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Review of Incorporation of Essential Nutrition Actions into Public Health Programs in Ethiopia

January 2008

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Food and Nutrition Technical Assistance (FANTA) Project
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ACRONYMS

ANC	Ante-Natal Care
AJJDC	American Jewish Joint Distribution Committee
BCC	Behavior Change Communication
BFHI	Baby Friendly Hospital Initiative
CARE	Cooperation for Assistance and Relief Everywhere
CBGMP	Community Based Growth Monitoring and Promotion
CHP	Community Health Promoter
C-IMCI	Community Integrated Management of Childhood Illness
CMBS	Code of Marketing of Breastmilk Substitutes
CRS	Catholic Relief Service
CTC	Community Therapeutic Care
DHS	Demographic and Health Survey
ENA	Essential Nutrition Actions
EPHTI	Ethiopia Public Health Training Initiative
EPI	Expanded Program of Immunization
ESHE	Essential Services for Health in Ethiopia
FANTA	Food and Nutrition Technical Assistance
F-MOH	Federal Ministry of Health
FHD	Family Health Department
FP	Family Planning
GH	Global Health
HEW	Health Extension Worker
HMIS	Health Management Information System
HSDP	Health Sector Development Program
ICD	Institute for Curriculum Development
IMNCI	Integrated Management of Newborn and Childhood Illness
IMC	International Medical Corps
IR	Intermediate Result
IRT	Integrated Refresher Training
IU	International Unit
IYCF	Infant and Young Child Feeding
LAM	Lactational Amenorrhea Method
LCD	Liquid Crystal Display
M&E	Monitoring and Evaluation
MOH	Ministry of Health
NU	Nutrition Unit
NNS	National Nutrition Strategy
NGO	Non-Governmental Organization
NWG	Nutrition Working Group
PASDEP	Plan for Accelerated and Sustained Development to End Poverty
PMTCT	Prevention of Mother to Child Transmission
PRSP	Poverty Reduction Strategy Program
RHB	Regional Health Bureau

SAM	Severe Acute Malnutrition
SCF-UK	Save the Children United Kingdom
SCF-US	Save the Children United States
SNNPR	Southern Nations Nationalities and Peoples Region
TFC	Therapeutic Feeding Center
TOT	Training of Trainers
TVETC	Technical and Vocational Education Training Centers
UN	United Nations
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
USG	United States Government
WHO	World Health Organization
ZHO/DHO	Zonal and/or District Health Offices

EXECUTIVE SUMMARY

In FY 2003, USAID/Ethiopia introduced the Essential Nutrition Actions (ENA) package as an approach to support the Ethiopian government and its partners in their efforts to improve the nutrition of women and children under two years of age. USAID/Ethiopia requested the USAID/GH LINKAGES Project to provide wide-ranging support in this strategy. When the LINKAGES Project ended in September 2006, USAID/Ethiopia requested the bilateral Essential Services for Health in Ethiopia (ESHE) Project to carry on implementation of the ENA approach. In FY 2007, USAID/Ethiopia requested the USAID/GH Food and Nutrition Technical Assistance (FANTA) Project to review the degree to which the ENA approach has been incorporated into the Ethiopia Federal Ministry of Health (F-MOH) system and multilateral and non-governmental organization (NGO) programming, and to identify factors that have facilitated or inhibited this integration.

Site visits and interviews with key informants were conducted by two FANTA consultants over a period of three weeks in October 2007. Interviews and observations included government and non-governmental institutions at the national, regional and community levels.

Findings

The Review found that among sites and institutions visited, ENA has been incorporated into the F-MOH and NGO programming. Factors that have facilitated ENA's incorporation into the Ethiopian public health system include advocacy, a designated project to support ENA activities and training of various types of health professionals at different levels of the system. LINKAGES's initial advocacy effort is recognized by partners and stakeholders as having created awareness of the importance of nutrition for child survival, along with a base of agreement and support for ENA at national and regional levels. The ability of a USAID bilateral project, such as ESHE, to provide longer-term support and technical assistance for institutionalization of ENA has been instrumental in maintaining and strengthening the capacity of health workers in ENA. The strategy of integrating ENA through many different agents (e.g. health services, pre-service training institutions, NGOs active in maternal and child health) was considered by key informants of the Review to be worth the investment and has provided an opportunity to reach the women and children of Ethiopia through multiple channels. The numbers of people trained in these various public-private sectors also has created a base of skills even as individuals change positions or move to other institutions.

Factors that have inhibited the institutionalization of ENA include the lack of formal approval for the draft National Nutrition Strategy (NNS), lack of ENA-related indicators in the Health Management Information System (HMIS), and lack of regularly scheduled training courses on ENA for new and continuing health professionals. Although ENA is seen to be incorporated into health services at regional, district and community levels in the regions supported by ESHE and in the five pre-service training institutions visited during this Review, Ministry of Health (MOH) administrators and university instructors note there is a lack of emphasis on ENA from higher administrative levels due to the lack of a concerted national strategy. As review and discussion of HMIS results often drives supervision and decision-making, ENA remains less of a priority within management systems because of its absence among HMIS indicators. Although

LINKAGES trained a great number of people who still are working within the public health system, staff turnover is still cited as problem in continuing implementation of ENA. There is, therefore, a continuing need for training in ENA among health workers.

1. OBJECTIVES OF THE REVIEW

In FY 2003, USAID/Ethiopia introduced the ENA package as an approach to support the Ethiopian government and its partners in their efforts to improve the nutrition of women and children under two years of age. USAID/Ethiopia requested the USAID/GH LINKAGES Project to provide wide-ranging support in this strategy. When the LINKAGES Project ended in September 2006, USAID/Ethiopia requested the bilateral ESHE Project to carry on activities to continue implementation of the ENA approach.

In FY2007, USAID/Ethiopia requested that the USAID/GH FANTA Project review the degree to which the ENA approach has been incorporated into the Ethiopia F-MOH system and multilateral and NGO programming, particularly by those organizations that participated in ENA training and technical assistance through LINKAGES, such as the United Nations Children's Fund (UNICEF), ESHE and the Carter Center Ethiopia Public Health Training Initiative (EPHTI). USAID/Ethiopia also requested that FANTA describe how ENA has been integrated into pre-service curriculum by the Carter Center EPHTI, and whether the integrated curriculum is now being implemented at the seven focus universities. The specific objective of the Review is to identify factors that facilitated or inhibited integration of ENA.

Please refer to the Scope of Work of the Review in Annex 1.

2. BACKGROUND

2.1 Health Services in Ethiopia[1]

The F-MOH is into the third phase of a Health Sector Development Program (HSDP), which was launched in 1998 within a "context of a strong government commitment to democracy and decentralization...and to respond to the needs of the rural population who constitute about 85% of the total." The program is in accord with the government's Poverty Reduction Strategy Program (PRSP) process and addresses multiple aspects of the health system, including facility construction and rehabilitation, health care financing, pharmaceutical systems and more. The basic objective of the HSDP is to improve the coverage and quality of health services, which has resulted in special programs and packages to contribute to this objective: (a) the Health Service Extension Program; (b) the Accelerated Expansion of Primary Health Care Coverage; and (c) the Essential Health Service Package.

The health service delivery system consists of four tiers with a primary health care unit at the lower level, with five satellite health posts, followed by the first level of referral to a district hospital. By 2004, coverage of health services had been extended to 64% of the population, with the number of health centers almost tripled and the number of health posts increased by a factor of fifty.

[1] Information comes from several sources: (a) Essential Health Services Package for Ethiopia; Federal Ministry of Health, August 2005; (b) Health Sector Development Programme II Final Evaluation Report; F-MOH, March 2006; (c) Health Sector Development Programme III 2005/06 – 2009/2010; Ethiopia F-MOH Program and Planning Department 2005; and (d) The Earth Institute of Columbia University Center for National Health and Development in Ethiopia; www.cnhde.et.columbia.edu November 2007.

In addition to increasing coverage through the construction or rehabilitation of health facilities, a strategy of creating a new cadre of health workers was initiated – HEWs. The HEWs are primarily female and are deployed in pairs at the *kebele* level of administration and health services (the next administrative unit below district). They undergo one year of training in selected Technical and Vocational Education Training Centers (TVETC).

Approximately 17,000 HEWs have been trained thus far, and the accelerated program plans for an additional 3,000 to be trained by 2009. A national evaluation of HEW capacity in 2005 found a need for strengthening initial training and providing continuing education.[2] This recommendation resulted in the development of an 18 day Integrated Refresher Training (IRT) course for all HEWs. The course is given by TVETC tutors and is based on Community Integrated Management of Childhood Illness (C-IMCI) models.

2.2 Nutrition in Ethiopia

Ethiopia is known for a long history of food shortfalls and famine emergencies that contribute to high levels of severe acute malnutrition (SAM). Less well known is that approximately one-half of children less than five years of age are chronically malnourished as reflected in the prevalence of stunting[3] [4]. Ethiopia is among the nations with the highest under-five mortality rates in the world and at least 53 percent of mortality can be attributed directly or indirectly to malnutrition[5]. Planners in government agencies and the donor community have tended to address malnutrition primarily as a food supply issue. Yet various studies have shown that it is a more complex phenomenon that stems from various underlying determinants, including a lack of optimal feeding practices for infants and young children.

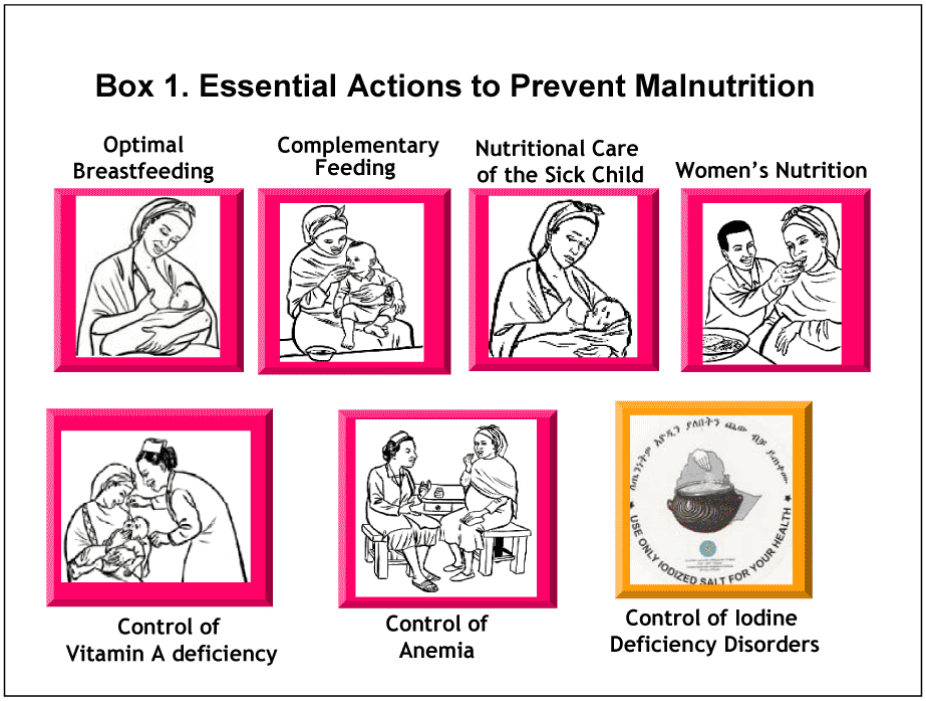
The 2005 Ethiopia Demographic and Health Survey (DHS) reported that only one in three infants age 4-5 months is exclusively breastfed. Among children 6-23 months, in the 24-hour period preceding the survey, only 22 percent were fed according to three Infant Young Child Feeding Practices (IYCF) practices reflecting the minimum of appropriate complementary feeding practices (given breastmilk or milk products, fed at least a minimum number of times, and fed at least a minimum diversity of food groups)[6]; only 11 percent of children under age three had consumed any iron-rich food in the 24-hour period before the survey and 26 percent any food high in vitamin A. Less than half of children age 6-59 months had received vitamin A supplementation within the six months prior to the survey and only 21 percent of mothers had received vitamin A post-partum; the majority (89 percent) of mothers did not take iron supplements during pregnancy.

[2] "Training of Health Extension Workers: First Intake Assessment"; Center for National Health Development in Ethiopia, The Earth Institute at Colombia University; Addis Ababa, August 2005.
[3] 46% of children less than 5 years of age have a height-for-age z-score less than -2 standard deviations.
[4] "Ethiopia Demographic Health Survey 2005"; Central Statistical Agency, Addis Ababa, Ethiopia and ORC Macro, Maryland, USA; 2006.
[5] Caulfield, et al. "Undernutrition as an underlying cause of child deaths associated with diarrhea, pneumonia, malaria and measles." *American Journal of Clinical Nutrition*, 2004; 80: 195.
[6] Macro International, 2007.

2.3 Essential Nutrition Actions and Key Contact Points

ENA is an approach to expand the coverage of seven affordable and evidence-based actions to improve the nutritional status of women and children, especially those under two years of age. The seven ENAs are:

1. Exclusive breastfeeding for children 0-5 months
2. Adequate complementary feeding for children 6-23 months with continued breastfeeding for at least 24 months
3. Adequate nutritional care of the sick and severely malnourished child
4. Adequate nutrition for women
5. Prevention of vitamin A deficiency for women and children
6. Prevention of anemia for women and children
7. Prevention of iodine deficiency for all members of the household

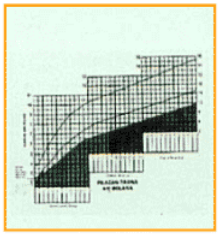


Linkages/Ethiopia Final Report 2003-2006, Linkages Project, FHI 360 2007

ENA takes advantage of key contact points at critical stages in the lifecycle to deliver these interventions so that the nutritional status of women and children improve. These contact points are:

- Pregnancy
- Delivery and early neonatal consultations
- Postnatal and family planning (FP) contacts
- Immunization contact
- Well child visits, including growth monitoring and promotion
- Sick child visits, especially during and just after illness

Box 2. Actions to Promote at Health Contact Points

	**PREGNANCY:** tetanus toxoid, antenatal visits, *breastfeeding*, *iron/folic acid*, *de-worming*, *anti-malarial*, *diet*, risk signs, family planning, prevention of sexually transmitted infections (STI), safe delivery, *iodized salt*		**DELIVERY:** safe delivery, *breastfeeding*, *vitamin A*, *iron/folic acid*, *diet*, family planning, STI prevention
	**POSTNATAL AND FAMILY PLANNING:** *diet*, *breastfeeding*, *iron/folic acid*, *diet*, family planning, STI prevention, child's vaccination		**IMMUNIZATION:** vaccinations, *vitamin A*, *breastfeeding*, *de-worming*, *assess and treat infant's anemia*, family planning, and STI referral
	**WELL CHILD AND GROWTH MONITORING AND PROMOTION:** *monitor growth*, *assess and counsel on infant feeding*, *promote iodized salt*, check and complete vaccination		**SICK CHILD:** *monitor growth*, assess and treat per IMCI, *counsel on breastfeeding and feeding during illness*, *assess and treat for anemia*, *check and complete vitamin A* /immunization/ *de-worming*

Linkages/Ethiopia Final Report 2003-2006, Linkages Project, FHI 360 2007

ENA is integrated into the health system from the community to national levels, and promoted at all appropriate health and non-health contact points to ensure consistent widespread coverage and quality of services.

2.4 Activities by LINKAGES to Support Adoption of ENA in Ethiopia

At the request of USAID/Ethiopia, from March 2003 to September 2006, LINKAGES provided support to the Ethiopian government and its partners for the introduction of the ENA package as an approach to improve the nutritional status of women and children under two years of age. Lessons learned from LINKAGES programs in other countries, particularly Madagascar, guided program design and were adapted for Ethiopia.

In Ethiopia, the adoption of ENA was facilitated by four complementary actions:

2.4.1 In partnership with the F-MOH and other actors, creating national level support and ownership through advocacy and strategy development for ENA implementation.

LINKAGES organized advocacy and technical workshops and updates for the government, donors and implementing agencies, including PROFILES workshops. PROFILES is designed to enable nutrition policy analysis and dialogue through a tool that quantifies the consequences of malnutrition using computer-based models and demonstrates the contribution that improved nutrition can make to human and economic development. This advocacy created awareness of the magnitude of the nutritional problems in Ethiopia and the actions necessary to address them. LINKAGES highlighted ENA as the ideal framework for an integrated approach to addressing priority nutritional problems in Ethiopia.

The LINKAGES Project was an active member of the national level Nutrition Working Group (NWG) (also referred to as the Nutrition Cluster of the national Partnership Forum), in coordination with the F-MOH, UNICEF, and other key partners, such as the Ethiopian Health and Nutrition Research Institute. This collaboration resulted in the production and approval of a national strategy for IYCF and a draft NNS.

2.4.2 Developing behavior change messages and materials to strengthen and harmonize information across multiple partners, including the F-MOH and NGOs

One of the main contributions of ENA to the efforts addressing the nutrition problems in Ethiopia was its use of multiple channels/materials to strengthen and harmonize behavior change messages. Some of the print materials that were developed to support and reinforce messages include[7]:

- Ethiopia booklet on ENA messages for partners
- Family health card for providers and caregivers
- Complementary feeding recipe book for three major staple diets
- Job aids for health workers and Health Extension Workers (HEWs)
- Ten steps poster on Baby Friendly Hospital Initiative (BFHI)
- Counseling cards and key steps for infants feeding and Prevention of Mother-to-Child Transmission (PMTCT)
- Posters, counseling cards, leaflets for nutrition and HIV
- Video on breastfeeding practices
- Audio spots and stories on breastfeeding
- Audio spots on complementary feeding
- Audio spots on women's nutrition

[7] Electronic copies of materials developed under USAID/GH's LINKAGES Project can be found here: http://www.linkagesproject.org/country/ethiopia.php

2.4.3 Capacity building and training of F-MOH, NGOs and university partners to integrate ENA into their programs

LINKAGES, in coordination with the F-MOH, developed six training courses[8]:

1. ENA Technical Course: four day course for health managers and program staff to give state-of-the-art technical updates on the importance of nutrition, the nutrition situation in Ethiopia, IYCF, micronutrients, women's nutrition, behavior change communication, and monitoring and evaluation (M&E).
2. ENA Counselors' Course: six day course for instructors, NGO staff and health workers to build counseling and negotiation skills through classroom and field practice
3. ENA Course for Community Promoters: two 15 hour modular courses to provide the knowledge and skills to counsel and negotiate small "doable" actions to improve ENA including IYCF practices and newborn care
4. Baby-Friendly Hospital Initiative: self-learning training course includes self-assessment tools adapted for Ethiopia and facility-based learning sessions
5. Lactation Management Course: three day course for instructors, NGO staff and health workers to strengthen breastfeeding knowledge and skills to counsel mothers
6. Lactational Amenorrhea Method (LAM): three day course for instructors, NGO staff and health workers to strengthen knowledge and practices on LAM as a modern FP method.

LINKAGES collaborated with ESHE to provide materials (including print and electronic materials, along with recorded radio spots), training, support and follow up for a large number of MOH staff in the three largest of the nine regions of the country – Oromia, Amhara and the Southern Nations Nationalities and Peoples Region (SNNPR) – which provide health services for about 15 million people. LINKAGES also provided training and materials to various NGOs, including those with USAID funding for Child Survival Projects and Title II Development Assistance Programs.

2.4.4 Strengthening training of health professionals through incorporation of ENA in pre-service curriculum by the Carter Center EPHTI and universities.

LINKAGES collaborated with the Carter Center EPHTI in improving pre-service training for health professionals at seven of the major universities in Ethiopia and several technical vocational schools. ENA and technical information was incorporated into general nutrition classes for health professionals and advanced classes for pediatrics, obstetrics-gynecology, and/or nutrition.

2.5 Essential Services for Health in Ethiopia and ENA

The ESHE Project is USAID/Ethiopia's five-year (FY 2003-2008) bilateral initiative for child health and health sector reform with the Ethiopian Government. The project contributes to the achievement of the USAID Mission's Strategic Objective 14: Human Capacity and Social

[8] Training course materials are available on the LINKAGES website: www.linkagesproject.org/publications/index.php?series=9

Resilience Increased by (IR 14.1) increasing the effective use of high-impact child health, FP and nutrition services, products and practices (IR14.1). ESHE works in 64 selected districts in 12 zones in the three largest regions of Ethiopia: Amhara, Oromia and SNNPR.

ESHE focuses efforts within the Three Pillars Strategic Framework: strengthening health worker skills, health systems, and positive health behaviors at household and community levels. ESHE works in partnership with the F-MOH and operates within the existing structures of the Regional Health Bureaus (RHB), Zonal and District Health Offices (ZHO/DHO), health facilities and local communities. ESHE assists health offices in improving the quality and utilization of high-impact child survival interventions through the Expanded Program on Immunization (EPI), ENA, and Integrated Management of Newborn and Childhood Illness (IMNCI) interventions. Key approaches include capacity building, community mobilization and Behaior Change Communication (BCC)

The LINKAGES Project collaborated with the ESHE Project from FY 2003-2006. When LINKAGES ended in FY 2006, USAID/Ethiopia requested ESHE to continue ENA in the three focus regions (Amhara, Oromia and SNNPR) and at the national level; ESHE hired several of the former LINKAGES national staff. ESHE continues to support the Nutrition Working Group (NWG) and provides technical assistance, as requested by the F-MOH or RHBs, for training health facility staff in ENA. ESHE also conducts follow-up supportive supervision in health facilities, with ZHO/DHO staff. ESHE has not continued to support NGOs or pre-service institutions.

3. METHODOLOGY OF THE ENA REVIEW

Fieldwork for the ENA Review was conducted by two FANTA consultants from October 6-27, 2007[9]. At the national level, interviews and observations were conducted with partners and collaborators, including the Carter Center EPHTI and UNICEF/World Bank, along with key F-MOH staff at the federal level (Family Health Department [FHD] Nutrition Unit)[10]. At the regional level, FANTA visited each of the three regions where the ESHE Project is active (Amhara, Oromia and SNNPR) and interviewed members of the RHB FHDs. At the district level, FANTA interviewed administrative health staff at ZHO/DHOs, and visited three district health centers (one in each region) where service delivery staff were observed and interviewed. At health posts in each of the three regions, FANTA selected a number of F-MOH HEWs for interviews and observations, while at the community level, volunteer Community Health Promoters (CHP) were visited in their homes.

FANTA also conducted interviews with instructors from five of the seven collaborating university colleges responsible for pre-service training of health professionals, and visited two adjunct hospitals and outpatient care facilities where doctors and interns were interviewed. Addis Ababa University Hospital was undergoing large scale renovation and was not visited, while instructors in obstetrics, also responsible for the BFHI, were either on leave or on vacation and were not interviewed. Observation of the classroom teaching of ENA was not possible due to

[9] See Annex 2 for list of documents and presentations analyzed for the review. See Annex 3 for list of sites visits and key informants. See Annex 4 for itinerary of site visits. See Annex 5 for map of Ethiopia.
[10] Names of key informants are not given in the report as some of those interviewed wished to remain anonymous.

class schedules though a few students who had received training in ENA were informally encountered and were asked about their experience and knowledge, including a former ENA-trained instructor now doing post-graduate study in pediatrics.

Concern Worldwide, an NGO active in incorporating ENA into the transition from emergency response to development programming, was visited in the field. Two separate focus groups were conducted with community workers in Concern's Community-Based Therapeutic Care (CTC) Program in one district of Amhara Region: two focus groups with CHPs and HEWs, respectively. Concern field staff were also interviewed, along with the head of the District Health Office. FANTA also interviewed several health staff from NGOs that received training from LINKAGES in ENA. All provided information on how they had incorporated the ENA into on-going health and nutrition programming.

4. MAIN FINDINGS

4.1 Nutrition and ENA at National Level

4.1.1 Advocacy

All stakeholders and collaborators, particularly within government structures, emphasized that the advocacy for ENA done initially by the LINKAGES Project was a very important and effective first step for introducing ENA. This step raised stakeholder awareness of the relationship between improvements in feeding practices and reductions in child morbidity and mortality, thus building a base of agreement, interest and support for the approach. F-MOH nutrition unit staff stated that the incorporation of ENA into the draft NNS and the approval and production of the national strategy for Infant and Young Child Feeding (IYCF) illustrates the effect of this advocacy and the ownership by the F-MOH of ENA. Another example of the usefulness of the ENA advocacy materials is that the Dean of the Agriculture College at the University of Hawassa stated that this information constituted the basis of her presentation in lobbying for the (approved) formation of an undergraduate and graduate program in nutrition at the university.

MOH staff at the RHB FHDs stated that the region-specific nutrition information is particularly useful and they continue to use this information in various venues, such as regional staff meetings and/or child survival partnership forums. Regional, ZHO/DHO staff stated that the information provides a clear and logical picture of the positive impact on maternal and child health that can be achieved through (preventive) changes in IYCF practices. Informants suggested periodically updating the information and continuing its dissemination. In addition, one key informant mentioned using the momentum provided by international events, such as the planned 2008 launch of the Lancet series on maternal and child undernutrition, to strengthen advocacy activities in Ethiopia.

Due to Ethiopia's history of famine and food shortfalls, the pressure to focus primarily on food security, nutrition surveillance and/or to respond to pockets of emergencies is still one of the strongest factors influencing approaches to nutrition at all levels. For example, nutrition has been the responsibility of the Ministry of Agriculture as part of its food security mandate. A theme

that emerged from the interviews is that activities aimed at changing feeding practices compete with national emphasis on response to SAM and emergencies. However, MOH staff who had received training in ENA considered it to be integral to the prevention of malnutrition. Key informants also emphasized the need for incorporating ENA into actions to address SAM, so that communities can transition and prevent nutritional deficiencies once a crisis is past.

4.1.2 National Nutrition Strategy

Although those interviewed stated that ownership of ENA has been internalized among F-MOH staff and partners, almost everyone also suggested that approval of a NNS that includes emphasis on ENA is necessary for further institutionalization of the approach. With World Bank assistance, there is momentum for official approval of a NNS. The World Bank has plans for the formation of eight technical working groups in Ethiopia around issues such as management, community development and HMIS to review specific issues related to completion and approval of the NNS.

4.1.3 National Strategy for IYCF

The National Strategy for IYCF, which was developed by F-MOH in collaboration with LINKAGES and other partners, was formally approved in 2004 and copies were distributed to all ESHE-supported RHBs and ZHO/DHOs. The F-MOH has been responsible for the reproduction and distribution of the document in non-ESHE supported regions and districts also. However, the Nutrition Unit of the F-MOH notes that distribution alone is not enough to institutionalize this strategy. One F-MOH staff suggested the development of operational guidelines is needed; all staff agreed that an established and on-going process for orientation of new MOH staff to the National Strategy for IYCF is necessary due to the high turnover of staff at health facilities.

4.1.4 Control and Prevention of Micronutrient Deficiencies

A National Guideline for Control and Prevention of Micronutrient Deficiencies was approved in 2004 with the objective of achieving virtual elimination of micronutrient deficiencies, including vitamin A deficiency, anemia and iodine deficiency. The institutionalization of ENA for control of micronutrient deficiencies is strongly linked to the availability of vitamin A supplements, iron folate and whether or not iodized salt is available for purchase in the region.

All health facilities visited by FANTA consultants reported sufficient supplies of vitamin A. Vitamin A is provided in 100,000 IU capsules and staff who were interviewed know the recommended dosages for children six to 11 months, children 12 - 59 months and post-partum mothers. Many staff have retained pamphlets on vitamin A that were provided by the USAID-funded micronutrient project, MOST, which ended in 2006.

4.1.5 Baby Friendly Hospital Initiative

A draft Code of Marketing of Breastmilk Substitutes (CMBS) was formulated in 2005 through collaboration between LINKAGES, the F-MOH and UNICEF and has been under review. Many stakeholders feel that approval of the CMBS and the BFHI has “stagnated”, primarily because

the draft NNS has not yet been approved, resulting in a lack of accountability from the highest levels. Ethiopia does not have any BFHI-certified hospitals as of October 2007. The Armed Forces General Hospital, is said to have completed the BFHI ten steps and to be awaiting evaluation. Some informants stated that this process was facilitated by the strong hierarchical nature of management of the Armed Forces General Hospital.

4.1.6 ENA and Health Management Information Systems

Key informants stated that there will be little management or supervisory emphasis on the incorporation of ENA into daily service provision until ENA indicators are included in health facility monitoring information systems. In several ESHE-supported areas, ENA data is being recorded and reported by HEWs with varying levels of collection and analysis by District or Zonal Health Offices. The indicators most frequently encountered in site visits to health facilities are the number of post-partum women and/or children receiving vitamin A supplements and/or the number of children attending growth monitoring and promotion sessions (along with other anthropometric and program information if the site also functions as an out-patient CTC program). In some cases, HEWs recorded the number of households receiving education on optimal breastfeeding and/or recommended complementary feeding practices for infants and young children.

In 2006, the F-MOH underwent an iterative process to review and revise the national HMIS and testing of the new design has been under evaluation since June 2007[11]. Multiple stakeholders were involved in this redesign and an initial list of 300 potential indicators was compiled. One key objective of the HMIS review was to reduce the number of indicators collected to a minimum and focus on regular collection of quality data, with timely analysis and management response and action. Selection of indicators was based on the priorities of the Plan for Accelerated and Sustained Development to End Poverty (PASDEP)[12], the needs and priorities of local authorities, and the requirements of international agreements, such as the Millennium Development Goals, along with the HSDP.

Another consideration for selection was whether indicators were best collected through continuous monitoring systems or through periodic methods, such as population-based surveys. For example, it is suggested that although bednet utilization and safe sex practices are goals of the HSDP, these would best be measured "by surveying the behavior of the population at large." The list was reduced to 100 indicators, which were categorized under Family Health, Disease Prevention and Control, Resources, or Health Systems. There are 19 indicators for Family Health to be monitored on an on-going quarterly basis. These are sub-divided in the categories of Reproductive Health (10), Child Health (3) and Expanded Program of Immunization (6). Nutrition-related indicators included are (a) low birth weight, and (b) proportion of children age 0-3 years with moderate/severe underweight (weight-for-age). Due to the high levels of

[11] This information is taken from the "Federal Ministry of Health in Ethiopia, Health Management Information Systems/Monitoring and Evaluation, Indicator Definitions, HMIS/M&E Technical Standards Area 1, version 1.1; HMIS Reform Team, (*draft)* October 2007."
[12] The PASDEP (2005-2009) represents the second phase of Ethiopia's PRSP process.

malnutrition frequently found in Ethiopia, there is concern about the quality of information provided on institution-based growth monitoring but this indicator was included as it can provide some indication of trends.

Many countries track vitamin A distribution within HMIS and this indicator was considered during the period of HMIS review; however, it was not included in the recently revised system as vitamin A is not yet given routinely nationwide in Ethiopia.

The new initiative for deployment of community-based HEWs is expected to soon reach 100 percent coverage. There will be additional discussion and revision needed to determine how to best capture their contributions to health care using HMIS; for example, the newly revised system notes HEWs as a source of low birth weight data, along with their potential to contribute to a system for vital events registration.

4.2 Incorporation of ENA into Health and Nutrition Programming

4.2.1 The Federal Ministry of Health

Within the F-MOH FHD, the present head has only been in this position for several months, but the three staff who formed the Nutrition Unit (NU) in late 2005, the final year of the LINKAGES Project, have remained. Two NU staff reported that staff are familiar with and supportive of ENA, having received varying degrees of training, either directly from LINKAGES or through participating as a host for trainings of other health professionals conducted by ESHE technical specialists. However, the perception of one NU staff member was that nutrition is not a priority within health focus areas, which hinders their activities and effectiveness. The NU staff expressed hope that approval of the draft NNS will bring more support to the NU.

Since the end of the LINKAGES Project in September 2006, the F-MOH NU has coordinated the replication of ENA training in four different workshops for health professionals (primarily nurses, with some doctors and sanitarians) that work in health facilities in what are referred to as the "emerging regions"[13] – regions of smaller total population that are perceived to have received less resources and capacity-building in health services. The NU was responsible for reproduction of ENA materials and funding from the World Health Organization (WHO) paid for these and other administrative costs.

4.2.2 Essential Services for Health in Ethiopia

ESHE collaborated with LINKAGES during its implementation and, as part of its mandate from USAID/Ethiopia, has continued to include and support ENA within its activities to strengthen health services and health workers skills and to improve community behaviors.

The ESHE ENA Coordinator participates in the national NWG, currently chaired by UNICEF. In October 2006 and June 2007, ESHE participated in national and regional dissemination of the PROFILES workshop. ESHE also coordinates on-going national radio and television advocacy for optimal breastfeeding, appropriate complementary feeding and improved women's nutrition.

[13] Afar, Somali, Gambela and Benishangul-Gumuz

Along with other multi-sectoral representatives, members of the ESHE team participated in the F-MOH Annual Review (of programs, targets, achievements, etc.) at the beginning of October 2007. Small groups were formed to discuss future needs and ESHE staff participated in the nutrition working group. This small group work, which is expected to be considered during the development of future plans, called for continued emphasis on ENA, along with strategies for treatment of SAM and an increased focus on micronutrients.

ESHE staff have continued to provide materials and technical assistance as trainers for health workers in Amhara, Oromia and SNNPR. In spite of high MOH staff turnover, over 1042 health professionals that have been trained through the five-day ENA-BCC course are still providing services within the system. ESHE staff provided technical expertise for four training workshops for over 150 health professionals from the emerging regions, which were coordinated by the F-MOH NU.

ESHE regional office staff provide regular follow-up and supportive supervision to district health staff and HEWs, particularly in the focus areas of immunization, environmental health and ENA The new cadre of HEWs in Ethiopia is trained by the TVETC; recently ESHE has been providing training for TVETC tutors on community mobilization and communication skills. For HEWs, ESHE has provided technical assistance and materials to strengthen the nutrition component of the IRT. ENA is taught in two days of the training; ESHE staff advocated for more days without success as the IRT already includes 9 topics and is 18 days in length.

4.2.3 MOH Health Services at RHBs and ZHO/DHOs

The three RHBs that collaborate with the ESHE Project have named a nutrition focal person within their FHD structure. The focal persons, along with one or more additional staff in the FHDs, have all received training in ENA. The four FHD staff interviewed were enthusiastic proponents of ENA, citing the clarity of the framework and the fact that it is action-oriented. They were emphatic that the workload in health facilities is not an obstacle to the provision of ENA counseling to clients, but rather that what needs to change is the attitude of service providers. The key informants described service providers as tending to diagnose, treat and/or prescribe for clients quickly, without much discussion or dialogue, even though there might not be a high patient load or the pressure of many people waiting for attention. Besides teaching key messages, the ENA training package provides training in behavior change counseling and negotiation skills, supplying service providers with the tools needed to initiate dialogue with clients. The FHD staff interviewed note that this component of the ENA-BCC training is unique in their experience and consider it important and relevant for promotion of changes in any type of health behavior.

At the ZHO/DHO level, in spite of high levels of staff turnover, at ZHO/DHOs visited by FANTA consultants, with ESHE support there remains ENA-trained staff who can serve as resources for ENA. All ENA materials were available in the ZHO/DHOs visited and ESHE has facilitated packaging of health and nutrition materials into a binder that is easily located and referred to by staff. Both RHB and ZHO/DHO staff mentioned that behavior change communication training provided through the ENA package is excellent and an important

component that is relevant to all health and nutrition counseling. All nine ZHO/DHO administrative staff interviewed were advocates of ENA and describe it as being clear, useful and of critical importance within health services.

Within district health facilities, counseling on the recommended ENA was found to be most strongly institutionalized in ante-natal care (ANC) service, and next in the labor and delivery room. Many of the ANC providers are female nurses and they considered counseling on maternal nutrition and optimal breastfeeding to be a natural fit within ANC counseling. ANC providers displayed strong knowledge of the messages for optimal breastfeeding and maternal nutrition. They also were familiar with the ENA job aid, which was present in an appropriate location in all ANC services visited. ANC providers interviewed spontaneously mentioned their appreciation of and use of the Infant Feeding-PMTCT counseling desktop flipchart provided by LINKAGES; the guide seemed to be in use in all ANC services visited.

In the one labor and delivery room observed out of the three district health facilities visited[14], an ENA job aid was found posted in an appropriate location and staff appear familiar with its content. The poster for 10 Steps for Breastfeeding, provided through the BFHI, was also present in most facilities visited. Key informants reported that delayed initiation of breastfeeding until after expulsion of the placenta still occurs. However, skin-to-skin contact and use of colostrum was reported to be promoted, along with support for correct attachment and positioning. This was confirmed in an unplanned observation of a mother and newborn less than one hour after birth.

The importance of HMIS in driving service delivery is very apparent in FP services. The focus for FP counseling, and HMIS indicators of FP, is predominantly on tabulating the number of methods provided. Only with prompting did staff remember training received in the LAM and stated they provide counseling in this "if mothers request it."

In the three health centers visited, it was observed that if the health center staff member responsible for the EPI and/or Child Health had received ENA training from LINKAGES, he or she demonstrated more likelihood of including at least some ENA recommendations during service provision, in particular recommendations for exclusive breastfeeding until six months of age. Complementary feeding was not included in the recommendations as frequently as exclusive breastfeeding. All staff in these health centers report counseling for continued and/or increased breastfeeding of sick children; recuperative feeding was not mentioned.

4.2.4 ENA Counseling at the Community Level

In five of the ESHE target districts, a total of seven HEWs and CHPs were selected by ESHE regional office staff and visited. The selected HEWs received basic training in nutrition during their initial certification as HEWs and through the official IRT. However, the selected HEWs also benefited from additional training in ENA, either from ESHE or, in the case of the CTC program, from Concern staff. In addition, they also received strong follow-up support from ESHE and Concern staff. Therefore, the group of HEWs that the FANTA consultants were able

[14] The other two district health facilities were undergoing major renovation and reconstruction and the labor and delivery rooms could not be observed.

to observe and interview may not be representative considering the amount of training that they have received. One unplanned counseling session by an HEW was observed while the other HEWs were requested to conduct mock counseling sessions[15]. Assessment was made of the correctness of messages, the appropriateness of messages (e.g. for ante-natal counseling versus a sick child visit), the order of priority of messages (e.g. frequency and consistency of complementary feeding versus specific food recommendations), and whether or not HEWs displayed or made reference to negotiation skills for BCC.

Based on the examples of messages the selected HEWs chose to convey to clients, and on responses to additional questions from the FANTA consultants, these HEWs demonstrated comprehensive knowledge of the ENA messages, particularly on recommendations for optimal breastfeeding. They also demonstrated a command of, the reasons for these recommendations in terms of benefits for mother and child. When asked to give an example of positive change seen in child feeding practices, the most frequent answer from HEWs and CHPs was either the use of colostrum or the practice of exclusively breastfeeding the child until six months of age.

HEWs observed during actual and mock counseling sessions include ENA counseling messages fluidly within broader ANC counseling. HEWs demonstrated an easy rapport with clients, clearly comfortable in asking questions or seeking additional information. All HEWs and CHPs in the districts visited spontaneously mentioned some aspect of BCC skills, which is an integral component in the LINKAGES ENA-BCC training package. Examples include: “listen first, then give advice based on what was said;” “in order to help the mother, you must understand how she is feeling;” and “it is important to have a dialogue with the person you are counseling.” The HEWs demonstrated techniques that encourage dialogue during mock counseling demonstrations. They stressed that they suggest practical and possible actions for improvement in nutrition practices.

In addition to individual observations and interviews, two focus groups were conducted with 21 HEWs and five CHPs participating in a CTC Program implemented by Concern in a district that also receives ESHE support. In focus groups, the knowledge of complementary feeding messages demonstrated by those HEWs interviewed was strong, but not quite as comprehensive as for optimal breastfeeding. All HEWs emphasized introduction of food at six months of age, improving the preparation of the traditional gruel as a thicker porridge, and frequency of feeding. Most HEWs spontaneously mentioned that these practices are just as important, if not more important, than food availability issues. Several HEWs noted that when mothers must leave the home, they now leave expressed breast milk in a clean cup for the caregiver to give to the child. HEWs perceived the most challenging recommendation to be related to active feeding, as mothers are busy and this is not a traditional practice.

HEWs were provided by ESHE with a demonstration tool showing different locally available grains and pulses. This is used to recommend combining ingredients in the traditional gruel/porridge and appears to have been very useful in increasing a focus on the best use of

[15] It should also be noted that during an unplanned visit to one Health Post, the two HEWs received more than 15 clients during a 2 hour period. The majority of these clients were requesting testing for malaria; the HEWs were well supplied with Rapid Diagnostic Test kits.

household resources. For example, some HEWs suggested that families trade amongst themselves to obtain a variety. In one instance, however, the HEWs prioritized this message above all others and feel they have little useful advice for a mother with only one type of grain, failing to recognize the importance and benefits of more frequent feeding and thicker consistency of porridge made from even one type of grain. One exceptional HEW kept a few local fruits and vegetables handy, as examples of additional ways in which to enrich a child's diet as "they are rich in vitamins." She also used the traditional coffee cup (which is about 150 ml in size) to demonstrate the amounts a child should eat as they get older.

The HEWs observed and interviewed tended to focus on supplementation and fortification options for micronutrients, rather than local food sources. In terms of promoting the consumption of vitamin A-rich foods, during observation of actual and mock counseling, HEWs displayed confusion as to which fruits and vegetables are high in vitamin A. Occasionally an HEW mentioned iron-rich foods among messages for pregnant women. However, in general, HEWs report counseling pregnant women to use iron folate supplements distributed at ante-natal care visits and obtain vitamin A supplements available to post-partum women and children at health posts and during periodic MOH campaigns.

Among the BCC materials available, the laminated Complementary Feeding Counseling Card appeared to be one of the most valuable tools for HEWs, who use the pictures to discuss recommendations with mothers with low levels of literacy, as is common. HEWs also used the order of these pictures as a visual reminder of the key messages while providing counseling, which helps structure and organize the counseling they provide. HEWs also demonstrated use of the Family Health Card to provide a variety of health and nutrition messages and job aids developed by LINKAGES (ENA counseling messages presented for each of the six common contact points of health services).

4.2.5 UNICEF

UNICEF Nutrition and Food Security staff expressed appreciation of the strengths of ENA, including its appropriateness, its clarity and the framework for messages. UNICEF's primary focus is on Community-Based Growth Monitoring and Promotion (CBGMP) that leads to analysis and action at community level. The UNICEF Country Program for 2007-2011 for Ethiopia calls for "growth monitoring and promotion, nutrition counseling, promotion and protection of exclusive breastfeeding, optimal complementary feeding practices, improved hygiene and sanitation practices, micronutrient supplementation and appropriate fortification activities for micronutrients, targeted supplementary feeding, and community based monitoring information package"[16] within the UNICEF Nutrition and Food Security Program.

A nutrition instructor from one of the universities offering pre-service training on ENA conducted a review of the CBGMP component of the national Food Security Project, which encompasses multi-sector activities and is supported by multiple actors, including the World Bank and UNICEF. The review notes that "caring aspects of the causes of malnutrition can be

[16] Government of Ethiopia - UNICEF Country Programme Action Plan 2007 – 2011.

addressed through household level BCC (counseling) of mothers and caregivers"[17] and suggests that HEWs or community volunteers conducting CBGMP need on-the-job training in nutrition skills, including BCC and ENA.

UNICEF has recently printed 4.5 million copies of the Family Health Card, which includes ENA messages, for use throughout the country. UNICEF staff have continued to use PROFILES nutrition advocacy information in various venues, including recently in the keynote speech for a meeting of the Ethiopian Nutrition Society. UNICEF regrets that the LINKAGES Project could not have had a longer term for implementation, noting that they were very active and innovative partners as members of the Nutrition Working Group (NWG). It was also noted that the on-going national initiative for HEWs would benefit from a focused project like LINKAGES.

UNICEF has also provided funds to ZHO/DHOs for replication of ENA training in non-ESHE supported districts. In addition, UNICEF provided funds for district level trainings in management of SAM, and these workshops have included information on ENA. The Oromia RHB, serving the largest region in Ethiopia with an estimated population of 26 million, receives funds from UNICEF to support mass media activities and FHD staff have found the radio spots provided by LINKAGES to be quite useful for disseminating information in this challenging coverage area.

In coordination with the Government of Ethiopia, partnership with the International Fund for Agriculture Development, and with support from UNICEF, the Belgium Survival Fund also has incorporated ENA into the nutrition component of an integrated food security program in two districts in Tigray and two districts in Oromia.

4.2.6 NGOs

Ten NGOs[18] received training and follow-up performance monitoring from LINKAGES. Six of these were contacted in person or by phone/email during this ENA Review. All six have conducted training and provided materials to hundreds of health facility partners in the districts where they implement maternal-child health programming. Several MOH staff at zonal or district level report participation as co-trainers in these workshops.

At present each of the NGOs retained only one or two of the staff that were originally trained by LINKAGES. However, all six of the NGOs contacted that received training from LINKAGES stated that they have replicated ENA training for other health staff in their organization and report the incorporation of ENA into new USAID-funded Child Survival and Health Grant Program projects and into other health programming (such as environmental health or reproductive health) that is funded by other sources, including private donations and foundations.

[17] "Community Based Child Growth Component of Food Security Project: Strengths & Weaknesses and Recommendation on the Way Forward (A 100-Day Plan)", December 2006.
[18] American Jewish Joint Distribution Committee, CARE, Concern, Canadian Physicians AID Relief, CRS, Ethiopian Orthodox Church Development and Inter Church Aid Commission, GOAL, SCF-UK, SCF-US, World Vision Ethiopia.

4.2.7 ENA and Management of SAM

In March 2007, with support from UNICEF, WHO and others, an updated document was issued by the F-MOH of Ethiopia entitled: "Protocol for the Management of Severe Acute Malnutrition." For management of SAM in infants up to six months of age, there is emphasis in the Protocol that "the whole objective of treatment of these patients is to return them to full exclusive breastfeeding." For management of SAM in children over six months of age (inpatient and/or outpatient care), however, there is only one line of text in support of continued breastfeeding. There is no emphasis of its importance, nor any explanation of the benefits, nutritional content, contribution to preventing future relapse, etc. Recommendations for complementary feeding are also absent from the protocol. Only at the end of the detailed sections on treatment is there reference to conducting regular health and nutrition education group sessions using an annex that contains messages suitable for lesson plans. This annex in the Protocol contains much of the information found in the ENA package, along with other information, but not as concisely or clearly as in ENA.

The role of ENA in management of SAM was discussed in a recent meeting of the NWG. The issues related to transition from emergency to development and the importance of including preventive approaches within emergency response in Ethiopia are pending the institutionalization of a community-based approach to SAM.

Several NGOs interviewed CARE, GOAL, the IMC, SFC-US and SFC-UK, implementing community-level emergency response programs for SAM have also incorporated ENA into program models. The recent experience of ESHE in Bolosso Sore district in SNNPR underlines the importance of ongoing preventive nutrition education in areas that periodically require the services of emergency response programs. ESHE was requested to provide assistance to this district after funding ended for the emergency response programs. There was apprehension that there would be an increase in the rate of malnutrition after the program exit. With support for integration of ENA into district health facilities, along with other critical components of ESHE initiatives, monitoring results showed nutritional status to be maintained or improved.
AJJDC maintains a health facility to serve the Felasha population in Gondar. This clinic also functions as a Therapeutic Feeding Center (TFC). Staff received cascade training in ENA from a central office staff member trained by LINKAGES. The clinic was observed to emphasize counseling on optimal breastfeeding, including support with attachment and positioning, as a central component of TFC care. Also emphasized was the importance of promoting positive feeding practices by caretakers to prevent relapse after recovery.

4.3 ENA and Pre-service Training of Health Professionals

The LINKAGES Project collaborated with the Carter Center EPHTI in Ethiopia to integrate ENA into lesson plans and printed lecture notes for basic human nutrition advanced pediatrics and obstetrics/gynecology courses. Concurrently, questions related to ENA were incorporated into exams for these classes. With the recent initiative to revise and accelerate Health Officers' training, the Carter Center has also incorporated ENA into this curriculum. The collaboration

between LINKAGES and the Carter Center initiative focused on the seven major pre-service training universities at that time: Addis Ababa, Haromaya, Hawassa, the Armed Forces, Gondar, Jimma and Mekele Universities.[19]

The LINKAGES Project provided training to university instructors using the ENA technical course and the ENA-Training of Trainers (TOT) course, with an additional focus on elements of BCC, adult learning principles and classroom instruction methodologies. Instructors also attended workshops on topics such as the integration of ENA in basic, advanced, and professional courses, along with development of ENA lesson plans. Several of these instructors then also functioned as "master trainers", providing co-facilitation of trainings along with LINKAGES or, later, with ESHE staff.

Instructors at five of the seven collaborating universities were interviewed and stated that the integration of ENA in formal lecture notes and exams has helped institutionalize the approach within pre-service training[20]. These university instructors demonstrated familiarity with the technical information and key concepts of ENA and all remarked on the conciseness, structure and practical nature of ENA as one of its key strengths. Several instructors particularly mentioned that the focus on data from Ethiopia in the ENA materials provided motivates students and sparks their interest in ENA. All instructors described ENA and teaching materials as being clear and easy to understand by students.

Trained instructors have all the ENA materials provided available and consider the provision of compact disks of materials to have been an excellent reference support, along with printed materials. The Carter Center EPHTI initiative helped provide the universities with computers, liquid crystal display (LCD) projectors and overhead projectors, and the instructors have embraced these tools and are confident in their use. One instructor noted the use of a breastfeeding demonstration video that comes from an IMNCI package of materials. Only one instructor was enthusiastic about using innovative ENA methods such as demonstration breasts and infant doll to provide orientation on correct attachment and positioning. All instructors mentioned the large number of students in any class as a limitation to the use of innovative methods (such as small group work or individual role play or demonstration). Classes can be as large as 50 students or more, while there is usually only time for a few days of lecture to go over ENA. For example, the basic human nutrition class at Jimma University is composed of seven modules and maternal-child nutrition is one module (note that information on micronutrients is also touched upon in another module). The lecture emphasis appeared to be strongest on optimal breastfeeding and micronutrients, followed by complementary feeding. The interviewed instructors stated that maternal nutrition only receives a brief mention due to the volume of material to be gotten through in the courses. One instructor stated that he not only comprehensively addresses all of the ENA in his course, but also includes additional education on lactation management.

[19] Since then, many additional pre-service institutions have been opened throughout the country.

[20] Official university review and approval of revised curricula occurs less frequently than the every five years indicated and the integration of ENA into lecture notes, exams, etc., has not officially been approved as a revised curriculum at any university. It is unclear, however, how much practical implication official approval would have on teaching, as teachers have significant individual control for their courses while the (approved) lecture notes constitute the basis for what is to be covered in any class.

As in other sectors in Ethiopia, staff turnover is a critical challenge. Of the five universities contacted, the proportion of instructors who had been trained by LINKAGES and who continued teaching ranged from a high of five out of six (Addis Ababa University, but with two on leave or sabbatical) to a low of zero (Haromaya University, with hopes that one might return after completing higher education in nutrition). At least two or three instructors were still present at the other three universities visited, and all trained instructors were advocates of ENA. Those instructors who did not receive training from LINKAGES and are newly assigned to teach ENA within classes admitted they only address those elements that they feel confident in their capacity to respond to student questions.

Although this review did not include a review of student test scores, instructors stated that, based on exam results, students have not had difficulty in learning ENA information; again the clarity of the framework and conciseness of the approach is cited. A few students were spontaneously encountered on campus or during visits of university health facilities. These students were quizzed on optimal breastfeeding and complementary feeding knowledge. Their capacity ranged widely; none displayed a comprehensive knowledge of all seven ENA. A post-graduate student now specializing in pediatrics, who had received ENA-TOT training as an instructor in general medicine, stated: “Our generation of doctors includes counseling on nutrition in patient care because we know about the importance of optimal breastfeeding, complementary feeding and micronutrients. We, the younger students, are proud to be the ones promoting this knowledge.”

Opportunities to put new knowledge into clinical practice come from clinical rounds, patient case presentations by students and hospital internships (for post-graduate students). Instructors trained in ENA all state that counseling on breastfeeding is touched upon in review of all student clinical work, but many perceive that clinical rounds do not permit enough time for an in-depth focus on correct attachment or other lactation management issues. Basic promotion of breastfeeding seems to readily fit into clinical care during labor and delivery. For pediatric services, the tendency is to focus on student identification and treatment of infectious disease, with only brief focus on complementary feeding or other nutrition issues. Several doctors who had received ENA training as recent medical students and are now working at a university hospital say they question students on ENA messages when students present cases from the Pediatrics or the Obstetrics Departments.

The training of health professionals often includes a rural community placement experience, particularly for those students at Jimma and/or Addis Ababa University. Instructors rotate week-long visits with students and note that the amount of malnutrition encountered by students in communities tends to lead them to an increased focus on ENA. All instructors interviewed noted that many of their students choose to write a paper on some aspect of optimal breastfeeding, to fulfill course requirements.

Several hospitals adjunct to universities were undergoing renovation during this ENA Review, however, those that were visited had many or all of the ENA job aid posters placed in correct locations and prominent positions, including the outpatient clinic services of one university. Familiarity with and use of these job aids ranged widely. For example, multiple copies of the correct job aid were located in the Labor and Delivery Unit of one hospital and the two attending doctors (who had been trained in ENA as medical students) were fully cognizant of the poster

recommendations. They also spontaneously located the LINKAGES desktop flipchart for Infant Feeding - PMTCT counseling and spoke of its value for counseling patients. On the other hand, in another Labor and Delivery Unit the job aid was prominently displayed, yet the ward nurses had no familiarity with this tool (and had received no training in ENA).

5. FACTORS THAT FACILITATED THE INSTITUTIONALIZATION OF ENA

The Review found that among sites and institutions visited, ENA has been incorporated in the F-MOH and NGO programming.

LINKAGES's initial advocacy effort was recognized by partners and stakeholders as having created awareness of the importance of nutrition for child survival, along with a base of agreement and support for ENA at national and regional levels. Prior perceptions of food security as only a food availability issue seems to have changed. Stakeholders at national level, regional level and universities continue to extract from the advocacy materials provided, for use in their own nutrition advocacy efforts.

The ability of a USAID bilateral project, such as ESHE, to provide longer term support and technical assistance for institutionalization of ENA has been instrumental in maintaining and strengthening the capacity of health workers in ENA. As a key partner at the national level, ESHE is able to continue to advocate for nutrition. For improving health service quality, stakeholders emphasize the importance of systems for follow-up and supportive supervision that ESHE promotes and supports.

The strategy of integrating ENA through many different channels (e.g. health services, pre-service training institutions, NGOs active in maternal child health) is considered by key informants of the Review to be worth the investment and has provided an opportunity to reach the women and children of Ethiopia through multiple channels. The numbers of people trained in these various public-private sectors also has created a cadre of skilled health workers even as individuals change positions or move to other institutions. Many of those interviewed cite the LINKAGES strategy of providing training to a large number of health professionals as having resulted in a continued focus on ENA through the existing trained health workers that remain. The Review found at least one, if not several, persons that had received training to still be present at all levels and in almost all institutions.

Incorporation of ENA in pre-service training harmonized knowledge and health messages among new graduates and existing health professionals. Staff at pre-service universities and MOH health administrations note that this harmonization has facilitated a more rapid institutionalization within the health system. ENA instructors continue to make use of the ENA support materials that were provided as reference materials for their lecture preparations. The trained instructors that remain at pre-service training universities are highly knowledgeable advocates for ENA. Brief interviews with a few students seem to show that ENA messages are still being taught to students.

Those health facility administrators and service providers interviewed for the Review who directly received training in ENA have retained strong and comprehensive technical knowledge which they attribute to the clarity, structure and practical nature of the ENA training package. The ENA support materials provided also continue to be available

6. FACTORS THAT INHIBITED THE INSTITUTIONALIZATION OF ENA

The lack of formal approval for the draft NNS was cited by several key informants as a critical obstacle to institutionalization of ENA. Although ENA is seen to be incorporated into health services at regional, district and community levels in the regions supported by ESHE and in the five pre-service training institutions visited during this ENA Review, MOH administrators and university instructors note there is a lack of emphasis on ENA from higher administrative levels due to the lack of a concerted national strategy.

The HMIS currently in use and the recently revised HMIS do not include indicators related specifically to ENA. As review and discussion of HMIS results often drives supervision and decision-making, and without clearly identifiable ENA indicators, ENA remains less of a priority within management systems.

Although LINKAGES trained a great number of people who still are working within the public health system, staff turnover is still cited as problem in continuing use of ENA. The government of Ethiopia has recognized the need for formalized refresher training of HEWs and ENA has been incorporated into this IRT; however, plans for additional training necessitated by HEW attrition have not yet been addressed. Similarly, a formalized structure for refresher training of other health professionals is not in place. As staff turnover continues, gaps in knowledge and skills at health service institutions remains a problem that affects both service delivery and management and supervision.

A health service culture which incorporates ENA into all recommended health delivery contact points has not yet been established, even among workers trained in ENA. ANC services at the health facilities visited during this review show the strongest institutionalization of the approach.

ENA continues to be integrated into pre-service training by those instructors who were trained by LINKAGES. However, new instructors were reported to be uncomfortable instructing on ENA without training or direct orientation, and there is no “push” within the system for them to seek out orientation from trained instructors or other sources.

Within the pre-service training institutions, practicum experiences are not yet maximized for strengthening student capacity in ENA. There appears to continue to be a higher priority on disease recognition and treatment, rather than on health and nutrition prevention, and clinical rounds are said to lack sufficient time for fully counseling mothers on recommended IYCF practices.

Annex 1. Scope of Work

Food and Nutrition Technical Assistance Project (FANTA)
Consultant Name: Joan Jennings

Review of Incorporation of Essential Nutrition Actions into Public Health Programs in Ethiopia

Technical Manager: Alison Tumilowicz

Period of performance: September – November 2007

Project Number: 2620-63-1-00

Total Number of Days: Up to 42 days

1) Objectives

In 2003, the USAID-funded LINKAGES / FHI 360introduced the Essential Nutrition Actions (ENA) package as an approach to support the Ethiopian government and its partners in their efforts to improve the nutrition of women and children less than two years of age. LINKAGES ended in September, 2006. USAID/Ethiopia wishes to review the degree in which the ENA approach has been incorporated into the Ethiopia Federal Ministry of Health (FMOH), multilateral and non-governmental organization (NGO) programming, particularly by those organizations that participated in ENA training and technical assistance through LINKAGES: UNICEF, the Essential Service for Health in Ethiopia (ESHE) project and the Institute for Curriculum Development.

The consultant will be part of a team that includes a local consultant and the FANTA Technical Manager. The review will take place over a period of 4 months from September, 2007 to November, 2007.

The objectives of the review are to:

1. Review and describe how the ENA approach has been incorporated into the government and non-governmental organizations (NGOs) health programming either in the public health system or private sector, including programming by UNICEF and ESHE;
2. Describe how the ENA approach has been integrated into pre-service curriculum by the Institute for Curriculum Development and whether the integrated curriculum is being implemented now at the seven focus universities;
3. Identify factors that facilitated or inhibited integration of the ENA approach; and
4. Provide recommendations to optimize the use of ENA and strengthen nutrition programming in Ethiopia.

2) Background

ENA is a strategy or approach to expand the coverage of seven affordable and evidence-based actions to improve the nutrition of women and children, especially those under the age of two.

The seven Essential Nutrition Actions are:

- Exclusive breastfeeding for children 0-6 months
- Adequate complementary feeding for children 6-24 months with continued breastfeeding for at least 24 months
- Adequate nutritional care of the sick and severely malnourished child
- Adequate nutrition for women
- Prevention of vitamin A deficiency for women and children
- Prevention of anemia for women and children
- Prevention of iodine deficiency for all members of the household.

The ENA approach emphasizes contacts at critical stages in the lifecycle to deliver the above interventions so that growth and micronutrient status of children and women improve. These contact points are:

- Pregnancy
- Delivery and early neonatal consultations
- Postnatal and family planning contacts
- Immunization contact
- Well child visits, including growth monitoring and promotion
- Sick child visits, especially during and just after illness

The ENA approach is integrated into the health system, from the community to national levels, and promoted at all appropriate health and non-health contact points to ensure consistent widespread coverage and quality of services.

In Ethiopia, particular effort was put on harmonizing nutrition messages and promoting consistent and practical packages of nutrition interventions. This was accomplished through four complementary strategies:

a. Supporting the FMOH to develop national strategies and guidelines for ENA implementation;
b. Conducting formative research and developing behavior change messages and materials to harmonize information across multiple partners, including the FMOH and NGOs;
c. Supporting the FMOH, NGOs and university partners to integrate ENA into their programs through capacity building; and
d. Strengthening training of health professionals through incorporation of ENA in pre-service curriculum by the Institute for Curriculum Development and universities.

3) Review Questions

Four questions will be addressed by this review:

1. How and to what degree has ENA been incorporated at different levels and by various partners? Key partners of interest include:
    a. ESHE Project in SNNPR, Amhara and Oromia regions
    b. NGOs operating in the health/nutrition area, including the Title II NGOs
    c. UNICEF and other multilateral organizations
    d. Community Nutrition Promoters
    e. Universities, particularly those supported by the Carter Center for health curriculum development

2. Where ENA has been incorporated, how has it evolved and how is it currently being implemented? Are some components easier to incorporate than others? What factors or processes have facilitated incorporation of ENA? What have been the challenges to integration of ENA? What are the lessons learned from these experiences? As part of the report, the ENA components that have been easily integrated and their facilitating factors should be identified and explained; and the ENA components that have not been incorporated and obstacles for their integration should be identified and explained.

3. How has ENA been linked with other activities such as management of severe malnutrition, including integrated management of childhood illness (IMCI), expanded program for immunizations (EPI), community therapeutic care (CTC), and HIV care and support? What are the lessons learned from these experiences?

4. Given the review findings, what can the USAID Mission do to ensure that the use of ENA is optimized and continues to successfully strengthen nutrition programming in Ethiopia, as part of bilateral programs and through integration in other USG activities?

4) Specific Activities

The consultant will be responsible for the following tasks:

1) Review background documents (refer to list in annex). **LOE: 3 day.**
2) In consultation with the local consultant and FANTA technical manager, develop the design of the review including: aspects of ENA to be reviewed; institutions of focus; review questions; methods; timeline; and plan for analysis of information collected. **LOE: 4 days.**
3) In consultation with the local consultant, develop tools for collecting information in Ethiopia (e.g. interview and observation guides; survey). **LOE: 3 days.**
4) With the local consultant, meet with USAID Mission personnel in Ethiopia before starting collection of information to discuss and finalize review design and list of people that will be interviewed for the review. **LOE: 0.5 day.**
5) With the local consultant, gather information in Ethiopia through interviews, observation, site visits and document analysis. **LOE: 17 days.**

6) With the local consultant, write one-page summaries of each contact made for the review including: contact name and institution; date; location; length of interview or observation; questions asked or activities observed; key informant responses or description of observations. **LOE: 2 days.**
7) With the local consultant, meet with USAID Mission personnel in Ethiopia after finishing collection of information to discuss preliminary findings. **LOE: 0.5 day.**
8) Write the final review report including: executive summary (one page); background; objectives of review; methods; key findings and results; discussion; conclusion; and annexes (interview/observation guides; interview/observation/document summaries; schedule of review). **LOE: 12 days.**

5) Deliverables/Milestones

Proposed Date	Deliverable/Milestone	Location	Days
September 2007	▪ Review design finalized	USA	7
September 2007	▪ Institutions/interviews to be included in review identified	USA	
October 2007	▪ Interview and observation guides finalized	USA/Ethiopia	3
October 2007	▪ Interviews and site visits scheduled and logistics arranged	Ethiopia	20
October 2007	▪ Interviews, observation, and document analysis completed ▪ Contact summaries provided to FANTA technical manager via email within 3 days after each contact	Ethiopia	
November 2007	▪ Final review report completed	USA	12

Annex 2. Websites, Documents and Presentations for ENA Review

Websites

FHI 360 Linkages: http://www.linkagesproject.org/

FHI 360 Linkages Ethiopia:
http://www.linkagesproject.org/country/ethiopia.php

USAID Ethiopia Health:
http://www.usaidethiopia.org/pages.asp?PMID=6&CMID=14&SCMID=20

John Snow International, Essential Services for Health in Ethiopia:
http://www.jsi.com/JSIInternet/Projects/ListProjects.cfm?Select=Country&ID=108

Documents

LINKAGES/Ethiopia Final Report 2003-2006.
http://www.linkagesproject.org/publications/Ethiopia_Final_Report_06.pdf

Performance Monitoring Report Selected NGOs and ESHE/RHBs, Essential Nutrition Actions (ENA) Approach, September 2006.

Community Assessment in selected ESHE focus woredas in Amhara, Oromia & SNNP regions, Ethiopia 2006.
http://www.linkagesproject.org/publications/Community_Assessment_Ethiopia2006.pdf

Essential Services for Health in Ethiopia, Annual Report, Project Year 3, July 1, 2005 – June 30, 2006. (FANTA Technical Manager has copy of report)

The Essential Nutrition Actions: Findings from the Baseline Surveys of 2003-04 Conducted ESHE II Project Sites in Amhara, Oromia and SNNPR Regions of Ethiopia, may 2006.

Key Messages on the Essential Nutrition Actions to Improve the Nutrition of Women & Young Children in Ethiopia, January 2006.
http://www.linkagesproject.org/publications/EthiopiaKeyMessagesBooklet.pdf

National Strategy for Infant and Young Child Feeding. Family Health Department, Federal Ministry of Health, Ethiopia, April 2004.

Health Sector Strategic Plan (HSDP-III), 2005/6 – 2009/10. Federal Ministry of Health, Program Planning Department, Ethiopia, 2005. (FANTA Technical Manager has copy of report)

National Strategy for Child Survival in Ethiopia. Family Health Department, Federal Ministry of Health, Ethiopia, July 2005. (FANTA Technical Manager has copy of report)

Framework document for a National Nutrition Strategy for Ethiopia. IFPRI, November 2005. http://www.ifpri.org/PUBS/wpapers/ethionutrition.asp

Using 'Essential Nutrition Actions (ENA)' to Accelerate Coverage with Nutrition Interventions in High Mortality Settings, June 2004. Basics II. http://www.basics.org/documents/pdf/Using%20ENA.pdf#search="ena"

Program Review of Essential Nutrition Actions, Checklist for District Health Services. BASICS II. Revised 2003. http://www.basics.org/documents/pdf/Program%20review_Checklist.pdf#search="ena"

Presentations

Community Assessment in selected ESHE – RHBs supported woredas in Amhara, Oromia, SNNP regions. Presented by Dr. Mesfin Beyero, MD MPh, October 12, 2006. (FANTA Technical Manager has presentation slides)

Using the 'Essential Nutrition Actions' Approach to reach broad scale in Ethiopia: Building on lessons from Madagascar. LINKAGES Final Expo Presentation. (FANTA Technical Manager has presentation slides)

Essential Nutrition Actions. Presented by Susan Anthony, MPH and Agnès B. Guyon MD, MPH, June 2004. (FANTA Technical Manager has presentation slides)

Using PROFILES to Build Advocacy Coalitions in Ethiopia and Malawi. Presented by Helen Stiefel Heymann, FHI 360, April 2007. (FANTA Technical Manager has presentation slides)

Annex 3: List of Site Visits and Key Informants[21] at National and Regional Levels

NATIONAL LEVEL	
National Level Partners	**F-MOH Nutrition Unit** Nutrition Expert VI Nutrition Expert seconded by UNICEF
	Carter Center Public Health Training Initiative, Program Manager
	UNICEF, Nutrition and Food Security, Community Based Nutrition Team (3)
	World Bank, Mission team for nutrition (4)
Non-governmental Organizations: National Level	**Save the Children-US in Ethiopia** Health and Nutrition Coordinator sub-office Health and Nutrition Coordinator
	GOAL central office Ethiopia, Health Program Coordinator
	Concern central office Ethiopia, National CTC Coordinator
	Catholic Relief Services Country Director (phone) Health Coordinator (phone)
	International Medical Corps in Ethiopia, Health Coordinator (email)
	CARE Ethiopia, Health Coordinator (email)

ADDIS ABABA REGION	
Pre-Service Training Institution: Addis Ababa	**Addis Ababa University,** Assistant Professor Department of Pediatrics and Child Health

AMHARA REGION	
Regional Health Bureau: Amhara	Team Leader Family Health Department
Zonal and/or District Health Services: Amhara	**Kuyu District Health Office** Head Environmental Expert/Community Promoter
	Libokemkem District Health Office Acting Head Vice Head EPI Clinic nurse Ante-Natal Care nurse Child Health Clinic nurse
	Yilmanadensa District Health Office MCH Expert & Nutrition Coordinator Sick Child Clinic nurse EPI Clinic nurse Ante-Natal Care Clinic nurse Family Planning Clinic nurse
Pre-Service Training Institutions: Amhara	**Gondar University,** Associate Professor Nutrition Department
Non-governmental Organizations: Amhara	**GOAL Sub-office in Awassa town** Assistant Project Manager Health Program Officer

[21] Names of key informants are not given in the report as some of those interviewed wished to remain anonymous.

	Concern sub-office/Field staff in Wolaita District Sub-office Manager Program Manager Program Coordinator Community Outreach Worker
Community Health Workers and Volunteers: Amhara	**Libokemkem District** 1 Health Extension Worker 2 Community Health Promoters
	Yilmanadensa District 2 Health Extension Workers

OROMIA REGION	
Regional Health Bureau: Oromia	Head of Family Health Department Team Leader Nutrition Section
Zonal and/or District Health Services: Oromia	**West Hararghe Zonal Health Office** Vice Head Head of Family Health Department
Pre-Service Training Institutions: Oromia	**Haromaya University** Vice Dean of Health Sciences College Former Instructor from Health Sciences College, now doing post-graduate study in Pediatrics at Addis Ababa University
	Jimma University Instructor in Public Health Department Child Health Outpatient Clinic, Pediatrics intern
	Jimma University Hospital Pediatrics Unit, General Practitioner 2 Labor and Delivery nurses Nutrition Instructor Clinical Pediatrics Instructor
Community Health Workers and Volunteers: Oromia	**Chiro District** 2 Health Extension Workers 1 Community Health Promoter

SNNP REGION	
Regional Health Bureau: SNNP	Child Health and Nutrition Team Leader
Zonal and/or District Health Services: SNNP	**Awassa District Health Center** Head Family Planning nurse Child Health nurse Labor and Delivery nurse
	Damot Woyde Health Office, Head
Pre-Service Training Institution: SNNP	**Hawassa University Hospital** General Practitioner in Pediatrics Unit 2 Labor and Delivery residents Dean of College of Agriculture Undergraduate medical student
Community Health Workers and Volunteers: SNNP	**Wolaita District** 5 Community Health Promoters with Concern project 21 Health Extension Workers
	Wondogenet District 2 Health Extension Workers 3 Community Health Promoters

Annex 4. Itinerary of Site Visits

WEEK ONE

Monday 8th	**Tuesday 9th**	**Wednesday 10 th**	**Thursday 11th**	**Friday 12th**	**Saturday 13th**
8:00 – 10:00 am. Meet with ESHE central office: Mr. Eerens, Dr. Tesfaye, & Mrs. Senait	8:30 – 9:00 am. Haromaya College of Health Sciences: Ato Nega, Vice Dean 9:00 – 9:30 am. SC–USA: Dr. Tedbabe, Health & Nutrition Specialist	6:30 – 10:30 am. Drive to Awassa	7:30 –10:00 am. Drive to Wolaita	Note day is official holiday: Eid al Fitir 9:00 am. Meet SNNPR ESHE staff 9:30 – 10:30 am. Drive to Wondogenet District, Fura Kebele	Drive back to Addis Ababa
10:30 – 12:00 pm. F-MOH, Dept. Family Health, Nutrition Unit: Ms.Gobane, Nutrition Expert VI	10:00 – 11:00 am. Addis Ababa University, Dept. of Pediatrics: Dr. Solomon; hospital undergoing renovation 11:00 – 11:30 am. Dr. Dula Benti, former instructor Alemaya U, now post-grad at AAU	11:00 – 12:30 pm. SNNPR ESHE regional office: Dr. Hailemariam	10:30 – 11:30 am. CONCERN, Wolaita branch office: Mr. Abraham 11:30 – 12:30 pm Drive to Damot Woyde District	10:30 – 12:00 pm. Interview with 2 HEWs and 3 CNPs combined Observe HEW counseling pregnant mother Visit Health Post and review materials	
2:00 – 3:30 pm. Carter Centre – Ethiopian Public Health Training Initiative: Mr. Assefa, Program Manager	11:30 – 12:30 pm. F-MOH, Nutrition Unit: Mr. Teshome, Unicef consultant 2:00 – 3:00 pm. Oromia Health Bureau /Family Health Dept/ Nutrition Unit: Mr. Abera and Dr. Megersa	2:00 – 2:45 pm. Awassa (district) Health Center: Mr. Amsalu and health professionals during visit of facility	1:30 – 2:00 pm. Damot Woyde District Health staff: Mr.Moges 2:00 – 3:30 pm Meet with HEWs and CHPs, separately	2:30 – 3:30 pm. Hawassa University & associated BFHI hospital 5:00 – 6:00 pm. Dr. Yewelsew, Dean Hawassa University Agriculture College	
4:00 – 5:30 pm. Stop by Guion Hotel; Omo Car Rental Agency	3:30 – 4:30 pm. USAID Ethiopia/HAPN	3:00 – 4:30 pm. GOAL sub-office: Mr. Takito & Mr. Shiferaw	4:00 – 7:00 pm. Drive back to Awassa	6:30 – 7:30 pm. Southern Regional Health Bureau: Dr. Efrem	

WEEK TWO

Monday 15th	**Tuesday 16th**	**Wednesday 17th**	**Thursday 18th**	**Friday 19th**	**Saturday 20th**
6:30 am – 4:00 pm. Drive to Bahir Dar	8:00 – 9:30 am. Join ESHE staff; Amhara Regional Health Bureau/ Family Health Dept: Mr. Alemu	7:00 – 10:30 am. Drive to Gondar	7:30 – 9:00 am. Drive to Bahir Dar (ESHE staff) then to Libokemkem District	7:30 – 8:30 am Drive to Fitche 8:30 – 9:30 am Locate district staff (occupied with EPI campaign)	
continued	11:00 – 12:00 noon West Gojjam Zone, Yilmanadensa District DHO: Mr. Mulat Visit of District Health Center	11:00 – 12:30 pm. Gondor University, Nutrition Dept.: Mr. Melkie	9:00 – 11:00 am. South Gondor Zone, Libokemkem District Health Office Visit District Health Center	10:00 –11:30 am. North Shoa Zone, Kuyu Dstrict Health Office and North Shoa ESHE cluster staff	Review and organize notes, collecting plane tickets
continued	2:30 – 3:30 pm Mesebo *kebele*: 2 HEWs (look for 2 nearby CHPs but they are occupied)	(Dean is not available to approve interviews with students or visit of hospital; time is used to discuss findings, review notes)	11:30 – 1:00 pm Agelamantegera Kebele: HEW and CHP	Note that HEWs and CHPs are all occupied with the first day of an immunization campaign; lunch with Head of DHO; review notes 18 Oct. with DHO (interview done in Amharic)	continued
4:30 – 6:00 pm ESHE Amhara regional office: Dr. Anwar, Ms. Selamawit & Mr. Bizuhan	3:30 – 4:30 pm Return to Bahir Dar	4:30 – 5:00 pm AJJDC office	3:00 – 6:30 pm Drive to Debremarkos (talk with CRS by phone)	2:00 – 5:00 pm Drive to Addis Ababa	continued

WEEK THREE

Monday 22nd	**Tuesday 23rd**	**Wednesday 24th**	**Thursday 25th**	**Friday 26th**	**Saturday27th**
7:00 – 11:00 am. Drive to West Hararghe zone, Asebe town	9:30 – 10:30 am. Yabdoshambuco Health Post, Chiro District, West Hararghe Zone: 2 HEWs and 1 CHP	7:30 – 9:30 am Discuss key findings	7:45 – 9:00 am. Debriefing at USAID	8:00 – 8:45 am. Jimma University, Basic Nutrition instructor:	Review and organize notes
continued	10:30 – 11:30 am. Visit HP Locate 1 CHP	10:00 – 11:30 am Drive to Addis Ababa	11:00 am – 1:00 pm Fly to Jimma	9:00 – 9:45 am Jimma University Head of Pediatrics	continued
1:30 – 2:30 pm. West Hararghe Zonal Health Office (Mr. Abdi and Samuel)	1:30 – 3:00 pm Look for Belgium Survival Fund but program has ended; visit CRS sub-office but they state they have just opened a new project with little training given yet.	1:30 – 3:00 pm Unicef Nutrition and Food Security Section: Dr. Iqbal Kabir, Kyoko Okamura, Ababe Hailemariam (CBN Team)	2:00 – 3:30 pm. Jimma University, Nutrition Dept: Dr. Tesfera	1:30 – 4:30 pm Fly to Addis Ababa	
3:00 – 4:00 pm. West Hararghe ESHE zonal cluster: Mr. Dedefo	3:00 – 6:00 pm. Drive to Nazereth; talk with former Ministry of Agriculture nutrition expert by phone	3:30 – 4:30 pm Unicef and World Bank mission team for National Nutrition Strategy	3:30 – 4:30 pm Visit associated BFHI hospital and outpatient clinics	continued	Joan leaves Addis Ababa 10:50 pm
	Note: Had tried to schedule a visit to CRS program near Nazereth but staff had an outside workshop this week.	5:00 – 8:00 pm Prepare key findings for tomorrow's debriefing with USAID	6:30 – 7:00 pm. Meet with Emily Mates, Concern		

Annex 5. Map of Districts Visited