The National Nutrition Program (2016-2020) Progress Analysis: Evidence for the Development of the National Food and Nutrition Strategy

In the last decade, Ethiopia has made remarkable progress in reducing malnutrition. However, despite the notable progress, the burden of malnutrition is still high. The National Nutrition Program (NNP) II (2016-2020) is a multisectoral program that aims to accelerate the reduction of malnutrition through the implementation of evidence-based interventions that address nutritional problems across the lifecycle. This report provides an analysis of the progress made since the start of the NNP II compared to its targets.

METHODOLOGY

To show trends in NNP performance indicators, data from four rounds (2000, 2005, 2011, and 2016) of the Ethiopia Demographic and Health Survey (EDHS) and the 2019 Ethiopia Mini Demographic and Health Survey (EMDHS) were used. Two rounds of the Service Availability and Readiness Assessment (SARA) report was used to review communicable and noncommunicable disease service delivery. Annual Health Management Information Systems (HMIS) Health and Health-Related Indicators reports, administrative reports from the Ministry of Agriculture (MOA), Ministry of Education (MOE), and the Food Beverage and Pharmaceutical Industry Development Institute were used, to track progress in additional indicators.

KEY FINDINGS

Progress in Child Nutrition

Although stunting in children is declining, Ethiopia is not on track to achieve the NNP II target of reducing stunting rates to 26% by 2020. Stunting decline stagnated between 2016 and 2019, with large differences in stunting rates across regions, residence, and wealth status. Stunting remains a public health concern in Ethiopia and more interventions are needed to accelerate its reduction.

Data was not available to accurately track progress in the reduction of low birth weight among newborns as well as anemia in children under five years of age.

In 2019, 59% of Ethiopian infants aged 0-6 months were exclusively breastfed. Although this prevalence is much lower than the NNP II 2020 target of 80%, Ethiopia has achieved the World Health Assembly (WHA) target of at least 50% exclusive breastfeeding by 2025.

Child dietary quality targets were not met: The NNP II targets for Minimum Acceptable Diet (MAD) of 35%, Minimum Diet Diversity (MDD) of 40%, and Minimum Meal Frequency (MMF) of 75%, were not met. Between 2016 and 2019, there was a 5% increase in MAD and an 11% increase in MMF, while MDD showed no improvement during this time.

Progress in the Nutritional Status of Women of Reproductive Age and Adolescent Girls

Chronic undernutrition (Body Mass Index [BMI] < 18.5) is declining slowly in Ethiopia. Although it was at 22% in 2016, it is still higher than the NNP II 2020 target of 16%. In contrast, rates of overweight/obesity are sharply increasing among urban women.

In 2016, the prevalence of overweight/obesity among urban women was 21%, which is much higher than the NNP II 2020 target of 6%.

The prevalence of anemia was 24% nationally in 2016, which is double the NNP II 2020 target of 12%.

There is a paucity of data on the nutrition situation of adolescent girls in Ethiopia, especially for younger adolescents (10-14 years). According to the 2016

1. World Health Organization. Global nutrition monitoring framework: Operational guidance for tracking progress in meeting targets for 2025. Geneva: WHO; 2017.
2. International Food Policy Research Institute. Global Nutrition Report 2014: Actions and accountability to accelerate the world's program on nutrition. Washington, DC.2014.
3. Piwoz E, Rawat R, Fracassi P, Kim D. Strengthening the nutrition data value chain for accountability and action: Progress, gaps and next steps. Sight and Life; 2019.

EDHS, 29% of adolescent girls aged 15-19 years were undernourished and 20% were anemic.

Progress in Coverage of Nutrition-Specific Interventions

Despite some improvements, NNP II targets were not met for most nutrition-specific interventions. The presence of iodized salt in households was the only intervention that had a high coverage rate of 88%, which is close to the NNP II target of 90%. In 2019, coverage of growth monitoring and promotion was at 55%, which is low compared to the NNP II target of 80%. Coverage of at least 90 days of iron supplementation during pregnancy remains low at only 11%, far below the NNP II target of 40%.

Progress in Coverage of Nutrition-Sensitive Interventions

Some progress was seen in the implementation of nutrition-sensitive agriculture interventions. NNP II targets for the establishment of fruit nursery sites, caged/fenced poultry production at the household level, and nutrition corners at farmer training centers were exceeded by large margins. The targets for the establishment of regional poultry multiplication centers, *woreda* milk collection and poultry multiplication centers, and urban mushroom producing groups were also achieved.

In 2019, 67% of households had access to safe drinking water. This is lower than the NNP II target of 90%. Progress was seen in the proportion of schools that have any water supply, which was 87%, close to the 90% NNP II target for 2020.

In the industry sector, of the 13 oil processing industries in Ethiopia, only one is currently fortifying edible oil with vitamin A, and none of the flour producing industries fortifies wheat flour or blended foods.

CHALLENGES IN MULTISECTORAL COORDINATION

Key multisectoral coordination related challenges faced during NNP II implementation included:

- Poor coordination and planning, weak collaboration and support among implementing sectors.
- Absence of a separate budget line for nutrition, weak monitoring and evaluation systems, and lack of ownership and accountability.
- Coordination has not yet filtered down to the regional, *woreda* (district), and community levels. This resulted in a lack of joint planning, actions, awareness, and strategic alliances between sectors at sub-national level.
- Absence of standardized measurement indicators for multisectoral coordination.

LESSONS LEARNED AND WAY FORWARD

- Despite improvements, coverage of iron/folate supplementation during pregnancy remained low and requires focused attention.
- Implementation gaps remain in adolescent nutrition initiatives. The National Food and Nutrition Strategy (NFNS) should outline modalities to reach adolescents, both in and out of school.
- To keep childhood obesity rates low and to address rising overweight and obesity among urban women, interventions that target overweight and obesity need to be included in the NFNS.
- Progress in the improvement of child diets is slow. Interventions that increase the availability and affordability of nutritious foods and interventions that increase agricultural productivity and market access need to be expanded.
- Limited data for some target groups (adolescents) and for indicators (women's diets and noncommunicable disease rates) hampers efforts to use evidence for malnutrition reduction programming.
- The establishment of multisectoral coordination teams at federal and regional levels could be a motivational factor to decentralize nutrition coordination to the woreda level.
- Multisectoral nutrition coordination is not functioning as per the expected goals in Ethiopia. The kind of leadership required to address the coordination gaps can only be provided by a higher government authority that has power over each signatory. No individual sector on its own has the authority to manage the level of coordinated action needed to achieve NNP II targets.

FURTHER INFORMATION: The report from which information for this brief was drawn from is available on the NIPN website (http://www.nipn.ephi.gov.et/).

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