



COUNTRY BRIEF: ETHIOPIA

Integrating nutrition into HIV and agriculture programs to prevent malnutrition and improve child survival

Introduction to IYCN in Ethiopia

From January 2010 to December 2011, the Infant and Young Child Nutrition (IYCN) Project supported the Federal Ministry of Health (FMOH) and US President's Emergency Plan for AIDS Relief (PEPFAR) partners in Ethiopia to improve maternal and child nutrition practices and increase HIV-free survival of children. Although Ethiopia has successfully integrated services for prevention of mother-to-child transmission (PMTCT) of HIV with antenatal care (ANC) services, many facility-based providers lack nutrition counseling skills and access to tools and materials to help them offer adequate support to mothers and children. The project worked with the Ethiopian government and partners to improve the quality of nutrition assessment, counseling, and support services in several communities in Addis, Oromia, and Amhara regions where the HIV prevalence rate is disproportionately high. This included developing behavior change communication tools and materials for health workers, health extension workers, and mothers' support groups; updating the skills of agricultural extension workers to integrate nutrition education; and training health workers to better counsel mothers, particularly those who are HIV-positive, about optimal maternal, infant, and young child nutrition practices.

Context for nutrition programming

Food insecurity and poor dietary choices contribute to chronic malnutrition among 27 percent of Ethiopian women.¹ Women in Ethiopia, particularly those who live in urban areas, are also at increased risk for contracting HIV. About one million Ethiopians are living with HIV—an estimated 590,000 are women, and 68,000 are children.² Without support for optimal feeding practices, HIV-positive mothers may put the health of their young children at risk. Only one in three infants is exclusively breastfed at 4 to 5 months, significantly increasing their risk of contracting HIV. Forty-seven percent of Ethiopian children are stunted, a condition largely attributed to insufficient food availability at the household level, improper feeding practices, or both.¹

Promoting optimal feeding practices—including exclusive breastfeeding, the timely introduction of solid foods, and dietary diversity—will help to prevent malnutrition and ensure HIV-free survival among the next generation. During an initial needs assessment, IYCN found that Ethiopia lacked an up-to-date national nutrition policy in addition to supportive materials and training for facility and community-based health workers, resulting in a lack of quality counseling and support for mothers to improve their own diets and optimally feed their children.

1 Population and Housing Census Commissions Office (PHCCO), Macro International, Inc. Ethiopia Demographic and Health Survey 2005. Calverton, United States: Macro International, Inc.; 2005.

2 Federal HIV/AIDS Prevention and Control Office [Ethiopia]. *Single Point HIV Prevalence Estimate*. June 2007.



Project activities and accomplishments

The project collaborated with the FMOH and several organizations implementing programs with funding from PEPFAR to strengthen nutrition assessment, counseling, and support in the Addis, Oromia, and Amhara regions.

Identified gaps in nutrition assessment, counseling, and support

In order to determine the weaknesses that inhibited nutrition assessment, counseling, and support services from operating effectively, we conducted an assessment of nutrition and PMTCT services as well as programs for orphans and vulnerable children (OVC) at select facilities in Addis and Oromia. The assessment revealed several challenges, including:

- Most health workers and outreach workers had not been trained in maternal nutrition and infant and young child feeding, or needed refresher training.
- Most facilities did not have access to counseling support materials.
- Due to human resources shortages, individual counseling was limited.
- For women who arrived early enough to listen to health talks, the content and quality varied.

IYCN also completed an inventory of existing nutrition-related policies, guidelines, tools, and materials and conducted a literature review on maternal, infant, and young child nutrition in preparation for the development of counseling cards for health workers and mother support group mentors.

Updated national guidelines to build an enabling environment for improved nutrition

The project provided technical assistance to FMOH and contributed to several nutrition working groups to enhance national policies and guidelines. Notably, we collaborated with stakeholders to align national nutrition guidelines with the 2010 infant feeding and HIV recommendations issued by the World Health Organization and contributed to the National Stunting Reduction Workshop, resulting in an Accelerated Stunting Reduction Plan that the government will incorporate into a new National Nutrition Program.

Improved the quality of nutrition assessment, counseling, and support

To address inconsistent messages used during counseling sessions and a lack of job aids to assist health workers in improving maternal and child nutrition, we designed a model approach to improving the quality of infant and young child nutrition assessment, counseling, and support across the continuum of care—from health facility to community—in two pilot areas supported by the PEPFAR-funded HIV & AIDS Care and Support Program. This model focused on strengthening training, on-the-job coaching, and supportive supervision. It also identified opportunities to better integrate nutrition messages into existing outreach programs. IYCN conducted supportive supervision visits at the health centers implementing the quality improvement approach. Trained health workers participate in monthly meetings, where nutrition is now a topic of discussion.

Built the capacity of health providers

We developed training materials for health workers on maternal nutrition and infant and young child feeding counseling and support. We trained more than 330 health workers and their supervisors from the FMOH, Regional Health Bureau, and sub-cities. With IYCN's support, trained supervisors conducted more than 10 supervision visits.

The project also developed, pretested, and disseminated 4,000 copies of maternal, infant, and young child nutrition counseling cards in three languages to PEPFAR partners; health care workers at 38 facilities in Amhara, Oromia, and Addis; and 100 mothers' support group mentors.



PATH/Evelyn Hockstein

Integrated with agriculture to address food security and malnutrition

IYCN partnered with USAID’s Urban Gardens Program, integrating nutrition education into the program’s activities. Through this partnership, we trained 90 agriculture extension workers and staff to incorporate infant and young child nutrition counseling into their existing activities, give cooking demonstrations using nutritious food from beneficiaries’ gardens, and make appropriate referrals for nutrition services. As a result, they are now reaching households with nutrition education—including counseling on complementary feeding and making appropriate referrals for health services—in addition to helping families generate income from their gardens.

We also conducted an integrated qualitative assessment that employed focus group discussions, recipe trials, and trials of improved practices (TIPs) in Oromia. We used the assessment to develop behavior-focused training and materials for Urban Gardens Program extension workers. The TIPs findings further define key challenges to optimal complementary feeding practices, and more specifically, ways to increase the amount and variety of

Increased community support through mothers’ support groups

Because mothers’ support groups are an important source of health information for mothers at health facilities and in communities, we trained 50 mothers’ support group mentors to regularly lead discussions on infant and young child feeding in the context of HIV using IYCN’s *Mother-to-Mother Support Group Training and Participant Manuals* adapted for the Ethiopian context. These mentors now regularly hold discussions and counsel HIV-positive mothers at health facilities.

Reached households and communities through mass media

Reaching households and communities to reinforce key messages was also an integral component of our work. To do this, we assisted the FMOH with implementing a multimedia campaign encouraging mothers to improve breastfeeding practices as part of World Breastfeeding Week in 2010. The weeklong campaign included expert panel discussions on national television and radio, in addition to TV spots, billboards, and brochures that reached families across the country. Likewise, we worked with our partners to conduct a one-day training session for 15 television and radio journalists from five regions to provide proper messages on infant and young child nutrition. In 2011, the project supported the FMOH to plan and launch World Breastfeeding Week activities that resulted in national media coverage.

Linking nutrition and agriculture programs

“IYCN has given us the soul for our program.”

—Zalalem, agricultural extension worker, Oromia

Zalalem was one of the participants in IYCN’s three-day training workshop, which taught Urban Gardens Program agriculture extension workers how to integrate nutrition education into their ongoing activities. The training focused primarily on basic messages related to infant and young child nutrition, but also included a cooking demonstration using some of the foods produced in the gardens. In addition to helping families generate income through their gardens, Zalalem now teaches mothers how to improve nutrition by keeping some of the nutritious vegetables from their garden for family meals. He also knows how to prepare meals to make them more nutritious; for example, he learned that overcooking vegetables can deplete them of nutrients. Zalalem now knows not to overcook kale from his own garden, and during community group meetings and one-on-one discussions, he teaches families to follow the same healthy practice.

food given at each meal, increase the frequency of feeding, and separate feeding times for the child from the rest of the family. IYCN also developed questions related to nutrition for the Urban Gardens Program's baseline survey. These additions to the baseline survey will help the Urban Gardens Program continue to integrate and measure nutrition activities.

Lessons learned

Look for common goals when integrating. With different target beneficiaries and objectives, it was a challenge to find common ground with the Urban Gardens Program at first. For example, IYCN aimed to achieve improved nutritional status of mothers and infants, whereas the objective of the Urban Gardens Program was to help families affected by HIV improve production and increase income through their gardens. Although it wasn't apparent at first, after in-depth discussions we found that our programs overlapped when it came to our common goals to improve the lives of HIV-positive populations by reaching the whole household with interventions.

Partner with government for sustainability and reach. IYCN partnered with the FMOH to prepare the maternal, infant, and young child nutrition counseling cards. Government ownership will ensure that the counseling cards are used by health workers and mothers' support group mentors to help eliminate confusion around infant feeding and HIV and lead to improved behaviors, decreasing mother-to-child transmission.

Looking ahead

The government and other partners working in maternal and child nutrition and health will disseminate the counseling cards developed by IYCN to health care facilities and mothers' support groups across the country. Health facilities can use the quality improvement approach employed by the project to enhance the quality of nutrition assessment, counseling, and support, and it can be scaled up for use at the national level. Similarly, the innovative partnership between IYCN and the Urban Gardens Program can serve as a model for stakeholders seeking to link nutrition and agriculture programming.

Available resources

Reports

- Focusing on Improving Complementary Feeding in Ethiopia—Trials of Improved Practices in an Urban Area (2011)
- Integration of Nutrition Education into the Ethiopia Urban Gardens Program: Results of Recipe Trials and Focus Group Discussions (2011)
- Ethiopia Urban Gardens Program—2011 Baseline Data: Summary and Analysis of Responses to Nutrition Questions (2011)
- Opportunities to Improve Nutrition through Urban Gardens Program Activities in Ethiopia: Summary Report of Current Practices from Qualitative and Quantitative Research Studies (2011)
- Qualitative Assessment of Nutrition, PMTCT, and OVC Services: Addis Ababa and Oromia, Ethiopia (2011)
- Review of Existing Nutrition-Related Policies, Materials, and Institutions (2011)
- Literature Review on Maternal, Infant, and Young Child Nutrition Prepared for the Message and Materials Development Workshop (2011)

Training materials

- Mother-to-Mother Support Groups: Trainer's Manual (2011)
- Mother-to-Mother Support Group Facilitator's Manual and Discussion Guide (2011)
- Maternal Infant and Young Child Nutrition Counseling Training Manual (2011)
- Nutrition Education Training for Agriculture Extension Officers: Training Sessions and Trainer Resources (2011)

Tools

- Maternal, Infant, and Young Child Nutrition Counseling Cards (2011)
- Urban Gardens Program Group Nutrition Education Discussion Cards (2011)

Visit www.iycn.org/ethiopia

ABOUT THE INFANT & YOUNG CHILD NUTRITION PROJECT

The Infant & Young Child Nutrition Project is funded by the United States Agency for International Development. The project is led by PATH and includes three partners: CARE, The Manoff Group, and University Research Co., LLC. For more information, please contact info@iycn.org or visit www.iycn.org.