

**QUALITY OF COMMUNITY BASED NUTRITION OF INTEGRATED REFRESHER  
TRAINING AND SUPPORTIVE SUPERVISION PROVIDED FOR HEALTH  
EXTENSION WORKERS IN AMHARA REGION, NORTHWEST ETHIOPIA**

**Technical report phase one**

Prepared by Ethiopian Health and Nutrition Research Institute, Food Science and Nutrition  
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## **Abstract**

Improving nutrition contributes to productivity, economic development, and poverty reduction by getting better cognitive development, school performance, physical work capacity, and maintaining health status by reducing morbidity and mortality. Poor nutrition perpetuate the cycle of poverty. Community-Based Nutrition (CBN) is an important component of the 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. As part of this program shift, CBN training modules have been shortened and incorporated into the Integrated Refresher Training (IRT). The nutrition components of Integrated Refresher Training have not been assessed so far. This study aims to assess the quality of CBN component of integrated refresher training, stakeholder perceptions on the quality of training and change in the knowledge of HEWs. Institutional based cross-sectional study with both qualitative and quantitative data collection methods was used. Four Districts were chosen purposively from a listing of all woredas receiving IRT module II in Amhara region from June-July 2012. Many trainers and trainees mentioned difficulty of delivering the training as designed due to shortage of time allocated. This was also observed in IRT sessions where trainers used additional than allocated time. Even though most trainees said the training on CBN component was adequate to give services to the community and significant knowledge change ( $p < 0.05$ ) was seen by participants after the training, it was observed that they failed to give all the appropriate advice related to CBN component during the field practice. Most of the HEWs reported that there was no supportive supervision for the last four months. In conclusion; the training that were given in four selected woredas of Amhara region were not quality wise and as designed. The IRT of nutrition component lack reporting and monitoring format. In all nutrition components of IRT and the allocated time for training is too short. The IRT of nutrition component is also not adequate for health extension workers to accomplish community based nutrition program. Thus, there should be additional training for the health extension workers.

Key words: CBN, IRT, quality of training, North Ethiopia.