

Integration of Nutrition/CMAM into PHC (Ethiopia experience and opportunities)

Shiferaw Teklemariam, MD, MPH, State Minister of Health, Ethiopia

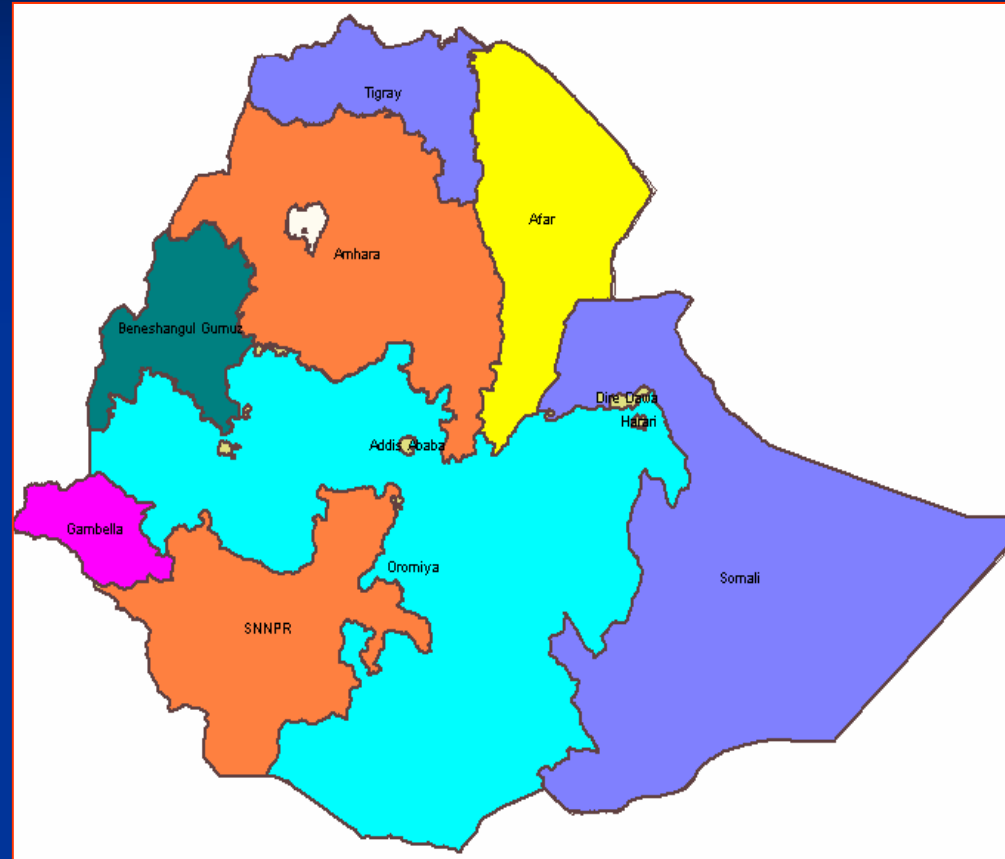
Presented on

*The International Workshop on the Integration
of Community-based Management of Acute
Malnutrition (CMAM)*

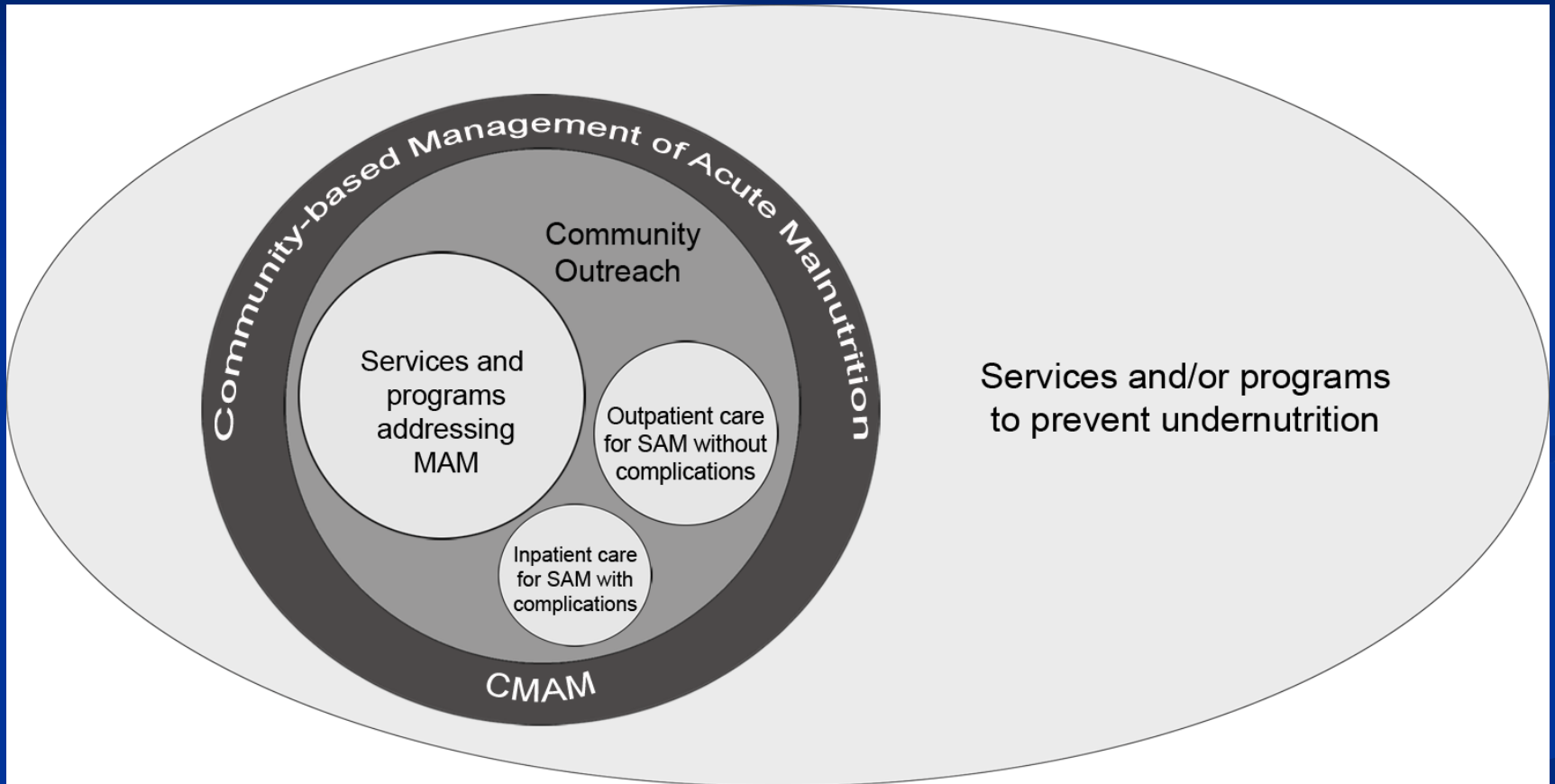
Washington, DC, USA, April 28 –30, 2008.

Country profile-Federal Democratic Republic of Ethiopia

- **Area: 1.1 million Sq.kms**
- **Population about 90 million (85% rural)**
- **Population growth rate-2.7%/year**
- **Federal Government**
 - 9 regional states
 - 2 City administration
 - 625 districts
 - 15,000 Kebeles(Villages)
- **Unique Calendar with 13 months of Sunshine and Celebrating Millennium(Y2K)**



CMAM Components and Terminology



CMAM Integration Framework

Domains:

1. Enabling environment
2. Access to services
3. Access to supplies
4. Quality of services
5. Competencies



Integration domain: Enabling Environment

- National Health policy-Nutrition as an issue for building A healthy foundation for the future
- HSDP-III (2005/2006-2009/2010)
 - National nutrition Strategy
 - National Nutrition Program
 - Child Survival Strategy
 - National HIV/AIDS Policy
 - Health care Financing Strategy
- MOH has a defined role of leadership and coordination

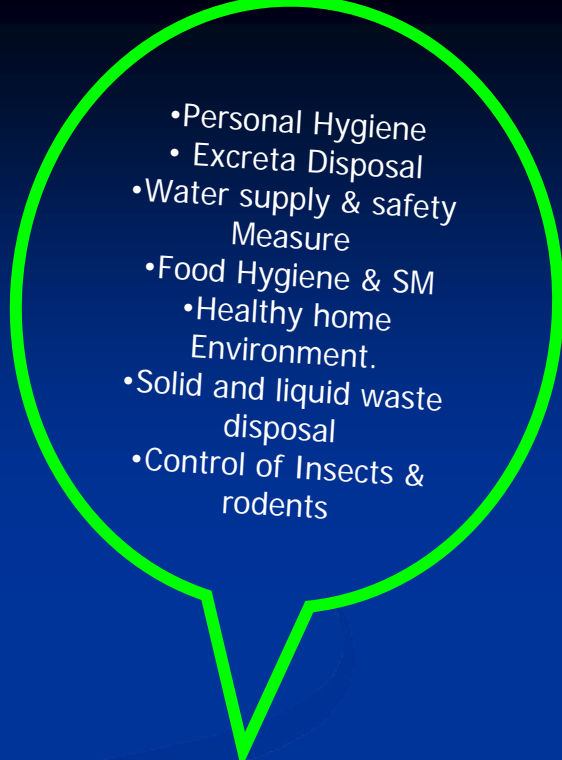
Integration domain: Access to Services

- Health Extension Programme (HEP)
- Accelerated Expansion of Health Posts
- Accelerated Expansion of Health Centers
- Accelerated Development of Human Resources
- Pharmaceuticals Funding and Supply Agency

Integration domain: Access to Services

Health Extension Program

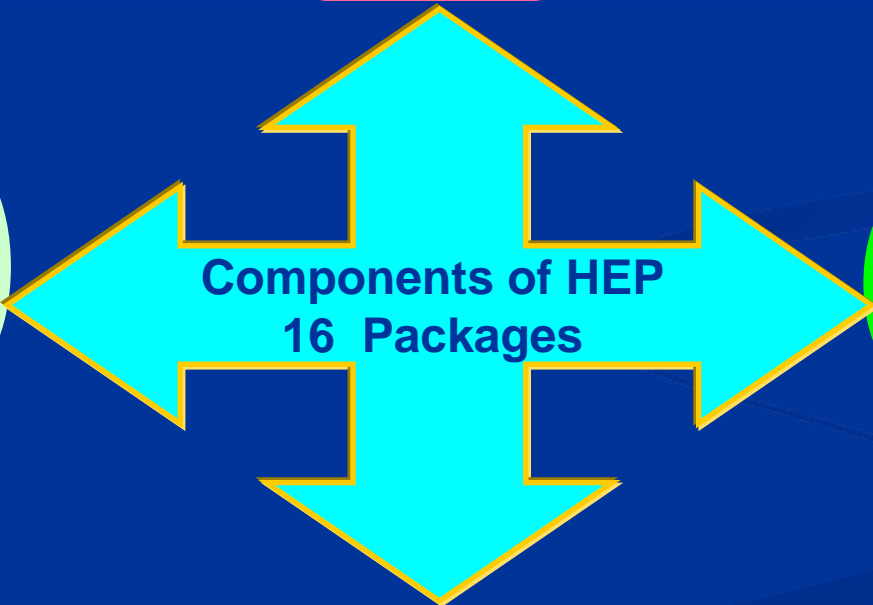
- ❖ Four major Components
 - ❖ Family Health Care, Diseases Prevention and Control
 - ❖ Hygiene and Environmental Health, IEC/BCC
- ❖ Aim: Enable households and communities to produce their own health
- ❖ Institutionalization and standardization of community service delivery
- ❖ Increase access to and Utilization of promotional, preventive and essential curative care services
- ❖ Nationwide implementation



**Family Health
(5)**

**Disease
Prevention
(3)**

**Hygiene &
Environmental
Sanitation
(7)**



**Health Education
& Communication
(1)**

Integration domain: Access to Services

- ❖ Human Resources for HEP:
 - Training and deploying of female HEWs (two/kebele)- 24,500 out of the total 30,000 required trained for one year and deployed to 12,250 Kebeles
 - Training of HEWs supervisors to be placed at Health center level (3200)- started
 - Community Promotion Program centered around Volunteer/ community promoters/Model household working under the supervision of the HEWs
 - Strengthen the quality and demand of basic curative services

Integration domain: Access to Services

- Accelerated expansion of Primary Health care service delivery points
 - Build and equip new 15,000 health posts; (11,000 done)
 - Build and equip 3200 new health centers(670 exists)
 - Government, GAVI, GF,PEPFAR
 - Build and Equip 625 Primary hospitals
 - Upgrade the functional status to conduct emergency surgery and major specialist services

Integration domain:

Access to Services

- Human resource development
 - Task shifting as a methodology
 - Accelerated Training of Health Officers –4468 on training
 - Train mid-level Health workers
 - Train non-physician emergency surgeons(1000 in coming five years)
 - Empower Health Extension Workers
 - Increase intake of physicians: 200, 1000 in 2008 and plan of 8000 annual intake in the coming years across 21 universities
 - A midlevel professional nurses: 18,146(1:5000)

Integration domains: Access to Supplies

- Pharmaceuticals Funding and Supply Agency
 - National System based on hub system
 - Provides Essential health commodities based on pre-arranged request system
 - Reaches to the level of Health Post/HEP
 - Supplies can circulate freely in the system where it is required

Integration domain: Quality of services

- Access and quality of care core process in its final phase
- 3200 full time supportive Supervisors are in the process of deployment:
 - Continuous assessment and capacity building of HEA,
 - ensure supplies and commodity security,
 - facilitate intersectoral coordination,
 - and conduct performance appraisal via management and measurement tools
- Referral to next health services delivery points

Integration domain: Competencies

- Pre-service training
- Integrated refresher trainings
- Performance contractual agreement with regional states and individual health worker
- Working with academia and professional associations like pediatric society etc.

Other Complementing Actions

■ HMIS

- Piloting of the HMIS completed
- Establish networking between FMOH and RHBs
- Reporting formats updated

■ Monitoring and Evaluation

- Established Joint steering committee at central and regional level
- Regular reporting by regions and FMOH
- Reports used for ARM

CMAM integration into PHC (1)

- Emphasis on System building while addressing transitional issues
 - Creating an enabling environment(policy makers, Researchers, and beneficiaries)
 - Universal access to services and removing of bottlenecks(availability, Continuity,Utilization, and Quality) and ensure continuum of care
 - Human resources availability and continuity at a required number, mix and quality
 - Partnership(Domestic and International)

CMAM integration into PHC (2)

- National Nutrition strategy
- National Nutrition Program
 - Consolidating and scaling up of ongoing national nutrition services across sectors and information system;
 - Transitioning programmes into preventative and sustainable interventions using community-based nutrition approach;
 - Improving multi-sectoral nutrition linkages;
 - Strengthening the capacity of institutions to deliver integrated services.

CMAM integration into PHC (3)

1. Community Nutrition Promotion and Outreach programs
 2. Services and Programs addressing Moderate Acute Malnutrition
 3. Outpatient Care for Severe Acute Malnutrition without complications
 4. Inpatient Care for Sever Acute Malnutrition with complications
1. Household and community Health Promotion to build health foundation for future
 2. Community and Health Post Health education and preventive and promotive services
 3. Out patient management Programs via Health posts and health Centers
 4. Inpatient Care at Health Centers and follow-up actions with Health Extension Agents

Way Forward

- Empower communities to own the management of malnutrition
- Formative Research to understand household dynamics best
- Strengthen partnership and committee more resources for the same
- Strengthen system capacity of nations to respond in terms of Human Resources, infrastructure, Commodities and information management
- Work closely with higher learning institutions in pre-service and service level continuing education