



# ETHIOPIA

2003-2006

**Total country population (2006):** 77 million (9 regions and 2 administrative council areas)

**Project catchment area:** Direct presence in 64 focus *woredas* (districts) of ESHE bi-lateral in 3 regions covering 15 million and indirect presence across country via training of partner staff from government health bureaus, 23 PMTCT sites in 6 regions, 7 universities, UNICEF, World Bank and multiple NGO/PVO projects

## Country Profile

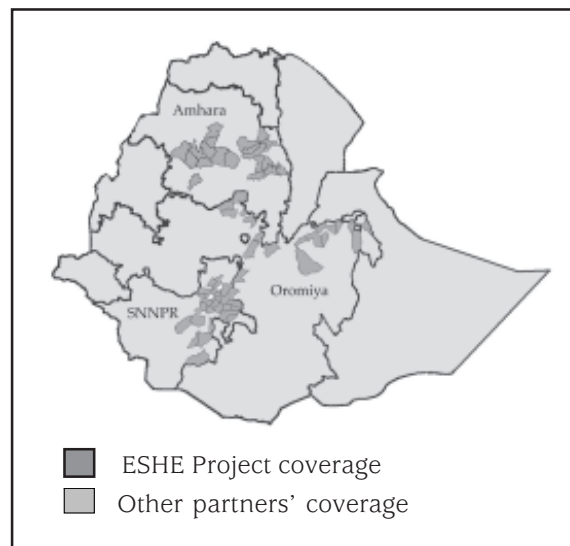
Women and children in Ethiopia face enormous and complex nutrition problems. One-fourth of Ethiopian women are malnourished, and approximately one-half of children less than five years old are moderately or severely stunted (EDHS 2005). These levels of malnutrition contribute to the country's high under-five mortality (more than 472,000 deaths each year). Analyses show that malnutrition, even in its milder forms, accounts directly or indirectly for 53 percent of under-five deaths in Ethiopia (Profiles 2006).

Because of a long history of food shortfalls and famine emergencies in Ethiopia, planners in government agencies and the donor community have often viewed malnutrition solely as a food issue. However, as shown in various studies, malnutrition in women and children in Ethiopia is a more complex phenomenon and stems from underlying determinants related to health, care, and household food security. Past nutrition programs failed to take all of these determinants into account and were conceived and carried out in isolation from each other. They were limited in their effectiveness and coverage and tended to focus on growth monitoring, thus missing many other program opportunities to address nutrition.

Another challenge facing Ethiopia is HIV and AIDS. Approximately 1.5 million people—96,000 under the age of five years—are living with HIV or AIDS. The HIV seropositive rate is estimated at 10.5 percent in urban areas and 1.9 percent in rural areas. Of particular concern is maintaining optimal infant feeding practices and ensuring the nutrition and care of HIV-positive individuals, particularly women and young children.

## Program Design and Partners

The United States Agency for International Development (USAID) in Ethiopia invited the LINKAGES Project to support the government and



its partners to address malnutrition, including in the context of HIV and AIDS. The challenge was to develop, in an efficient and rapid manner, a comprehensive nutrition program based on multiple partners at all levels in both the public and private sectors.

## Support to child survival programs

In 2003 LINKAGES organized technical updates to introduce the government and other partners to a set of concrete actions to improve nutrition, referred to as the Essential Nutrition Actions (ENA). The ENA approach comprises an integrated package of seven scientifically proven nutrition actions including the promotion of optimal breastfeeding (especially exclusive breastfeeding in the first six months), optimal complementary feeding, nutritional care of the sick child, women's nutrition, and the control of anemia, vitamin A deficiency, and iodine deficiency disorders.

Nutrition support is targeted to six critical points of contact within the health sector: 1) antenatal, 2) delivery and immediately postpartum, 3) postnatal and family planning, 4) immunization, 5) growth monitoring/well child, and 6) sick child visits. This approach is also applied outside the health sector in such settings as communities, schools, agricultural outreach, and emergency programs.

In 2004 the Federal Ministry of Health (Fed-MOH) adopted the ENA approach, and a multi-level, multi-partner program and implementation plan emerged with defined partner roles and responsibilities. The primary partners were the Nutrition Department of the Fed-MOH, the Regional Health Bureaus, international and local non-governmental organizations (NGOs), donor agencies,

USAID cooperating agencies, and pre-service training institutions. LINKAGES' role included assistance for establishing a network of partners to support nutrition, formulating appropriate policies and guidelines to deal with malnutrition in women and children, developing human resources in nutrition at all levels, and designing effective nutrition programs at the community level.

### Support to HIV/AIDS programs

LINKAGES also assisted the Fed-MOH in infant feeding in the context of HIV by developing training courses and communication tools for health providers working in sites for the prevention of mother-to-child transmission (PMTCT) of HIV. In 2005 another role was defined—to develop guidelines and materials on nutritional care and support of people living with HIV and AIDS with funding from the President's Emergency Plan for AIDS Relief. LINKAGES worked closely with the Fed-MOH's Departments of Family Health and Infectious Diseases in implementation.

## Program Strategies and Activities

The program aimed to ensure that nutrition actions were harmonized across ongoing relevant health and non-health programs and to extend this type of nutrition support beyond the facility level to the community and family. The program was designed to reach a large number of families of children under two years of age with broad geographic coverage. The comprehensive approach outlined for preventing malnutrition and improving nutritional status involved four key components, described below.

**1. Policy and Advocacy:** *maximizing existing resources and program impact by forming partnerships, coordinating efforts, harmonizing messages, and supporting national guidelines development, policy advocacy, and health systems strengthening*

LINKAGES provided assistance for the review of policies and the development and dissemination of nutrition strategies, protocols, and guidelines.

- **National infant and young child feeding strategy and micronutrient protocols.** In 2003 the World Health Organization (WHO) and the Nutrition Department of the Fed-MOH began to develop micronutrient protocols and a national infant and young child feeding (IYCF) strategy. LINKAGES facilitated continuation of this work with the formation of a working group and a subsequent workshop that brought together the government, NGOs, and donors. The "National Strategy for Infant and Young Child Feeding" endorsed the ENA approach, recommended exclusive breastfeed-

ing for 6 months, and included aspects related to HIV/AIDS and emergency situations. The IYCF strategy and the "National Guideline for Control and Prevention of Micronutrient Deficiencies" were released in June 2004. The project helped disseminate the strategy and guideline by incorporating them in pre-service nutrition training curricula, in-service training, health education materials, and strategic planning workshops. LINKAGES also provided technical support for the drafting of a national nutrition policy.

- **National guidelines for nutrition and HIV/AIDS.** In July 2003 LINKAGES began participating in the national implementation planning meetings on PMTCT and the review of policies and guidelines, particularly the infant feeding component. In March 2004 LINKAGES organized a national advocacy symposium attended by more than 100 key stakeholders to raise awareness of the importance of nutrition in the care and support of people living with HIV and AIDS and the role of infant and young child feeding in PMTCT programs. In August 2005 the project, in collaboration with the Ministry of Health and the USAID-funded FANTA Project, organized a workshop to develop national guidelines on nutrition and HIV/AIDS, which were finalized by the MOH in September 2006.
- **Working groups and advocacy events.** LINKAGES' ongoing advocacy for infant and young child feeding included participation in the Fed-MOH Nutrition Working Group and the Child Survival Partnership, comprising UNICEF, WHO, the World Bank, and the United States and the Canadian International Development Agencies (USAID and CIDA). Staff provided technical updates at donor and partner meetings and made presentations at advocacy events and training courses in all regions of the country. To facilitate collaboration, communication, and coordination among major nutrition assistance groups in Ethiopia, LINKAGES made more than 40 presentations on "Why Nutrition Matters" to over 1,000 people. More than 1,200 people saw the presentation on "Infant Feeding in the Context of HIV and AIDS," and approximately 1,000 viewed the presentation on "Nutrition in the Context of HIV and AIDS."
- **Code of Marketing of Breastmilk Substitutes.** Through a collaborative effort between the Fed-MOH, UNICEF, and LINKAGES, a Code of Marketing of Breastmilk Substitutes was drafted. In 2006 the Fed-MOH prepared a circular to distribute to public and private facilities that included aspects related to the Code.

## **2. Capacity Building:** *building the capacity of health care providers through pre-service and in-service training to promote the Essential Nutrition Actions at key contact points within and outside the health sector*

As part of LINKAGES' capacity building strategy, more than 150 trainings were held between July 2003 and October 2006. These trainings lasted from three to six days, with an average of 21 participants attending. Seven basic courses were offered: 1) ENA Technical, 2) ENA for Counselors, 3) ENA for Community Promoters, 4) ENA in the Context of HIV/AIDS, 5) Baby-Friendly Hospital Initiative, 6) Lactation Management, and 7) Lactational Amenorrhea Method (LAM).

- **Pre-service training** was strengthened through technical and skills training, lesson planning, application of adult learning principles and methodologies in classroom instruction, and tools to monitor the quality of teaching and to measure outcomes. With support from the Carter Center's Ethiopia Public Health Training Initiative, LINKAGES worked with seven universities (Addis Ababa, Alemaya, Debu, Defense, Gondar, Jimma, and Mekelle) to strengthen their pre-service programs. Teachers and instructors from these schools were trained using the same ENA courses and materials as in-service personnel. Involvement in activities to improve the universities' practicum sites led to efforts to implement the Baby-Friendly Hospital Initiative in hospitals affiliated with the universities.
- **In-service training** and assistance were provided to staff of government agencies, PMTCT sites, donors, and NGOs. All MOH federal and regional nutrition staff received training in ENA. With support from WHO, UNICEF, and the USAID-funded Essential Services for Health in Ethiopia (ESHE) bilateral project, key government staff stationed in the 11 regions of Ethiopia attended similar trainings. Staff from UNICEF, the World Food Program, the World Bank, USAID-funded projects, and more than 16 national and international NGOs<sup>1</sup> participated in one or more of the trainings.

## **3. Community Involvement:** *creating a supportive environment and building the capacity for improved nutrition practices by engaging stakeholders (e.g., family members, community members, health care providers, the media, and local, district, and national leaders)*

The third component of the strategy was to work at the community level and to involve for-

mal and non-formal extension workers in the promotion of ENA during their interactions with women and young children. In Ethiopia LINKAGES' community work was primarily through AED's involvement with the ESHE Project. AED, the organization that manages the LINKAGES Project, is part of the team implementing ESHE in 64 *woredas* (districts) of the country's three most populated regions (Amhara, Oromia, and Southern Nations, Nationalities and Peoples - SNNPR). AED is providing assistance for the project's community nutrition and BCC interventions. Community nutrition-related activities included the promotion of improved breastfeeding and complementary feeding practices, bi-annual vitamin A supplementation of children beginning at 6 months, and postpartum vitamin A supplementation of women.

AED-LINKAGES, with the ESHE and regional MOH staff, trained volunteers at the community level using the ENA Course for Community Promoters, developed for illiterate workers. These training courses applied counseling and negotiation skills to the promotion of the Essential Nutrition Actions. Training was also provided for the newly deployed health service extension workers and their instructors. LINKAGES responded to requests by a number of NGOs for training in counseling and negotiation skills for use in their child survival and food security programs.

## **4. Behavior Change Communication:** *using a behavior change communication strategy to reach various audiences with interpersonal communication, group discussions, and mass media*

To support health care providers and community health workers, LINKAGES worked with seven NGO partners, UNICEF, and three universities to implement three formative research studies to identify existing practices and obstacles to better infant and young child feeding and maternal dietary practices. The research findings and the *Guiding Principles for Complementary Feeding of the Breastfed Child*, released by WHO in 2003, were used to design appropriate messages and tools. The following print and audio visual materials were developed and disseminated, several of them in three languages (Amharic, Tigrigna, and Oromiffa).

- **Booklet on key ENA messages** helps ensure that all partners provide the same messages.
- **Illustrated family health booklet**, developed by The Health Communication Partnership in collaboration with the ESHE Project and LINKAGES, helps parents follow the actions they need for the health and nutrition of their children.

<sup>1</sup> CARE, Canadian Physicians Aids and Relief (CPAR), Catholic Relief Services (CRS), Christian Relief & Development Associations (CRDA), Foundation for Global Awakening, Concern, GOAL, International Medical Core (IMC), International Rescue Committee (IRC), Intra-Health, Médecins du Monde, Médecins sans Frontières, Orthodox Church Development and Inter-church Aid Commission (EOC/DICAC), Pathfinder, Relief Society of Tigray (REST), Save the Children/US and UK, and World Vision.

- **6 job aids** summarize what health workers and health extension workers should do at each contact point with ENA, child survival, and reproductive health messages.
- **6 IYCF counseling cards** encourage men as “wise fathers” to promote better infant, child, and women’s nutrition.
- **Complementary feeding counseling tool** summarizes current recommendations for appropriate feeding of children 6-24 months old.
- **Complementary feeding recipe book** features recipes using indigenous, locally available foods for three major staple diets.
- **BFHI poster** lists the 10 Steps to Successful Breastfeeding in the context of ENA for display in health facilities.
- **Video** (“The Mother’s Gift”) demonstrates breastfeeding positioning and attachment.
- **Cassettes/CDs** include audio spots on breastfeeding, complementary feeding, and maternal nutrition for regional and local radio and community programs.
- **Infant feeding-PMTCT counseling tool** (desktop flip chart) and **2 mini posters** (10-step counseling checklists) assist in counseling on infant feeding options.
- **Nutrition and HIV/AIDS materials** include a measurement chart on body mass index, four posters, counseling cards, and a brochure on five ways to live positively with HIV and AIDS.



Counseling cards



Job Aids



Family Health Booklets

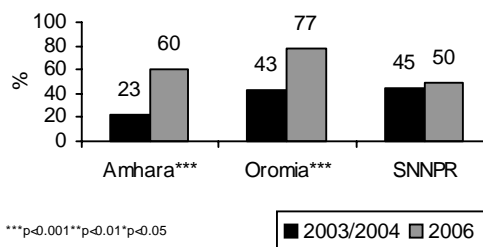
## Monitoring and Evaluation

In May/June 2006 LINKAGES and the ESHE Project collaborated in a community assessment of behavior change. The assessment targeted 2,200 households each in three regions among communities where community health promoters had been active for at least six months. The baseline surveys were conducted in June 2003 in SNNPR, May 2004 in Oromia, and December 2004 in Amhara.

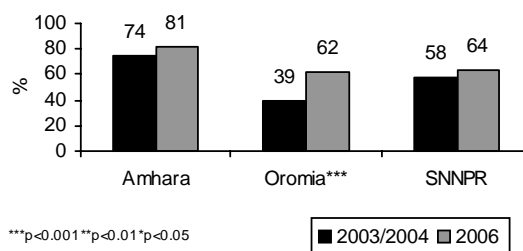
Initiation of breastfeeding within one hour of birth increased significantly in project sites in Amhara and Oromia but showed no statistically significant change in SNNPR.

Exclusive breastfeeding for the first six months showed large increases in Oromia (23 percentage points) but no statistically significant change in Amhara and SNNPR. For all three regions, the exclusive breastfeeding rate in 2006, which ranged from 62 percent to 81 percent, was considerably higher than the national rate (49 percent) reported in the 2005 Demographic Health Survey.

**Percent of newborns put to breast within 1 hour of birth for infants 0-11 months**



**Percent of infants exclusively breastfed, 24 hour recall from mothers with infants 0-5 months**



Information was also collected on continued breastfeeding from 6 to 24 months, age-appropriate frequency of feeding, and dietary diversity among children 6 to less than 24 months old to create a new proposed infant and young child feeding indicator. Ethiopia was one of the first countries to use this indicator in a field setting. ESHE’s endline survey in 2008 will compare the IYCF indicator from the two surveys.

Other M&E activities included follow-up on training performance and ENA integration in pre-service training and curriculum as well as technical assistance for a PMTCT baseline survey in six regions, recording of infant feeding practices in PMTCT sites, and a qualitative assessment in PMTCT sites of infant feeding counseling.

Although the LINKAGES Project ended in 2006, its contribution will continue in Ethiopia through trained health instructors, providers, and promoters; materials, training modules, and policies; the ENA framework for addressing malnutrition; and the ongoing work of partners.