



# Growing Nutrition for Mothers and Children (GROW)

## Project Brief

### About GROW

Malnutrition ranks among the top health problems affecting the population of Ethiopia in general, women and children in particular. Although rates of malnutrition have declined in recent years, they remain exceedingly high among children under 5. According to the 2016 Demographic Health Survey, 38% of Ethiopian children were experiencing chronic malnutrition (stunting), 10% had acute malnutrition (wasting), and 24% were underweight. Underlying causes of malnutrition in Ethiopia include: lack of access to sufficient and nutritious food; limited knowledge of nutrition; and lack of basic health, water, and sanitation services. GROW was designed to address each of these issues, taking an integrated and gender-transformative approach.

### Key Interventions and Activities

#### *Training and Equipping Health Workers*

Through GROW, health extension workers received training on adolescent, maternal, infant, and young child nutrition to enhance their existing knowledge and skills. Trainers took a multi-sectoral approach and highlighted the role of gender norms in child feeding practices, emphasizing the benefits of male participation in childcare and food preparation. Other government staff members and community leaders were also trained to be nutrition educators.

#### *Educating Parents and Promoting Access to Healthy Foods*

Once trained, health extension workers led community education sessions, teaching people about the nutritional needs of women of reproductive age and those who are pregnant or lactating. They also conducted cooking demonstrations and encouraged families to try new, more nutritious foods. GROW worked to increase the availability of nutritious foods by engaging participants in the production of vegetables and fruits through the introduction of home garden technology and by providing livelihood support, like goats, to increase meat and dairy consumption.

#### *Improve Water, Hygiene, and Sanitation*

GROW also worked to facilitate access to clean drinking water and hygiene facilities through the construction or rehabilitation of water points/wells, hand-washing stations, and latrines. Community groups also learned to assess, monitor, maintain, and repair these facilities, and what hygienic behaviors are most critical to keep themselves and their families healthy.

#### *Promote Gender Equality*

Women in Ethiopia are primarily responsible for the care and feeding of their families, but they generally lack control over financial resources and have limited authority to make healthcare decisions. CARE worked to transform gender norms adversely affecting the health and nutrition outcomes of women and children through community dialogue sessions and supported service providers to ensure accountability and gender sensitivity in their work.



**Project Name:** Growing Nutrition for Mothers and Children (GROW)

**Country:** Ethiopia

**Objective:** To improve the nutritional status of women of reproductive age and children under 5 in target areas

**Timeframe:** January 2016-March 2020

**Budget:** 21.4 million CAD

**Donor:** Government of Canada

**Partners:** Cuso International, McGill University, and the Government of Ethiopia

**Participants:** Women of reproductive age (15-49), and their children (under 5), families, communities, and health workers in Afar and Oromia regions

**Notable Results:**

- Exclusively breastfed infants increased from **56% to 76%**
- Infants aged 6-23 months receiving **minimum dietary diversity** increased from **26% to 47%**
- Women increased regular consumption of **4+ food groups** from **30% to 57%**
- Households consuming self-produced foods grew from **67% to 84%**

*“Mothers are not only feeding children milk alone, but they have learned when to introduce soft solid foods to boost nutrition at the appropriate months... We can clearly see a big positive change at the different levels.”*

*- GROW key informant interviewee*

**Mother-to-Mother and Father-to-Father Groups**

CARE used the existing Ethiopian development army structure to create mother-to-mother (M2M) and father-to-father (F2F) groups. These groups met regularly to discuss issues and best practices related to infant, child, adolescent, and maternal nutrition and health. Health extension workers, agriculture extension workers, and development army leaders led and supported these discussions, and participants were encouraged to put their knowledge into practice by planning community actions to improve dietary diversity and child feeding.

**Key Achievements**

CARE's evaluation noted significant improvements between GROW's baseline and endline assessments. Exclusive breastfeeding of infants up to six months of age increased, and parents began feeding their children more often and integrating more diverse foods into their diets once they were older, including goat milk, fruits, and vegetables from their backyard gardens. As a result, childhood stunting decreased. Dietary diversity among women who participated in the project also improved. Incidence of diarrhea and waterborne disease among children decreased as households obtained increased access to latrines and water points.

After the project ended, GROW participants demonstrated understanding of the importance of eating a balanced and diverse diet, exclusive breastfeeding and complementary feeding of infants and young children, receiving antenatal/postnatal healthcare, and giving birth in health facilities. Many also noted that they no longer believed in prevailing myths that prevent pregnant women and adolescents from consuming certain nutritious foods for fear they could increase sexual desire or make childbirth more difficult.

Some men who participated in GROW activities started taking on new household responsibilities (especially when their partners were away, pregnant, or breastfeeding), creating more balance in the gendered division of labor. They also became more comfortable discussing nutrition and accompanying their children and wives to growth monitoring and promotion sessions, which rarely happened before the program. Joint decision-making and women's confidence in negotiating with their partners also seemed to improve between baseline and endline.

GROW made important contributions to improving the overall health and nutritional status of participants. Women who joined Village Savings and Loan Associations formed through the project, where participants learned personal financial management and entrepreneurial skills, also reported economic benefits. The lessons learned through this project will be shared and integrated into future CARE nutrition and health programming.

To learn more about GROW, visit:

<https://care.ca/projects/grow-growing-nutrition-for-mothers-and-children/>