

# Moving from nutrition crisis to nutrition security: Alive & Thrive's approach and results in Ethiopia



With areas of chronic food insecurity and high rates of infectious disease, Ethiopia has one of the highest rates of malnutrition in sub-Saharan Africa. Forty-four percent of Ethiopia's children under 5 years of age are stunted (DHS, 2011). In this country of 92 million, malnutrition contributes to over half of all child deaths, the majority occurring in children under 2 years of age.

In late 2009, Alive & Thrive initiated activities in Ethiopia to reduce death, illness, and malnutrition caused by poor breastfeeding and complementary feeding practices. For change to happen, Alive & Thrive had to address widespread and limited recognition of the long-term consequences of stunting and find ways to reach mothers in a large and diverse country with multiple languages, overextended health workers, and limited media reach.

**PROGRAM FRAMEWORK.** Alive & Thrive worked in partnership with the Health Extension Program of the Federal Ministry of Health, regional and district health bureaus, a USAID-funded national integrated family health project, women's associations, nongovernmental organizations, and faith-based organizations. The program adopted a four component implementation framework to achieve scale: 1) advocacy and policy dialogue,

2) interpersonal communication and community mobilization, 3) mass communication, and 4) strategic use of data. Advocacy took place at national and sub-national levels. Community-based and mass media activities were concentrated in the four most populous regions: Tigray, Amhara, Oromia, and Southern Nations, Nationalities, and Peoples (SNNP). This brief describes the components as implemented in Ethiopia from 2009 to 2014.

## Advocacy and policy dialogue

Alive & Thrive advocacy goals were to: increase attention to and resources for infant and young child feeding (IYCF) at federal, regional, and district levels, build partnerships to advance IYCF, and engage the media to improve knowledge and awareness and boost coverage of nutrition issues. Stunting reduction was the focus of advocacy at all levels.

Alive & Thrive developed messages and a video aimed at national-level policymakers, emphasizing the economic benefits of investing in nutrition and the impact on national development. Staff participated actively in the National Nutrition Working Group and provided technical support to the Federal Ministry of Health for development of the National Nutrition Program (NNP) and regional events launching the NNP. In October 2013, the Government of

Ethiopia and Alive & Thrive co-hosted a national forum to explore approaches for the design, implementation, and evaluation of stunting reduction programs.

Alive & Thrive directed most of its advocacy resources to the four program regions. Decentralization is rapidly occurring in Ethiopia, and many funding decisions are made at sub-national levels. Advocacy activities included stunting reduction workshops for health officials and staff, leaders of other sectors, journalists, and parliamentarians. Some of the workshops were organized by regional women's associations whose leaders had participated in advocacy training on IYCF.

## Interpersonal communication

The intent of the interpersonal communication component was to strengthen the ability of the government's Health Extension Program to provide quality IYCF counseling. Alive & Thrive partnered with the USAID-funded Integrated Family Health Project, to improve the ways paid health extension workers (HEWs) and volunteers interacted with communities and households to promote recommended feeding practices.

**GOVERNMENT COMMUNITY-BASED PRIMARY HEALTH CARE.** The Health Extension Program is built on the HEWs, the most important and respected source for information about IYCF in the community. HEWs, trained in 16 preventive health areas, provide basic services at health posts and during home visits and community outreach services. The first months after birth are a critical time for counseling on feeding practices, yet some HEWs visit a home only once or twice a year. Members of the Women's/Health Development Army are volunteers from the community trained by the HEWs who can help fill the gap. These volunteers visit their neighbors and encourage them by their words and example to adopt good health practices.

The primary activities undertaken by Alive & Thrive to improve the ability of the HEWs and volunteers to deliver key preventive messages and counsel on IYCF included:

- **Identification of seven priority feeding practices<sup>1</sup>** to anchor the program with the Smart and Strong Family serving as a theme
- **Development and distribution of materials:** a quick reference book for health workers, a counseling tool for frontline workers, and a reminder card for families to reinforce the messages

- **Capacity building of HEWs** to improve their knowledge and counseling skills and the use of food demonstrations to show mothers how to make nutritious foods for their children
- **Supportive supervision** at multiple levels via checklists and quarterly review sessions

## OTHER DELIVERY PLATFORMS AND PARTNERS.

With a focus on innovation and scale, Alive & Thrive looked for opportunities to engage others to promote improved feeding practices. The program awarded grants for operations research and contracts to community organizations to incorporate IYCF messages and materials in their ongoing activities.

- *World Vision* conducted operations research on timed and targeted counseling by HEWs and peer mothers.
- *The Relief Society of Tigray, Concern Worldwide, and the Organization for Rehabilitation and Development in Amhara* integrated preventive IYCF practices into Ethiopia's Productive Safety Net Program.
- *Save the Children* (with the Emergency Nutrition Network, Nutrition Policy and Practice, and World Vision Canada) tested integration of promotion of improved feeding practices in community-based management of acute malnutrition programs.
- *Ethiopia faith-based organizations<sup>2</sup>* incorporated IYCF messages during religious sermons, community outreach, and household visits.

## Community mobilization

Several of Alive & Thrive's community partners used community conversations to engage the community and complement home visits. The conversations emphasized experience sharing and peer assistance for mothers who had difficulties carrying out any of the seven feeding actions. They included a session for fathers and a demonstration of the preparation of an enriched porridge. Some organizations introduced the "seven actions" in primary and secondary schools, often through school activity clubs. They suggested that communities set targets for the number of families practicing the seven actions and hold public events to recognize their achievement. Alive & Thrive developed community conversation guides, an orientation session for community leaders, nine lessons for schools, and small cards with the seven actions for fathers and school children.

<sup>1</sup> Begin breastfeeding within one hour of birth. <sup>2</sup> Exclusively breastfeed for the first 6 months. <sup>3</sup> At 6 months feed baby thick porridge. <sup>4</sup> At 6 months, add a special food, like milk or eggs, to baby's porridge. <sup>5</sup> Fathers, it's your job to make sure that baby has special foods added to the porridge. <sup>6</sup> Mothers and fathers, at 6 months in addition to breastfeeding make sure baby finishes 3 meals every day. <sup>7</sup> Mothers and fathers, when baby is sick, continue to breastfeed and give extra food. After baby is better, give an extra meal every day for at least 7 days.

<sup>2</sup> Evangelical Churches Fellowship of South Ethiopia (ECFSE); Ethiopian Orthodox Church—Development and InterChurch Aid Commission (EOC-DICAC); Ethiopian Interfaith Forum for Development, Dialogue and Action (EIFDDA)

## Mass communication

To strengthen and extend the impact of community interventions and to reach those outside of program areas, Alive & Thrive developed a radio and TV campaign designed primarily for men because of their influence on feeding decisions and their access to mass media. Each TV and radio spot focused on one of the feeding actions and identified how a father could support that action. TV and radio dramas and a music video presented the actions in an engaging and entertaining way. In some communities, on market days mobile vans broadcast the radio spots and showed the TV spots and food demonstration videos. Messages were also communicated through posters displayed at health posts and centers.



## Results

**ABOUT 2 MILLION MOTHERS OF CHILDREN UNDER 2 REACHED.** By mid-2012, close to half the mothers of children under 2 in the program evaluation areas remembered a message on infant and young child feeding delivered by a health extension worker or volunteer during a home visit. This represents about 1.5 million mothers across 295 intervention woredas (districts). During this same period, an estimated 960,000 women heard the program's radio spots. Adjusting for some overlap, an estimated 2 million mothers of children under 2 were reached by either interpersonal communication or radio.

**IMPROVED PRACTICES.** The 2009 baseline survey conducted in Tigray and SNNPR found relatively high rates of exclusive breastfeeding (72 percent). By the time of the 2013 process evaluation, the rate had increased to 80 percent. The proportion of children who met minimum dietary diversity and minimum adequate diet, while still extremely low, had doubled in the program evaluation areas during this period. Alive & Thrive monitoring data indicated that mothers showed a willingness to try new practices. Nearly 30 percent of the women surveyed in a sentinel site surveillance in December 2012 had participated in a food demonstration of an enriched porridge in the past 6 months, and of these women, nearly three-fourths reported trying at home what had been demonstrated.

**MORE INVOLVEMENT OF FATHERS IN INFANT AND YOUNG CHILD FEEDING.** In a sentinel survey conducted by Alive & Thrive in March 2012, about two-thirds of mothers reported that their husbands were involved to some extent in infant and young child feeding. By November 2013, the rate had increased to 76 percent, and almost 80 percent of mothers reported discussing child feeding with their husbands.

**WIDE ADOPTION OF TOOLS TO IMPROVE SERVICE DELIVERY.** The IYCF counseling tool and reminder card for families are used in government health programs throughout the country and by numerous civil society organizations. More than 33,000 HEWs in Ethiopia have or will have received training on complementary feeding as part of the government's integrated refresher training.

**POLICY SHIFT TOWARD PRIORITIZATION OF STUNTING REDUCTION.** The 2008 National Nutrition Plan was revised in 2013 to focus on a lifecycle approach with emphasis on the first 1,000 days, stunting reduction, and a multisector approach. The new plan notes an improved policy landscape for nutrition since the 2008 plan. Stunting reduction is one of the goals of the country's Growth and Transformation Plan.

## Strategic use of data

Strategic use of data from formative research, the baseline survey, process evaluations, and sentinel site surveys guided Alive & Thrive's program design, implementation, management, mid-course correction, and advocacy. A summative evaluation measuring nutrition outcomes will be conducted in mid-2014.

**DATA FOR ADVOCACY.** Alive & Thrive's opinion leader research found that decision-makers needed to be motivated to look at the overall IYCF issue more as a public health problem requiring prevention and less as a clinical problem requiring emergency treatment. The program framed its advocacy messages around the importance of prevention and improved feeding practices and used data to make the case for "Why Stunting Matters."

**DATA FOR PROGRAM DESIGN.** In 2012, the project conducted a study in Ethiopia to determine the willingness of parents of children 6 to 24 months of age to pay for a week's supply of a lipid-based nutritional supplement through typical retail channels. The study results and discussions with manufacturers indicated the need for significant financial resources and time to develop a commercial product. Given these constraints and concerns about the viability of a commercial approach at this time, Alive & Thrive decided not to pursue this strategy.

**DATA FOR IMPLEMENTATION AND PROGRAM ADJUSTMENTS.** Alive & Thrive used real-time field evidence to refine or redirect strategies. Data from several sources prompted the project to increase its monitoring of supervision activities and focus more on face-to-face activities, particularly by engaging men through faith-based organizations. Disappointing TV and radio reach led to translation of radio spots into five additional dialects, use of more localized media houses, reduced reliance on TV, and greater attention to the feeding actions that had shown the least improvement.



[www.aliveandthrive.org](http://www.aliveandthrive.org)

## Next phase of program activities

In 2014, Alive & Thrive transitioned to a new phase of activities in Ethiopia. The refreshed strategy will emphasize social and behavior change communication and Alive & Thrive's four components to support the newly released National Nutrition Program and its multiple sector approach at the national level and in the Amhara region. Alive & Thrive will also contribute to the integration of infant and young child feeding in the Productive Safety Net Program.

### LEARN MORE ABOUT THE ETHIOPIA PROGRAM

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Visit the website for tools and resources:  
[www.aliveandthrive.org](http://www.aliveandthrive.org).

#### PROGRAM DESIGN

- Journal supplement on Designing large-scale programs to improve infant and young child feeding in Asia and Africa: Methods and lessons of Alive & Thrive. Food and Nutrition Bulletin, September 2013; 34 (2).

#### ADVOCACY

- A guide for advocates and journalists to advance infant and young child feeding in Ethiopia

#### INTERPERSONAL AND MASS COMMUNICATION

- Resources for mobilizing the community for improved infant and young child feeding in Ethiopia
- Multi-media and training catalogue

#### STRATEGIC USE OF DATA

- Willingness to pay for lipid based nutritional supplements for young children in four urban sites of Ethiopia. Segrè J, Winnard K, Abrha TH, Abebe Y, Shilane D, Lapping K. Maternal Child Nutrition. 2012 Dec 13. doi: 10.1111/mcn.12022

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