme should continue to improve its ability to secure the release of approved government budgets.
- Service delivery and operational research should be enhanced further.
- WINNN should review its engagement with government at the federal level to ensure roles and responsibilities, use of budgets and collaborative working arrangements are clearly defined and that the relationship is as effective as possible, and should agree a joint vision for future support.

### **Summary of recommendations for the next year**

1. WINNN should:

- i. support the development and implementation of state multi-sectoral nutrition strategic plans, with costs, timelines and accountabilities defined, and should promote capacity building where necessary;
- ii. continue improving the effectiveness and acceptability of IYCF communication in IYCF corners and mass IYCF communication at OTPs, and continue to improve the effectiveness of the

- community IYCF groups by implementing better means of engaging adolescent girls, husbands, and other key family and community members;
- iii. finalise the exit strategy by ensuring the identification of institutional homes for the programme's interventions and actively managing the transition;
  - iv. understand better how the programme can focus on the poorest sections of society equally with more affording groups;
  - v. seek to integrate better WINNN's interventions with other local UK Department for International Development (DFID) WASH and other health programmes;
  - vi. review engagement with government at the federal level to ensure roles and responsibilities, use of budgets and collaborative working arrangements are clearly defined and that the relationship is as effective as possible, and agree a joint vision for future support;
  - vii. continue actively supporting and promoting MNCH weeks to improve coverage, effectiveness and monitoring, and seek to integrate these activities into routine primary health care services as soon as possible;
  - viii. finalise and roll out the CV motivation strategy that is currently under development;
  - ix. devise state by state strategies to secure pro-actively the timely release of budgeted funds for nutrition, including engagement of governors and other key actors and targeting LGA releases as well as state releases;
  - x. promote cost-effective scale-up by government of IYCF and CMAM to more LGAs in WINNN states;
  - xi. explore how best to mobilise community support for OTP and programmatic activity; and
  - xii. seek to engage government in improving the availability and effectiveness of stabilisation centres.
2. DFID should consider a no-cost extension to Operations Research and Impact Evaluation (ORIE) within the lifetime of the programme so as to enable better evaluation of the programme and better dissemination, subject to justification and value for money (VFM) considerations.
  3. ORIE and the WINNN team should use the cost effectiveness analysis to inform government of the cost of nutrition service delivery.

## A. Introduction and Context (1 page)

DevTracker Link to Business Case:	
DevTracker Link to Logframe:	

DFID is providing £52 million, to be disbursed over six years (September 2011–August 2017) to improve maternal, infant and young child nutrition in northern Nigeria through the WINNN programme. The original £50 million budget was increased in 2014 to £52 million to reach an additional 43,000 children. The aim of the programme is to reduce child undernutrition and mortality in northern Nigeria by delivering evidence-based, cost-effective nutrition interventions through the routine health services and by improving government leadership and financial commitment to nutrition.

The grant provided to the UN Children's Fund (UNICEF) is intended to affect upstream outcomes of the programme through:

- promotion and advocacy of malnutrition efforts at the national and state levels;
- development of national training and behaviour change promotional materials for improved CMAM, IYCF, and micro-nutrient prevention and treatment;
- development of regulations, supervisory and tracking systems for nutritional status; and
- bulk procurement of CMAM, IYCF and micro-nutrient commodities in line with international health and safety standards.

The international non-governmental organisations (INGOs) are expected to:

- promote and advocate for political and financial commitment to nutrition and LGA levels;
- train health workers on CMAM, IYCF and delivery of MNCH week interventions;
- build capacity of state nutrition officers, local nutrition officers and other government officials on nutrition programming, planning, budgeting and management;
- conduct community mobilisation for CMAM, IYCF and MNCHW interventions;
- provide technical support to CMAM, IYCF and MNCHW services delivery in public primary health care facilities in the supported LGAs in the five states; and
- provide technical support to implementation of community IYCF.

The programme delivers a number of evidence-based, cost-effective direct nutrition interventions for the prevention and treatment of malnutrition, including the promotion of optimal IYCF, CMAM, vitamin A supplementation, use of zinc /oral rehydration salts (ORS) to treat children with diarrhoea, and de-worming. An operational research and impact evaluation (ORIE) component fills in important gaps in knowledge about the causes of and optimal responses to undernutrition in northern Nigeria. The implementing partners of WINNN are UNICEF and a consortium of INGOs, including Save the Children (SC) and Action Against Hunger (ACF). There is also an operational research and impact evaluation component (ORIE), conducted by a consortium of research institutions.

The expected impact of the programme is improved nutritional status and reduced mortality rate in children below five years of age across five selected northern states: Jigawa, Zamfara, Kebbi, Katsina, and Yobe. A relative reduction in wasting by 19%, stunting by 7%, and underweight by 14% is expected by 2017.

The expected outcomes are improved coverage of vitamin A distribution across the five states (to 95% coverage), and, in the three target LGAs in each state, increased proportion of infants nought to six months of age who are exclusively breastfed (by a 15% absolute increase), an increased proportion of infants 6–23 months of age who receive a diversified diet (by a 15% absolute increase), and a recovery rate of infants who are treated for severe acute malnourished of at least 75%. In addition, all five states should, at the end of the programme, have a budget line for nutrition which is funded and 30% released. The outputs are listed in Section C.

## **B: PERFORMANCE AND CONCLUSIONS (1-2 pages)**

### **Annual outcome assessment**

Progress on Outputs 1–3 (children receiving vitamin A, infants exclusively breastfed and children receiving foods from four or more food groups) will be assessed when ORIE publishes the impact evaluation that is scheduled for early 2017. Outcome Indicator 4 relates to the recovery rate of children enrolled in the CMAM programme: the target was 75% recovery and 88% has been achieved. Outcome Indicator 5 relates to the number of states with a nutrition budget line and achieving 30% releases: whilst all five states have nutrition budget lines, releases remain low.

### **Overall output score and description**

The review team used a calculator with which DFID is familiar to derive the scores, taking into account the provisional output scores and their weightings. This process gave the overall score for the programme in the review year as A. As indicated in the summary above and despite this rating being below the rating for the last two years, the programme remains highly effective, responsive to recommendations and the results of operational research, and is achieving many of the intended outputs.

### **Key lessons**

- The programme should continue to shift its focus to the prevention of malnutrition as a multi-sectoral issue, and should place more emphasis on equity and optimal integration with relevant programmes locally.
- The programme's delivery of IYCF should continue to improve in quality, focus and sustainability.
- Urgent attention is needed to continue planning the programme's exit strategy, so as to secure its impact.
- The programme should continue to improve its ability to secure the release of approved government budgets.
- WINNN should review its engagement with government at the federal level to ensure roles and responsibilities, and collaborative working arrangements, are clearly defined and that the relationship is as effective as possible.

### **Key actions**

- **Focus on prevention and equity:** WINNN needs to support domestication of the National Food and Nutrition Policy and development of state multi-sector five-year plans in all states, costed and timed, with defined accountabilities and including capacity building activities with the Ministry of Budgets and National Planning and others where necessary. There is little evidence that the programme seeks to distribute the benefits of CMAM equitably across all communities and the programme should improve its focus on the poorest women and children, including facilitating access to social protection schemes by them where possible. It is also important that WINNN seeks to integrate optimally its interventions with other local DFID WASH and health programmes, so as to reap the gains of working synergistically in a locality. The business case envisaged the benefits of WINNN interventions spreading beyond the intervention LGAs and the programme should now advocate for government led and funded scale-up of IYCF and CMAM to more LGAs in WINNN states, building on current commitments—though WINNN should not scale up to additional sites in the remaining life of the programme. WINNN should use the transfer of primary health care delivery to State Primary Healthcare Development Agencies opportunistically to promote the nutrition agenda – including increasing the number of CMAM sites to one per ward, being mindful of cost-effectiveness. It will be important for WINNN to continue to support national nutrition policy formulation, university engagement and tools harmonisation amongst ministries, departments and agencies nationally, and to assist government nationally and locally to make the paradigm shift to take ownership of IYCF and focus more on delivery of effective IYCF than on CMAM.

- **Improve the quality and effectiveness of IYCF:** The team was concerned about the methods used to transmit messages at the OTPs. WINNN should review IYCF and CMAM communication methods to

improve the effectiveness and acceptability of message transmission at these sites. It will be important to take advantage of the 'primary health care under one roof' initiative to integrate IYCF into all primary health care services. It will be possible to continue improving the effectiveness of community IYCF in line with barrier study insights, focusing especially on reaching adolescents as a discrete group and helping husbands, mothers and mothers-in-law, as well as community and religious leaders, to support young mothers and mothers in adopting appropriate nutrition practices. Much preparatory work has been undertaken to develop behaviour change communication material and the strategy should now be rolled out as planned, including community mobilisation. Recent moves to introduce education on dietary diversification are welcome and should be developed further to the extent it is possible to do so. Crucially, the programme needs to find ways to motivate and retain CVs in the long term, and the strategy that is under development should be completed and operationalised.

**- Manage the transition from WINNN to other partners:** It is vital that the transition of the programme's interventions from WINNN to other actors, including but not limited to government, be strategised and actively managed in these last months of the programme. This will involve urgently finalising development and implementation of an exit strategy to hand over initiatives to government and community partners, and identifying institutional homes for interventions among partners remaining active in nutrition in Nigeria, and thus ensuring the gains are not lost when the funding ceases.

**- Improve flow of government and other partners' funds:** There are barriers to budgeting for nutrition and release of funds and state by state. WINNN should develop pro-active strategies to improve budgeting and release of funds as well as continuing high-level advocacy for development of nutrition budgets and release of funds by engagement of governors (and their spouses), SHOAs, CSOs (under voice and accountability initiatives, including budget tracking), federal visits and partners. In this context WINNN should encourage and support field visits by SHOAs, governors (and their spouses), advisers etc. All sources of funding for nutrition should be explored and WINNN should make use of State Partnership for Accountability, Responsibility and Capability's (SPARC's) fiscal space analysis in each state to identify alternative sources of funding for nutrition. The review team believes the programme is providing good VFM, with efficiency and economy savings being used to support cost overruns related to higher CMAM uptake.

**- Enhance service delivery and operational research:** More can yet be done to improve the coverage and cost-effectiveness of MNCH weeks – by planning, branding, enhancing social mobilisation, securing budgets, improving data and seeking to incorporate these interventions into routine primary health care services. Incorporating micro-nutrient provision into routine primary health care care would be a significant gain. WINNN should seek to motivate government to improve access to stabilisation centres and the quality of care they provide.

A no-cost extension has been proposed for ORIE within the programme's life-time, subject to appropriate justification and VFM considerations – so as to achieve a single final evaluation report covering and a more effective dissemination process.

### **Cross-cutting recommendations**

WINNN should understand better how the programme can focus on the poorest sections of society equally with more affording groups.

WINNN should seek to integrate better WINNN's interventions with other local DFID WASH and other health programmes.

WINNN should finalise the exit strategy, ensuring the identification of institutional homes for the programme's interventions.

WINNN should review engagement with government at the federal level to ensure roles and responsibilities, use of budgets and collaborative working arrangements are clearly defined and that the relationship is as effective as possible, and should agree a joint vision for future support.

## Progress on cross-cutting recommendations from the 2015 Annual Review

1	Boost the profile of nutrition up the political agenda – significant progress has been made but gaining access to high-level political decision-makers, particularly the state governors, remains challenging.	A political economy analysis has been completed and there has been collaboration with SPARC at the national level to engage with the Governors' Forum. Joint high-level advocacy visits have been made to three WINNN states and governors have been successfully engaged.
2	Review whether the ground-work for handing WINNN over to Nigerian authorities, as outlined in the original business case, is feasible or appropriate. - If feasible, a roadmap to the goal of a phased handover to the government (with explicit, transparent criteria based on government commitment) needs to be established.	The roadmap is currently being prepared. The 2016 Annual Review urges that this be completed as a matter of urgency.
3	To ensure nutrition budget allocation and release WINNN need to work closely with governance programmes, such as SPARC.	As 1 above.
4	A political economy analysis should be conducted in order to better understand the interaction of political and economic processes in the government; to identify enabling and disabling factors; to clarify lines of responsibility between the Ministry of Health, LGAs and parastatals; to prioritise key relationships; and to define the exit strategy.	As 1 above.
8	WINNN should protect the integrity of its impact evaluation, which is due for its endline survey in June 2016. - Any future programme should consider addressing both the immediate and the underlying causes of undernutrition through multiple sectors.	Care has been taken to protect the integrity of the impact evaluation, such as by not using broadcast behaviour change communication messages. - A briefing note on policy and programming lessons has been submitted to DFID and ORIE will engage with the design process for subsequent nutrition programmes, as requested.

**C: DETAILED OUTPUT SCORING** (1 page per output)

<b>Output Title</b>	Output 1 - Integration of micro-nutrient intervention into routine primary health care services		
Output number per logframe	1	<b>Output Score</b>	<b>A+</b>
Risk:	<i>Low/Medium/High</i>	Impact weighting (%):	22.5%
Risk revised since last Annual Review?	<i>N</i>	Impact weighting % revised since last Annual Review?	<i>N</i>

Indicator(s)	Milestones	Progress
1.1 Cumulative number of unique children reached with vitamin A supplements by the programme	7,313,976	9,232,400
1.2 Cumulative number of women (unique pregnancies) reached with iron supplementation	3,814,460	4,924,001
1.3 Cumulative number of diarrhoea cases in children of nought to five years treated with zinc/ORS	359,350	537,083

**Key points**

Output 1 relates largely to WINNN's support for a government led initiative that aims to designate, nationwide, two weeks per year as MNCH weeks, when women and children are targeted for a range of nutrition and health interventions, including ante-natal care for pregnant women and immunisation. WINNN's contribution is supporting the government health services in the intervention states to prepare for and run the weeks, providing supplies of vitamin A and de-worming tablets, and also making available zinc/ORS for routine distribution to children suffering from diarrhoea at health facilities.

Clearly, WINNN has been successful in reaching more than the cumulatively targeted number of women and children with these interventions in the five WINNN states. Although not shown here, the in-year targets were also met in 2015/16. These achievements merit an A+ score for this heavily weighted output.

Whilst it is important to maximise the opportunities presented by the MNCH weeks to reach large numbers of women and children with important micro-nutrient supplementation, it is highly desirable to incorporate the appropriate use of micro-nutrient powders into routine primary health care in Nigeria, and WINNN should advocate for this nationally.

**Recommendations**

WINNN should continue actively supporting and promoting MNCH weeks to improve their coverage, effectiveness and monitoring in the short term.

**Progress on 2015 Annual Review recommendations**

5	The effects – positive and negative, expected and unexpected – of the changes made to the MNCHW data collection and monitoring systems (control room, introduction of real-time data collection with rapid SMS and smart-phones) need to be assessed in order to establish their merits.	Formal assessment of the systems introduced to strengthen MNCHW data collection, and monitoring systems documented to assess their effects, with evidence.
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10	WINNN needs to assess whether	Government	has	institutionalised
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	changes to the monitoring of MNCHW is improving the data quality. Continue work to strengthen MNCHW data quality through the use of rapid SMS, SMART phone monitoring and continuous training of government personnel.	external monitoring using SMART tablets and has enhanced accountability in monitoring using GIS mapping.
11	Implementing partners need to support Yobe State in ensuring that MNCHW holds despite the current security challenges in the state, or they should explore the use of other methods to provide micro-nutrients supplementation to children in the state.	An advocacy campaign was organised and the state supported with microplanning and other implementation activities.

<b>Output Title</b>	Output 2 - Delivery of effective IYCF interventions in selected states and LGAs in northern Nigeria		
Output number per logframe	2	<b>Output Score</b>	<b>B</b>
Risk:	<i>Low/Medium/High</i>	Impact weighting (%):	22.5%
Risk revised since last Annual Review?	<i>N</i>	Impact weighting % revised since last Annual Review?	<i>N</i>

Indicator(s)	Milestones	Progress
2.1 Cumulative number of unique pregnant women and mothers of children <24 months reached through counselling on appropriate IYCF in target LGAs	546,119	498,563

### Key points

Although the in-year target for numbers of women counselled on IYCF was met, clearly the cumulative target was missed on this heavily weighted indicator, making B the appropriate score for this output, because the indicator refers to the cumulative achievement and not the annual achievement.

The failure to meet the target related to the scale-up in IYCF coverage planned for the year has required significant and time-consuming efforts on the part of WINNN to recruit and train more CVs. There was thus a dip in IYCF activity during the year whilst the programme re-grouped to expand, and it is expected that the numbers reported as being engaged in IYCF counselling will significantly increase in future reporting, in line with the logframe targets.

The review team believe that IYCF messages are transmitted most effectively in one-to-one or small group situations and the group communication methods used for IYCF at OTPs should be reviewed in light of this and the opportunity should be used to reach more women and children. There are clearly opportunities under the 'primary health care under one roof' initiative to incorporate IYCF into routine primary healthcare activities. WINNN acknowledges the importance of improving the effectiveness of community IYCF in line with Barrier study insights, focusing especially on reaching adolescent girls, husbands, mothers and mothers-in-law, and community and religious leaders with messages about the importance of good nutrition practices. Similarly, the behaviour change communication strategy including community mobilisation is ready for roll-out by WINNN and work to disseminate the importance of dietary diversification has commenced and should be developed further.

### Recommendations

WINNN should continue improving the effectiveness and acceptability of IYCF methods by reviewing the appropriateness of its mass IYCF communication at OTPs and by continuing to improve the effectiveness of the community IYCF groups by implementing better means of engaging adolescent girls, husbands, and other key family and community members.

### Progress on 2015 Annual Review recommendations

6	A renewed focus on the needs of training, supervision and support of primary health care workers , monitoring and CVs is desirable to maximise the quality of service delivery. - In particular, support is needed to ensure health workers and CVs understand their respective roles	Training has continued to be undertaken and documentation of training has been improved by including data on the number of health workers and CVs trained in service data, developing the WINNN state and central database, and by quarterly collation of the training report.
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	and responsibilities.	
7	WINNN should implement the planned CV study, including the spin off benefit of using CVs, and should act upon its recommendations.	The CV retention study is in the process of being completed.

12	Targeting of adolescent and first-time mothers has the potential to significantly improve the cost-effectiveness of the programme as good IYCF habits are carried over to subsequent infants. This can be considered for suitability as an advocacy entry point, to raise the political profile of the programme. <i>The programme should consider collecting and analysing age disaggregated data to inform the advocacy work.</i>	A National Communication for Behavioural and Social Change (CBSC) Strategy, and a five-year implementation plan for this strategy at all levels, was updated in the light of this recommendation and a National IYCF C4D strategy workshop held with 11 states. Adolescent support groups are now being implemented. Data tools have been reviewed to incorporate interventions with adolescent girls.
13	Review strategies for CV training and strengthen the system for supportive supervision, especially in relation to counselling techniques and facilitation of support groups.	Improved documentation of CV training and data on the number of CVs trained has been included in service data, with a general revision of all standard operating procedures related to CV training and facilitation.
14	The planned study on the motivation of CVs should be prioritised and appropriate recommendations implemented.	As in 7.
15	Behaviour change communication activities should continue using a variety of media – including counselling, radio messages (jingles), newspaper engagement, and working with men, women and community leaders (including the imams). Common key messages should be reiterated for specific audiences, i.e. separate briefing notes for imams, husbands, women elders etc. Consideration should be given to the emotional response to the message as this is more likely than logical rational argument to induce action/change: e.g. the visible benefits of exclusively breastfed babies.	As in 12.
16	There should be an expansion of functional IYCF services to all CMAM sites to promote appropriate practices to the	This has been undertaken but the 2016 Annual Review recommends the methods used to transmit messages at these sites be reviewed for

	carers of malnourished children	appropriateness and effectiveness.
17	The documentation of the delivery of IYCF services to the carers of malnourished children on all WINNN-supported health facilities CMAM days is a priority. It may not be possible or ideal to increase the reporting burden of the health workers; however, WINNN staff can monitor this service during the regular training, supervision and mentoring they provide.	As in 16.

<b>Output Title</b>	Output 3 - Delivery of effective treatment for severe acute malnutrition (SAM) through local health systems in selected states and LGAs in northern Nigeria		
Output number per logframe	3	<b>Output Score</b>	<b>A+</b>
Risk:	<i>Low/Medium/High</i>	Impact weighting (%):	15%
Risk revised since last Annual Review?	<i>N</i>	Impact weighting % revised since last Annual Review?	<i>N</i>

Indicator(s)	Milestones	Progress
3.1 Cumulative number of children admitted in target LGAs	174,000	187,275

### Key points

WINNN's performance under this indicator is ahead of the cumulative target and thus merits an A+ rating.

This performance is probably related to WINNN having expanded the number of OTPs last year. Given that it is likely that the programme is only meeting a small proportion of the need for CMAM care in these states, it is important that the programme keeps within budget and that any expansion takes into account the cost-effectiveness of the scale-up. At this stage of the programme it would be hoped that government would be expanding coverage to other LGAs.

It is a theme of this review that the prevention of malnutrition should now become a greater focus than treatment and that government should be encouraged to see the benefits of low-cost IYCF interventions and should roll out preventive work across the states.

The review team heard that the stabilisation care centres were often dysfunctional, lacking trained staff and closing at night, as well as being too far from many OTPs for families to be able to access care there. WINNN should, if possible, ensure that the restoration of stabilisation care centres to functionality is seen as an appropriate responsibility of government.

The review team heard of in-kind support given by communities to OTPs to improve their amenities, such as by the provision of shade and latrines, and WINNN should seek to maximise community engagement in the programme and the operation of the facilities as this would bring immediate benefits, as well as possibly being the key to sustainability for some of the programme's gains beyond its life-time.

### Recommendations

WINNN should promote cost-effective scale-up by government of IYCF and CMAM in more LGAs in WINNN states.

WINNN should explore how best to mobilise community support for OTP sites and programmatic activities.

WINNN should seek to engage government in improving the availability and effectiveness of stabilisation care centres.

### Progress on 2015 Annual Review recommendations

18	Increased advocacy is required at the relevant government levels to increase health staffing in the WINNN-supported health centres and to further advocate for a nutrition budget line and timely release.	Advocacy has been undertaken, especially related to budgets and releases.
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19	A study to track and monitor the progress of staff moving on from the WINNN-supported health centres is suggested. Why do staff move on? Where do they go? Are they promoted? Can they use their skills in their new post? Do they advocate for nutrition?	This will be considered as part of the end of programme lesson-learning.
20	The trends of CMAM data – in particular, admissions and readmissions – need to be explored to determine what proportion of children are from the WINNN-supported health facilities catchment area and to highlight problem areas.	Retrospective and prospective studies have been completed. The Technical Advisory Group (TAG) will review the results.

<b>Output Title</b>	Output 4 – Strengthening of nutrition coordination and planning mechanisms at national and state levels		
Output number per logframe	4	<b>Output Score</b>	<b>B</b>
Risk:	<i>Low/Medium/High</i>	Impact weighting (%):	25%
Risk revised since last Annual Review?	<i>N</i>	Impact weighting % revised since last Annual Review?	<i>N</i>

Indicator(s)	Milestones	Progress
4.1 Domestication of reviewed National Food and Nutrition Policy at state level and implementation of state-level annual action plans	4, see note below	4, see note below
4.2 Number of states with a functioning body for the coordination and delivery of nutrition interventions	4	5

### Key points

Indicator 4.1 implies that four states domesticated the National Food and Nutrition Policy during the year, but this was actually not possible as it was only approved in April 2016 and in reality the scores relate only to the development of state nutrition action plans, the second part of the indicator. It is commendable that due to WINNN's work, each state now has a functioning SCFN.

The review team believes that much work remains to be done under this output. There is clearly a problem in all the states, with nutrition being budgeted in (now) established budget lines, but actual release of budgeted funds rarely occurring. In each state WINNN needs to analyse what needs to be done, in terms of influencing decision-makers and managing processes, to ensure release of budgeted nutrition funds.

Advocacy approaches to governors and their spouses to move nutrition up the agenda are clearly often successful in the new climate where governors wish to actively safeguard and improve the health of the population. Field visits by governors and SHOAs are especially effective in highlighting the nature of the problem of malnutrition and how it can be prevented and cured. In some states CSOs are proving highly effective in advocating for the nutrition agenda and mobilising community opinion.

Finally, the team endorses WINNN's proposal to use the SPARC analysis and undertake a state by state quick analysis of opportunities that can be exploited, especially in the context of the exit strategy.

### Recommendations

WINNN should support the development and implementation of state multi-sectoral nutrition strategic plans, with costs, timelines and accountabilities defined, and should promote capacity building where necessary.

WINNN should devise state by state strategies and provide technical support to secure the timely release of budgeted funds for nutrition, including engagement of governors and other key actors and targeting LGA releases as well as state releases.

### Progress on 2015 Annual Review recommendations

21	<p>a. The revised WINNN advocacy strategy should continue to be implemented.</p> <p>b. A political economy assessment should be used to further the understanding of the</p>	<p>a. Various activities have been undertaken to continue implementing the strategy.</p> <p>b. As in 1.</p>
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	interactions of the political processes, identify enabling and disabling factors, and determine the means to improve access to the high-level decision-makers.	
22	There should be an acceleration of efforts to identify high profile nutrition champions, whether from political, entertainment or other milieu, to support advocacy and to galvanise both political and civil society support within the new government.	The wife of the Kebbi State Governor has been engaged successfully and lessons from this engagement will be replicated.
23	Support states to domesticate the approved policy and to further develop and fund state nutrition plans.	State nutrition plans have been developed and the early domestication of the national policy on food and nutrition is a major recommendation of the 2016 Annual Review.

<b>Output Title</b>	Output 5 - Use of operational research and impact evaluation to fill important gaps in knowledge about the causes and optimal responses to undernutrition in northern Nigeria		
Output number per logframe	5	<b>Output Score</b>	<b>A+</b>
Risk:	<i>Medium</i>	Impact weighting (%):	15%

Indicator(s)	Milestones	Progress
Risk revised since last Annual Review?	<i>N</i>	Impact weighting % revised since last Annual Review?

Indicator(s)	Milestones	Progress
1.1 Number of sets of recommendations made to WINNN programme design and implementation based on ORIE research and evaluation results	3	3
1.2 Key stakeholders' rating of operational research findings, policy and practice to which ORIE research and evaluation findings have contributed	60%	94%
2.1 Mid-term qualitative report – one national and four state reports produced	1	1
2.3 Key stakeholders' rating of information produced by qualitative impact evaluation	60	93
3.1 Cost of WINNN Outputs 2 and 3 estimated	1	1
3.2 Key stakeholders rating of costing studies and cost-effectiveness measures for WINNN Outputs 1 and 2 (disability-adjusted life years (DALYs) averted)	60%	63%
5.1 Availability, accessibility and reach of ORIE outputs	100 copies and 200 downloads	5,400 copies (to 1,490 stakeholders) and 17,071 downloads
5.2 Key stakeholder rating of ORIE engagement activities	60%	100%
6.1 Capacity to undertake and disseminate research to improve nutrition in northern Nigeria strengthened	12	80
6.2 Grant recipients and other nutrition workers working on ORIE grants rating of capacity strengthening to undertake and disseminate research to improve nutrition in northern Nigeria	60%	100%
7.1 Number of gender inclusiveness reports produced	1	1
7.2 Key stakeholders' rating of the usefulness of ORIE gender reports and synthesis	60%	88%
8.1 Key stakeholders' rating of ORIE management	60%	94%

### Key points

Taking at face value ORIE's self-assessment of its performance against each of the indicators (not shown here) and applying the calculator previously mentioned, the overall score for the output comes out as an A+, as rated above.

ORIE's achievements, including those in support of WINNN, are impressive—especially the levels of satisfaction with the products expressed by the end users and the large number of copies and downloads of ORIE material, which far exceeded estimates of likely interest.

ORIE believe that it would be helpful to provide a final evaluation report that covers as much of the programme as possible and requests a no-cost extension within the life-time of the programme; this would also enable a more effective dissemination programme to be delivered.

WINNN suggests that ORIE should produce information based on their cost-effectiveness analysis to help government understand the costs involved in providing effective nutrition services.

### **Recommendations**

DFID should consider a no-cost extension to ORIE within the life-time of the programme, so as to enable better evaluation of the programme and better dissemination, subject to appropriate justification and VFM considerations.

ORIE and the WINNN team should use the cost effectiveness analysis to inform government of the cost of nutrition service delivery.

### **Progress on 2015 Annual Review recommendations**

26	Ensure that all ORIE publications, including the midline qualitative evaluation draft report, are finalised and published in a timely manner. Whilst draft reports and findings can be discussed and acted upon it is important, in terms of institutional and wider learning, that reports are finalised.	ORIE have provided an immediate debrief to WINNN upon return from field data collection, and ORIE sends draft operational research reports to WINNN within 30 days after field data collection to enable WINNN to consider and, if appropriate, implement recommendations as soon as possible.
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### **Key cost drivers and performance**

Cost drivers identified in the business case include professional fees, in particular for operational research. Other cost drivers are the number of children treated and the price of commodities.

ORIE confirms there have been no changes in professional fees. Fee rates for each individual consultant are fixed for the life of the project. The average unit cost of daily fee rates for consultants was £505 averaged across Years 2 and 3, and £464 in Year 4. The small annual variation in the average cost is due to small changes in the composition of inputs. These average rates exclude fees paid to consultants as part of a lump sum contract and local staff costs.

The number of children treated for SAM has exceeded the original target of 140,000 children, leading to budget pressures. Since the programme started, 187,275 children have been treated at CMAM sites and the numbers were expected to continue to rise. It was agreed to increase the overall target to 252,000, and DFID added £2 million of additional funds to procure ready to use therapeutic foods (RUTF) to meet the additional need. However, there is a remaining funding gap of £0.55 million for RUTF and related supply costs, which are the only variable costs according to the implementing partners. UNICEF has agreed to finance the funding gap from the WINNN budget, through re-programming economy and efficiency savings and reducing country office project support costs.

The price of RUTF is another cost driver and RUTF accounts for 61% of CMAM costs. The unit cost of procuring RUTF, excluding supply related costs, declined from £53.90 per carton in 2012 to £46.90 per carton in 2014 and is expected to decline further. This 13% price reduction helped to alleviate budget pressure from additional SAM treatments.

### **VFM performance compared to the original VFM proposition in the business case**

The original VFM proposition in the business case calculated the unit cost per child treated to be £94.36, and based on assumptions regarding effectiveness the cost per DALY was estimated to be £24.83. This was the lowest of the three options in the business case appraisal and compared favourably to another CMAM programme in Malawi.<sup>1</sup>

Other assumptions included in the economic appraisal in the business case included:

- running costs and funding for CMAM being progressively taken on by government (primary health centres and LGAs);
- the number of children treated for SAM being 158,962; and
- the recovery rate being 80%.

The cost per DALY will be calculated in the planned cost-effectiveness analysis currently being conducted by ORIE. In terms of performance against the other aspects of the economic appraisal:

- the unit cost per child treated in Year 4 was calculated as £91 and compares well to the business case (£94);
- state governments have increased their involvement with nutrition projects. During 2015, State governments released Nigerian Naira (NGN) 176 million (£619,000) to fund nutrition, of which budget releases totalled NGN 57 million (£200,000). The additional NGN 119 million (£419,000) was from *ad hoc* funds;

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<sup>1</sup> Wilford R *et al.* (2011). Cost-effectiveness of community-based management of acute malnutrition in Malawi. *Health Policy and Planning* 26(2).

- the cumulative number of children treated for SAM since the start of the programme is 187,275 and is expected to rise to 266,945 by the end of the programme (together with associated costs) at a unit cost below the business case; and
- the recovery rate varies between states, but overall it is estimated to be 86% – higher than the 80% assumed in the business case.

### **Assessment of whether the programme continues to represent VFM**

The business case identified the following measures to assess VFM:

1. evidence of the economy of inputs being sourced through UNICEF procurement systems;
2. justification of management costs on an ongoing basis, including direct costs of the delivery agents (UNICEF and INGOs);
3. monitoring of output levels against an agreed results framework, based on the framework set out in the programme design report; and
4. unit costs, recalculated regularly to reflect data collected through routine monitoring.

WINNN developed a VFM framework in 2013, which sets out how the programme achieves VFM by applying principles in the design and implementation of activities, as well as detailing specific measures aligned with those set out in the business case.

The following analysis is based on the WINNN and ORIE VFM reports and Year 4 economic evaluation cost analysis draft report.

#### **1. Economy savings on inputs sourced through UNICEF procurement systems**

- There is a 6% variance from budget for RUTF commodities due to price reductions since the start of the programme. This has resulted in \$547,092 (£345,083) being available to procure more RUTF cartons.
- The programme has also been able to avoid costs by leveraging in-kind donations of vitamin A capsules. So far, 35.6 million capsules have been supplied to the WINNN states, worth approximately \$740,000 (£470,000).
- There are no savings reported for other commodities (micro-nutrients, de-worming, zinc, and ORS) despite the total budget for these commodities of £4.6 or 15% of the total programme budget.

#### **2. Management costs**

- Since inception, the INGOs have spent an estimated 22% of the total budget on overhead costs. This has been calculated based on country office support costs, field offices setup, office running costs and support staff costs, and does not include programme management. If programme management was included the amount spent on overhead costs would increase to 26%.
- UNICEF management costs include headquarters costs at 7% of the total budget and country office project support costs of 7.5%. Management personnel costs are not included and have not been made available for analysis.
- ORIE management costs as a percentage of total expenditure since inception total 27%, with 10% for UK management and 17% for Nigeria management.

#### **3. Performance of outputs against results framework**

- Overall, the project is performing well against the results framework. See Section C for a detailed report on performance on outputs.

#### **4. Unit costs**

- Unit costs have been calculated for CMAM and IYCF and are presented below. These are based on the Year 4 cost analysis undertaken by ORIE based on preliminary estimates. The analysis will be completed in December 2016 when more reliable data will be available. These estimates indicate that these interventions are on track to be good VFM. The CMAM unit cost is slightly

lower than the business case unit cost of £93. There is no benchmark for IYCF unit costs in the business case. The unit cost for MNCHW has not yet been calculated as data are pending.

Table 1: WINNN intervention unit costs 2015

Year 4	IYCF	Year 4	CMAM
<b>WINNN expenditure on IYCF (£)</b>	971,801	<b>WINNN expenditure on CMAM</b>	6,221,278
<b>No. of IYCF beneficiaries</b> <i>(total counselled in the community and at the facilities).</i>	392,328	<b>No. of CMAM beneficiaries</b> <i>(children admitted in target LGAs)</i>	68,522
<b>Unit cost (£)</b>	2.48	<b>Unit cost (£)</b>	90.79

### Quality of financial management

At the end of March 2016 the programme budget execution rate was 65% for INGOs, 80% for UNICEF and 77% for ORIE. Apart from UNICEF, these rates are lower than expected at this stage of implementation. ORIE is due to end in February 2017 but has submitted plans for a no-cost extension and INGOs are also developing proposals to discuss with DFID activities to be undertaken before the end of the programme in August 2017.

INGOs reports to DFID on a quarterly basis and the last available report (Q1) shows quarterly progress on output-level results and actual expenditure against plan. While the Quarter 1 narrative report covers the period September–November 2015, to align the reporting period DFID requested the quarterly progress report be submitted a month earlier than scheduled. Therefore, performance data and the financial report cover only September to October 2015.

UNICEF reports to DFID on a six-monthly basis and the last report summary of key achievements against the outputs and the activities supported during the reporting period 1 October 2015–31 March 2016.

An official DFID audit for the period January to December 2015 took place for SC in early 2016 and the report was submitted in March 2016. No significant issue was reported. Other audits that took place during 2015 were the SCI Global insurance audit and statutory audit, which is a national requirement.

An independent audit of the ORIE Abuja office for the period April 2012 to June 2014 was undertaken by PKF Professional Services chartered accountants in early 2015. The auditors reviewed project expenditure and supporting documentation (a sample of invoices and timesheets), management and control procedures, and the assets register. The draft report concluded that the Statement of Receipts and Payments was in order and was compliant with the DFID contract terms and conditions, that 'services and items were procured in accordance with guidelines in the contract', and that the assets register was in order (although it was recommended that some additional information be added to the latter). The auditors drew attention to procedural errors in the processing of a few timesheets and refunds on advances, and noted the absence of a conflict of interest register for staff and consultants. These problems have since been rectified. No independent audit has been undertaken since that time.

	UNICEF	INGOs	ORIE
Date of last narrative financial report	11 March 2016	30 April 2016	15 April 2015
Date of last audited annual statement	UNICEF provided internal and external audits of the country office through HQ	December 2015	

**E: RISK** (½ page)

## Overall risk rating: Medium

The programme continues to be effective and well managed, and demonstrates responsiveness to recommendations for improvement and learning from ORIE inputs and its own commissioned studies. The implementing teams are alert, mature and experienced in working together to achieve the programme's goals and demonstrate awareness of most of the factors that could throw the programme off course. The programme has worked hard to mitigate most identified risks where they can be controlled and recognises the importance of paying attention to latent threats.

## Overview of programme risk

The risk matrix is reproduced below. Notwithstanding the positive summary given above, the major risk facing the programme, as assessed by the review team at this stage in the programme's life, is that the gains will not be sustained beyond closure in 2017. Most significantly, the sustainability strategy is still embryonic and there is a danger that it will not be adequately finalised, adopted and operationalised within the time remaining. This risk is magnified by the low likelihood of the government taking over significant aspects of the programme *en bloc* (and the current lack of preparedness), and by the time-consuming need to engage a range of other actors, including probably a large number of community groups and other programmes, in adoption interventions.

Linked to the above risk is the risk that the programme will end with insufficient work having been completed to embed a multi-sectoral approach to the prevention of malnutrition and with government commitment to budgeting and releasing funds for nutrition still not where it needs to be to sustain the gains. It is significant that there has so far been no scale-up of nutrition prevention or treatment in any of the states.

The availability of trained health workers clearly remains an issue. The risk that take-up of CMAM care will run ahead of available funding is being managed. Hopefully disruption due to insecurity will become less of an issue in the programme's final year.

## Outstanding actions from risk assessment

This review stresses the need for the programme to work harder to:

- i) develop a credible exit strategy;
- ii) support state governments to domesticate the National Food and Nutrition Security Policy and prepare multi-sectoral approaches to preventing malnutrition; and
- iii) engage government in making available funds for nutrition and scaling up the programme's interventions.

## Risk matrix

The table below identifies risks, impact and likelihood and has been updated in light of the programme's progress in 2015. It is suggested that the likelihood risk rating for insecurity in Yobe be reduced to medium and for demand for CMAM outstripping the budget be revised to low.

Risk area	Impact	Likelihood	Comments
The ability to successfully leverage government resources for the exit strategy of the programme in 2017 and the sustainable delivery of nutrition through government bodies.	High	Medium	The exit strategy needs to be defined as a matter of urgency. Good progress has been made in developing sound relationships with government and taking advantage of the desire of governors to tackle major issues, such as malnutrition, facing their populations. Advocacy continues based on the established relationships with community leaders and technical government officials. Approval of the health component of the

			national Food and Nutrition Security Policy, state-level nutrition policy, and creation of nutrition budget line, and the allocation and release of budgets in WINNN states support sustainability although urgent work needs to be undertaken to develop costed multi-sector nutrition strategies in each state. The passing of the Health Bill, which prescribes a 1% of GDP budget allocation for primary health care, can – if implemented – also contribute to scaling up nutrition services and sustainability.
The ability to retain staff in an environment where there is a huge gap in available capacity in the states of implementation, as well as the increase in the demand for capable hands by other development programmes.	Medium, increased training needs may use up budget	High	<p>Staff retention is a key human resource challenge in the health sector in Nigeria. The programme recognises this challenge and has developed mitigation measures. These include: continuous monitoring of community health workers' availability; recruitment of people for the locality; and building their capacity. Capacity building strategies in place involve a quarterly review meeting with primary health care units and state quarterly refresher training on IYCF and CMAM.</p> <p>Incentives (i.e. pension and health insurance schemes) to ensure staff retention have been introduced and this has contributed to staff motivation.</p> <p>Trained staff movement to non-WINNN LGAs could be positive if they are able to use their skills.</p>
Financial fraud, corruption or funds not being used for planned purpose	High	Low	No programme funds pass through government accounts.
Insecurity: i.e. armed non-state groups in the north-eastern part of the country	High	Medium in Yobe  Low elsewhere	<p>ACF supports the government in Yobe in its continuing assessment of the risk. Mitigation measures by SCI and ACF are in place. Disruption from insecurity was less of a problem in 2015 than in previous years.</p> <p>The programme has developed a flexible approach whereby nutrition services are provided in communities rather than primary health care centres. This approach is regularly reviewed to reflect the security context and programme status. There is continuous monitoring of the situation and necessary adjustments are made. Taking in to Recently alternative, such as using commercial transport, planning the intervention schedule and places in consultation with community elders, are</p>

			being explored.
Lack of federal, state and LGA commitment to nutrition	High	Medium	Clear, transparent criteria for the phasing of the programme based on the government commitment need to be established.
Inadequate or mismanaged financial allocations	High	Medium	The establishment of Food Security and Nutrition Coordination Committee at state level provides a platform to hold government accountable for the implementation of the Food Security and Nutrition Policy, and the allocation and release of funds. The programme will continue working with DFID state representatives to ensure state government commitment across the programme. The programme plan to work with SPARC is expected to address some of the challenges on budget allocation and release.
Low revenue due to falling oil price	High	High	The programme will closely monitor budget allocation and releases for nutrition in the five states and will take appropriate action.
Higher than expected demand for CMAM or unrealistic estimates of SAM prevalence	Medium	Low	Programme design to scale-up gradually. Evidence-based assessments of needs will inform scale-up. The programme will continue leveraging resources from other donors and government.

## **F: COMMERCIAL CONSIDERATIONS** (½ page)

### **Delivery against planned timeframe**

Programme implementation continued in the five implementing states during Year 4. There were some delays between September 2014 and August 2015, mainly due to the general election in March 2015. The November round of the MNCHW exercise for 2015 was postponed to December and January. Delayed activities in all the five states have been re-phased into the Year 5 workplan and implementation is on track at this point.

### **Performance of partnership(s)**

Within the WINNN consortium, programme governance arrangements are functioning well. TAGs are held once every quarter for the full TAG. However, informal *ad hoc* TAG meetings for urgent programme implementation actions may be required. Such informal TAGs are attended primarily by implementing partners. Formal TAG meetings act as a prelude to the quarterly review or planning meetings with the state teams. The Programme Management Board (PMB) is attended by all partners and the DFID health adviser, and is chaired by the UNICEF country representative.

Lessons learned are shared in the quarterly review meetings and the ORIE studies have served to highlight areas for programme improvement.

### **Asset monitoring and control**

This was reviewed during the recent audit. For more specific details, see the audit report.

## **G: CONDITIONALITY** (½ page)

### **Update on Partnership Principles (if relevant)**

The Partnership Principles were not considered within the project business case. An assessment of the FGN commitment to the Partnership Principles was conducted in September 2014 by DFID Nigeria. This reconfirmed the UK's declared policy that no UK Aid money should go directly to the Government of Nigeria, as an anti-corruption measure and to avoid substituting for the country's own resources.

The WINNN programme is consistent with this policy and DFID funding is provided directly to UNICEF, SC and OPM for the procurement of micro-nutrient supplements, RUTF, and essential medicines. Training of government staff is also managed by SC. No funding is passed through government channels.

## **H: MONITORING AND EVALUATION** (½ page)

### **Evidence and evaluation**

The programme is in an exceptionally favourable position with regard to evidence of what works to create change effectively, as a result of ORIE being active and competent to undertake operational research on aspects of the programme's work, as well as informing the wider nutrition agenda. WINNN demonstrates eagerness to understand the implications of ORIE's findings and works to institutionalise changes in practice etc based on the evidence. WINNN also commissions its own studies, such as that into barriers to accessing IYCF and internalising the messages, and it works to ensure the recommendations are acted upon. The programme also responds positively to Annual Review recommendations and has made a number of changes in emphasis as a result of these stimuli. The national SMART survey, which has now been endorsed by the government as a national tracking tool, is

providing state-level nutrition, health and WASH indicators on an annual basis. However, discrepancy between programme and survey data remains a challenge.

A mid-term evaluation was successfully undertaken by ORIE and an end of project evaluation is planned for 2016/17; this will be more effective if it is possible to extend ORIE's life-time to match that of WINNN as more of the programme's work will then be included in the evaluation.

It is difficult to evaluate the appropriateness of the theory of change when no information is yet available on Outcome Indicators 1, 2 and 3 pending the ORIE impact evaluation, although this review notes that in the business case sustainability was intended to be a focus of the programme throughout its life and an important consequence of the programme was to be the scale-up of interventions by government beyond the programme areas – and this has not yet occurred.

### **Monitoring progress throughout the review period**

WINNN has robust processes in place to monitor the performance of the programme through routine data collection and review by the field teams, in quarterly whole programme reviews and planning meetings, and in the TAG. WINNN is concerned to continue improving the quality of data used: for example, by improving the capture of information relating to the MNCH weeks and working with the federal government to develop the Nutrition Information System at the federal and state levels. Field visits are undertaken regularly by senior programme managers and often involve members of key ministries, departments and agencies.

Every assistance was given to the review team, including enabling appropriate exposure to the field teams and to government leaders, as well as facilitating illuminating field visits. It was clear that WINNN is a highly valued and respected partner at all levels in the intervention states.

# Smart Guide

The Annual Review is part of a continuous process of review and improvement throughout the programme cycle. At each formal review, the performance and ongoing relevance of the programme are assessed, with decisions taken by the spending team as to whether the programme should continue, be reset or stopped.

The Annual Review includes specific, time-bound recommendations for action, consistent with the key findings. These actions – which in the case of poor performance will include improvement measures – are elaborated in further detail in delivery plans. Teams should refer to the Smart Rules quality standards for annual reviews.

The Annual Review assesses and rates outputs using the following rating scale. ARIES and the separate programme scoring calculation sheet will calculate the overall output score taking account of the weightings and individual outputs scores

Description	Scale
Outputs substantially exceeded expectation	A++
Outputs moderately exceeded expectation	A+
Outputs met expectation	A
Outputs moderately did not meet expectation	B
Outputs substantially did not meet expectation	C

Teams should refer to the considerations below as a guide to completing the annual review template.

## Summary sheet

Complete the summary sheet with highlights of progress, lessons learnt and action on previous recommendations.

## Introduction and context

Briefly outline the programme, expected results and contribution to the overall Operational Plan and DFID's international development objectives (including corporate results targets). Where the context supporting the intervention has changed from that outlined in the original programme documents explain what this will mean for UK support.

## B: Performance and conclusions

### Annual outcome assessment

Brief assessment of whether we expect to achieve the outcome by the end of the programme

### Overall output score and description

Progress against the milestones and results achieved that were expected as at the time of this review.

### Key lessons

Any key lessons you and your partners have learned from this programme?

Have assumptions changed since design? Would you do things differently if re-designing this programme?

How will you and your partners share the lessons learned more widely in your team, across DFID and externally?

### Key actions

Any further information on actions (not covered in Summary Sheet), including timelines for completion and team member responsible.

**Has the logframe been updated since the last review?** What/if any are the key changes and what does this mean for the programme?

## C: Detailed output scoring

### Output

Set out the output, output score.

### Score

Enter a rating using the rating scale A++ to C.

### **Impact weighting (%)**

Enter the %age number, which cannot be less than 10%.

The figure here should match the impact weight currently shown on the logframe (and which will need to be entered on ARIES as part of loading the Annual Review for approval).

Revised since last Annual Review (Y/N).

### **Risk rating**

Risk rating: Low/Medium/High

Enter Low, Medium or High

The risk rating here should match the risk currently shown on the logframe (and which will need to be entered on ARIES as part of loading the Annual Review for approval).

Where the risk for this output been revised since the last review (or since inception, if this is the first review) or if the review identifies that it needs revision explain why, referring to Section B Risk Assessment.

### **Key points**

#### **Summary of response to programme issues raised in previous annual reviews (where relevant)**

#### **Recommendations**

Repeat above for each Output.

## **D VFM and financial performance**

### **Key cost drivers and performance**

Consider the specific costs and cost drivers identified in the business case.

Have there been changes from those identified in previous reviews or at programme approval. If so, why?

**VFM performance compared to the original VFM proposition in the business case.** Performance against VFM measures and any trigger points that were identified to track throughout the programme.

### **Assessment of whether the programme continues to represent VFM?**

Overall view on whether the programme is good VFM. If not, why, and what actions need to be taken?

### **Quality of financial management**

Consider our best estimate of future costs against the current approved budget and forecasting profile.

Have narrative and financial reporting requirements been adhered to? Include details of last report.

Have auditing requirements been met? Include details of last report.

## **E Risk**

### **Output risk rating: L/M/H**

Enter Low, Medium or High, taken from the overall output risk score calculated in ARIES.

### **Overview of programme risk**

What are the changes to the overall risk environment/ context and why?

Review the key risks that affect the successful delivery of the expected results.

Are there any different or new mitigating actions that will be required to address these risks and are the existing mitigating actions directly addressing the identifiable risks?

Any additional checks and controls that are required to ensure that UK funds are not lost – for example to fraud or corruption?

### **Outstanding actions from risk assessment**

Describe outstanding actions from due diligence/ fiduciary risk assessment/ programme risk matrix.

Describe follow-up actions from departmental anti-corruption strategies to which business case assumptions and risk tolerances stand.

## **F: Commercial considerations**

### **Delivery against planned timeframe. Y/N**

Compare actual progress against the approved timescales in the business case. If timescales are off track provide an explanation, including what this means for the cost of the programme and any remedial action.

### **Performance of partnership**

How well are formal partnerships/ contracts working?

Are we learning and applying lessons from partner experience?

How could DFID be a more effective partner?

## Asset monitoring and control

Level of confidence in the management of programme assets, including information any monitoring or spot checks.

## G: Conditionality

### Update on Partnership Principles and specific conditions.

For programmes for which it has been decided (when the programme was approved or at the last Annual Review) to use the Partnership Principles for management and monitoring, provide details on:

- a. Were there any concerns about the four Partnership Principles over the past year, including on human rights?
- b. If yes, what were they?
- c. Did you notify the government of our concerns?
- d. If Yes, what was the government response? Did it take remedial actions? If yes, explain how.
- e. If No, was disbursement suspended during the review period? Date suspended (dd/mm/yyyy).
- f. What were the consequences?

For all programmes, you should make a judgement on what role, if any, the Partnership Principles should play in the management and monitoring of the programme going forward. This applies even if when the business case was approved for this programme the Partnership Principles were not intended to play a role. Your decision may depend on the extent to which the delivery mechanism used by the programme works with the partner government and uses their systems.

## H: Monitoring and evaluation

### Evidence and evaluation

Changes in evidence and implications for the programme.

Where an evaluation is planned what progress has been made?

How is the Theory of Change and the assumptions used in the programme design working out in practice in this programme? Are modifications to the programme design required?

Is there any new evidence available which challenges the programme design or rationale? How does the evidence from the implementation of this programme contribute to the wider evidence base? How is evidence disaggregated by sex and age, and by other variables?

Where an evaluation is planned set out what progress has been made.

### Monitoring process throughout the review period.

Direct feedback you have had from stakeholders, including beneficiaries.

Monitoring activities throughout review period (field visits, reviews, engagement etc).

The Annual Review process.