Ethiopia’s New Harmonised Nutrition Plan Saves Children’s Lives

From Famine to Food and Nutrition Security

By Peter Salama and Joan Matji

Addis Ababa, 1 October, 2013 - Recurrent famines were once the trademark of Ethiopia with the 1984-1985 famine in Ethiopia causing an estimated one million deaths and made millions more destitute. The crisis was intensive in the northern highlands of the country where record low rainfalls were compounded by the effects of civil war. Famine vulnerability continued through the mid 1990’s due to conflict in the northern regions and protracted drought in other regions of the country. In 2002, Ethiopia was again hit by another famine with about six million people in need of urgent food aid, and 15 million facing the threat of starvation. The most recent large scale food insecurity situation arose during the Horn of Africa Humanitarian crisis of 2011.

Natural events typically trigger famine in the absence of effective government structures, institutions and technical capabilities to mitigate the effects of the widespread catastrophe. Fortunately, in more recent times Ethiopia has been able to shake off the image of a famine-prone country. With increased scientific knowledge and understanding of the relationship between the diverse geo-climatic conditions, agricultural production and poverty, and systems development, it has been possible to minimize their adverse impact on human lives and livelihoods. In addition, efforts to improve food security and prevent famine have received high levels of attention from the government and the Growth and Transformation Programme (GTP) which focusses on addressing the magnitude, frequency and effects of drought. The recent Disaster Risk Management Policy has escalated the coordination and related information systems management to the office of the Prime Minister, thus also ensuring high level accountability on all disasters in the country.

According to the Real Time Evaluation report, on the response to the drought in 2011 in Ethiopia, which resulted in 329,535 children being treated for severe acute malnutrition (SAM), there were few deaths associated with SAM. The evaluation acknowledged the work of the Government of Ethiopia and its partners, including UNICEF, to put in place long term, predictable systems to deal with both chronic and acute malnutrition as part of a long term strategy.

Scale up of CMAM for sustained community resilience

The scaling up of the Community management of acute malnutrition (CMAM) programme is one such programme contributing to building long term community resilience to food and nutrition insecurity. In 2003, the Ethiopian CMAM interventions were mainly NGO-run, facility-based, in-patient therapeutic feeding centers which began in four sites at the start of 2003 and

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grew to 44 sites by the end of the same year. The number of sites escalated to over 100, following a decision by UNICEF to train and equip government staff at health centers in areas that were chronically food insecure and vulnerable. From the end of 2008, the Government of Ethiopia decided to decentralize the management of SAM further to health post level attaining a sharp increase in Health Extension worker capacity without compromising the performance.

For the past 10 years, UNICEF has supported Government efforts in the management and scale up of the CMAM programme in Ethiopia, through capacity building and supply and logistics management. Currently, the CMAM programme has the capacity to successfully manage and treat up to 300,000 children with severe acute malnutrition per annum in more than 11,000 sites (in-patient and at health post) at the community level (See Figure 1). In terms of sustainability, the CMAM programme is fully integrated into the Government funded and run HEP (Health Extension Programme) and is implemented concurrently with the Integrated Community-based Case Management of pneumonia, diarrhoea and malaria (ICCM) interventions which are now scaled up in more than 7,000 health posts in more than 321 districts in the country. Furthermore, CMAM is now considered to be a non-emergency, development response and includes strengthening the private sector through the local production of ready to use therapeutic food (RUTF).

![Figure 1: Evolution of the number of admissions and sites in CMAM in Ethiopia](image)

Community based interventions are vital to bridge disparities in the face of limited national resources and decentralised systems. UNICEF supports a myriad of community based interventions predominantly using the Health Extension Programme, as the service delivery platform, with over 38,000 health extension workers delivering door to door health services, and together with partners such as the World Bank and JICA has supported the scale up of the preventative Community Based Nutrition (CBN) programme as part of the Community based Maternal, Neonatal and Child Health (CMNCH) package to more than 330 districts in the country. The programmatic linkages and referrals between the preventive nutrition specific interventions provided through the CBN programme and the Productive Safety Net Programme (PSNP) provides an excellent platform for enabling a systems approach that

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2 Policy and Practice Information for Action: (2013) FMOH
ultimately leads to improved preparedness and resilience in protection, nutrition, health, WASH and education. The Government of Ethiopia has plans to scale up CBN in all agrarian woredas by the end of 2015.

Key Numbers

Ethiopia has recorded remarkable development gains over the past two decades. Child deaths were cut by 67 per cent from 204 per 1000 live births in 1990 to 68 per 1000 in 2012 achieving MDG 4 three years ahead of time; the number of children in school trebled from as low as 32 per cent in 1990s to 96.4 per cent; people with access to clean water more than doubled, with improved access to safe water for 54 per cent of the population. In addition, the country has seen the proportion of people living below the poverty line decline from 44 per cent in 1995 to 30 per cent in 2011.

With respect to nutrition indicators, between 2000 and 2011, the national stunting prevalence rates declined from 58 per cent to 44 per cent, whilst underweight declined from 42 per cent to 29 per cent and wasting from 13 per cent to 10 per cent. (See Figure 2 below) Anaemia prevalence amongst child under-five remains high at 44 per cent, and whilst there are recent improvements in the production of iodised salt still only 15 per cent of household are consuming iodised salt. Regarding infant feeding practices just over half ( 52 per cent) of children under 6 months were exclusively breastfed, and of even greater concern, only 4.3 per cent of children aged older than 6 months consumed the recommended 4 food groups and only 13 per cent of children under 2 consumed iron rich foods.

There are significant regional disparities that emerge in Ethiopia, with regions such as Tigray and Amhara, despite having good agriculture yields, also having the highest levels of stunting at 51 per cent and 52 per cent respectively. See figure 3 below. "Such findings highlight the critical need for Ethiopia to make the link between nutrition and agriculture as one of the most

4 UNIGME report 2013, APR report 2013
5 Education Statistics Annual Abstract 2010/11 (MoE)
6 EDHS 2011
dominant and pressing development concern” states Dr. Peter Salama, UNICEF Representative in Ethiopia.

Figure 3: Ethiopia Nutrition Indicators (EDHS, 2011)

Revised NNP Builds on Sound Scientific Evidence and Programme Experiences

In June 2013, Ethiopia launched an ambitious and revised National Nutrition Plan for Ethiopia, that seeks to transform the economic and development trajectory of millions of children and their mothers, by addressing food and nutrition insecurity in the country. The revision process of the NNP was based on a solid foundation of the current evidence base to support large scale nutrition programming efforts. Indeed as part of the launch activities, the new Lancet child and maternal series for 2013 was also launched in Ethiopia.

The Maternal and Child nutrition series acknowledges that nutrition is crucial to both individual and national development. The Lancet Nutrition Series (LNS), 2013 acknowledged that globally there are 165 million children under five who are stunted, representing 25.7 per cent and that annually the rate of reduction (2.1 per cent) is not fast enough to reach the World Health Assembly target of a 40 per cent reduction in the number of children under five who are stunted by 2025. The LNS 2013 demonstrated that under-nutrition is responsible for 45 per cent of all under five child deaths representing more than 3 million deaths per year. Foetal growth restriction and sub-optimal breastfeeding together account for more than 1.3 million deaths and micronutrient deficiencies in particular vitamin A deficiency and zinc deficiency are responsible for nearly 300,000 child deaths. Overall, the LNS 2013 strengthened the case for the continued focus on the window of opportunity namely the 1,000 days during pregnancy and the first two years of life. The revised NNP for Ethiopia includes most of the 10 priority evidence based interventions to prevent and treat under-nutrition across the whole life course.
The revised NNP aims to strategically address nutrition problems in the country by:

- Taking into account the multi-sectoral and multi-dimensional nature of malnutrition and to identify the roles and responsibility of other sectors to contribute to nutrition through a concrete plan of action for linkages among the sectors.

- Focussing on the lifecycle approach to map key actions needed to improve the nutritional status of women and children starting with the first thousand days, and in particular articulates nutrition actions for in and out of school adolescents, through to pregnant women and the first 2 years of life, building on the accelerated stunting reduction strategy that was developed by the FMOH with development partners in Feb 2011.

- Strengthening initiatives that were not adequately addressed in the previous national nutrition programme such as food fortification and nutrition sensitive actions.

- Aligning the reporting period to the GTP and the MDGs, namely 2015.

- Articulating ambitious targets and includes an accountability and results matrix and depicts how each of the results can be realized and how each NNP implementing partner can contribute to better nutrition outcomes.

The revised NNP also provides an excellent platform to accelerate the joint nutrition programme actions of the 4 UN agencies (WFP, FAO, WHO and UNICEF) that are part of the REACH mechanism in Ethiopia. In particular, WFP, FAO and UNICEF are currently in the process of developing a joint strategy to address resilience building in Ethiopia and this will certainly capitalise on current learning from the scale up of the CMAM programme and strengthening of the management of acute malnutrition (MAM) and household level food security enhancement.

**Commitment in Action**

As assurance of the Federal Government of Ethiopia’s commitment to make improved nutrition a top political priority, 9 Government Ministers representing the development and economic sectors signed off on the revised nutrition programme publically pledging their commitment and accountability to including nutrition in their government development agenda as articulated in the Growth and Transformation Plan for the country. The revised NNP is well aligned with the Scaling up Nutrition (SUN) framework and Road map that encourage a coherent approach among country leaders to promote coordinated actions. As recently as September 2013, the First Lady in Ethiopia was designated the nutrition champion, marking her commitment to showcase and monitor Ethiopia’s efforts to scale up nutrition and to mobilise cross sectoral funding support.

Ethiopia is one of the member states of the African Union that participated in the Cost of Hunger Study in Africa (CoHa) undertaken in partnership with the UNECA and WFP. The CoHA study served to highlight the social and economic impact of child under-nutrition in Ethiopia. The study’s findings indicated that child under nutrition costs the country around 3 billion USD per annum in health education and productivity loses. The CoHA study urged the Government of Ethiopia to strengthen efforts at national level to reduce child under nutrition.
The NNP budget is 547 million USD for the next 2.5 years with government contributing 38 million USD to support the nutrition programme. The donor community has also strengthened on-going efforts and support to the Government of Ethiopia, with DFID committing a total of USD50 million till 2017 to build resilience against malnutrition in the country over the next 4 years.

Ethiopia is to be congratulated on the revised NNP which has placed nutrition at the centre of the post 2015 agenda and long term development in the country. UNICEF together with development partners pledges to continue to support Government efforts to scale up nutrition actions using multi-sectoral approaches in the coming years.