



**USAID**  
FROM THE AMERICAN PEOPLE

# MCH PROGRAM DESCRIPTION

## Ethiopia



### Overall MCH and health sector situation

Health is a major challenge to Ethiopia's development. Half the population lack access to basic health services; health care delivery systems are weak, and the population is largely rural, spread across large regions that often lack roads. These facts, the country's susceptibility to droughts, epidemics, and regional conflicts, and traditionally low government spending on health especially affect the health of women and children: Ethiopia is one of six countries that account for 50 percent of under-5 child deaths worldwide, with approximately 350,000 Ethiopian children estimated to die each year, mainly from preventable and treatable infectious diseases complicated by malnutrition. Women are exposed to the risks of early and frequent childbearing. With one of the highest fertility rates in the world and only 6 percent of women having a trained health professional attendant at birth, almost 20,000 mothers die each year.

In recent years, however, Ethiopia has begun to move forward in MCH. Increased national investment in basic health services along with government-led close cooperation among donor partners contributed to a 25 percent reduction in U5MR between 2000 and 2005. While maternity services have been slow to expand, USAID-supported family planning programs have demonstrated that fertility rates and birth intervals can be improved at program scale. The government has recognized the need for development of a new level of the health system to rapidly increase access to primary health services. To do this, Ethiopia has trained and deployed more than 24,000 new, primarily female health extension workers, and is planning to train 6,000 more by the end of 2008, for a total of 30,000, with a target of having two such workers and a basic health facility in every community. USAID and all donor partners have aligned behind this strategy and are supporting its implementation. With rapid economic growth, national investments in health services have increased. The government has also made major investments in strengthening its health logistics and management information systems, drawing extensively on U.S. technical assistance. If sustained, this set of major commitments is expected to continue improvements in child survival and begin to improve maternal survival and health, as well.

### MCH interventions at the Mission level

USAID's program currently focuses on birth preparedness and maternity services; treatment of obstetric complications and disabilities, including fistula; newborn care and treatment; immunization, including polio; maternal and young child nutrition, especially micronutrient supplementation; treatment of child illnesses; and household water and sanitation and hygiene improvement.

### Delivery approaches and mechanisms supporting expanded coverage/use of interventions

USAID's major focus is on supporting the government's national rollout of community-based health services and on supporting these services with strengthened health care delivery at formal first-level facilities. These levels are linked by outreach activities, with Health Extension Workers taking the lead in organizing communities to maximize effectiveness of this outreach to provide such services as vitamin A distribution, immunizations, mosquito net

distribution, and antenatal care. USAID developed and evaluated the training of community health volunteers who support and amplify the work of the new, formally trained health extension workers. This approach has now been adopted as part of the national program. Increasing support is also being directed at strengthening larger health centers to increase access to emergency obstetric care.

### **Specific actions supported as part of the MCH approach**

USAID is the principal supporter of a unique health financing unit within the Ethiopian MOH. This capacity has assisted in developing Ethiopia's new health financing reform package, which is beginning to be implemented nationwide. Early experience with this new approach of local retention of health revenue has been demonstrated to increase the availability of funds to support essential basic services, including MCH. USAID has provided technical and financial support to major overhauls of Ethiopia's logistics system, increasing availability of essential MCH drugs and commodities, and to the health management information system, supporting improved availability and quality of services. USAID is a major supporter of training for Health Extension Workers, who will be the principal providers of first-level MCH services, and community health volunteers. Training is also provided for higher-level personnel in areas that include sick child treatment and obstetric health care, and for local and regional health system managers and supervisors. USAID also supports training of health officers under an accelerated program.

### **The USAID program's geographic focus**

The MCH activities in Ethiopia are being supported in selected districts of four of Ethiopia's most populous regions, encompassing more than 30 percent of the population.

### **The Mission program's relationship to the country's health sector and development plans and strategies**

The Health Extension Program and system and improvements that USAID is supporting are being implemented as part of the national Health Sector Development Program (HSDP III). USAID has been a full partner in the development of the HSDP, and, as noted, has entirely aligned its MCH programming with Ethiopia's strategy and annual implementation plans.

### **Potential for linking Mission MCH resources with other health sector resources and initiatives**

#### *USG investments (e.g., PMI, PEPFAR, Title II, OFDA, water, etc.)*

As a PEPFAR focus country, Ethiopia receives substantial HIV/AIDS resources. As HIV/AIDS services expand, these resources are contributing to strengthening key elements of service delivery in areas such as connecting PMTCT with antenatal care and delivery. In 2007, Ethiopia became a PMI focus country as well; PMI activities are being carried out in Oromia, one of the four regions where USAID's MCH programs are also operating. In Oromia, PMI and MCH resources will be linked to strengthening antenatal care while providing malaria treatment to pregnant women; supporting outreach activities that deliver insecticide-treated nets (ITNs) along with immunization and other interventions; and providing artemisinin-based combination therapy (ACT) treatment for malaria as part of sick child care at community and facility levels. Title II food programs and OFDA emergency responses incorporate key elements of MCH, such as immunization and micronutrient supplementation, and complement routine MCH programs by supporting nutritional status and livelihoods of vulnerable households, helping to preserve health in times of crisis and food shortage.

#### *Investments and initiatives of other donors and international organizations*

As it undertakes accelerated investment in the health of its families, Ethiopia is now receiving substantial support from a large number of major donors and international organizations, including GAVI and the Global Fund. USAID is fully engaged in government-partner coordination activities, including participation in implementation reviews of the HSDP and sitting on the Interagency Coordinating Committee for Immunizations, the Country Coordination Mechanism for the Global Fund, and Ministry-led task forces on child survival and reproductive health, among others. With UNICEF, USAID played a lead role in donor coordination in development of a national child survival strategy.

### **Planned results for the Mission's MCH investments over the next 5 years**

The targets are in line with the Ethiopian Government's Health Sector Development Program III, which aims by the end of the 5-year period to:

- Reduce the IMR to 45/1,000
- Reduce the U5MR to 85/1,000
- Reduce the MMR to 500/100,000
- Increase immunization coverage to more than 85 percent

<b>MCH COUNTRY SUMMARY: ETHIOPIA</b>	<b>VALUE</b>
<b>MCH FY08 BUDGET</b>	13,371,000 USD
<b>Country Impact Measures</b>	
Number of births annually*	2,820,000
Number of under-5 deaths annually	347,000
Neonatal mortality rate (per 1,000 live births)	39
Infant mortality rate (per 1,000 live births)	77
Under-5 mortality rate (per 1,000 live births)	123
Maternal mortality ratio (per 100,000 live births)	673
Percent of children underweight (moderate/severe)	38%
<b>Birth Preparedness and Maternity Services</b>	
Percent of women with at least one antenatal care (ANC) visit	28%
Percent of women with at least four antenatal care (ANC) visits	12%
Percent of women with a skilled attendant at birth	6%
Percent of women receiving postpartum visit within 3 days of birth	5%
<b>Newborn Care and Treatment</b>	
Percent of newborns whose mothers initiate immediate breastfeeding	69%
<b>Immunization</b>	
Percent of children fully immunized at 1 year of age	17%
Percent of DPT3 coverage	32%
Percent of measles coverage	35%
<b>Maternal and Young Child Nutrition, Including Micronutrients</b>	
Percent of mothers receiving iron-folate	10%
Percent of children receiving adequate age-appropriate feeding	54%
Percent of children under age 5 receiving vitamin A supplement in the past 6 months	46%
Percent of children under 6 months exclusively breastfed	49%
<b>Treatment of Child Illness</b>	
Percent of children with diarrhea treated with ORT	32%
Percent of children with diarrhea treated with zinc	0%
Percent of children with pneumonia taken to appropriate care	19%
<b>Water, Sanitation, and Hygiene</b>	
Percent of population with access to improved water source**	42%
Percent of population with access to improved sanitation**	11%
<small>* Census International Database  ** Joint Monitoring Programme for Water Supply and Sanitation 2008 Report  (Unless otherwise noted, the data source is 2005 Demographic and Health Survey)</small>	