IMPLEMENTATION OF COMMUNITY BASED NUTRITION PROGRAM IN ETHIOPIA AFTER INTEGRATED REFRESHER TRAINING

Technical report phase two

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ABSTRACT

Community-Based Nutrition is important component of National Nutrition Program, designed to build upon the Health Extension Program packages to improve nutritional status of under-five children and pregnant and lactating women. CBN was implemented in all agrarian regions of Ethiopia after IRT. After IRT the implementations of CBN weren’t yet assessed. Therefore, this study was conducted to assess community based nutrition program implementation after IRT. The study was conducted from October to November, 2013 in four agrarian regions. Institutional based cross-sectional study with both qualitative and quantitative data collection approach at 56 kebeles was used. HEWs were not delivering GMP in a quality way as they trained on IRT. For HEWs it difficult to follow the procedure of GMP service properly. The gap in skill was higher in the new CBN woredas. Task shift from VCHWs to HDAs didn’t occur in most kebeles of Amhara region. In most regions it was observed that supportive supervision and review meetings are available but it is not regular and consistent. It was observed that some new programs contradict with CBN service like new community health management information system/HMIS. Material supply was not complete in all the kebeles. In all regions, currently both former CBN and new CBN kebeles have not providing CC for CBN alone. Factors which are affecting the implementation of CBN are: lack of training for both HEWs and HDAs, work load for HEWs, lack of close supervision, shortage of some materials and supplies and lack of incentives for HDAs. The implementation of CBN after IRT was very slow in new CBN woredas. It was only recently that they have started to conduct GMP; even there are kebeles which haven’t started yet. Refresher training should be given as it helps to improve competencies/refresh the already trained and trainees those who didn’t get it. Strengthening the CBN service can be achieved by increasing the human resource/number of HEWs per health post. Assigning nutrition professionals as nutrition focal persons and establishing nutrition as a department at all levels highly recommended. Reporting format and nutritional check list should be prepared and used during supervision.

Key words: CBN, Implementation, IRT, Ethiopia