Case studies: Community Based Nutrition
Contribution to the Mid-Term Review of the Ethiopia Nutrition Project

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Executive Summary

The *field assessment* was intended to complement a review of routine CBN data (White JM and Mason JB, Mid-Term Evaluation of the CBN component of the Ethiopian NNP Highlights of recent findings. (November 17 2011)). Qualitative methods were used to develop six case studies in purposively selected woredas. A range of qualitative methods were used, including observations and in-depth interviews with key informants at woreda, health post, and community levels. Woredas were classified according to their demonstration of expected trends: a) improving trends in underweight; b) primarily improving trends in underweight, with some anomalies; and c) No change, deteriorating trends in underweight, or no interpretable trends[1]. Four woredas (one per region) were purposively selected from the first two groups (i.e. with improving trends), and two woredas were purposively selected from the group with little change or deteriorating trends.

Key findings and lessons learned:

CBN Materials. Salter scales and weighing baskets were widely available, and community maps and household inventories were well implemented because they happened immediately following CBN sensitization. However, shortages of GMP registers and family health cards were a barrier to effective implementation of GMP.

Training and refresher training. Initial training was implemented as planned in all woredas, but refresher training was delayed. At a minimum, VCHWs need to receive 6-monthly refresher training that was planned when they were recruited to their positions, but ideally, more frequent refresher training is needed for VCHWs/HDAs as it improves motivation and participation and improves the quality of service.

Role of VCHWs. VCHWs operating at a ratio of 1 VCHW to 30-50 households were vital to CBN because of their roles in mobilizing the community and delivering health and nutrition messages through GMP, CCs and home visits.

Participation in GMP. Caregivers who attended GMP sessions found them useful, but there needs to be more focus on increasing participation of all under-2 children in each village. To improve participation in GMP, WoHO, HEWs and VCHWs reported that the most important thing is community mobilization and health education about the benefits of GMP. VCHWs are essential to this mobilization.

Implementation of Growth Monitoring and Promotion (GMP). VCHWs were generally good at weighing children, identifying underweight children, and referral. VCHWs focused on providing counseling messages to underweight children. However, there was a lot of variation in the skills of VCHWs to facilitate the growth promotion component of GMP; there was little focus on assessing the adequacy of growth and more focus is needed on identifying potential causes of inadequate growth (e.g. using the health card to probe on recent illness or feeding practice).

[1] Mason, J., Hoblitt, A., Buback, L. Woreda-level analysis of trends from CBN data, August 2008 – March 2011, unpublished.

Because of high support from the HEWs and the woreda, VCHWs provided a lot of mobilization and promotion for environmental sanitation and hygiene, particularly through home visits.

VCHWs provided strong advice on exclusive breastfeeding and on starting complementary foods at six months of age, but other counseling was often too general to be useful to the caregiver, and was not focused on problem solving to meet the needs of the household. This affected participation, which was highly varied in the case study kebeles. HEWs and VCHWs reported struggling to adapt counseling to meet local needs. More support is needed in this area, particularly to build capacity for counseling and facilitation, such as the development of more messages and pictures to be used at local level and more practical training sessions to build confidence in facilitation.

Implementation of Community Conversations (CCs). Where CCs were happening, they were useful and well regarded, but implementation of CCs is sporadic in many places. This component of CBN has not been well supervised and often is missing in the reporting formats. The need for more training and support on problem solving and facilitation is particularly important for the success of CCs. It would be useful to provide the VCHWs and HEWs with more guidance and suggestions for topics that they could cover in CCs, as they report struggling to lead the community in the "five why's". This would reduce the repetition of the same topics in CCs, which was a complaint in some case study kebeles. The role of community leaders was highlighted as essential to ensure participation in CCs.

Supervision, on-the-job-training and review meetings. Since refresher training has been so sporadic, supervision and on-the-job training (OJT) seemed to be the most important factors in ensuring the quality of CBN. Many VCHWs reported that although they initially did not understand all components of the training, they were supported by the HEWs in GMP, CCs, and reporting. HEWs reported that because the VCHWs have low education and literacy, they need frequent training and support. This was particularly important in areas transitioning to the Health Development Army because the community workers typically have less experience and are less literate than the male community workers they replaced