



## Implementation of Micronutrient supplementations in Community-Based Nutrition program after integrated refresher training in Ethiopia

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### ABSTRACT

Community-Based Nutrition (CBN) 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. Therefore, this study was aim to assess community based nutrition program implementation after integrated refresher training (IRT). The study was conducted from October to November, 2012 in four agrarian regions. Institutional based cross-sectional study with both qualitative and quantitative data collection approach at 56 kebeles were used. Health Extension workers (HEWs) was not delivering GMP in a quality way as they trained on IRT. For HEWs it difficult to follow the procedure of growth monitoring and promotion (GMP) service properly. The gap in skill was higher in the new CBN woredas. Task shift from voluntary communities health workers (VCHWs) to health development army (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. Based on the information gathered, all health post of study areas were conduct CHD for micronutrient supplementations every three month regularly except very few. Vitamin A supplementation was the most common that all region provide. Factors which are affecting the implementation of CBN are: lack of training for both HEWs and HDAs, work load for HEWs. 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.

**Key words:** CBN, Micronutrient supplementation, IRT, Ethiopia

### Background

Undernutrition continues affecting 180 million children worldwide and is responsible for in excess of 3.5 million maternal and child deaths each year. In order to prevent malnutrition in children, family and community should be the first line of protection. Community-Based Nutrition (CBN) aims to build up the capacity and the ownership of communities and families to make informed decisions on child care practices. CBN is an important component of the National Nutrition Program (NNP), designed to build upon the Health Extension Program (HEP) packages to improve nutritional status of under-five children and pregnant and lactating women. CBN was implemented in different phases in Ethiopia. CBN supports improved quality and coverage of a number of preventive and promotive activities of CBN at the community level, including: monthly growth monitoring and promotion for under-two children; monthly community dialogues to engage community members in assessing and improving nutrition; quarterly screening of under-five children and pregnant and lactating women for malnutrition (with linkages to targeted supplementary food where available); improving referral practices; and six-monthly campaigns of Vitamin A supplementation and deworming for children 6-59 months. As part of this program shift, CBN training modules have been shortened and incorporated into the Integrated Refresher Training (IRT). IRT is a new model, which is developed by Federal Ministry of Health for delivering in-service training to the Health Extension Workers (HEWs) that helps them to implement the health extension packages including the former CBN training module.

### Method

Institutional based cross-sectional study was used. The study was conducted in four agrarian regions. Namely: Tigray, Amhara, Oromia and Southern Nations Nationalities and People Regional State, Southern Nations and Nationalities and Peoples (SNNPRS). The study was conducted from October 15 to November 20, 2012. For this study, purposive samplings are deployed. Selection of *woredas* was done from previously CBN woredas and woredas who have started CBN after IRT training. Total of 56 kebeles of 28 woredas (8 from Oromya and SNNPR and 6 from Tigray and Amhara regions) were assessed. 27 FP, 84 HEWs, 38 HEWs sup, 62 HDAs and 64 caregivers were interviewed. Quantitative data used for this study were structured test that is given for HEWs to assess the the skill they have this time. All HEWs in the study areas took the assessment test. Qualitative data that are used for this study were in-depth-interview with different stockholders, Observation: during Growth monitoring and promotion (GMP) were conducted and Exit interview was also conducted.

### Results

#### Implementation of Micronutrient supplementations in Community-Based Nutrition program and challenges.

Based on the information gathered, all health post of study areas in Tigray and Amhara were conduct CHD every three month regularly except one woreda form Amhara was not conducting at all. In SNNPS CHD was conducting in less than half of study areas regularly and in the same way even though the CHD was conducting regularly in old CBN woredas but it is not yet started in all of the new CBN woredas in oromia due to lack of supplies and commitment. In SNNPS most of them were used to conduct it before six months ago but stopped due to lack of necessary supplies like Vit A and Albendazole and lack of information whether to conduct it from higher officials. In SNNPS other reason for not doing CHD was associated with community unwillingness. All focal persons from Amhara region replied that all HPs in their woreda conduct CHD every 3 month (regularly).

*'During the training we told to do CHD every 3 month but there were there were a lot of urgent activities to be done in kebele, agriculture and education sector otherwise we believe that it should be done every 3 month'* (HEW).

As observed in the study woredas and also as reported by almost all nutrition focal persons and few supportive health extension workers in study woredas of SNNPR, Oromiya and Amhara, HEWs have a key role on the implementation of all CBN components of the program (conducting monthly GMP, CHD, facilitating community conversation (CC) sessions, quarterly screening for malnutrition, supplement Vitamin A and de-worming every 6 months and nutrition education with practical demonstration on different. Nevertheless, there is no as such visible difference between old and new CBN woredas except for the implementation knowledge and skills acquired in IRT in the case of Oromiya.

Tigray region GMP performance was satisfactory in old as well as new CBN sites. The GMP is well performed in all kebeles of Tigray Region with only some limitations observed in both old and new CBN sites. The mistakes commonly made by HEWs in both old and new CBN *woredas* were forgetting to properly hang and adjust the scale to zero before weighing the child and not reading the weight measurement loud enough for the mother to hear. Wide gap was noted between the old and new CBN kebeles in Oromia region where poor performance was observed in the new CBN kebeles when compared to the old CBN kebeles. The new CBN kebeles in Amhara region do not use GMP registers and FHC and they did not also distribute the FHC for mothers. All the new CBN Woredas in Southern Nations and Nationalities and Peoples (SNNP), have not yet implemented GMP due to the need for more orientation and lack of supplies and logistics. But, they did GMP for under-three children who visited the facility for immunization and OTP services.

In SNNPRS, Amhara and Tigray region in most of the sites the kebele administrators have key roles on community mobilization during CHD and CC in both old CBN as well as new CBN woredas. They also organize and participate on review meetings and other health and agriculture programs. Most of the time, their main discussion point is on sanitation and agricultural productivity. It was reported in Tigray region that in most kebeles they do support with stationery materials, and sometimes propose malnourished children to be admitted in CBN programs. Moreover they assist in participating on CC, CHD and arranging meeting and discussion with the HDAs about challenges faced in the community.

### Acknowledgements

This study is financially backed by World Bank; we would like to acknowledge the support rendered from the World Bank. We would like also to extend our appreciation to the Federal Ministry of Health and Regional Health Offices.

### Quality of health development army service

Establishment of health development armys (HDAs) in all visited old CBN as well as new CBN woredas of Amhara region was delayed. Due to this, most of the work of HDAs such as community mobilization for CHD, CC and GMP activities, identifying and refer malnourished child in the community are not implemented properly. Where as in the SNNPR; no clear responsibility of HEWs and HDAs. In Tigray, It was only recently that they have started to conduct GMP and other services and report; even there are kebeles which haven't started yet. GMP participation in the old CBN kebeles was different in different places. CHD was said to be conducted every three month in all kebeles of the selected woredas. All the sample kebeles have done CHD within the last three months. The coverage was ranging from 66 – 123% and which is good. In SNNPRS, with regards to CHD, only few kebeles are conducting it currently.

According to this study, the major 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 from concerned bodies, shortage of some materials and supplies, and lack of incentives for HDAs. As it has been reported most of the HDAs and some of HEWs have no adequate knowledge on CBN activities. Training is the central part for any activities to have a quality output. Without training it is difficult to get motivated and productive worker. Refresher training should be organized as it helps to improve competencies/refresh the already trained and trainees those who didn't get it. Since workload among the HEWs were reported as a main challenges to implement CBN effectively; so strengthening the CBN service can be achieved by increasing the human resource or number of HEWs per health post. In addition to that Special attention should be given to kebeles that have higher number of population and larger geographical distribution while allocating human resource/ HEWs, supervisors, focal persons. Bigger kebeles need more HEWs than the others, bigger clusters need more HE supervisors and also bigger woredas need more nutrition focal persons. Strengthening and improving the functionality of HDAs is the other critical point to be considered well.

### Conclusions

CHD (vitamin A supplementation) was done regularly among most visited kebeles. Even though CBN services are available in all visited woredas, CBN component like GMP and CC were not done as to the standard. And these services were not given consistently across kebeles. Lack of refreshment service, participants expectations of incentives and engagement of the members of the community in different seasons (rainy, farming and harvesting) were mostly mentioned reasons by focal persons and HEWs for the irregularity and unavailability for community conversation. In addition to work load and being busy with other activities like package implementation and Vaccination campaigns was also mentioned as a reasons for not doing by HEWs.