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NARRATIVE REPORT TO ACCOMPANY THE 2016 ANNUAL REVIEW OF THE WORKING TO IMPROVE NUTRITION IN NORTHERN NIGERIA (WINNN) PROGRAMME

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1 Introduction

This is the Narrative Report that has been written to accompany the 2016 Annual Review of the Working to Improve Nutrition in Northern Nigeria (WINNN) programme.

The WINNN programme is a six-year, £52 million programme (September 2011 – August 2017). The programme is being implemented by the UN Children's Fund (UNICEF) and a consortium of international non-governmental organisations (INGOs) led by Save the Children UK. WINNN is intervening in five northern states in Nigeria: Zamfara, Katsina, Kebbi, Jigawa and Yobe.

The WINNN programme aims to deliver evidence-based, cost effective interventions in the five states whilst improving government capacity, leadership and financial commitment in relation to improving nutrition in Nigeria. By 2017 it is envisaged that the programme will have contributed to delivering the following:

- provided treatment for at least 246,000 children with severe acute malnutrition; supported 670,000 women in exclusive breast-feeding; and supplied 5.4 million pregnant women and children with vitamin A, iron, de-worming, and other essential micronutrients; and
- reduced the prevalence of stunting, wasting and underweight by up to 20% over the six-year period. This will, in turn, contribute to a 43% reduction in childhood mortality (220/1,000 live births to 125/1,000 live births).

Running alongside WINNN is the Operational Research and Impact Evaluation (ORIE) component, provided by Oxford Policy Management (OPM). The objective of ORIE is to determine the impact of the UK Department for International Development (DFID) Nigeria's WINNN programme and to address key evidence gaps on solutions to undernutrition in northern Nigeria. To achieve this, ORIE aims to assess the impact of WINNN interventions and to carry out operations research, including estimating the cost-effectiveness of WINNN interventions. ORIE also involves complementary research on undernutrition and stunting.

Following the introduction the report starts with an account of how the review was conducted. The report then goes on to address in order each of the 24 areas of focus for the review that were listed in the terms of reference and reproduced in the Approach Paper. This means that there is some duplication here of information contained in the Annual Review report, but this information is included again for the sake of completeness. The duplication relates only to the assessment of the overall approach and direction of the programme, the implementation of the recommendations of the last Annual Review and a review of progress against logical framework targets. The other sections contain additional information or cover issues not addressed within the Annual Review template.

This Narrative Report captures some of the significant findings of the Annual Review that could not be included in the Annual Review template, including an account of the mission's fruitful meeting with the wife of the Governor of Kebbi State. There are no significant findings of the review that are not included in this Narrative Report.

2 How the Annual Review was conducted

The review was undertaken in Nigeria over a two-week period in the second half of April 2016. The review team was led by a UK-based OPM associate consultant. The team members were a national nutrition specialist and a value for money (VFM) specialist (who joined the team for the second week).

Prior to the team being formed in Abuja, members undertook a desk review of key documents relating to WINNN. Papers studied included the business case, the logframe, the 2015 Annual Review, the risk register, ORIE reports and quarterly reviews. In Abuja the team was given additional relevant documentation, including an annual self-assessment that had been undertaken by programme team members.

On arrival in Abuja the two team members who were to visit the field were given a comprehensive briefing on the programme by the DFID Lead Adviser, the WINNN National Programme Manager and the programme leads from UNICEF and ORIE, and their teams. The briefing covered an overview of the programme and its performance, progress to date, current issues and future challenges.

Field visits were made by the review team over five days to Zamfara and Kebbi states in a group led by the DFID Lead Adviser, supported by the WINNN National Programme Manager, which included representatives from UNICEF, ORIE, the Federal Ministry of Health, the National Primary Healthcare Development Agency, and the Federal Ministry for Budgeting and Economic Planning.

In both states the group was hosted by the Save the Children teams, supported by the state nutrition advisers, and was given comprehensive briefings on the implementation of the programme locally. Additionally, in Zamfara the group was able to meet representatives of a local civil society organisation (CSO) consortium that was advocating for government funding and development of nutrition interventions in the state.

Visits were undertaken in each state to facilities that were functioning as Outpatient Therapeutic Programme centres (OTPs), to observe the community management of acute malnutrition and to meet local health professionals, Local Government Area (LGA) primary health care managers and community volunteers (CVs), and to discuss with clients their experience of the programme. Visits were also made to observe and engage with volunteer-led community groups established under the programme to help local women develop effective nutrition practices.

In each state there was an opportunity to meet officials of the Ministry of Health (including Permanent Secretaries) and the Ministry of Budgeting and Economic Planning, who were actively collaborating with WINNN to implement the programme. From these discussions it was possible to learn of the high value placed on WINNN by the state governments, as well as of the progress being made in securing government funding for nutrition and developing services, of their aspirations for the future, and their informed perceptions of the challenges still to be overcome.

A highlight of the field trip was the opportunity for some members of the group to meet the wife of the Governor of Kebbi State and to brief her on the programme. As a trained paediatrician she was highly motivated to support the programme and was keen to hear more about its scope and successes. Together with the wife of the President of Nigeria she had launched the state's maternal, newborn and child health (MNCH) week in 2015. She pledged her continuing support for improving nutrition in the state and promised to lobby her husband on the issue, one result of which was an invitation the following day for the SCF team leader in Kebbi to meet the governor and to give him a briefing on the programme, which was, again, well received.

On returning to Abuja the review team had opportunities for further in-depth discussions with SCF and UNICEF leads about the programme, and their specialist inputs to it in light of the findings of the field visit, and they held a Skype discussion with ORIE managers in Oxford and Abuja.

Teams that included implementing partners and government representatives including state nutrition advisers travelled from Yobe, Katsina and Jigawa to Abuja in order to give the review

team comprehensive briefings on implementation of the programme in each of the states that the team had not been able to visit. The review team was able to question the visitors on a range of issues relating to progress being made locally.

The team's last key informant interview was with the lead for nutrition in the Federal Ministry of Health, who kindly made time to give a comprehensive account of his perceptions of the strengths and weaknesses of WINNN and his aspirations for future DFID support to advance nutrition in Nigeria.

The review team reported a summary of their findings to a group of WINNN's key stakeholders in Nigeria and received very helpful feedback on issues raised in their presentation and practical suggestions, in the light of their knowledge of Nigeria and its needs, for how some of the challenges faced by WINNN could be met.

Following their work in Nigeria, the review team completed the Annual Review template and responded to comments on the first draft in order to produce a final version, and also developed this Narrative Report to accompany the Annual Review.

3 Assessment of the overall approach and direction of the programme and progress made since the last review

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. The programme 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 micronutrients, 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 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.

Specifically during 2015/16 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 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 infant and young child feeding (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 OTPs, and made 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 of CVs active in nutrition education for women; traced defaulters from both the OTP-based intervention and from secondary care given at the stabilisation care (SC) centres; motivated husbands, mothers and mothers in law, and community and religious leaders to promote optimum IYCF practices; and identified 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 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.

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:

- 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;
- continue to improve 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; and
- develop an exit strategy that will see the gains made by the programme continued beyond its life.

4 Implementation of recommendations of the last Annual Review

The WINNN team has responded positively to each of the recommendations made in the 2015 Annual Review: an action plan was prepared for each recommendation, with clearly defined responsibility for action and a timeline. Progress was monitored by the team and overseen by the Project Management Board.

Whilst good progress has been made in responding to the majority of recommendations, the Annual Review raised concerns that the programme has not yet completed the exit strategy and the strategy to retain and motivate CVs. The development of costed multi-sectoral state nutrition plans also remains a priority. The status of the 2015 recommendations is summarised in the Annexe.

5 A review of progress against output and outcome targets as described in the project logical framework

Progress on outputs 1 to 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, which 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 86% has been achieved, as reported in the self-assessment of the programme undertaken by the implementing team. 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.

6 A review of the programme logical framework to assess whether or not it is fit for purpose, and suggestions for revision if necessary

At this late stage in the life of the programme it would be surprising if many issues remained to be identified, however the WINNN team are aware of two that continue to cause difficulty.

Problems continue to be encountered in identifying a reliable source of verification for Output 1, integration of micro-nutrient interventions into routine primary health care services, in relation to counting the beneficiaries of MNCH weeks. There is clearly a conflict between specific, measurable, attainable, relevant and time-bound (SMART) data and that collected by government sources locally, with the latter indicating greater uptake than the former. SMART surveys are considered to be too big to reflect accurately the impact of the weeks and are clearly often out of sync with them. WINNN suggest adapting the post-distribution monitoring approach for use in the intervention states.

Under Output 4, strengthening of nutrition coordination and planning mechanisms at national and state levels, the measure relates to achieving a minimum of a 30% release of government budgeted nutrition funds, but because the government's approach to nutrition budgeting is uncoordinated and *ad hoc*, and makes available funds under a variety of headings and from a range of sources, it is not always possible readily to identify what is the defined budget.

7 Review the risk register and identify if there are new risks, and suggest mitigation measures

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 government taking over significant aspects of the programme *en bloc* (and the current lack of preparedness), and by the time-consuming need to engage with 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.

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.

The Annual Review stressed the need for the programme to work harder to: develop a credible exit strategy; support state governments to domesticate the National Food and Nutrition Security policy; prepare multi-sectoral approaches to preventing malnutrition; and engage government in making available funds for nutrition and scaling up nutrition interventions.

8 Assess if there is significant changes to the assumptions made in the business case (i.e. context, risk, VFM, operating or political environment)

WINNN point out that the business case assumption that major elements of the programme could be handed over to government after six years was flawed and that other programmes, such as HIV and malaria, took longer. WINNN also point out that the funding available for health nationally has dropped by 40% since the start of the programme, a development that was unforeseen when the business case was developed.

The WINNN team also highlight the tensions between the aims of building government capacity to run nutrition programmes successfully, meeting targets and improving the quality of interventions, and they believe that whilst all three need to be achieved this inevitably takes longer than the programme permits.

Whilst not denying that some of the points made by the WINNN team are valid and factual, it remains the case that the business case stated that sustainability should be planned from year one, yet with less than a year and a half of the programme's life remaining the exit strategy is still to be developed. Whilst the difficulties posed by the business case assumptions are understood, it is of concern that concrete planning for sustainability has been delayed.

9 VFM exhibited by planned interventions, attributable activities and other administrative arrangements, and the potential for delivering VFM in the future. VFM should be assessed by examining the economy, efficiency, effectiveness and equity of the results chain, with comparison against appropriate benchmarks where this is feasible

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. It follows DFID's guidance on VFM using the 'three Es' framework and also considers the 'fourth E', equity. ORIE reports on VFM separately for its own activities in Output 5. One of ORIE's workstreams is to conduct a cost-effectiveness analysis of outputs 2 and 3, which is currently underway.

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 that set out in the programme design report; and

4. unit costs, recalculated regularly to reflect data collected through routine monitoring.

These measures have been assessed using analysis 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 ready to use therapeutic foods (RUTF) commodities due to price reductions since the start of the programme. This has resulted in approximately $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 (micronutrients; de-worming; zinc; and oral rehydration salts), despite the total budget for these commodities of £4.6 (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 expenditure would increase to 26%.

- UNICEF management costs include headquarters costs at 7% of 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 5 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 £94. There is no benchmark for IYCF unit costs in the business case. The unit cost for MNCH weeks has not yet been calculated as data is pending.

Table 1: WINNN intervention unit costs 2015

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

The original VFM proposition in the business case calculated the unit cost per child treated to be £94.36, and based on assumptions of effectiveness the cost per disability-adjusted life year (DALY) this 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.[1]

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);
- number of children treated for severe acute malnutrition (SAM) being 158,962; and
- 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 the assumptions contained in the economic appraisal, state governments have increased their involvement with nutrition projects during 2015. In that year 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.

The programme demonstrates **efficiency** as it is treating more children for SAM than originally planned. The cumulative number of children treated for SAM since the start of the programme is 187,275, and this 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. The unit cost per child treated in Year 4 was calculated at £91, which compares well to the business case (£94).

The programme exhibits **effectiveness**, with recovery rates estimated to be 86% overall (as reported in the programme self-assessment) – higher than the 80% assumed in the business case, although this varies slightly between states.

Equity has been considered from the design stage. The project works with hard to reach communities and the VFM framework balances equity alongside economy, efficiency and effectiveness. This has influenced some key components of the WINNN programme design. As against working in state capitals (urban centres), the WINNN programme is implemented in the LGAs, and targets the very poor in the society. In addition to this, men have been specifically targeted as primary stakeholders for programme implementation although the programme focuses on women.

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

10 Assess whether the project is putting in place exit and sustainability strategies, and the likelihood of success of such strategies

As indicated above in Sections 1, 5 and 6, the programme has yet to develop an exit strategy and this is of concern. A state nutrition officer remarked to the Annual Review team: 'take away WINNN and there is nothing left'. It is easy to develop an impression that as things stand currently few of the programme's gains would survive the withdrawal of WINNN support for long. An analysis of the legacy of PATHS2 in northern Nigeria demonstrates how rapidly apparently embedded systems can atrophy once support is withdrawn.

It is vital that urgent steps are taken to identify what minimum ongoing commitment to nutrition would be required by government, what elements of the programme could be sustained with community support, and which other funded programmes could pick up relevant aspects of the programme's work. It is also vital that early plans are made for effective handover.

11 Assess the effectiveness of the community involvement and participation

Part of WINNN's strategy has been to encourage CSOs to advocate for government commitment to nutrition and there is evidence that this approach, usually involving senior and respected community members, has been successful in engaging SHOAs and other key players. WINNN has collaborated on this agenda with Sate Accountability and Voice Initiative (SAVI), which has been effectively promoting citizen voices in Nigeria over the past seven years. It is also encouraging that traditional and religious leaders are reported to be active in their support of many of the women's development committees, and this will be the subject of increasing emphasis in the remaining months of the programme's life. High profile nutrition champions are being used with great effect to gain community commitment to improved nutrition practices.

12 Assess whether the interventions contribute to reducing gender inequality, gender differences in needs, address barriers that could prevent girls and women from accessing assistance and affect relations between girls / women and boys / men

An issue of continuing concern is the paucity of female healthcare providers. Whilst health care is predominantly provided by male Community Health Extension Workers (CHEWs) and male support staff the system will continue to fail to appear to be, and actually to be, welcoming to women.

However, care has been taken in recruiting CVs to ensure targets for women motivators have been set and achieved and IYCF approaches have been specifically tailored to meet the needs of the different target groups, women, men, adolescent girls etc. The programme specifically aims to give a voice to adolescent girls, as well as supporting the empowerment of women across the whole health agenda.

An important innovation was the study into barriers to transmitting nutrition information effectively and the adoption of good nutrition practices by families. Previously the messages transmitted had been based on assumptions but the study identified whose opinion was dominant in families when it came to specifying how children and mothers should be fed, and developed strategies for accessing and persuading those whose word predominated. It would be highly desirable for the barrier study approach to be promoted across Nigeria by the Federal Health Ministry.

13 Assess whether the programme complies with DFID's guidance on persons with disability and the use of the minimum standards on ageing and disability inclusion, as appropriate

No issues were identified by the Annual Review team: women and children with disabilities are referred for specialist care when appropriate and are cared for sensitively by the front-line workers, as observed by the team. It was put to us by the programme leader that 'it's in SCI's [Save the Children International's] DNA not to discriminate'.

14 Effectiveness of oversight and programme monitoring and evaluation arrangements

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 an 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 its study into barriers to accessing IYCF, and internalising the messages and 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, discrepancies between programme and survey data remain 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 to match the lifetime of WINNN, as more of the programme's work will then be included in the evaluation.

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 review and planning meetings, and in the Technical Advisory Group. 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.

15 Effectiveness of partnerships, including government viewpoint, suppliers' performance and contract implementation

WINNN is delivered through a partnership of UNICEF, two INGOs, Save the Children (SC) and Action Against Hunger (ACF), complemented and supported by ORIE. The grant provided to UNICEF is intended to affect upstream outcomes of the programme through: advocacy, development of materials and systems and procurement of commodities. The INGOs also advocate for nutrition, train health workers, build the capacity of government officials and provide technical support in nutrition. ORIE provides operational research support to the whole programme. SCI is formally charged with a coordinating role and their reports cover the work of UNICEF as well as the INGOs.

Thus, effective delivery of the programme requires effective collaboration between the partners, and its many achievements indicate the robustness of the partnerships. Formal collaboration takes

place in the Programme Management Board and the Technical Advisory Group, and this is supplemented by quarterly review meetings, joint field visits and regular, structured reporting.

UNICEF and the INGOs demonstrate responsiveness to the recommendations for changes in the programme suggested as a result of ORIE's research.

The review team had opportunities to observe the strong collaboration between the partners, the successful joint working arrangements that have been developed, their evident wish to work together for the benefit of the programme and the mutual esteem in which each held the other.

16 The extent to which poor performance has been identified and is being managed, including whether improvement measures are required

The quarterly review meetings provide an opportunity to correct any poor performance that becomes apparent. Additionally, the programme's newly developed quality assurance strategy also examines any shortcomings that are evident, and this process will become stronger as the strategy is implemented fully. The partners also challenge each other if any poor performance is observed and this also helps to correct any weaknesses.

The review team did not become aware of any issues of poor performance in programme implementation and were impressed by the maturity, enthusiasm and professionalism of the management teams, and by their focus on successful delivery of the programme.

17 Composition and performance of the long-term and short-term consulting teams; review of the human resources available to the WINNN programme

Whilst the programme makes relatively little use of consultancy the review team became aware of some limitations in that the study into CVs had to be re-started with a new consultancy team and the exit strategy work was not progressing sufficiently speedily. However, any issues that arise are addressed head-on when they become apparent and clearly the barrier study was a very successful piece of work.

WINNN pointed out the difficulty of finding national consultants with the necessary skills, and the limitations brought about by consultancy rates being benchmarked against INGO rates rather than commercial ones. Nonetheless, they expressed reasonable satisfaction with the teams they had engaged.

18 Effectiveness of linkages between SHAWN (nutrition), MNH2, PATHS 2 (health systems strengthening), SuNMaP (malaria) and other relevant DFID programmes

DFID leads a regular forum for all implementing partners and WINNN participates fully in these meetings, which are considered to be highly effective in avoiding duplication of effort. Additionally, WINNN works directly with Women for Health, State Partnership for Accountability, Responsibility and Capability (SPARC) and SAVI. Within the states donor coordination groups are organised by the Budgeting and Planning Commissions and, again, WINNN is fully involved in these groups.

At an operational level WINNN has indicated that it will be beneficial to work more closely with some DFID sponsored programmes in, for example, WASH, and is incorporating plans for strengthening these linkages in the programme's final year.

19 Effectiveness of relationship with and approach to federal, state and local government engagement

It was evident to the review team that WINNN was held in high regard and considered a valuable partner by both state governments and LGA officials. Care had been taken to engage government successfully and excellent working relationships with Ministry of Health and Budgeting and Planning Commission leaders was apparent, and active steps were being taken to develop strong linkages with state governors. WINNN has clearly collaborated with government in an attitude of respect and has demonstrated a desire to develop effective partnerships, and this was apparent both at an operational level – with State Nutrition Officers being closely associated with the programme and also with Permanent Secretaries.

Whilst WINNN collaborates with the Federal Ministry of Health, the Federal Ministry of Budgeting and Economic Planning and the National Primary Health Care Development Agency routinely and effectively, it was surprising to hear the federal nutrition lead being critical of WINNN's support for the ministry and this led to the review team recommending that 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 agreeing a joint vision for future support.

20 Review the financial implications of increasing the number of children treated with SAM, identify if there is financing gap and suggest mitigation measures

The number of children treated for SAM has reached beyond 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 to 266,945 by the end of the programme, according to UNICEF projections. It was agreed to increase the overall target to 252,000, and DFID added £2 million of additional funds to procure RUTF to meet the additional need.

However, to meet the projected number of children treated there is a funding gap of £546,602. This is based on RUTF and related supply costs, which are the only variable costs according to the implementing partners.

Table 2:

	Y 1	Y 2	Y 3	Y 4	Y 5	Y 6	Total	*Calculation*
Number of children treated								
Original target # of children for SAM	8,000	12,000	20,000	50,000	30,000	20,000	140,000	*a*
Revised target # of children for SAM					56,000	56,000	252,000	*b*
Actual number of children treated by end of Year 4 (This is the number at end of Year 4, the current figure part way through Year 5 is 187,275)	5,027	28,078	53,318	68,522			154,945	*c*
Cumulative no. treated	5,027	33,105	86,423	154,945				*d*
Forecast number of children treated (cumulative)					210,945	266,945	266,945	*e*
Number of cartons procured								
RUTF cartons procured	69,650	29,350	91,500	16,000			206,500	*f*
RUTF cartons procured (cumulative)	69,650	99,000	190,500	206,500				*g*
RUTF cartons utilised	4,323	24,147	45,853	58,929			133,252	*h*
RUTF cartons utilised (cumulative)	4,323	28,470	74,323	133,252				*i*
Remaining cartons					36,624	36,624	73,248	*j = (f-h)*
Number of cartons used per child treated	0.86	0.86	0.86	0.86			0.86	*k = (h/c)*
Shortfall in number of cartons for forecast								
Number of children remaining cartons will treat							85,173	*l = (j/k)*
Number of children to be treated in Year 5 and Year 6							112,000	*m = (e-c)*
Shortfall in number of treatments							26,827	*n = (m-l)*
Shortfall in number of cartons							23,071	*o = (n*k)*
Additional cartons available								
RUTF cartons to be procured from savings					8,824		8,824	*p*
Stock remaining					36,624	36,624	73,248	*=j*
Total additional cartons available					45,448	36,624	82,072	*q = (p+j)*
Number of treatments @ 0.86 carton per child					52,847	42,586	95,433	*r = (q/k)*
Gap - children to be treated							16,567	*s = (m-r)*
Gap - number of cartons							14,247	*t = (s*k)*
Financial gap @$61 per carton							$ 869,097	*u = (t*$61)*
Financial gap in GBP @ exchange rate £1 = $1.59							£ 546,602	*v = (u/1.59)*

The key assumptions for estimating the funding gap are:

1. the only variable costs for treating more children than the original target of 140,000 are RUTF and supply related costs;
2. the number of children treated at the end of Year 4 was 154, 945;
3. the total number of children who will be treated in Years 5 and 6 will be 112,000;
4. each carton of RUTF will treat more than one child. For example, each carton has 150 sachets and on average each child is given 129 sachets for treatment to be cured;
5. 82,072 cartons are available from existing stock and additional cartons procured from price reduction savings; and
6. the total cost for a carton of RUTF, including supply costs, is $61.

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. This is estimated to provide £552,267, which will cover the funding gap of £546,602. SCI have confirmed the existing arrangements for treating children with SAM will remain in place and no additional clinics will be opened, so implementation costs remain the same.

Table 3: UNICEF re-programming of WINNN budget to meet RUTF gap

Activity	Amount ($)	Remarks
Project support CMAM	593,831	Output 1 (CMAM) has 7.5% budget for project support costs. This budget line will be reduced by 60%, generating funds to be re-programmed
Project support IYCF	159,053	Output 1 (CMAM) has a 7.5% budget for project support costs. This budget line will be reduced by 30%, generating funds to be re-programmed
Promote inclusion of RUTF into National Essential Drug List	32,130	This activity was carried out using other meeting platforms, thus generating savings to be re-programmed
Map state and federal stakeholders	12,000	This activity was completed without using budgeted funds
IYCF training and ToT	81,090	Savings were generated in carrying out this activity
Total to be re-programmed	**$878,104**	**£552,267** @ exchange rate £1 = $1.59

21 Review of the procurement processes for the WINNN programme

UNICEF

Procurement of micronutrients and RUTF is done by UNICEF Abuja through the Supply Division in Copenhagen. Procurement is planned around a three-month lead time from requisition to delivery. In cases of delay or commodity shortages, UNICEF is able to access other projects' stores of required commodities. This system was used in November 2015 when there were challenges in getting a waiver on duty through customs. This issue, which was caused by the change in responsibility for waiver authorisation from the Ministry of Foreign Affairs to the Ministry of Finance, led to a delay in supply and brought WINNN close to stock outs. Some states were estimated to be two weeks away from stock outs. However, utilising the pooling system for RUTF, WINNN avoided stock outs at state level. The pooling system operates based on project-specific allocations, which achieves economies of scale and flexibility in supply.

Progress is being made towards adding local producers to UNICEF suppliers of RUTF. The process has been supported by UNICEF and other partners over the last two years and now there are two potential suppliers, one of which has commenced operations in Lagos and is undergoing NAFDAC registration and the UNICEF quality assurance and procurement process. Their current capacity is 4,000 tons. The other potential supplier is the Dangote Foundation, who expect a lead time of 18 months to production.

There is an ongoing challenge with regard to distribution, which is done by the state. Often funds for distribution are not available and there are capacity issues and stock control is not managed proactively. UNICEF is looking into how to integrate the supply system with government – this is being done at state level but more could be done at federal level to strengthen supply systems, integrate them with health distribution systems and increase ownership.

SC and ACF

SC and ACF procurement consists of office setup and running costs. SC global and country office procurement policies have been developed to ensure VFM. At the global level SC has a preferred

suppliers list, which enables country offices to obtain goods and materials from authorised suppliers at reduced cost.

ACF has reported obtaining discounts from suppliers by consolidating purchases not only for the project financed by DFID but across all projects managed by ACF for similar materials. SC's country office has pre-qualified suppliers and has established a procurement committee to apply standard procedures when tendering high-cost items. The suppliers list is updated biannually, but it can be updated quarterly if there is a need for this. When contracting with a supplier, a market survey is also done to obtain a competitive price.

SC obtains goods, construction works and services that provide good value, balancing quality with cost. This is achieved through a procurement process which is fair, transparent and in compliance with donor rules and applicable laws. In 2015 SC and ACF rolled out a comprehensive whistle-blower policy to external stakeholders, ensuring the maximum transparency with the suppliers.

22 Evidence of learning and continuous improvement during the project's implementation, and how lessons will be shared more widely

There is much evidence that WINNN engages in continuous learning, both by responding to ORIE research that is of direct application to the programme and by implementing the learning from its own studies, such as those into behaviour change communication, use of iron folate, the barrier study and the OTP beneficiary study.

In terms of dissemination it is clear that ORIE's work is being accessed regularly and world-wide, and WINNN wishes to print and make publicly available work such as the behaviour change communication study. Dissemination meetings are held at state level and care is taken to feed back progress to stakeholders. In a welcome development WINNN will soon launch its website, which will enable its learning to be available to a wider audience.

23 The impact of the Partnership Principles on the programme

The Partnership Principles were not considered within the project business case. An assessment of the Federal Government of Nigeria's 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, SCI and OPM for the procurement of micro-nutrient supplements, RUTF, and essential medicines. Training of government staff is also managed by SCI. No funding is passed through government channels.

24 Risks identified in the due diligence assessment (DDA), and consider how these have been addressed

It is understood that no DDA was undertaken.

25 Review the risk register, including if there are new risks and mitigation measures

Risks are commented on in Section 5 above. 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 minor and for demand for CMAM outstripping the budget be revised to minor.

Table 4:

Risk no.	Risk area	Risk mitigation measures	Net risk		Comments
			Impact on results	Likelihood	
1	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.	Advocacy strategy developed to include nutrition budget line and release fund at state level. Training of staff will continue, which is expected to facilitate scale-up of nutrition interventions. Political economy analysis to identify key drivers of change in the WINNN states conducted and recommendations under implementation, including a revised influencing strategy to scale-up nutrition interventions. Exit strategy developed, which will be revised based on each state context. Engagement with the SHOA for nutrition funding and accountability also initiated. It is hoped that this will feed into the release of the 2016 budget and allocation of 2017 budget cycles in the states.	Minor	Possible	Advocacy continues, based on the established relationships with community leaders and technical government officials. New working relationships with high-level government decision-makers need to be established. Approval of the health component and the multi-sectoral Food and Nutrition Security policy provide a framework state-level nutrition policy, and creation of a nutrition budget line, and allocation and release of the budget in WINNN states supports sustainability. The passing of the Health Bill, which prescribes a 1% of GDP budget allocation for primary health care if implemented, can also contribute to scale-up of nutrition services and sustainability. Clear, transparent criteria for the phasing of the programme based on the government commitment need to be established.

2	Insecurity: i.e. an armed non-state group in the north-eastern part of the country.	A flexible approach where nutrition services are provided in communities rather than primary health care centres in the affected LGA. This approach is regularly reviewed (quarterly) to reflect the security context and programme status. ACF support the government in Yobe with continuous assessment of the risk and mitigation measures by SCI and ACF are in place. Dedicated security advisers are in post to monitor and guide implementation.	Minor	Possible	The situation is expected to improve. There was no reported incident in the programme LGAs over the last three months.
3	Inadequate (low revenue due to failing oil price) or mismanaged financial allocations.	The programme will continue working with DFID state representative's to ensure state government commitment across the programme. The programme plan to work with SPARC is expected to address some of the challenges in regard to budget allocation and release.	Moderate	Possible	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 for the allocation and release of funds. The programme will closely monitor budget allocation and release for nutrition in the five states, and will take appropriate action.
4	Higher than expected demand for CMAM or unrealistic estimates of SAM prevalence.	Programme is designed to scale-up gradually. Evidence-based assessments of needs will inform scale-up. The programme will continue leveraging resources from other donors and government.	Minor	Unlikely	Some states are allocating resources for CMAM. Other agencies are scaling up interventions – such as the Dangote Foundation.
5	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.	Advocacy continues to target community leaders, technical government officials, governors and federal ministries. Some WINNN states have already created budget line. Two WINNN states now have released budget lines for nutrition. Advocacy activities in the two states will now focus on voice and accountability to ensure effective use of the released resources. The state nutrition costed strategic plans are currently being reviewed in the five WINNN states, in readiness for the 2017 budget release.	Minor	Possible	Approval of costed health component of the National Food and Nutrition Security policy and the multi-sectoral National Food and Nutrition Security policy are first steps for budget allocation and a good entry point for advocacy. In addition, we will use the passing of the Health Bill to include nutrition as part of the primary health care service and budget is allocated and released. We will continue working with states for domestication of

					the policy, creation of a nutrition budget line and release of funds.
6	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.	A flexible approach, where nutrition services are provided in communities rather than primary health care centres in the affected LGA. This approach is regularly reviewed (quarterly) to reflect the security context and programme status. ACF support the government in Yobe with continuous assessment of the risk, and mitigation measures by SCI and ACF are in place. Dedicated security advisers are in post to monitor and guide implementation.	Minor	Possible	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. Incentives (i.e. pension and health insurance schemes) to ensure staff retention have been introduced and this has contributed to staff motivation. Trained staff movement to non-WINNN LGAs could be positive if they are able to use their skills.
7	Limited technical and programme management capacity within DFID Nigeria for programme oversight, including financial management.	Appointment of SRO and establishment of WINNN delivery plan; quarterly meeting between implementing partners to review progress and take action. HDT team FIM to improve financial management capacity.	Minor	Unlikely	The programme is well managed and technical issues are discussed in Technical Working Group. International evidence and operational research findings are used to inform programme implementation.

8	Financial fraud, corruption or funds not being used for planned purpose.	DFID has commissioned a DDA of UNICEF and receives excerpts of regular audit reports. SCI's audit report was submitted in March 2016 for the period July 2013 to July 2015. ORIE – The next audit is due September 2016, for the period July 2014 to July 2016. UNICEF – The last audit was submitted in December 2015. We will follow-up financial and audit report findings. Guidelines on anti-corruption and fraud are shared with partners and closely monitored.	Minor	Unlikely	No programme funds pass through the government account.
9	Risk that expenditure does not represent VFM for DFID.	DFID will continue to conduct VFM assessments of the programme as part of its Annual Review processes.	Minor	Rare	The 2016 Annual Review confirmed that the programme represents VFM, with savings from bulk procurement of RUTF and unit costs for CMAM and IYCF, leveraging other resources.
10	WINNN unable to treat children with SAM, leading to high mortality rate of children under five due to undernutrition.	The programme works closely with community and local government to identify cases and to provide treatment at both community and facility level. DFID technical engagement with the SUN donor group and government, and other coordination mechanisms to ensure information is shared and actions are taken on time.	Minor	Rare	There are no reports of high mortality in the WINN LGAs in the last one year. The programme will continue working with local government and communities.

26 Specific, time-bound recommendations for action that are consistent with the key findings

1. 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;
- 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;
- finalise the exit strategy, ensuring the identification of institutional homes for the programme's interventions and actively managing the transition;
- understand better how the programme can focus on the poorest sections of society equally with more affording groups;
- seek to integrate better WINNN's interventions with other local DFID WASH and other health programmes;
- 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 to agree a joint vision for future support;
- 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;
- finalise and roll-out the CV motivation strategy that is currently under development;
- devise state by state strategies to secure proactively 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;
- promote cost effective scale-up by government of IYCF and CMAM to more LGAs in WINNN states;
- explore how best to mobilise community support for OTPs and programmatic activity; and
- seek to engage government in improving the availability and effectiveness of stabilisation centres.

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

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

Annex A Progress on implementing recommendations made in the 2015 Annual Review

Number	Recommendation	Summary of progress
1	Push 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 national level to engage with the Governors' Forum. Joint high-level advocacy visits have been made to three WINNN states and governors successfully have been engaged.
2	Review whether the ground work for handing it 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 programme, 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, identify enabling and disabling factors, to clarify lines of responsibility between the Ministry of Health, LGAs and parastatals, and to prioritise key relationships, and define an exit strategy.	As 1 above.
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 phone) 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 for their effects with evidence.
6	A renewed focus on the needs of training, supervision and support of primary health care workers, monitoring and community volunteers is desirable, to maximise the quality of service delivery. – In particular, support is needed to ensure health workers and CVs understand their respective roles and responsibilities.	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 quarterly collation of the training report.
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.
8	WINNN should protect the integrity of its impact evaluation, which is due for its endline survey in June 2016.	Care has been taken to protect the integrity of the impact evaluation, such as by not using broadcast behaviour change communication messages.

	– Any future programme should consider addressing both the immediate and the underlying causes of undernutrition through multiple sectors.	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.
10	WINNN needs to assess whether changes to the monitoring of MNCHW is improving the data quality. Continue work to strengthen MNCHW data quality though the use of rapid SMS, SMART phone monitoring and continuous training of government personnel.	Government has institutionalised external monitoring using SMART tablets and has enhanced accountability in monitoring using geographic information system mapping.
11	Implementing partners to support Yobe State in ensuring that MNCHW holds, despite the current security challenges in the state, or should explore the use of other methods to provide micronutrients supplementation to children in the state.	An advocacy campaign was organised and the state supported with micro-planning and other implementation activities.
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. *The programme should consider collecting and analysing age disaggregated data to inform the advocacy work.*	A National Communication for Behavioural and Social Change Strategy, and a five-year implementation plan at all levels for this strategy, was updated in light of this recommendation and a national IYCF C4D strategy workshop was 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 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. Reiterate common key messages 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	The expansion of functional IYCF services to all CMAM sites to promote appropriate practices to the carers of malnourished children.	This has been undertaken but the 2016 Annual Review recommends the methods used to transmit messages at these sites be reviewed for appropriateness and effectiveness.
17	The documentation of the delivery of IYCF services to the carers of malnourished	As in 16.

	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.	
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.
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, on 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 with Technical Advisory Group to review the results.
21	The revised WINNN advocacy strategy should continue to be implemented. A political economy assessment should be used to further the understanding of the interactions of the political processes, identify enabling and disabling factors, and to determine means to improve access to the high-level decision-makers.	Various activities have been undertaken to continue implementing the strategy. As in 1.
22	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.
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 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.