



# East and Southern Africa

1997-2006

## Background

The USAID-funded LINKAGES Project began work with the Regional Economic Development Services Office for East and Southern Africa (REDSO/ESA) in 1997 under the Greater Horn of Africa Initiative (GHAI). The original objectives of GHAI were to improve food security and prevent conflict in the region using five basic principles to guide program implementation: 1) ensuring African ownership, 2) promoting strategic coordination, 3) linking relief and development, 4) promoting regional approaches, and 5) assuming underlying instability in the region. LINKAGES specifically contributed to the food security objective with particular emphasis on improving infant and young child nutrition. Beginning in 2000, LINKAGES received support from REDSO to expand its scope to include work on nutrition and HIV and AIDS in the region.

Malnutrition is decreasing in every region of the world except sub-Saharan Africa. Countries continue to report high prevalence rates of stunting, wasting, and undernutrition, and poor rates of exclusive breastfeeding, timely initiation of breastfeeding, and timely complementary feeding. The region is also plagued with related health and food security problems. Each year, approximately 2.4 million people in sub-Saharan Africa die from AIDS-related illnesses, 600,000 from tuberculosis, and 1 million from malaria. For children, the situation is especially serious: 800,000 die from diarrhea, 1.2 million from pneumonia, 500,000 from measles, and 600,000 from malaria. Malnutrition is the underlying cause of 53 percent of these deaths. The burden of disease and malnutrition in the region is exacerbated by drought, conflict, and a depressed economy. With REDSO support, the LINKAGES Project worked closely with other USAID-funded projects and regional partners to combat these trends, concentrating its efforts in two technical areas: 1) nutrition and HIV and AIDS and 2) infant, young child, and maternal nutrition.



## Regional Partners

LINKAGES activities in East and Southern Africa contributed to REDSO's strategic objective: *enhanced regional capacity to improve health systems*. LINKAGES offered extensive technical and some administrative support to the activities of two partners in the region: the Regional Centre for Quality of Health Care (RCQHC) in Kampala, Uganda, and the East, Central, and Southern Africa Health Community Secretariat (ECSA-HCS), formerly known as the Commonwealth Regional Health Community Secretariat (CRHCS) in Arusha, Tanzania.

### Regional Centre for Quality of Health Care

RCQHC has over 1,000 members from government, private, and NGO sectors from 20 countries. The regional organization works to build capacity to improve quality of health care through the promotion of better practices, networking, and education. LINKAGES worked most closely with RCQHC's nutrition and child health program and supported a staff member based at RCQHC for four years.

### East, Central, and Southern Africa Health Community Secretariat

ECSA-HCS is comprised of 12 member states from East, Central, and Southern Africa. The body is directed by a Conference of Health Ministers that convenes once a year to discuss pressing health concerns of their region. LINKAGES worked through the food and nutrition program at CRHCS and with the nursing and midwifery program.

## Technical Foci

Nutrition and HIV/AIDS and an integrated package of essential nutrition actions were the technical foci for this regional initiative. A team from LINKAGES, FANTA, and SARA—three US-AID-funded projects managed by the Academy for Educational Development (AED)—along with REDSO, RCQHC, and ECSA-HCS collaborated on nutrition and HIV/AIDS activities. The LINKAGES Project offered technical assistance on improved feeding practices to prevent mother-to-child transmission (PMTCT) of HIV as well as nutritional care for HIV-infected women and children. The team provided technical assistance on nutritional care and support for all population groups living with HIV, nutritional management of AIDS-related symptoms, management of drug-food interactions in HIV therapy, and household food security.

The second technical focus was promotion of the essential nutrition actions (ENA) package in the region. The ENA approach is based on a set of actions that are scientifically proven to improve the nutrition of women and children. The seven nutrition action areas are outlined in the box on the right.

The ENA approach is implemented through health worker counseling and interactions with pregnant women and mothers with children under two years of age at six key contact points: antenatal care, delivery and immediate postpartum, postnatal and family planning, immunization, growth monitoring/well child, and sick child consultation.

## Programming Priorities

When the program was initiated in 1997, LINKAGES focused programming activities in Kenya, Tanzania, and Uganda. The program later expanded its coverage to include several other countries in East and Southern Africa and provided assistance to Ghana in West Africa. Programming priorities included: 1) pre-service curricula development and training; 2) policy, advocacy, and national guidelines development; and 3) development of community-level programming tools.

## Training and Curricula Development

LINKAGES, RCQHC, and other partners developed four extensive pre-service training courses—two on the Essential Nutrition Actions and two on Nutrition and HIV/AIDS.

### Seven Essential Nutrition Actions

- 1) Promotion of optimal breastfeeding during the first six months
- 2) Promotion of appropriate complementary feeding beginning at six months with continued breastfeeding to two years and beyond
- 3) Promotion of feeding of the child during and after illness
- 4) Prevention of vitamin A deficiency (breastfeeding, consumption of fortified and vitamin A-rich foods, maternal and child supplementation)
- 5) Prevention of anemia (maternal and child iron supplementation, deworming, malaria control, consumption of fortified and iron-rich foods)
- 6) Promotion of iodized salt consumption by all families
- 7) Promotion of improved women's nutrition (increased food intake during pregnancy and lactation, iron/folic acid supplementation, treatment and prevention of malaria, deworming during pregnancy, and postpartum vitamin A supplementation)

**Essential Nutrition Actions.** The ENA pre-service training modules comprise two successive five-day courses designed to help managers of health programs prioritize nutrition actions and integrate them into policies, communications, and interventions in health facilities and communities. The first course focuses on the 'what' of ENA and covers state-of-the-art technical updates related to infant feeding, maternal nutrition, and micronutrients. The course is designed for pre-service instructors, program managers, and technical experts. The second course, designed for the same audience as well as for program trainers, focuses on the 'how' of ENA and covers behavior change techniques including counseling and negotiation.

Building on the experience of the first regional ENA course held with the RCQHC in Mombasa in 2000, two regional training-of-trainers courses were conducted in 2006 in partnership with the RCQHC for six countries (Madagascar, Malawi, Niger, Rwanda, Tanzania, and Uganda) to introduce both ENA courses. Thirty-two representatives participated

from governments, USAID-funded projects, international and national NGOs, universities, UNICEF country offices, and WHO's Africa Regional Office (WHO/AFRO). Outcomes of these two trainings were the development of country-level ENA action plans and a WHO/AFRO-sponsored one-day ENA session for 12 African countries attending a regional technical workshop in May 2006.

**Nutrition and HIV and AIDS.** In August 2002 a five-day workshop with tutors from 10 training institutions in the region was held to review teaching sessions for pre-service curricula on nutrition and HIV. Following the workshop, RCQHC and the LINKAGES, FANTA, and SARA projects worked closely to incorporate feedback received at the workshop into teaching modules for a pre-service training manual. *Nutrition and HIV/AIDS: A Training Manual* provides instructors with technical content, presentations, practical exercises, and handout materials that can be used for planning and facilitating courses and lectures. The intended users of the manual are instructors of masters or undergraduate level students of medical or health sciences, applied human nutrition, dietetics or home economics, and food technology and agriculture. Approximately 20 universities in the region are using the manual in their instruction.

In December 2003 a workshop organized by the East, Central, and Southern Africa Health Community Secretariat was held with instructors and administrators from eight countries to develop a similar pre-service training manual for nursing and midwifery programs in the region. *Nutrition and HIV/AIDS: A Training Manual for Nurses and Midwives* was launched November 2006 at an orientation and technical update meeting in Malawi for instructors and administrators of nursing schools in the region.

### Nutrition Policy and Advocacy

The second programming priority was in the area of nutrition policy and advocacy. Lack of recognition of nutrition's importance as a development issue by policymakers, planners, and the general public is a major constraint to improved nutrition in the region. In May 1999, LINKAGES and CRHCS (ECSA-HCS) organized a ten-day nutrition advocacy workshop in Arusha, Tanzania. Fourteen nutritionists, health professionals, and health planners from Kenya, Tanzania, Uganda, Eritrea, and Ethiopia were introduced to *Profiles*.

*Profiles* is a nutrition advocacy process designed to demonstrate the contribution that improved nutrition can make to human and economic development. *Profiles* uses country-specific data and interactive computer-based models to project the consequences of sub-optimal breastfeeding practices and inadequate dietary practices on mortality, illness, health care costs, and fertility. In addition to the regional *Profiles* training workshop in May 1999, the following *Profiles* workshops were supported through REDSO's East and Southern Africa program:

- ♦ Kenya, March 2000, with the RCQHC as co-facilitator
- ♦ Uganda, June 2000, with the RCQHC and the African Medical Research Foundation (AMREF) as co-facilitators
- ♦ Tanzania, September 2000, with the Tanzania Food and Nutrition Centre as co-facilitator

LINKAGES and its partners at ECSA-HCS and RCQHC provided guidance and support for capacity building in nutrition advocacy and the use of *Profiles* for promoting nutrition within larger national policies and strategies including the poverty reduction strategies papers (PRSP), health sector reforms, and mid-term expenditure frameworks. Support was also provided to countries in the region for the development of national guidelines on nutrition and HIV and the prevention of mother-to-child transmission of HIV.

### Community Programming Resources

The objective of the third priority area was to strengthen nutrition and child survival programs at the community level. LINKAGES documented better practices, sponsored a forum to share effective strategies, and developed materials for health providers.

**"Better Practices" Documentation.** In 1999 LINKAGES collaborated with African organizations, institutions, and professionals in Kenya, Uganda, and Tanzania to identify "better practices" in community nutrition programs that had led to positive nutrition outcomes. A "better practice" is one that can be institutionalized, yields measurable results, and is both feasible and replicable. The process involved in preparing and conducting the better practices assessments was designed to utilize regional resources and expertise, link organizations, re-

juvenate national nutrition planning, and strengthen institutional capacity in nutrition program assessment and advocacy.

LINKAGES contracted with the Program for Applied Technologies in Health (PATH)/Kenya, the African Medical Research Foundation (AMREF)/Uganda, and the Tanzania Food and Nutrition Centre (TFNC)/Tanzania to coordinate the process in their respective country. PATH, AMREF, and TFNC participated in a four-day orientation and methodology meeting in Nairobi in July 1999. Following this meeting, they established *national nutrition coalitions* with key nutrition stakeholders from government, academia, donors, and non-governmental organizations. One of the first tasks of the Uganda Group for Action on Nutrition, the Kenya Coalition for Action in Nutrition, and the National Consultative Group in Tanzania was to compile an inventory of community nutrition programs and to identify the most successful ones for review during the assessment.

Together with members of the coalitions, PATH, AMREF, and TFNC each undertook three field assessments of successful community nutrition programs. In May 2000 they met with the nutrition coalition in their respective country to share the assessment findings. A final document—*Successful Community Nutrition Programming: Lessons from Kenya, Tanzania, and Uganda*—was disseminated to nutrition policy makers, planners, and program managers describing the programs and synthesizing lessons learned. The national nutrition coalitions, particularly from Kenya and Uganda, remain active and continue to coordinate and work to address the most pressing nutrition-related problems.

**Child Survival Forum.** Another vehicle for sharing better practices was a regional forum. In June 2006 LINKAGES with the RCQHC organized and facilitated a 3½-day forum on “Taking Child Survival to Scale in Eastern, Southern, and Central Africa” for 61 participants from 11 countries. The intent of the forum was to document and share experiences and lessons learned in implementing child survival inter-

ventions at scale, including those related to infant and young child nutrition and other essential nutrition actions. The objective was also to identify the technical capacity needs at regional and country levels, develop a regional advocacy statement and advocacy implementation plan to support effective strategies for scaling up child survival interventions, and develop regional and country implementation plans.

**Job Aids and Counseling Materials.** *Nutrition Job Aids for Regions with Low and High HIV Prevalence* were developed for use by health workers at six points of contact in the health delivery system. These aids summarize what to do at each contact point and include ENA, child survival, and reproductive health messages. LINKAGES and the FANTA Project supported RCQHC in developing and producing *Counseling Materials for Nutritional Care and Support of People Living with HIV and AIDS*. The materials include:

- ◆ Flipchart of counseling cards on key nutrition actions to maintain health, prevent infections, and manage symptoms;
- ◆ Job aid to help clients address food and nutrition implications of antiretroviral therapy;
- ◆ Answers to frequently asked questions about nutrition and HIV/AIDS;
- ◆ Meal planner to assist in planning appropriate dietary intake;
- ◆ National assessment tool using body mass index; and
- ◆ Fact sheet on healthy eating.

LINKAGES completed its activities in October 2006. The project’s contribution will continue through the ENA framework for addressing malnutrition, training manuals, advocacy and counseling tools, and a cadre of health professionals trained in ENA and nutrition and HIV.

For more information, visit  
[www.linkagesproject.org](http://www.linkagesproject.org)

Regional Center  
for Quality  
of Health Care



East, Central, and Southern  
Africa Health Community  
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