Nutrition

Issue

Despite some improved trends in all three nutrition indices over the last 14 years, with decline in stunting from 58 per cent to 40 percent, underweight from 41 per cent to 25 percent and wasting from 12 per cent to 9 percent1, Ethiopia remains in a precarious situation. Approximately 1 million children were moderately wasted and more than 300,000 children under five are severely wasted in 2011. Acute malnutrition remains widespread across the country, particularly in food insecure areas which constitute up to half of the woredas (districts) in Ethiopia.

Among women 15-49, 26 per cent are malnourished while 17 per cent have anaemia (EDHS, 2011). This significantly contributes to maternal and neonatal mortality as well as to poor birth outcome and, hence, infant malnutrition. Inappropriate infant and young child feeding (IYCF) practices contribute heavily to malnutrition in Ethiopia. While 99 per cent of children are breastfed, only 52 per cent of children are exclusively breastfed within the first six months (EDHS, 2011). Additionally, among children 6-23 months, only 5 per cent received four or more food groups, and 49 per cent were fed at least three times per day (EDHS, 2011).

Micronutrient deficiency remains a significant public health burden in Ethiopia with deficiencies in iron, vitamin A, folic acid, iodine and zinc as the common deficiencies. These affect physical and mental functioning and growth, brain development in pregnancy, visual impairment, increased susceptibility to disease and increase mortality risk. Vitamin A deficiency affects 37.7 per cent of children2, while iodine deficiency is highly prevalent. According to the 2005 micronutrient survey, 68 per cent of children had a poor iodine status and the prevalence of goitre (swelling of the thyroid gland due to lack of iodine) is 40 per cent and 36 per cent in children and women respectively. The recent available data in 2014 found that 95% of household salt has iodized salt but only 43% as per standard (15 PPM and more), as measured by titration method.

National Strategy

The Government of Ethiopia has committed to halve by 2015, underweight among children under-five (MDG 1) and mortality (MDG 4). This has been reflected in the Growth and Transformation Plan. Furthermore these goals are articulated within the Health Sector Development Plan IV and the National Nutrition Strategy.

The rational for revising the National Nutrition programme (NNP) include: to strategically address the nutrition problem in the country by taking into account the multi-sectoral and multi-dimensional nature of nutrition; focusing on the Lifecycle approach; to strengthen initiatives that were not adequately addressed in the 2008 NNP and to include initiatives that have emerged since NNP was revised. The revised NNP was launched on June 2013. The timespan of the NNP is being extended to 2015 to coincide with the reporting against the MDGs. A new phase of the NNP will start in 2016 and end in 2020.

1  WHO Standards, data from EDHS 2000 and the Mini-DHS in 2014
UNICEF’s Support

In order to positively change deeply-rooted family and community cultural beliefs and childcare practices and address the multiple nutrition-related challenges in Ethiopia, UNICEF is supporting key interventions that will strengthen government ownership and national capacity to respond to immediate nutrition emergencies, implement nutrition specific interventions, as well as work with other sectors on underlying causes of under-nutrition, such as education, agriculture and social protection sector. It is envisioned that all activities supported by UNICEF will assist Ethiopia in reaching the objectives as outlined in the NNP, as well as the Millennium Development Goals of halving by 2015 children under-five malnutrition (MDG 1) and mortality (MDG 4), and maternal health (MDG5).

The Nutrition support to the GoE includes engagement of communities, development partners (UN, NGOs, CSOs), private sector (food sector) and academic institutions to respond to the nutritional needs of the women and children of Ethiopia. The guiding framework through which the UNICEF will provide support is the NNP. The programme implementation manual of the NNP has been revised to place more emphasis on the first 1000 days, accelerate stunting reduction actions, and steer multi-sectoral engagement towards nutrition sensitive actions. UNICEF has been providing technical support towards the revision of the NNP and components in the programme.

To mitigate and manage nutrition shocks, UNICEF is working with the Government’s Disaster Risk Management and Food Security Sector, (DRMFSS) regional authorities and other partners to deliver coordinated preparedness and response and within the inter-agency cluster framework, and to refine emergency preparedness and response plans, in the context of Ethiopia’s concerns about food security, public health hazards and displacement.

Food fortification
The National Nutrition Programme (NNP) is multidimensional and applies multisectoral approaches. A National Food Fortification Steering Committee is established as an NNP technical working group, chaired by the Ministry of industry. The target food vehicles include salt (iodine), wheat flour (iron and folic acid) and edible oil (vitamin A). While flour and oil fortification are in the planning phase, salt iodization has received most attention and is currently being implemented.

UNICEF has been advocating for mandatory salt iodization in Ethiopia as a means of preventing iodine deficiency disorders in the country. The legislation passed in 2011, and after the law came into effect in Jan 2012 enforcement by the Food, Medicine and Health Care Administration and Control Authority (FMHACA), compliance from salt producers led to increased supply of iodized salt. Gradually, there has been a significant increase in the supply of iodized salt from 10% in 2011 to >90% in 2014. However, salt iodization techniques are poor and only 43% of the household salt is adequately iodized (>15 PPM). A revamping of iodization methods through the establishment of Centralized Iodization Facility (CIF), coupled with rigorous quality control are the main priorities for the programme.

Community-Based Nutrition (CBN)
The Community Based Nutrition Programme (CBN) is one of the key components of the Ethiopian National Nutrition Programme (NNP). As part of the CBN package, UNICEF is supporting the roll-out of CBN following the life cycle and improve, adolescent, maternal nutrition and infant and young child feeding practices at scale as well as to strengthen the linkages with other sectors to contribute for better nutritional outcomes. The basic principle is to make nutrition a priority agenda for families and communities and influence sustainable behavioural changes in child care practices and health-seeking behaviours. The CBN package includes nutrition specific interventions such as promotion of adolescent and maternal nutrition, monthly Growth Monitoring and Promotion of all children under 2 years, and micronutrient programs which are implemented by health extension workers. CBN
also includes nutrition sensitive intervention with agriculture, education, water and social protection sectors. Currently, the full package of CBN programme is being implemented in 372 districts of the four big regions namely Tigray, Amhara, Oromia and SNNPR reaching 1.1 million children under 2 years of age whose growth is monitored monthly. In addition, UNICEF is supporting local production of complementary food in 20 selected woredas with plan for expansion to 50 additional woredas. Furthermore, the minimum package of CBN (which includes IYCF and micronutrient programs) is being implemented in the four Developing Regional States namely Afar, Benishangul-Gumuz, Gambella and Somali.

Community-based Management of Acute Malnutrition (CMAM)

Community Management of Acute Malnutrition (CMAM) is one of 13 highly cost-effective direct nutrition interventions identified in the Scaling-Up Nutrition (SUN) framework for action. Increasing coverage of and access to CMAM is a key strategy for realising the Growth and Transformation Plan GTP results. CMAM is also a key element of the emergency nutrition response to manage risk, sustain and accelerate recovery and enhance resilience. Through the Health Extension Programme, three out of four health posts are treating children with malnutrition and contributing to the national drive that has seen the establishment of over 12,000 Out-patient Therapeutic Programmes (OTPs) up from 5,000 sites in 2009 in more than 600 districts across the country. UNICEF has been responsible for the supply management of CMAM commodities, but is currently supporting the government to progressively take over the management.

Transition of Nutrition Outreach Campaigns to Quarterly Community Health Days (CHDs) and routine service delivery

The Enhanced Outreach Strategy (EOS)/Targeted Supplementary Food (TSF) for Child Survival are a joint programmes, which are initiated in 2004 by the Federal Ministry of Health (FMOH), and the Disaster Prevention and Preparedness Agency (DPPA) with support from UNICEF and World Food Programme (WFP). The EOS/TSF was developed in 2004 as a “stop-gap” measure to prevent millions of Ethiopian children from dying or becoming malnourished.

In 2012, FMOH decided to fully phase-in the CHDs in all the woredas of Amhara, Benishangul-Gumuz, Oromia, SNNPR and Tigray where HEP is fully functional. In addition, as part of the learning pilot, the 39 woredas that were the first to transit from EOS to CHD in 2008 will be moving towards routine service delivery mechanism starting from July 2012.

Communication for Development

In several programme areas of the NNP changing social norms, social mobilization and Behaviour Change Communication. As a key capacity development intervention, UNICEF former C4D section supported the development of Nutrition Communication Strategy as part of the revised NNP in collaboration with MOH and PR and Health Communication Directorate. Support was also provided for consolidation of nutrition components within Integrated Community Dialogue manuals developed for enhanced community participation, behavioural and social change. So far, interventions include the development of IYCF videos to support training of Health Extension Workers (HEWs), school nutrition promotion packages, Adolescent nutrition promotion package, IYCF counselling cards for Mother Support Groups for Developing regions, radio serial drama and communication packages for religious groups is underway. School BCC ToTs and Cascades are given to 115 UNICEF supported woredas.
(districts) in the big regions of Amhara, Oromia, SNNPR and Tigray. Capacity building training is given to journalist across regions to provide standard and necessary nutrition focused knowledge and information as well as practice based journalistic skills that will help journalists to report on nutrition issues with an improved quality. An advocacy workshop was supported for parliamentarians to create awareness about NNP strategies and engage them to strengthen multi-sectoral coordination among the nine sectors, support in pushing legislations and regulations and ensure implementation at different levels.

Nutrition information systems and M&E
UNICEF has a long history of support to strengthening nutrition information systems and early warning in Ethiopia. It fully supports the Emergency Nutrition Coordination Units (Federal and six regional offices), with staffing, monetary and supply support. The ENCU is responsible for emergency situation monitoring and stakeholder emergency nutrition response coordination. UNICEF has also supported the development and implementation of nutrition information systems. One of which is the bi-annual nutrition survey system, established in 2011. This is a system of bi-annual woreda level surveys in chronically affected areas, allowing for the tracking of nutrition trends for early warning monitoring. The second and more recent system UNICEF is supporting, is an “NNP Monitoring Tool.” This is currently being developed in partnership with the FMOH Nutrition Unit. This “NNP Monitoring Tool” will track progress towards NNP objectives and provide a decentralized platform for improved monitoring and supervision of routine nutrition activities, as well as a system that allows for easy triangulation of nutrition specific and sensitive data down to the woreda level for improved early warning.

Multi-sectoral support
UNICEF actively supports the set up and roll out of the multi-sectoral approach to nutrition. As a core component of the NNP, 9 line Ministries are represented in a National Nutrition Coordination Body (NNCB) and a Technical Committee (NNTC) at Federal level which is mirrored at Regional, woreda and even kebele (sub-district) levels. These multi-sectoral bodies are the mechanism to implement, coordinate and oversee the nutrition specific and sensitive programmes to improve nutrition in a holistic and multi-dimensional way that addresses the direct, immediate causes of under nutrition as well as the basic causes in the social and economic sectors and the way resources are distributed. This approach is being implemented and rolled out. UNICEF, with Cornell University, supports all stages including the roll out to regions, facilitate communication, capacity building, knowledge management, monitoring, technical support and learning platforms.

Governance in nutrition
UNICEF is the global cluster lead for nutrition. In this role, it supports the coordination for humanitarian nutrition emergencies through the support of the Emergency Nutrition Coordination Unit in the MoA. UNICEF also chairs the Nutrition Development Partners Forum (NDPF) with participation from donors, UN agencies and a representative from the NGO sector.

Gender
Gender is one of the causes and consequences of malnutrition. There are some interventions to address the gender dimension of nutrition. In 2013 a gender analysis and action plan assessment was conducted by UNICEF and pertinent government organizations on Nutrition and WASH programmes. As a result, gender specific action points to address gender issues in nutrition are incorporated in the annual work plan preparation of MOE and MOH. Gender dimension of malnutrition awareness creation session was incorporated in the advocacy workshop to Women Machineries on NNP organized by MOWCYA and MOH in collaboration with UNICEF. Gender responsive nutrition programming job guide is under development. Gender responsive nutrition programming session was also incorporated in the regional implementation and coordination workshop to the Regional and Zonal nutrition technical committee members.
CURRENT GEOGRAPHIC COVERAGE AND PLAN FOR SCALE UP

- Health extension Programme
- Vitamin A/Deworming
- USI/Food fortification
- Emergency Preparedness and Response

- Community-Based interventions (CHD) CMAM and CBN

- CF Local Production

- 326 WOREDAS in Amhara, Oromia, Tigray and SNNPR, linked to other sectors in 100 woredas
- WASH/CBN in 55 woredas
- Multiple use of water service MUS/CBN in 30 woredas

- Plan for expansion of CBN in 110 more woredas
- Local production of complementary food (CF) in 100 Woredas

- National level 800 woredas

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