

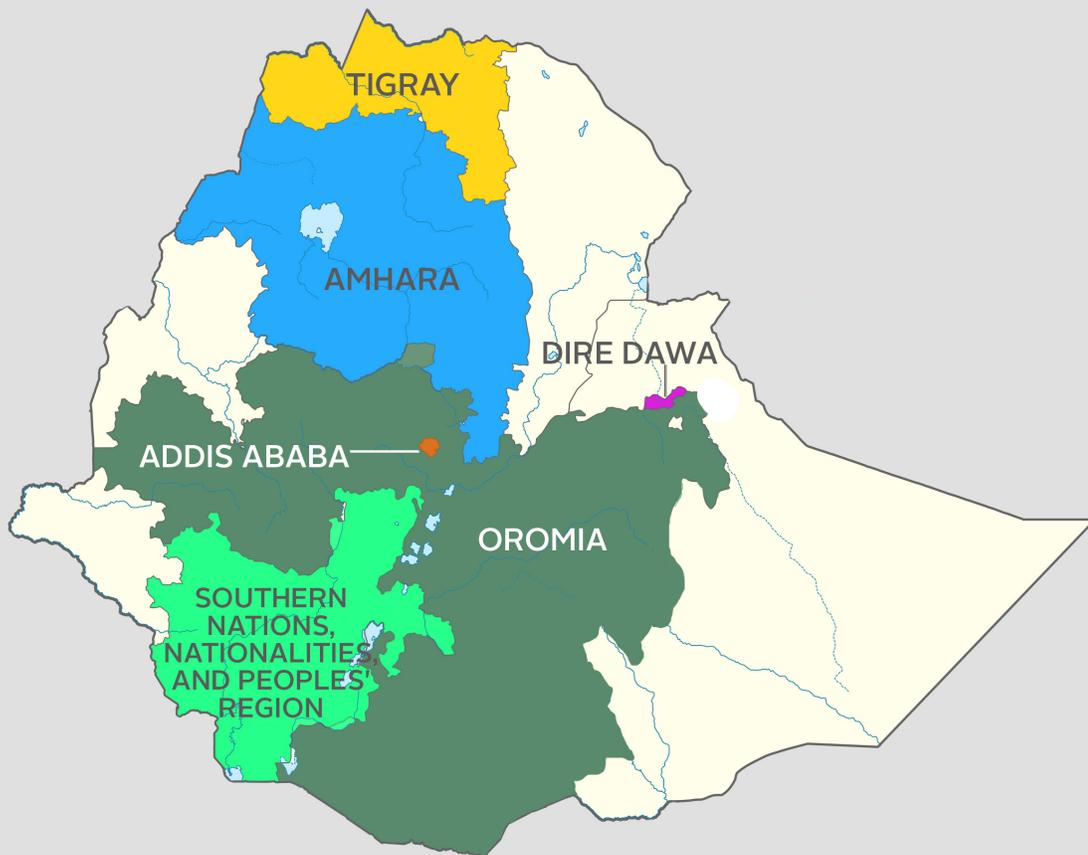
# FANTA III

FOOD AND NUTRITION  
TECHNICAL ASSISTANCE



**USAID**  
FROM THE AMERICAN PEOPLE

STRENGTHENING SUSTAINABILITY OF NUTRITION  
PROGRAMMING AND INTEGRATING NUTRITION ASSESSMENT,  
COUNSELING, AND SUPPORT (NACS) INTO THE HIV  
TREATMENT, CARE, AND SUPPORT PROGRAM IN ETHIOPIA  
A Report on FANTA Activities from 2012 to 2018



## Abbreviations and Acronyms

AACAHB	Addis Ababa City Administration Health Bureau
ART	antiretroviral therapy
CDC	U.S. Centers for Disease Control and Prevention
ENGINE	Empowering New Generations in Improved Nutrition and Economic Opportunities
FANTA	Food and Nutrition Technical Assistance III Project
FAO	Food and Agriculture Organization of the United Nations
FMOH	Federal Ministry of Health
HMIS	health management information system
M&E	monitoring and evaluation
NACS	nutrition assessment, counseling, and support
NNP	National Nutrition Program
PEPFAR	U.S. President's Emergency Plan for Aids Relief
QI	quality improvement
RDQA	routine data quality assessment
REACH	Renewed Efforts Against Child Hunger
RHB	regional health bureau
SBCC	social and behavior change communication
SNNPR	Southern Nations, Nationalities, and Peoples Region
SOC	standard of care
SOP	standard operating procedure(s)
TB	tuberculosis
TOT	training of trainers
USAID	U.S. Agency for International Development
WFP	World Food Programme
WHO	World Health Organization

## Overview

Over the past 2 decades, Ethiopia has made great strides in reducing high levels of hunger and undernutrition throughout the country. The last three Ethiopia Demographic and Health Surveys have shown that undernutrition is on the decline and that the country's focus on enhancing food security and scaling up nutrition programs have made tremendous contributions to reducing undernutrition. However, the impact of HIV and other infectious diseases on nutrition throughout the life cycle has remained a concern. To address this challenge, the U.S. Agency for International Development (USAID) funded the Food and Nutrition Technical Assistance III Project (FANTA) to work closely with the Government of Ethiopia to improve and sustain the quality of nutrition programs, with an emphasis on strengthening the integration of quality nutrition assessment, counseling, and support (NACS) into the country's HIV Treatment, Care, and Support Program.

Specifically, FANTA's objectives were to:

- Strengthen the capacity of the Federal Ministry of Health (FMOH) and regional health bureaus (RHBs) to integrate quality NACS services within the government's HIV Treatment, Care, and Support Program.
- Improve advocacy for nutrition and enhance multisectoral nutrition coordination to strengthen nutrition service delivery.

### Strengthening the Capacity of the National and Regional Governments to Integrate NACS into Ethiopia's HIV Treatment, Care, and Support Program

Infectious diseases like HIV and tuberculosis (TB) have a devastating impact on the nutritional status of affected populations. It has been well established that HIV and undernutrition interact in a vicious cycle. For many people with HIV

and/or TB, the infection causes or aggravates undernutrition. Undernutrition, in turn, accelerates the progression of HIV by further weakening the immune system, increasing susceptibility to opportunistic infections, and reducing the effectiveness of treatment.<sup>1</sup>

Integrating nutrition care into routine clinical services for people with such infectious diseases is an important strategy to reduce the severity of the illnesses and improve their treatment outcomes and quality of life. NACS is a client-centered approach used to deliver nutrition services to people with HIV by integrating a set of nutrition interventions into the continuum of care with effective referrals and linkages to other services. The approach also serves as a framework to integrate nutrition into policies, programs, and health service delivery and to strengthen the broader health system by building the knowledge and skills that can be applied to other health and nutrition interventions. NACS consists of three components—nutrition assessment, nutrition counseling, and nutrition support—that reinforce and build on one another to improve individuals' nutrition and health outcomes.<sup>2</sup> In Ethiopia, the NACS approach has been implemented to improve the nutritional, clinical, and functional outcomes of people with HIV—including pregnant and lactating women and orphans and vulnerable children—through routine nutritional assessment and counselling of all clients and provision of therapeutic and supplementary food support to clients identified as acutely malnourished.

Since 2012, FANTA provided technical assistance to the Government of Ethiopia, USAID, and other implementing partners to integrate and implement quality NACS services within routine HIV services. Through FANTA's technical support for the development of national nutrition and

<sup>1</sup> Weiser, S.D. et al. 2010. "Food Insecurity as a Barrier to Sustained Antiretroviral Therapy Adherence in Uganda." *PLoS ONE*. 5(4): e10340; doi:10.1371/journal.pone.0010340.

<sup>2</sup> FANTA. 2012. *Defining Nutrition Assessment, Counseling, and Support (NACS)*. Technical Note No. 13. Washington, DC: FHI 360/FANTA.

HIV guidelines and tools, capacity-strengthening efforts, and improved monitoring and evaluation (M&E), NACS is better integrated into the HIV program and has potential for long-term sustainability.

### Improving Nutrition Advocacy and Multisectoral Nutrition Coordination to Strengthen Nutrition Service Delivery

Constraints to improved nutrition service delivery in Ethiopia resulted from a lack of coordination and commitment from the federal and regional governments. To address these issues, FANTA assisted the FMOH with developing a multifaceted advocacy strategy to increase awareness, commitment, and funding for nutrition interventions based on analysis using PROFILES, a computer-based tool to support nutrition advocacy that provides estimates of economic and other benefits that would result from improved nutrition. PROFILES estimates were used to guide the finalization of the Ethiopia's National

Nutrition Program (NNP) (2013–2015), which helped lay the foundation for greater engagement from government and civil society to strengthen nutrition programming.

FANTA also focused on improving multisectoral nutrition coordination to enhance nutrition programming at the regional and local levels as part of the rollout of the NNP II (2015–2020) and supporting the scale-up of nutrition actions through technical assistance and capacity strengthening. FANTA's broader technical support created an opportunity to strengthen the capacity of health care providers to implement nutrition activities at various levels of the health care system.

This report provides a summary of FANTA's achievements and results related to NACS integration, nutrition advocacy, and multisectoral nutrition coordination in Ethiopia over the past 6 years, along with lessons learned and recommendations for future programming.

## Major FANTA Accomplishments in Ethiopia

**22** health facilities launched NACS QI activities in Amhara, SNNP, and Addis Ababa regions

**61** pharmacy personnel trained on NACS commodity supply management in Addis Ababa

**84** health facilities and **42** *woreda* health offices received joint routine data quality assessments

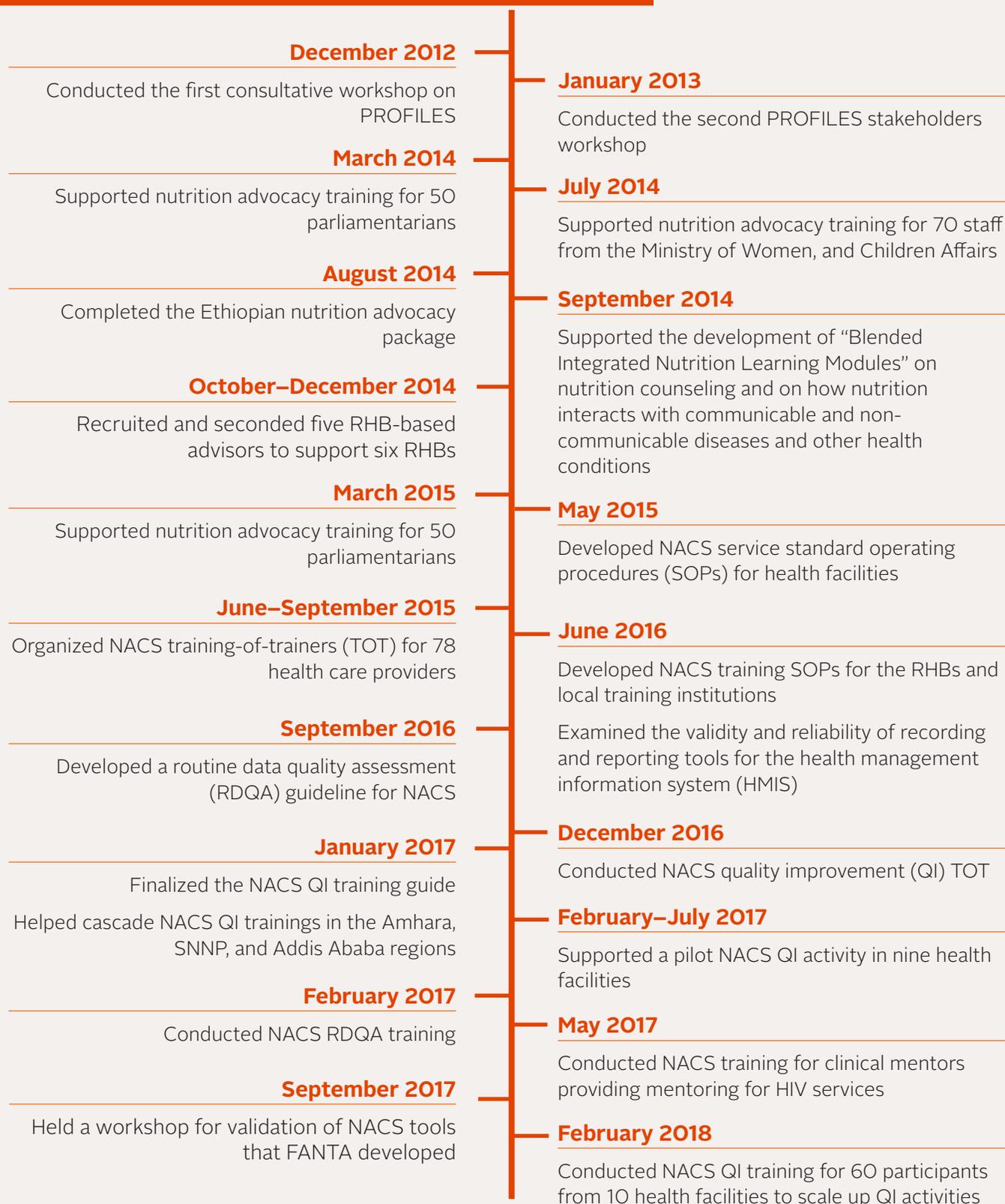
**150** clinical mentors training in NACS

**165+** health facilities received standard of care (SOC) assessments

**500** body mass index wheels were distributed to high-caseload health facilities in six regions

**863+** health care workers received NACS training organized by FANTA, RHBs, and local training institutions

## Timeline of Major FANTA Activities in Ethiopia



## Strengthening the Capacity of the FMOH and RHBs to Sustain NACS Services

To help the Government of Ethiopia integrate NACS services into its HIV Treatment, Care, and Support Program, FANTA focused its efforts originally on providing technical assistance to the Federal Ministry of Health (FMOH). FANTA made significant contributions to the development and revision of various HIV- and nutrition-related national guidelines, implementation manuals, training materials, job aids, social and behavior change communication materials, and M&E tools, which were instrumental in laying a technical foundation for the integration of NACS services.

In 2014, FANTA's work transitioned from primarily providing federal-level support to providing direct technical assistance to strengthen the capacity of six RHBs—Oromia, Amhara, Tigray, Addis Ababa, Dire Dawa, and Southern Nations, Nationalities, and Peoples Region (SNNPR)—to sustainably integrate NACS into routine HIV services. The technical assistance was designed to facilitate a smooth transition of NACS activities from previous USAID implementing partners and ensure the quality services through capacity-strengthening activities.

To foster effective integration and scale-up of NACS services, FANTA supported the harmonization of HIV- and nutrition-related materials such as training materials and checklists for supervision and mentoring. FANTA also placed nutrition advisors within the RHBs to provide direct technical assistance to support planning, implementation, monitoring, and supervision of nutrition and HIV-related activities. FANTA focused on targeted technical assistance in the following key areas: human resource capacity; NACS monitoring and reporting; clinical mentorship for integrated NACS and HIV services; supply chain management; and quality improvement. FANTA's innovative approaches strengthened and maintained the capacity of the RHBs to provide NACS within routine HIV services.

**SUCCESS STORY**  
Food and Nutrition Technical Assistance III Project August 2017

### Improving Regional Capacity for Sustainable NACS Services in Ethiopia

Ethiopia has made great strides in reducing high levels of hunger and undernutrition across the country. However, the impact of HIV and other infectious diseases on adult and child nutrition remains a concern. To address this challenge, FANTA has worked closely with the Government of Ethiopia, as well as the U.S. Agency for International Development (USAID) and implementing partners, to integrate nutrition assessment, counseling, and support (NACS)—a client-centered approach for delivering nutrition services to people with HIV—into the country's HIV Treatment, Care, and Support Program.

In 2014, USAID's Food by Prescription project, the flagship nutrition and HIV project in Ethiopia, closed, and NACS funding and implementation shifted to the federal and regional governments. FANTA's NACS work in Ethiopia has included strengthening the capacity of six regional health bureaus (RHBs)—Oromia, Amhara, Tigray, Addis Ababa, Dire Dawa, and Southern Nations Nationalities and Peoples Region—to sustainably incorporate NACS into routine HIV services and ensure the quality of those services. Drawing on innovative approaches that leveraged existing resources, FANTA focused on four key areas: strengthening human resource capacity, integrating NACS into routine HIV training for service providers, enhancing clinical mentorship of health staff, and improving NACS supply chain management. FANTA's activities in Amhara, Oromia, Dire Dawa, and Addis Ababa illustrate its work in these areas.

*Having well-trained health care providers is critical to ensuring high-quality NACS service delivery.*

#### Strengthening Human Resource Capacity in Amhara

Having well-trained health care providers is critical to ensuring high-quality NACS service delivery. To maintain quality services over time, it is essential to have the human resource capacity to provide, sustain, and expand effective NACS training, as needed. However, after taking over nutrition activities, Ethiopia's RHBs faced considerable human resource

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Success stories illustrating FANTA's support for NACS in Ethiopia are [available online](#).

### Strengthening Sustainable Human Resource Capacity

FANTA improved the RHBs' human resource capacity to sustainably integrate and implement quality NACS services into routine HIV service delivery through capacity strengthening. To standardize and improve the quality of NACS training, FANTA developed NACS training materials, training SOPs, and a training quality assessment checklist. FANTA organized and facilitated NACS TOT sessions for health care providers from all supported regions and helped the RHBs and partners cascade NACS trainings to lower levels.

Various strategies were tested to find a cost-effective and sustainable way to deliver NACS training for health care providers. One approach

involved engaging local training institutions to conduct in-service NACS training and provide follow-up mentoring to health care providers. As a first step, FANTA helped the RHBs to identify local training institutions that could provide the training. The six RHBs selected 22 local institutions to deliver NACS training and mentor trained service providers in their respective regions and zones. Once roles were agreed to, FANTA organized NACS TOTs for participants from selected local training institutions and the six RHBs. FANTA also provided technical assistance to the institutions to cascade the training to lower levels of health care providers and clinical mentors in collaboration with the RHBs.

To help streamline and standardize NACS training, FANTA compiled the training materials—including training manuals, monitoring and supervision checklists, mentoring checklists, training quality assessment tools, and other job aids and reference documents—into a single package. The training materials were put into an electronic format and shared with the six RHBs and 22 training institutions so they could facilitate NACS training for health care providers and clinical mentors in each region. FANTA also helped the RHBs and the training institutions ensure quality of training through systematic quality assessments and mentoring that helped to maintain the capacity to provide quality NACS services within HIV services.

Since these efforts began, 142 participants received a regional-level NACS TOT and 638 health care providers and 150 clinical mentors from the six regions received basic NACS training. In addition, 61 pharmacy personnel received NACS commodity supply management orientation in Addis Ababa. Lastly, FANTA established a pool of regional trainers at the six RHBs to ensure that NACS training is readily accessible and can be cascaded at any time through the local training institutions.

*FANTA streamlined the NACS curriculum, reducing the 3-day training to just 2 days.*

Another approach FANTA leveraged to strengthen and sustain human resource capacity for delivering NACS services was to incorporate NACS elements into existing training curricula for service providers, clinical mentors, and pharmacy personnel. In 2014, FANTA collaborated with the government and partners to incorporate NACS into the national Consolidated Comprehensive HIV and AIDS Training, the government's routine training for HIV service providers. FANTA condensed content that was duplicated in both trainings and integrated components from the NACS training into similar sessions in the HIV training. Harmonizing and streamlining these sessions shortened the NACS curriculum by approximately 10 hours, reducing the training from 3 to 2 days. FANTA piloted the shortened NACS sessions during several HIV trainings that year and found that participants demonstrated comparable NACS knowledge and skills as with the 3-day NACS training. With the training reduced to 2 days, the FMOH and RHBs agreed to incorporate NACS within the HIV training. This integration helped service providers better understand how the two programs function seamlessly and gave them an increased sense of accountability for providing quality NACS services. Moreover, the shortened training time and streamlined content reduced costs.

## Integrating NACS into Routine National HIV Training in Oromia

In Ethiopia, creating a sustainable platform for providing high-quality nutrition services to clients with HIV requires that NACS be seamlessly integrated into the country's HIV Treatment, Care, and Support Program. While nutrition services are expected to be delivered as part of routine services for people with HIV, the degree of integration varied across regions. Overall, weak integration and poor accountability for NACS services were partly due to the limited nutrition content in the Consolidated Comprehensive HIV and AIDS Training for HIV service providers. Furthermore, NACS training was often delivered as a stand-alone, ad hoc training, making it more difficult for the government to integrate NACS into routine health services.

In the Oromia region, this lack of integration limited the ability of the RHB and health facilities to adequately train health workers in nutrition. After USAID's nutrition and HIV partner projects phased out in 2014, a significant decline in NACS service provision was observed during supportive supervision visits. For example, many clients with HIV were not assessed for their nutritional status, resulting in fewer clients receiving appropriate nutrition counseling and support. In addition, facilities did not consistently use proper anthropometric indices or correctly classify clients' nutritional status.

Oromia also faced other challenges common to the RHBs: While some service providers at these facilities had received stand-alone NACS training, inconsistent provision of the training and weak supervision of NACS services led many facility staff to focus primarily on HIV services and not assume accountability for providing NACS services. In addition, staff often had to attend multiple off-site trainings, which frequently interrupted service provision and increased the RHB's training costs.

FANTA and the Oromia RHB determined that to ensure the quality of and accountability for NACS services, staff needed comprehensive training that fully integrated NACS into routine HIV training. In 2015, FANTA organized a combined NACS and HIV training of trainers for health workers from the Oromia RHB and local training institutions to help them cascade the training within their respective administrative zones. The RHB and training institutions conducted eight combined NACS and HIV trainings between 2015 and 2016, reaching 146 health care providers.

The combined NACS and HIV training helped strengthen and sustain the integration of service delivery and improve the effective and efficient use of resources. Team leaders from the Oromia RHB indicated that NACS integration has saved significant funding and time. In addition, building on their collaboration with FANTA, the RHB and key partners allocated additional resources from their own budgets to deliver integrated training, which has helped ensure program sustainability.

*Since our region is very large and health facilities are ... very far away from training centers, combining [NACS and HIV] trainings is beneficial. This has reduced participants' travel costs, as some spent 2–3 days for one-way travel. Above all, the integrated training minimizes the need to leave the health facilities so frequently for various separate trainings, which caused many service interruptions. We should continue this for upcoming trainings.*

—Antiretroviral therapy team leader, Oromia RHB

## Strengthening NACS Monitoring and Reporting

FANTA worked with the RHBs to strengthen their capacity to establish a strong M&E and reporting system and to ensure that NACS-related indicators were integrated and reported within the government's routine health management information system (HMIS). FANTA provided technical assistance to the six RHBs to improve the quality of NACS data by ensuring completeness and the accuracy of NACS reports from health facilities to the RHBs; the project also supported timely submission of the quality reports to the FMOH each quarter. FANTA helped the FMOH and RHBs routinely review reported NACS data and provide timely feedback on data quality issues and technical guidance to further improve data quality. Similarly, FANTA assisted the RHBs with analyzing data for use in decision-making.

During 2014, FANTA reviewed the validity and reliability of the FMOH's HMIS recording and reporting tools in producing data for PEPFAR. The review showed that most of those tools were not valid or reliable for calculating or reporting NACS indicators. FANTA discussed these issues with the FMOH, which required revision to the government's HMIS indicators. FANTA assisted with this revision and recommended including additional NACS indicators in the HMIS reporting system to ensure robust monitoring of NACS services. Based on those recommendations, the FMOH incorporated the proposed additional NACS indicators into its HMIS reporting system through FANTA's technical support.

FANTA also developed a NACS routine data quality assessment (RDQA) guideline to help RHBs improve the recording, reporting, and use of NACS data as part of the decision-making process. FANTA then organized a training for M&E officers, HMIS experts, supervisors from the FMOH and RHBs, and providers from select high-caseload facilities on how to use the guideline. FANTA's support substantially improved the completeness,

*FANTA helped improve the quality and use of NACS data as well as the overall NACS M&E and reporting system.*

consistency, accuracy, reliability, timeliness, and use of NACS data and enhanced the overall NACS M&E and reporting system.

### Enhancing Clinical Mentorship for Integrated NACS and HIV Services

Since its implementation by the government in 2008, routine clinical mentoring for HIV services—in which mentors regularly visit health facility workers and observe them using standardized checklists—has enhanced the knowledge and skills of HIV service providers and helped significantly to improve the quality of Ethiopia's HIV Treatment, Care, and Support Program. Despite this effort's success, clinical mentors did not always address nutrition care for people with HIV adequately. The supportive supervision and standard of care (SOC) assessments that FANTA conducted jointly with the RHBs showed that the quality of nutrition care for people with HIV needed greater attention. FANTA determined that providing on-site mentoring for the health care providers in charge of the HIV Treatment, Care, and Support Program could improve the quality of nutrition care and enhance the integration of NACS and HIV services. In 2015, FANTA and other key partners agreed on six NACS-related questions to be added as an annex to the checklist that clinical mentors use to observe HIV services.

FANTA, with ICAP (an international AIDS support organization at Columbia University) and local training institutions, then organized NACS trainings for clinical mentors in charge

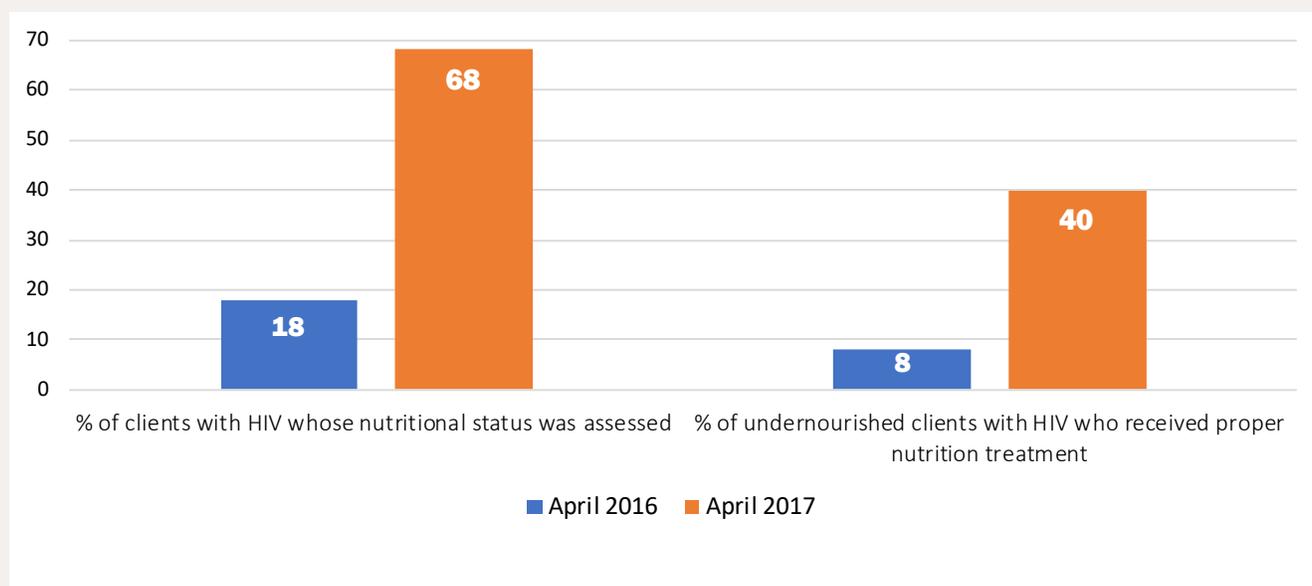
of mentoring HIV services to broaden their knowledge and skills on standard nutrition care as part of Ethiopia’s comprehensive care package for people with HIV. The trainings equipped the clinical mentors to appropriately mentor service providers to improve the quality of NACS services for people with HIV. The clinical mentors also received an orientation on the integrated and harmonized clinical mentoring checklist incorporating key

NACS elements. FANTA’s subsequent follow-up visits to select health facilities demonstrated that the trained clinical mentors were integrating NACS into their clinical mentoring and had contributed to further improving the quality of NACS services. Based on these results and further discussions, the FMOH agreed to incorporate the NACS questions into the checklist.

### Enhancing Clinical Mentorship in Nutrition in Dire Dawa

In 2016, FANTA oriented clinical mentors from the Dire Dawa RHB and local training institutions on the new NACS components in the mentoring checklist and provided them with basic training in NACS to broaden their knowledge and skills. Since the training, joint SOC assessments performed by FANTA and the RHB found that the comprehensive, harmonized clinical mentorship and use of the integrated checklist had steadily improved the quality of NACS services. As shown in Figure A, the Dire Dawa RHB reported in April 2017 that 68 percent of clients with HIV had their nutritional status assessed, up substantially from 18 percent the year before. Similarly, 40 percent of undernourished clients with HIV received proper nutrition treatment in April 2017, five times more than the 8 percent reported in April 2016.

**Figure A. Improving the Quality of NACS Services in Dire Dawa**



## Improving Supply Chain Management of NACS Commodities

As part of the overall NACS package, clients who are acutely undernourished are normally provided nutrition support in the form of specialized food products. For this component of NACS to operate effectively, the NACS commodity supply chain must function efficiently and reliably. In Ethiopia, specialized food products for NACS services were historically managed through implementing partners. Over the past several years, NACS commodity management was transitioned to the government's Pharmaceuticals Fund Supply Agency to facilitate government ownership of the NACS program and foster a more sustainable supply chain system.

Over the past 6 years, FANTA played a key role in improving NACS commodity supply chain management and ensuring the availability of appropriate and adequate nutrition commodities for eligible clients in health facilities providing NACS services. At the regional level, FANTA facilitated coordination and collaboration among the RHBs, the Pharmaceuticals Fund Supply Agency, and USAID-funded projects providing financial and technical support to ensure NACS commodities were adequately

supplied to facilities. A technical working group was established to address the challenges with commodity management. The technical working group's meetings facilitated collaboration among the partners on supply chain issues, and over time, these efforts resulted in greater government ownership of the commodity supply chain, fewer stock-outs, and improved storage practices.

To further strengthen and sustain the capacity of NACS commodity supply management, FANTA, in collaboration with the RHBs and partners, organized NACS commodity supply management training for pharmacy personnel. Moreover, FANTA advocated and collaborated with the RHBs and partners to incorporate NACS commodity supply management training into the Integrated Pharmaceuticals Logistic System training to ensure that NACS was an integral part of all aspects of service delivery, including the supply chain. FANTA's support led to an overall improvement in NACS commodity supply management, which is an imperative component of NACS program to ensure the quality across the entire continuum of nutrition care for clients with HIV.

## Improving Supply Chain Management in Addis Ababa

Through government-led supportive supervision visits, FANTA and the Addis Ababa City Administration Health Bureau (AACAHB) assessed the supply chain management system for the region and identified problems with how some health facilities dispensed and stored NACS commodities. Issues included dispensing commodities to ineligible clients, providing incorrect dosages, not providing adequate information to clients on how to use and store the commodities at home, and dispensing to clients without prescriptions. In addition, commodities were improperly stored, resulting in damage that rendered them unusable, and facilities suffered from frequent stock-outs and delayed restocking requests. The assessment also found that most pharmacists had not been trained on NACS commodity management and that pharmacy staff turnover was high. In Addis Ababa, 87 percent of pharmacy personnel had no training and the remaining 13 percent had not received training in more than 4 years.

To address these challenges, FANTA supported the development of a customized NACS commodity and supply chain management training for pharmacy personnel. The 1-day training covered NACS commodity and stock management systems and special considerations for these commodities. The training also included a specific session on monitoring and supervising the NACS supply chain.

FANTA and the AACAHB conducted two rounds of training for 61 pharmacy personnel in 2016. At the end of the training, the participants and trainers developed an action plan with a timeline to evaluate progress on addressing the issues.

Subsequent visits to select health facilities found an overall improvement in commodity management, including in how accurately the commodities were dispensed. Trained pharmacy personnel began verifying prescriptions for completeness and confirming that the right commodity was prescribed for the specific nutritional diagnosis. When pharmacists found incomplete or incorrect prescriptions, they cross-checked them with prescribers. In addition, pharmacists started tracking the dispensed commodities in separate registers and compiling monthly supply records. Facility observations also found that the storage of NACS commodities improved, as pharmacy staff started using pallets and shelves for storage, ensuring better ventilation, updating stock cards, and submitting timely requests for restocking, leading to fewer commodity stock-outs.

*Before the training, I didn't know what to check on the prescriptions, but now I know which product is meant for whom with its dosage. I do verify with the prescribers if I find some mistakes or errors on the prescription paper. I record the amount of commodities dispensed daily, monitor the remaining balance, and request on time for restocking ... The training helped us in improving our pharmaceuticals supply management.*

*- Pharmacy technician, Yeka Health Center, Addis Ababa*

## Strengthening NACS Service Delivery through Quality Improvement

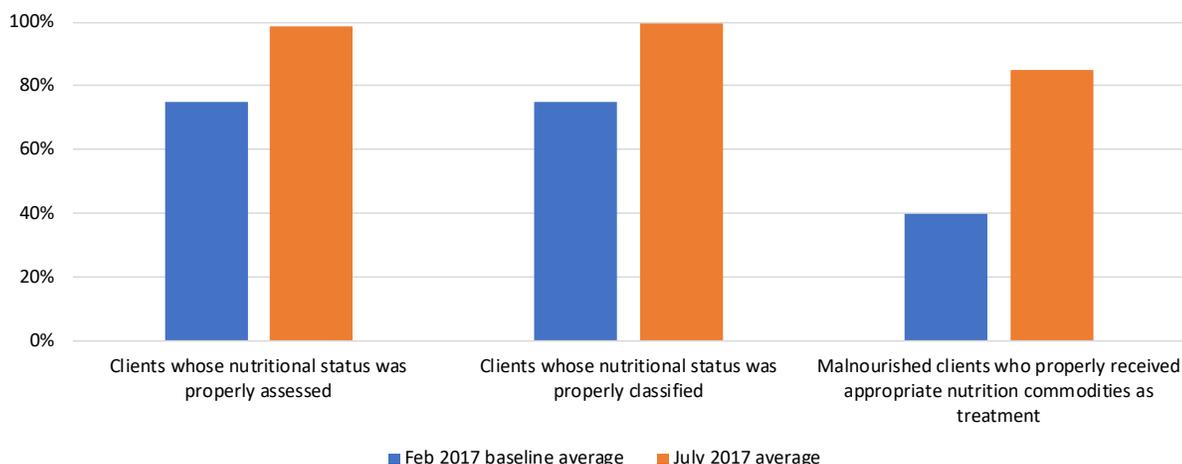
While NACS had been integrated into many health facilities providing HIV services in Ethiopia, the quality of NACS services remained a challenge. The joint FANTA/RHB SOC and facility-level quality assessments of NACS services—which evaluate quality of care, identify challenges, and recommend possible solutions to improve the quality of NACS services—found that the quality of NACS services at many health facilities was variable and inadequate. Specifically, some facilities were not screening all people with HIV for their nutritional status, were improperly classifying clients' nutritional status, and were failing to treat all malnourished people with HIV according to the appropriate nutrition care plan. To address these issues and further improve quality of NACS services, FANTA implemented a pilot NACS quality improvement (QI) activity in nine health facilities with high HIV caseloads in three regions (Addis Ababa, Amhara, and SNNPR) in January 2017. The overall goal of FANTA's initiative was to demonstrate improvements in the quality of NACS services in the nine facilities and help the RHBs scale up the QI activities to additional health facilities based on the evidence generated. FANTA's efforts involved the following activities:

**Developing Training Materials and Organizing NACS QI Training.** First, FANTA adapted and developed NACS QI training materials based on work it had done in other countries. FANTA organized a central-level NACS QI TOT for 3 days for 17 participants from the three RHBs and selected high-caseload facilities and then cascaded the training to the regional level for 75 health care providers from the nine health facilities. After the regional trainings, FANTA formed NACS QI teams composed of six to eight trained health care providers working on HIV and NACS services in each health facility.

*The QI process enables service providers to systematically improve the quality of health care delivery through a cycle of identifying weaknesses in current practices, analyzing the reasons for the weaknesses, developing solutions, monitoring progress over time, studying the results, and making further adjustments in the next cycle.*

**Helping the NACS QI Teams Implement QI Activities.** FANTA worked with the RHBs and the health facilities to help the teams use their comprehensive QI training to implement QI activities. Through FANTA's technical support, each team identified NACS-related problems in their respective facilities, analyzed the root causes, and generated possible solutions to test and implement. FANTA also assisted the teams with setting improvement targets to determine how well the tested solutions worked and provided on-site monthly mentoring and supportive supervision while the changes were being tested. In addition, to facilitate experience-sharing and learning, FANTA organized intra-facility and inter-regional exchange visits to health facilities and the RHBs that demonstrated promising practices. An analysis of QI data from the nine facilities showed considerable gains in the quality of NACS services. Six months after FANTA's QI assistance began, the facilities showed improvements in assessing and classifying the nutritional status of clients with HIV and in providing proper nutrition treatment to malnourished clients with HIV (Figure 1).

**Figure 1. Improvements in NACS Services for Clients with HIV at Nine Facilities**



**Assisting the RHBs with Scaling Up NACS QI Activities.** FANTA used the promising results from the pilot implementation to advocate for further scale-up of QI. The three RHBs collaborated with partners such as CDC and ICAP to mobilize funding to implement QI in more facilities, leveraging FANTA’s technical support. FANTA, in collaboration with ICAP, helped the three RHBs identify 13 additional high-caseload

health facilities—five from Amhara, five from Addis Ababa, and three from SNNPR—for an initial phase of the scale-up. FANTA organized two NACS QI training sessions for a total of 60 health care providers from the 10 health facilities from Amhara and Addis Ababa. In SNNPR, 30 participants from three health facilities were trained with funding from CDC and technical support from FANTA.

### Major Accomplishments in Strengthening Capacity for NACS Integration

- Supported the addition of new NACS indicators into the national HMIS
- Developed various NACS-related tools—including training materials, SOPs, job aids, and checklists—to strengthen the integration and implementation of quality NACS services
- Harmonized nutrition and HIV-related tools, including training materials and checklists for supportive supervision and mentoring
- Helped three RHBs implement QI activities to improve the quality of NACS services

## Improving Nutrition Advocacy and Multisectoral Nutrition Coordination to Strengthen Nutrition Service Delivery

### Improving Nutrition Advocacy

Since the original National Nutrition Strategy was developed about a decade ago, the Government of Ethiopia and its nutrition partners have strived to increase capacity and resources to address malnutrition and to improve the policy landscape and government commitment to support nutrition. To sustain these government efforts and raise awareness for strengthening nutrition interventions, FANTA assisted the FMOH with developing a multifaceted, evidence-based nutrition advocacy strategy.

To develop evidence to support nutrition advocacy, in 2012, FANTA introduced PROFILES, a spreadsheet-based tool used to calculate the consequences if malnutrition does not improve or change over a defined time period (the status quo scenario) and the benefits of improved nutrition over the same time period (the improved scenario), including lives saved, disabilities averted, human capital gains, and economic productivity gains.

FANTA played a key role in a multisectoral core working group that provided technical oversight and input into the development of the estimates. The group included representatives from key government ministries (the FMOH, the Ministry of Agriculture, and the Ministry of Education), USAID, U.N. agencies (the World Food Programme [WFP], the Food and Agriculture Organization of the United Nations [FAO], the World Health Organization [WHO], and UNICEF), Renewed Efforts Against Child Hunger (REACH), and USAID's Empowering New Generations in Improved Nutrition and Economic Opportunities (ENGINE) project.

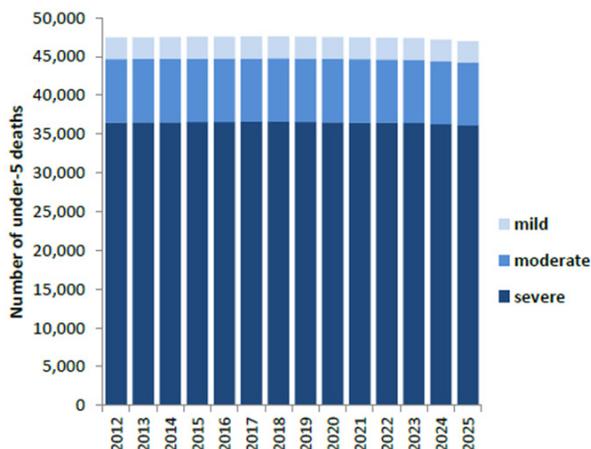
FANTA led a collaborative process with the multisectoral working group and other stakeholders that culminated in PROFILES estimates for the 2012–2025 period. The estimates

***Nutrition advocacy** is a platform to create movement toward greater political and social commitment for nutrition in a country. It is a planned, systematic, and deliberate process that is defined and shaped by the specific country context. FANTA's nutrition advocacy planning process engages national stakeholders by using a participatory and consensus-building approach toward a shared national vision for nutrition.*

showed that if stunting and wasting levels among children under 5 years of age remain unchanged from 2012 through 2025, the number of child deaths related to stunting and wasting would total about 664,000 and about 475,000, respectively, in that period. However, if effective, high-coverage nutrition interventions were implemented over that period, 150,700 children would be saved if targets for reducing stunting were met and 108,000 children would be saved if wasting was reduced to its target level (Figures 2–5).

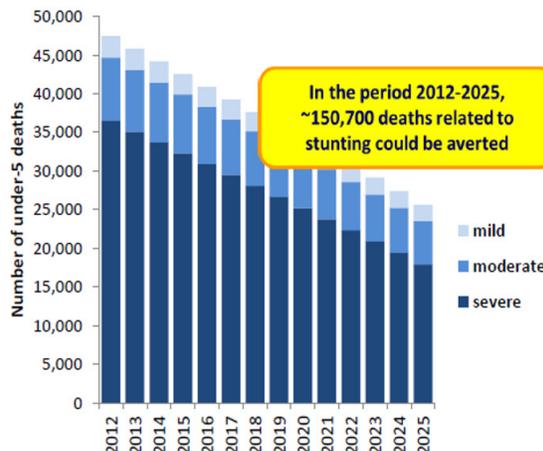
FANTA then helped the FMOH use the PROFILES estimates to advocate for evidence-based actions to improve nutrition. The project worked with stakeholders to develop the Ethiopia Nutrition Advocacy Plan, which the FMOH incorporated into the first NNP (2013–2015). FANTA also led the development of a [package of nutrition advocacy materials](#) that included the PROFILES results. The materials—which targeted the media; policymakers and parliamentarians; government officials at the regional, *woreda*, and *kebele* levels; development partners; civil society; and the private sector—materials were disseminated and used in various advocacy events by the FMOH and nutrition implementing partners.

**Figure 2. Status Quo: Number of Deaths among Children under 5 Years Related to Stunting,\* 2012–2025**

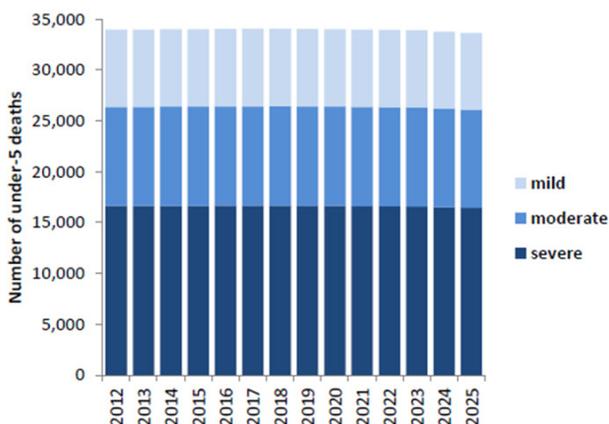


\* Mild, moderate, and severe stunting (low height-for-age)

**Figure 3. Improved Scenario: Decreasing Number of Deaths among Children under 5 Years Related to Stunting\* 2012–2025**

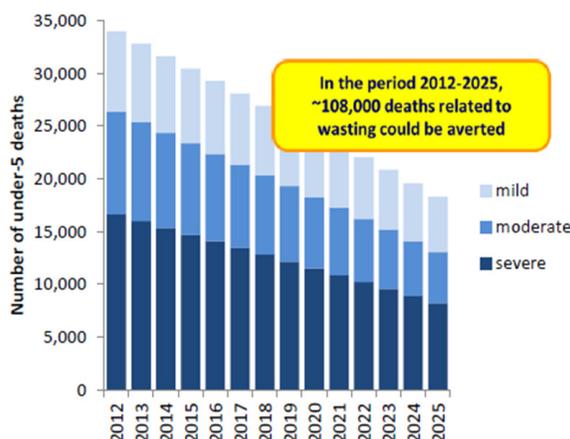


**Figure 4. Status Quo: Number of Deaths among Children under 5 Years Related to Wasting,\* 2012–2025**



\* Mild, moderate, and severe wasting (low weight-for-height)

**Figure 5. Improved Scenario: Decreasing Number of Deaths among Children under 5 Years Related to Wasting\* 2012–2025**



## Major Accomplishments in Nutrition Advocacy

- Developed PROFILES estimates for 2012–2025 for the FMOH to support evidence-based advocacy and actions to improve nutrition
- Helped develop the Ethiopia Nutrition Advocacy Plan
- Created a package of nutrition advocacy materials for the media, policymakers and parliamentarians, regional and local officials, development partners, civil society, and the private sector
- Conducted nutrition advocacy workshops for 50 parliamentarians and 70 staff from Ministry of Women and Children Affairs

## Enhancing Multisectoral Nutrition Coordination

Addressing the deep-rooted, multi-faceted causes of malnutrition in Ethiopia calls for high impact, well-integrated interventions that engage multiple sectors. While the FMOH developed the National Nutrition Strategy and the first National Nutrition Program (NNP)—launched in two phases, 2008–2013 and 2013–2015—to address the causes of malnutrition, there was insufficient multisectoral coordination and integration to achieve the NNP’s goals.

In response, the FMOH, with assistance from FANTA and other nutrition partners, developed and launched the NNP II (2016–2020), which focused on implementing coordinated multisectoral approaches to ensure that nutrition was integrated into various government sectors. FANTA provided technical assistance to the FMOH and RHBs to strengthen multisectoral nutrition coordination and advocacy activities at both national and regional levels. Under the NNP II, FANTA also provided technical assistance to the broader health, nutrition, and HIV programs outside of NACS. This created an opportunity to strengthen health care providers’ capacity to implement nutrition programming at different levels of the health system, raised awareness of NACS among staff working outside the health and nutrition sectors, and created a forum for coordinating efforts among different sectors.

FANTA helped the FMOH and RHBs to better coordinate the cascading of the implementation of the NNP II, which included NACS as a strategic objective, to the regional and sub-regional levels. FANTA also assisted with the regional launching

events in the six regions where FANTA was already working. In Oromia, Tigray, and Dire Dawa, FANTA worked with the three RHBs, seven selected zones, and nine *woredas* to establish and strengthen multisectoral nutrition coordination committees—with members from the health, education, agriculture, administration, finance, information, urban development, labor and social affairs, trade and industry, water resources, youth and sports, and women’s affairs sectors. In collaboration with the RHBs, FANTA organized sensitization workshops for regional and zonal multisectoral nutrition coordination committee members on the NNP II and its multisectoral approach. FANTA also led the development of terms of reference to help regional, zonal, and *woreda*-level committees understand the multisectoral nature of nutrition and provide guidance on each sector’s roles and responsibilities in mainstreaming nutrition into their sectoral plans and activities.

In addition, FANTA assisted the FMOH with developing the NNP II’s Multisectoral Implementation Guideline (pending government endorsement) to facilitate and guide multisectoral nutrition activities at all levels. FANTA provided continuous technical support to the RHBs and selected zones to organize periodic coordination meetings at the regional and zonal levels. FANTA’s technical assistance and sensitization workshops improved the awareness and understanding of the NNP II among the coordination committee members and enhanced the overall coordination mechanisms for implementing the NNP II through different sectors.

## Major Accomplishments in Multisectoral Nutrition Coordination

- Helped launch the NNP II and, with other partners, cascaded its implementation to lower levels of government
- Strengthened regional multisectoral nutrition coordination committees in Oromia, Tigray, and Dire Dawa regions as well as lower-level nutrition coordination committees in seven selected zones and nine *woredas* in those regions
- Supported the development of the NNP Multisectoral Implementation Guideline to facilitate multisectoral nutrition activities at all levels
- Facilitated integration of NACS into the broader health system as one of the major NNP II components

## Lessons Learned and Recommendations

FANTA's experience supporting the Government of Ethiopia, the RHBs, and other partners from 2012 to 2018 yielded the following lessons and recommendations for continuing to improve and sustain NACS integration, nutrition advocacy, and multisectoral nutrition coordination in the country.

### Integrating NACS into Ethiopia's HIV Treatment, Care, and Support Program

**LESSON LEARNED:** Collaborating with and equipping local training institutions to provide NACS training for health care providers was a cost-effective and sustainable way to strengthen and sustain the workforce capacity needed to implement quality NACS services. FANTA's initiative to establish a pool of regional trainers helped expand the government's access to quality NACS training options. The approach was notable in addressing issues of high turnover and rotation of trained staff, which previously contributed to inconsistent and lower-quality nutrition services in many facilities. Scaling up these approaches throughout other regions could help lay the foundation for long-term sustainability of NACS across the country.

#### Recommendations

- The Government of Ethiopia should further strengthen and scale up the engagement of local training institutions to provide in-service NACS trainings to sustain the capacity of health care providers and ensure provision of quality nutrition services as an integral part of HIV care.
- The FMOH and RHBs should consider refresher and gap-filling trainings as needed and share training materials and up-to-date reference documents with the training institutions to help standardize the trainings.
- Continued allocation of funding for training through the RHBs' annual budgets is essential for sustaining future NACS trainings.

*Partnering with local institutions to provide NACS training can help sustain health care workers' skills and ensure quality NACS services.*

**LESSON LEARNED:** Integrating NACS components within the core training for antiretroviral therapy (ART) providers, clinical mentors, and pharmacy personnel is essential to sustain NACS service delivery. The integrated trainings—rather than standalone trainings—equipped staff with comprehensive knowledge and skills on both NACS and HIV services, which increased their accountability to provide a complete package of care; improved quality of services through harmonized mentorship and better management of nutrition commodities; and enhanced effective and efficient use of resources.

#### Recommendations

- The FMOH and RHBs should continue to strengthen and sustain the integrated HIV and NACS trainings for ART providers, clinical mentors, and pharmacy personnel.
- It is also essential to promote curriculum reviews and incorporation of the basics of NACS into pre-service trainings for health care providers for sustained NACS service delivery.

**LESSON LEARNED:** The pilot implementation of NACS QI activities in the nine health facilities resulted in promising improvements in NACS service delivery within 6 months. Active involvement of the RHBs and the health facilities' managers and their oversight of the implementation of QI activities were crucial to accelerate improvements. Also, providing clear and consistent feedback on progress enhanced service providers' motivation and commitment to improve the quality of NACS services through the QI activity.

### Recommendations

- To ensure successful scale-up of QI activities, the RHBs should mobilize additional funding or allocate budget lines to provide QI training for service providers, conduct regular mentoring and supportive supervision, and facilitate experience-sharing and learning events among facilities.
- Documenting best practices and lessons learned from the pilot QI sites and sharing those broadly across would facilitate scale-up to additional health facilities.

**LESSON LEARNED:** The RHBs and health facilities that participated in the pilot NACS QI activity began using their new QI skills and knowledge to strengthen other health care programs, such as maternal and child health and TB. This demonstrates the QI activity's potential to contribute to improvements in the broader health system as more facilities adopt the QI approach.

### Recommendations

- The RHBs should help the health facilities identify and document promising practices to facilitate learning and replication of successes for further scale-up.
- For sustained improvements of NACS services, it will be important to explore and implement innovative QI approaches that address the broader health care system.

## Improving Nutrition Advocacy and Multisectoral Nutrition Coordination

**LESSON LEARNED:** The 2012 PROFILES estimates provided a unified and harmonized approach to promote evidence-based nutrition advocacy in Ethiopia and maximized the effectiveness of advocacy efforts by the government and partners. The nutrition advocacy materials FANTA developed for the media, policymakers and parliamentarians, government officials, civil society, and the private sector were key to increasing visibility, commitment, actions, and resources for nutrition in the country.

### Recommendations

- The government should continue to strengthen an enabling environment for greater investment and commitment to nutrition.
- A substantial effort to implement and expand access to quality nutrition services at scale is essential if the benefits of improved nutrition are to be achieved.
- Coordination, collaboration, and partnerships among multiple sectors and actors should be strengthened at all levels.
- The government should review and update the 2012 PROFILES estimates and advocacy plan based on the recently released 2016 Ethiopia Demographic and Health Survey results.

*Multisectoral collaboration and partnerships on nutrition should be strengthened at all levels.*

**LESSON LEARNED:** FANTA's broader technical assistance to support the regional multisectoral coordination committees raised awareness on multisectoral approaches to improve nutrition and enhanced the overall coordination mechanisms for implementing the NNP II. The revised terms of reference for regional, zonal, and *woreda*-level coordination committees guided and facilitated better coordination and helped each sector to mainstream nutrition into their sectoral plans and activities.

### Recommendations

- The FMOH and RHBs should continue to strengthen, scale up, and sustain multisectoral coordination and establish an accountability mechanism to strengthen the NNP II implementation by all sectors.
- Technical assistance should continue to be provided to the committees to ensure that nutrition activities are maintained in sectoral annual work plans and that funding is secured at zonal and *woreda* levels.
- Ongoing advocacy is needed at all levels to ensure that the necessary support and resources are available to continue to strengthen nutrition governance.
- Sectors should systematically report on their nutrition activities as part of their routine reporting in order to track progress toward identified outcomes and goals.

# Nutrition Materials for Ethiopia Developed by FANTA

## NACS-Related Materials

NACS training standard operating procedures

Report on the validity and reliability of NACS-related recording and reporting tools

NACS quality assessment checklist for RHBS

NACS quality assessment checklist for health facilities

RDQA guideline for NACS

Fact sheet on ready-to-use therapeutic and supplementary foods

Standard operating procedures on NACS services for health facilities

Woreda, zonal, and regional-level supportive supervision checklist

Standard of care assessment checklist

NACS training quality assessment checklist

Health facility commodity management assessment tool

NACS quality improvement training: Facilitator and participant guides

## Nutrition-Specific Materials

Blended Integrated Nutrition Learning Modules

## Technical Briefs

Technical brief for treatment of severe acute malnutrition in people with HIV

Technical note on the duration of NACS training

## Advocacy materials

Ethiopia PROFILES estimates for 2012–2025

Ethiopian nutrition advocacy package

Nutrition advocacy briefs for:

- The media
- Government officials
- Development partners
- Civil society organizations
- The private sector
- Policymakers and parliamentarians

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