Accelerating Nutrition Improvements

BEST PRACTICES FOR SCALING UP

Examples from Ethiopia, Uganda and the United Republic of Tanzania

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Accelerating Nutrition Improvements in sub-Saharan Africa (ANI) was implemented in 11 countries[1] in collaboration between the ministry of health, the World Health Organization and local partners. It was supported by Global Affairs Canada.[2] In the period 2013–2016, all 11 countries implemented nutrition surveillance activities to strengthen health information systems. Four of those countries[3] also carried out nutrition surveys, while three, Ethiopia, Uganda and the United Republic of Tanzania received additional support to scale up nutrition interventions, with a focus on the district level.

Activities for scaling up took place within country-led programmes and strategies and within existing systems in order to avoid duplication and ensure sustainability. All three countries focused on essential maternal, infant and young child nutrition actions during the 1000 days that span conception to the child's second birthday.

This package presents a description of best practices emanating from the scaling-up work, and describes the processes, techniques and approaches used. These practices were chosen because they led to sustainable results or because they exemplify important values in the processes of planning and implementation.

The nine best practices described in this package are:

- Making the case for addressing anaemia among adolescent girls in Ethiopia
- Strengthening technical skills of health workers improved the quality and coverage of nutrition services in Ethiopia
- Use of outreach strategies to scale up dissemination of nutrition messages reinforced health sector delivery of essential nutrition actions in Ethiopia
- Comprehensive information allowed Uganda to develop nutritious, locally available and affordable recipes for complementary feeding
- Adopting and adapting international guidelines ensured an evidence-informed approach to improving nutrition in Uganda
- Participatory district assessments brought stakeholders together around evidence-informed nutrition actions in Uganda
- Stronger nutrition surveillance within the health system ensured better detection and management of child undernutrition in the United Republic of Tanzania
- Scaling up social and behaviour change communication at community level improved maternal, infant and young child feeding practices in the United republic of Tanzania
- District-level investments for nutrition increased in the United Republic of Tanzania when capacity was developed for multisectoral planning and budgeting

The three countries showed significant common achievements linked to the best practices

Increased attention to nutrition: Government ownership of nutrition interventions was essential in strengthening and accelerating the pace of implementation. Working through formally established community networks and government institutions, ANI has helped strengthen government capacity to prioritize, finance and implement nutrition actions. In Ethiopia, local evidence convinced policy-makers of the need to address anaemia among adolescent girls. In Uganda, participatory district assessments brought stakeholders together around evidence-informed nutrition actions. In the United Republic of Tanzania, district-level investments for nutrition increased when capacity was developed for multisectoral planning and budgeting.

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[1] Burkina Faso, Ethiopia, Mali, Mozambique, Rwanda, Senegal, Sierra Leone, Uganda, the United Republic of Tanzania, Zambia and Zimbabwe.

[2] Formerly the Canadian Department of Foreign Affairs, Trade and Development.

[3] Rwanda, Sierra Leone, Zambia and Zimbabwe.

Enhanced capacity leading to improved quality and coverage of nutrition services: The hands-on nature of scaling-up activities strengthened the capacity of frontline health workers to: promote maternal, infant, young child and adolescent nutrition, manage severe acute malnutrition, carry out social and behaviour change communication and conduct activities on infant and young child feeding and on growth monitoring and promotion. Strengthened technical skills of health workers improved the quality and coverage of nutrition services in Ethiopia. Skills were also enhanced to develop local-food-based recommendations for complementary feeding in Uganda. In the three countries, a total of 9521 officials and health workers at national and sub-national levels were trained on strengthening nutrition services during the course of ANI implementation. Capacity building activities were complemented by post-training follow-up supervisory visits and performance review meetings, which helped ensure the quality of services provided.

An independent external evaluation of the ANI project concluded that scale-up activities led to strong community mobilization around nutrition activities, increased maternal knowledge of the determinants and prevention of child malnutrition in all its forms, active participation of community leaders and fathers in sensitization activities and an improved understanding of the nutritional needs of pregnant and lactating women.

Improved nutrition services focusing on evidence-informed actions: Drawing on the skills of partner nongovernmental organizations with experience in community work, ANI activities contributed to enhancing service delivery at first-level health facility and community levels. The participatory methods applied in the design, implementation and validation of nutrition actions ensured that innovations were based on evidence and were culturally appropriate, and that skills remained within the community to perpetuate acquired good practices. In Uganda, comprehensive information allowed the development of nutritious, locally available and affordable recipes for complementary feeding. Uganda also adopted and adapted international guidelines, which ensured an evidence-informed approach to preventing and controlling malnutrition in all its forms. In the United Republic of Tanzania, stronger nutrition surveillance within the health system ensured better detection and management of child undernutrition.

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Reaching out through health and non-health channels: Multiple communication channels were utilized to reach as many community-level target audiences as possible. In Ethiopia, community outreach strategies through, for example, schools and volunteer systems reinforced health sector delivery of essential nutrition actions. Engaging adolescents as nutrition promoters had the double advantage of improving their own nutrition and improving family practices. In the United Republic of Tanzania, scaling up social and behaviour change communication at national, regional, district and community levels improved maternal, infant and young child feeding practices. As part of the outreach, multiple materials for information, education and communication were developed and disseminated to health workers, child caregivers, schoolchildren and the general public. These included posters, brochures, recipe cards, radio messages, T-shirts and other personal collectibles.

More information about ANI can be found at **http://who.int/nutrition/ANI_project**

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Making the case for addressing anaemia among adolescent girls in Ethiopia

Introduction

The Ethiopia National Nutrition Programme 2013–2015 recommended the provision of iron and folic acid supplements to adolescent girls in order to tackle anaemia before pregnancy, and this was incorporated into the ANI project. However, as this would constitute a new intervention in Ethiopia, the planning process required a full understanding of the needs for and feasibility of the proposed intervention. This was done in three steps.

Step 1. Confirming the need to address anaemia among adolescents

The Ethiopia Demographic and Health Survey 2011 reported that overall anaemia rates had decreased among women of reproductive age, and surveys had found adequate intakes of iron-rich foods among women. Nevertheless, given the particular vulnerability of adolescent girls due to rapid growth and the effects of the onset of menstruation, it was considered necessary to monitor and further assess the rates of anaemia in that age group. The Federal Ministry of Health therefore decided to investigate the feasibility of different options for providing iron-folic acid supplements.

Step 2. Conducting a needs and feasibility assessment of iron-folic acid supplementation among adolescent girls

The Addis Ababa University School of Public Health Science was engaged to conduct a survey of anaemia and of the feasibility of mechanisms for delivering supplements in three districts. The survey covered 1323 adolescent girls, 87% of whom were in school. The results of the survey indicated that anaemia rates ranged from 24% to 38%, with an average rate of 29%. Fewer than half of the girls were aware of what anaemia is, and about one third knew of the relationship between anaemia and the intake of iron-rich foods. The great majority of girls interviewed would be willing to take iron-folic acid supplements to improve their health as well as their capacity to learn and to work. Most indicated they would prefer receiving supplements through the health system.

Given the high rate of anaemia found among adolescent girls by the survey, the Federal Ministry of Health decided, in collaboration with WHO, the Micronutrient Initiative and the Global Alliance for Improved Nutrition (GAIN), to further review the impact of iron-folic acid supplementation on anaemia among

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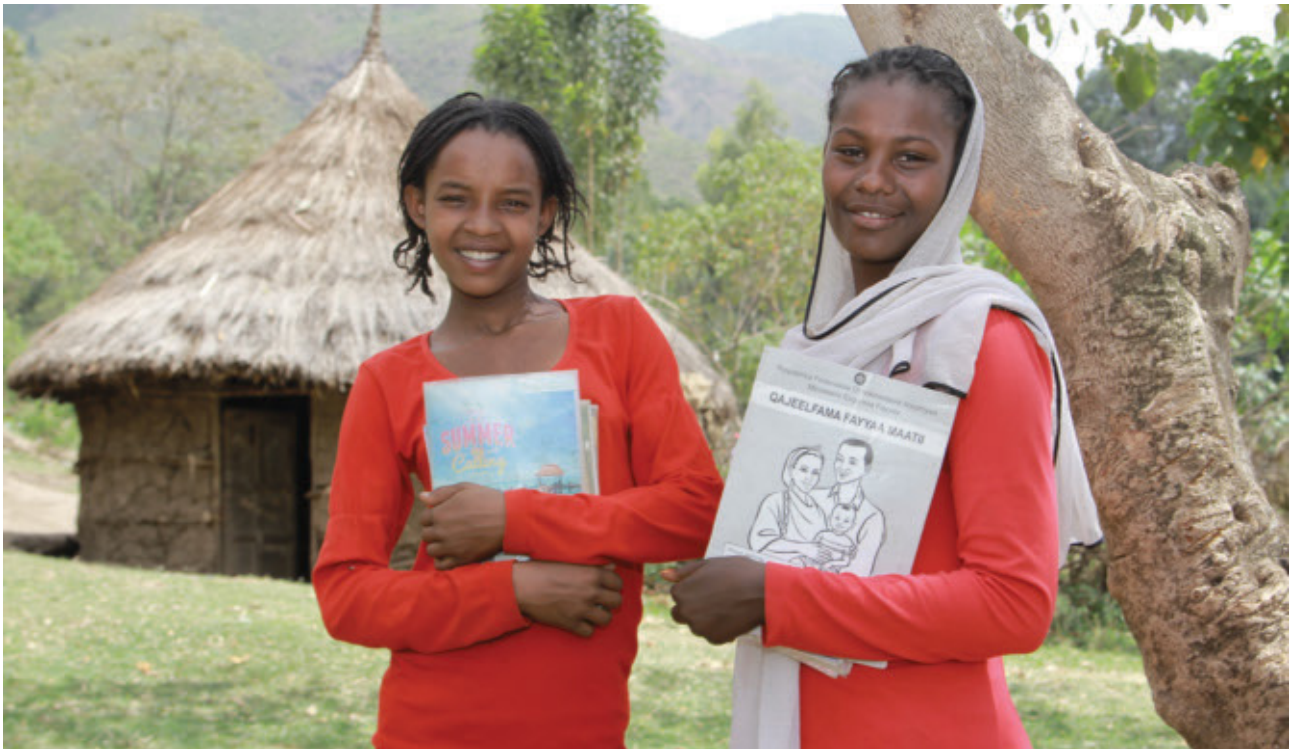

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adolescent girls and the effectiveness of different delivery channels before scaling up in the country.

Step 3. Planning actions based on locally generated evidence

The anaemia study highlighted the need for action by the government and development partners. The anaemia rates observed among adolescent girls indicated the need for intermittent iron-folic acid supplementation as per WHO guidelines, and therefore it was decided to pilot this in ANI focus areas. Meanwhile, communication materials used in outreach activities to adolescent girls were revised to further focus on preventing anaemia through behavioural and food-based approaches; these will be used in and beyond the ANI focus areas.

The observed high anaemia rates led to a revision of training and materials as well as community outreach activities to focus on promoting the intake of iron-rich foods and other measures of anaemia prevention.

Results of the process

The anaemia study provided valuable information to the government and development partners including UN agencies, donors and international nongovernmental organizations, for their on-going work in Ethiopia. The need to identify and address the root causes of anaemia in the target group is also being emphasized in the forthcoming National Nutrition Programme.

References

Ethiopian Public Health Institute. Ethiopian National Food Consumption Survey. 2013.

Federal Ministry of Health of Ethiopia. National Nutrition Programme 2013–2015. https://extranet.who.int/nutrition/gina/en/node/17834

WHO. Intermittent iron and folic acid supplementation in menstruating women. http://www.who.int/entity/elena/titles/iron_women/en/index.html

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Accelerating Nutrition Improvements in sub-Saharan Africa (ANI) was implemented in 11 countries (Burkina Faso, Ethiopia, Mali, Mozambique, Rwanda, Senegal, Sierra Leone, Uganda, the United Republic of Tanzania, Zambia and Zimbabwe) in collaboration with the World Health Organization and local partners, and was supported by Global Affairs Canada (formerly the Canadian Department of Foreign Affairs, Trade and Development). ANI supported countries to improve nutrition surveillance activities through strengthening health information systems, and to scale up nutrition interventions. In Ethiopia, the ANI project was implemented in ten districts in three regions under the leadership of the Federal Ministry of Health in partnership with John Snow, Inc.

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Use of outreach strategies to scale up dissemination of nutrition messages reinforced health sector delivery of essential nutrition actions in Ethiopia

Introduction

The Ethiopia National Nutrition Programme 2013-2015 committed to scaling up nutrition actions through the health system, through community-based health extension services (Health extension workers) and through community structures (Health development army volunteers). Through the ANI project, the Federal Ministry of Health leveraged non-health outreach structures including communities and schools to widen the dissemination of nutrition messages, following four main steps.

Step 1. Developing behaviour change communication materials for communities

Information, education and behaviour change communication materials were developed and adapted to promote nutrition-related practices at the community level and in schools. These were based on family health cards and tools previously developed by the Federal Ministry of Health and distributed to households through the health system.

Health extension workers in ANI project areas reported that the combination of health and non-health strategies used to reach communities helped them succeed in reaching a much wider audience.

Step 2. Training of local leaders and media personnel

As part of the ANI project, local authorities were engaged in workshops on nutrition, while orientation meetings were held for schoolteachers and other influential community personnel. In addition, local media personnel were trained on nutrition messages and how best to integrate these into their broadcasted programmes.

Step 3. Reaching out to communities through mobile vans and other channels

Mobile vans were used to disseminate nutrition messages at public gatherings, such as markets

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or religious events. Other channels included the Health development army volunteers and the monthly meetings of pregnant women, where discussions of infant and young child nutrition took place incorporating demonstrations on preparing adequate complementary foods with locally available ingredients.

Step 4. Reaching out through schools

Science classes and nutrition clubs also provided opportunities to teach school children about nutrition and health practices. The children then helped disseminate nutrition messages at home and in their neighbourhoods, using the behaviour change communication materials and child nutrition card.

Results of the process

A total of 131 289 copies of information, education centres, health posts, households and schools. In addition, 146 sessions to promote nutrition-based messages using mobile vans reached 355 700 people in ten districts, and 86 schoolteachers were trained to teach nutrition to their students.

Health extension workers in ANI focus areas reported that the variety of strategies used to reach communities helped them succeed in reaching a much wider audience with the nutrition messages. Local leaders now reinforce these key nutrition messages to communities and families. Students who have learnt about nutrition in the school curricula and in nutrition clubs talk to their parents about how babies grow smart and strong if they are exclusively breastfed for the first six months of life. The effect of these efforts to widely disseminate nutrition messages will continue much beyond the life of the ANI project.