Community Based

Community-Based Nutrition (CBN)

Goal
Support the national efforts to reduce stunting from 44% (EDHS 2011) to 30% by 2015 (NNP target) through implementing high impact multi sectoral nutrition interventions.

Guiding principles

a. Follow the nutrition outcome identified from UNICEF’s strategic plan for 2014-2017 (Improved and equitable use of nutritional support and improved nutrition and care practices)

b. Support strategic objectives of the revised NNP 2013-2015
   • Strategic Objective 1: Improve the nutritional status of women (15–49 years) and adolescents (10–19 years)
   • Strategic Objective 2: Improve the nutritional status of infants, young children and children under 5
   • Strategic Objective 4: Strengthen implementation of nutrition sensitive interventions across sectors
   • Strategic Objective 5: Improve multi-sectoral coordination and capacity to ensure NNP implementation

Key components for UNICEF supported CBN

• Support nutrition specific interventions (all life cycles)
• Support nutrition sensitive interventions and multi-sectoral linkages (Agriculture, Education and social protection, etc)
• Micronutrients and preventive nutrition interventions in Developing Regional States

CBN Implementation

The Community Based Nutrition Programme (CBN) is one of the key components of the Ethiopian NNP. It was initiated in 2008 in 39 woredas (districts). Currently, the CBN programme is implemented in 326 districts of Ethiopia, reaching 900,000 children under 2 years of age whose growth is monitored monthly. It is envisaged that by the end of 2014 the programme will expand to a total of 447 woredas in six selected regions including, four regions with the highest stunting rates in Ethiopia with support from UNICEF and development partners.

Figure 1: Underweight status in CBN Districts among the children participating in Growth Monitoring Programme (GMP) July 2012 to June 2013
As part of the CBN package, UNICEF is supporting the roll-out of CBN to improve infant and young child feeding practices at scale. The basic principle is to make nutrition a priority agenda for families and communities and influence sustainable behavioural changes in child care practices and health-seeking behaviours. The model includes two main interventions conducted by the health extension workers. The first is monthly Growth Monitoring and Promotion of all children under 2 years, the most vulnerable period for child malnutrition, together with counselling for caregivers. The second component focuses on establishing regular community dialogue to engage community members in assessing the overall children malnutrition in their community to understand the barriers and potential supports for improved nutrition develop consensus and plans of action to make a difference.

CBN midterm evaluation results of the woredas in 2009-2010 revealed substantial changes in Infant and Young Child Feeding (IYCF) practices. Exclusive breastfeeding under six months, already high, increased to nearly 90%. Dietary diversity at 6-23 months increased significantly, as did the minimal acceptable diet at this age – reaching around 40-50%. As further examples, the practices of providing less food during diarrhoea, and eating less during pregnancy, were significantly reduced. Maternal use of antenatal care increased, and women taking iron folate supplements during pregnancy increased from 30 to 50%. Deworming during pregnancy however remained low at around 10%. Based on the administrative report, underweight rate is continuously declining among children under the age of 2 years in CBN implementing woredas (Figure below).

Figure 1: Underweight status in CBN Districts among the children participating in Growth Monitoring Programme (GMP) July 2012 to June 2013
that were not adequately addressed previously focusing on the Lifecycle approach and nutrition sensitive interventions (see table below)

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<tr>
<th>Activity Component</th>
<th>Interventions</th>
<th>Implementation Strategy</th>
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<td><strong>Nutrition Specific Interventions</strong></td>
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| **Adolescents:** | 1. SBCC and counseling services for adolescents at community, school and health facility levels.  
2. Provide school based biannual de-worming.  
3. Conduct Behaviour Change Communication to prevent nutrition related harmful traditional practices (delay early marriage till age 18; Promote shift of social norms on food taboos preventing adequate nutrition for adolescent girls).  
4. Promote girls’ education. | Use all contacts between Health Extension Workers (HEW) and mothers (ANC visit, Delivery, postnatal care visit, EPI, sick and well-baby visits, etc) for nutritional counseling on maternal, infant and Young child nutrition |
| **Children 6-23 months:** | 1. Promote, support and protect optimal breastfeeding practices for infants 0–6 months at community and facility level (CBN; establish and support baby friendly health facilities initiative and Enforce Code of Marketing for Breast Milk Substitutes)  
2. Promote, support and create access to appropriate complementary feeding for children 6–23 months old  
3. Integrate Early Childhood Care and Development (ECCD) with existing community and facility based child nutrition programs  
4. Promote appropriate dietary practices at all age groups | Mobilize children under 2 years and their mothers/care takers for monthly Growth Monitoring Programme and counseling |
| **Pregnant and Lactating Women (PLW):** | 1. Provide comprehensive and routine nutritional assessment, counseling and support services  
2. Ensure that pregnant and lactating women have access to micronutrient services  
3. Promote increased engagement of husbands and other household members in playing key roles in providing continuous care for pregnant and lactating women.  
4. Promote shifts of social norms on food taboos preventing adequate nutrition for PLWS | Partnership with other UN agencies, NGOs and training institutions |
### Agriculture:

1. Mainstream nutrition interventions into agricultural policies and investment plans.
2. Support agriculture research centers to develop seeds, roots of high nutritional value.
3. Improve the consumption of diversified diet at household level (fruit, vegetables, nutritious roots, cereals and pulses).
4. Improve access to and utilization of animal source foods.
5. Promote appropriate technologies for food production and processing through handling, preparation and preservation for food diversification to ensure nutritious food utilization.
6. Support local complementary food production and create economic opportunities for women through development groups and cooperatives.

### Education:

1. Promote key nutrition actions through teachers, parent-teacher associations (PTAs) and school clubs.
2. Encourage schools to promote and transfer sustainable and replicable school gardening models at community level.
3. Facilitate targeted micronutrient distribution, such as provision of de-worming tablets, at school.
4. Promote the use of iodized salt at household level through school children.
5. Incorporate nutrition into school curricula at primary and secondary levels, Technical and Vocational Education and Training (TVETs) and higher learning institutions.
### Social protection and others:

1. Promote the implementation of gender-sensitive social safety net programmes and other social protection instruments to protect vulnerable groups from food insecurity and under-nutrition
2. Promote appropriately integration of nutrition practices with social safety net programs to improve the nutritional status of women and children.
3. Promote the provision of credits, grants, microfinance services and other income generating initiatives to support vulnerable groups, with primary focus on unemployed women, to increase access to nutritious foods

### Micronutrient deficiency Control and preventive nutrition interventions in DRS

1. Prevent and control anemia through iron folic acid supplementation to all pregnant women
2. Promote the use of iodized salt by all age group at household level.
3. Support micronutrient fortification programs USI and multiple micronutrient fortification) and promote the use of fortified foods.
4. Support the National Micronutrient survey

### Preventive nutrition interventions in DRS:

1. Conduct operational research to design appropriate strategy on nutrition for pastoralist communities
2. Support implementation of IYCF in DRS regions and Woredas

### Through health extension program

- Universal Salt Iodization (USI) partnership forum
- Partnership with Ethiopian Health and Nutrition Research Institute (EHNRI)
- Partnership with other NGOs

### Build the capacity of health sector staff on IYCF

- Establishing mother to mother support group
- Partnership with EHNRI
- Partnership with other NGOs

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**Partnership with other UN agencies and NGOs**