



THOMAS LUSEGED • SAVE THE CHILDREN

## In-Service Capacity Building of Frontline Health and Agriculture Workforce for Nutrition Services

**T**he Empowering the New Generation to Improve Nutrition and Economic opportunities (ENGINE) project addressed frontline health and agriculture workers' capacity to fulfill their roles in the implementation of Ethiopia's National Nutrition Program through interventions aimed at strengthening both pre-service and in-service training.

Discussed in-depth in ENGINE Technical Brief #3: Developing Ethiopia's Nutrition Workforce of Tomorrow: Creating a Capacity-Based Curriculum in Pre-service Training Institutions, the project worked with 12 of the country's 60 pre-service ►

## ENGINE TECHNICAL BRIEF 4

EMPOWERING NEW GENERATIONS WITH IMPROVED NUTRITION AND ECONOMIC OPPORTUNITIES



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*institutions to incorporate competency-based nutrition content into their curriculum.*

*To strengthen the skills of the existing workforce, ENGINE collaborated with the Ministry of Health (MOH) and Ministry of Agriculture (MOA) to provide comprehen-*

*sive in-service training for health and agriculture workers, enabling them to support nutrition-sensitive agriculture (NSA) activities and provide quality nutrition-specific services.*

## IMPLEMENTATION

### Health Service Providers

Though the Integrated Refresher Training (IRT) for health extension workers (HEWs) has included nutrition skills training from its inception, prior to ENGINE's work, most cadres of health and agriculture workers did not receive standardized in-service training on nutrition services, though they were regularly called upon in their professional roles to provide these services. Working with the MOH, ENGINE developed a training package on maternal, infant, and young child feeding for health workers and provided health centers with counseling materials to support their nutrition work.

After training more than 700 health center staff, including those in the antenatal care (ANC) and under five clinics, ENGINE developed a mentoring system in which zonal and *woreda* staff support health center staff, who each in turn supervise and mentor 10 HEWs. The project also provided management training to ensure health and agriculture program managers had the knowledge and skills necessary to supervise and monitor nutrition services provided by frontline health and agriculture workers.

ENGINE actively participated in health centers' and *woredas*' quarterly review meetings to further institutionalize the monitoring of nutrition services within the government's existing system. Few nutrition monitoring indicators were included in the HEWs' standard reporting forms, therefore ENGINE encouraged HEWs to collect data on the nutrition services they provided, such as the number of mothers counseled on nutrition and the number of children who received zinc and oral rehydration solution, for discussion during the review meetings. ENGINE staff also accompanied the HEWs, facility-based health workers, and zonal and *woreda*-level MOH staff on site visits to observe the HEWs' nutrition skills in action and offer support or correction as necessary.

During the last two years of the project, ENGINE worked with the MOH and other partners to support

the development of a standardized blended training manual for maternal, infant, and young child nutrition (MIYCN), similar to the IRT, for facility-based health workers. The majority of ENGINE's MIYCN training content and materials have been integrated into this manual. It will be the only training manual used to train facility-based health workers, which will help standardize training and the provision of nutrition services and save resources.

### Agriculture Workers

To support the agriculture sector in their new role implementing the NSA activities within the NNP, ENGINE developed an NSA training manual for use with agricultural extension workers (AEWs) and regional and *woreda*-level agriculture managers. ENGINE used the manual to facilitate training of agriculture workers on NSA and livelihoods, diversification of production and consumption, complementary feeding, the most-vulnerable households' service package, how to demonstrate homestead farming skills at farmer training centers and at homes, and the basics of animal husbandry. Similar to the support provided to HEWs, ENGINE participated in *woreda* quarterly review meetings for AEWs and *woreda* agriculture offices and ensured joint supportive supervision through the existing MOA structures.

### Multisectoral Coordination Capacity Building

As a multisectoral project, ENGINE supported collaboration among the sectors to mitigate duplication of effort and encourage AEWs and HEWs to build on each other's work. Joint review meetings and supportive supervision of *woreda* health and agriculture offices, HEWs, and AEWs fostered partnership between the sectors. Representatives from the local MOH, MOA, Ministry of Education, and other stakeholders established a multisectoral coordination platform led by the *woreda* administrator to discuss their experiences implementing the NNP.

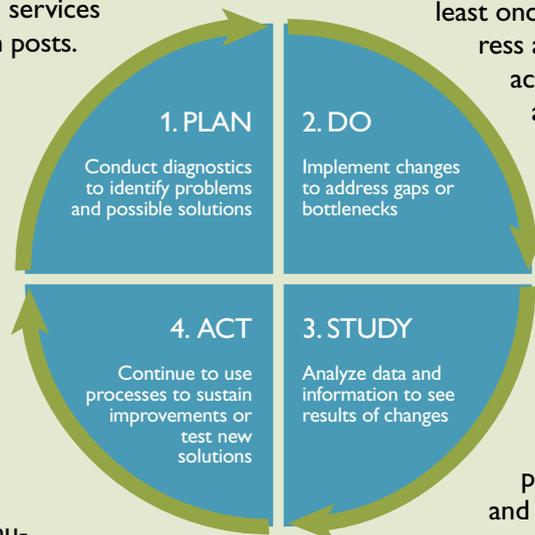
As a multisectoral project, ENGINE supported collaboration among several sectors to mitigate duplication of effort and encourage AEWs and HEWs to build on each other's work through joint review meetings and supportive supervision of *woreda* health and agriculture offices, HEWs, and AEWs.

In-service training, supportive supervision, and review meetings are essential activities but are insufficient to improve the quality of nutrition services. Continuous on-the-job learning, skill-building, and monitoring of service performance is essential to maintain quality health services.

Thus, ENGINE built off of the MOH's quality improvement framework to pilot a continuous quality-improvement approach for nutrition services in 10 health centers and 43 health posts.

ENGINE sees the processes of improving the quality of service delivery as an essential part of health worker capacity building. When staff track their work and that of their colleagues against standard indicators, the areas in which they need to improve—both individually and as a group—are clear and the skills they learn to mitigate the gaps remain with them throughout their careers.

ENGINE assessed the quality of nutrition services provision in 24 selected facilities and found gaps in the quality of assessments



and counseling and shortages of key micronutrient supplements and therapeutic feeding supplies. Using this information, the project developed a set of indicators and an assessment tool to track facilities' improvements in ANC, postnatal, and under-five nutrition counseling, micronutrient stocks, and data quality.

Facilities created quality improvement teams, which included the director of the health center and met at least once every other week to review progress against their quality improvement action plan. The process of tracking and reviewing their performance in these indicators helped facilities view their package of nutrition services as a whole. The teams discussed progress, identified bottlenecks, and addressed barriers to the provision of quality nutrition services. Including the facility directors was essential to this process, as their participation prevented them from denying problems or avoiding responsibility and helped solidify support for nutrition services at the highest levels of leadership.

## Selected Results

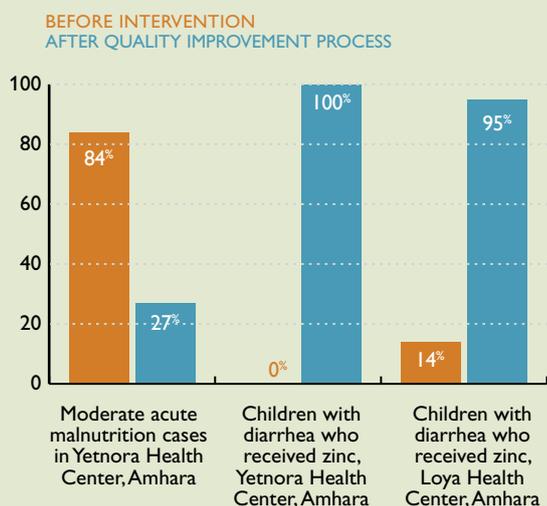
The quality improvement team in Sirbo Health Centers in East Oromia set an ambitious target of increasing the proportion of ANC clients that received nutrition counseling to 85 percent from a baseline of 8 percent. In the first week of data collection no women were counseled but in week 18 Sirbo staff counseled all 13 ANC clients on proper nutrition during pregnancy.

The teams in Delgi Health Center in Amhara and Deri Health Center in SNNPR focused their quality improvement efforts on the provision of iron-folate supplements for pregnant women. Both facilities had encountered problems ensuring a continuity of stock,

thus the teams implemented monthly stock checks, kept updated records, and established direct lines of communication with the purchasing facility. They also established peer supervision mechanisms to monitor ANC visits and coached service providers. Deri Health Center's goal was to provide 95 percent of ANC clients with iron-folate supplements. It surpassed its goal within four weeks after which 100 percent of ANC clients received iron-folate supplements for the full six months that monitoring data was available. Delgi Health Center increased the proportion of pregnant women receiving iron-folate from 20 to almost 100 percent.

## Discussion:

ENGINE's quality improvement methodology met some challenges. High staff turnover and some staff's resistance to what they perceived as "extra" work limited progress. Some barriers to quality services were more difficult to address, for instance lack of space for counseling, limited engagement of *woreda* offices, and insufficient support from the facility heads. Nonetheless, the results showed promise. ENGINE's quality improvement process put the responsibility of identifying gaps in the quality of services in the hands of service providers and helped them recognize their ability to solve the identified issues. Though ENGINE fully supported the initiative in only 53 locations, the project introduced an additional 143 facilities to the methodology through training and exchange visits.



## LESSONS LEARNED

- ◆ **When indicators of the quality of nutrition services are tracked, projects can focus their efforts where most needed.** The quality improvement process generated data about nutrition services where previously none existed, enabling facilities to use data for decision making and ENGINE to identify areas for focus in all project-supported facilities.
- ◆ **While the initiative was successful in improving the quality of nutrition services in project-supported facilities, the fact that nutrition service indicators are not collected in the country's current health management information system** or within a new quality improvement initiative being rolled out nationwide, detracts from sustainability and scalability of the initiative. However, because the provision of quality nutrition services lags so far behind other areas of service delivery, facilities can see great improvement in a short space of time.
- ◆ **Multisector capacity building facilitates multisectoral coordination.** In the beginning, ENGINE supported sector-specific capacity building and review meetings. However, the project learned that supporting joint meetings of *woreda* level MOH, MOH, and Ministry of Education staff combined with joint supportive supervision facilitated the multisectoral approach and coordination of NNP activities.
- ◆ **Capacity building customized to the roles and responsibility of frontline workers is key to improve nutrition services.** The first training sessions ENGINE offered for agriculture workers were not customized to their job descriptions or expected tasks. The curriculum included too much nutrition-specific content unrelated to their work, such as information on breastfeeding, supplementation, and details regarding complementary feeding. In the second year of implementation, ENGINE revised the NSA training manual to more closely match the AEWs' daily activities and expected deliverables, which improved workers' acceptance of the training. In its final months, ENGINE worked with the MOA and other partners to develop a standardized NSA training and service delivery manual. Growth through Nutrition will continue to support this activity.
- ◆ **Without identified indicators of quality, changes in the diversification of production and consumption at the household level and improvements in service delivery at farmer training centers cannot be tracked.** Growth through Nutrition will develop a tool to guide the measurement of NSA trainings and support provided at the farmer training centers similar to the quality improvement tool ENGINE developed for use in health centers. ◆

## ABOUT ENGINE

The Empowering the New Generation to Improve Nutrition and Economic opportunities (ENGINE) project was the U.S. Agency for International Development Ethiopia Mission's flagship multisector nutrition project. ENGINE, which was implemented from September 2011 to September 2016, built on the Government of Ethiopia's National Nutrition Program and the U.S. Government's Feed the Future initiatives to prevent undernutrition during the first 1,000 days of life, from the start of pregnancy until the child is two years of age. The project was led by Save the Children in partnership with Tufts University, Jhpiego, Land o' Lakes, the Manoff Group, Valid International, and Jimma University and worked in 116 *woredas* across the Amhara, Tigray, Oromia, SNNPR, and Somali regions of Ethiopia.

ENGINE partnered with Ethiopian ministries to strength existing multisector coordination and support the development and revision of nutrition policies, guidelines, and standards. It integrated instruction on nutrition into the pre-service curriculum for health and agriculture workers and built the capacity of frontline

health and agriculture workers to provide high quality nutrition services. The project's social and behavior change communication activities promoted optimal maternal, infant, and young child feeding practices and dietary diversity at the community level. Work with vulnerable households educated participants about nutrition-sensitive agriculture techniques and livestock management to increase consumption of nutrient-dense foods and augment household income. ENGINE promoted improved water, sanitation, and hygiene practices to prevent diarrhea in children and improve nutritional status, mainstreamed gender in all its activities, and implemented a rigorous research strategy to support and guide effective nutrition policies and practices.

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*This report is made possible by the generous support of the American people through the United States Agency for International Development (USAID) ENGINE project under Agreement No. AID-663-A-11-00017. The contents are the responsibility of Tufts University and Save the Children and do not necessarily reflect the views of USAID or the United States.*