

NUTRITION INTERNATIONAL COMMITMENT SELF-REPORTING QUESTIONNAIRE 2019



EWEC Secretariat, PMNCH, FP2020 self-reporting questionnaire to assess progress on implementation of commitments to the Global Strategy on Women's, Children's and Adolescents' Health.

COMMITMENT PROGRESS SUMMARY NARRATIVE

Nutrition International's investment of up to \$2,460,200 million (CAD) in UNFPA-Nigeria and UNFPA-Senegal, made through the Nutrition Leverage and Influence for Transformation (N-LIFT) program funded by the Government of Canada, will increase the impact of nutrition and family planning interventions for women and adolescent girls by: improving service demand and access; achieving program efficiencies; and, harnessing the mutually reinforcing nature of sexual and reproductive health and nutrition programming.

The partnership is now fully operational in both countries. In Nigeria, formative research has been conducted to inform the integration of nutrition information into UNFPA's Adolescent Girls Initiative (AGI). Girls enrolled in UNFPA's AGI receive numeracy and literacy classes, and negotiation and communication skills, in addition to the sexual and reproductive health education in safe spaces. Through partnership with N-LIFT, UNFPA will integrate nutrition education into this package, expanding intake and demand for nutrition interventions. In addition, development of a Nutrition Module for Nigerian nurses' and midwives' mandatory continuing education has been implemented through the Ministry of Health.

In Senegal, start up activities, including a multistakeholder inception workshop and baseline assessment survey have been started end of 2018 and completed beginning of 2019. Implementation is set to begin in 2019. This partnership will also conduct a landscape analysis to assess the feasibility of introducing WIFA supplements into the UNFPA procurement portfolio for routine family planning services.

This initiative, in both countries, aims to increase knowledge, attitudes and practices around iron and folic acid (IFA) supplementation and healthy eating among adolescent girls and women of reproduction age, and also seeks to increase intake of weekly IFA (WIFA) supplements among out-of-school adolescent girls. The projects will focus on integrating nutrition into family planning/reproductive health, and adolescent program interventions at the primary health care level, including in communities.

Updated Financial Value (in USD)?

US \$ 1,892,000

Detail the reason/s why this change in the financial value of the commitment has occurred?

1. The original commitment value entered was in Canadian Dollars.
2. Additional technical support has been contracted to enable the delivery and quality control of the project.

Since you made your commitment, how much of your commitment-related budget has been disbursed/spent-to-date (in USD)?

US \$928,000

Start Date – End Date

June 7, 2018 – March 31, 2019

Grant Awards?

US \$ 928,000

THEMATIC COMMITMENT PROGRESS

Reduce global maternal mortality to less than 70 deaths per 100,00 live births

Maternal mortality ratio , Proportion of women aged 15-49 who received 4 or more antenatal care visit

Reduce newborn mortality to less than or equal to 12 deaths per 1,000 deaths

Neonatal mortality

End all forms of malnutrition

Prevalence of stunting (height for age <-2 standard deviation from the median of the WHO Child Growth Standards) among children under 5 years of age

Prevalence of anaemia in women aged 15-49

Eliminate harmful practices, discrimination, and violence against women and girls

Percentage of women aged 20-24 who were married or in a union before age 15 and before age 18

Geographic Coverage. Check all the geographical levels that you implement your commitment-related activities in?

Global

Country

Linkage to National Health Strategies. Are commitment-related objectives and/or targets aligned with the national health strategy of the country or countries in which activities take place in?

Yes

How commitment-related objectives and/or targets were selected?

Consultations with UNFPA, MoH and Midwifery counsel. Consultation with beneficiaries through formative research.

EVERY WOMAN EVERY CHILD FOCUS AREAS

Adolescent and Young Adult Health and Well-being

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Applicable

Current Status: Ongoing

Activities Implemented:

The AGI supports retention of girls in school as a way to delay the age of marriage and consequently, the age of first pregnancy. Girls are enrolled in safe spaces and receive numeracy and literacy classes, and negotiation and communication skills, in addition to the sexual and reproductive health education they already receive. The partnership with N-LIFT will integrate nutrition education into this package, expanding intake and demand for nutrition interventions. This initiative aims to increase knowledge, attitudes and practices around iron and folic acid (IFA) supplementation and healthy eating among adolescent girls and women of reproduction age, and also seeks to increase intake of weekly IFA (WIFA) supplements among out-of-school adolescent girls. The project will focus on integrating nutrition into family planning/reproductive health, and adolescent program interventions at the primary health care level, including in communities. This partnership will also conduct a landscape analysis to assess the feasibility of introducing WIFA supplements into the UNFPA procurement portfolio for routine family planning services.

Results Achieved:

Formative research completed assessing adolescent girls' knowledge, attitudes, and behaviours related to nutrition in Northern Nigeria. This research is being used to inform the nutrition content that will be integrated into the AGI program, as well as generate evidence for future scale up through UNFPA programs

Country Leadership: Yes

Financing for Health: Yes

Community Engagement: Yes

Individual Potential: Yes

Research and Innovation: Yes

Multisectoral Action: Yes

Service Delivery Included: Yes

Geographical Coverage: Rural

Sexual and Reproductive Health and Rights

Applicable

Current Status: Ongoing

Activities Implemented:

Project design and partnership negotiation and contracting

Hiring of donated technical staff

Baseline studies including formative research

Multi-stakeholder inception workshops

Development of nutrition module for nurses and midwives

Results Achieved:

Nutrition module for nurses and midwives developed

Reports of the formative research and baseline studies

Project documents and partnership agreements completed

Technical staff on board

Country Leadership: Yes

Financing for Health: Yes

Community Engagement: Yes

Individual Potential: Yes
Research and Innovation: Yes
Multisectoral Action: Yes
Service Delivery Included: No

Quality, Equity and Dignity in Services

Applicable
Ongoing
Activities Implemented:

The formative research conducted in Northern Nigeria includes knowledge, attitudes and behaviours of men. This is so that the AGI project can integrate nutrition appropriately for the context, while increasing girls' access to nutrition information and commodities to support increased school attendance and overall health.

Service Delivery Included: No

Empowerment of Women, Girls and Communities

Applicable
Ongoing
Activities Implemented:

The formative research conducted in Northern Nigeria also includes knowledge, attitudes and behaviours of men. This is so that the AGI project can integrate nutrition appropriately for the context, while increasing girls' access to nutrition information and commodities to support increased school attendance and overall health, as well as increasing girls' agency over their own food choices and health.

Service Delivery Included: No

Describe the factors that contributed to commitment-related activities being delayed or to an unsuccessful implementation. If delayed, what was needed or is needed, if the problem is current, to restart the activities impacted?

The conception and the development of the project in Senegal took a substantial amount of time. Inputs from UNFPA were delayed, often due to high staff turnover and language barriers. This is seen as a low risk because: 1) there is strong government ownership by the MOH Regional Directorates; and, 2) NI seconded a TA to UNFPA in 2018 to support implementation.