



FEED ^{THE} FUTURE

The U.S. Government's Global Hunger & Food Security Initiative



PROJECT BRIEF

THE FAMILY HEALTH APPROACH

Tackling Behavioural Drivers of Malnutrition in Oromia, Somali & South Ethiopia with a community centered SBC approach



BRIEF BACKGROUND

With support from USAID Ethiopia, and in partnership with Global Communities and International Development Enterprise (iDE), GOAL is co-implementing a five-year activity targeting pastoral and agropastoral communities in Southern Ethiopia. The purpose of Resilience in Pastoral Areas (RiPA) is to improve resilience through improved food security and inclusive economic growth. GOAL uses a community-centered Family Health Approach (FHA) that integrates nutrition-sensitive activities across the RiPA project to build the aptitude of households on health, water, sanitation and hygiene (WASH) and nutritional care practices.

ACCORDING TO EDHS 2019 NUTRITIONAL STATISTICS:

37% of children under the age of five years **are stunted and 7% are wasted.**

1% of children are severely wasted, and these children are nine times more likely to die than a well malnourished child.

25% of illnesses suffered by children was attributed to wasting.

21% of woman of reproductive age are undernourished leading to still birth, low birth weights and developmental delays.

7% of Ethiopian Children aged 6-23 months receive a minimum acceptable diet.

SEPTEMBER-2020 KAPB SURVEY AND FORMATIVE RESEARCH:

3.1% of children 6-23 months are receiving a minimum acceptable diet.

7.5% of women of reproductive age are consuming a varied diet.

16.4% of caretakers of children continued breastfeeding beyond 24 months.

BARRIERS TO ADOPTING NUTRITION POSITIVE CARE PRACTICES WERE:

Knowledge gaps on key health nutrition and hygiene behaviors.

Social norms: Children aged 0-5 months receiving livestock milk instead of being exclusively breastfed.

Household decision making: Lack of support from husbands on increasing the variety of food being bought for the household.

FAMILY HEALTH APPROACH

A community centered SBCC strategy that targeted multiple members of the household, woman, (mothers and grandmothers) men, and primary school children coupled with mass media messaging supporting families and creating linkages across RIPA for nutritional and WASH products.

Family Health Groups are at the center of the approach based on GOAL's SBCC model of building the aptitude of the community by increasing their knowledge (functional aptitude), skills (interactive aptitude) self-efficacy (critical aptitude).

The FHA approach utilizes a six-session module which focus on key Maternal Health & Nutrition and hygiene behaviours, including cooking with local produce, importance of kitchen gardens, handwashing, and the importance of maternal health.





A CARE GROUP MOTHER (CGM)

is chosen from a neighbourhood of 10-15 houses to participate in two sessions per month and communicate back the knowledge and skills to their neighborhood group to facilitate discussion on barriers and enablers that influence the adoption of the given behavior.



MEN'S HEALTH GROUPS (MHGs)

composed of the husbands of pregnant and lactating mothers and other influential leaders in the community meet once a month to discuss the information from the CGM sessions.



GRANDMOTHER GROUPS (GMGs)

composed of grandmothers, former traditional birth attendants and other respected woman elders meet once a month to discuss the information from the CGM sessions.

THESE THREE-PEER GROUPS MEET ONCE A QUARTER TO PLAN AND DISCUSS THE ACTIONS THE COMMUNITY NEEDS TO TAKE.



SCHOOL HEALTH & NUTRITION CLUBS

approach school children aged 10-18yrs to provide them with health & nutrition information and skills on how to share the information to other school children who in turn reach out to peers, friends, and family members.



RADIO & MASS MEDIA

messages create a local conversation on health & nutritional care behaviours. Health and nutritional messages are aired 3 times a week on local radio, and videos are played in health centres.

KEY ACHEIVEMENTS TO DATE

In 16 woredas, in 5 zones of Oromia, Somali and South Ethiopia.

900

Family Health Groups established:
300 Care Group Mothers
300 Male Health Groups
300 Grandmother Groups

13,500

Registered members:
9,000 Women
4,500 Men

75,870

Neighbours received messages from CGM

16

School Health & Nutrition Clubs established

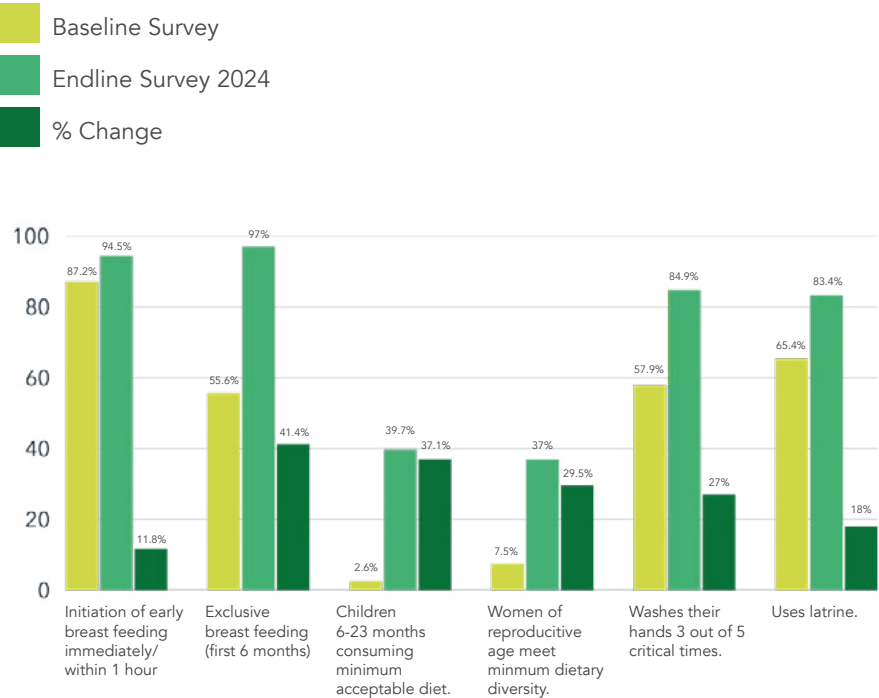
7,025

Peer promoters



KEY ACHEIVEMENTS TO DATE

MAIN BEHAVIOURAL HOUSEHOLD CHANGES



ATTITUDINAL CHANGE

Strengthening social cohesion among group members with:

77% of people citing that the inclusion of all family members and neighbours makes household decisions more equal.

Causing a change in child feeding practices with:

70% of people report a change in how families feed their children.
65% of families buy different foods for diversification.

Creating an enabling environment for change in practice with:

70% of people stating there is an increase in women attending antenatal care.

ALIYOW MOGA'S STORY

Mr. Aliyow Moga, a married father of four children, has been a member of the FHA group (MHG) from Laga Sure Kebele, Moyale Woredal for the past 2 years. Speaking on his past misconceptions about nutrition Mr. Aliyow explains, "Previously, I didn't understand the importance of different foods during pregnancy and lactation. I did not even know how to properly feed my children. My family relied solely on thick porridge (locally called Boshe) made from maize flour throughout the year, believing it was sufficient for our nutrition. We lacked a culture of consuming vegetables and fruits. As a result, my wife often fell ill during pregnancy, and she struggled with household responsibilities. Our approach to healthcare was poor, and my children frequently got sick, which forced me to spend a significant portion of my limited budget on traditional medicine."

Through the sessions, Mr. Aliyow became more familiar with key health and nutrition practices and he notes that before the sessions he believed that milk was sufficient for children up to two years old and therefore saw no need for supplementary foods. He had no knowledge about the importance of a diversified diet, especially regarding vegetables and fruits. He admitted that he did not support his wife in feeding their baby and was unhelpful during her pregnancy.



Mr. Aliyow continues, "However, after attending the FHA session, I began planting various vegetables and fruits in my garden. This allows my family and I to easily access the necessary vegetables from our compound. We have started mixing cabbage and carrots into our maize porridge, which helps my children to become strong and healthy."

"I also dedicate time to activities that generate additional income. My wife is receiving antenatal care at a health facility, and we have established a routine where all family members wash their hands after using the toilet."

"I now assist my wife with feeding our children. FHA sessions have helped me change my family's living situation, and I continue to share the knowledge I have gained with other members of our community."



KEY FINDINGS

Providing knowledge, building skills and creating a safe space for families and community members to discuss sensitive gender issues creates an enabling environment, allowing families to adopt practices for improved health & nutritional outcomes.

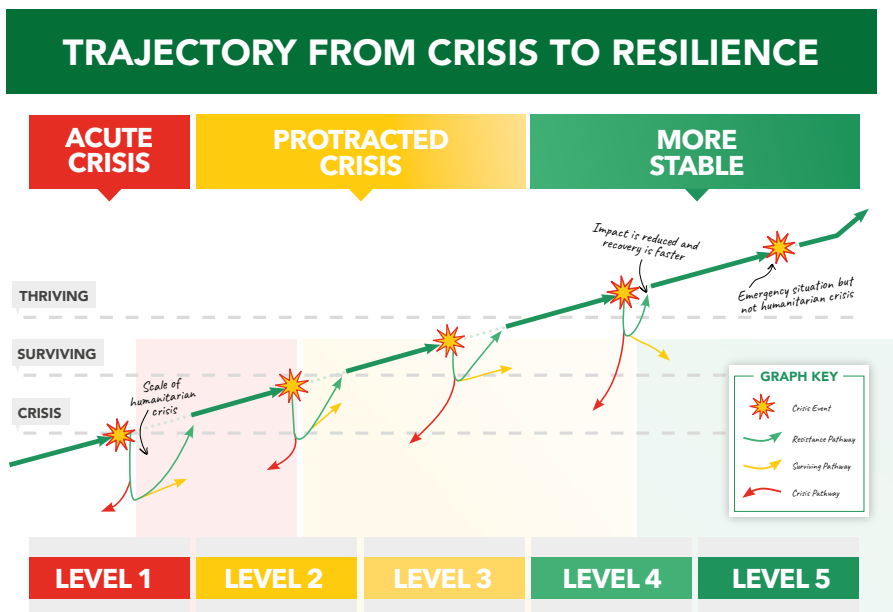
The inclusion of men in health and nutritional education programmes **is essential for households** to be able to adopt positive health seeking behaviours.

SBCC that increases the aptitude of families can positively change social and gender norms.

Kitchen garden offers a simple but powerful way to support households to access a more diverse diet all year round.

By tracking behavioural determinants related to the underlying causes of malnutrition, this **Community Centred SBC approach has the potential to enhance food and nutrition security on a broader scale.**

GOAL's new strategic intent: from Crisis to Resilience, providing life-saving emergency assistance and building resilience by stabilizing and strengthening systems.



REFERENCES/CITATIONS:

¹ Mini Ethiopian Demographic and Health Survey, 2019

² Ethiopian Demographic and Health Survey, 2016

³ Multi-Sectoral Nutrition Strategy; Technical Guidance Brief, USAID, 2014–2025

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