

UNICEF HUMANITARIAN ACTION REPORT 2009

ETHIOPIA

HEALTH EXTENSION WORKERS SUPPORT MALNUTRITION MANAGEMENT AS CRISIS CONTINUES

Fikre Berhanu says that the families she works with do not have enough food to eat. After a drought that devastated food stores, recent rains have brought reprieve to some. But for many, household food supplies remain alarmingly low. "Overall, there is a shortage," Ms. Berhanu says. The worn look on the faces of many mothers and children awaiting care at this rural community clinic in southern Ethiopia would seem to support this.

Across the room, Ms. Berhanu's colleague, Meseret Bayena, is speaking with the mother of one-year-old Sambata Shubo. The little girl is one of 53 patients receiving outpatient treatment for malnutrition. As she listens, Antay Woto cradles her daughter in her lap, feeding her small servings of a peanut-based nutrient-rich therapeutic food. Ms. Berhanu and Ms. Bayena are health extension workers who have recently been trained to identify and treat malnutrition. They manage a UNICEF-supported outpatient therapeutic programme based here at Sheluabore Health Post. The work involves conducting nutritional screenings and supplying emergency therapeutic food and medicine.

Because of the clinic's proximity to many patients, Ms. Berhanu and Ms. Bayena can also monitor patients' progress through weekly home visits. Having a health facility in the area has made it easier for families to access both ongoing and emergency medical care. The beauty of the outpatient therapeutic programme is that mothers no longer have to walk long distances and workers can regularly follow up with families. "It is close to home," says Shaya Asindua Ibrahim, UNICEF's area-based team officer in Ethiopia's Southern Nations, Nationalities, and Peoples Region.

Ms. Berhanu and others like her – to date 24,600 health extension workers have been trained and deployed nationwide – are the key service providers in the national Health Extension Programme, a multifaceted intervention launched by Ethiopia's Federal Ministry of Health in 2004, in an effort to widen the reach of primary health-care services for mothers and children across the country. Like most health extension workers, Ms. Berhanu comes from the community in which she serves. When the programme is fully implemented, each health post will be co-managed by two health extension workers who together will offer an array of services, including antenatal care and nutritional counselling, as well as support with immunization, family planning, hygiene and sanitation.

With an eye towards decentralizing the treatment of malnutrition, a supplementary course in malnutrition management has been added to the Health Extension Programme's basic curriculum. In addition to providing families with ongoing guidance on nutrition, workers can now screen for malnutrition and related diseases and respond accordingly. Health extension workers offer direct care in the form of therapeutic food and medicine to those who can be treated on an outpatient basis and refer those in need of more urgent attention to inpatient treatment at health centres and hospitals.

Ms. Berhanu, who has been a health extension worker for the last year and a half, has recently completed the supplementary package. "The training has supported me a lot," she says, adding, "I felt equipped to provide each patient with the right amount of therapeutic food – a determination based on the results of nutritional screening."

In some areas of Sidama, the expansion of services has contributed to a decline in the severity of cases compared with two months ago, when the Ethiopian Government estimated that 75,000 children were directly affected by severe acute malnutrition. However, while the capacity of UNICEF and partners to respond has grown, the overall number of children needing treatment for malnutrition continues to rise.

Ready-to-use therapeutic food and medicine, such as those provided by UNICEF, are a highly effective means of restoring a child's nutritional balance. But many children are released from treatment programmes only to return to homes where there is simply not enough food. As a result, some health facilities report an increase in readmissions to therapeutic feeding programmes.

Over the past decade and a half, Ethiopia has made tremendous gains in child survival, thanks in part to far-sighted strategies like the Health Extension Programme. But these gains are threatened by a deadly confluence of drought, conflict, and market shocks that have caused the price of staple foods to increase by as much as 300 per cent over the past year.