Ethiopia has made remarkable progress in achieving many of the Millennium Development Goals and reducing the prevalence of stunting in the last decade. However, chronic food insecurity, poor infant and young child feeding practices, and high rates of infectious diseases persist—leading to high rates of malnutrition. Forty-four percent of Ethiopia’s children under 5 years of age are stunted (EDHS, 2011). In this country of 92 million people, 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 to support the Government of Ethiopia in reducing 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 and their families in a large and diverse country with multiple languages, overextended health workers, and limited media reach.

**FRAMEWORK FOR DELIVERING NUTRITION RESULTS AT SCALE.** Alive & Thrive worked in partnership with the Health Extension Program of the Federal Ministry of Health, regional and district health bureaus, a USAID-funded 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. See Figure 2 on page 3. 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’s advocacy goals were to: help shift attention from emergency nutrition to prevention of malnutrition at the national and regional levels; increase resources for infant and young child feeding (IYCF) at regional and district levels; build partnerships to advance IYCF; and engage the media to improve knowledge and awareness and boost coverage of nutrition issues.

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...
SEVEN EXCELLENT FEEDING ACTIONS
Alive & Thrive’s Smart and Strong family campaign encourages families to adopt seven infant and young child feeding practices.
1. Begin breastfeeding within one hour of birth.
2. Exclusively breastfeed for the first 6 months.
3. At 6 months feed baby enriched porridge.
4. At 6 months, add a special food, like milk or eggs, to baby’s porridge.
5. Fathers, it’s your job to make sure that baby has special foods added to the porridge.
6. Mothers and fathers, at 6 months in addition to breastfeeding make sure baby finishes 3 meals every day.
7. 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.

development. A&T staff actively supported the Government of Ethiopia in updating the National Nutrition Programme (NNP) for 2013-2015 and supported regional events to launch 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 raising awareness through stunting reduction workshops for health officials and staff, leaders of other sectors, journalists, and parliamentarians at sub-national levels. 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 unpaid volunteers interacted with communities and households to promote recommended feeding practices.

GOVERNMENT COMMUNITY-BASED PRIMARY HEALTH CARE.
The Health Extension Program is built around the HEWs, the most important and respected source for information about IYCF in the community. HEWs, trained in 16 preventive health areas, provide basic primary health 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 most HEWs visit a home only once or twice a year due to their heavy workload. To help fill the gap, members of the Women’s/Health Development Army—volunteers from the community trained by the HEWs—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 infant and young child feeding practices** 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 (see Figure 1), a counseling tool for frontline workers, and a reminder card for families to reinforce the messages

Figure 1: Quick reference book for health workers
• **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 infant and young child feeding practices at the household level. The program awarded grants for operations research and contracts to community service 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 their ongoing programs.
- **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** incorporated IYCF messages during religious sermons, community outreach, and household visits.

**Community mobilization**

Several of Alive & Thrive’s 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. The partners suggested that communities set targets for the number of families practicing the seven actions and hold public events to recognize their achievement. Some organizations introduced the seven IYCF actions in primary schools, often through school clubs. Alive & Thrive developed community conversation guides, an orientation session for community leaders, nine lessons for schools, and small cards with the seven IYCF actions for fathers and school children.

**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 seven IYCF actions and identified how a father could support that action. TV and radio spots 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.

---

1 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)
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.

RAPID IMPROVEMENTS IN FEEDING PRACTICES. Exclusive breastfeeding increased to more than 80 percent. The 2010 baseline survey conducted in Tigray and SNNPR found relatively high rates of exclusive breastfeeding (72 percent). By the time of the 2014 endline survey, the rate had increased to more than 80 percent in project areas. See Figure 3.

Gains in complementary feeding. Results indicate that it is possible to change complementary feeding practices as well. The proportion of children who met minimum dietary diversity and minimum adequate diet, while still extremely low, doubled in the program evaluation areas between 2010 and 2014. In addition, minimum meal frequency increased by more than 20 percentage points (from 46 to 70 percent). These gains were achieved despite high levels of food insecurity in Alive & Thrive’s intervention areas. See Figure 3.

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 and by numerous civil society organizations. An IYCF module is now included in the Ministry of Health’s training materials used nationwide to provide refresher training to all HEWs.

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 multiple sector 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.

FIGURE 3: IMPROVEMENTS IN FEEDING PRACTICES

<table>
<thead>
<tr>
<th>Practice</th>
<th>Baseline 2010</th>
<th>Endline 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early initiation of BF</td>
<td>67%</td>
<td>82%</td>
</tr>
<tr>
<td>Exclusive BF under 6 mos</td>
<td>72%</td>
<td>83%</td>
</tr>
<tr>
<td>Intake of (semi) solid or soft foods at 6-8 mos</td>
<td>37%</td>
<td>60%</td>
</tr>
<tr>
<td>Minimum diet diversity</td>
<td>6%</td>
<td>12%</td>
</tr>
<tr>
<td>Minimum meal frequency</td>
<td>46%</td>
<td>70%</td>
</tr>
<tr>
<td>Minimum acceptable diet</td>
<td>5%</td>
<td>10%</td>
</tr>
</tbody>
</table>
Strategic use of data
Strategic use of data from formative research, baseline and endline surveys conducted in program areas in 2010 and 2014, process evaluations, and sentinel site surveys guided Alive & Thrive’s program design, implementation, management, mid-course correction, and advocacy.

DATA FOR ADVOCACY. Alive & Thrive’s opinion leader research found a need for decision-makers 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 suggested that the initial market may be too small to be of interest to food manufacturers. Given these constraints about the viability of a commercial approach, 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 for use at more localized media houses, reduced reliance on TV, and an increase in the number of broadcasts addressing child feeding behaviors that needed more improvement.

What did we learn?
It is possible to make significant improvements in feeding practices—even complementary feeding. We found that a comprehensive approach can result in behavior change over a short period of time.

Mass media reinforces community interventions. The two components achieved a combined and mutually reinforcing impact that helped to shift child feeding norms.

Intensity is key. Results indicate that the more ways mothers were exposed to feeding messages—through home visits, village gatherings, and radio spots—the more likely they were to sustain changes in feeding practices.

Need to strengthen links between HEWs and volunteers. Data showed gaps in linkages between HEWs trained by the program and community volunteers and mothers. Strengthening the contacts between HEWs and volunteers can help to reach households and deliver IYCF results at scale.

Next phase of program activities
In 2014, Alive & Thrive transitioned to a new phase of activities in Ethiopia. Building on learning from its first five years, Alive & Thrive’s refreshed strategy aims to achieve more significant increases in feeding practices at scale—especially in complementary feeding. Alive & Thrive is applying its comprehensive framework to support the National Nutrition Program and its multiple sector approach at the national level and operationalizing the framework in the Amhara region. To sustain behavior change at the household level, the program will emphasize frequent interpersonal contacts between caregivers and frontline workers at critical points during a child’s first two years. Alive & Thrive will also contribute to the integration of infant and young child feeding in the Productive Safety Net Program.
Funding was provided by the Bill & Melinda Gates Foundation to Alive & Thrive, managed by FHI 360. Core partners included BRAC, GMMB, IFPRI, Save the Children, UC Davis, and World Vision.

LEARN MORE ABOUT THE ETHIOPIA PROGRAM

Visit the website for tools and resources:

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

STAY CONNECTED WITH ALIVE & THRIVE

E-MAIL: aliveandthrive@fhi360.org
TWITTER: @aliveandthrive
BLOG: www.lessguess.wordpress.com
FACEBOOK: www.facebook.com/fhi360.aliveandthrive
YOUTUBE: www.youtube.com/aliveandthrive