CABRINI MINISTRIES
ETHIOPIA
Partnering in a future and a hope

INTEGRATED MALNUTRITION PROGRAMME - DUBBO, ETHIOPIA

Info:

Sr. Berhane Ashebo, MSC, Director, berhanemsc1@gmail.com

Mrs. Enrica Valentini, Development officer, enricav@cabriniministries.com

A MINISTRY OF THE MISSIONARY SISTERS OF THE SACRED HEART OF JESUS

Cabrini Ministries Ethiopia

Organization Profile

Cabrini Ministries Ethiopia (CME) is a Catholic faith-based and community-based non-for-profit organization working in Wolayta Zone, Southern Nations, Nationalities, and Peoples Region State (SNNPR). Established and managed by the Missionary Sisters of the Sacred Heart of Jesus (MSC), it aims to empower the most vulnerable communities by partnering with families for education, livelihood and health care support.

CME has been operating since 1999. It manages three preschools, a malnutrition rehabilitation centre, an Integrated Mother and Child Health program (IMCH), and a livelihood support program.

Vision:

Partnering in a future and a hope.

Mission:

To bring the redemptive love of the Heart of Jesus to the families we serve by partnering for thriving and resilient communities that are spiritually nourished, healthy, educated and economically independent.

Values:

Servant, Bridge, Life giving love, Empathy, Courage.

Objectives:

- Deliver quality healthcare support for mothers and children aged 0-7 years ensuring access to services and education to reduce mother and child mortality and promote prevention of disease
- Help under privileged children and household access quality primary education and increase literacy levels.
- Ensure that targeted low income households have sustainable livelihood and food security.
- Ensure that the delivery of quality services is effective and efficient in compliance to statutory and donor requirements.

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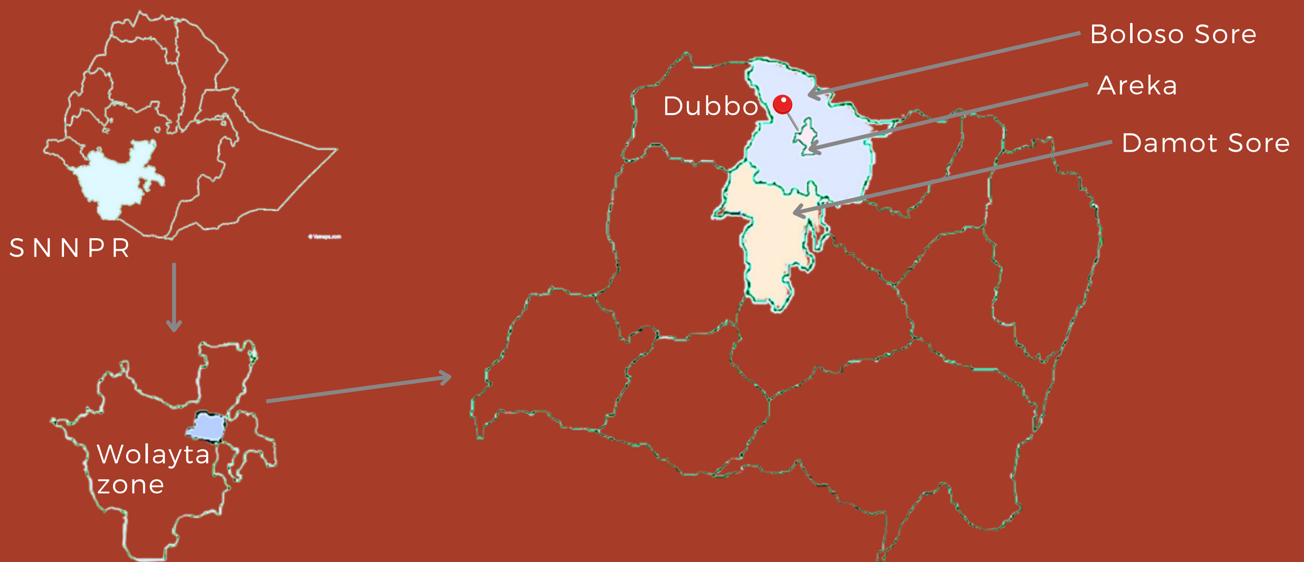
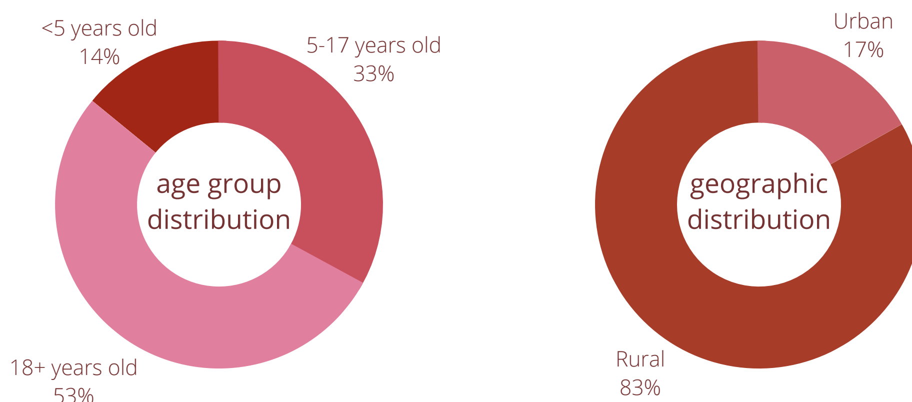
Local context

CME is based in Dubbo and is operational in Dubbo, Boloso Sore Woreda, Damot Sore Woreda, and Areka Town Administration.



It is a rural and highly populated area. Poverty, malnutrition, unemployment, and lack of infrastructures and services are major issues in the area. The impact of such situation affects women and children the most.
CME serves a population of 394,139 inhabitants, majority of them youth.



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Most of the population lives in mountainous villages reachable via dirt roads that are often impassable during the wet season. Rural residents need to travel long distances to reach urban areas to access services, which is costly and time consuming.

Piped-water and public power supplies are only available in urban areas, so rural families live without electricity and need to walk to pumps to fetch water.

Most of the population relies on agriculture for their survival. However, high population density and climate change, which is responsible for a decrease in precipitations and landslides, lead to the scarcity of farming land.

Families are therefore unable to generate enough income to provide to their needs. As a consequence, they struggle to pay for school fees, food, medicines, and all other necessary services which will enable them to live a decent life, develop their potential, and break the cycle of poverty.

20.7% of the population lives below the national poverty line

24.5% of the population lives below the food poverty line

42% of the households experience food insecurity

CME malnutrition interventions

Malnutrition is prevalent in Wolayta Zone, one of the poorest areas of Ethiopia. Malnutrition-related conditions are one of the main reasons for pediatric admission to St. Mary Hospital in Dubbo, and the third cause of death of patients overall.

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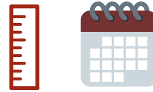
11.9% of children <5 is **underweight**



34.1% of children <5 is **stunted**

6.9% of children <5 is **wasted**

Extreme poverty is the root cause of malnutrition in the area. Families cannot generate enough income to buy sufficient food. High inflation caused by political instability and the fallout from the Covid-19 pandemic has only worsened the situation in recent years. Data also show that children living in rural areas and living in households led by single mothers, with limited access to safe water sources, are more likely to be affected by malnutrition.

In order to address this situation, in 2020, CME launched an integrated mother and child health programme (IMCH) to screen mothers and children in the communities and detect cases of malnutrition. CME also established a residential rehabilitation centre (BJCL) to provide additional support to children with severe malnutrition between 0 and 7 years of age.

When BJCL started treating malnourished children, many with related conditions such as scabies, children were discharged once in good health. But after a few months, many of them were back in hospital, having relapsed. After discharge, in fact, children often went back to the same conditions that had led to malnutrition. It became apparent that the conditions at home, where lack of resources and education are pervasive, are an integral part of the problem that needs to be addressed to achieve sustainable change.

CME has therefore expanded its approach and is working on malnutrition on both its medical and socio-economic components. On top of medical services, CME now engages parents in health education and vocational interventions for them to diversify and improve their income and livelihoods.

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Action plan 2024/2025

Goal:

To reduce the burden of malnutrition among children aged 0-7 in Boloso Sore Woreda, Damot Sore Woreda, and Areka Town Administration, Wolayta Zone, SNNPR, Ethiopia.

Specific objective:

To halve the percentage of malnutrition relapse cases among children <7yo discharged from BJCL rehabilitation centre.

Activities:

Children nutritional care

- Outreach screening for Moderate Acute Malnutrition (MAM) and Severe Acute Malnutrition (SAM) cases (1500 children);
- Hospital referral for official diagnosis (250 children);
- Admission to BJCL for full rehabilitation;
- Discharge and follow up.

Parents support

- Health education during BJCL admission (covering: Identification of signs of malnutrition; Nutritional needs of children and adults; Cooking demonstrations; Personal and home hygiene; Sanitation; Prevention of common diseases; Farming of locally-appropriate nutritious crops)
- Livelihood training after BJCL discharge (covering: Business awareness; Grouping and cooperatives; Banking, saving, and management of business cash; Preparation of business plan; Market assessment).
- Startup support for establishing income generating activities (in the form of food parcels for up to 3 months to

allow parents to save money for their activity; of free use of CME land for cultivating crops for self consumption and sale for generating startup capital; of purchasing tools for their activity of choice).

- Follow up.

Impact

Within one year, we expect to screen for malnutrition at least 1500 children in rural communities around Dubbo, and to provide direct medical care and follow up to 250 (132 female, 118 male) children with MAM and SAM. Children below 6 month who will be helped at home and their mothers will receive nutrition support to ensure they complete the recommended exclusive breastfeeding period. Children above 6 months of age will be admitted to BJCL for rehabilitation.

250 parents and guardians of children with MAM-SAM (150 female, 100 male) will receive training and health education.

We estimate the number of people impacted indirectly by the program to be around 2500 a year (52% female, 48% male). This number mainly includes family members of the trained caregivers other than the child/children treated at BJCL, such as siblings, grandparents, and extended family members living in the same household.

Once treated, acutely malnourished children will remain in good health, as their parents and/or caregivers are empowered to generate income, to provide for their children's nutritional needs, and to keep them healthy.

As a result of the intervention, therefore, we expect to see a reduction in the incidence of relapse cases among children discharged from BJCL.

Budget

Children care	Unit cost ETB	# Units	ETB	EUR
Human resources (community coordinator, health officer, community health worker, nurse, driver) - monthly	800	12	96.000	**1.600**
Transport for outreach screening (fuel and car maintenance) - monthly	10.000	12	120.000	**2.000**
Food and therapeutic feeding - monthly	15.000	12	180.000	**3.000**
Medications - monthly	10.000	12	120.000	**2.000**
SUBTOTAL			*516.000*	*8.600*

Parents support	Unit cost ETB	# Units	ETB	EUR
Human resources (livelihood officer) - monthly	5.000	12	60.000	**1.000**
Temporary food package - monthly	15.000	12	180.000	**3.000**
Livelihood training tools - lumpsum	20.000	1	20.000	**333,33**
Health education facilitation (refreshments, demonstration items)	5.000	12	60.000	**1.000**
SUBTOTAL			*320.000*	*5.333,33*

Overheads costs	Unit cost ETB	# Units	ETB	EUR
Communications (airtime for follow up with families)	500	12	6.000	100
Admin support (management, reporting, bank charges)	1.000	12	12.000	200
SUBTOTAL			*18.000*	*300*
TOTAL			854.000	14.233,33

Children receiving nutritious food at BJCL

Mother cultivating her field for generating income for her family after receiving CME support