CMAM rollout: ingress to scale up nutrition

ETHIOPIA

CMAM/ SUN Conference 14th - 17th November 2011
Addis Ababa, Ethiopia
Scaling up Community Management of Acute Malnutrition and Scaling up Nutrition (SUN)
Background/country information

- Total population: circa 80 million
- Prevalence of SAM in U5s: 2.8%
- Prevalence of MAM in U5s: 6.9%
- Other notable nutrition indicators
  - Stunting 44%
- Population covered by CMAM: > 40 million
- Definition: MUAC < 11cm, WFH <70% (NCHS 1977), or bilateral nutritional oedema
- Degree of scale up: Nationwide
Story of CMAM Scale up

- Piloted in 2000 as part of a research programme in Malawi, Ethiopia and South Sudan
- Large scale use by international NGOs in response to 2003/4 drought in Ethiopia
- The national protocol for SAM case management revised in March 2007 to include out-patient management of SAM
- Further decentralization to health post level starting from second half of 2008; now reaching over 8,800 health posts
- **Key terminology**
  - Health Extension Worker; Health Post = Health Extension Programme Therapeutic Feeding Programme; OTP = HP and HC level TFU/Stabilisation Centres = Health Centres and Hospital
Policy & Strategy Environment

Systems/structures to aid CMAM scale-up
- Health policy/ Health Sector Development Programme
- Health Extension Programme (HEP)
- National Nutrition Strategy and Programme (NNS/ NNP)
- Now the Growth & Transformation Plan

Financing CMAM
- Mostly using humanitarian funding for procurement and distribution of supplies
- The human resource is from the health system (HEWs)

Coordination
- FMOH; ENCU/ DRMFSS; PHEM

Linkages with other programmes
- Enhanced Outreach Service (EOS); Community-based Nutrition (CBN); Management of Moderate Acute Malnutrition (MAM)
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Program coverage and ‘hot spot’ areas

Ethiopia
Prioritization of Emergency Relief Beneficiary Woredas as of July 2011 and Nutrition Intervention Programmes

Hotspot woredas
- First Priority
- Second Priority
- Third Priority

Nutrition Intervention Programmes
- Woredas with OTP Programmes
- Woredas with TFU Programmes
- Mobile health & nutrition team (OTP)

Graphic ENCUEWRRD Ethiopia November, 2011

Boundaries are approximate and unofficial

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Performance Indicators — within national and Sphere standards
Factors Contributing to Success

Ownership and decision for scale up of CMAM
• Government ownership and decision to use public health facilities to manage SAM cases routinely – strong commitment
• The existence of HEP; task shifting from nurses in HCs to HEWs in health posts

Availability of resources
• Local production of RUTF
• Donor commitment to provide resources

Robust information flow
• Monthly data to track performance of TFP against national and sphere standards
• Has been useful as a wide-scale alert to deteriorating situations as opposed to relying only on nutrition surveys
Major Challenges & Obstacles

Supply management
- Limited warehousing capacity
- Late requesting and inadequate forecasting

Quality of service delivery
- Generally, supervision structure of the health system not as strong as it should be

Timeliness of information flow
- Delays in report compilation at different level, resulting in overall delay of one month
Key Learning Points

• Government ownership and commitment is the key to scaling up

• Need for systems to monitor and improve the quality of services early on

• Anticipate a need for major investment for the supply and logistic system of the MoH (as the weight and volume of products required per cure is large)

• Primary health care workers are able to successfully identify, refer and treat SAM
Next Steps & Way Forward

- **Plan 1**: continue scaling up through ICCM to reach all health facilities; improve linkages with preventative IYCN and MAM programmes
- **Plan 2**: advocate for better resource mobilization to enable access to treatment at all times even when there is no humanitarian crisis
- **Plan 3**: strengthen M & E system to maintain quality

- Obstacles (financial) resource sustainability
- National & international development
  - Improve linkages with nutrition-sensitive interventions
  - Development of new products & technology transfer
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Our allegiance to the welfare of the public should be above and beyond any shadow of doubt. Let us join hands and make under-nutrition history and determine our professional destiny towards a better vista.
THANK YOU – the Ethiopian Team