Ethiopia has made remarkable progress in decreasing child mortality and reducing the prevalence of stunting in the last decade. Between 2000 and 2016, the prevalence of stunting declined from 58 percent to 38 percent. However, maternal undernutrition, food insecurity, poor infant and young child feeding practices, and high rates of infectious diseases persist—contributing to high rates of malnutrition.

During its first phase of work (2009-2014) in Bangladesh, Ethiopia, and Vietnam, Alive & Thrive (A&T) demonstrated that innovative approaches to improving breastfeeding and complementary feeding practices could be delivered with impact and at scale through a comprehensive social and behavioral change (SBC) approach. Building from the lessons learned in Phase I, A&T’s second phase of work (2014-2017):

- Applied SBC interventions across different sectors and programs;
- Targeted multiple audiences on the behaviors being promoted;
- Increased the intensity and frequency of contact with which it reached mothers and other influential stakeholders; and
- Advocated for the effectiveness of these approaches and their implementation at scale for improved infant and young child feeding (IYCF) practices.

This brief summarizes the approach and results of A&T’s work in Ethiopia over the course of Phase I and II, from 2009 to 2017.

Advocacy in Phase I and II took place at the national and regional levels. During Phase I, community based and mass media activities were concentrated in the four most populous regions: Tigray, Amhara, Oromia, and Southern Nations, Nationalities, and Peoples (SNNP). Phase II focused program implementation in the Amhara region.
FRAMEWORK FOR DELIVERING RESULTS AT SCALE

Since 2009, A&T’s work in Ethiopia has employed a four-component implementation framework to achieve results at scale: 1) advocacy and policy dialogue, 2) interpersonal communication and community mobilization, 3) mass communication, and 4) strategic use of data. In both phases of work, A&T worked closely with the Government of Ethiopia and partners at both the national and regional levels to reduce death, illness, and malnutrition caused by poor breastfeeding and complementary feeding practices.²

Advocacy and Policy Dialogue
A&T’s initial advocacy goals emphasized the need to raise awareness about and attention to the long-term consequences of stunting and the role that appropriate IYCF plays in improving health and preventing child deaths. A&T developed messages and resources aimed at national-level policymakers; built partnerships to advance IYCF; and engaged the media to improve knowledge and awareness and boost coverage of nutrition issues. Alive & Thrive also actively supported the Government of Ethiopia in drafting and launching the National Nutrition Programme (NNP) for 2013-2015.

During Phase II, the overall policy objective was to support the government’s efforts to create an optimal federal and sub-national environment for improved IYCF services. A&T supported the government in updating the NNP, which provides a framework for coordinated and integrated implementation of the NNP II (launched in 2016). Another advocacy and policy ask of A&T was to support the Amhara Regional Health Bureau to strengthen the capacity of health extension workers (HEWs) and an army of volunteers, called the Women Development Army Team Leaders (WDATL), to: engage in more nutrition promotion; provide age-appropriate IYCF counseling; and increase the intensity and reach of health agents to every household with a pregnant woman and child under two years of age at the community level.

Interpersonal Communication
In the first phase, interpersonal communication was intended to strengthen the ability of the government’s Health Extension Program to provide quality IYCF counseling. A&T partnered with the USAID-funded Integrated Family Health Project to improve how paid HEWs and unpaid volunteers interacted with communities and households to promote recommended feeding practices.

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 six months.
3. At six months, feed baby enriched porridge.
4. At six 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 six months, in addition to breastfeeding, make sure baby finishes three 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 seven days.
Community Mobilization
In Phase I, A&T’s partners used community conversations to engage the community and complement home visits. A&T developed community conversation guides, an orientation session for community leaders, lessons for schools, and informational cards with the seven IYCF actions for fathers and school children. The conversations emphasized experience-sharing and peer assistance for mothers, and included a demonstration of complementary food preparation. Additionally, community conversations focused on the involvement of influential people in a mother’s life—particularly fathers and mothers-in-law.

In Phase II, A&T adapted several strategies to enable mothers and household members to improve IYCF practices. These strategies included complementary feeding demonstrations, enhanced community conversations (ECCs), and nutrition sensitive agriculture interventions. These strategies were implemented in collaboration with partners including, but not limited to, the Ethiopian Orthodox Church, Save the Children, and agriculture extension workers.

Mass Communication
A&T utilized mass communication to strengthen and extend the impact of community interventions and to reach those outside of program areas. In Phase I, A&T developed radio and TV campaigns designed primarily for men, due to 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. Messages were also communicated through posters displayed at health posts and centers as well as through use of mobile vans.

During Phase II, A&T continued to record and air a creative radio campaign along with other media efforts. The media efforts in Phase II targeted women, men, frontline workers, and other influential actors/members in the community. Six different radio formats were designed to both entertain and deliver key messages. The radio drama “Sebat Mela” (Seven Ways, Seven Wisdoms) shares a story aligned with the broader intervention. Characters include HEWs, WDATLs, agriculture extension workers, religious leaders, mothers, and other influential community members. Three seasons were created, each including 12 episodes. Between seasons, a radio magazine-style show featured direct testimony of model mothers as expressed through diary entries.

The radio campaign aired region-wide in Amhara and extended into neighboring regions. A&T also used road shows and hosted village theatre performances during market days to expand the reach of the radio campaign.

Strategic Use of Data
Throughout the project, data has guided A&T’s program design, implementation, management, mid-course corrections, and advocacy. In Phases I and II, A&T:

- Conducted opinion leader research to better frame and deliver advocacy messages;
- Utilized real-time field evidence to refine and redirect strategies; and
- Conducted process and impact evaluations.4,5,6

A&T implemented a strong monitoring system in Phase II to monitor the volume and coverage of services delivered at the community level and used the data collected to strengthen service delivery and for course correction. A&T collected data at various levels of the health system, from WDATLs to HEWs to woreda officials. Quarterly meetings were held with frontline workers, zonal and woreda health officials, and implementing partner staff to review and discuss the data and formulate action plans to improve services.

To supplement routine monitoring, the International Food Policy Research Institute (IFPRI):

- Conducted an implementation study to elucidate how the interpersonal communication approach was being delivered and understand the new work with the Agriculture Extension System.
- Conducted an impact evaluation designed to assess the impact on IYCF practices in A&T-intensive intervention and comparison woredas.

Implementation study findings showed that TAAM was delivered at multiple contact points, but differences were observed between literate and non-literate WDATLs in the delivery of key messages. A&T responded by funding and supporting visits by woreda officials to coach and support HEWs in strengthening the capacity of WDATLs.
OVERVIEW OF PHASE I RESULTS (2009-2014)

ABOUT 2 MILLION MOTHERS OF CHILDREN UNDER TWO REACHED.
By mid-2012, close to half the mothers of children under two 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. During this same period, an estimated 960,000 women heard the program’s radio spots. Adjusting for some overlap, an estimated two million mothers of children under two were reached by either interpersonal communication or radio.

RAPID IMPROVEMENTS IN FEEDING PRACTICES.
Exclusive breastfeeding increased to more than 80 percent in A&T areas only. 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.

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.

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 six 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.

OVERVIEW OF PHASE II RESULTS (2014-2017)

RECEIPT OF IYCF MESSAGES DURING HOME VISITS INCREASED OVER TIME.
Contact with HEWs and WDATLs were higher in A&T areas compared to non-A&T intervention areas. At the end of Phase II, 75 percent of mothers in A&T areas had seen the TAAM flipchart, compared to 25 percent in non-A&T areas. Monthly visits provided by HEWs and WDATLs more than doubled by the end of the year compared to the beginning of the reporting period. The proportion of women who had contact with HEWs and WDATLs within three months of the 2017 endline survey increased from approximately 63 percent to 70 percent for HEWs and from 27 percent to 43 percent with a WDATL in the A&T-intensive intervention areas.

SIGNIFICANT INCREASES IN THE QUALITY OF FEEDING PRACTICES.
Over the course of Phase II, minimum dietary diversity increased from five percent to 25 percent.
**IMPROVED NUTRITIONAL STATUS.**

An improved nutritional status among children six to 23 months was also reflected in stunting rates. Stunting among children six to 23 months declined from 36 percent to 23 percent in A&T intervention areas, and the differential impact with the non-A&T intervention areas was 5.6 percentage points.

**INCREASED COMMUNITY ENGAGEMENT.**

Complementary feeding demonstrations were convened monthly by HEWS and WDATLs for mothers with children aged five to 23 months. In 2016, the HEWs and the WDATL volunteers conducted 4,681 complementary feeding demonstrations in 10 districts. Over the course of one year, attendance at these demonstration events increased from 6,337 to 14,581 participants per month, including fathers, mothers and other family members.

**Enhanced Community Conversations (ECCs)** were conducted in collaboration with Save the Children, the Ethiopian Orthodox Church, and Mehabere Hiwot for Development. Through this partnership, 677 community change agents were trained to conduct ECCs among groups of mothers with children under two, and with mixed groups of other influencers—fathers, mothers-in-law, and community members.

**Certificates to model households and families** were awarded to celebrate positive actions of households practicing optimal IYCF; 4,726 households from 132 kebeles were recognized as model families through community celebrations.

**Partnership with the Ethiopian Orthodox Church** resulted in sermons that encouraged families to feed their young children a diverse diet rich in animal source foods, especially during more than the 180 fasting/abstention days per year. Over 34,000 sermons were provided by priests in 2016.

**Nutrition-sensitive agriculture interventions** included demonstrations on how to raise poultry and small livestock and retain vegetables and other nutritious items for home consumptions and to enrich children’s diets. Agriculture Extension Workers from 10 districts reached 303,896 community members in 2016.

**HIGH REACH THROUGH MASS COMMUNICATION.**

Over 35 percent of mothers with children under two years and 90 percent of frontline workers in A&T-intensive intervention areas had heard the Sebat Mela radio program at endline.

**POLICY SHIFT TOWARD INTERPERSONAL COMMUNICATION AND INTERVENTIONS.**

As a result of policy advocacy, the Amhara Regional Health Bureau endorsed and co-branded A&T’s interpersonal communication and counseling package for use during household visits by HEWs and their volunteers in 20 woredas (districts). Additionally, the Federal Ministry of Health (FMOH) adapted A&T IYCF content and graphics into the SBC package of interventions of the Sustainable Undernutrition Reduction in Ethiopia (SURE) program—reaching 153 woredas in four regions.
### Alive & Thrive Phase II Results

<table>
<thead>
<tr>
<th>INDICATOR</th>
<th>BASELINE 2015</th>
<th>ENDLINE 2017</th>
<th>CHANGE IN A&amp;T AREAS BETWEEN 2015 &amp; 2017</th>
<th>DOUBLE DIFFERENCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exclusive breastfeeding (0-5.9)</td>
<td>75.7</td>
<td>N/A</td>
<td>10.5*</td>
<td>N/A</td>
</tr>
<tr>
<td>Introduction of soft and semi-solid foods (6-8.9m)</td>
<td>59.7</td>
<td>57.7</td>
<td>1.6</td>
<td>6.8</td>
</tr>
<tr>
<td>Minimum diet diversity (6-23m)</td>
<td>5.2</td>
<td>18.2</td>
<td>19.7**</td>
<td>6.6+</td>
</tr>
<tr>
<td>Minimum meal frequency (6-23m)</td>
<td>57.7</td>
<td>62.5</td>
<td>4.8</td>
<td>6.2</td>
</tr>
<tr>
<td>Minimum acceptable diet (6-23m)</td>
<td>4.1</td>
<td>18.2</td>
<td>14.1***</td>
<td>5.7+</td>
</tr>
<tr>
<td>Consumption of iron-rich foods (6-23)</td>
<td>4.1</td>
<td>4.5</td>
<td>0.3</td>
<td>-1.1</td>
</tr>
</tbody>
</table>

+ p<0.01; * p<0.05; ** p<0.01
1 Adjusted for clustering at the woreda level

---

**Lessons Learned from Phase I and II**

It is possible to make significant improvements in child feeding practices—even complementary feeding. We found that a comprehensive, multi-sectoral approach can result in behavior change over a short period of time.

**Mass media reinforces community interventions.** The multiple components achieved impact that helped shift child feeding norms.

**Intensity is key.** Results indicate that A&T’s impact on infant feeding behaviors was highest when a mother was exposed to messages through multiple channels, such as mass media, home visits, and village gatherings.

**Need to strengthen HEWs and volunteers’ capacity.** There is need to continue to strengthen the quality of interpersonal communication between frontline workers and mothers and fathers of children under two, and to increase the coverage of counseling services to all mothers in the frontline worker’s catchment area.

**NEXT PHASE OF PROGRAM ACTIVITIES**

Beginning in 2018, A&T will shift from direct implementation in woredas to providing greater analytical, technical, and systems-building support in Ethiopia. In this way, A&T aims to bolster the capacity of federal and regional authorities to develop, deliver, monitor, and evaluate quality maternal, infant, and young child nutrition (MIYCN) services in their regions. To fill critical knowledge gaps, A&T will conduct implementation research on how to improve delivery of MIYCN services. A&T will strengthen the capacity of the agriculture and livestock sectors to incorporate nutrition-sensitive actions into relevant policies and programs.

---