

Improving Infant and Young Child Feeding Practices through the Productive Safety Net Programme, Ethiopia



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Background

- Dessie Zuria Woreda is located in South Wollo Zone, in the Amhara Region
- Stunting rate of 54%, higher than the national average of 44%
- Chronically food insecure, with about 40% of population dependant on social safety nets
- In last ten years (2000-2010), annual surveys show the prevalence of Global Acute Malnutrition reduced only once to less than 10%
- In response to repeated emergencies, underlying causes of malnutrition were investigated in June 2010



Safety Net Programme

For the past decade, the Government of Ethiopia has been implementing a Productive Safety Net Programme (PSNP) which aims to ensure food security for five million chronically food insecure people through:

- Payment for labour intensive public works
- Direct support through cash or food transfers for those unable to participate in public works

The PSNP targets the poorest households who are at the greatest risk of chronic malnutrition.

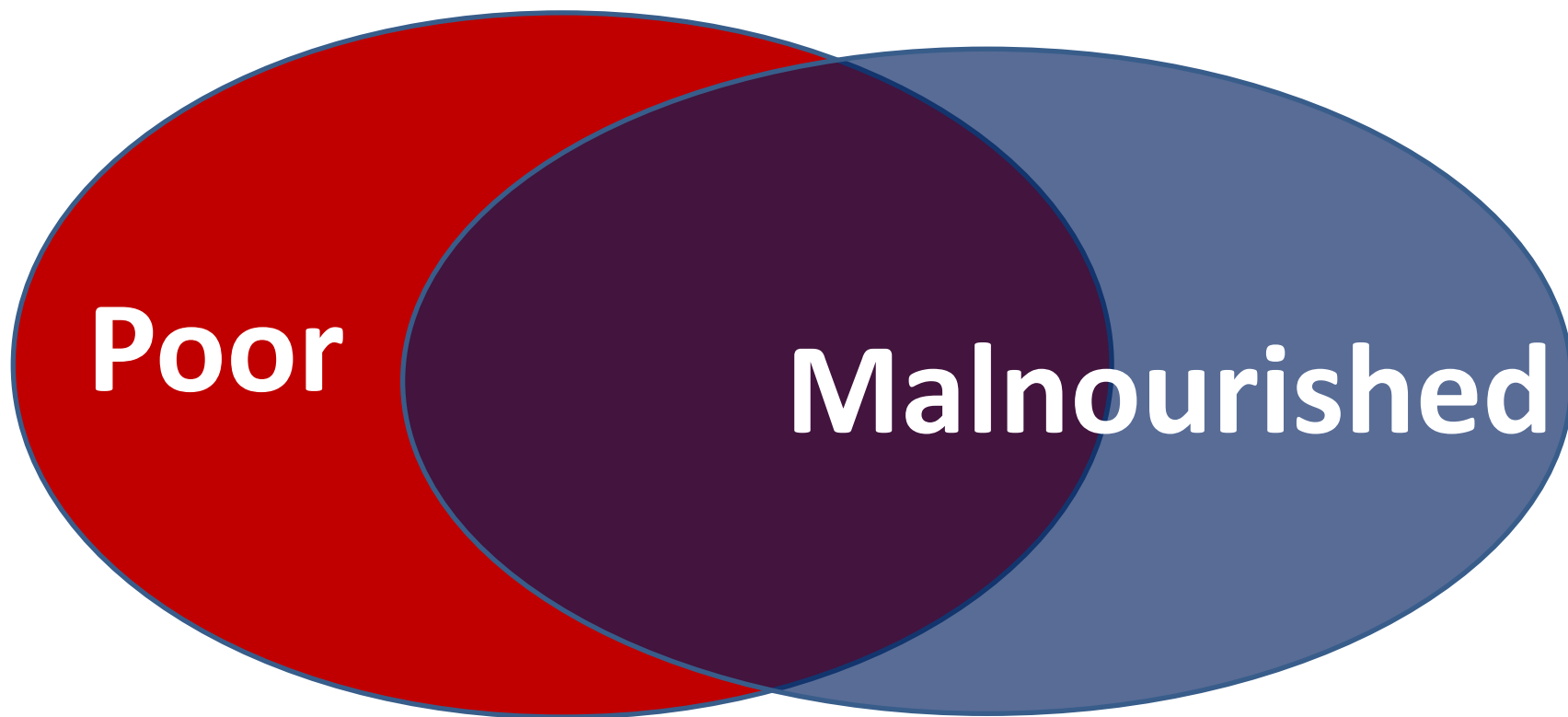
The project provided an opportunity to link two national programmes – PSNP and National Nutrition Programme (NNP)



Labour intensive public works as a part of PSNP in Ethiopia. Photo by PSNP



Rationale





Integration of IYCF into PSNP

Dessie Zuria Woreda

- Total population: 166,366 people
- PSNP beneficiaries: 73,275 (44%)
- Target area: initially 16 *kebeles* and later expanded to 31 *kebeles*
- People reached: 92,000 beneficiaries (*approx*)



Dessie Zuria is categorised by difficult topographic conditions. Photo: Charlotte



Programme Approach

Formative research: Trial for Improved Practices (TIPs) to understand barriers and motivators of putting IYCF messages into practice

Consensus and capacity building activities with multi-sectoral experts (at *woreda*, *kebele* and community levels); cascading trainings

Behaviour Change Communication and cooking demonstrations at key contact points: PSNP pay points, health centres, child health days and schools, targeting after-school environment clubs and girls clubs

Harmonised IYCF messaging and materials (field tested and used Ministry of Health approved '7 excellent actions') via group discussions, local radio, drama

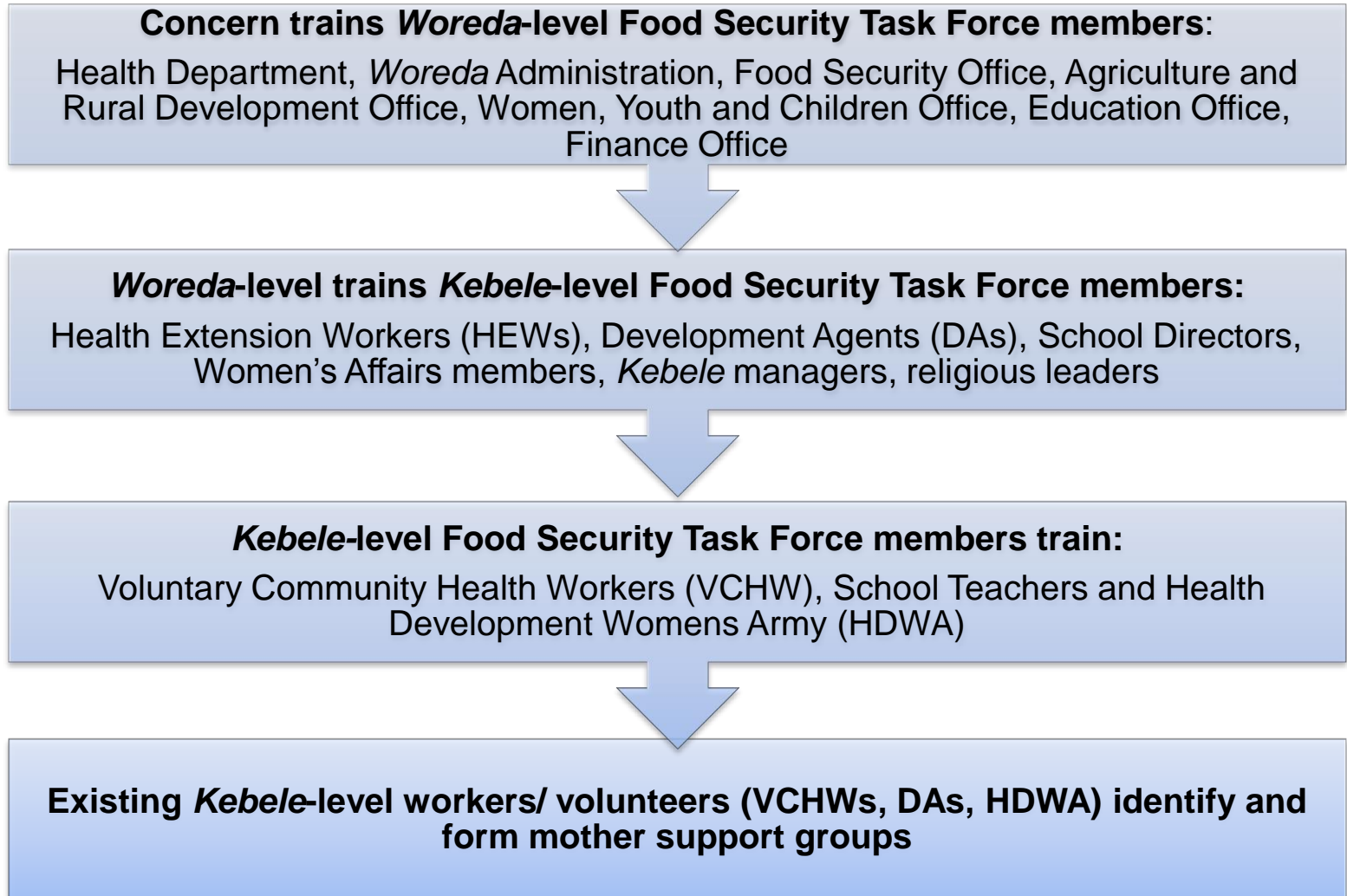
Mother to mother support groups: mothers 'graduate' to become model mothers

Promote referral to key health services: Anti-Natal Care (ANC), iron and vitamin A supplementation, child health services, including CMAM

Nutrition-sensitive policies: advocated for full maternity leave for PSNP



Programme Approach: Capacity building



Programme Approach

Additional support targeted to the worst off PSNP beneficiaries:

- Improvement of water sources (rehabilitation of springs, wells and boreholes)
- Agriculture support - vegetable seeds, roots and tubers seedlings, tools, model gardens
- Support food security through provision of small ruminants





Cooking demonstrations are conducted at PSNP payday sessions by HEWs to show how to prepare optimal complementary food for children under 2 years old. Photo by Adele Fox



Results: Improvements in IYCF behaviour

<i>Key IYCF Practice</i>	<i>Baseline (Nov 2010)</i>	<i>End line (Jun 2012)</i>
Early Initiation of breastfeeding: Proportion of infants born in the last 24 months who were put to the breast within one hour of birth	25.8%	75%
Exclusive breastfeeding: Infants aged 0-5 months who are fed exclusively with breast milk	36%	91%
Minimum dietary diversity: Children aged 6–24 months who receive foods from four or more food groups	13%	36%
Meal frequency: Children aged 6–24 months who receive/are fed the minimum recommended number of meals per day	58%	74%



Results: Improvements in IYCF behaviour (contd.)

Key IYCF Practices	<i>Baseline (Nov 2010)</i>	<i>End line (Jun 2012)</i>
Minimum acceptable diet: Children aged 6–23 months who receive minimum acceptable dietary diversity and frequency of meals	10%	33%
Consumption of iron rich foods: Proportion of children aged 0-23 months who receive iron-rich food or iron fortified food specially for infant and young children, or food that is fortified at home	4%	6.4%
Introduction of solid, semi-solid or soft foods: Proportion of infants aged 6-8 months who receive solid, semi-solid or soft foods	64%	70%
Stunting: Proportion of children aged 6-23 months who are chronically malnourished	53.8%	46.1%



Results: Tools developed

Behavioural Change Communication Tools developed and field tested:

- Counselling messages developed and field tested, based on Alive and Thrive 7 Excellent Actions materials
- IYCF/PSNP training manual developed
- Smart and Strong School card with IYCF messages
- Joint Supportive Supervision tools for Woreda Health Office
- Capacity Building tools for School Directors



Challenges

- Conflicting priorities of Health Extension Workers(HEWs) and Development Agents(DAs) prevented some activities being accomplished
- Irregular frequency and distribution of safety net schedules of cash and food payment
- Showing measurable impact within two years, especially for food diversity indicator and stunting indicator is difficult in areas of chronic food insecurity



*Dissemination of IYCF messages during pay day sessions.
Photo: Gashaw*



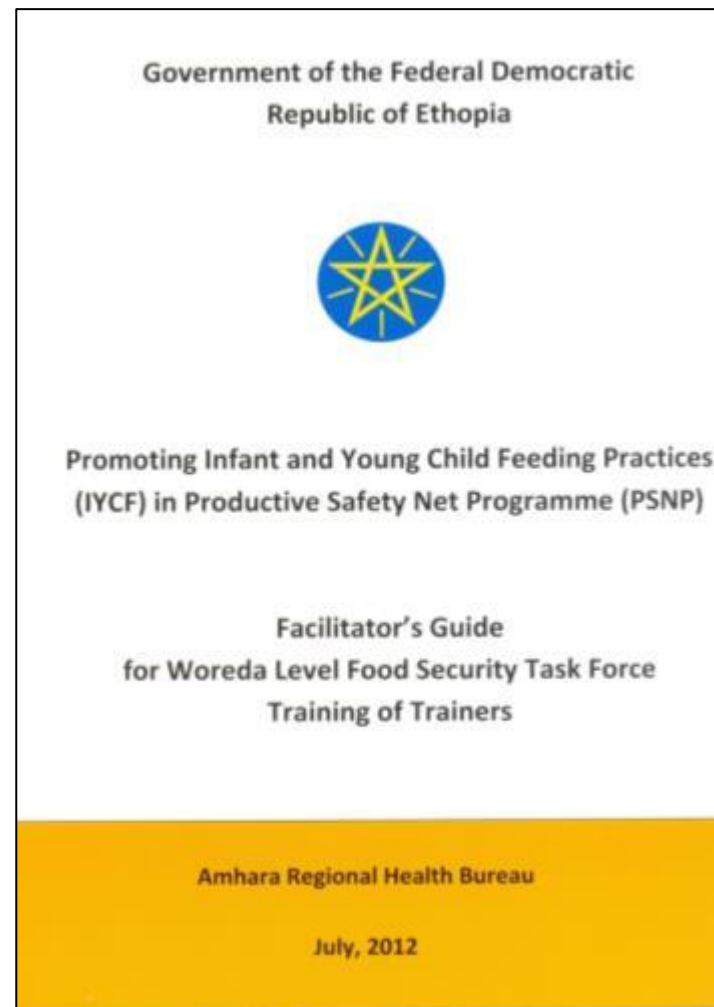
Lessons Learnt

- **Use of existing institutional coordination mechanisms** and administrative arrangements helped in creating ownership and sustainability
- Ensuring **multi-sectoral approach** to maximise linkages between nutrition and other sectors such as agriculture, health, gender and water & sanitation - among the other areas
- Started out focusing on PSNP beneficiaries at *kebele* level but **broadened community activities** to all households, as this was considered more **efficient**
- **Behaviour change without input doesn't work**: growing diverse crop was a key factor enabling households to act on behaviour change messages
- **Messages about diet and recipes** which were correlated with types of food grown
- **Local level is easier for multi-sectoral collaboration** as linkages are obvious because different sectors overlap in the same household and person!
- Model families and women's support groups used a kind of "positive deviance" approach to **promote effective, feasible and do-able actions**



Way forward

- Initial results have received positive feedback from the Federal Ministry of Health, Ministry of Agriculture and other development partners
- Concern is expanding the approach to an additional four areas (in different contexts) to assess its feasibility
- Explore possibilities for piloting additional components, particularly more agricultural **support and provision of micronutrient powder sachets and fresh food vouchers** to allow caregivers to act on the behavioural change communication messages





Graduating Model Families showing their certificates.

Photo: Gashaw

Thank you for listening