



NATIONAL
NUTRITION
CONFERENCE
ETHIOPIA 2021

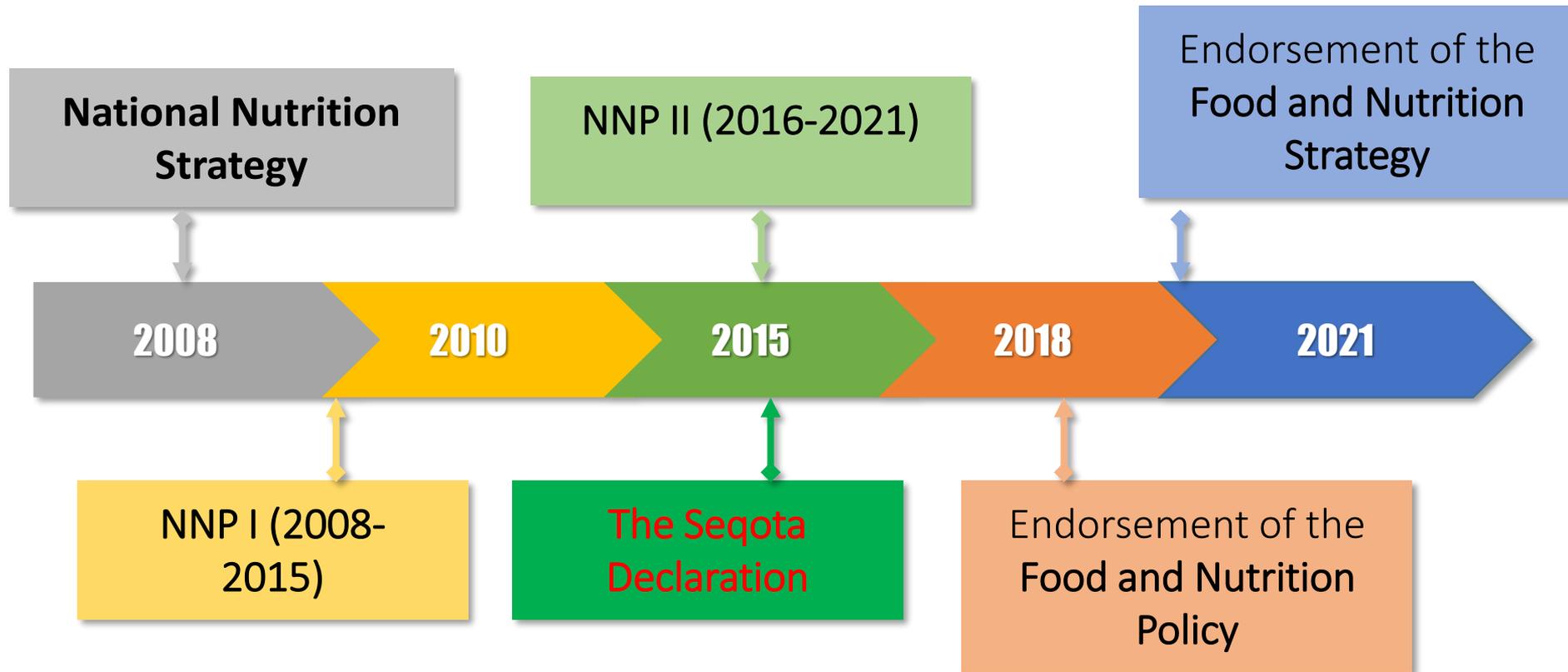
GENERATION AND MOBILIZATION OF NUTRITION
EVIDENCE TO TACKLE MALNUTRITION: FROM DATA TO ACTION

Progress in the Reduction of Malnutrition in Ethiopia: lessons learned for the implementation of the **National and Nutrition Program (NNP)**

*Dr. Meseret Zelalem, MOH, MCHND, NNCB
Secretary*



History of nutrition policies and programs in Ethiopia



Consequently Ethiopia has experience remarkable success in reducing child undernutrition in the past two decades.



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Global targets 2025: SDG 2 and World Health Assembly targets



1

achieve a 40% reduction in the number of children under-5 who are stunted;

2

achieve a 50% reduction of anaemia in women of reproductive age;

3

achieve a 30% reduction in low birth weight;

4

ensure that there is no increase in childhood overweight;

5

increase the rate of exclusive breastfeeding in the first 6 months up to at least 50%;

6

reduce and maintain childhood wasting to less than 5%.



ZERO HUNGER



In 2012 the World Health Assembly identified 6 priority nutrition targets to be achieved in 2025.

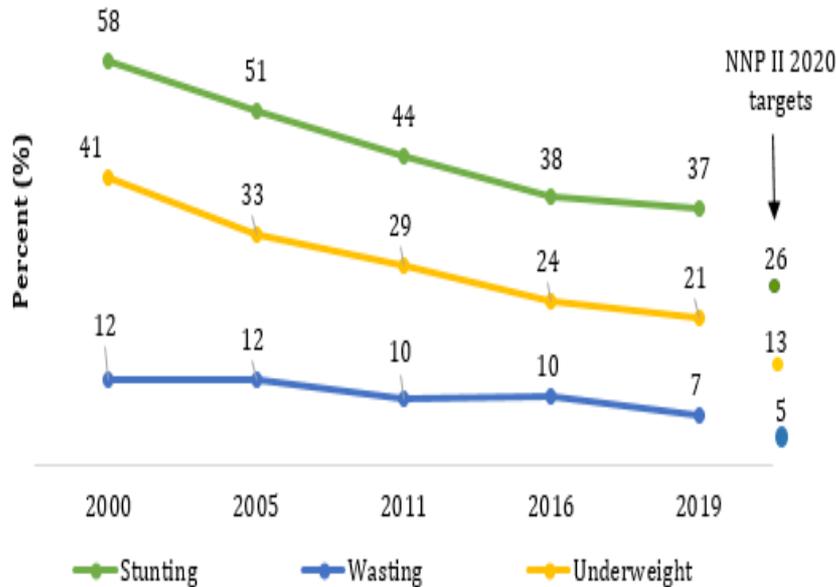
These targets were included as indicators for the achievement of sustainable development goal 2



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HEALTH CARE FOR PROGRESSIVE NATION

Progress towards World Health Assembly targets



Average Annual Reduction Rate (AARR): 2.4%

Stunting: Although stunting has decline significantly. Burden is too high.

We are off course to meet the WHA stunting target

- Required AARR to meet WHA target: **4.9 %**
- Current AARR : **2.4 %**
- Need to greatly accelerate stunting reduction to reach the 2025 target

Equity issues: Region, wealth, Urban Vs rural differences

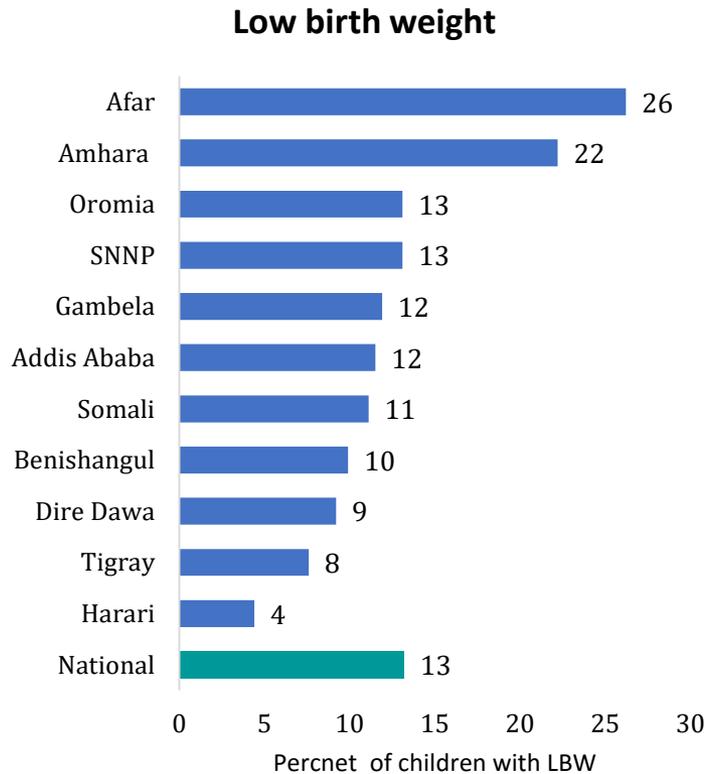
Wasting: Decline has stagnated around 7% and we are off course to meet WHA target



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HEALTH FOR EVERYONE FOR PROGRESS AND DEVELOPMENT

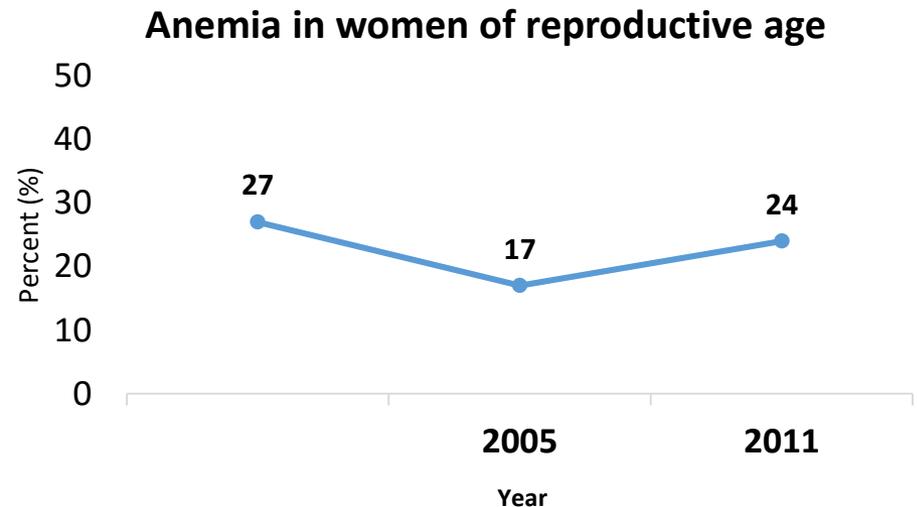
Progress towards World Health Assembly targets

Low Birth Weight in Newborns (2016)



Currently we do not have reliable data to track progress in low birth weight reduction

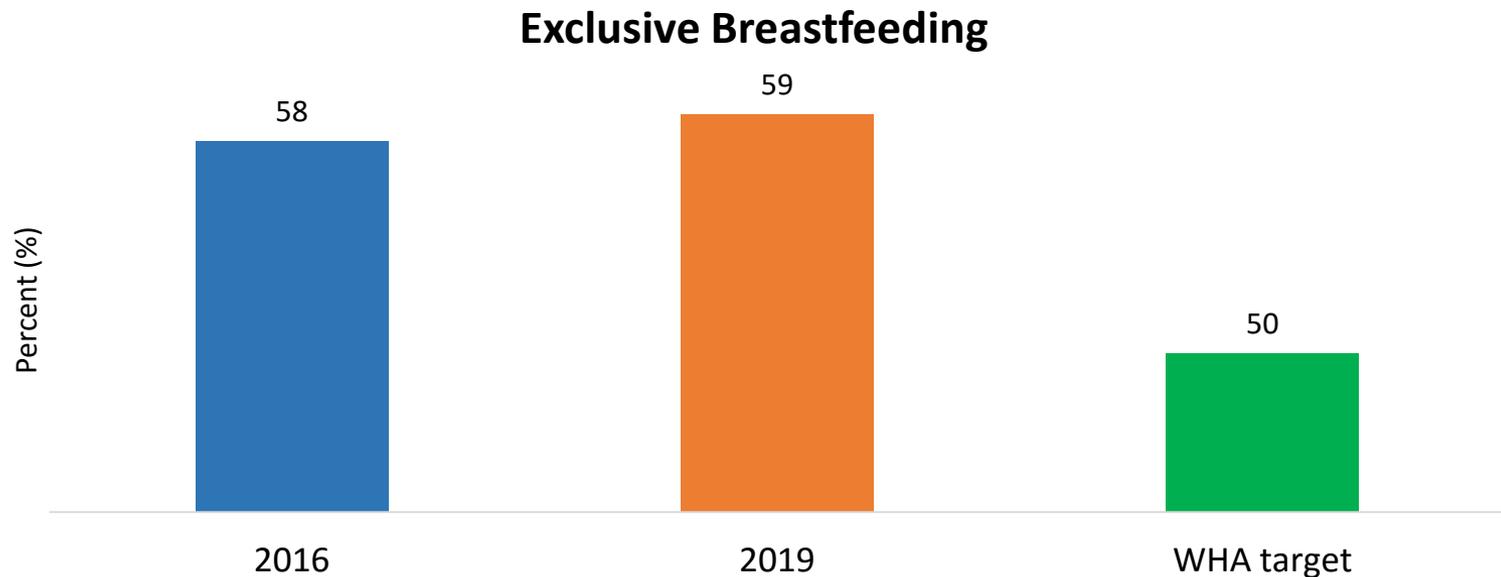
Anemia in Women of reproductive age



Regional variations: Afar: 45%, Somali: 60% and Dire Dawa: 30%

Off course to achieve anemia target

Progress towards World Health Assembly targets

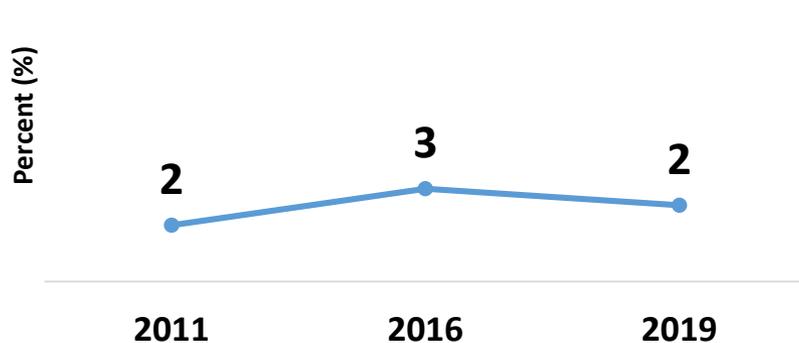


- Ethiopia is on course to meet the exclusive breastfeeding target

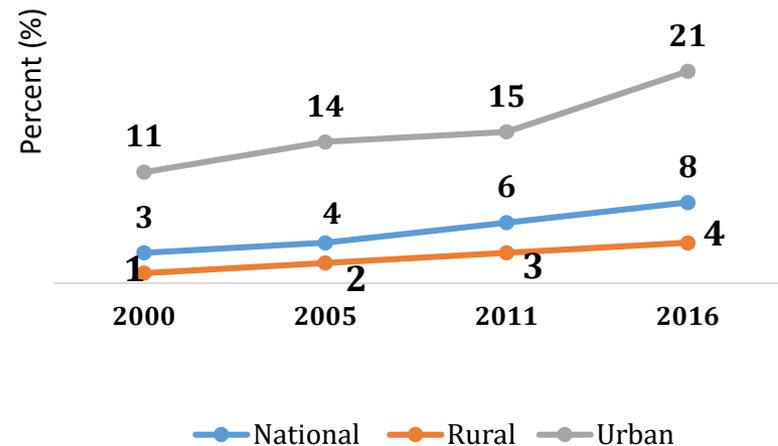
Source: EDHS 2016 and EMDHS 2019

Progress towards World Health Assembly targets

Child Obesity



Overweight and obesity in women of reproductive age

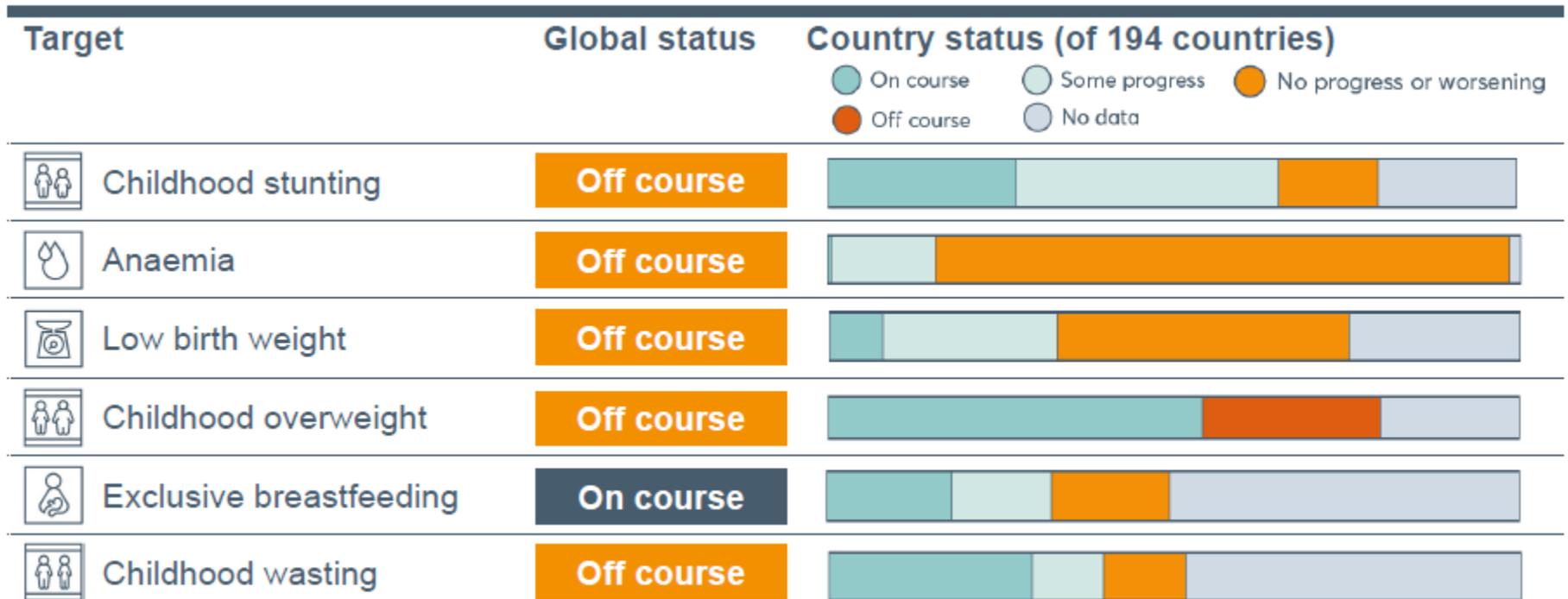


Source: EDHS 200, 2005, 2011 and 2016

- WHA target: ensure there is not increase in childhood overweight

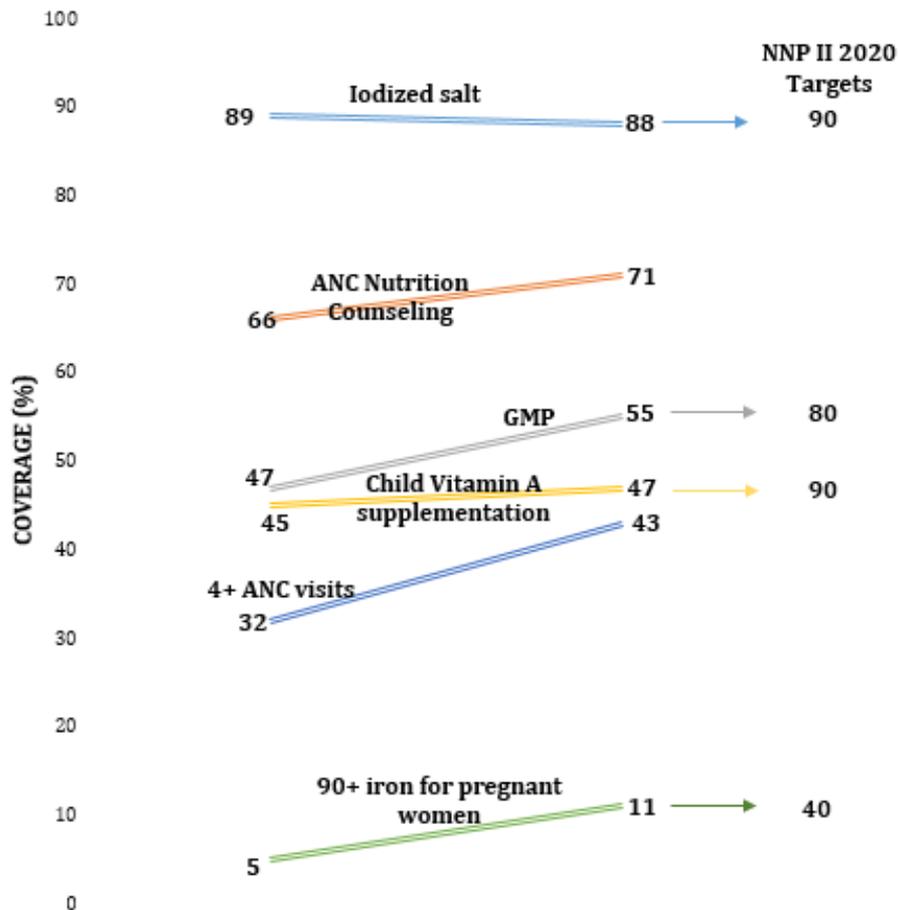
Global progress towards WHA targets

Globally we are off course to meet five out of six WHA targets



Source: Global Nutrition Report 2021

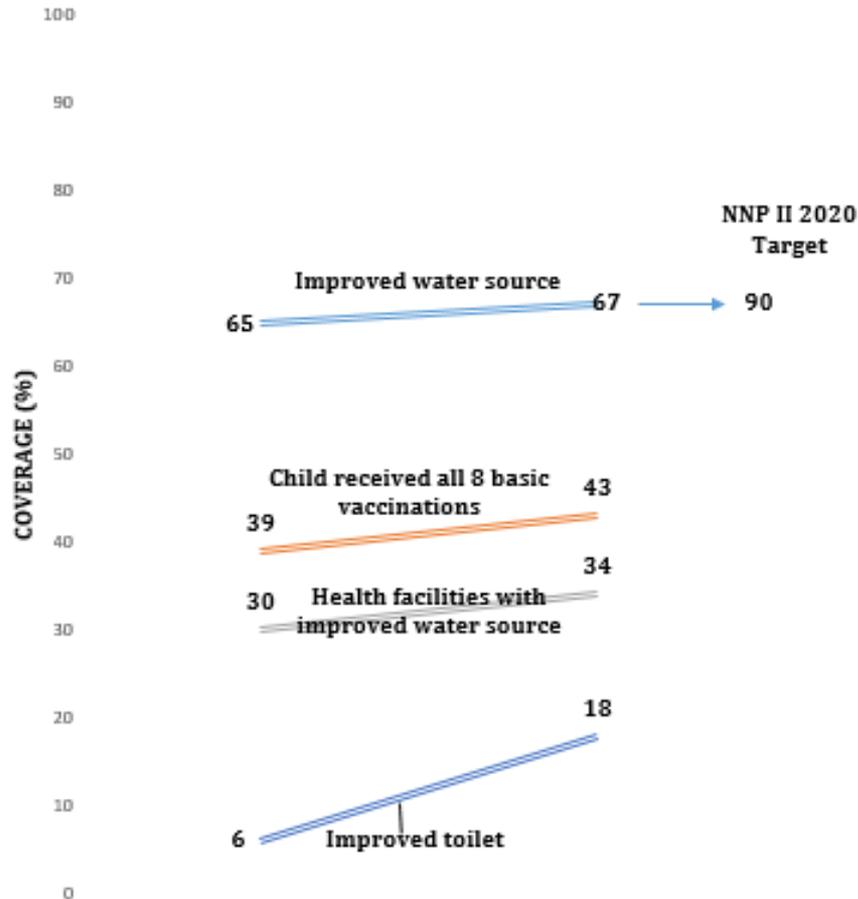
Progress in coverage of direct and indirect interventions



Progress in coverage of nutrition-specific interventions 2016 -2019

- Coverage for most indicators is below 60 %.
- Iodized salt coverage was very high at 88%
- Coverage of growth monitoring was at 55% much lower than the NNP-II 80% target.
- NNP-II Targets were not met for coverage of vitamin A supplementation as well as provision of 90+ iron/folate tablets during pregnancy.

Progress in coverage of direct and indirect interventions

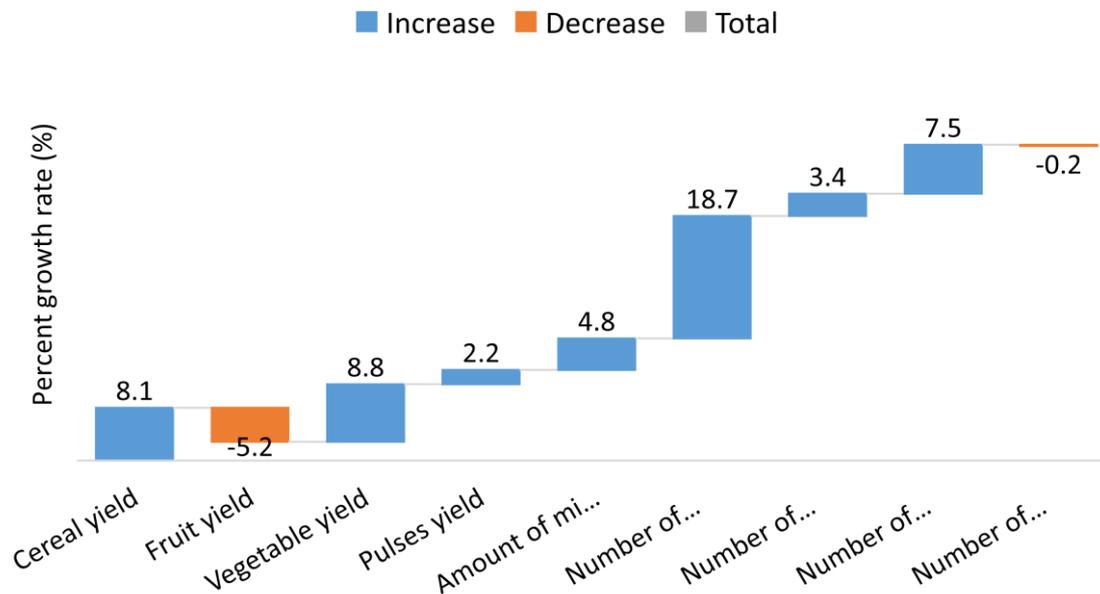


- Overall only a few interventions have 50% coverage.
- 67% of households used an improved water source

Progress in coverage of nutrition-sensitive interventions 2016 -2019

Progress in increase of Agricultural productivity

Growth rate in agricultural productivity
(2016 to 2019)



Growth was seen for cereal, vegetable and pulse yield, number of eggs, cattle, sheep and amount of milk produced.

Decline was seen in fruit yield and the number of poultry

Productivity should increase significantly to keep at pace with population growth and keep food prices low.

Progress in nutrition-sensitive interventions in Social Protection

PSNP4 evaluation showed that the program

- ✓ Reduced self-reported food security.
- ✓ Marginally increased dietary diversity by 0.11 food groups.
- ✓ Increased facility-based service access
- ✓ Increased nutrition information obtained from food demonstrations and community conversations

Progress in nutrition-sensitive interventions in Education

- School feeding programs reached 431 287 students in 2017.
- In the 2019/20 830,000 beneficiaries are being targeted including 300,000 in Addis Ababa

Indicator	Progress (2019)	NNP II Target (2020)
Gender parity index : Grades 1-8	0.9	1
Gender parity index: Grades 9-12	0.87	1

Potential Impacts of COVID-19 on Nutrition

Impact on Delivery of Essential Health and Nutrition Services

- Temporarily disruption of essential health and nutrition services;
- Shortage of essential commodities at all levels;
- Shortage of IPC and PPE in the health facilities due to commodity constraints;
- Low quality of essential and emergency services including referral linkage;
- Inability to conduct face-to-face health workers training and community SBCC activities;
- High cost of transportation and cancellations contributing delay in timely arrival of essential commodities.

Impact on Availability of Essential Food commodities in the Market

- Staple and nutrient dense food prices are increasing at rates higher than what is seasonally normal for the year.
- Reduced for animal source foods, vegetables, fruits consumption due to misconception.
- Increased market price for spices (garlic, ginger), citrus fruits, chili pepper, honey,
- Increased spending on transportation cost (due to reduced number of passengers per vehicle);
- Increased commodity transportation and labor cost affecting the products selling price;
- Increase price of Agro-chemicals, fertilizers and animal feeds resulting in increase market price of the products.

Actions moving forward

“The change needed is significant, but not impossible”

Lessons learned and way forward

- NNP II Initiatives focusing on pregnant and lactating women were the most consistently implemented and monitored. This can be attributed to the focus on the 1000 days.
- Coverage of iron/folate supplementation during pregnancy is still very low.
- Interventions that address barriers to coverage including no ANC visits and lack of tablets are needed.

Lessons learned and way forward

- Interventions that target overweight and obesity need to be better implemented as part of the FNS.
 - ✓ Double duty actions that target both undernutrition and overnutrition should be delivered across sectors
 - ✓ Community based NCD interventions
 - ✓ Facility based NCD services need to be standardized.
- Progress in the improvement of child diet **diversity** is very slow. Interventions needed across the food system.
 - ✓ Availability and affordability of nutritious foods
 - ✓ Agricultural productivity
 - ✓ Market access

Lessons learned and way forward

- Better data, greater accountability and systemic monitoring are key to identify the progress needed and ensure we stay on track.
- Limited data for some target groups and indicators hampers efforts to use evidence for programming and reduce malnutrition.
 - ✓ A strong monitoring and evaluation system for the FNS
 - ✓ To learn from ongoing large scale programs, implementation science studies should be planned as part of FNS.
 - ✓ More nutrition indicators should be added to DHIS2 (Progress already being made)
 - ✓ Nationally representative surveys should be expanded to include NCD and Diet related indicators.

Lessons learned and way forward: Multi-sectoral coordination

- The establishment of multi-sectoral coordination team at federal and regional level provides a good model to decentralize nutrition coordination to woreda level.
- Nutrition activities have started to appear as strategic objectives in sectoral annual plan and federal level plans have been aligned with NNP II document which is commendable.
- High level advocacy is needed to facilitate endorsement of food and nutrition proclamation to address the coordination gaps at all levels.

Lessons learned and way forward: Multi-sectoral coordination

- There should be inventory of work done and tracking of who is doing what among stakeholders to avoid duplication of efforts.
- To see concrete action from each signatory sector, nutrition focal person capacity building activities should be well strengthened in terms of leadership, and shared accountability.
- **Multi-stakeholder Seqota Declaration implementation has generated a proof concept from the Innovation Phase and now stated the Expansion Phase.**

Lessons Learned from COVID-19 for Nutrition

- Nutrition service is very sensitive to shock. Appropriate leadership, directives and guidelines and close follow up is needed to ensure service continuity.
- Tools, logistics and commodities are critically needed for front line workers to provide and sustain services.
- Information tracking and sharing is critical to track progresses made and make timely corrective actions.
- Multi-media platforms needs to be activated with the right and timely information to create demand and meet information need of the public.
- Nutrition cannot stand alone with one sector. All other sectors need to work together for better nutrition.

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Thank you!