

# Overview of National Nutrition Program II

## Sensitization workshop for media and communicators

Dec. 2017



# Outline

- Introduction
- Background
- Progress in Nutrition / nutrition implementation and outcomes
- Challenges and achievements of NNP I
- NNP II
- Why needed, reason for revision
- Approaches for NNP II implementation
- Expected platform

# Why nutrition matters?

- Nutrition is a Human right
- Low immunity -Infection (cyclic)
- Death- 51% under five mortality
- Mental impairment -Intelligence loss –Education capacity
- Reduced productivity- economic impact

# COHA Ethiopia, 2013

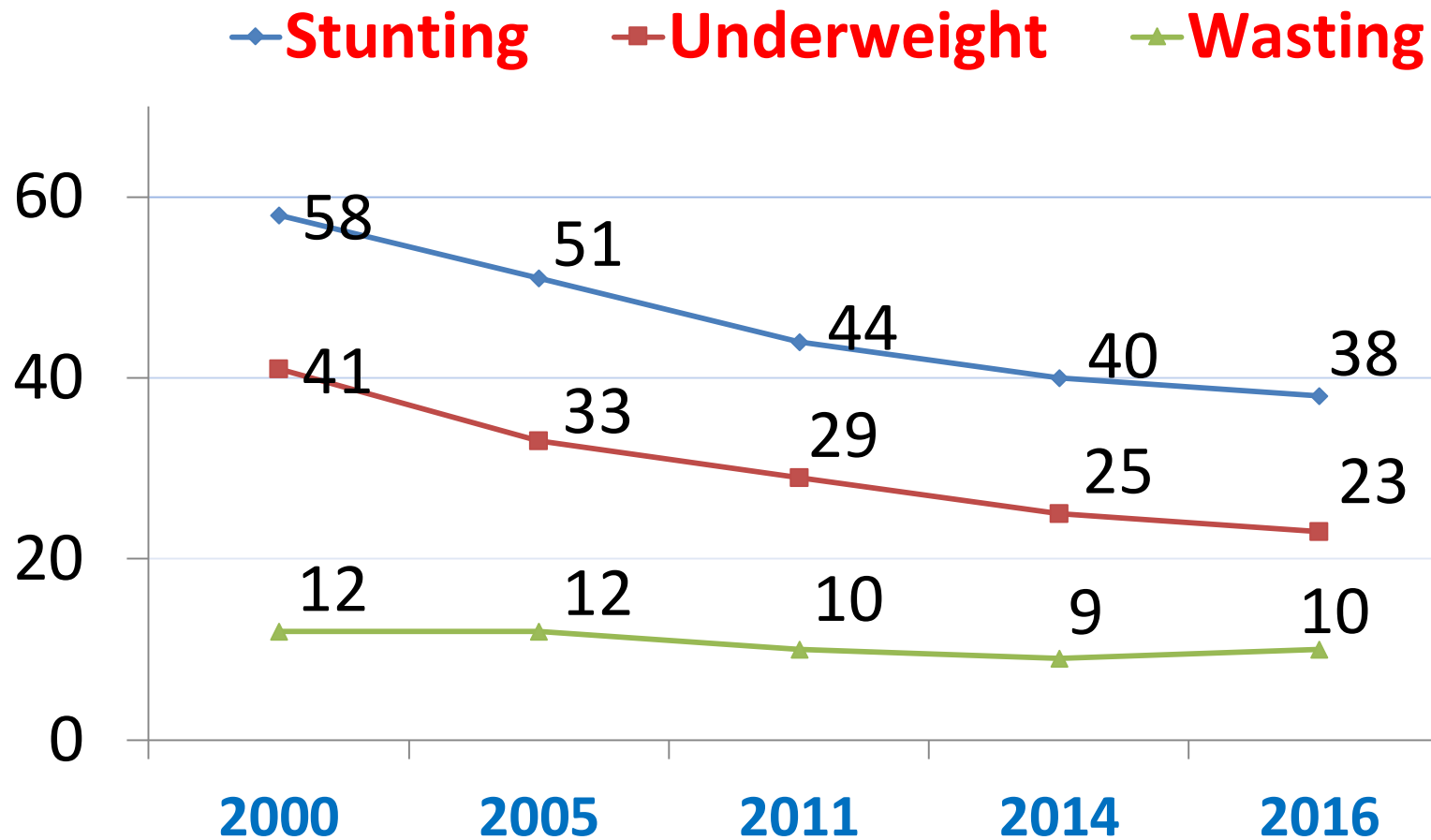
- Today, more than 2 out of every 5 children in Ethiopia are stunted.
- As many as 81% of all cases of child undernutrition and its related pathologies go untreated.
- 44% of the health costs associated with undernutrition occur before the child turns 1 year old.
- 28% of all child mortality in Ethiopia is associated with undernutrition.
- 16% of all repetitions in primary school are associated with stunting
- Stunted children achieve 1.1 years less in school education.

# COHA Ethiopia, 2013

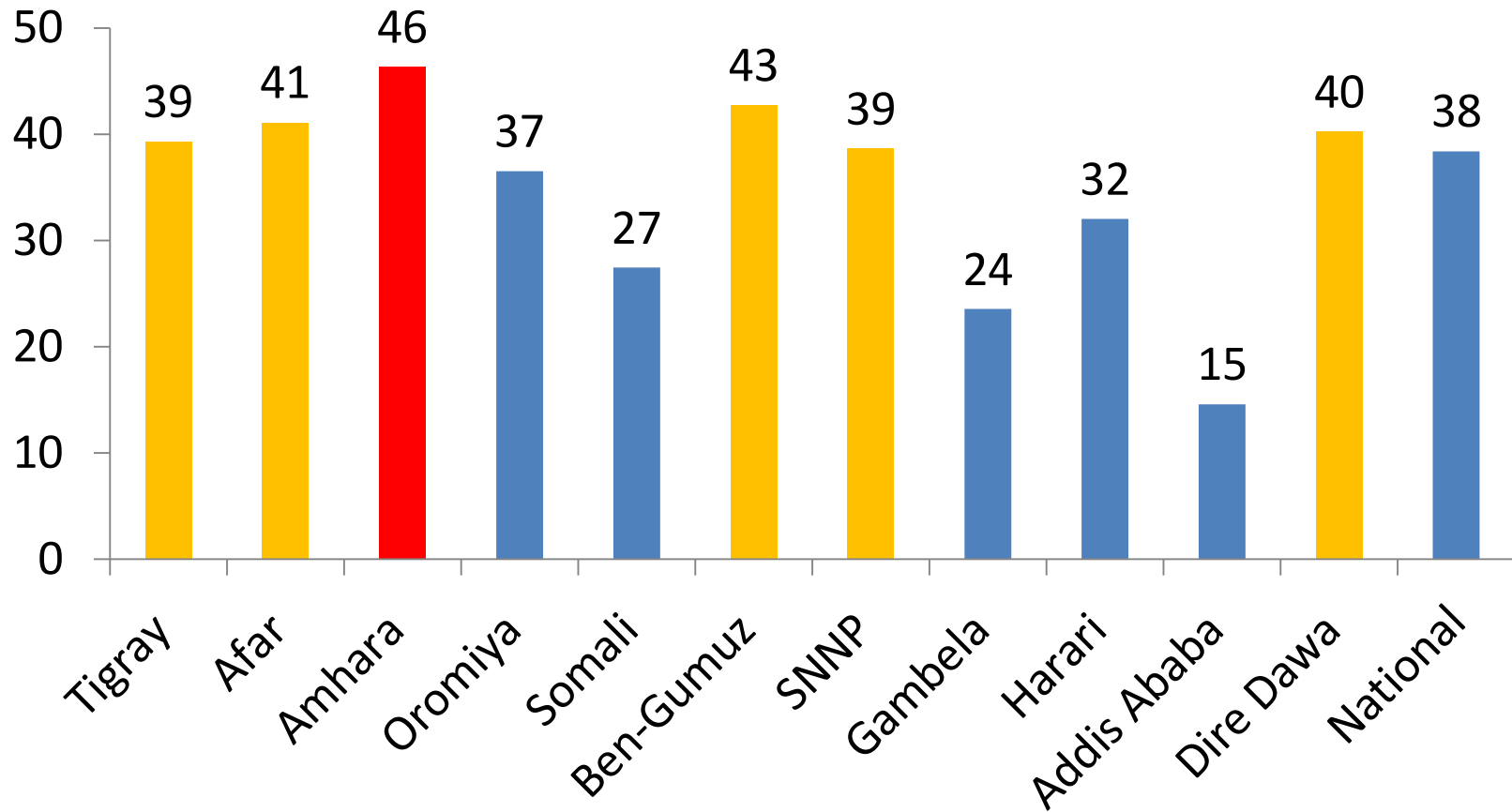
- Child mortality associated with undernutrition has reduced Ethiopia's workforce by 8%
- 67% of the adult population in Ethiopia suffered from stunting as children.
- The annual costs associated with child undernutrition are estimated at Ethiopian birr (ETB) 55.5 billion, which is equivalent to 16.5% of GDP.
- Eliminating stunting in Ethiopia is a necessary step for growth and transformation.

# Nutrition trend (20 yrs )

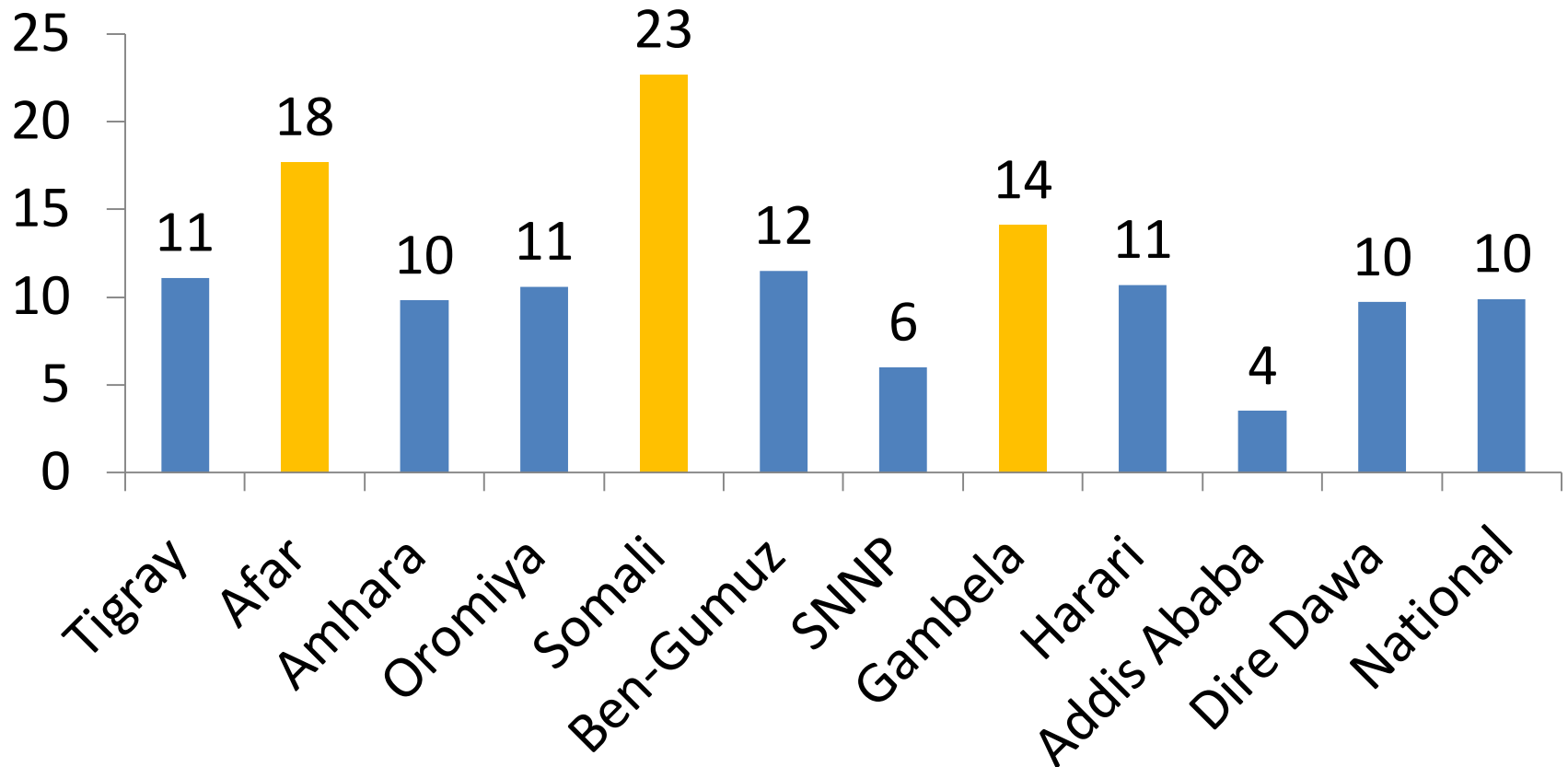
## key indicators



# Stunting across regions (EDHS 2016)

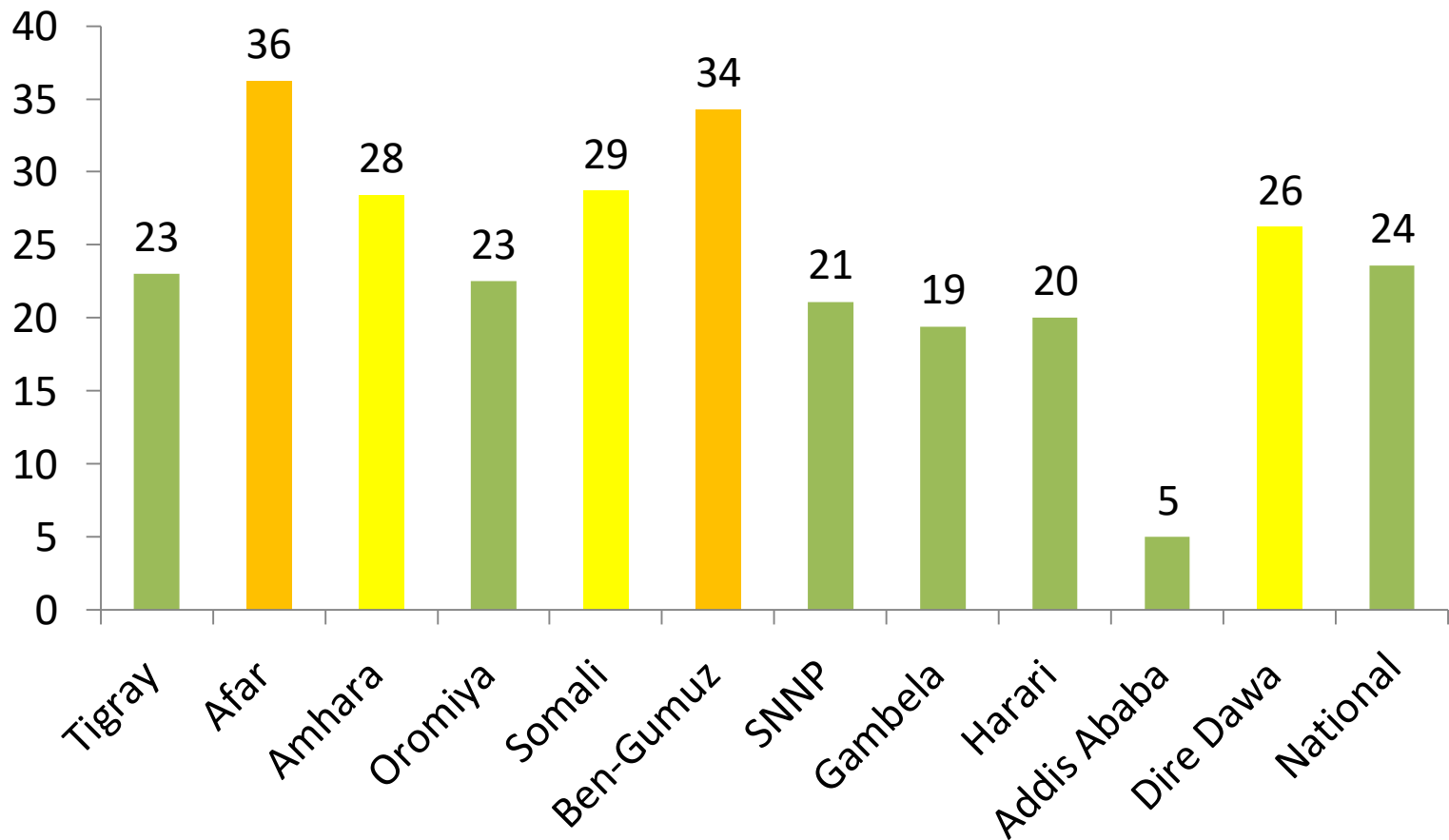


## Wasting across regions (EDHS 2016)

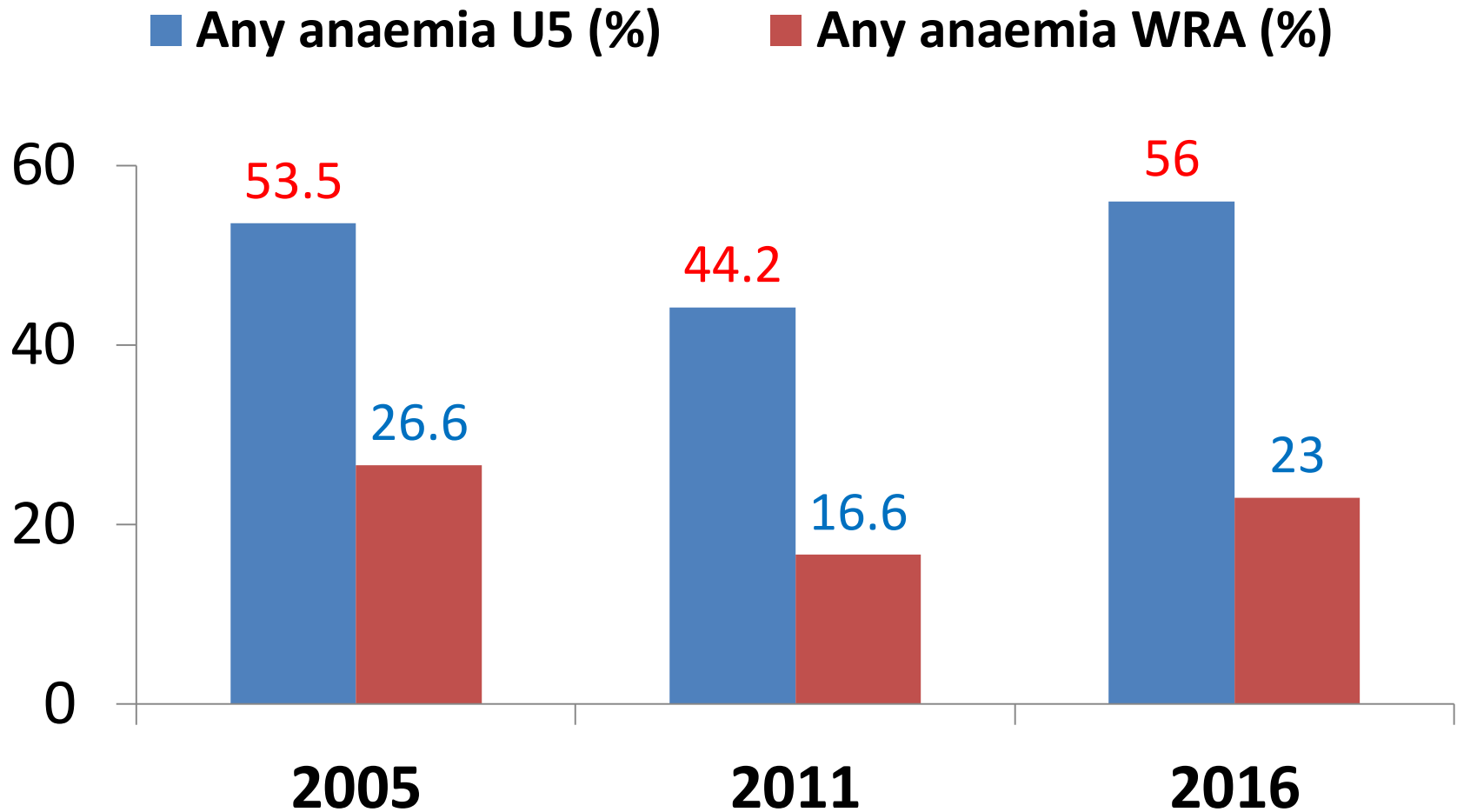




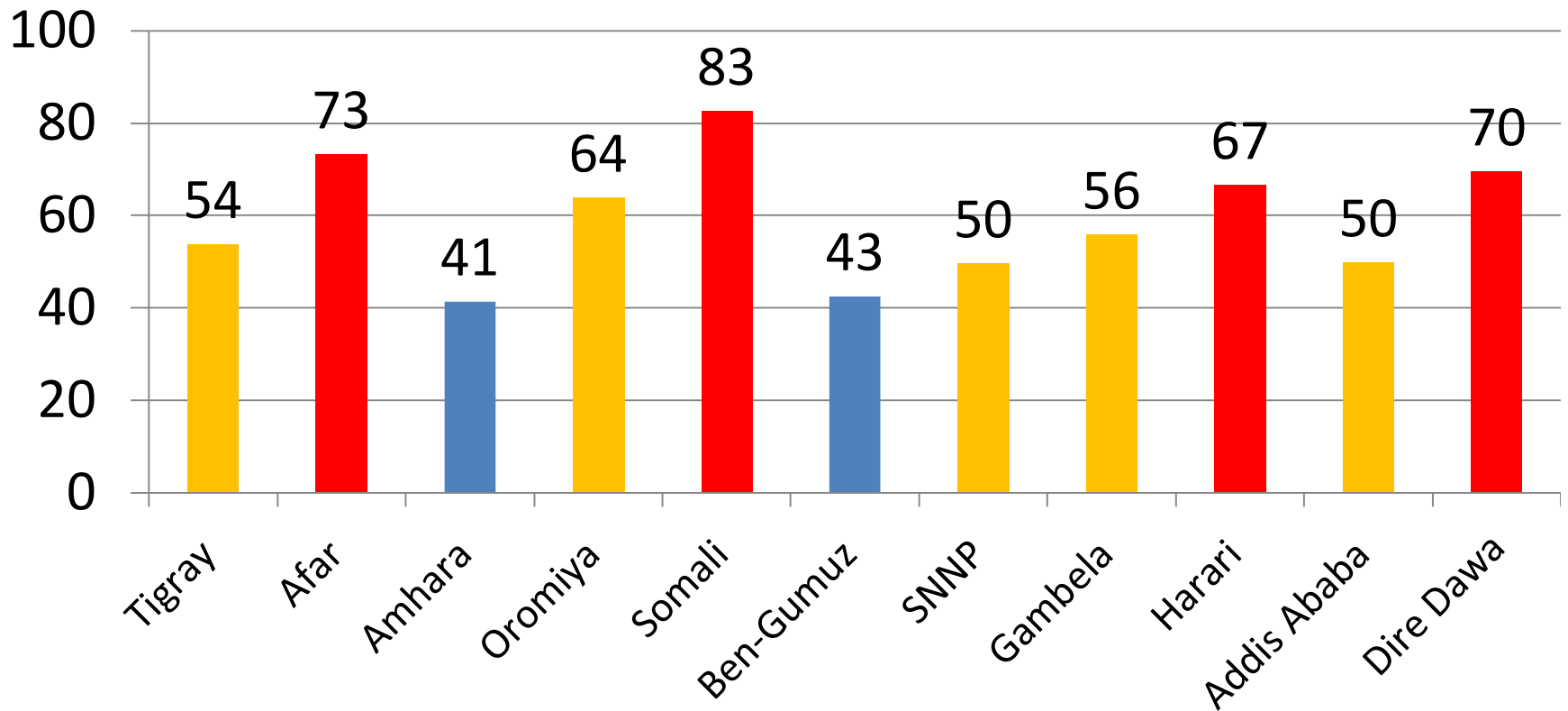
# Underweight across regions (EDHS 2016)



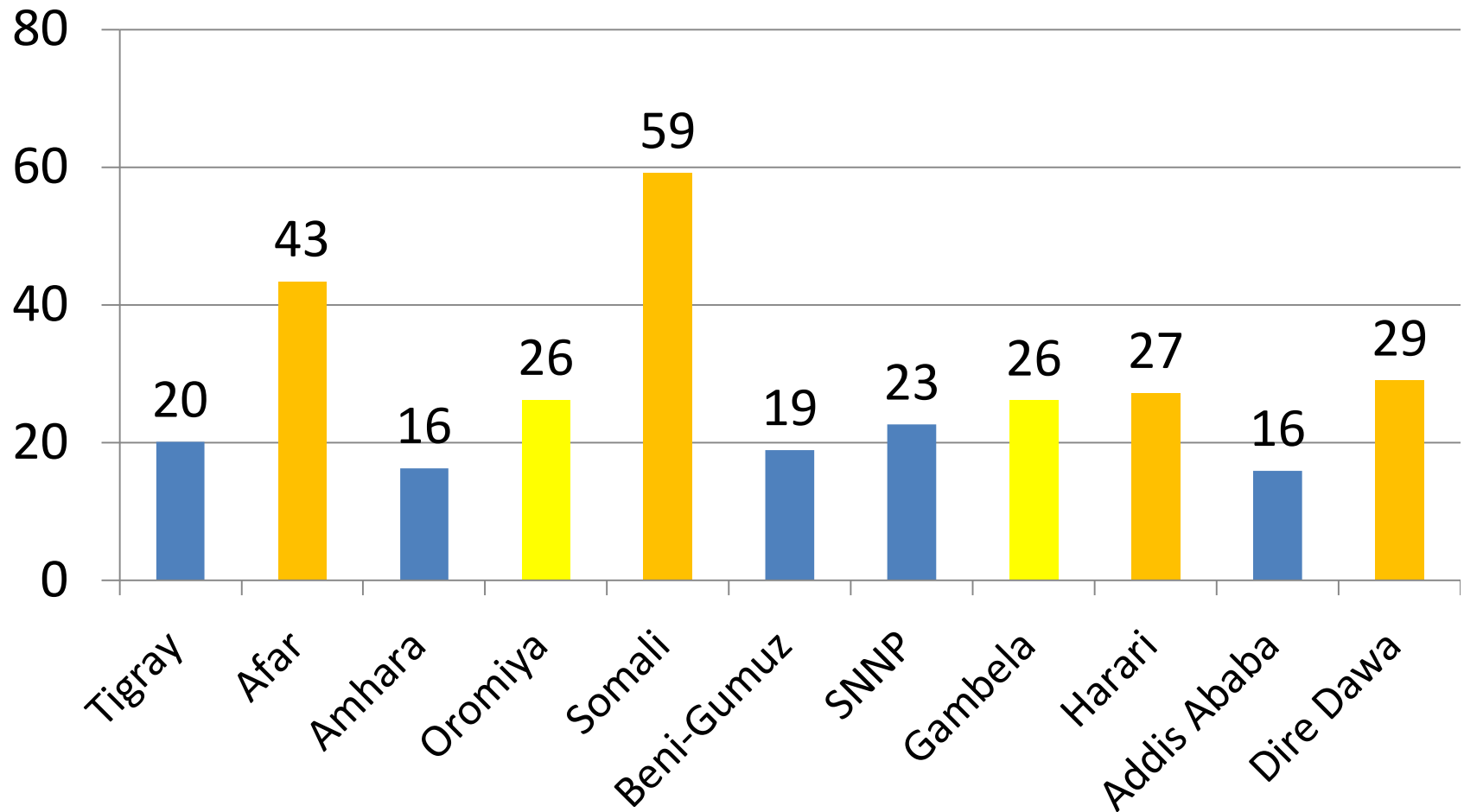
# Anaemia



# Any anemia in U5, EDHS, 2016



# Any anemia, WRA, EDHS 2016



# *Consequences of Malnutrition (Stunting)*

- Stunting does not affect only the skeletal system, short stature is just one feature of a *complex syndrome* which includes:
  - ✓ Developmental delay (retarded milestones such as walking)
  - ✓ Impaired immune function (increased morbidity and mortality)
  - ✓ Reduced cognitive function (Decreased school performance and future earning)
  - ✓ Metabolic disturbance (Increased risk of chronic diseases in adulthood e.g. obesity and hypertension)

# *Consequences of Malnutrition (Stunting)*

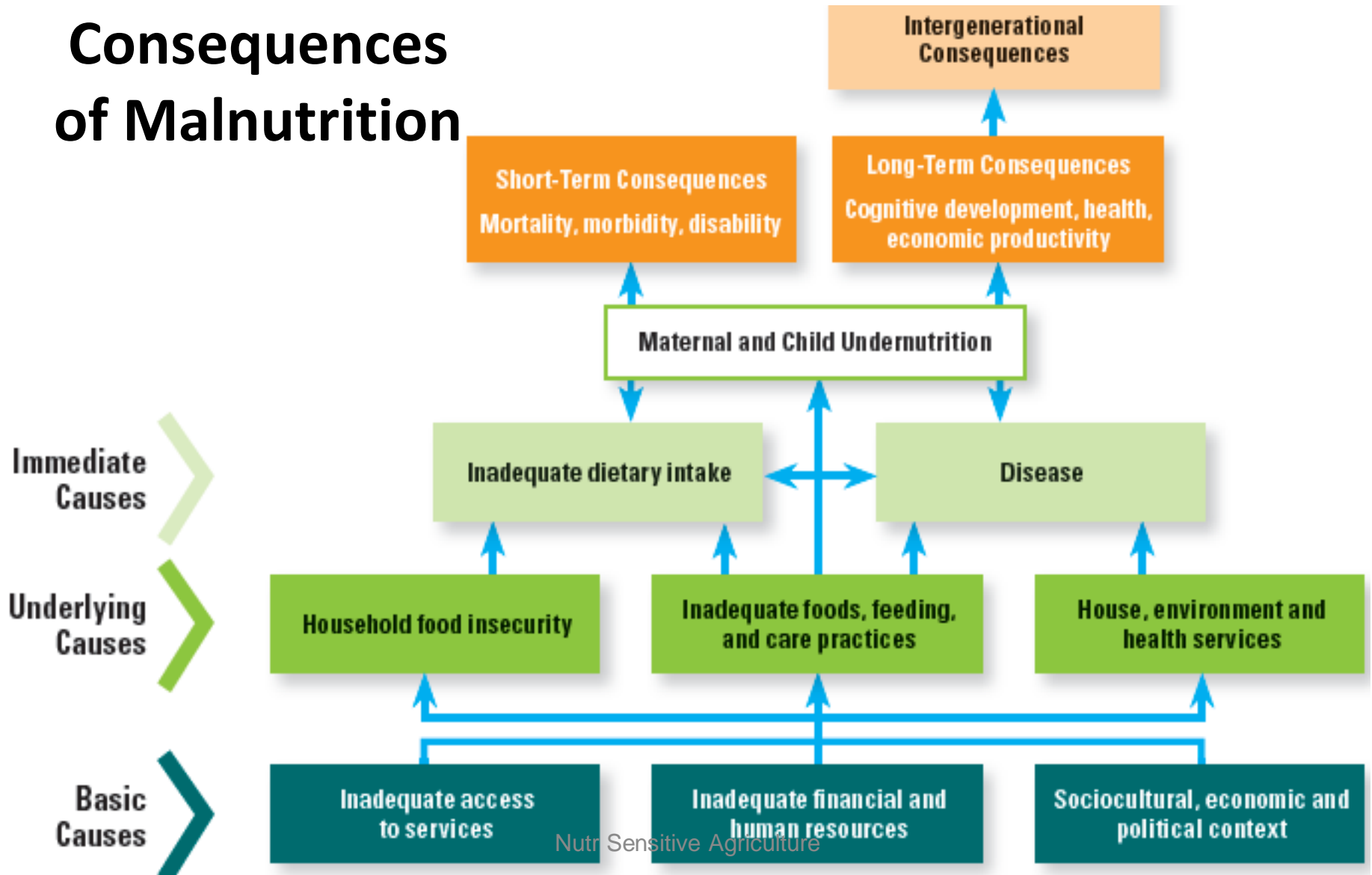
A small adult has also some functional limitations compared to a taller one (referring to direct effects of small size)

- Short stature in women results in intra-uterine growth retardation (inter-generational cycle of stunting)
- Shorter adults have a reduced working capacity (perpetration of poverty in labor-intensive societies)

# Is Stunting reversible?

- Growth catch-up is possible in later childhood with sustained improvement in living conditions.
- Children, who remain in poor living condition, in which they became stunted, experience little or no catch-up in growth later in life.
- Mental and cognitive impairment are often permanent and irreversible after the age of 24 months.

# Causes & Consequences of Malnutrition





# Solution?

## Nutrition Intervention and services

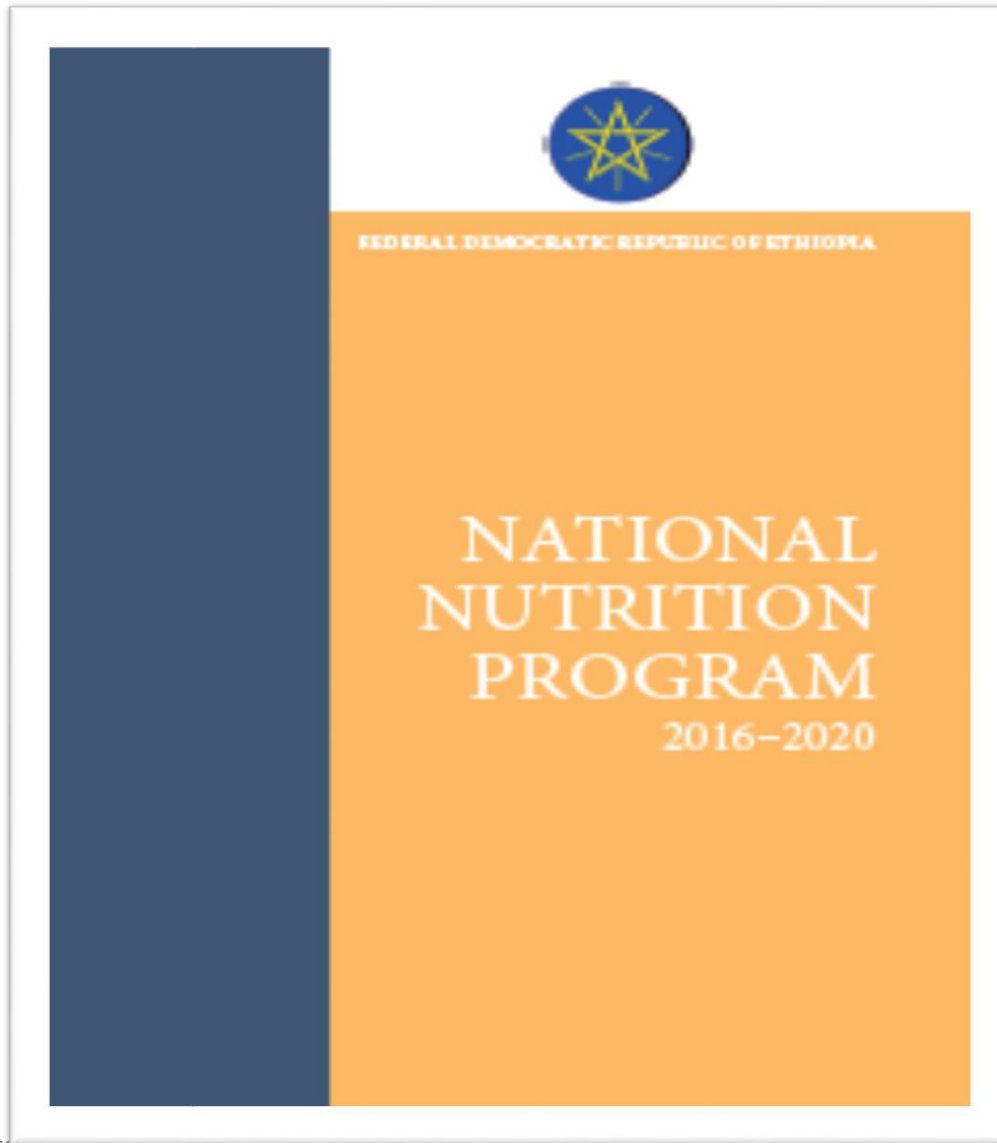
- Comprehensive
- Integrated
- Coordinated  
(Multisectoral)



# FDRE

- Recognized the impact of malnutrition
- Central indicators of GTP
- Different initiatives set (eg., Seqota Declaration)
- NNP developed (Multisectoral)
  - Seqota Declaration

# NNP II



2016-2020

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# Multi-sectoral nutrition coordination and linkages

## Signatory sectors

State Minister of Health

State Minister of Education

State Minister of Agriculture and Natural Resource

State Minister of Industry

State Minister of Live Stock and Fishery

State Minister of Water, Irrigation and Electricity

State Minister of Finance and Economic Cooperation

State Minister of Trade

State Minister of Labour and Social Affairs

State Minister of Women and Children Affairs

**State Minister of Government communication Affairs**

**State Minister of Youth and Sport**

Commissioner, National Disaster Risk Management Coordination Commission

# NNCB members

- State Minister, Health – Chair Office
- State Ministry , Agriculture and Natural Resource – Co-chair • Commissioner, Disaster Risk Management Coordination Commission
- State Minister, Education – Co-chair • Director General, Ethiopian Public Health Institute
- Director, Maternal and Child Health Directorate – Secretary • Director General, of the Food, Medicine and Health Care Administration and Control Authority
- State Minister, Livestock and Fishery • Director General, Ethiopian Institute of Agriculture Research
- State Minister, Water, Irrigation and Electricity • Jimma University, representing academia
- State Minister, Finance and Economic Cooperation • Country Director , Save the Children– representing the Ethiopian Civil Society Coalition for Scaling up Nutrition
- State Minister, Women and Children’s Affairs • President, Food and Nutrition Society of Ethiopia
- State Minister, Labor and Social Affairs • Manager, Chamber of Commerce– representing the private sector
- State Minister, Trade • USAID and DFID – representing nutrition donors
- State Minister, Industry • UNICEF -- representing UN agencies
- State Minister, Youth and Sport
- State Minister, Government Communication Affairs

# NNTC members

- Director, Ministry of Health – Maternal and Child Health Directorate – Chair
- Director, Ministry of Agriculture and Natural Resources – Co-chair
- Director, Ministry of Education – Co-chair
- Director, Ministry of Livestock and Fishery Resource
- Director, Ministry of Water, Irrigation and Electricity
- Director, Ministry of Finance and Economic Cooperation
- Director, Ministry of Women and Children's Affairs
- Director, Ministry of Labor and Social Affairs
- Director, Ministry of Trade
- Director, Ministry of Industry
- Director, Minister of Youth and Sport
- Director, Disaster Risk Management Coordination Commission
- Director, Government Communication Affairs
- Director, Ethiopian Public Health Institute
- Director, Food, Medicine and Health Care Administration and Control Authority
- Director, Ethiopian Institute of Agriculture Research
- Addis Ababa University– representing academia
- Save the Children – representing the Ethiopian Civil Society Coalition for Scaling up Nutrition (ECSC-SUN)
- Chamber of Commerce – representing the Private Sector
- Food and Nutrition Society of Ethiopia
- USAID & DFID – representing nutrition donors
- UNICEF – representing UN agencies
- Maternal and Child Health Directorate,
- National Nutrition Case Team Coordinator – Secretary



# Issues Considered during NNP Revision

- Achievements and Challenges of NNP I
- GTP II and SDG
- Alignment with national Initiatives (Seqota Declaration, Sectors Nutrition Sensitive strategic plans) and International commitments
- Global movements (SUN)

# Strategic Objectives for the revised NNP II

- SO1:** Improve the nutritional status of women (15-49 years) and adolescents (10-19 years)
- SO2:** Improve the nutritional status of Children under ten.
- SO3:** Improve the nutrition service delivery for communicable & non-communicable/ lifestyle related diseases
- SO4:** Strengthen implementation of nutrition sensitive interventions across sectors.
- SO5:** Improve multi-sectoral nutrition coordination, linkage and governance

# SO1: Improve the nutritional status of women (15–49 years) and adolescent girls (10–19 years)

## Initiatives

- Improve adolescent nutrition
- Improve PLW Nutrition
- Improve nutritional status of non-pregnant and non-lactating women

# **SO2: Improve the nutritional status of children from birth up to 10 years**

- Improve nutritional status of infants and young children 0–24 months
- Improve nutritional status of children 24–59 months
- Improve nutritional status of children 6-10 years

# SO 3: Improve the delivery of nutrition services for CD & NCD

- Improved nutrition service delivery for CD and NCD
- Promote healthy life style and nutrition
- Provide NACs services at community & facility
- Create/advocate physical activity in schools, at work places and communities.
- Formulate and enforce legislation and regulations that address unhealthy lifestyle and diet.

# SO4: Strengthen implementation of nutrition-sensitive interventions across sectors

Agriculture sector

Initiatives

Strengthen the capacity of the agriculture and livestock sectors to integrate nutrition-sensitive interventions into agriculture programs (PSNP, AGP, Master Plan, etc.)

- Ensure asset transfers or asset building interventions properly target women and vulnerable households.
- Ensure vulnerable households with a malnourished child are adequately targeted in transfer and safety net initiatives.

## ...cont

- Strengthened implementation of nutrition sensitive interventions in MOANR, ..MOLF
- Strengthened implementation of nutrition sensitive interventions in the Education Sector
- Strengthened implementation of nutrition sensitive interventions in the WIE
- Strengthened implementation of nutrition sensitive interventions in the industry sector
- Strengthened implementation of nutrition sensitive interventions in the trade sector

# Cont...

- Strengthened social protection services for improved nutrition
- Strengthened nutrition sensitive interventions in Disaster Risk Management
- Ensure quality and safety of nutrition services and supplies
- Improved nutrition supply management
- Improved nutrition communication
- Improved gender sensitive nutrition implementation



# Focus areas

- Dietary diversity and food security
- Social safety net
- Early child development
- Maternal mental health
- Women's empowerment
- Child protection
- Classroom/education/school feeding/gardening
- Water and sanitation
- Health and family planning services

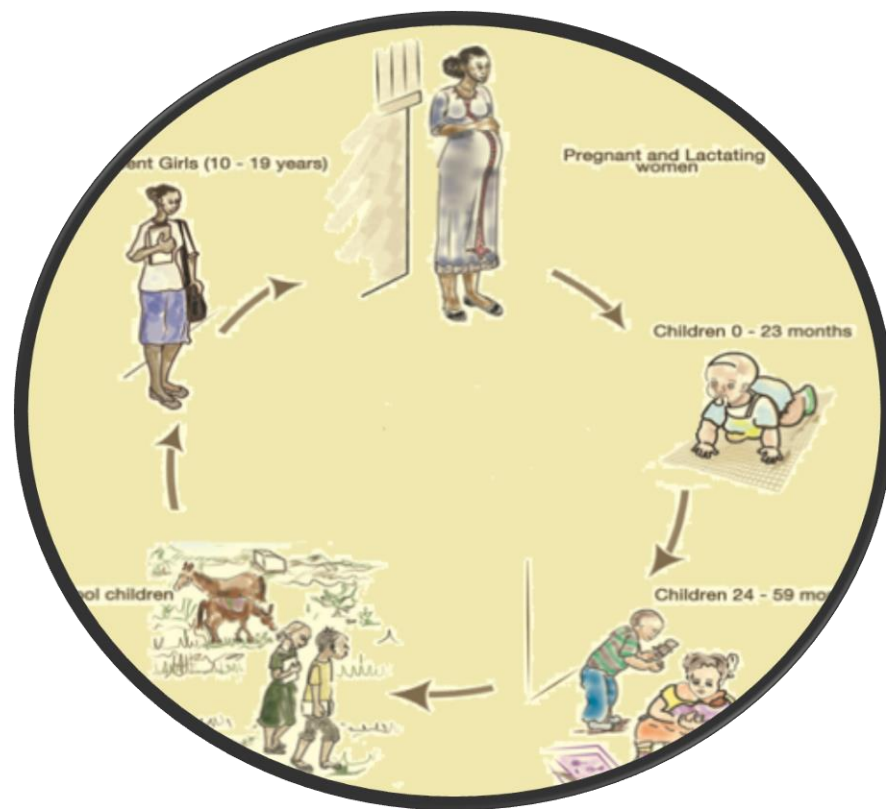
## **S05: Improve multi-sectoral nutrition coordination and capacity to implement NNP**

- Improve community level nutrition implementation capacity
- Improve nutrition workforce capacity
- Improved NNP implementing institutions implementation capacity and multi-sectoral coordination
- Strengthen system capacity for improved NNP implementation
- Improve capacity to conduct nutrition monitoring, evaluation and research
- Improved capacity of the regulatory body
- Improved capacity of media



# Principles/ approaches for implementation

- Life cycle approach
- Public health interventions - prevention
- Integrated (**intra and inter-sectoral**)
- Ensuring sustainability
- Inclusive, transparent, accountable
- **Involvement of all stakeholders**



# Nutrition specific interventions

- Adolescent health and preconception nutrition
- Maternal dietary supplementation
- Growth monitoring and promotion
- Micronutrient supplementation
- Early detection and treatment of SAM
- Breast feeding and Complementary feeding
- Feeding behavior and stimulation
- Disease prevention and management
- Nutrition supplies & emergencies management

# Nutrition Sensitive Interventions

- Dietary diversity and food security
- Social safety net , social protection
- Early child development
- Maternal mental health
- Women's empowerment
- Child protection
- Food and Nutrition education
- Water and sanitation
- Health and family planning services
- Food fortification
- Food Quality and safety



# 'SEQOTA' DECLARATION

A commitment to end  
child under-nutrition  
in Ethiopia by  
2030

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## “SEQOTA” DECLARATION

A commitment to end child under-nutrition in Ethiopia by 2030

Sustainable development is a driver of nutrition improvements – malnutrition reduction; and improvements in nutrition will improve ways that propel sustainable development.

The BDE recognizes that addressing malnutrition is essential to achieving sustainable development. Furthermore, our health and economic prosperity goals will not be realized if hunger and malnutrition are not eliminated. Yes, nutrition is a long-term investment, however, evidence shows that investments in nutrition are low-cost and high-impact. Furthermore, the potential of nutrition to transform societies is universally recognized. Therefore, we must not allow the current and future generation of children to be malnourished as they will suffer from productivity loss, poorer cognition and economic loss due to reduced schooling. In addition, this will have a significant and direct impact on our nation's economic advancement (UNSDN 2015). For this purpose, BDE believes that it's time to bring the value of nutrition to the forefront of all its child development agenda.

All in all, in Ethiopia the momentum for nutrition improvement is strong. The challenge is to lock in the current high level of commitment to reducing malnutrition in all its forms and convert it into accelerated declines. The time is right to rise to this challenge, and to this end the BDE has decided to launch an initiative known as 'The Seqota Declaration'.

Based on this, components of this Declaration include, amongst others, the following:

### Zero stunting children less than 2 years

Ensuring universal access to nutritious food in the first 1000 days window of opportunity, from start of pregnancy to a child's second birthday – supported by LMC, nutrition – sensitive education, water, sanitation and social protection and nutrition – specific interventions as well as girl/ women empowerment.

### 100% increase in smallholder productivity and income

- Reducing poverty and improving well-being through:
- Empowering smallholder and women farmers, pastoralists, young people and farmer-cooperatives
  - Improve access to assets (NASP)
  - Improve investments in agriculture and value chains
  - Support agriculture research and innovation

### Sustainable food systems

Adoption of sustainable and climate resilient agricultural practices by farmers, agribusiness, cooperatives, unions and civil society through establishing standards for sustainability.

### Water, Sanitation and Hygiene

- Continue to improve the accessibility & coverage of adequate and safe drinking water supply
- 100% open defecation free kebeles by 2030
- Promotion of personal and environmental sanitation and hygiene (hand washing with soap)
- Irrigation for supporting agriculture as well as access to water source

### Zero stunting children less than 2 years

- Enable all people to access food they need at all times through:
- Nutrition sensitive agriculture growth program (NSP) and PSNP
  - Improved food systems and markets
  - Social protection
  - Enabling institutions at local, regional and international level

### Zero loss of food

- Minimize food losses during post-harvest period, storage and transportation through:
- Locally relevant technologies for post-harvest handling, food storage, processing and food preservation.
  - Improve nutritional quality of foods produced, access and maintain seasonally
  - Awareness and behavior change through nutrition promotion

### Education

- Firstly, we must increase efforts to educate women and girls, especially rural girls, to help prevent the intergenerational transmission of poverty
- Increase primary school enrollment – with an emphasis on girls
  - Continue to improve quality of education
  - More work on improving secondary school enrollment (of girls) as well as life skills and adult education
  - Implement the school health and nutrition strategy initiatives: school feeding, de-worming, nutrition education

Additionally, it is important to promote healthy eating habits among younger generations in order to prevent the emergence of overweight and obesity.

# Goals

- The key goals of the Sequota Declaration include, among others, the following:
- Zero stunting in children under 2 years old
- 100% access to adequate food all year round
- Transformed smallholder productivity and income.

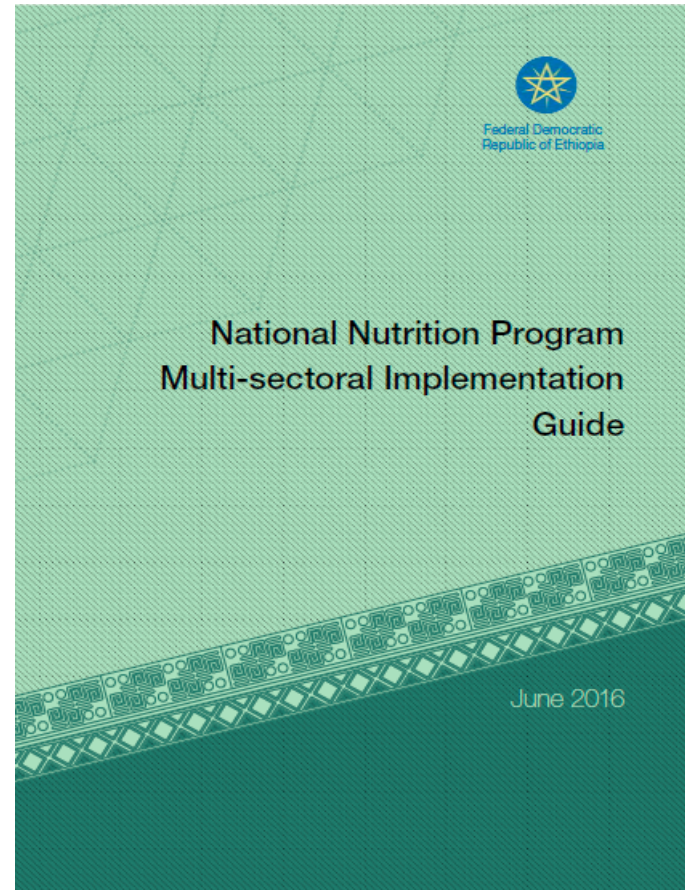
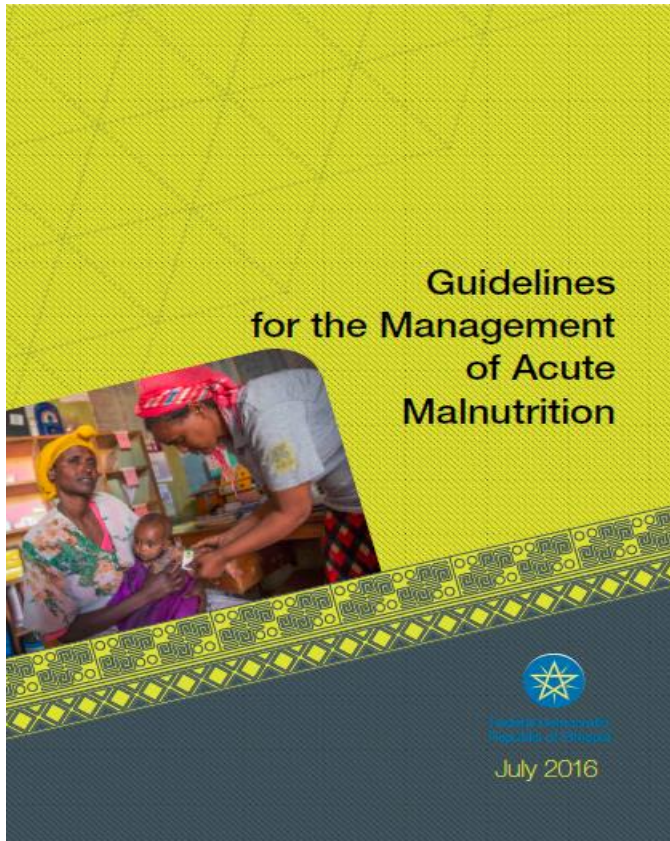


# Cont....

- Zero post-harvest food loss through reduced post-harvest loss
- Innovation around the promotion of sustainable food systems (climate smart)
- Water, sanitation and hygiene
- Education
- Social protection

# Major achievements

- NNPII finalized
- Major revisions
  - Initiatives and Indicators
  - **Commitment (Signature)** – 13 sectors and agencies
- Multisector guideline finalized
- BINLM finalized, pre-tested and TOT provided
- Nutrition and food policy-
  - Policy document ready for discussion
- UNISE ready for trial
  - Multi-sectoral nutrition coordination and linkages (commitment, accountability, Indicators)
- Nutrition sensitive sector strategic plans developed in most ministries





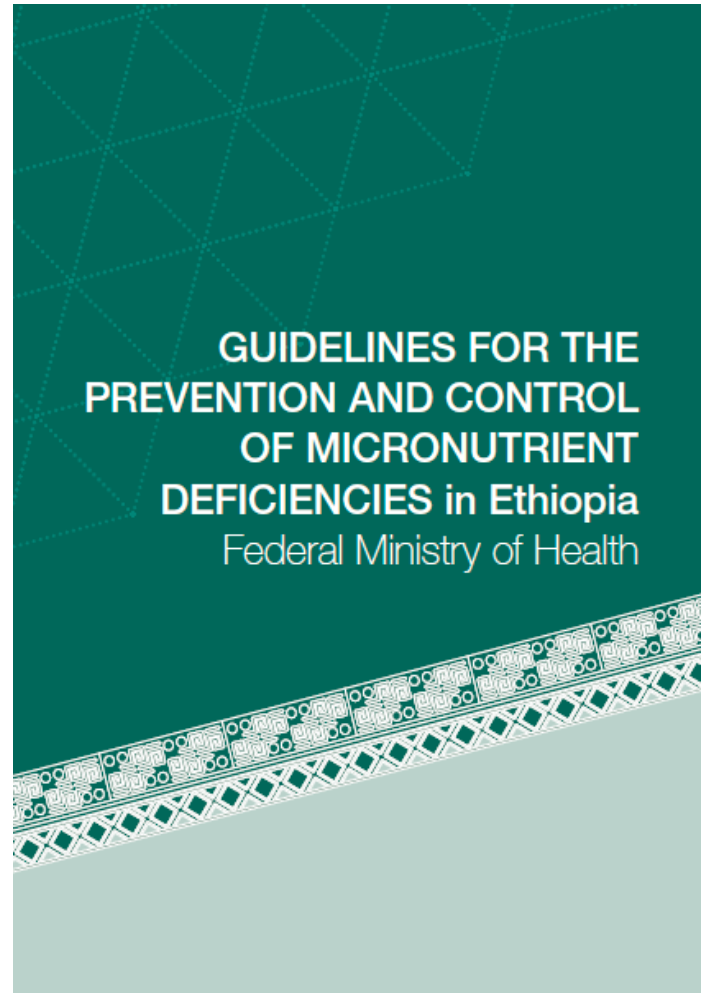
FEDERAL DEMOCRATIC REPUBLIC OF ETHIOPIA

# NATIONAL NUTRITION PROGRAM

2016–2020

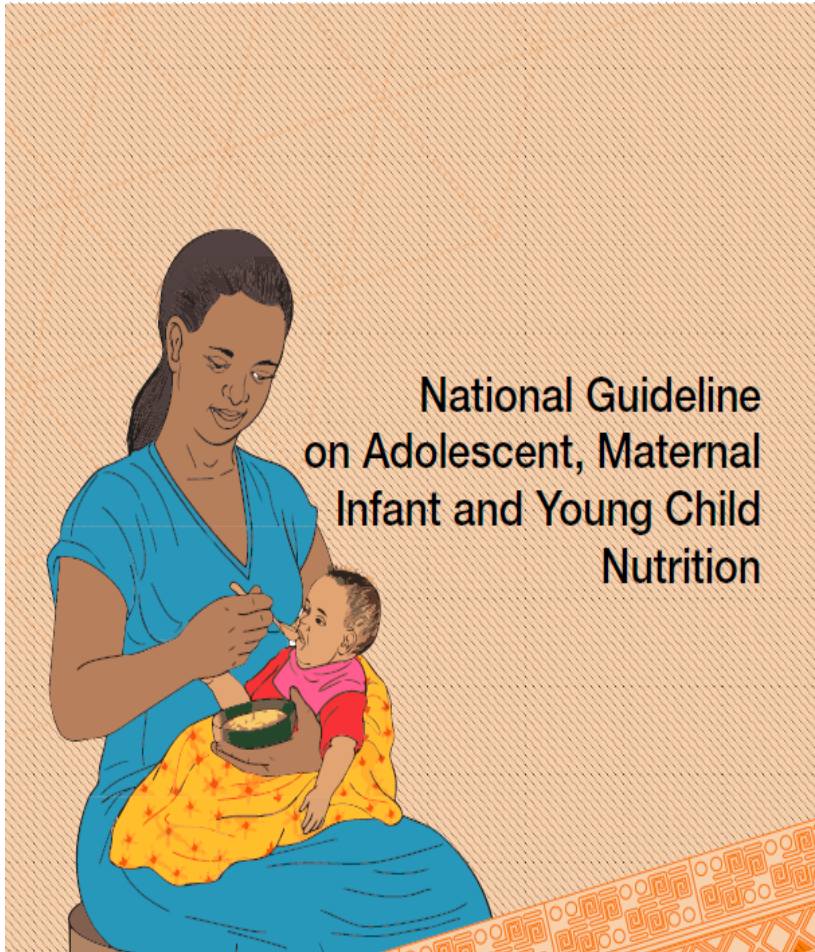
JULY 2016

October 19, 2021



## GUIDELINES FOR THE PREVENTION AND CONTROL OF MICRONUTRIENT DEFICIENCIES in Ethiopia Federal Ministry of Health

FDRE



**National Guideline  
on Adolescent, Maternal  
Infant and Young Child  
Nutrition**



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# Challenges for the implementation

- Awareness on nutrition still a challenge
- Implementation of nutrition specific and sensitive interventions
- Participation of NNCB and NNTC members
  - NNCB-MOE, MOWIE, MOLSA, MOFEC,
  - NNTC, WOWIE, MOE, MOLSA, Private sector

# Major challenges

- Coordination and linkage at all levels
- Acute malnutrition management
- Data collection, analysis and utilization
- Human resource and institutional arrangement
- Budget for nutrition
- Minister changed /reshuffling



**Good Nutrition, Base for Development !**