



## Behavioural assessment on Mother-to-Mother Support Groups ‘adoption of community Essential Nutrition Actions

The Resilience in Pastoral Areas (RIPA – North)’s multisectoral program intends to improve the nutritional status of pastoralist households, through an institutional and community systems strengthening approach. Implementation of community level nutrition core groups systems, including Mother to Mother Support Groups (MtMSGs) Male Champion Groups (MCG) and School Health Club (SHC) that create an enabling peer to peer safe space to learn and support each other.

The nutrition core group model focuses on key Essential Nutrition Actions (ENAs) for the mother-child pair within the first 1,000 days (period from conception until child’s second birthday). The intervention promotes nutrition through the life cycle” approach, addressing women’s nutrition during pregnancy and lactation, optimal infant and young children feeding (IYCF) (breastfeeding and complementary feeding), nutritional care of sick and malnourished children (micronutrient supplementation consumption of nutrient dense foods, all contributing to the body, brain and immune system for the child and the mother’s well-being.

The MtMSG members ‘completed biweekly sessions as per the RIPA MtMSG guiding manual and should graduate from this phase 1 into phase 2 where they cooperate savings where members will form VSLAs (Village Savings and Loan Associations) and will be encouraged to engage in income generating activities including continued nutrition sessions monthly or quarterly.

RIPA commissioned a graduation analysis survey aiming to evaluate the level of knowledge, adopted practice because of their engagement in RIPA core groups, and their willingness or commitment to sustain the practices adopted after completing their dialogue topics against the intended essential nutrition actions.

*This evaluation brief outlines key findings of the analysis, lessons learned and recommendations. The brief describes the exhibited success and factors in terms of expected level of attitudes and practices towards pregnant and lactating women (PLW) and infant nutrition and hygiene. Furthermore, the analysis shows the maturity status of the groups and signifies the sustainability of the adopted practices, as indicators were overall positive.*

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## CONTEXT

Food security and nutrition is closely tied to livelihood opportunities, income, availability (production), access (market supply,) and consumption (knowledge & practice). The core underlying causes of malnutrition in the lowlands of Ethiopia, are both multi-dimensional and multi-sectoral and require nutrition specific<sup>1</sup> and nutrition sensitive<sup>2</sup> approaches. In Ethiopia, malnutrition is high, and affects women and children the most; 37% of children under 5 are considered short for their age or stunted, and 12% are severely stunted. Children aged 24-35 months have the highest proportion of stunting (48%). The key challenge addressed by MtMSGs is the inequitable access, lack of availability and correct utilization of diversified, nutrient dense foods. This problem particularly impacts children under two, adolescents and women of reproductive age.

Production to consumption pathways remain limited and the full impact unrealized because potential has not been fully harnessed. Low household production and the predominance of rain-fed production systems and irregular rainfall patterns /droughts means availability of diverse foods remain seasonal and market dependant, causing price spikes resulting in items becoming unaffordable. Food and nutrition insecurity is further exacerbated by Ethiopia's high post-harvest losses estimated at 25% for cereals and as high as 40% for fruits and vegetables due to lack of appropriate preservation and processing technologies. However, opportunities for households to engage in home gardening and using preservation and storage techniques to reduce postharvest loss and ensure year-round availability ultimately de-sonalises food availability thereby diversifying food availability for improved household consumption.

Traditionally, pastoral and agro pastoral diets are characterized by high Animal Source foods and much less on fruits and vegetables. The pastoral lifestyle favors consuming dairy products, however, due to small heard sizes and limited access to quality forage and water, production potential is not fully reached. Furthermore, poor dietary diversity and vitamin deficiency are common on account of the high value of milk and meats that causes household to sell animal sourced proteins to purchase more 'filling' grains such as wheat and sorghum. Pregnant and lactating women and children under five are often vulnerable to malnutrition. During periods of shocks like drought, these vulnerable groups often resort to negative coping mechanism which include reducing variety of food groups, consumption of less nutrient dense foods, meal size and frequency reduction.

Furthermore, sanitation and hygiene are fundamental elements of food security and nutrition, as poor sanitation and hygiene-practices are underlying factors contributing to malnutrition. Water security also exacerbates poor practice thereby predisposing households to diarrheal disease. Disease-related malnutrition drives a vicious cycle of disease straining household finances and their ability to participate in livelihoods and aggravating basic income security. Harmful gender dynamics and food taboos embedded in pastoral sociocultural beliefs and practices further exposes the mother child pair to malnutrition.

## LEARNING INTENT

The MtMSG members 'completed biweekly sessions as per the RIPA MtMSG guiding manual and should graduate from this phase 1 into phase 2 where they in cooperate savings where members will form VSLAs (Village Savings and Loan Associations) and will be encouraged to engage in income generating activities including continued nutrition sessions monthly or quarterly. Graduates are also envisioned to become key actors in disseminating early warnings/ key climate information and remain key aggregators of essential production to business networks (e.g., milk to mini collectors).

RIPA commissioned a graduation analysis survey aimed to evaluate the level of knowledge, adopted practice as a result of their engagement in RIPA core groups, and their willingness or commitment to sustain the practices adopted after completing their dialogue topics against the intended essential nutrition actions.

## METHODOLOGY

### *The key learning Questions for the behavioral assessment:*

- › Do core group members who are ready for graduation from MtMSG have adequate knowledge on the key optimal nutrition practices (if they responded to more than 75 of the questions correctly)
- › Did the graduating core group members practice the key expected behaviors?
- › Do core group members have positive attitude towards optimal nutrition behaviors?
- › Are the core group members willing or committed enough to sustain the current practices?

The survey was conducted in July of 2023 by hired enumerator who were internally the trained by Mercy Corps. The assessment was undertaken across the three operational regions and was composed of 4 sections: 0-5 months, 6-23 months, Pregnant and lactating women (PLW) and general households. Multistage sampling was used, RIPA used cluster sampling to distinguish geographical areas. Geographical areas were then divided by integration of interventions and performance to ensure the random selection represented a fair sample. The randomly selected sample size was a total of 752 respondents across the three regions with Oromia (339), Somali (157), and Afar (256). Respondents were made up of MtMSG members who were pregnant women or mothers with young children under 5 years. The survey questionnaire included both closed and open-ended questions collected on ONA electronic system.

Once data was collected, the CLA team in collaboration with Nutrition technical team, identified key priorities and thresholds that aligned with the intended outcomes of the intervention. Thematic areas of successes, significant improvement and unintended results have therefore been highlighted in this report. The outcomes have been presented in terms of the knowledge acquired, implemented practices and willingness to maintain practices. Results were compared across regions and at woreda levels, to identify variations and provide context specific recommendations based on geography; status of market system; available government structures and agro ecology.

### **Introduction to the intervention**

MtMSGs contribute to increasing awareness and building local capacity to improve nutrition status of targeted households. Participants have gained better skills and knowledge on dietary diversity, complementary feeding, sanitation/hygiene practices, proper breastfeeding practice, family planning and maternal health services, the essential micronutrients requirements during pregnancy and early childhood, home gardening and household resource management. This knowledge and practice on these areas improves the health of PLW (pregnant and lactating women) and thus their children allowing for proper physical growth and cognitive development.

### **Summary sentences**

1. The MtMSG promotes peer to peer education, individual counseling at health facilities, cooking demonstrations, community conversations, teaching via edutainment, nutrition promotion campaigns, Social Analysis and Action (SAA), and sanitation and hygiene promotion campaigns.
2. The groups meet regularly to discuss/address key identified thematic areas included in their manuals, including breastfeeding, childcare practices, and mutual support.
3. The intervention identifies diverse and nutrient diets as crucial, particularly for PLW and through to a child's second birthday.
4. The intervention seeks to have long-lasting effects, as graduating women are assumed to become models within their community who continue to educate and support other women. Core group members graduated from the first phase will be transitioned to the second phase where they will be engaged in VSLA, other income generating activities and will meet once in a quarter to sustain the adopted practices.



### Three data points to highlight:

Since the KAP (Knowledge, Attitude and Practice) survey was conducted in 2021, there are some stand out changes across all indicators:

**96.3%**  
of MtMSGs members agree that initiation of breastfeeding should be done within first 1 hour of birth (illustrating an increase from 73.5%)

**95.9%**  
of MtMSGs members agree that the yellowish milk which comes soon after pregnancy (colostrum) is good for the child and should not be thrown away (demonstrating a 23% increase)

**94.5%**  
of MtMSGs members ate more diversified foods types than the usual during their most recent pregnancy and lactating period. This is a significant improvement compared to the 2021 where less than 33% of women received minimum acceptable diet during pregnancy.

## Summary Of Key Findings

RIPA works through and with formal and informal governance systems and institutions across target woredas. Interventions aim to strengthen community capacity to work collectively and with local governance bodies, building stronger community structures and groups to provide collective support and action. Additionally, this approach identifies and demands the need for services, especially for vulnerable groups like women and girls.

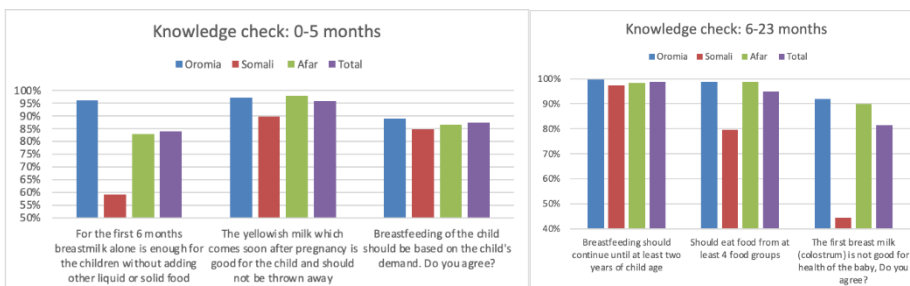
In alignment with Mercy Corps’ governance approach, core support groups including MtMSG offer opportunities for empowerment, engagement, community level relationship building and trust. Component 4 supports governance structures to provide specific services in AMIYCN, SBCC (demonstration, community conversation, teaching via edutainments) and nutrition sensitive agriculture, through partnerships with government bodies. RIPA has conducted training-of-trainers for government staff at the region or zone level, cascading those trainings to woreda level staff, and then to health workers and extension workers to support core group activities. Health extension workers engage with vulnerable community members and transfer training to the household level through MtMSGs and other core groups.

The MtMSGs graduation analysis exhibited success concerning the expected level of attitudes and practices towards PLW and infant nutrition and hygiene. Furthermore, the analysis shows the maturity status of the groups and signifies the sustainability of the adopted practices, as indicators were overall positive.

Generally, the respondents demonstrated that they had acquired and understood knowledge indexes, applied new practices and were willing to continue to do so. However, specific woredas where the implementation had taken place require some further evaluation for specific question areas to understand why they didn’t perform as well or what change should be made to improve future outcomes.

The component 4 team, heading RIPA’s nutrition and hygiene component have identified a threshold to identify where requirements have been met and the most crucial factors the intervention seeks to achieve.

### Knowledge check



All crucial points identified by the C4 technical team showed positive results, especially in comparison to the previous findings (including the 2021 KAP survey).

The knowledge check demonstrated a significant improvement in understanding

of nutrition, health and hygiene for young children, infants and PLWs. All indicators identified as essential saw at least 81% of respondents answering correctly, aligning with the C4 team’s desired outcomes.

## Positive outcomes

In general, the knowledge check section signified that there was an improvement in the level of knowledge, which is expected to continue to inform decision-making at the household level.

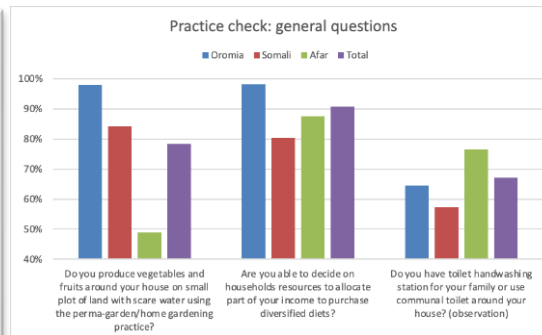
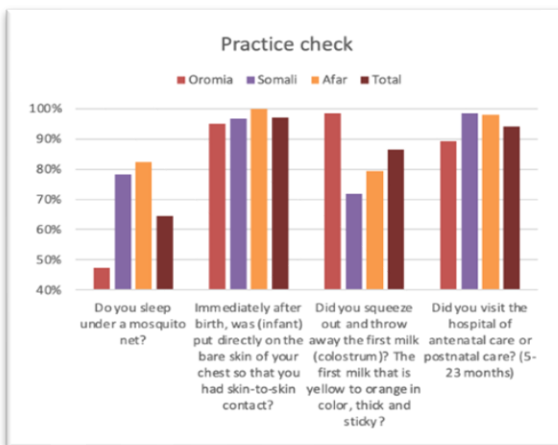
The following are some outstanding improvements that have been identified as a prime concern by the C4 team are:

- › Regarding breastfeeding practices, 98.8% of women agreeing that a child should be breastfed until they are at least 2 years old and 83.9% of respondents concurring that for the first 6 months, breastmilk alone is enough for the baby. Furthermore, RMS 3 indicated that access to nutrition services is strongly and positively associated with the use of diversified dietary practices, fortified foods and breastfeeding.
- › Additionally, knowledge around nutritional diversity also showed positive outcomes, with 98.5% of respondents recognizing the benefits of eating at least 4 food groups during pregnancy and lactation. Additionally, 94.8% agreed that children at 6-23 months should receive at least 4 food groups. In fact, RMS 3 (revised in April 2023) found that those who received nutrition training were 2 times more likely to consume animal sourced foods than those who didn't, whereas non-RIPA participants are 77% less likely than RIPA participants.
- › Finally, with respect to hygiene and sanitation practice, 95.1% of respondents acknowledged having latrine has health benefits. It is important to recognize that though the question includes the link to separating animals from the family house, the team are aware that this is unlikely to have been fully accepted by households, as many continue to shelter animals within their homes.

## Unintended outcomes

Areas of potential concern, however, were not highlighted as crucial indicators to the success of the intervention. An example of this is the question of providing food to a sick child. Across the three regions, only 47.7% answered correctly. However, it is worth noting that the main issue remains in Somali where only 14.6% claimed that you should continue to feed a sick child. At closer inspection, it is worth noting that 100% of respondents in A answered incorrectly.

## Practice check



The practice check is seen as the most critical assessment, as positive practices, demonstrate application of acquired knowledge and changes already

made by respondents. Changes in practices at the household level indicate sustainability in hygiene and nutritional practices for young children, infants and PLW.

## Dietary diversity

The 2021 KAP survey showed that both mothers during pregnancy and children 6 to 23 months did not consume the required minimum dietary diversity (33%), lacking especially lacking fruits and vegetables. At graduation period 94.5% of pregnant or lactating mothers eat more diversified food whilst, 90.8% of pregnant mothers are able to decide on household allocation to purchase diverse foods.

The data shows that there has been an increase in the number of participants consuming pulses (from 23% to 43.01%), eggs (from 20.6% to 30.77%), nuts and seeds (from 0% to 19.93%), 'other vegetables' (from 0% to 19.93%) and 'other fruits' (from 0% to 2.10%). However, 91.0% of children from 6-23 months consumed 3 or less food groups. At baseline 25.1% consumed more than 4 food groups and at graduation 29 % of children consumed 4 food groups. The RMS 3 conducted found that access to nutrition training has highly significant positive associations with adoption of nutritionally diverse diets and use of nutritional supplements.

Under the second crisis modifier, RIPA implemented a fresh food vouchers intervention to maintain the consumption of diverse diets whilst combatting the impacts of the drought and food price spike. Interestingly, the RMS 3 findings demonstrated that households with access to nutrition services are less dependent on emergency food aid, improving household resilience.

### **Perma-gardening**

Moreover, 78.3% of women noted that they produce fruit and veg on a small plot of land by their house. Compared to other region which have agropastoralism, Afar which is mainly pastoralist had 48.8% of respondents producing fruit and vegetables in a home garden. This is a result was before the RIPA vegetable seed distribution which was delayed to align with the farming season, however the willingness to have a home garden was 82.8%. Seed value chain from region, woreda to kebele remains the main barrier for sustainability across all the 3 regions which RIPA strategically investing in woreda level agri input suppliers and agents at kebele level.

### **Breastfeeding practices**

Furthermore, there has been an improvement in breastfeeding practices on a whole, which is highlighted as a key area for boosting infant health. In the 2021 KAP survey, 86% of respondents have wrong beliefs about colostrum and didn't give it to their newborns. However, in the most recent survey, 86.6% of women did not throw away colostrum. Additionally, the 2022 RMS demonstrates that 75% of women breastfed babies within the 1<sup>st</sup> hour of birth, an improvement from the 71.4% in 2021. This number has significantly increased, with the 2023 data demonstrating 92.9% of women breastfed within the 1<sup>st</sup> hour after birth.

### **Mosquito nets usage**

An area highlighted as a concern is the use of mosquito nets, with only 64.6% of members using nets. This is particularly low in Oromia where only 47.5% of respondents use mosquito nets. Looking closer, Gumbi Borede (31.6% usage), Gursum (23.1% usage) and Meiso (41.7% usage) are the problem woredas within the region. The team identified three factors that should be considered in future implementation; availability and affordability of nets as well as whether the area is affected by malaria.

### **Hygiene practices**

Additionally, although general hygiene practices have improved significantly since the KAP survey was conducted in 2021, analysis demonstrates that there is still a need to increase access to toilet and handwashing station for families and use of communal toilets around households. Currently, the team found that only 67.2% of respondents have access to these amenities within their households. Oromia and Somali regions are the regions with the lowest results, with Gumbi Bordede (25.3%) and Meiso Mullo (8.7%) exhibiting alarming results.

### **Willingness**

The willingness variables, focused on sustainability, demonstrate positive results that suggest practices will be continued and knowledge will be applied to in future decision-making processes. The intervention saw graduates as models for their community and future MtMSGs, assuming that the gained knowledge and practices will be transferred.

The willingness section of the questionnaire summarized key aspects of intervention that should recognize the sustainability of new practices and knowledge. It is, however, important to note that willingness in itself doesn't necessarily translate to practice.



Concerning health and hygiene, RIPA found that 97.9% of respondents were willing to practice handwashing at five crucial times and 97.6% were willing to visit health facilities whilst pregnant. Additionally, 97.3% of graduates are committed to exclusive breastfeeding for the first 6 months, of which 96.9% planned to start complementary feeding when the baby is 6 months. Lastly, the survey results found that 92.6% believed that they would be able to allocate resources to ensure diverse diet consumption despite income limitations.

However, only 78.2% of respondents said they were willing to continue producing vegetables from their garden to cover household consumption and sell excess produce as additional income. The perma-garden initiative is key to supporting households to maintain a diverse diet and get all needed nutrients. Therefore, the lack of households willing to continue this practice is a concern. It is worth noting that Oromia had the lowest results, which is particularly interesting as this region had the highest number of participants already practicing this. Consequently, the RIPA team should further assess the reason for these results.

## Lessons Learned & Recommendations

- › Examine woreda specific issues to allow the team to understand why outcomes varied and adapt project interventions.
- › RIPA should have a contextualized, woreda specific nutrition core group intervention package based on agro ecology and market actor viability.
- › Promote home gardens at scale and promote rainwater harvesting. In areas with irrigation potential consider supporting youths/women to practice perma gardening all year round as an Agri business.
- › It is obvious that access and availability are the bottlenecks to maintain some adopted practices. Thus, RIPA teams need to give adequate attention to create sustainable market linkage between the producer/ wholesaler with the last mile business to avail more nutritious food on the shelf.
- › The program teams need to conduct more dietary diversity promotion and cooking demonstrations to improve the consumption of different food groups.
- › Commission a mini barrier analysis to identify why some core group members are not willing to maintain the practices they have already adopted.

Annexes: [Evaluation Questions](#)

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Resilience in Pastoral Areas – North (RIPA-North) is a five-year, \$38 million USAID-funded program operating in lowland areas of Somali, Oromia and Afar regions of Ethiopia (2020 – 2025). RIPA - North aims to improve the resilience capacities of households, markets, and governance institutions, collectively contributing to enhanced food security and inclusive economic growth.

