

# Lessons learned on the role of front line health workers in nutrition in Ethiopia

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**Government of the Federal Democratic Republic of Ethiopia  
National Nutrition Programme  
2008-2015**

**National Nutrition Programme Implementing Sectors  
Declaration**

We the undersigned, representing the Government of the Federal Democratic Republic of Ethiopia, National Nutrition Coordination Body, fully recognize each Ministry's mandate and pledge our commitment to support the achievement of the targets laid out in this revised National Nutrition Program document and will strive towards equitable and sustainable multisectoral actions towards the realization of optimal nutritional status for all Ethiopian citizens.

We, as a government, found the high malnutrition rates reported in EDHS and various surveys over the years completely unacceptable. We shall work through enhanced strategic partnerships to prioritize the elimination of malnutrition from Ethiopia as one of the most viable strategies for achieving the Growth and Transformation Plan and the Millennium Development Goals. Attainment of positive nutrition outcomes will be achieved through evidence based programming and responsiveness and the promotion of accountability towards these results by each Ministry here undersigned.

H.E. Dr. Kebede Worku  
State Minister of Health

H.E. Ato Foad Ibrahim  
State Minister of Education

H.E. Ato Tadese Haile  
State Minister of Industry

H.E. Ato Kebede Gerba  
State Minister of Water and Energy

H.E. Ato Ali Siraj  
State Minister of Trade

H.E. Ato Mitiku Kassa  
State Minister of Agriculture

H.E. Ato Remedan Assefawi  
State Minister of Labour and Social Affairs

H.E. Ato Alemayehu Gujo  
State Minister of Finance and Economic  
Development

H.E. W/ro Fitenesh Mekuria  
State Minister of Women, Children and Youth  
Affairs



Government of the Federal Democratic  
Republic of Ethiopia

**National Nutrition  
Programme**

June 2013 – June 2015

# Remarkable achievements of HEP

- **Infant / Child Mortality both reduced** for MDG 4
- **Stunting among U5 children reduced from 58% in 1990 to 44% in 2011**
- **34,380 HEW provide care in almost ALL Kebeles** (e.g. EPI, ICCM, IMNCI)
- **3400 Urban HEW**
- **In 4 Agrarian Regions, many HDA mobilised / trained as extended arm of HEW, focussing on behavioural changes** (facility delivery, latrine use, iodised salt and immunisation).

# Performance against targets

4 above target, 5 likely to meet targets, and three unlikely

Indicator	Baseline 2002	HSDP target	Target Yr2 2004	Result Yr2 2004
ANC Coverage 1 visit	68		83	89.1
Births attended by skilled staff	18	62	49	20.4
Births attended by HEW	11		30	13.2
Early Post Natal Care	34		65	44.5
Contraceptive Acceptance Rate	32	66	74	60.4
ICCM coverage at HP levels	NA		55	61
IMNCI coverage at HC level	52		84	68
Full Immunisation Coverage	66	86	83	71.4
Neonates protected against Tetanus	42	86	73	63.8
Children 6-59 ms with 2 doses Vit A	95	96	97	91.7
Children 2-5 yrs de-wormed	86	96	90	19.8
Household latrine coverage	20	82	NA	84.1

# What have we learned – the HEP and Nutrition Programme interventions

## Background:

- Services provided through HEP:16 health and nutrition practices. Nutrition: CBN, EOS/CHD, CMAM
- Between 2008-2011, CBN activities initially conducted by vCHW and were supervised by HEW based in health posts. In 2012, task shifting, increased role of HEWs.
- Tulane Univ, UNICEF and WB undertook to assess the plausible attribution of changes in anthropometry to CBN and describe programme implementation as well as select process indicators
- Confounders: economic assets, education, environmental access to services, food insecurity

# Findings from CBN evaluations on HEW and VCHW activities

- CBN evaluation in 2012 analyzed baseline and mid-line data on two tranches of CBN, including:
  - Training received by HEWs ( 2 HEW/Kebelle supported by 10-12vCHWs)
  - Contact with HEWs ( more than 4 times in 6mths)
  - Training received by VCHWs ( 1 vCHW/50 HH)
  - VCHW activities – monthly weighing of U2 and counselling –TripleA, CC, Home visits to follow up growth faltering, referral of sick children to OTP, informal contact with community
  - Intensity ( more than 7 hrs/week) of VCHWs to under-2 children
- Operational research on CBN (2012)
  - Qualitative research on CBN implementation & HEW/VCHW skills and training

# HEW and VCHW/HDA training

- Operational research in 6 CBN woredas found large variation in length of training as well as time between initial and refresher trainings for VCHWs
- Commonly requested additional areas of training centered around CBN / IYCF activities and counseling for VCHWs and HDA

## Summary of results on training

Number of days of initial training reported by VCHWs/HDA	Min: 2 Max: 6
Number of months between initial and refresher training for VCHWs	Min: 5 Max: 25
Number of days of refresher training reported by VCHWs	Min: 1 Max: 5
Subjects most frequently requested for additional training for VCHWs	<ul style="list-style-type: none"> <li>How to lead community conversations (e.g using five “whys” to understand root causes)</li> <li>Plotting &amp; interpreting growth charts</li> <li>Counseling using available materials at home</li> </ul>
Subjects most frequently requested for additional training for HEWs	<ul style="list-style-type: none"> <li>Community conversations</li> <li>Complementary foods / complementary feeding in the context of what is available in the community</li> </ul>
Subjects most frequently requested for additional training for WoHos	<ul style="list-style-type: none"> <li>Data utilization training (to be able to interpret trends in the data)</li> </ul>

# HEW and VCHW/HDA training

## From the 2012 CBN evaluation, by 2011:

- Around 90% of HEWs received initial training ( in ENA, in EOS, CBN)
- Over 95% received training on CBN
- Around 80% of HEWs had received a refresher training
- Additional training on ENA was received by over 40% of HEWs in both tranches, with around 60% also receiving training on additional food support
- Around 80% of VHCWs also reported receiving at least one refresher training

**Table 3.2:** Descriptives on HEW and VCHW training at midline (%)

	Tranche 2	Tranche 3
HEWs trained in CBN		
% of EAs with 100% of HEWs trained	91.4	89.5
% of EAs where HEWs received training in CBN	94.8	98.2
% of EAs where HEWs received <i>refresher</i> training	83.3	82.1
VCHWs trained in CBN		
% of EAs where VCHWs received <i>refresher</i> training	82.1	77.4
Additional HEW training		
% of EAs where HEWs received training in ENA <sup>a</sup>	54.7	42.9
% of EAs where HEWs received training in EOS <sup>b</sup>	69.0	70.2
% of EAs where HEWs received training in additional food support	62.1	59.6
% of EAs where HEWs received training in safety net	32.1	12.3

<sup>a</sup> Essential Nutrition Actions

<sup>b</sup> Enhanced Outreach Strategy



# Contact with HEWs

- CBN evaluation found a statistically significant increases between baseline and midline in:
  - The number of contacts mothers reported with HEWs
  - Contact with HEWs both at and outside of the health post
  - The proportion of mothers reporting receipt of nutrition and child caring messages from HEWs

**Table 3.6:** Change in number and location of contacts with HEWs in the 6 months prior to the survey, and information received (%)

	Tranche 2				Tranche 3			
	Baseline	Midline	N	Sig	Baseline	Midline	N	Sig
<u>Reported number of times had contact with HEW in last 6 months</u>								
No contact	23.1	15.1	60	*	33.3	16.8	61	***
1-3 times	76.1	45.9	60	***	45.8	42.8	61	
4-6 times	0.8	27.9	60	***	18.0	34.1	61	***
More than 6 times	0.0	11.1	60	***	3.0	12.9	61	***
<u>Reported location of contact with HEW</u>								
Health post	40.9	76.2	60	***	37.1	68.6	61	***
Community outreach	53.4	63.5	60	*	43.8	54.2	61	**
House visit	45.0	66.8	60	***	34.8	58.3	61	***
Community conversation	29.5	59.4	60	***	22.0	52.0	61	***
Growth monitoring program	28.1	47.7	60	***	17.5	39.0	61	***
Model family training	18.0	30.4	60	**	12.4	28.2	61	***
<u>Received the following information from HEWs</u>								
Child weight/growth	45.9	65.9	60	***	34.6	57.3	61	***
Complementary feeding	50.9	79.7	60	***	43.0	68.6	61	***
Family planning	67.0	83.5	60	***	58.0	75.6	61	***
Child caring practices	56.7	76.0	60	***	46.3	67.6	61	***

\* = p<=0.05; \*\* = p<=0.01; \*\*\* = p<0.001

# Contact with VCHWs

- CBN evaluation found a statistically significant increases between baseline and midline in:
  - The proportion of mothers that had 4 or more contacts with a VCHW in the previous 6 months
  - Contact with VCHWs at home and GMP( >4 times in 6 months)
  - The proportion of mothers reporting receipt of nutrition and child caring messages from VCHWs

**Table 3.7:** Change in number and location of contacts with VCHWs in the 6 months prior to the survey, and information received (%)

	Tranche 2				Tranche 3			
	Baseline	Midline	N	Sig	Baseline	Midline	N	Sig
<u>Reported number of times had contact with VCHW in last 6 months</u>								
No contact	46.0	28.8	60	***	64.8	36.1	61	***
1-3 times	34.4	34.7	60		23.6	30.9	61	
4-6 times	14.5	24.5	60	***	8.7	19.0	61	***
More than 6 times	5.2	12.0	60	**	2.9	14.0	61	***
<u>Reported location of contact with VCHW</u>								
Community outreach	36.1	52.2	60	***	20.2	39.4	61	***
House visit	38.0	61.8	60	***	23.0	51.9	61	***
Community conversation	25.8	54.7	60	***	17.0	43.5	61	***
Growth monitoring program	22.1	39.4	60	***	12.7	31.8	61	***
<u>Received the following information from VCHWs</u>								
Child weight/growth	31.5	54.0	60	***	14.6	41.7	61	***
Exclusive breastfeeding	33.0	56.7	60	***	21.0	41.7	61	***
Complementary feeding	33.9	57.0	60	***	19.8	45.7	61	***
Family planning	57.0	41.3	60	***	26.4	51.0	61	***
Child caring practices	35.6	55.9	60	***	23.0	47.3	61	***

\* = p<=0.05; \*\* = p<=0.01; \*\*\* = p<0.001

# VCHW intensity/ activity

- By 2011, around 50% surveyed areas within both tranches of CBN had “high intensity” VCHW activity (working >7 hours per week on CBN activities)
- Around 50% of surveyed areas in both CBN tranches had an average of less than 20 under-2 children per 1 VCHW
- In both tranches, mean VCHW intensity (VCHW to children under-2) was 1:18 in tranche 2 and 1:19 in tranche 3 ( usually 1:10-20- WHO,2012)
- Significant associations were found between high VCHW intensity (both in hours spent on CBN and ratio of VCHW to children) and improvement in stunting prevalence in tranche 2 between baseline and midline – from 51% to 41% and 42.9% to 38.5%)

**Table 3.9:** Estimates of program intensity (%)

	Tranche 2	Tranche 3
Program intensity		
% of EAs with greater than 7 hours spent by VCHWs on CBN activities weekly (high intensity)	52	50 <sup>a</sup>
% of EAs with an average of less than 20 children (0-2 years) per VCHW	58	52
VCHW intensity (number of VCHWs per children under-2)	1:18	1:19 <sup>b</sup>

<sup>a</sup> Selecting out for CBN reporting EAs only

<sup>b</sup> Selecting out for CBN reporting EAs only *and* eliminating two outliers of 1:177

# Recommendations regarding HEP/HEWs and HDAs

- Clarity on role of HDA in CBN- ? Promoters?
- Define the standards – intensity and expected contact points for HDA with mothers
- Finalise blended training material for HEW supervisors – emphasis on infant and young child feeding – BF, CF interventions, aligned with 1000 days
- Improve coordination between extension workers – HEWs, HDA/WDA and development agents in agriculture – moving closer to nutrition sensitive actions

# Recommendations regarding HEP/HEWs and HDAs

- Consider **increasing number of HEWs per HP to 3**
- Continue upgrading promising HEW to level IV – career structure
- Improve transport: provide bicycles for HEW?;
- Strengthen supervision & support
- Adapt (and expand) HDA to the social context of the Emerging ( pastoral)Regions
- Define the standards – intensity/activities and expected contact points for HEWs and HDA with mothers

# Future considerations

- Consider **increasing number of HEWs per HP to 3**
- Continue upgrading promising HEW to level IV – career structure
- Improve transport: provide bicycles for HEW?;
- Strengthen supervision & support
- Adapt (and expand) HDA to the social context of the Emerging ( pastoral)Regions

**Conclusion:** Role of frontline workers central to achievements in HSDPIV and revised NNP.

Ref: MTR of the HSDPIV

FORUM ON

# STUNTING REDUCTION

NUTRITION & BEYOND FOR SOLUTIONS

Addis Ababa, October 24-25, 2013



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