

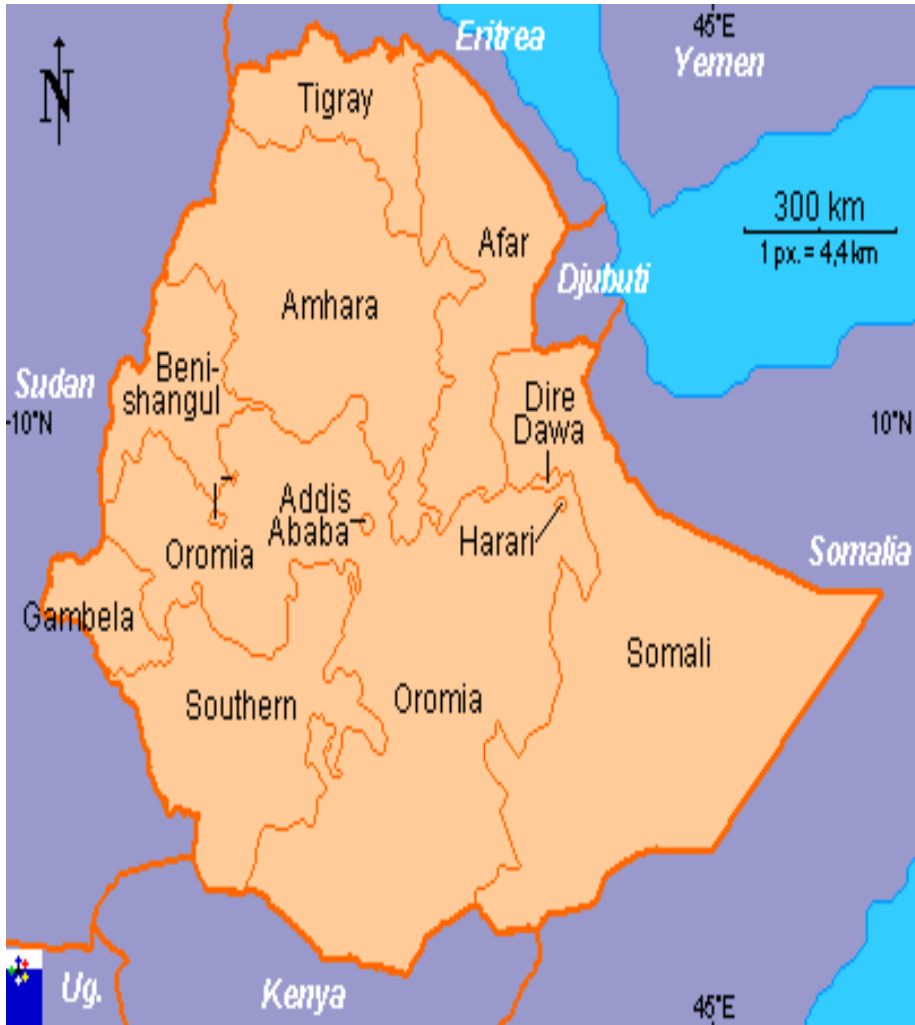
Status of Child Health in Ethiopia



May 28, 2015

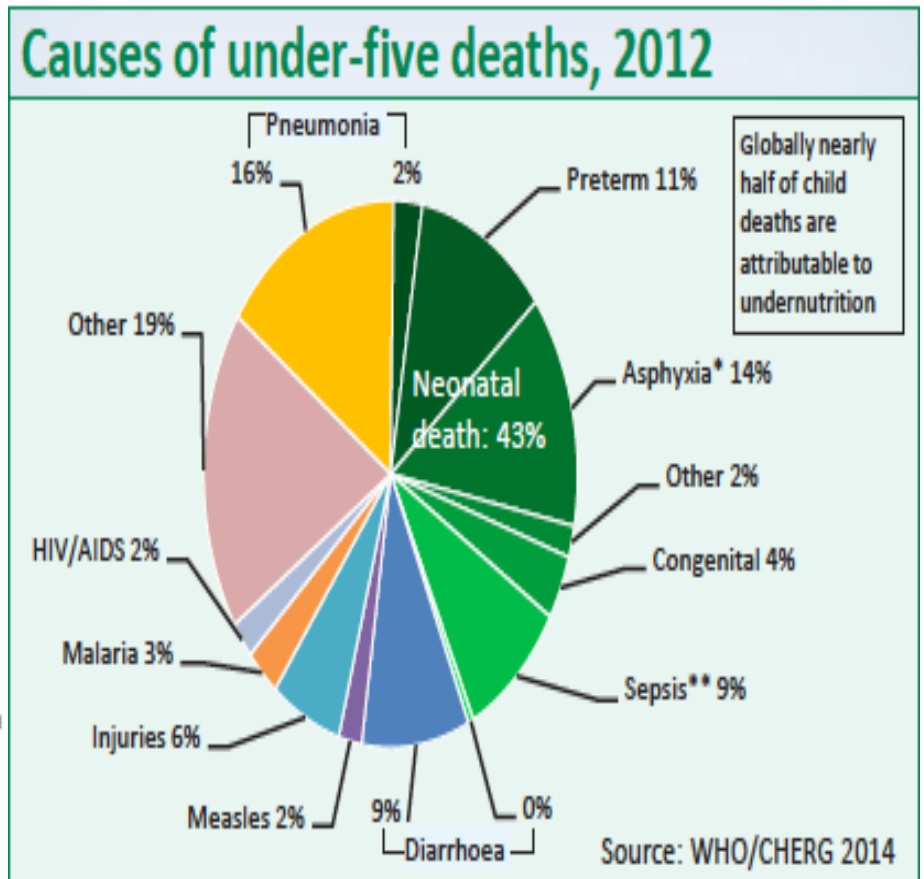
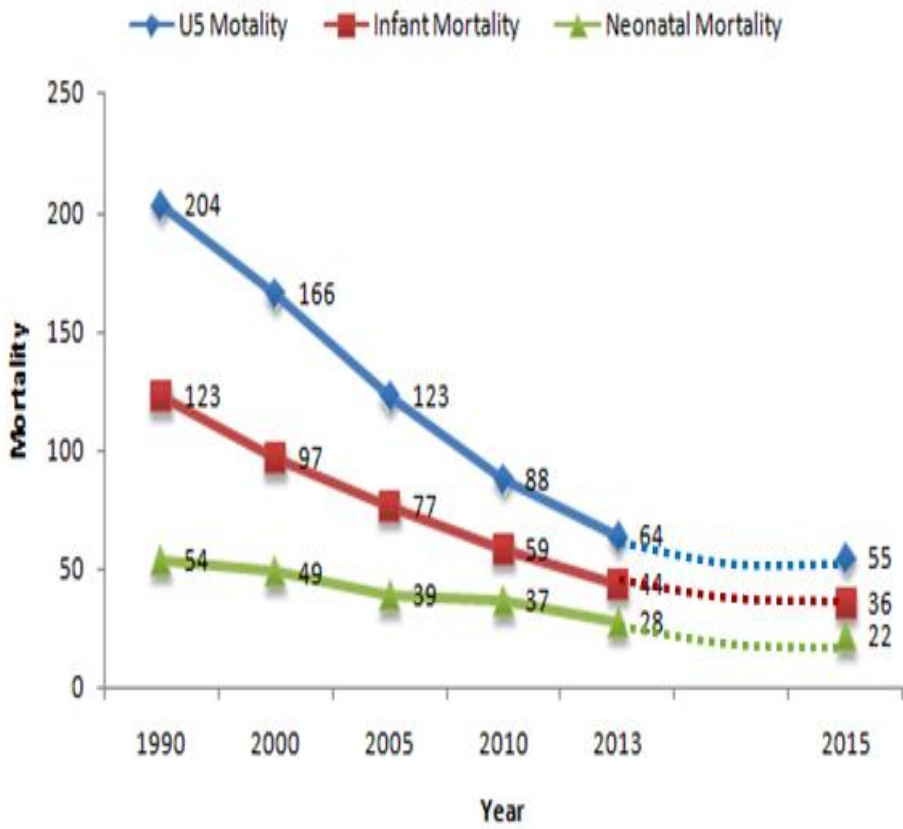
Yirga Ambaw MD, MPH

Ethiopia: Profile



- 1,104,300 square KMs
- Est. pop. = 90m
- Under 5: 14.6%
- Population GR = 2.6%
- 83.6% rural
- Fertility rate = 4.1 births (Mini DHS 2013)
- 66% U5C Fully immunized
- 24 % has access to improved sanitation
- 52 % has access to improved water supply

Epidemiology



Globally nearly half of child deaths are attributable to undernutrition

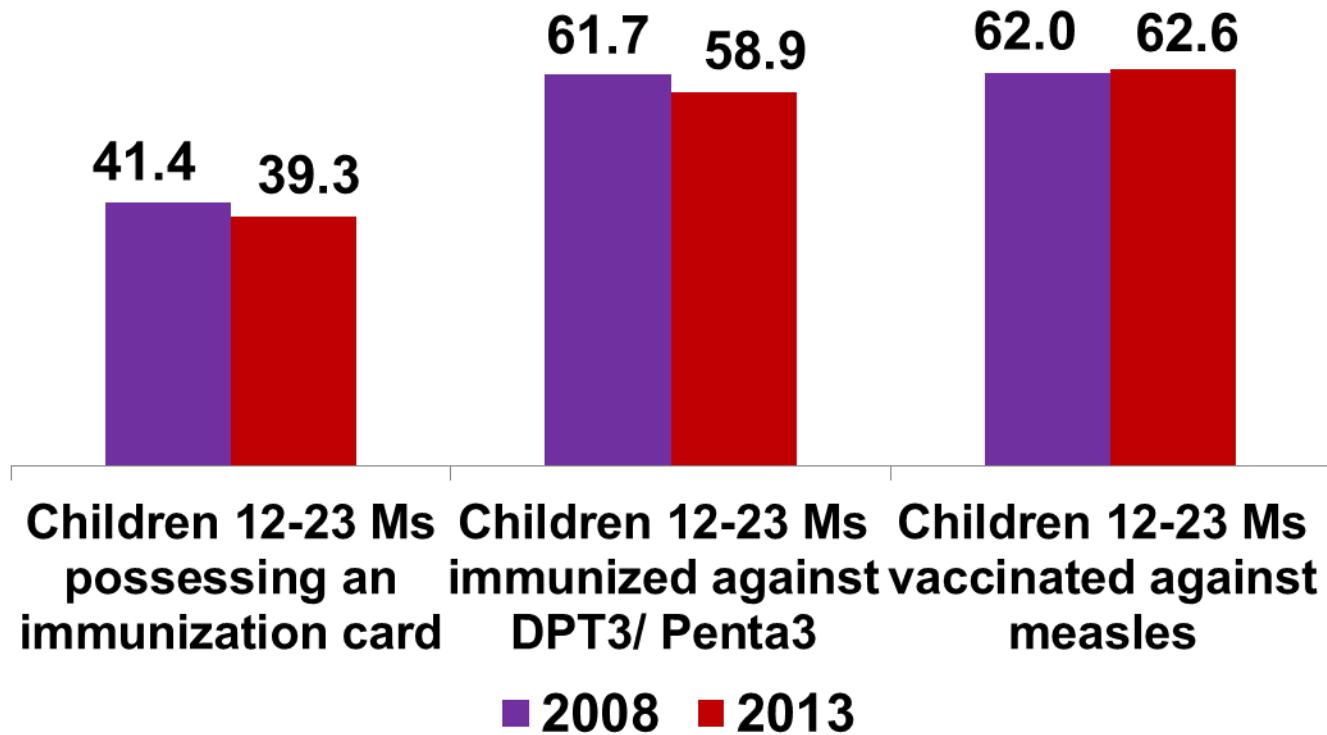
* Intrapartum-related events ** Sepsis/ Tetanus/ Meningitis/ Encephalitis

Programmatic focus: Foundation

- IMNCI
 - **89%** of HCs Provide IMNCI in the country
- ICCM
 - 15,365 health posts (**95%**), in 630 rural woredas in all regions are providing iCCM
- CBNC
 - 4883 health posts (**30%**), in 205 woredas of 31 zones in the big four regions have started providing neonatal sepsis management
- NBC Coverage
 - A total of 2000 health centers and 50 hospitals have started the NBC package in the country

Final Evaluation of IFHP

Immunization coverage : %

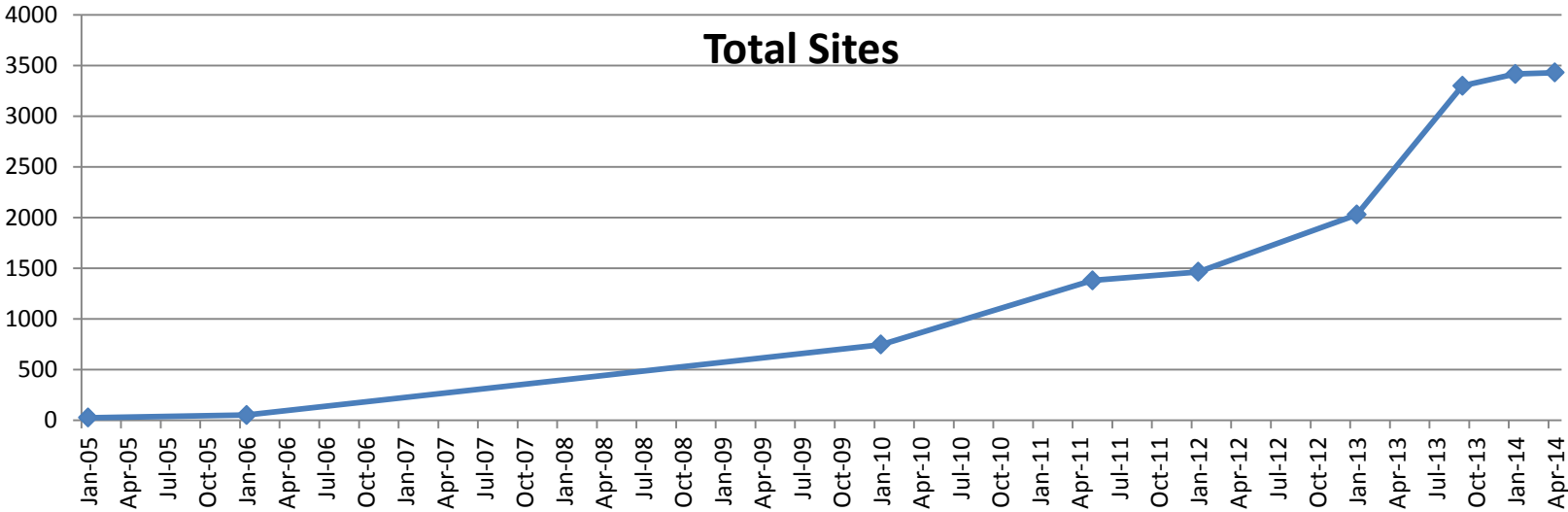
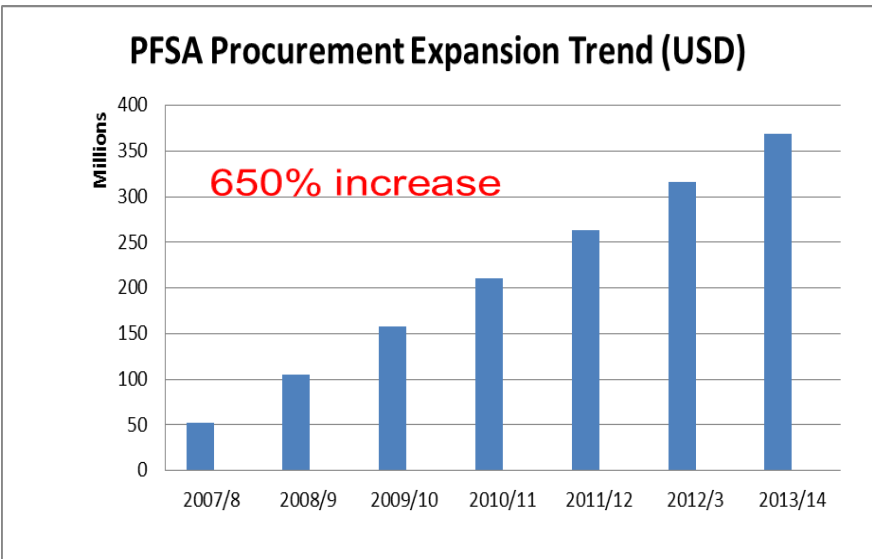
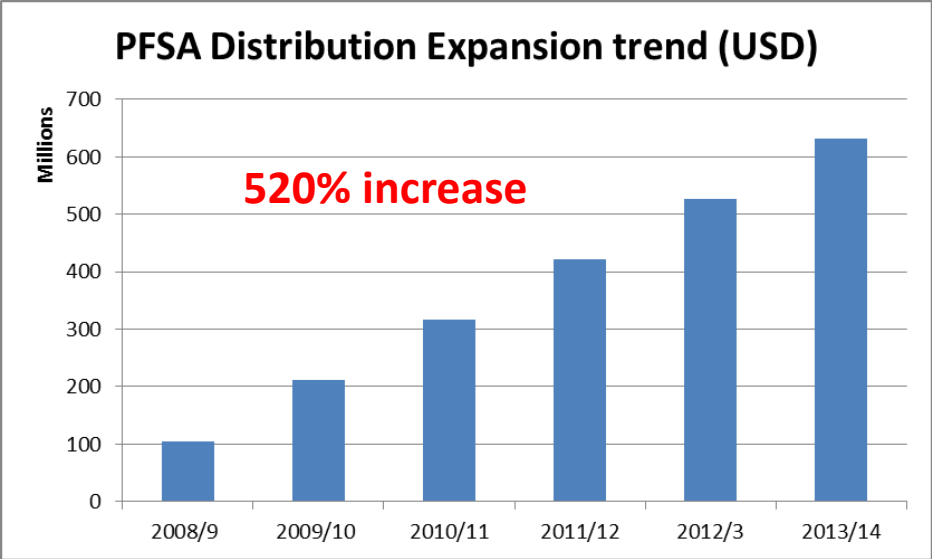


USAID investment and focus



- **Increased the utilization of Quality health services**
 - Ending Preventable Child and Maternal Deaths (EPCMD)
 - Targeted approach to reduce NMR
 - Scale up of ICCM, CBNC, IMNCI and support of EPI
 - Decreasing under-nutrition on women and children
 - Increasing CPR
 - Low performing districts and now to Pastoralist areas
 - HEP/PHCU
 - Health System Strengthening-HCF, referral system and supply chain

Health Facility Service Expansion



Lessons learned

Challenges:

- Low demand for services-use of ORT,ICCM...
- Weak coordination particularly at national level
- Over-stretched health system
- Dwindling resources
- Quality of child health interventions
 - Poor Infrastructure
 - Staff turn-over among health staff
 - Weak referral system
 - Staff turn-over among health staff
 - Financial and Logistics shortage

Plans and Way forward

- Policy revision of IMNCI guidelines
- IMNCI/ICCM/CBNC implementation in DRS
- Improve access, utilization and quality of the child health interventions
 - Demand generation
 - Co-packaging of ORS\ZN
 - Local production of essential commodities-Amox DT, Zinc DT
 - Strengthen the gains and the platform
 - Improve the PHCU linkage
 - Availing commodities and supplies





THANK YOU