

Save the Children is committed to helping the government achieve Millennium Development Goals 4 and 5 by 2015, working to reduce (4) the number of deaths among children below the age of five by two-thirds and (5) the number of maternal deaths by three-quarters. From 1996 to 2011, the mortality rate in Ethiopia for children under five dropped by 47%. Still, an estimated one in 17 children in Ethiopia will die before their fifth birthday. Dangers to health and wellbeing are pervasive throughout pregnancy and early childhood, with 90% of women giving birth without professional care. Families often travel up to 25 kilometres to reach the nearest health centre.



Karin Beate Nosterud/Save the Children

Parents come with their children to the clinic in Embulo Kajane outside Awassa in southern Ethiopia.

We aim to improve the health of children and women, particularly those who are poor, disadvantaged, and with limited access to health care across rural, urban, agrarian, and pastoralist settings. **In 2012, our health programmes directly benefitted over 900,000 people across six regions. More than half of our beneficiaries are children.** We provide training, treatment, support, information and advocacy to protect children from impediments to their health. We are working to strengthen health care systems, eliminate food insecurity, provide clean water, access to medicines and treatment, and prevent the spread of disease within families and among children.

IMPROVING THE HEALTH OF MOTHERS, NEWBORNS, CHILDREN, AND ADOLESCENTS

OUR EXPERIENCE

- ❖ Save the Children provided treatment for **103,000 children under five** (30% pneumonia cases) in 2012 through Integrated Community Case Management (ICCM) across 125 districts of Amhara, Oromia and SNNPR regions.
- ❖ Save the Children **generated evidence** to successfully advocate for the adoption of diarrhoea treatment with zinc, pneumonia with antibiotics, and community-based newborn care, including improved treatment of neonatal sepsis.
- ❖ Save the Children **integrated Kangaroo Mother Care (KMC)** for preterm infants and **Helping Babies Breathe (HBB)** for neonatal resuscitation into existing training packages.

THE PROBLEM Coverage and use of basic health services in Ethiopia is severely limited, characterised by high rates of morbidity and mortality. A startling 30% of deaths among women ages 15-49 are related to complications during childbirth. Still, only 10% of births are supervised by a professional caretaker. Many children are at risk of contracting deadly but preventable illnesses. In 2011, 76% of children between 12-23 months were not fully vaccinated against common illnesses, such as diphtheria, pertussis, tetanus, and measles. Although diarrhoea accounted for 22% of deaths among children under five, only 32% of children with diarrhoea were advised by a health provider.

OUR APPROACH Save the Children can improve the integration of **community and facility-based high-impact, evidence-based interventions** into maternal, newborn, and child health service delivery. Some of our key interventions include family planning, strengthening immunisation supply chains, and building broad-based referral systems to **develop linkages** between isolated health posts and central health centres. Addressing the specific needs of urban, rural and pastoralist communities through targeted approaches increases long-term community uptake and the likelihood of children accessing lifesaving health services.



Kokobe, 18 months old, visits a health post with her mother.

REFORMING PRACTICE TO SAVE LIVES

No life should ever be lost from a preventable illness. That is why Save the Children collected evidence to promote scale-up of **community-based newborn care (CBNC)**.

- ✓ **We standardised treatment of neonatal sepsis by health extension workers.**
- ✓ **We scaled up treatment of diarrhoea with zinc and pneumonia with antibiotics**



Abayanesu, 22, with her one-month-old newborn daughter in Black Lion Hospital.

In 2012, we provided direct services to more than

530,000
CHILDREN.

PREVENTION, TREATMENT, CARE, AND SUPPORT

THE PROBLEM More than 1 million people in Ethiopia are currently living with HIV. Girls ages 15-24 are most at risk of becoming HIV-positive. Still, access to adequate treatment and care remains limited throughout the country. Across Ethiopia, women are almost twice as likely to contract HIV. Roughly 80% of the population has never been tested for HIV and less than half (41.5%) of women ages 15-49 had a basic understanding of preventing mother-to-child transmission.

OUR APPROACH Save the Children uses Behavioural Change Communication tools in its approach to HIV prevention, focusing on community health, workplaces, school-based and out-of-school youth, and people with special needs. For people affected by HIV, we aim to **improve access and quality of chronic care and treatment** through enhanced service integration, laboratory services, referral, availability of essential commodities for opportunistic infections, and ARV drugs. Through breakthrough interventions such as income generation opportunities and capacity building of local and governmental support structures, Save the Children programmes can mitigate the impact of HIV and reduce the prevalence of persons living with AIDS.

OUR EXPERIENCE

- ❖ Save the Children worked in partnership with USAID to manage **TransACTION**, one of the largest HIV and AIDS interventions in Ethiopia.
- ❖ Save the Children built the capacity of **495 institutions, including 13 NGOs and 482 local institutes in 91 towns** to respond to health crises.
- ❖ Save the Children provided **testing, care and support services** to more than 76,000 people, 12% of whom were children, and counselling to more than 22,000 individuals affected by HIV.

STRENGTHENED PUBLIC HEALTH MANAGEMENT SYSTEMS

THE PROBLEM The capacity of the Federal Ministry of Health (FMoH), the Federal HIV/AIDS Prevention and Control Office (FHAPCO), the Federal Ministry of Women, Children and Youth Affairs (FMOWCYA), and their regional counterparts to adequately address health concerns in Ethiopia may be limited by available resources (finances, equipment and supplies), level of professional confidence and competence, and limited interest in community involvement. They require evidence-based plans, regular reports and technical support from health and HIV sector actors. Building their capacity as partners through the provision of technical support, resources, and fostering stewardship is vital for effective, sustainable programming.



Sunbete, 5, receives immediate treatment at the Bona Clinic and Worancha OPT Centre.

OUR APPROACH Save the Children is working to **strengthen active surveillance and epidemic control** through improved vulnerability assessments and risk analyses of communities. Through capacity building of monitoring institutions and health workers, as well as support for national stockpile systems, we can improve recovery operations and emergency health and nutrition response mechanisms. Improving linkages across the sector will enable better coordination and recovery efforts.

OUR EXPERIENCE

- ❖ Save the Children provided strong **technical support to scale-up evidence-based high-impact health interventions**, helping to build strong relationships with the FMoH and within communities.
- ❖ Some projects, such as our ICCM programme, involve **coordination with a variety of partners**, including UNICEF, USAID/IFHP, L-10K and local implementers to magnify reach and achieve greater, sustainable outcomes.

Save the Children is the world's leading independent organisation for children. Our vision is a world in which every child attains the right to survival, protection, development, and participation. Our mission is to inspire breakthroughs in the way the world treats children to achieve immediate and lasting change in their lives.

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