



ETHIOPIA

November 2005

Total country population (2004) 72.4 million
(9 regions and 2 administrative council areas)

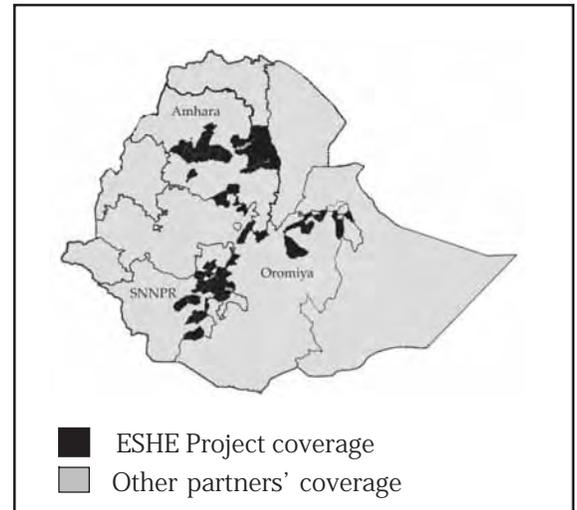
Project catchment area Direct presence in 64 focus woredas (districts) of ESHE bi-lateral in 3 regions covering 15 million and indirect presence across country via training of partner staff from government health bureaus, 23 PMTCT sites in 6 regions, 7 universities, UNICEF, World Bank, and multiple NGO/PVO 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 2000). These levels of malnutrition contribute to the country's high under-five mortality (more than 472,000 deaths each year). With an estimated 174 deaths per 1,000 live births, Ethiopia has the sixth highest under-five mortality rate in the world. Analyses show that malnutrition, even in its milder forms, accounts directly or indirectly for 58 percent of under-five deaths in Ethiopia (*Profiles 2001*).

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 12.6 percent in urban areas and 2.6 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.

In March and June 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 optimal breastfeeding (especially exclusive breastfeeding in the first six months), optimal complementary feeding, nutritional care of the sick child, women's nutrition, and the prevention of anemia, vitamin A deficiency, and iodine deficiency.

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 can also be 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 implementa-

tion plan emerged with defined partner roles and responsibilities. The primary partners are 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 includes 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. LINKAGES has focused primarily on improving breastfeeding and complementary feeding practices within food security, nutrition, child survival, reproductive health, and prevention of mother-to-child transmission (PMTCT) of HIV programs.

Program Strategies and Activities

The program aims to ensure that nutrition actions are harmonized across ongoing relevant health and non-health programs, including activities related to HIV/AIDS, 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 involves four key components: policy and advocacy, capacity building, community involvement, and behavior change communication. The objective of each component and activities to achieve it are 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 has provided assistance for the review of policies and the development and dissemination of nutrition strategies, protocols, and guidelines, as described below.

- **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," including aspects related to HIV/AIDS and emergency situations, and the "National Guideline for Control and Prevention of Micronutrient Deficiencies" were released in June 2004. The project helped disseminate the strategy and guidelines 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.

- **PMTCT policy review and advocacy.** Since July 2003 LINKAGES has been 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. Analysis of the infant feeding options for urban HIV-positive women in Ethiopia was presented at the symposium and other forums.
- **Working groups and advocacy events.** LINKAGES continues to advocate for infant and young child feeding through 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 provide technical updates at donor and partner meetings and make 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 has given presentations on "Why Nutrition Matters," "Nutrition in the Context of HIV and AIDS," and "Infant Feeding 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 draft Code of Marketing of Breastmilk Substitutes has been formulated and is under review in the country.

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, approximately 90 trainings were held between July 2003 and November 2005. These trainings lasted from three to six days, with an average of 21 participants attending. Six basic courses are offered, four of them on ENA: a technical orientation, a counselors' guide to behavior change communication, community nutrition, and ENA in the context of HIV and AIDS. Courses on lactation management and the lactational amenorrhea method are also provided.

- **Pre-service training** is being 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 is working with seven universities (Addis Ababa, Alemaya, Dilla, Defense, Gondar, Jimma, and Mekelle) to strengthen their pre-service programs. Teachers and instructors from these schools participated in the courses mentioned above and attended a workshop on the Baby-Friendly Hospital Initiative.
- **In-service training** and assistance are being provided to staff of government agencies, PMTCT sites, donors, and NGOs. Since the program began, all MOH headquarters nutrition staff received training in ENA. With support from UNICEF and the USAID-funded Essential Services for Health in Ethiopia (ESHE) bilateral project, key government staff stationed in nine regions attended similar trainings. Other government agencies represented in the training courses have included the Ministry of Agriculture and the Ethiopian Health and Nutrition Research Institute.

Staff from UNICEF, the World Food Program, the World Bank, USAID-funded projects, and more than 16 national and international NGOs¹ participated in one or more of the trainings. Through U.S. government funding of the Hareg Project, LINKAGES assisted in the development of the infant feeding component in training manuals used in 23 PMTCT sites. Health staff, counselors, and managers working at these sites

were trained to help mothers decide on an appropriate feeding option and safely practice the chosen option.

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 is to work at the community level and to involve formal and non-formal extension workers in the promotion of ENA during their interactions with women and young children. In Ethiopia LINKAGES' community work is 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* of the country's three most populated regions (Amhara, Oromia, and SNNPR). AED is providing assistance for the project's community nutrition and BCC interventions. Community nutrition-related activities during the first year included the promotion of breastfeeding, complementary feeding, and vitamin A. The existence of a large bi-lateral such as the ESHE Project has allowed LINKAGES to help roll out the ENA strategy and training at all levels, especially at the community.

AED-LINKAGES, with the ESHE and regional MOH staff, are training volunteers at the community level using the ENA counselors' guide and the ENA community nutrition module, the latter recently developed to target illiterate workers. These training courses apply counseling and negotiation skills to the promotion of the Essential Nutrition Actions with mothers. Training is also provided for community health workers and the newly deployed health service extension workers. In addition, support is given to the MOH, through a partnership with UNICEF, to help the instructors of the extension workers incorporate negotiation in their training. A number of NGOs have requested 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 eight NGO partners, UNICEF, and three universities to identify key messages for promotion of

¹CARE, 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), Relief Society of Tigray (REST), Save the Children/US and UK, and World Vision. Pathfinder has participated in LAM trainings.

the Essential Nutrition Actions. Three formative research assessments identified 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 materials are being used to communicate messages during counseling sessions, health education, and community events or to reinforce these messages through mass media.

- **IYCF counseling tools** encourage men as “wise fathers” to promote better infant, child, and women’s nutrition. Illustrated laminated cards with messages in Amharic and English and a CD-Rom of the materials were shared with more than 40 partners to adapt in their programs.
- **An infant feeding-PMTCT counseling tool** (desktop flip chart) and mini posters (10-step counseling checklists) provide information on assessing the feeding options of HIV-positive women, safer breastfeeding, and replacement feeding. These materials were distributed to partners and to health staff in PMTCT sites.
- **A booklet on key ENA messages**, now translated to English and Oromiffa, was also distributed to partners.
- **A family health booklet** (small size for mothers and large size for health workers to use in counseling) includes child survival and ENA messages in Amharic and Oromiffa. The booklet was developed with the ESHE Project and the Health Communication Partnership. ESHE, UNICEF, selected NGOs, and the World Bank are using the booklet in their programs.
- **Job aids** with nutrition and health protocols can be used by health providers at six points of contact with mothers.



Counseling cards



Job Aids



Family Health Booklets

- **A video** translated into Amharic and Oromiffa shows positioning and attachment for optimal breastfeeding.
- **A breastfeeding CD and complementary feeding CD** with audio spots and stories in Amharic and Oromiffa are available for regional and local radio and community programs.

Monitoring and Evaluation

Since LINKAGES is collaborating closely with the ESHE Project, changes in ENA practices will be assessed when LINKAGES completes its activities in 2006. In 2003 and 2004, ESHE carried out baseline surveys in focus and control areas in three regions. In addition to key indicators—early initiation of breastfeeding, exclusive breastfeeding, and timely complementary feeding—LINKAGES is tracking other ENA indicators and the composite complementary feeding index indicator. The composite index consists of breastfeeding status, frequency of feeding, and dietary diversity among children 6 to less than 24 months old.

In addition to tracking these indicators, LINKAGES monitors process indicators (advocacy events, workshops, and training). The quality of training activities is monitored through pre- and post-test questionnaires during training, follow-up tests six months after selected trainings, observation of negotiation techniques of counselors, and exit interviews with mothers who have received counseling.

Other M&E activities have included technical assistance to the Hareg PMTCT project for a baseline survey in six regions and the development of indicators, a supervisory checklist on infant feeding counseling, and a register to monitor PMTCT service delivery. Technical assistance to the PMTCT project ended in 2005 after the completion of refresher training on infant feeding in all original 23 PMTCT sites.

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

For more information on the Ethiopia country program, contact:

LINKAGES Headquarters

Email: linkages@aed.org

Phone: (202) 884-8221

Fax: (202) 884-8977

Country Office

E-mail: agnes.linkages@healtheth.org.et

Phone: 251-11-416-8454

Fax: 251-11-416-8177

WORLD LINKAGES is a publication of LINKAGES: Breastfeeding, LAM, Related Complementary Feeding, and Maternal Nutrition Program, and was made possible through support provided to the Academy for Educational Development (AED) by the United States Agency for International Development (USAID), under the terms of Cooperative Agreement No. HRN-A-00-97-00007-00. The opinions expressed herein are those of the author(s) and do not necessarily reflect the views of USAID or AED.