

# Performance Monitoring Report Selected NGOs and ESHE/RHBs

## Essential Nutrition Actions (ENA) Approach



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**Mesfin Beyero, MD, MPH**  
**Maryanne Stones-Jimenez**  
**Agnes Guyon, MD, MPH**



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# **Part I: Performance Monitoring Report: Selected NGOs**

## **I. Introduction**

AED/LINKAGES provided technical assistance to national and international NGOs by conducting trainings in Essential Nutrition Actions (ENA) and Behavior Change Communication (BCC).

A Training of Trainers (TOT) ENA-BCC Counselor's Course was conducted for various NGOs in January 2005: a 6-day course in Breastfeeding, Complementary Feeding and Woman's Nutrition for instructors, NGOs, health professionals and community workers, building counseling and negotiation skills through theory and field practice.

The ENA-BCC Counselor's Course was also conducted for a number of individual NGOs and was replicated by the NGO to train community health workers in their coverage areas. These trainings were crucial in building the capacity of the NGO staff to promote appropriate infant and young child feeding (IYCF) practices in order to improve the nutritional status of children.

## **II. Objectives of the current performance monitoring**

The objectives of this performance monitoring are to assess:

- knowledge of staff at least six months after the ENA-BCC training,
- what follow-up activities happen after the training
- cascade trainings conducted by the NGOs after LINKAGES training.

## **III. Sample size and sampling methodology:**

Knowledge was assessed at least 6 months past training and differently in regard to types of training (Table 1)

- For NGOs that were trained as a group Training of Trainers (TOT) in ENA-BCC, knowledge was assessed for all available trained staff.
- For those NGOs that had an individual ENA-BCC training (with many staff trained), 5 persons from each NGO was to be assessed. But, because of staff turn-over and distance, the originally planned number of 5 per NGO could not be reached.

The questionnaire used was the same than the pre-test/pst test used during the training.

For the purposes of this performance monitoring, the mean of the post-test results during training is used as a baseline.

The ENA- BCC training course has 3 modules: 1) on optimal breastfeeding; 2) complementary feeding; and 3) women's nutrition. The 3 modules were assessed separately

Selected NGOs staff members were also interviewed to discuss ENA activities and cascade trainings

#### IV. ENA BCC Knowledge

Table 1: Currently Active NGOs trained by LINKAGES in ENA-BCC (Group TOT or Individualized Trainings)

NGO	AJDC	CARE				CONCERN	CPAR	CR S	ECO- DICAC	GOAL		SC-UK	SC-USA	WVE
		CO	EH	WH	SG						SNNP R			
<b>Group TOT ENA-BCC Training Jan' 05</b>	X	X	--	--	--	X	--		X	X		X	--	X
<b>Individualized NGO ENA- BCC Training</b>	--	--	X	X	X	--	X	X	--		X	--	X	X

AJDC = American Joint Distribution Committee

CARE: CO = Central Office; EH = East Harargie; WH = West Harargie; SG = South Gondar

CPAR = Canadian Physicians AID Relief

EOC-DICAC = Ethiopian Orthodox Church Development & Inter Church Aid Commission

GOAL

### 3. NGOs trained through Training of Trainers (TOT) - ENA-BCC

Twelve NGOs participated in a TOT in ENA-BCC organized by LINKAGES in January, 2005. Because of staff turn-over 4 NGOs (CRDA, ECI Africa, IMC, and Merlin) no longer have trained staff.

Performance monitoring of knowledge of those trained (1 – 2 individuals) was conducted at 2 time periods (December 2005 and July 2006) for 6 NGOs who participated in this TOT: American Joint Distribution Committee (AJDC), CARE, Ethiopian Orthodox Church Development & Inter-Church Aid Commission (EOC-DICAC), GOAL-Ethiopia (GOAL-ETH), Save the Children, UK (SC-UK), and World Vision Ethiopia (WVE).

#### 1.1 Knowledge in Module I: Breastfeeding

Module I of the ENA–BCC course was marked out of 14.

All NGOs except World Vision showed an improvement in their knowledge from the baseline in January 2005 to the first performance monitoring time-point 12 months later in December, 2005.

Of the 4 NGOs that were monitored at the second time-point in July 2006, ADJC and Save the Children-UK lowered their baseline scores.

**Table 2: Knowledge in Module I: Breastfeeding**

	TOT in ENA-BCC	Baseline Mean=13.5 Median=13.5		Monitoring Dec'05 Mean=13.5 Median=14		Difference from Baseline %	Monitoring Jul'06 Mean=13 Median=13.5		Difference from Baseline %
		n	Result (14)	n	Result (14)		n	Result (14)	
AJDC	Jan'05	13	13.5	1	14	+4%	1	13	-4%
CARE	Jan'05	13	13.5	1	14	+4%	1	14	+4%
EOC-DICAC	Jan'05	13	13.5	1	14	+4%	--	--	--
GOAL-ETH	Jan'05	13	13.5	1	14	+4%	1	14	+4%
SC-UK	Jan'05	13	13.5	1	14	+4%	2	11	-19%
WVE	Jan'05	13	13.5	3	11	-19%	--	--	--

The overall mean of the NGOs in December 2005, shows that there is no difference between the mean of the baseline and the performance monitoring results (13.5). If the median is used for measuring the central value, the result will be 14 showing an improvement in knowledge from the baseline.

The overall mean of the NGOs in July 2006 is 13, lower than the baseline. However, the median value is the same as the baseline: 13.5.

## 1.2 Knowledge in Module II: Complementary Feeding

Module II of the ENA–BCC course was marked out of 15.

The performance monitoring in December 2005 showed that 3 of the NGOs scored lower than the baseline (Save the Children-UK was 23% lower) while the other 3 NGOs each showed an improvement of 5%.

During the performance monitoring in July 2006, Save the Children-UK was lower by 13% from baseline, and AJDC 9% lower.

**Table 3: Knowledge in Module II: BCC Complementary Feeding**

	TOT in ENA-BCC	Baseline Mean=14.3 Median=14.3		Monitoring Dec'05 Mean=13.9 Median=14.5		Difference from Baseline %	Monitoring Jul'06 Mean=13.9 Median=14		Difference from Baseline %
	Training date	n	Result (15)	n	Result (15)		n	Result (15)	
AJDC	Jan'05	13	14.3	1	15	+5%	1	13	-9%
CARE	Jan'05	13	14.3	1	15	+5%	1	15	+5%
EOC-DICAC	Jan'05	13	14.3	1	14	-2%	--	--	--
GOAL-ETH	Jan'05	13	14.3	1	15	+5%	1	15	+5%
SC-UK	Jan'05	13	14.3	1	11	-23%	2	12.5	-13%
WVE	Jan'05	13	14.3	3	13.5	-6%	--	--	--

The overall Mean (13.9) shows that there a decline in knowledge. The Median value for December 2005 is 14.5.

The overall Mean for the performance monitoring of knowledge in July 2006 is the same as December 2005: 13.9. The Median value is 14.

## 1.3 Knowledge in module III: Maternal Nutrition

Module III of the ENA–BCC course was marked out of 16.

One third of the NGOs monitored in December 2005 showed a decline in their knowledge in Maternal Nutrition while 2/3 showed an improvement. The 3 NGOs monitored in July 2006 (AJDC, CARE, and GOAL-ETH) all showed a 17% improvement.

**Table 4: Knowledge in Module III: Maternal Nutrition**

	TOT in ENA-BCC	Baseline Mean=13.7 Median=13.7		Monitoring Dec'05 Mean=14.8 Median=15.5		Difference from Baseline %	Monitoring Jul'06 Mean=13.9 Median=16		Difference from Baseline %
	Training date	n	Result (16)	n	Result (16)		n	Result (16)	
AJDC	Jan'05	13	13.7	1	16	+17%	1	16	+17%
CARE	Jan'05	13	13.7	1	15	+9%	1	16	+17%
EOC-DICAC	Jan'05	13	13.7	1	16	+17%	--	--	--
GOAL-ETH	Jan'05	13	13.7	1	16	+17%	1	16	+17%
SC-UK	Jan'05	13	13.7	1	13	-5%	2	--	--
WVE	Jan'05	13	13.7	3	13.3	-3%	--	--	--

The overall Mean (14.8) shows that there an increase in knowledge. The Median value for December 2005 is 15.5.

The overall Mean for the performance monitoring of knowledge in July 2006 is lower as 13.9. The Median value is 16.

#### 4. Individualized NGO ENA-BCC Trainings

Nine NGOs received individualized training carried out by LINKAGES, and individuals from each NGO (1 to 5) were monitored for their knowledge of the ENA-BCC Modules.

##### 2.1 Knowledge in Module I: Breastfeeding

Module I of the ENA-BCC course was marked out of 14.

CARE-East and West Harargie, CRS and World Vision show an increase in knowledge scores in the Breastfeeding Module, while CARE-South Gondar and CPAR show a slight decline in knowledge.

**Table 5: Knowledge in Module I: Breastfeeding**

NGO	ENA-BCC Training date	Baseline		Monitoring Dec'05		Difference from Baseline %	Monitoring Jul'06		Difference from Baseline %
		n	Result (14)	n	Result (14)		n	Result (14)	
CARE - East Harargie	Jan'06	32	13.3	-	-	--	5	14	+5%
CARE -West Harargie	May'05	23	12	-	-	--	3	14	+17%
CARE - S. GONDAR	Apr'05	17	13	5	13	0	5	12.8	-2%
CPAR	July'05	20	12.9	4	13	+1%	1	12	-7%
CRS	Sep'04	21	12	3	14	+17%	5	14	+17%
GOAL - SNNPR	July'05	12	--	--	--	--	2	13	--
IMC	October'05	--	--	--	--	--	4	13	--
SC-USA	Dec'05	25	--	--	--	--	5	13.4	--
World Vision	Sep'05	25	12	--	--	--	2	13	+8%

Module II of the ENA–BCC course was marked out of 15. CARE-East Harargie, CARE-South Gondar, CEPAR, and CRS show an increase in knowledge scores in the Complementary Feeding Module, while the scores of CARE West Harargie and World Vision remain the same.

**Table 6: Knowledge in Module II: Complementary Feeding**

NGO	ENA-BCC	Baseline		Monitoring Dec'05		Difference from Baseline %	Monitoring Jul'06		Difference from Baseline %
		n	Result (15)	n	Result (15)		n	Result (15)	
CARE - East Harargie	Jan'06	32	14.6	-	--	--	5	15	+3%
CARE - West Harargie	May'05	23	13	-	--	--	3	13	0
CARE - S. GONDAR	Apr'05	17	13	5	13	0	5	13.4	+3%
CPAR	July'05	20	13.9	4	14	+1%	1	15	+8%
CRS	Sep'04	21	13	3	15	+15%	5	14	+8%
GOAL - SNNPR	July'05	12	--	--	--	--	2	13.5	--
IMC	??	--	--	--	--	--	4	13.8	--
SC-USA	Dec'05	25	--	--	--	--	5	15.2	--
World Vision	Sep'05	25	13	--	--	--	2	13	0

### 1.3 Knowledge in module III: Maternal Nutrition

Module III of the ENA–BCC course was marked out of 16. CARE-West Harargie and CRS show an increase in knowledge scores in the Maternal Nutrition Module. CEPAR scores declined during the performance monitoring in December 2005, but rallied and improved slightly from the baseline during the performance monitoring in July 2006. The scores of CARE-South Gondar and World Vision remain the same as the baseline.

**Table 7: Knowledge in module III: Maternal Nutrition**

NGO	ENA-BCC	Baseline		Monitoring Dec'05		Difference from Baseline %	Monitoring Jul'06		Difference from Baseline %
		n	Result (16)	n	Result (16)		n	Result (16)	
CARE - East Harargie	Jan'06	32	--	-	--	--	5	16	--
CARE -West Harargie	May'05	23	14	-	--	--	3	15	+7%
CARE - S. GONDAR	Apr'05	17	14	5	14	0	--	--	--
CPAR	July'05	20	14.9	4	14	-6%	1	15	+1%
CRS	Sep'04	21	14	3	16	+14%	5	16	+14%
GOAL - SNNPR	July'05	12	--	--	--	--	2	14	--
IMC	??	--	--	--	--	--	4	14.8	--
SC-USA	Dec'05	25	--	--	--	--	5	14	--
World Vision	Sep'05	25	15	--	--	--	2	15	0

## V. Cascade trainings

The NGOs were monitored for the cascade trainings they, in turn, conducted within their organizations.

In the last quarter of 2005 (October to December), no NGO from those that attended the TOT ENA-BCC conducted cascade trainings, while from those NGOs that were trained individually, one (CARE-South Gondar) conducted one cascade training.

During 2006, 7 NGOs trained over 8,000 health workers. The following table shows the Cumulative Cascade Trainings in ENA-BCC conducted by the NGOs with and without LINKAGES support.

CONCERN is the only NGOs trained during TOT in January 2005 that conducted cascade training.

**Table 8: Cumulative Cascade Trainings in ENA-BCC**

NGO	Cascade Trainings in ENA-BCC with LINKAGES support		Cascade Trainings in ENA-BCC without LINKAGES support until July 2006	
	No. sessions	Trainees	No. sessions	Trainees
CARE	2	49	7	234
CONCERN	--	--	6	318
CRS	1	22	9	565
Goal-Ethiopia	--	--	43	1,737
SC - UK	--	--	3	148
SC – USA	--	--	103	5,075
World Vision	3	74	2	66
<b>Totals</b>	<b>6</b>	<b>145</b>	<b>173</b>	<b>8,143</b>

## VI. Visits to NGOs

The purpose of making a visit to selected NGOs was to understand the kinds of programs the NGO was engaged in, and its plan to implement the Essential Nutrition Actions (ENA) in its areas of operation.

### **American Joint Distribution Committee (AJDC)**

AJDC was visited on August 27, 2005. The organization reported that one staff was trained in both ENA-BCC and ENA technical and is still working with the organization. AJDC is involved in the promotion of breastfeeding, complementary feeding, maternal nutrition and supplementation of vitamin A, Iron and Iodine. The organization trained 12 health facilitators who were selected from the community; training in ENA-BCC was conducted for 2 weeks, 1 hour each day. These community workers promote all essential nutrition actions during home visits. Other clinic staff receive information from the trained health worker and provide health education on Tuesday and Wednesday every week. Key messages of breastfeeding, complementary feeding and maternal nutrition have been copied and distributed for the staff and other MOH staff working in the sub-city where the NGO is operating. The information has been shared with the other project site in Gondar. Audio and video have been utilized by the organization.

The organization reported language barriers between the health workers and the mothers, the difficulty of convincing working mothers to breastfeed exclusively for the first 6 months, and workload to be their challenges. They have planned to conduct more training in the Gondar project site, and share more information with other government and partner NGOs.

### **CARE – Central Office**

CARE is engaged in all ENA activities. One ENA-BCC training was given to health workers and woreda administrators at the woreda level. The trained health workers were advised to give training on ENA at the grass root level. However, CARE could not do follow-up due to security problems and too many commitments.

CARE reported security problems at the program area, staff turn-over and restructuring of the organization as their challenges. They reported that each project has planned to conduct ENA trainings at grass root level using their own trained staff.

### **CARE South Gondar**

CARE South Gondar project was visited in December, 2005. Nine Project staff and 8 partners' staff were trained from April 4 – 9, 2004. CARE South Gondar is engaged in all seven essential nutrition actions through capacity building of health workers, deploying community workers, promoting BCC, and promoting backyard gardening. They have provided 4 days ENA-BCC training for 26 health workers and strengthened the community workers refresher training by including the ENA messages. CARE has employed the following measures to accelerate progress and to correct failures: community mobilization and creating systems to share and negotiate messages with mothers.

The next plan of CARE South Gondar is to offer more trainings and strengthen the community-based activities. The training materials used by CARE are the ENA-BCC handouts, and the counseling card, story telling and posters adapted from LINKAGES.

### **Canadian Physicians Aid Relief (CPAR)**

CPAR was visited in December 2005. Five Project staff and 16 partners' staff were trained from July 18 - 23, 2004 (CEPAR presently has 4 trained project staff). CPAR is engaged in some of the seven essential nutrition actions through capacity building of health workers, deploying community workers, promoting behavior change communication (BCC) and distributing Iron/Folic Acid to mothers. The NGO has planned to provide 6 days ENA-BCC training for 20 health workers, Health Extension Workers (HEWs) and CPAR staff. The training materials used by CPAR are the ENA-BCC handouts.

### **CRS - Ethiopia**

CRS is an organization working on relief with a broad coverage in Ethiopia. Nutrition promotion is one of the activities CRS implements at its branch level and among partners. Six staff members were trained in ENA-BCC (December 2003 and September 2004), two of them have also participated in the ENA-Technical training during and December 2004. CRS presently has 2 trained project staff. CRS has conducted 2 trainings for its partner offices and implementing organizations:

2. ENA-BCC for 21 participants during September 13 – 17, 2004, and
3. ENA-Technical for 25 participants. During May 9-12, 2005

Some of the partner offices have also conducted BCC training for health animators who are mainly women recruited from kebele (West & East Hararge).

CRS reported that the absence of the doll and breast models, staff turn-over and budget constraints to conduct cascade training for implementing partner organizations are their challenges. They also emphasized the need for nutrition promoter guides. They have planned to expand ENA–BCC training to the rest of implementing partner organizations and animators.

### **World Vision Ethiopia**

World Vision staff has been trained in ENA-BCC from December 1 – 5, 2003 and January 24 – 27, 2005. Three staff are currently with the NGO. The organization is engaged in promoting breastfeeding, complementary feeding, maternal nutrition, Vitamin A, Iron and Iodine. They reported that trainings were conducted for 33 ADP (Area Development Program) staff, and IEC materials were distributed. Time constraint was the main challenge reported because of other competitive commitments. They planned to conduct a TOT on ENA-BCC from September 13 – 17, 2005, and integrate ENA with the existing MICAH (Micronutrient and Health Initiative) program.

ECI-Africa, Christian Relief and Development Association (CRDA) and International Medical Corps (IMC) do not currently have trained personnel in their organizations.

## **VII. Conclusions**

- Overtime, the performance monitoring of the NGOs staff that participated in the TOT ENA-BCC showed that the Mean in breastfeeding knowledge and complementary feeding declined from the first training. However, the Mean in maternal nutrition knowledge increased slightly.
- The performance monitoring of NGOs staff that attended individualized ENA-BCC trainings showed that over time knowledge in breastfeeding, complementary feeding and maternal nutrition was maintained or increased. The exceptions are CARE-South Gondar and CPAR whose knowledge scores in breastfeeding.
- Staff turn-over and workload commitments are reported to be the main challenges of NGOs in rolling-out ENA-BCC in their program areas.
- Cascade trainings were conducted by 7 NGOs out of 10 NGOs that were trained and currently remain active.
- It appears that NGOs who are invited for individualized trainings are more interested and/or are equipped in ENA knowledge and motivation to conduct cascade trainings and implement nutrition promotional activities.

- **It is clear from the findings that NGOs have been using the ENA-BCC training modules as the knowledge of their staff members stay relatively high. Cascade training done by the NGOs also proved that they estimate the training adapted to their needs and that they own it.**

## **VIII. Recommendations**

- ✓ A mechanism needed to be identified to continue to train NGOs as the staff turn-over is high and trained staff don't always stay in the organization.
- ✓ Prior to training, commitments are needed from NGO management and trainees to brief other staff, share training materials, and provide of in-house training of new staff post-training,
- ✓ The plan of action of each NGO, a requirement in all ENA-BCC trainings, needs to have the commitment of the NGO management for follow-up and mentoring/supervision. Supervisors of NGO need to be trained together with health provider staff.
- ✓ Cascade training needs to be continued and NGOS need to include ENA training in all their various programs (coming from different funding sources) such as Community Therapeutic Care [CTC], the Disaster Prevention and Preparedness Commission [DPPC].
- ✓ The newly developed "Community Nutrition Promoters" modules need to be widely used by NGOs as they are targeted towards illiterate community members. No additional TOT is needed if the ENA was trained in ENA-BCC.

## **Part II. Performance Monitoring Report ESHE-RHBs**

### **I. Introduction**

Essential Services for Health in Ethiopia (ESHE) is the USAID bilateral project that focuses on child survival interventions, and works closely with the Ethiopian government. ESHE operates in the three most populated regional states of the country, namely the Southern Nation Nationalities People Region (SNNPR), Amhara and Oromia, and focuses its interventions in 64 woredas: 24 in SNNPR, 20 in Amhara and 20 in Oromia. AED is a sub-contractor of the ESHE project and provides technical assistance in Behavior Change Communication and nutrition promotion activities, an intermediate outcome under the overall umbrella of child survival. AED, through the AED-LINKAGES project has provided technical assistance to ESHE by promoting the Essential Nutrition Actions (ENA) approach and has assisted ESHE in conducting ENA-Technical and ENA-BCC trainings.

The ENA-Technical Training is a 4-day course for health managers and program staff. This training gives state-of-the-art technical updates on: why nutrition matters? nutrition situation in Ethiopia, infant and young child feeding, micronutrients, women's nutrition, BCC, and monitoring and evaluation. The ENA-BCC Counselor's Course is a 6-day course in Breastfeeding, Complementary Feeding and Woman's Nutrition for instructors, NGOs, health professionals and community workers, building counseling and negotiation skills through theory and field practice. These 2 types of trainings have been conducted for ESHE staff at regional, zonal, and depending on the need, at Woreda level with LINKAGES support. They have been crucial in building the capacity of the staff to promote appropriate IYCF practices, improving the nutritional status of infants and young children. Staff capacity building has helped the project meet one of the intermediate outcomes under the overall umbrella of child survival.

One of ESHE's roles is to build the capacity of the Regional health Bureaus (MOH) in order to enable them to meet its child survival responsibilities efficiently and effectively. To this effect, ESHE conducts cascade trainings (ENA-BCC) for frontline health workers who are involved in solving the health and nutritional problems of the community. In order to carry out this responsibility, ESHE's staff needs to be knowledgeable and up-to-date in nutrition information.

### **II. Objectives of the Performance Monitoring**

The objectives of this performance monitoring are:

- to assess knowledge of staff (ESHE and MOH if possible) at least six months after training,
- to assess the cascade trainings conducted by ESHE-RHBs after the Training of Trainers carried out by LINKAGES, and

- to follow-up the distribution and use of IYCF and Micronutrient (MN) Guidelines.

### III. Sample size and sampling methodology:

The knowledge of 8 ESHE staff (4 regional and 4 zonal staff) from each region was to be monitored by administering the post-test questionnaires for ENA Technical and ENA-BCC (Breastfeeding and Complementary Feeding Modules). Similarly, 4 woreda and 4 zonal health managers from the MOH were to be assessed from each region. However, the originally planned number of staff was not found, and the actual number assessed is indicated in the following tables. The ESHE staff present in the office during the visit were picked randomly for performance monitoring of knowledge, and the zones and woreda were randomly selected.

## IV. Knowledge

### 3. ENA-Technical Training

The maximum score of the pre/post-test of ENA–Technical course is 46.

For the ESHE staff, results from each region show:

- For the ESHE Amhara staff, a steady improvement in the knowledge (5% and 7% increase) in December 2005 and July 2006;
- The Oromia ESHE staff improved their knowledge and maintained the same increase (28%);
- The ESHE SNNP staff showed a decline of 13% and 16% respectively.

**Table 9: ENA-Technical (ESHE Staff)**

Region	ENA-Technical Training date	Baseline		Monitoring Dec'05		Monitoring Jul'06	
		n	Result (46)	n	Result (46)	n	Result (46)
SNNPR	Sep' 04	23	41	5	35.8	4	34.5
Amhara	Feb'05	23	32.5	8	34	7	34.8
Oromia	Nov'04	29	31	1	39.8	7	39.8

### 2. ENA–BCC Training

The maximum score for Module I on Breastfeeding of the ENA–BCC course is 14, and Module II on Complementary Feeding is 15.

#### ESHE Staff

Knowledge improved or was maintained from the baseline among the ESHE staff in all the three regions in both modules for ENA–BCC training. It is

probably because the ESHE staff is involved in conducting cascade trainings at Zonal, Woreda and health facility level which keeps them updating their knowledge through training facilitation.

**Table 10: Knowledge in Breastfeeding (ESHE Staff)**

	ENA-BCC Training	Baseline		Monitoring Dec'05		Difference from Baseline %	Monitoring Jul'06		Difference from Baseline %
		n	Result (14)	n	Result (14)		n	Result (14)	
Region	Training date								
SNNPR	Dec' 04	18	12.7	8	13	+2%	8	13.3	+5%
Amhara	Apr' 05	26	13	11	14	+8%	7	13	0
Oromia	Feb' 05	34	13	6	14	+8%	12	14	+8%

**Table 11: Knowledge in Complementary Feeding (ESHE Staff)**

	ENA-BCC Training	Baseline		Monitoring Dec'05		Difference from Baseline %	Monitoring Jul'06		Difference from Baseline %
		n	Result (15)	n	Result (15)		n	Result (15)	
Region	Training date								
SNNPR	Dec' 04	18	13.3	8	14.8	+11%	8	14.1	+6%
Amhara	Apr' 05	26	14	11	14.8	+6%	7	14.4	+3%
Oromia	Feb' 05	34	14	6	14.8	+6%	12	15	+7%

**(MOH Staff: Regional, zonal, Woreda and health facility)**

For health workers from the MOH, it was very difficult to calculate a baseline number because the training dates and participants trained varied with the ENA-BCC training at the different levels.

- SNNPR showed a 9% drop in knowledge in breastfeeding
- Amhara and Oromia showed a 5% and 3% improvement respectively.

**Table 12: Knowledge in Breastfeeding (MOH Staff)**

Region	Monitoring Dec'05		Monitoring Jul'06		Difference %
	n	Result (14)	n	Result (14)	
SNNPR	10	12.9	10	11.8	-9%
Amhara	8	12	8	12.6	+5%
Oromia	9	13.5	16	14	+3%

For the module II on complementary feeding:

- SNNP MOH staff showed a 3% improvement;
- Amhara an 8% decline; and
- Oromia a 2% improvement.

**Table 13: Knowledge in Complementary Feeding (MOH Staff)**

Region	Monitoring Dec'05		Monitoring Jul'06		Difference %
	n	Result (15)	n	Result (15)	
SNNPR	10	12.3	10	12.7	+3%
Amhara	8	14	8	13	-8%
Oromia	9	14.7	16	15	+2%

#### **Observations of Negotiation: December 2005**

Two health workers and 2 health service extension workers were observed while counseling mothers in the SNNPR. Names and addresses of the health workers for future reference have been collected. All the ALIDRAA steps were followed properly except one health worker missed the “Discussion and Agree “ component. He was advised on the spot of the missed steps.

**Table 14: Observations of Negotiation – December 2005**

Name	Qualification	Address	Negotiation observed	Remarks
Meskerem Honju	HSEW	Arbaminch Zuria Woreda, Gaste Kebele	Breastfeeding	Steps correctly followed
Misikir Tiruneh	Health worker	Arbaminch Zuria Woreda, Secha clinic	Complementary feeding,	Missed the discussion and agree component
Zenash Abebe	HSEW	Lemu Woreda, Shurmo dubancho kebele	Complementary feeding	Steps correctly followed
Elfenesh Dantew	Health worker	Lemu Woreda, Shurmo health center	Breastfeeding	Steps correctly followed

HSEW: Health Service Extension Worker

#### **Observations of Negotiation: July 2006**

In July 2006, two health workers and 2 health service extension workers were observed while counseling mothers in the SNNPR. Names and addresses of the health workers for future reference have been collected. One health worker who was observed missed the “Agree and Appointment” component, and another health worker missed the “Discussion and Agree” component. They were advised of their missed steps on the spot.

**Table 15: Observations of Negotiation – July 2006**

Name	Qualification	Address	Negotiation observed	Remarks
Sr. Wogayehu	Health worker	Arbaminch Zuria Woreda, Gaste Kebele	Complementary feeding	Missed the agree and appointment component
Sr. Asegedech	Health worker	Arbaminch Zuria Woreda, Secha clinic	Breastfeeding	Missed the discussion and agree component
Abebaye Lema	HSEW	Lemu Woreda, Shurmo dubancho kebele	Complementary feeding	Steps correctly followed
Medhanit	HSEW	Lemu Woreda, Shurmo health center	Breastfeeding	Steps correctly followed

In December 2005 and July 2006, “Agreement” on the proposed action was missed by the 3 health care providers who did not complete the negotiation steps during observation.

## V. Cascade training

Cascade trainings in ENA-BCC were widely replicated by ESHE with and without LINKAGES assistance up until December 2005.

**Table 16: Cascade ENA-BCC Trainings through Dec. 2005**

ESHE bilateral	Cascade ENA-BCC Trainings						
	No. trained with LINKAGES support			No. trained without LINKAGES support			Conclusion
	Until Sep'05	Oct – Dec'05	Cumulative	Until Dec'05	Jan – Jul'06	Cumulative	
SNNPR	140 (6 sessions)	34 (1 session)	174 (7 sessions)	432 (15 sessions)	-	-	Completed cascade
Amhara	166 (6 sessions)	0	166 (6 sessions)	61 (2 sessions)	291 (10 sessions)	352 (12 sessions)	Not completed
Oromia	120 (5 sessions)	0	120 (5 sessions)	670 (30 sessions)	25 (1 session)	695 (31 sessions)	Completed cascade

Cascade trainings in ENA-BCC were widely replicated by ESHE with and without LINKAGES assistance up until July 2006. Over 5,000 health workers and HEWs have been trained.

**Table 17: Cascade ENA-BCC Trainings through July 2006**

ESHE Bilateral	Trainings with LINKAGES support		Cascade Trainings with LINKAGES support		Cascade Trainings without LINKAGES support until July/06 (ENA-BCC only)	
	ENA-Technical		ENA-BCC		No. sessions	Trainees
	No. sessions	Trainees	No. sessions	Trainees		
SNNPR	1	23	7	174	299	4757
Amhara	1	23	6	166	2	61
Oromia	1	29	5	120	30	670

## **VI. Distribution and Use of the National Infant & Young Child Feeding (IYCF) and Micronutrient (MN) Guidelines**

The IYCF and MN guidelines were distributed to all regions by the nutrition unit of the Family health Department of the Federal Ministry of Health in 2004. The follow-up was to encourage each regions to distribute the guidelines to zonal, woredas, and health facility level.

In December 2005, the SNNP regional health bureau reported that 600 copies of each of the guidelines, have been received, but have not been distributed to the zones. The child health expert of the bureau, Dr. Efrem, reported that the guidelines should not be distributed without an orientation. He did not mention any plan for arranging orientation sessions. This information was communicated to the ESHE SNNPR regional team for follow-up.

During the July 2006 monitoring both the IYCF and MN guidelines were available at zonal, woreda and health facility levels in the four ESHE focal clusters i.e. Sidama, Wolayita-Alaba, Kembata-Hadiya and Gamogofa-Konso clusters.

In December 2005, the Amhara regional health bureau, the nutrition focal person reported that they received 500 copies of each of the guidelines last year, but that they themselves were not oriented on how to use them. He reported that they have distributed 400 copies to the zones but did not monitor the distribution. LINKAGES staff visited two zonal, three woreda and four health facilities and they reported that these facilities did not receive either guidelines. This information was communicated to the ESHE Amhara regional team for follow up.

During the July 2006 monitoring, both the IYCF and MN guidelines were **not** available at zonal, woreda and health facility levels in the four ESHE focal

clusters i.e. South Wollo, North Wollo, South Gondar and West Gojjam clusters.

In December 2005, the Oromia regional health bureau, Sr. Tarikua, the focal person for nutrition, revealed that they received 1000 and 800 copies of the IYCF and MN Guidelines in July 2004. She said that the office has distributed all the copies to the different zones including those where ESHE is operating. Only East Harargie reported that they received some copies of the MN which is also distributed to the health facility level, but have not received the IYCF Guideline. The other zones and woredas reported that they have not received neither the IYCF nor MN Guidelines. The information was communicated to the ESHE Oromia regional team for follow-up.

During the July 2006 monitoring, both the IYCF and MN guidelines were available at zonal, woreda and health facility levels in the three of the four ESHE focal clusters i.e. East Harargie, West Harargie, and East Shoa. In the North Shoa cluster, however, both guidelines were not available at all levels i.e., Zonal, Woreda and health facility.

## **VII. Conclusions**

- Knowledge of ENA-Technical among ESHE staff improved from baseline scores for the regions of Amhara and Oromia, but not in SNNP. It should be noticed that SNNP has not carried out the second ENA training.
- Knowledge of ENA–BCC among ESHE staff improved from baseline scores for Breastfeeding and Complementary Feeding in the three regions. Sharing knowledge with others by “doing” (training others) helps retain it. (We remember 20 percent of what we hear, 40 percent of what we hear and see, and 80 percent of what we hear, see and do).
- Knowledge for ENA–BCC (Breastfeeding) among MOH staff is variable and inconsistent – improving in Amhara and Oromia, and declining in SNNP. With regards to complementary feeding, MOH staff from Amhara showed a decline in knowledge while SNNPR and Oromia showed an improvement.
- When observing the negotiation with 4 health workers and 4 health extension workers, many missed some of the ALIDRAA steps: discuss and agree and agree and follow-up appointment
- Cascade trainings carried out is impressive and are completed in SNNP but not in the other regions.
- Both the IYCF and MN Guidelines have been received by the 3 regions. Almost two years after being sent to the RHBs, both guidelines are available in SNNP and Oromia, but not in Amhara region.

## **VIII. Recommendations**

- ✓ All staff needs to continue using their knowledge and also update themselves through training facilitation, particularly the MOH staff by involving them in carrying cascade trainings with ESHE staff.
- ✓ ENA-Technical needs to be carried out in each region once a year for advocacy and maintain a high level of knowledge for the ESHE staff as well as the regional and zonal MOH staff
- ✓ Supportive mentoring/supervision of ESHE and MOH staff and as well as health workers needs to be carried out regularly to refresh knowledge and maintain quality of service delivered at grass root level. Explore the possibility of more frequent smaller “on-the-job performance” trainings in IYCF.
- ✓ Follow-up of the training outcomes at different levels (health workers, health extension workers, community health promoters) needs to be carried out by ESHE staff in the future.

## Annex 1

### Monitoring tool for ENA Technical Training Course (with Answers)

#### Part I - Choose one correct answer

- Which of the following indices are used to assess malnutrition in children?
  - weight
  - height
  - weight for age
  - growth monitoring
  - all
- Which one of the following indices indicates chronic malnutrition in children?
  - MUAC
  - BMI
  - Ht/ age
  - Wt/age
  - all
- What is the best index used to assess chronic energy deficiency in non pregnant women?
  - BMI
  - Weight
  - MUAC
  - Height
  - none of the above
- What percent of Ethiopian children under the age of five are chronically malnourished?
  - 11
  - 25
  - 51
  - 30
  - 5
- What percent of Ethiopian women suffer from Chronic energy deficiency?
  - 26
  - 40
  - 11
  - 2
  - Unknown
- How much height can a young child 'lose' due to malnutrition by the age of 24 months?
  - 20 cm
  - 3 cm
  - 11 cm
  - 27 cm
  - 5 cm
- For how many months should an infant in Ethiopia be exclusively breastfed (assume women is of unknown HIV status).
  - 4 - 6 months
  - 4 months
  - 6 months
  - 3 months
  - for the first 1 month only

8. What is the infant feeding advice to give a mother with an infant <6 months who is sick?
- reduce frequency of breast feeding during illness
  - give fenugreek water
  - give drinking water
  - increase frequency of breastfeeding
  - c and d are correct
9. Breast milk volume is influenced by:
- frequency of breast feeding
  - maternal diet
  - fluid intake
  - size of the breast
  - all
10. Why should a woman empty one breast completely before giving the other?
- to satisfy the baby's nutrition demand
  - helps breast milk production to increase
  - prevents breast engorgement
  - all of the above
  - a and c only
11. What percentage of calories does breast milk provide for an infant 12-24 months of age?
- 10 - 15%
  - 5 - 10%
  - 35 - 40%
  - 80%
  - 100%
12. One of the following micronutrient is almost always deficient in complementary foods:
- Iron
  - Vit B
  - Vit C
  - calcium
  - none
13. A child should begin to eat "family food" at
- 4 months
  - 6 months
  - 24 months
  - 12 months
  - 16 months.
14. How many times a day, on average, should a child 9 - 11 months be given meals?
- 2 times
  - 1 - 2 times
  - 2 - 3 times
  - 5 times
  - none of the above

15. How many times a day on average should a child 9 - 11 months be given snacks (Mekses)
- |                       |                              |
|-----------------------|------------------------------|
| a. 2 times            | d. 5 times                   |
| <b>b. 1 - 2 times</b> | e. none of the above 2 times |
| c. 2 - 3 times        |                              |
16. What physiological condition requires the most iron?
- |                     |            |
|---------------------|------------|
| a. Lactation        | d. Infancy |
| <b>b. Pregnancy</b> | e. All     |
| c. Adolescence      |            |
17. One of the followings is not an interpersonal communication:
- health worker discussing with a mother
  - drama**
  - a mother talking to a friend
  - a health worker making home visit
  - a counseling session

**Part II - Write True or False for each of the following questions in the space provided.**

- A baby under 6 months of age needs to be given water. False
- All babies born to HIV+ women will be infected. False
- One action to prevent Vit A deficiency is to give Vit A capsule 200,000 IU during pregnancy. False
- Children 6-12 months should receive 100 000 IU of A vitamin. True
- All people living in areas with iodine deficiency soil are at risk of IDD. True
- In an area where the prevalence rate is >40%, the supplementation regime of iron/folic acid for pregnant women is 30 tablets. False
- De-worming during the last quarter of the pregnancy is dangerous. False
- Pregnant women need to increase their caloric intake more than lactating women. False
- Promoting 'breastfeeding messages' through the radio has the highest likelihood of changing breastfeeding behavior than any other communication channel. False

**Part III - Give short answers to the following questions**

27. What are the three major underlying causes of child malnutrition in Ethiopia?
- House hold food insecurity;
  - In adequate Care of mother and child;
  - Insufficient health care, environmental sanitation and hygiene
28. Name two time periods of the life cycle that we should intervene to combat malnutrition.
- Women's nutrition particularly during pregnancy;
  - Infant and young child feeding practices during the first year of life

29. Name the seven Essential Nutrition Actions.
1. Optimal breast feeding,
  2. Complementary feeding to breastfeeding,
  3. Feeding of the sick child,
  4. Women's nutrition of, VA D , IDD
  5. Control of anemia:
  6. Control of iodine deficiency disorders
30. What are the six contact points to implement ENA?
- |                  |                          |
|------------------|--------------------------|
| 1. Pregnancy;    | 5. Growth Monitoring and |
| 2. Delivery;     | Promotion;               |
| 3. Postnatal;    | 6. Sick child visit      |
| 4. Immunization; |                          |
31. Recite three or more other health programs in which ENA should be integrated.  
HIV/AIDS control programs, Therapeutic Feeding Centers, C Therapeutic Care, Malaria prevention programs, child survival, etc...
32. What percentage of MTCT transmission occurs during?
- Pregnancy: 5 -10%
  - Labour/delivery: 10 - 20 %
  - Breastfeeding for 24 months: 10 - 20%
33. What are the five feeding options for the HIV +ve mother?
- Option 1: Exclusive breast feeding
  - Option 2:Wet - Nursing
  - Option 3: Expressed Heat treated breast milk
  - Option 4: Commercial infant formula
  - Option 5: Home modified animal milk
34. What does AFASS stand for?
- |                |                 |
|----------------|-----------------|
| 1. Acceptable: | 4. Sustainable: |
| 2. Feasible:   | 5. Safe         |
| 3. Affordable: |                 |
35. What are the four strategies to control Vitamin A deficiency?
- |                        |                     |
|------------------------|---------------------|
| 1. Breastfeeding:      | 3. Supplementation: |
| 2. Food fortification: | 4. Fortification    |
36. What are the two strategies to control IDD?
1. Fortification (Universal iodization of salt):
  2. Supplementation of iodine capsules
37. What parasites can cause anemia?
1. Hookworm,
  2. Malaria,
  3. Schistosomiasis

38. What are four major strategies to control anemia?

1. Food diversification:
2. Supplementation or treatment:
3. Fortification:
4. Control of parasites

39. Name three nutrition messages/actions for pregnant women?

1. Take one more extra meal:
2. Consume variety of food sources:
3. Iron folic acid supplementation;
4. Sleep under ITN:
5. Consume iodized salt

40. Name three target groups important to recognize for Behavior Change Communication for improving breastfeeding behaviors:

1. Mother:
2. Father:
3. Grand mother:
4. Community leaders:
5. Health workers

41. What are the three main 'communication channels' used in BCC for health promotion?

1. Interpersonal:
2. Mass media:
3. Traditional

42. Give two examples of inter-personal communication.

1. Health worker discussing to the mother:
2. Mother discussing with her friend on infant feeding:
3. Group discussions:
4. Consultations

43. Cite three examples of IEC materials used for BCC to promote better IYCF.

1. Family cards:
2. Flip charts,
3. Posters

44. Define Timely Initiation of Breastfeeding Rate (TIBF)

# of infants 0 to less than 12 months put

on breast with in 1hr of delilvery x100

Total # of infants less than 12 months

45. Define Exclusive Breastfeeding Rate (EBR)

# of infants 0 to less than 6 months Ex BF x 100

Total # of infants less than 6 months

46. Define Timely Complementary Feeding Rate (TCFR)

# of infants 6 - less than 10 months breast

feeding and receiving solid/semisolid foods x 100

Total # of infants 6 - less than 10 months

**Annex 2**  
**Monitoring tool for ENA BCC Course:**  
**Module I – Optimal Breastfeeding**

#	Module I: Pre and Post Test	Yes	No
1.	It is good to put the baby on the breast immediately after birth.		
2.	In order to have enough milk a mother needs to breastfeed every 4 hours?		
3.	Does colostrum serve as the first immunization for the baby?		
4.	At 4 months does the infant need water and other drinks in addition to breastmilk?		
5.	Is telling a mother what to do the best way to improve how she feeds her child?		
6.	Is correct knowledge enough to change behaviour?		
7.	When breastfeeding, the baby's chin needs to touch the mother's breast.		
8.	A malnourished infant and young child has more episodes of diarrhea.		
9.	Vitamin A supplementation is necessary only for children under 2 years.		
10.	Breastfeeding benefits the baby, but not the mother.		
11.	When a mother is HIV-positive, there are ways to decrease HIV transmission to the baby.		
12.	When mothers think they do not have enough breastmilk, they will not be able to breastfeed their babies.		
13.	A mother can prevent sore and cracked nipples by correctly positioning and attaching her baby at the breast.		
14.	In order to produce sufficient milk a mother needs to drink a large quantity of liquids.		

**Monitoring tool for ENA BCC Course:  
Module II - Complementary Feeding and Feeding of the Sick Child**

#	Module II: Pre and Post Test	Yes	No
1.	At 4 months, should a mother begin to add foods in addition to breastmilk?		
2.	When a mother begins to give foods to a baby, she needs to start with a watery gruel.		
3.	A 6–8 month old needs to eat 2 - 3 times a day.		
4.	The mother or caregiver should talk with the child while he/she is eating.		
5.	After 6 months, it is good to only breastfeed.		
6.	Is it necessary that young children have their own plates while they are eating?		
7.	Can a breastfeeding poster alone convince someone to change infant feeding practices?		
8.	Do carrots, mangoes, papaya, and green leafy vegetables contain vitamin A?		
9.	In most complementary foods iron is almost always deficient.		
10.	Are animal products and legumes the foods that help a child grow?		
11.	Young children should be breastfed for at least 2 years.		
12.	The mother should wait until the sick child is healthy before giving him/her more foods.		
13.	Mothers do not need support from the family or the community in order to feed their children.		
14.	Should children 9–24 months old eat 5 times a day?		
15.	When a young child over 6 months has diarrhea, mother needs to increase the frequency of breastfeedings, frequency of other liquids and the frequency of foods.		

**Annexe 3**  
**Observation Checklist (ALIDRAA)**

- Greets the mother and establish confidence.
- Asks** the mother about current practices (breastfeeding/FADUA) and **Listens** to what she says.
- Identifies** key problems, if any, and selects the most important one to work on.
- Discusses** options.
- Recommends** different options and **negotiates** with mother to help select one that she can try.
- Helps the mother to **Agree** to try one of the options.
- Reminds the mother of the behaviour and help her to overcome obstacles.
- Makes an **Appointment** for the follow-up visit.

Name one or more things the agent did well:

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What do you recommend the agent work on to improve the next time (Name one important thing):

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