



EPHI Monitoring and Evaluation Steering Committee (MER SC)

Physical and virtual meeting hosted by
EPHI

30-31 March 2021

Adama

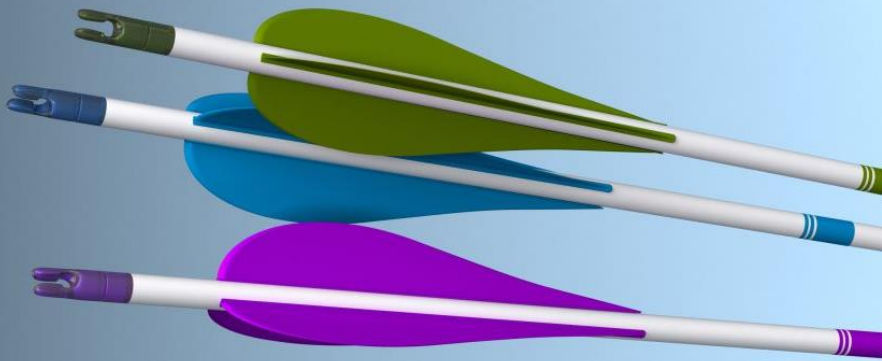
Federal Democratic Republic of Ethiopia

**Food and Nutrition Strategy progress
update to MER meeting**

March/2021

Outline

- Background/ Development Process
- Rationale
- Objective
- Vision, Mission and Goal
- Strategic objectives
- Institutional framework and coordination
- Financing
- Monitoring, evaluation and research

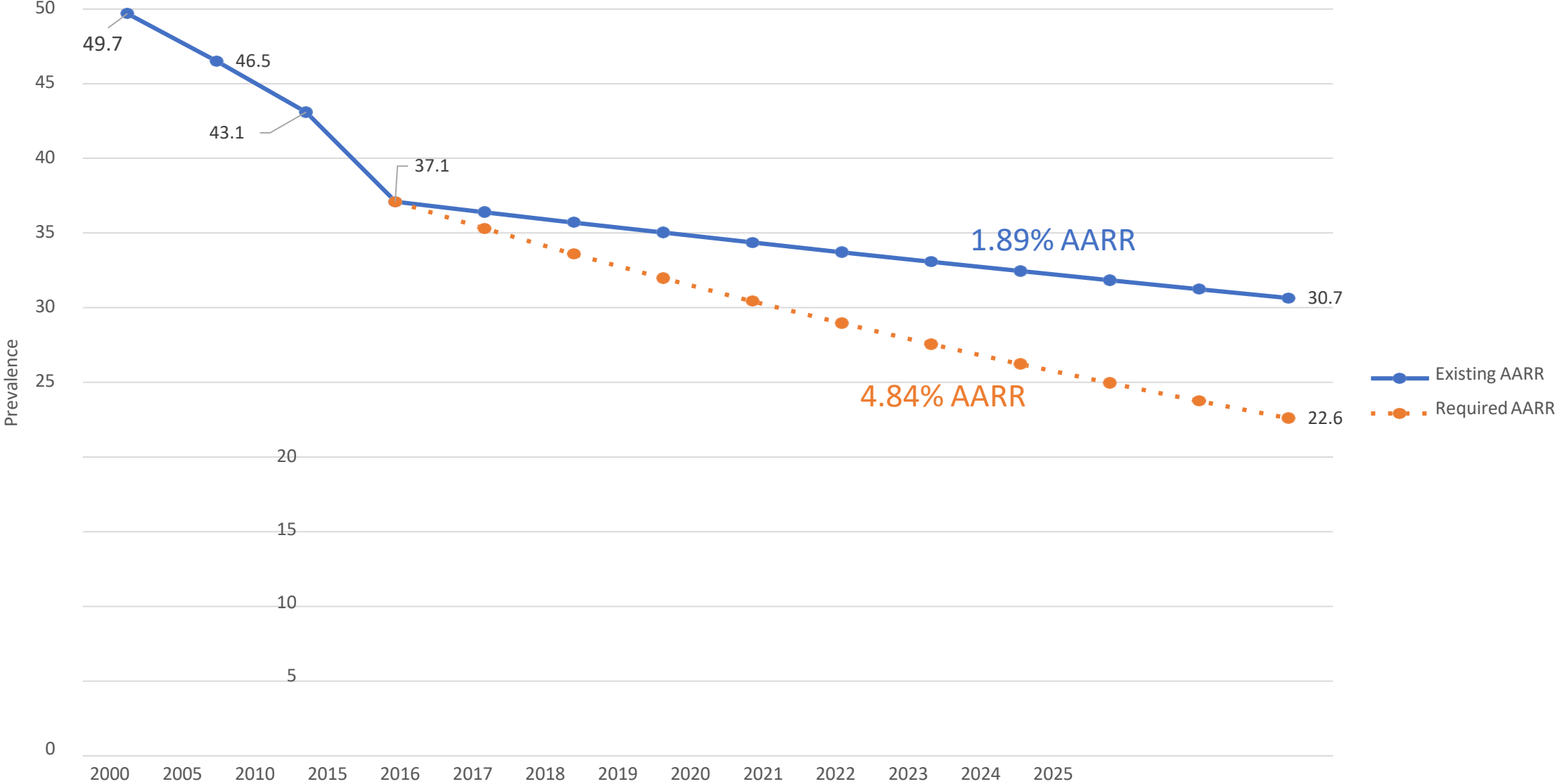


Back ground

- Nutrition -Heart of the SDGs and is vital for achieving 12/ 17 SDGs
- Ethiopia is among the countries suffering from all forms of malnutrition.
- Per capita consumption of nutritious foods of Ethiopian adults is far below their counterparts in surrounding sub-Saharan countries
- Minimum acceptable diet for children 6-23 months is only 7% (MMF 45% and MDD 14%) (EDHS 2016).
- One in four (25.5 %) individuals are food insecure.
- Inadequate caloric consumption among HHs 31% (24 % of urban and 33% of rural areas).

Average Annual Rate reduction: Stunting

Childhood stunting trends and progress towards WHA targets



Food and nutrition strategy process

Food and nutrition strategy process

Development Process

- FNS on 10th version
- 13 Strategic objectives
- M&E framework—done
- FNS costing—done
 - ✓ Technical FNS implementing sectors & Nut.dev partners
 - ✓ (International and local consultants –participated

Development process...

Presented for NNTC & summarized for NNCB endorsement

- Proof reading & ready for designing –on going by(Unicef)
- Available resource mapping for FNS ongoing (SCI)
- NNCB for endorsement –**Pending**

Rationale of the Food and Nutrition Strategy

- Frequent drought and Emergencies;
- Food insecurity
- High burden of Malnutrition
 - Poor caring and feeding practices(discrimination, prioritization)
 - Poor WASH(Access and practices)
 - Cultural beliefs and Food taboos(PLW and child N)
 - Nutrition services coverages(developmental vs life saving)
 - Macro and Micronutrient deficiency(stunting, wasting, anemia, VAD, IDD)
 - Obesity and N-NCD

Rationale...

- Morbidity and mortality due to malnutrition (more than 51 % cause for child mortality)
- Reduce **intellectual capacity** and general human capital
- **Productivity loss** leading **economic loss**
- Need of **strategic interventions** that enhance the capacity of the **gov't and actors-FNS**

Vision, mission and Goals of FNS

Vision:-To see all Citizens with optimal nutritional status, quality of life, productivity, and longevity.

Mission: We strive to ensure food and nutrition security through coordinated implementation of nutrition specific and nutrition sensitive interventions.

Goal:- To attain optimal nutritional status at all stages of life span and conditions to a level that is consistent with quality of life, productivity, and longevity.

FNS contents

Strategic objectives

Strategic directions

strategic initiatives

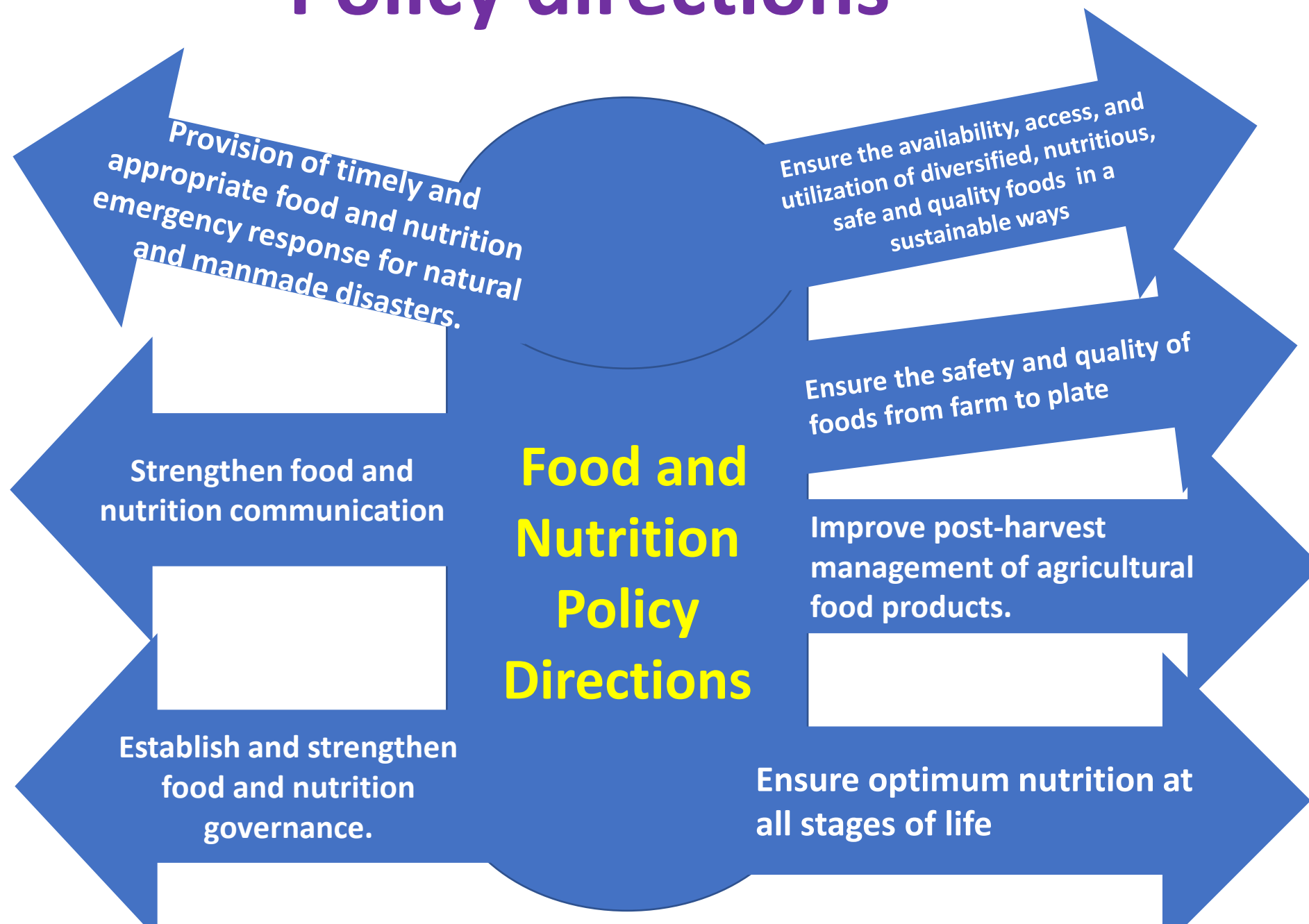
Strategic actions

Key performance indicators

Lead and collaborative sectors

Finance and ME framework with accountability matrix

Policy directions



Strategic Objectives

SO1: Improve availability, Accessibility and Utilization of adequate, diversified, safe, and nutritious foods to all citizens at all times in sustainability manner

SO2: Ensure the safety and quality of foods from farm-to-table

SO 3: Improve Postharvest Management throughout the food value chain

SO 4: Improve nutritional status throughout the life cycle through the provision of nutrition-sensitive and nutrition-specific interventions.

SO 5: Improve the nutritional status of people with communicable, non-communicable and lifestyle-related diseases.

SO 6: Strengthen the national capacity to manage natural and man-made food and nutrition emergencies with a timely and appropriate response, including emergency management for internally displaced persons and refugees

SO7: Improve water, sanitation and hygiene (WASH) of individuals, households and institutions.

SO 8: Improve the nutrition literacy of individuals, families and communities along the food value chain in order to make informed decisions on the uptake of diversified, safe, adequate and nutritious food.



Strategic Objectives....

SO9: Create a functional governance body to strengthen the coordination and integration among FNP implementing sectors.

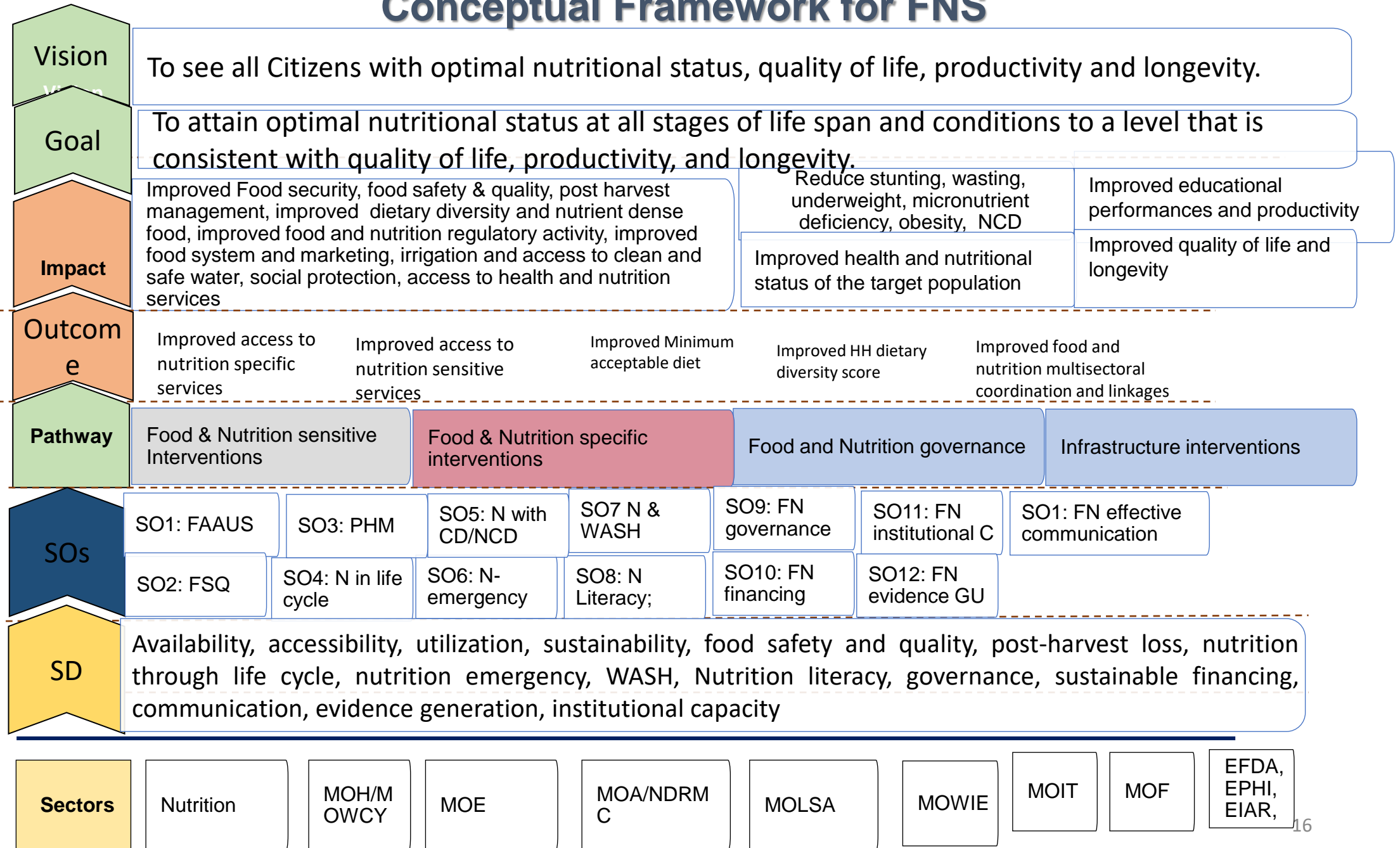
SO 10: Improve sustainable and adequate financing through government treasury, private sector, communities, development partner allocation and innovative financing mechanisms to translate the policy into action.

SO 11: Build the institutional capacities of FNP implementing sectors with human resource, research and technological development.

SO 12: Enhance evidence informed decision-making, learning and accountability.

SO 13: Ensure effective food and nutrition communication

Conceptual Framework for FNS



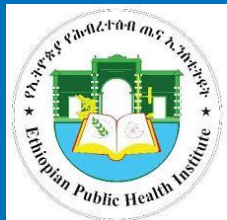
Stay safe

Thank you

Ethiopian Food and Nutrition Strategy Baseline Survey Update

Survey Overview

March 30 2021
Adama

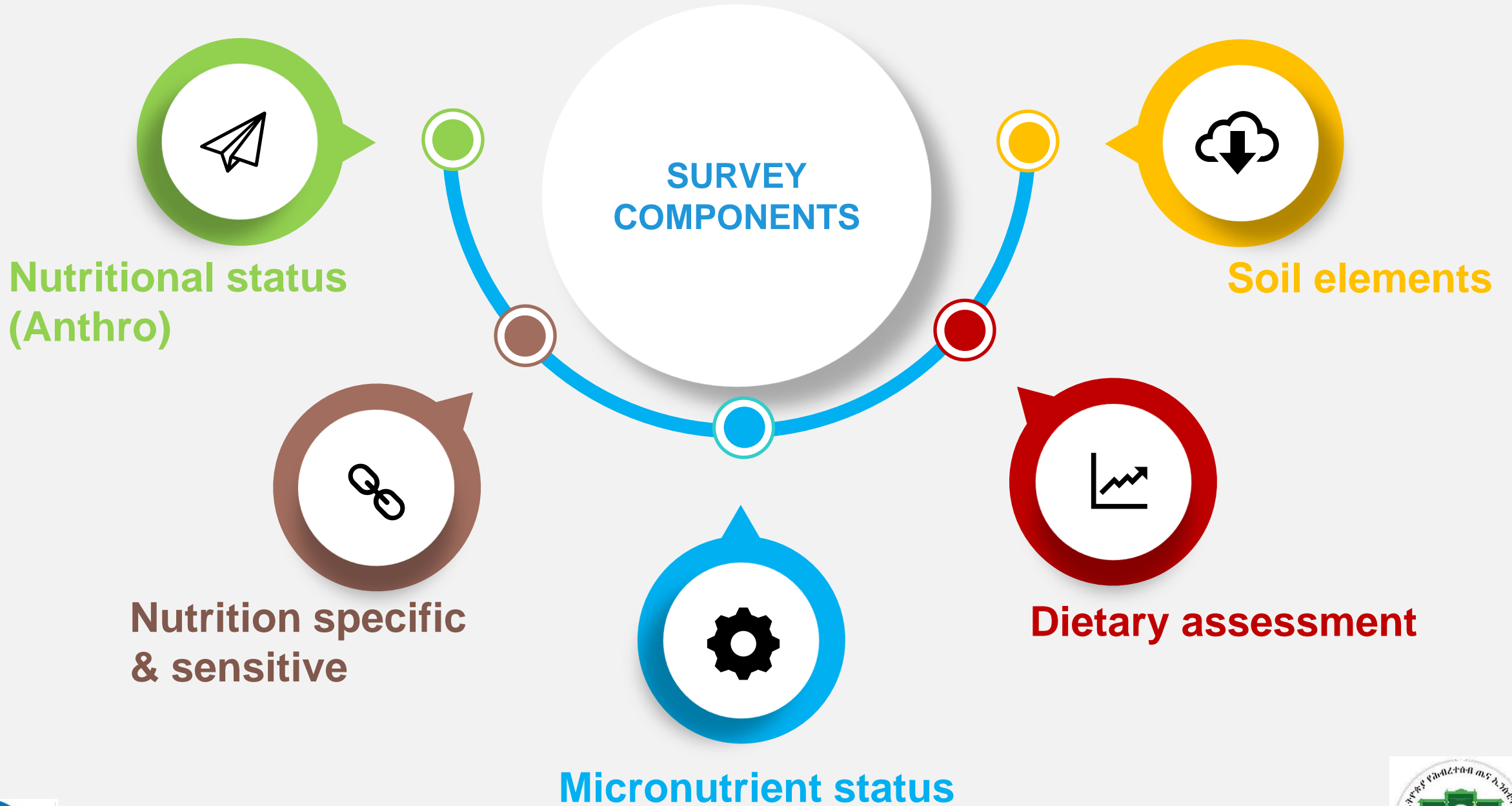


Ethiopian Food and Nutrition Strategy Baseline Survey Update

Survey Overview

March 30 2021
Adama





FNS: Survey objectives

- To assess the anthropometric status of U5 children, school-age children, adolescent girls, and women of reproductive age
- Infant and young child feeding (IYCF) practices among U2 children
- Coverage of nutrition-specific interventions like deworming, vitamin A, and Zinc supplementations
- Coverage of nutrition-sensitive interventions like WASH, mental health status, women empowerment, agricultural practices, safety net programs and vaccination



FNS: Survey objectives

- Micronutrient status (vitamin A, iron, iodine, selenium, zinc, folate, and vitamin B12) of children aged 6–59 months, school-age children, adolescent girls, and women of reproductive age
- To assess anemia among U5C, school-age children, adolescent girls, and women of reproductive age
- Food consumption patterns and nutrients intakes of children aged 6–59 months, and women of reproductive age
- Household food insecurity
- Geographical distribution of soil microelement status in Ethiopian agricultural soil



FNS: NSS Questionnaires (14 modules)

01

Module 1: Household characteristics and sociodemographic status

04

Module 4: KAP of mothers or caregivers on children's care and feeding

02

Module 2: Child health

05

Module 5: Adolescent girls (10-19 Years)

03

Module 3: Infant and young child feeding practices

06

Module 6: Reproductive age women (15-49 Years)



FNS: NSS Questionnaires

07

Module 7: Women Dietary Diversity

08

Module 8: Mental health

09

Module 9: Women empowerment

10

Module 10: WASH

11

Module 11: Food fortification

12

Module 12: Agricultural practices



FNS: NSS Questionnaires

13

Module 13: Food security

14

Module 14: Employment and social protection



FNS: Sampling and samples

Sampling:

- Sampling Frame: 2018 Ethiopia Population and Housing Census
- First Stage: 638 clusters
- Second Stage: 26 households per cluster. Overall, 16,596 households will be included.

Samples by target:

- Under-5 children: 7,213
- School age children: 9,001
- WRA: 14,772
- Adolescent girls: 5,824

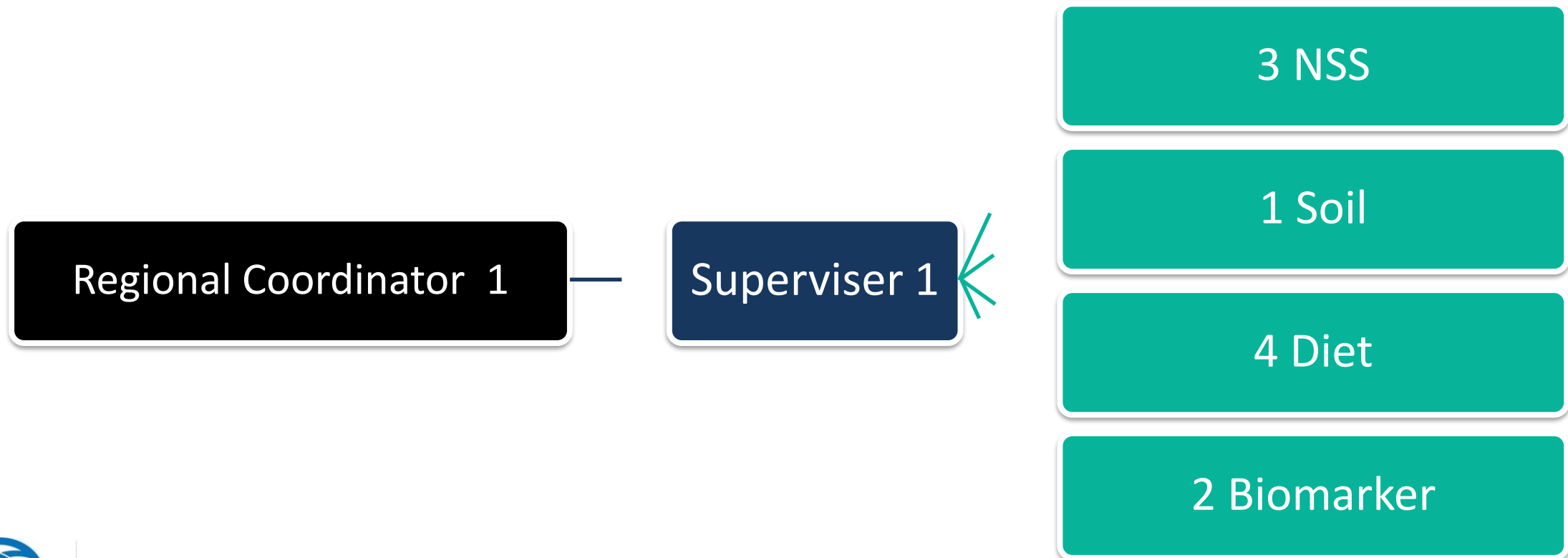


FNS: Survey operation

- Total of 20 teams in three phases
- Fieldwork will be conducted from April 29 to July 25, 2021
- Phase 1: 11 teams and starts on April 25 (Christian major EAS: Amhara, Oromia, SNNP, Sidama, Gambela and Benishangul Gumuz)
- Phase 2: 9 teams and starts on May 12 (Muslim major regions EAs: Somali, Afar, Amhara (Wollo))
- Phase 3: 20 teams and starts 3 weeks after the election (urban EAs of all regions)



FNS: Team organogram



Activities completed so far

- Funding (60%)
- Protocol development
- Tools development and translation
- IRB approval
- Field supplies procurement



Challenges

- COVID-19
- Logistics: vehicle and lab supplies
- Admin and finance



ACKNOWLEDGMENTS



Ethiopian Food Systems Position Paper Development Concept Note

Towards Food System Summit



Transforming food systems around the world to deliver universal goals like **Zero Hunger** and **Good Food, For All**.

Why food systems?

Food is at the heart of the most significant challenges we face



Poor diets contribute to **one in five deaths**.

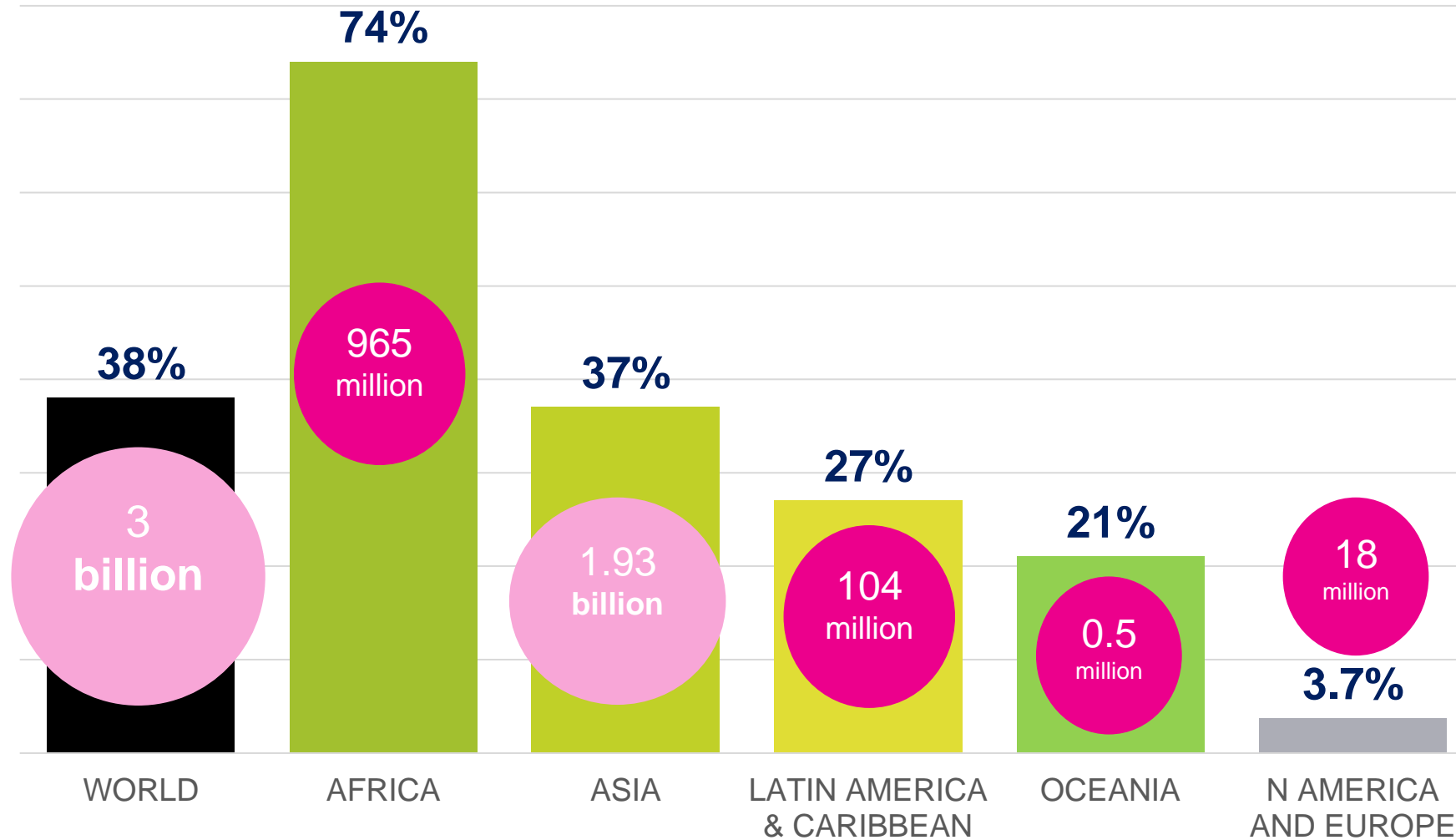
Food also contributes to **environmental issues** including greenhouse gas emissions, unsustainable water use, soil degradation, biodiversity loss etc.

The **State of Food Security and Nutrition in the World 2020** report shared the startling statistic that some **3 billion people** cannot afford the cheapest healthy diet.

This includes many of those who earn their livelihoods in the food sector.

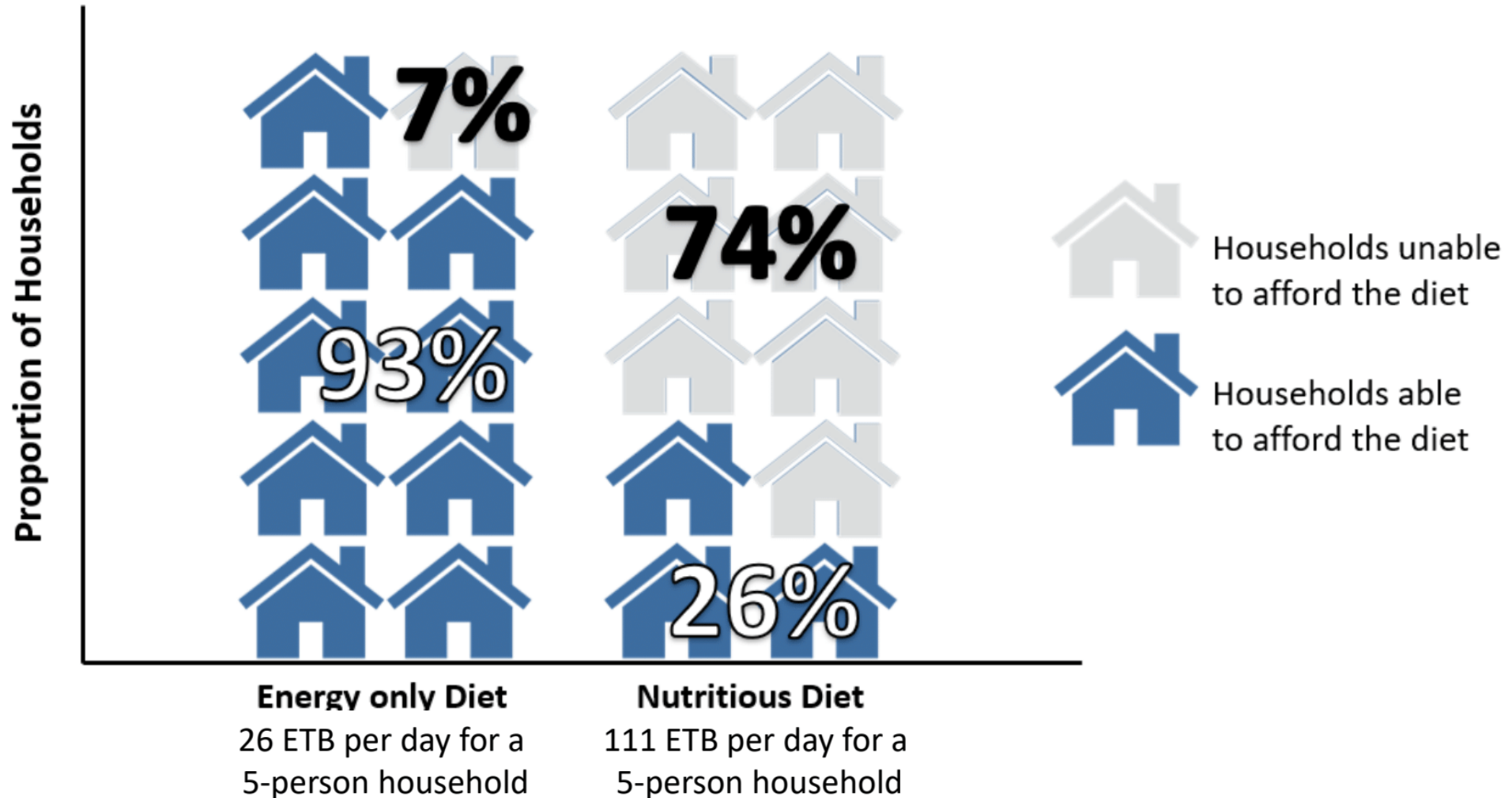
Healthy diets are unaffordable to 3 billion

% of population unable to afford a healthy diet



Food Systems **must change urgently** to make them work for the good of **people and planet.**

Most Ethiopian households would be unable to afford a nutritious diet.



Ethiopia: Key findings related to Food Systems, agricultural production and fortification (FNG: EPHI WFP)

1. Nutritious diets meeting the requirements of energy, protein and 13 micronutrients, would be unaffordable for three out of four households.
2. Prices of these same nutritious foods have increased in recent years, whilst grain, sugar and oil prices have decreased, meaning access for household consumption is more difficult than ever.
3. Agricultural production is largely focused on staples. As a consequence, the supply and availability of fresh, nutritious foods, such as fruit and vegetables is insufficient.
4. Agricultural production is largely small-scale, and subsistence-based, with limited opportunity for growth and development.
5. Innovating agricultural practices, diversifying production and adopting high quality seeds and bio-fortified and fortified commodities could improve access to nutritious diets.
6. Infrastructure and access to markets for sale and purchase also determine household ability to access nutritious, diverse diets.
7. Consumption patterns can have implications for climate and environmental outcomes.

What is the UN Food Systems Summit?

The UN FSS, convened by the UN Secretary General will be held in September 2021 at the UN HQ in New York, at the next UNGA.

The summit aims to work on linked goals to advance the SDG 2030 agenda, around **5 Action-Tracks** or themes.

1

Ensure Safe and
Nutritious Food for
All

2

Shift to
Sustainable
Consumption
Patterns

3

Boost Nature
Positive
Production

4

Advance
Equitable
Livelihoods

5

Build Resilience to
Vulnerabilities,
Shocks, and
Stresses

What special about the UNFSS?

It's a “**People's Summit**” – profiling more than the ‘usual suspects’. For instance youth are given a prominent, meaningful role.

It's also a “**Solutions Summit**” – aiming to go beyond rhetoric into systemic solutions that are actionable, impactful, monitorable, and that integrate the 5 Action Track themes.



What needs to be done: Food Systems

Summit Dialogues

- FSSDs aim to convene broad groups of stakeholders (different Government ministries, private sector, development partners etc.) to discuss how to get food systems working for the common good
- Three types of FSSD will be held in the lead up to the FSS 2021:

**Member State
Summit Dialogues**
(150+ countries targeted)

National governments organise these. The aim is to have an initial national dialogue, several sub-national dialogues, and then another national dialogue before April to surface national priorities and actionable ideas

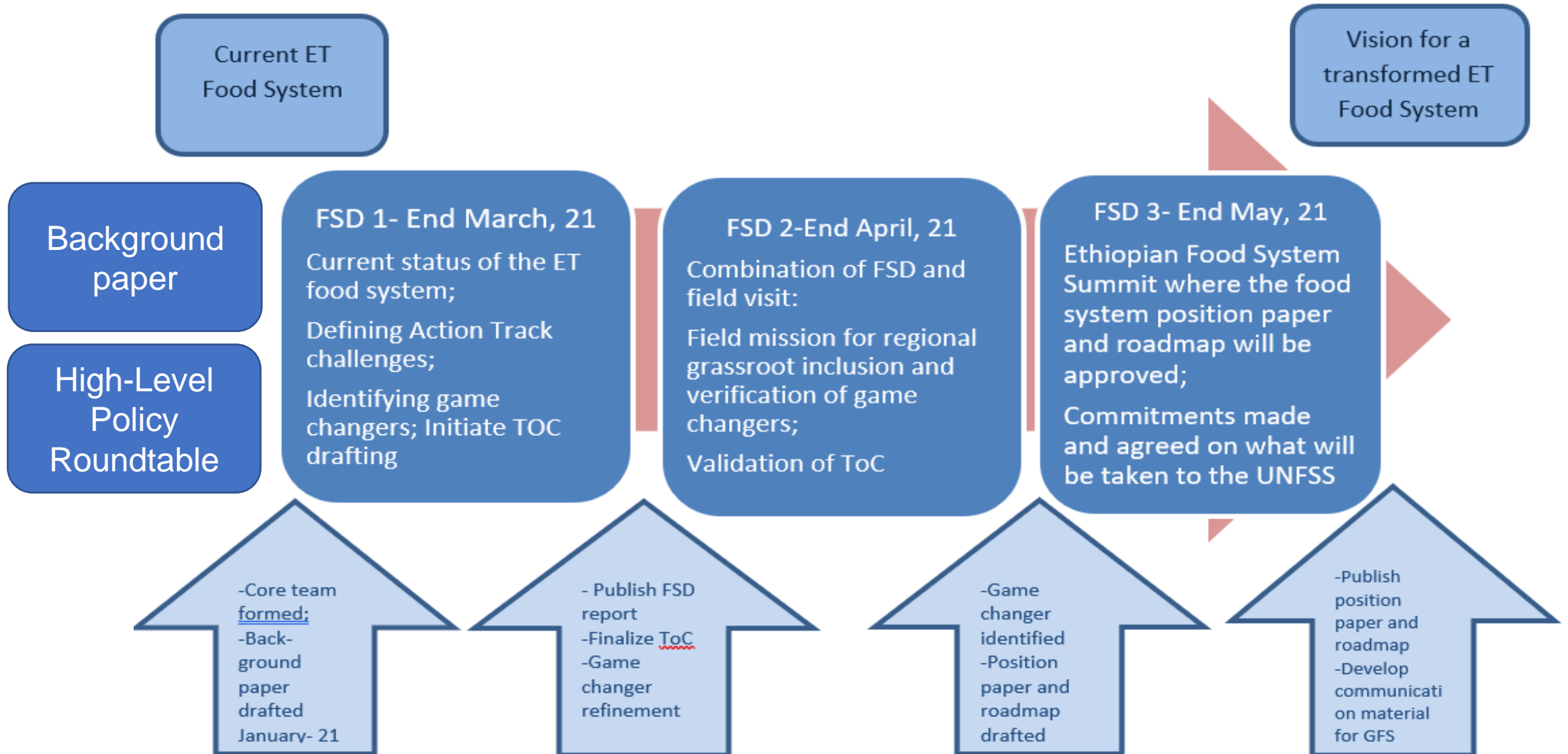
**Global Summit
Dialogues**
(5 to 6 targeted)

The FSSD team at 4SD organises these in the margins of key events around e.g. climate, environment, health etc.

**Independent
Summit Dialogues**
(100+ targeted)

These are organised outside the Member State remit, for example by NGOs or private sector, though government representatives can of course participate.

Ethiopia's Plan towards Food System Summit



What is a **game changing** and **systemic solution**?

Shortened definition: “A ‘**game changing solution**’ is a **feasible** action which can be sustained over time that would **shift** the capacity of food systems to advance global goals.”

Longer definition: “A ‘**game changing and systemic solution**’ is a **feasible** action, existing or new, **based on evidence, best practice, or a thorough conceptual framework** that would **shift** operational **models or underlying rules, incentives, and structures** that shape food systems, acting **on multiple parts of – or across – the food system**, to advance global goals which can be sustained over time.”

What are the *key criteria* for a game changing, systemic solution?

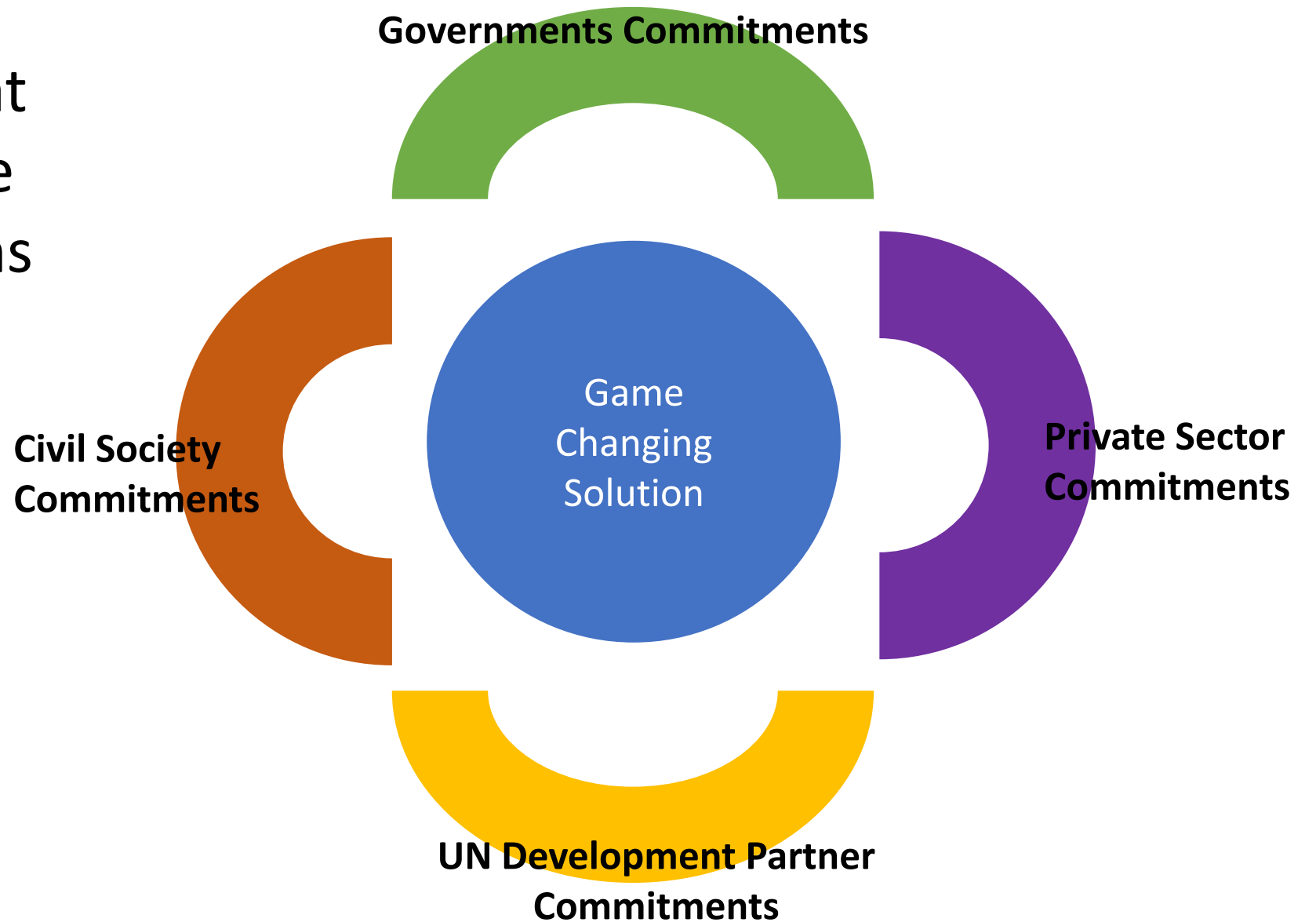
(1) impact potential at scale¹ (incl. return on investment)

(2) actionability (politics, capacity, costs)

(3) sustainability (the ability to keep delivering to 2030 and beyond)

1. Do not confuse 'Impact at scale' with single large intervention versus enabling multiple small actions to engage

Looking for
**Complementary
Commitments** that
Support the Game
Changing Solutions



What has been done ...

Done:

- Stakeholders engaged (WFP/ FAO/ GiZ/ IFPRI- A4HN/ USAID/ GAIN/ NDPF) generating ideas and now transformed to a '*technical team*'
- Ethiopian Food System Concept Note prepared
- Background Paper entitled '**Transforming Ethiopian Food Systems: *Better diet quality, prosperity, and sustainability in a changing climate***' prepared
- High Level Roundtable with Global Panel on Agriculture and Food System for Nutrition held (Feb 9, 2021)
- Preparation for UNFSS is underway: global and in-country dialogues [31st March – 1st April]

What has been done ...

1. **'Conveners'**

H E Oumar Hussien, Minister of Agriculture

H E Dr. Lia Tadesse, Minister of Health

2. **'Curators'**

H E Dr. Mandefro Nigussie; CEO Agriculture Transformation Agency

H E Dr. Dereje Duguma, State Minister of Health

3. **'Facilitators'**

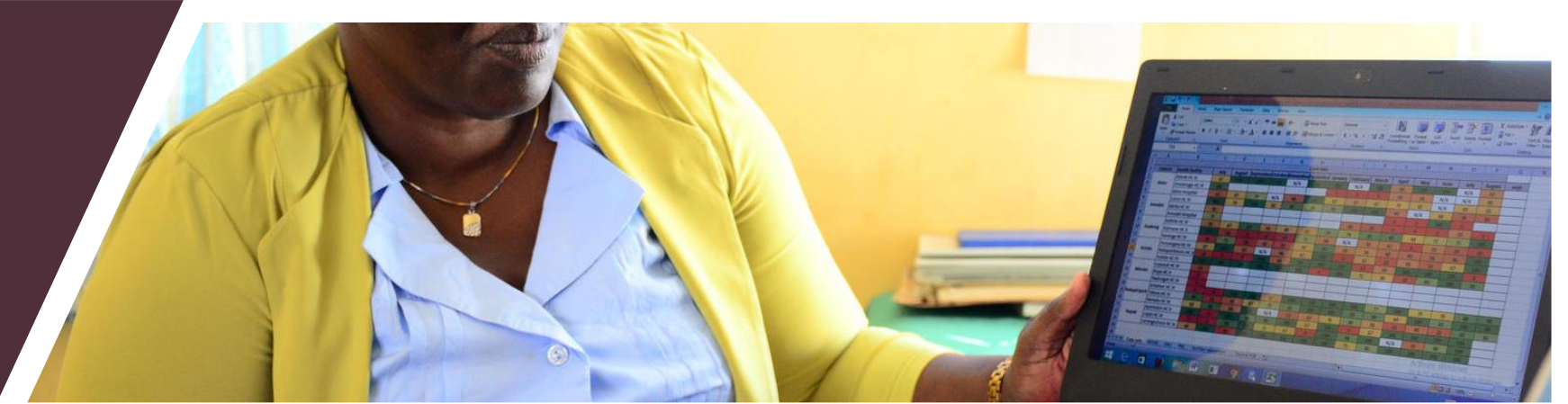
MOH: Dr. Ferew Lemma and Dr. Sisay Sinamo

MOA: Alemtsehay Sergawi and Dr Mulugeta Teamir

Partners: NDPF (Filippo D) and A4NH/ IFPRI (Namukolo)



Thank you!



Ethiopia

March 2021



Project Summary

- **Project Title:** Strengthening national nutrition information systems
- **Countries:** Ethiopia, Cote d'Ivoire:, Uganda, Zambia and Laos
- **Project Period:** 2020 - 2023



Activities

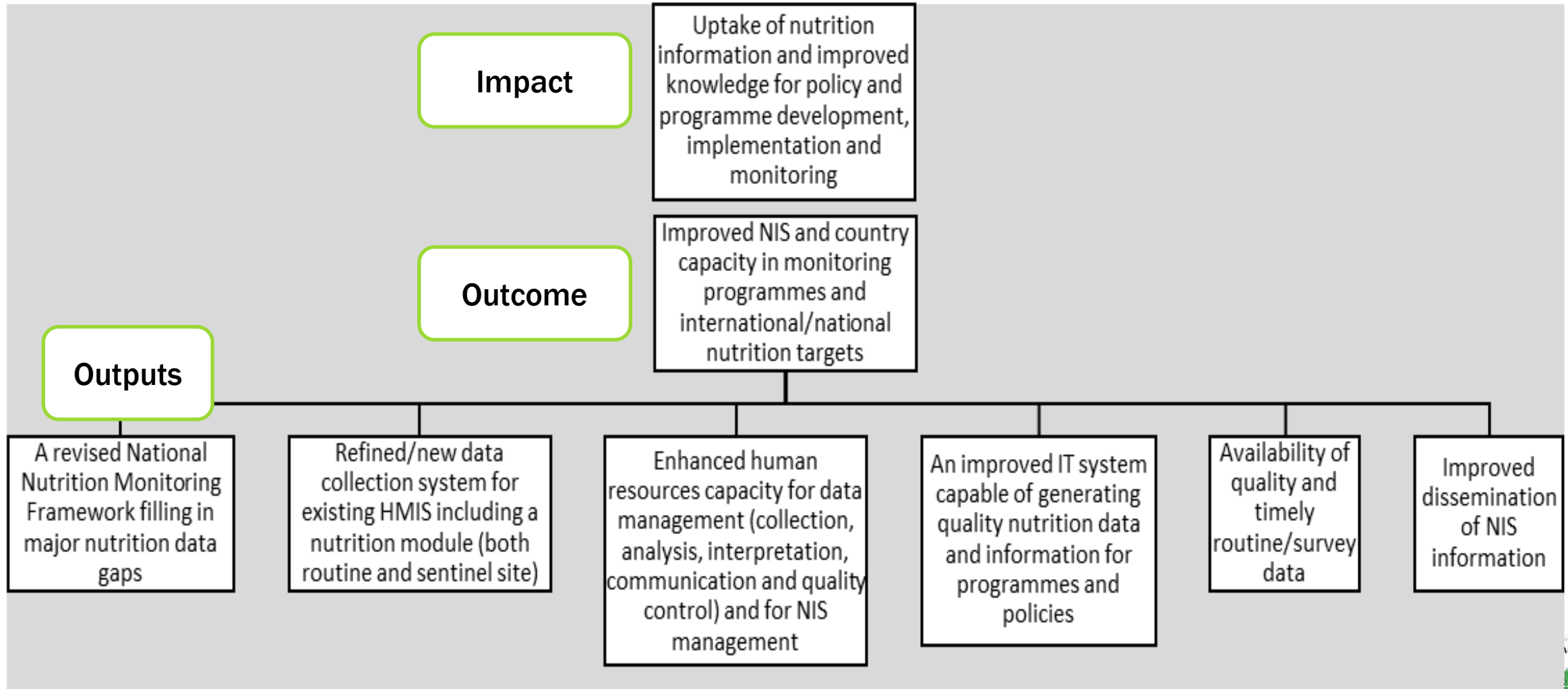


Gaps in the NIS



	Existing Nutrition Information System	Major Gaps
1	DHIS2	<ul style="list-style-type: none">- Indicators: Few (only 8) nutrition specific indicators, missed the major IYCF, maternal, adolescent girls,- Data collection tool: Design, Availability, Parallel reports- Data flow: Report completeness and timeliness- Data quality: Data consistency- Data utilization: - Low utilization of data
2	Unified Nutrition Information System (UNISE) using DHIS 2 platform	<ul style="list-style-type: none">- In pilot implementation phase and has issues on completeness, data quality issues
3	Public health emergency management surveillance data system	<ul style="list-style-type: none">- Weak nutrition Realtime surveillance system, delay of emergency nutrition reports)- Capacity gap on emergency nutrition information analysis- Few Nutrition surveys

Logical flow of the project



Implement actions to establish or strengthen country NIS

Area	Country level activities (indicate year)	Key milestone (indicate year)
National Workshops	<ul style="list-style-type: none"> Conduct inception meeting on the National Nutrition Monitoring Framework 	2020
Review and refine existing data collection mech.	<ul style="list-style-type: none"> Conduct initial review of the existing electronic data collection tools in the lens of nutrition in HMIS /DHIS2 Design/ upgrade /update the DHIS2 indicators and reference guide focusing on nutrition indicators 	2020-2021
Capacity building	<ul style="list-style-type: none"> Conduct capacity need assessments Training of policy makers and Program Managers on NIS Training of health workers on HMIS/DHIS2 on the updated /developed data collection tools 	2020-2021
Strengthening data collection and Mgt	<ul style="list-style-type: none"> Design and Update/develop electronic and non-electronic data collection tools at national and subnational level 	2021-2023
Need based IT support for data management	<ul style="list-style-type: none"> Review the governance documents for data flow for both facility and community data sources Provide support in upgrading DHIS2/UNISE 	2020-2021-2023
Advocacy and communications	<ul style="list-style-type: none"> Review of platforms to disseminate/share nutrition information Establish/strengthen nutrition data sharing platform including nutrition Dashboard at all level Conduct workshop for advocacy of data use 	(2020-2021)-2023

Monitoring



Indicators selected: Impact and Outcome



	Results Chain	Indicator	Baseline (2020)	Target (2024)
Impact	Uptake of nutrition information and improved knowledge for policy and programme development, implementation and monitoring	# & type of documents (national/regional nutrition policies, sector strategies, programme documents, media) drawing on NIS information	3 (FNP, Sekota declaration, HS TP)	4 (multisectoral strategy documents, desk review documents, DHIS2 reference guide, FNP)
		# of events that were attended by high level policymakers/programme managers to facilitate nutrition policy dialog	NA	4
Outcome	Improved NIS and country capacity in monitoring programmes and international/national nutrition targets	# of Nutrition specific & sensitive indicators regularly collected & reported adequately through nutrition information systems for evidence based decision (Timely and reliable data)	7 (nutrition specific)	8 nutrition specific and 60 nutrition sensitive
		Quality and timely information on the coverage of selected nutrition interventions	VA, GMP, IFA, GMP, Screening (children and PLW)	VA, GMP, IFA, GMP, Screening (children and PLW), TFP, Counseling, adolescent nutrition WASH in health facilities, life skill training to adolescents, PSNP HH for malnourished children

Indicators selected: output



#	Results Chain	Indicator	Baseline (2020)	Target (2024)
1	A revised National Nutrition Monitoring Framework filling in major nutrition data gaps	Number of indicators collected through NIS	7(nutrition specific)	8 nutrition specific and 60 nutrition sensitive
2	Refined/new data collection system (revised data collection tools) for existing HMIS including a nutrition module	Number of refined/new data collection tools for HMIS and other nutrition sensitive areas	1 (HMIS Excel)	4(multisectoral scorecard, EcHIS, Registers, HMIS Excel)
3	Enhanced human resources capacity for data management and for NIS management	Number and profiles of people trained on competencies required by a NIS	NA	165
4	An improved data management system capable of generating quality nutrition data and information for programmes and policies	A system providing quality nutrition information in a timely manner	1(DHIS2)	2(Functional UNISE and DHIS2)
5	Availability of quality and timely routine/survey data	Number of indicators included in the annual report published by HMIS/NIS	NA	68(nutr spe and sen)
6	Improved dissemination of NIS information	Number and types of publications from NIS dissemination by target audiences	0	9(brochures, infographics, dashboards at national and regional level)

Progress Update

- **Food and Nutrition Strategy monitoring framework developed**
- **A ToT of UNISE/DHIS2 was provided to Federal, Amhara, and Tigray ICT experts and MEL advisors**
- **Alignment of UNSIE indicator and Multisectoral Nutrition Scorecard**
- **Pilot implementation of UNISE in 8 SD innovation phase, 12 CINUS woredas and expansion plan developed**
- **Nutrition indicator revision in the HMIS**



Multi-sectoral score card MER-SC meeting

March -30-2021

Adama

Outline

- Background
- Overview of Multi-sectoral score card development and cascading process
- Multi-sectorial platform (NNTC, NNCB)
- 2013 Six months sector's performance report
- Challenges
- Way forwards

Multi-sectoral score card development and cascading process

Multi-sectoral score card measures Sectors:

- Coordination and governance activities/Indicators
- Nutrition sensitive activities/Indicators
 - NNTC
 - Academia
 - Nutrition implementing partners
 - Nutrition and M&E experts involved in the development of Multi-sectoral score card
 - Regional and Zonal Multi-sectorial TAs supported by MOH and Partners(UNICEF and A&T)
 - National TOT was conducted
 - Regional TOT was given by region and technical support from MOH
 - Zonal, woreda cascading under going.....

Multi-sectorial indicators by level

S.no	Sector Indicators/Coordination	Indicators number by level			
		Kebele	Woreda	Region	Federal
1	Coordination and governance	3	12	15	16
2	MOH	18	17	17	17
3	MOA	13	20	26	34
4	Health and Agriculture	3	5	4	
5	MOE	8	10	10	19
6	MOWIE	4	9	9	12
7	MoLSA		10	10	10
8	MOTI		3	3	15
9	MoWCY	10	12	12	12
10	MOF		1	1	3
11	NDRMC		5	6	6
12	Media/Communication		2	2	2
	Total	59	89	115	146

NCB establishment, functionality, TOR, 2020

Region	% of woreda NCB establishment	% of woreda that have Functionality of NCB	% of woreda with TOR and minute from total established NCB woreda	% of woreda with TOR and minute form functional NCB woreda
AA	0.0	0.0	0	0
B_Gumuz	85.7	61.1	44.4	72.7
DD	0.0	0.0	0.0	0.0
Gambella	85.7	75.0	33.3	44.4
Harari	100.0	87.5	87.5	100.0
Amhara(S_Gonder)	100.0	57.9	57.9	100.0
Amhara(East Gojam)	93.3	50.0	42.9	85.7
Amhara(W.Gojam)	93.8	26.7	13.3	50.0
Amhara(SD)	100.0	93.3	93.3	100.0
Oromaia(W_Arsi)	26.7	50.0	50.0	100.0
Oromaia(W_hararge)	76.5	0.0	0.0	0.0
Oromaia(E_Wollega)	0	0.0	0.0	0.0
SNNPR(Kambata)	100.0	70.0	60.0	85.7
SNNPR(Silte)	100.0	85.7	85.7	100.0
SNNPR(Wolita)	50.0	45.5	27.3	60.0
Total	75.3	56.8	47.3	83.1

NNTC establishment, functionality, TOR, 2020

Region	% of woreda established NTC	% of woreda functional NTC	% of woreda with TOR and minute from total established NTC woreda	% of woreda with TOR and minute form functional NTC woreda
AA	50	0	0	
B_Gumuz	85.7	61.1	44.4	72.7
DD	100	100	100	100
Gambella	85.7	91.7	83.3	90.9
Harari	100	87.5	87.5	100
Amhara(S_Gonder)	100	100	100	100
Amhara(East Gojam)	93.3	64.3	64.3	100
Amhara(West Gojam)	93.8	73.3	13.3	18.2
Amhara(SD)	100	93.3	93.3	100
Oromaia(W_Arsi)	66.7	80	30	37.5
Oromaia(W_hararge)	70.6	91.7	91.7	100
SNNPR(Kambata)	100	100	100	100
SNNPR(Silte)	100	85.7	85.7	100
SNNPR(Wolita)	100	90.9	63.6	70
Total	88.7	82.6	68.6	83.1

6 Months Multi-sectoral Nutrition performance

- Expected sectors for the report –8 ministries and 3 agencies
 - ✓ MOA(EIAR)
 - ✓ MOH(EPHI& EFDA)
 - ✓ MOE
 - ✓ MOWIE
 - ✓ MOIT
 - ✓ MOLSA
 - ✓ MOWCY
 - ✓ NDRMC
 - ✓ MOF
- ✓ Partners expected: UN agencies R, Donors R, ECSC-SUN Network, academia R, private sectors R, associations R

Indicators for MOH

S.no	Activity/Indicator	Plan #	Achievement		Color	Remark
			#	%		
1	Prepare and Endorse NNCB and NNTC plan	1	1	100%		
2	Conduct NNCB meeting	1	1	100%		
3	Conduct NNTC meeting	2	2	100%		
4	Conduct steering committee meeting	6	5	83%		2 MERS & program 1 for FF
5	Conduct training for food and nutrition coordinators	9	9	100%		> 30 persons training on Multi-sectoral score card
6	Conduct multi-sectoral coordinated Integrated Supportive Supervision	1	0	0%		We have planned to conduct in March/April, preparation and tool development almost completed

Indicators for MOH

S.no	Activity/Indicator	Plan	Achievement		Color
			#	%	
7	Coordination office established at regions and city administration	2	2	100%	Green
8	Number and percent of children less than two years of age who receive GMP service	70	54	77%	Yellow
9	Number and percent of children less than five years of age who receive Vitamin A	95	79	83%	Green
10	Number and percent of children less than five years of age who received screened for acute malnutrition	92	49	53%	Green
11	Number of pregnant mothers who has taken IFA 90+	98	100	100%	Green
12	Number and percent of children less than five years of age who cured from severe acute malnutrition	85	87	100%	Green

Indicators for MOA

S.no	Activity/Indicator	Plan	Achievement			Remark
			#	%	Color	
1	Orient high level leadership and members parliament on NSA orientation	70		0%		Proposal developed
2	Provide specialized NSA lobbying and advocacy training for experts at all levels	75	26	35%		Instability and COVID-19
3	Provide NSA mainstreaming training for relevant directorates within the ministry and ministry affiliates	100	223	100%		
4	Provide food safety handling and value addition training for ministries relevant directorates and cooperative agency	100	33	33%		Proposal developed
5	Provide food safety and NSA sensitization training for journalists	60	58	96%		Proposal developed
6	Conduct Biannual NSA review meeting	1	1	100%		
7	Conduct assessment on dietary diversity and consumption patterns	2	1	0%		Proposal developed

Indicators for MOA

S.No	Activity/Indicator	Plan	Achievement			Remark
			#	%		
8	Conduct performance assessment on the implementation of the 2016 NNAS	1	1	100%		
9	Disseminate up to date messages for the public through the use of mass medias	4	4	100%		
10	Revise NNSA based on the national food and nutrition strategy	1	1	100%		
11	Revise agricultural sector strategy and packages from nutrition point of view	1	0	0%		Revision is postponed until policy is completed
12	Support NSA implementation financing through NSA programs & projects	1	1	100%		
13	Identify best practices of NSA activities implemented by research institutes, partners and SURE program to scale up	1		0%		Best practices areas identified
14	Develop standard training manual on food safety and value addition for nutrition dense commodities	1		0%		Revision is postponed

Indicators for MOE

S.No	Activity/Indicator	Plan	Achievement			Remark
			#	%		
1	Implement School Feeding Program	9 Mil	1 mi	11.7%		Schools closed & bidding time consuming
2	Expand water supply	38%	42%	100%		Data not disaggregated by primary and secondary
3	Construct toilet facilities in schools	43%	55%	100%		For both primary and secondary schools.
4	Avail MHM rooms for female students in schools	100%				Data is not compiled from the whole regions
5	Monitor and Evaluate the implementation of WASH and school feeding	1	1.00	100%		Conducted consultative meeting with Educ. Bureau heads SIP directors, PTAs, WASH consultants.
6	Evaluate the performance and the activities of stakeholders on school health and Nutrition	3	1.00	33%		

Indicators for MOE

S.No	Activity/Indicator	Plan	Achievement			Remark
			#	%		
7	Conduct monitoring and evaluation on the implementation of school gardening.	50%				The full picture of data is not
8	conduct monitoring and evaluation on strengthen school WASH and school health and nutrition clubs	50%				Schools were recently opened and the performance report is not compiled.
9	Distribute safety materials like infrared thermometer gun, face mask, and disinfecting in schools to combat COVID 19	100%		50%		This performance is only related to Face Mask distribution.
10	Coordinating and managing national data on school feeding	1	1	100%		Data is collected from regional education bureaus.
11	Conduct consultative meeting on the implementation of school health package					Conducted consultative meeting with

Indicators for MoLSA

S. N	Activity	Plan	Achievement		Color	remark
			no	%		
1	Poorest of poor or vulnerable group of society who are target in RPSNP and UPSNP.	1,286,568	1,286,568	100%		
2	Targeted homeless children, women with children, adult and elderly institutional care and provide nutrient food.	22,000	9,885	100%		
3	Transition of pregnant and lactating women to temporary direct support after first antenatal care visit from the month of pregnancy	100%		100%		
4	Reduce women's working burden participation in social and behavioral change communication/ and aware personal and environmental hygiene, child grow monitoring and other service	100%		100%		
5	Conduct TOT training for 120 federal, regional and city administration officials and experts on food and nutrition program.	2	0	0		COVID-19

Indicators for MoLSA

S. N	Activity	Plan	Achievement		Color	remark
			No.	%		
6	Conduct TOT training for 100 regional and city administration officials and experts on livelihood support and other co-responsibly	2	0	0	Red	COVID- 19
7	Conduct case management to create linkages for prenatal and postnatal care, vaccination and growth monitoring, and supplementary nutrition for malnutrition children in Seqota declaration Woredas.	43,079	35650	83%	Green	
8	Prioritize female headed HHs and unemployed mothers; Empower them to buy nutritious food by facilitating lending, access to loans, subsidies and savings.	25,230	13670	55%	Yellow	
9	Enabling better nutrition food of male and female HHs in Integrated Nutrition and Social Cash Transfer Program implementing Woreda	50%	48%	100%	Green	

Indicators for MWCY

S.no	Activity	plan	Achieveme nt		Color
			No	%	
1	Provide training for 1 to 30 women devolvment Group	100	40	40%	
2	Gender base M&E sensitive nutrition implementation	4	6	150%	
3	monitoring and evaluation benefit youth who participating in IGA	4	6	150%	
4	Advocate the societies and rising awareness creation on harmful traditional practices related with nutrition and early child marriage .	10	10	111%	
5	Monitor and Follow up Federal and Regional day care centers institutions	2	2	100%	

Indicators for MWCY

S.no	Activity	plan	Achievement		Color
			No	%	
6	Provide and Support trainings for 60 Care givers and Nannies on child protection.	60	60	160%	Green
7	Facilitate and Monitor Child Research Practice Forum and Gender Sensitive Forum to consider Researches Nutrition Sensitive	3	1	33.30%	Red
8	Monitor and Follow up SD areas 1 Region and 26 woredas	1	1	100%	Green
9	linked and improve street children's feeding and life style	400	400	100%	Green
10	Allocate budget for Amhara and Tigray Regions on SD woredas	1	1	100%	Green

Indicators for MOWEI

S.No	Initiatives and Activities	Plan	Achievement		Color	Remark
			Number	%		
1	New water supply schemes construction for rural areas in 309 woredas	400	285	71%	Yellow	A total of 285 rural water supply schemes are constructed of which 232 are hand dug wells, 52 spring on spot and 1 medium RPS. The achievement is reported from only four regions namely Amhara, Tigray, BSG and Gambella.
2	Rehabilitation of existing non-functional rural water supply schemes	4	4	100%	Green	In Harari Region rehabilitation of 64 HDWs & installation of 4 water tankers completed in response to COVID19 pandemic.
5	New Water Schemes Construction in 50 small and 17 medium towns	22	0	0%	Red	Implementations of Urban WSSPs have been started in all regions. 8 medium and 33 small towns Projects are currently under different stages of feasibility study, detail design and bidding process.

Indicators for MOWEI

S.No	Initiatives and Activities	Plan	Achievement		Color	Remark
			Number	%		
11	Completion of constructions of 4 fluoride treatment systems in South region (from 88% to 100%)	1		0%		
12	Sanitation market center establishment-Rural	37	12	32%		5 Sanitation marketing center are established (3 in Amhara and 2 in Somali) regions.
13	Construction of improved HH Sanitation facilities in rural woredas	55,000	66904	100%		A total of 13,713 new improved HH latrines are constructed and 16,840 traditional HH latrines are rehabilitated and upgraded to improved ones in Amhara, SNNP & B/Gumuz regions.
14	Verification and declaration of ODF keels	258	50	19%		50 Kebeles have achieved ODF status in BG, DD & SNNP regions.
15	Sanitation market center establishment-Urban	6	4	66%		1 Sani-Market Center established in Amhara region (Gish-rabel Woreda) and additional 3 are on bid evaluation process.

Indicators for MOTI trade

S.no	Activity	Plan	Achievement		Color
			#	%	
1	Provision of training to monitoring food and food related items	206	62	30	Red
2	Inspection of imported food	747168	694866	93	Green
3	Inspection of factors producing food and food related items	28	28	100	Green
4	Monitoring food and food items in market already have standard from ESA	30	21	70	Yellow
5	Supporting 5 palm oil importers in hard currency (USD)	200000	200000	100	Green
6	Monitoring of oil standard and price	1	1	100	Green
7	Participation in development of FNS document preparation , indicator selection , costing)	2	2	100	Green

Indicators for MOF

S.no	Indicator	Plan Target	Achievement		Col or	Remark
			No.	(%)		
1	Number of Food and Nutrition implementing sectors received budget from the government treasury	8	8	100		
2	Number of Food and Nutrition implementing sectors received budget from the government treasury	8	6	75		
3	Number of food and nutrition related projects approved and implemented	1	1	-	-	ADB has been transferred it for Board approval in the beginning of 4th quarter.

Indicators for EPHI

S.no	Activity	Plan	Achievement		Color	remark
			Number	%		
1	Conducting National Nutrition Technical Committee Meeting (MER_SC) quarterly meeting	2	2	100%		
2	National Information Platforms for Nutrition (NIPN)	4	4	100%		2 newsletter and 2 seminar
3	Food and Nutrition Strategy baseline survey/	1	0	100%		Fund requested,IRB approved and proposal developed
4	Development of Ethiopian Food-Based Dietary Guidelines	1	0	100%		Data collection technical report, Conducting FBDG technical committee meeting, Working on Compiling the guideline
5	Food Composition table renewal and improvement	1	1	100%		

Indicators for EFDA

S.No	Activity	Plan	Achievement		Color	Remark
			No.	%		
1	Pre-licensing inspections conducted to <i>Baby food, Child food, nutritional foods</i> manufacturers, importers, exporters, distributors and quality control laboratories.	5	7	100%		
2	Food product Registration (High risky food including Baby food, Child food, nutritional foods, General public foods)	3	3.00	100%		
3	Food product Market assessment to <i>Baby food, Child food, nutritional foods</i>	4	3	75%		
4	Conducting Post licensing auditing inspections to local manufacturers of <i>Baby food, Child food, nutritional foods</i>	7	7	100%		
5	Conducting Post licensing auditing inspections to importers of <i>Baby food, Child food, nutritional foods</i>	78	168	100%		

Indicators for EIAR

S.No	Indicator	Plan	Achievement Number	%	Color	Remark
1	No. of research activities to be implemented	3	3	100		
2	No. of document	1	1	97		The final editing process finished
3	No. of workshop	1	1	90		The workshop date fixed @ the end of January
4	No. of completed research activities	30	30	95		The galley proof received and ready for printing
5	No. of monitoring and evaluation visit	1	1	100		
6	No. of quarter report	2	2	100		
7	No. of meeting	6	6	100		

NDRMC

S.N.	Indicator	Plan	Achievement		Color
			No.	%	
1	Number of NNCB conducted	1	0	0%	Red
2	Number of NNTC conducted	2	2	100%	Green
3	Number of belg/meher multi sectoral joint assessments conducted	1	1	100%	Green
4	Number of hotspot priority one Woredas received TSFP ration	224	190	85%	Green
5	Number of Woredas strengthened and scaled up early warning system for food and nutrition information from the community level up to the national level.	100	0	0%	Red

Summary of nutrition-sensitive sectors score

S.no	Sector	Total activities for 6months	Green	Yellow	Red	% of Green	% of Yellow	% of Red
1	MOH	13	10	1	2	77%	8%	15%
2	MOA	19	11	0	7	42%	0%	58%
3	MOE	12	5	0	7	42%	0%	58%
4	MWEI	25	4	3	18	16%	12%	72%
5	MWCY	10	8		2	80%	0%	20%
6	MoLSA	9	6	1	2	67%	11%	22%
7	MOTI	20	14	1	5	70%	5%	25%
8	MOF	3	1	1	1	33%	33%	33%
9	NDRMC	16	8	0	8	50%	0%	50%
10	EPHI	5	5	0	0	100%	0%	0%
11	EFDA	19	15	1	3	68%	5%	26%
12	EIAR	7	7	0	0	100%	0%	0%
	Overall	158	84	10	64	53%	6%	41%

Implementation Challenges

- ❑ COVID-19 pandemic
- ❑ Some activities of the sectors not aligned with MSC activities/Indicators
- ❑ Most activities not accomplished(50%)
- ❑ Inadequate/No budget
- ❑ Insecurity and political instability
- ❑ Low implementation at lower levels
- ❑ Gap in leadership/commitment at all levels
- ❑ Most FNC plate forms not **functional*****

Way forward

- ❑ Advocate Higher officials for allocation budget
- ❑ Strengthen FN leadership and commitment at all level
- ❑ Development of catch-up plan
- ❑ Finalization of MS Score card report format
- ❑ Digitalization of the system (UNISE and ODK)



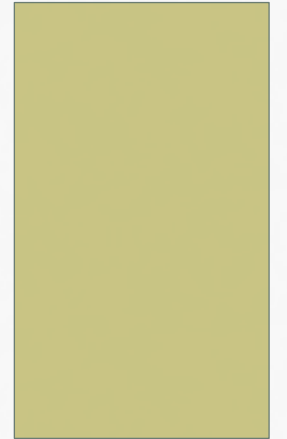
Thank you for your attention



Enthusiasm is not enough but action: multisectoral nutrition coordination in Ethiopian

By: Girmay Ayana

30th March 2021, Adama



INTRODUCTION

- Malnutrition remains an important public health issue in Ethiopia
- Finding solutions to these challenges requires an understanding of existing intervention approaches.
- The experience of various sectors should be shared and scaled up appropriately
- Multisectoral coordination could be one approach to address the existing challenges

INTRODUCTION

- Policy officials and program implementers need to understand the diversity of nutrition problems and causes
 - Food insecurity
 - Poor IYCF
 - Low DD
 - Poor maternal feeding practices
 - Low awareness
- Ethiopia is relatively in better stage of readiness to implement nutrition programmes through multi-sectoral approach but needs to strengthen
 - Structures
 - Institutionalization
 - Manpower
 - Action

BEST PRACTICES

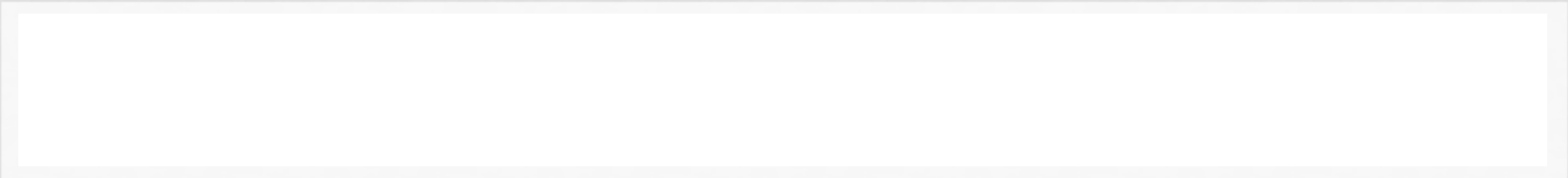
- Good experiences in the last five years in terms of multisectoral coordination in Ethiopia that needs to be improved
 - Establishment of multisectoral coordination team
 - Political commitment
 - Awareness on the extent and severity of the problems
 - Evolution of different multisectoral nutrition programs

CHALLENGES

- No nutrition governance indicators
 - Understanding nutrition and responsibility
 - Collaboration
 - Financial resource
 - Nutrition leadership
 - Capacity
 - Support
- Lack of joint planning and strategic alliance between sectors

DISCUSSION POINT

- What should each sector do next? How? When?
- How the monitoring and evaluation of each implementing sectors should be strengthened?
- What MER should do in supporting implementation of Ethiopian food and nutrition policy?

- 
- Provide 3 priorities for what each sector should do to improve coordination.
 - Max time allocation 15 min in plenary with someone writing the comments down at the same time on a flipchart.

- Provide 3-5 priorities for what each sector should do improve/strengthen M&E (can also be something they are not currently doing, but that is feasible to do per sector)
- Max time allocation 15 min group work+ 5 min each per group for feedback

- Provide 5 priorities for what you think the MER SC should do to support the implementation of the Ethiopian food and nutrition policy (FNP)?
- Max time allocation 15 min group work+ 5 min each per group for feedback (5 groups x 5 min = 25 min).



Thank you



NiPN
National Information
Platforms for Nutrition



NIPN Status Update

Aregash Samuel and Beza Teshome, EPHI
MER-SC Quarterly Meeting, Dire International Hotel,
Adama, March 31, 2021




- **Global initiative** supported by the EU, the Foreign Commonwealth and Development Office and the BMGF
 - Evidence-based decision making - linking researchers with decision makers
 - Moving from a project to a sustainable system
 - Operational elements:
 - **Policy questions**
 - Analysis based on **existing data sets**
 - **Communication** of evidence on nutrition to decision makers
 - Policy and programmatic **recommendations**
 - National **data repository** for nutrition
- **Housed at EPHI/FSNRD** - partnerships with other organizations
- **Technical Assistance provided by IFPRI**






- Embedded in **EPHI structure**, various directorates involved
- Linked into the existing nutrition oversight - **MER SC**
- **Dedicated NIPN Advisory Committee**
 - High level advisory roles; linkages between NIPN and the highest level of nutrition decision making.
- **NIPN monitoring system** in place; joint EPHI/IFPRI annual review, quarterly progress monitoring (QPM)
- **Other institutions and sectors** involved in NIPN activities
 - Policy Question Formulation (PQF) process,
 - NIPN Capacity Needs Assessment and NIPN trainings,
 - NIPN Policy Seminars, Outreach events...
- Effective partnership with **IFPRI**








COVID-19 and its Impacts on Childhood Malnutrition and Nutrition-related Mortality

Virtual Seminar | September 23, 2020

Thought-Provoking Perspectives on Child Stunting



Virtual Seminar | November 18, 2020

Ethiopia
Bringing Evidence to Decision Makers!

National Information Platform for Nutrition Communication Strategy

Ethiopian Public Health Institute
Addis Ababa, April 2020.

NIPN AT A GLANCE

3rd Quarter September, 2020

HAPPY ETHIOPIAN NEW YEAR 2021

Overview of the MER SC Meeting Held on the 25th of August 2020




which was directly the NiPN reviewed by the MOH for use in development of the RNS. These findings were presented to the MOH and discussed in the June 2020 NiPN review of the monitoring letter.

Dr. Mezon observed that several gaps remain for the NiPN to reach its targets, including stunting and very low weight-for-age in children. She stressed the scarcity of data for adolescent nutrition, overweight/obesity and double burden of malnutrition, and the importance of the NiPN to address adolescent nutrition, overweight/obesity and double burden of malnutrition, and the importance of the NiPN to address adolescent nutrition, overweight/obesity and double burden of malnutrition.

She recommended, among others, inclusion of additional monitoring indicators in the DHS2 and for nationally representative surveys to include non-communicable diseases (NCD) and diet-related indicators.


Dr. Angah Samrat provided updates on NiPN's interventions including (Continue to PG)

2nd Quarter September, 2020



Fine-tuning NIPN policy questions: A guideline for rapid literature reviews

Addis Ababa, May 26, 2020




EPHI Monitoring and Evaluation Steering Committee (MER SC)

Virtual meeting hosted by EPHI
November 12, 2020



Responded to 2 policy questions from previous NIPN policy question formulation (PQF) cycle.

- 1 What are trends of WASH practices in Ethiopia and are these trends linked with diarrhea and stunting?
- 2 What are trends for overweight, obesity and related non-communicable diseases among adults in Ethiopia?

Responded to 7 high-level policy questions requested by MOH for the finalization of FNS.

1	Which activities/initiatives in NNP-II have been persistently implemented?
2	What is the coverage of nutrition specific and nutrition sensitive interventions?
3	What are the effects of SBCC intervention in improving feeding practices?
4	What are the trends of NNP-II indicators in the past 4 years?
5	What are the best practices in the implementation of National Nutrition Program?
6	What are the main challenges in multi-sectoral coordination and implementation of NNP II?
7	What lessons were learnt in the implementation process of NNP-II?





1 Progress in Water, Sanitation and Hygiene (WASH) Practices and Association with Changes in Diarrhea and Stunting in Children Aged 0-59 Months in Ethiopia (2000-2016)

2 Trends and drivers of overweight, obesity, diabetes and hypertension among adults in Ethiopia

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

4 Effectiveness of Social Behavior Change Communication (SBCC) to improve infant and young child feeding in Ethiopia: A rapid review

5 Nutrition Data Mapping for Ethiopia: Assessment of availability and accessibility of nutrition related data

- Helped us to include required indicators in the upcoming FNS baseline survey

6 Review of the Nutrition Policy Landscape in Ethiopia from 2010-2020

Analytical Outputs



Progress in Water, Sanitation and Hygiene Service Coverage in Ethiopia: What More Do We Need to Do and Why?

EXECUTIVE SUMMARY

Although access to adequate water, sanitation and hygiene (WASH) services is a fundamental human right, inadequate WASH coverage continues to be a leading contributor to the burden of disease in Ethiopia, particularly amongst children under five years of age. This brief assesses the progress made in WASH service coverage in Ethiopia between 2000-2016 and highlights key gaps that need special consideration. It also assesses the contribution of improvements in WASH coverage to the change in diarrhea and stunting in children under five years of age.

We found that, nationally, only 50% of rural and urban households in Ethiopia have access to basic water services (i.e., water from an improved source, with collection time not more than 30 minutes round trip), and 6% have access to basic sanitation facilities (i.e., an improved facility that is not shared). Also, only 1% of households have access to a handwashing facility with soap and water.

Progress in WASH coverage was uneven across the country. For example, while some regions have already achieved basic water service coverage of 70% or more, in others, the proportion served is as low as 20%. While disparities also exist between urban and rural households (90% of urban households have access to basic water services compared to only 40% of rural households), the prevalence of diarrhea decreased from 24% in 2000 to 18% in 2016. Reduction in open defecation correlates with 1% of the total decline in stunting and 5%



of the total decline in diarrhea in children aged 0-59 months.

To increase coverage of basic WASH services, additional financial investment needs to be generated, for instance, through taxes, levies (levies from service users), and transfers (through aid or loans). Increased engagement of the private sector in WASH service delivery is also needed. Triggering components of the Community Led Total Sanitation and Hygiene (CLTS) program should be re-evaluated to improve effectiveness in regions where open defecation is still high. Implementation of hygiene interventions outlined in the CLTS curriculum may need to be strengthened.

THE PROBLEM

Access to adequate WASH services is a fundamental human right. However, inadequate WASH coverage continues to be a leading contributor to the burden of disease in Ethiopia, particularly amongst children under five years of age. One of the many benefits of adequate WASH is a decreased incidence



Nutrition Data Mapping for Ethiopia: Assessment of the Availability and Accessibility of Nutrition-related Data

EXECUTIVE SUMMARY

For the last two decades in Ethiopia, ending malnutrition has been a national government priority. The government of Ethiopia recognizes that high quality and timely data are needed to identify the magnitude of malnutrition and to assess the impact of evidence-based interventions. To contribute to these efforts, the Ethiopian National Information Platform for Nutrition (NIPN), hosted by the Ethiopian Public Health Institute, supports evidence-based decision making through the analysis of existing data and communicating the findings to policy and decision makers. Identifying existing nutrition data sources and determining their accessibility for further analysis and decision making, are NIPN priorities.

Through this nutrition data mapping, we aimed to provide an overview of the availability, accessibility, and quality of nutrition-related data for selected indicators among multi-sectoral nutrition actors in Ethiopia. We contacted 29 nutrition stakeholders and assessed the availability and accessibility of data for 70 priority nutrition indicators from December 2019 to February 2020. These indicators were drawn from national policy and program documents and global nutrition monitoring frameworks.

KEY FINDINGS

- We identified a total of 42 data sources.
- The main types of data sources were surveys (74%), randomized controlled trials and longitudinal follow-up studies (5%), and routine monitoring information systems (5%).
- Data were available to track progress for five of the 10 World Health Assembly targets (two being weight being the exception). Limited data were available to adequately track progress at the regional and sub-regional levels.
- Adults and women of reproductive age were the two target groups with the least amount of data available.
- While few of the data sources identified were open access (10%), most of the remaining indicators were accessible upon request (70%).

- At the time of this nutrition data mapping, only two NIPN implementing entities had information systems that collect, analyze and use routine monitoring data. However, only a limited number of nutrition indicators were included in these systems, eight in the Health Management Information System (HMIS) and two in the Education Management Information System (EMIS). Additionally, the United Nutrition Information System in Ethiopia (UNISE) was not yet implemented at national scale.
- Data availability for indicators showed that data for infant and young child feeding (IYCF) indicators were collected the most, and among nutrition sensitive intervention indicators, water, sanitation, and hygiene (WASH) indicators had the most data.
- Limited data were available to assess the coverage of nutrition-sensitive interventions, beyond WASH.



Effectiveness of Social and Behavior Change Communications (SBCC) to Improve Infant and Young Child Feeding Practices in Ethiopia

BACKGROUND

Appropriate infant and young child feeding (IYCF) practices are critical for optimal child growth and development. Despite some progress, the implementation of IYCF practices is still sub-optimal in Ethiopia. A key component of a strong, synergistic approach for improving the health and nutritional wellbeing of children is the use of social and behavior change communication (SBCC) interventions.

The purpose of this review was to identify the types of SBCC approaches that are used in Ethiopia and to assess their effectiveness to improve IYCF practice.

THE PROBLEM

We conducted a rapid review to synthesize local evidence and included studies that were conducted in children aged 0-23 months, that included a SBCC or nutrition education intervention, and that reported on IYCF outcome indicators. Seven studies met these criteria, were critically appraised, and the quality of their evidence was assessed.

KEY FINDINGS

- SBCC interventions were found to be effective in improving IYCF practices in Ethiopia. These interventions were more effective compared to traditional nutrition education interventions that only focus on individual behavior change.
- SBCC interventions that were the most effective used a multiple platform, engaged the audience, had multiple contact points, and were multi-tenor.



- Improvements in several IYCF indicators were seen with SBCC interventions. Early initiation of breastfeeding, exclusive breastfeeding, timely introduction of complementary feeding, minimum diet diversity (MDD), minimum meal frequency (MMF), and minimum acceptable diet (MAD) all showed some improvement. A large-scale SBCC intervention study reported a differential increase of 6% in MDD in the group that received SBCC intervention compared to the control group who received standard routine nutrition services through the health system.



Review of the Ethiopian Nutrition Policy Landscape 2010-2020

Authors from IFPRI: Ursula Trickelbauer, Telet Geyse, Anne Bossuyt. Reviewers from EPHI: Arangshu Samuel and Marco Gomez

Background
In recent years, Ethiopia's greatest nutrition challenge has been a high burden of undernutrition. However, overweight and obesity rates are increasing, particularly in urban areas. Ethiopia has a rich nutrition policy landscape with the second National Nutrition Programme (2008-2020) and the 2019 National Food and Nutrition Policy playing a central role in addressing multiple nutrition issues. However, despite a broad-based focus and multifaceted involvement, policy outputs still seem to focus more on formulation than on all forms of implementation.

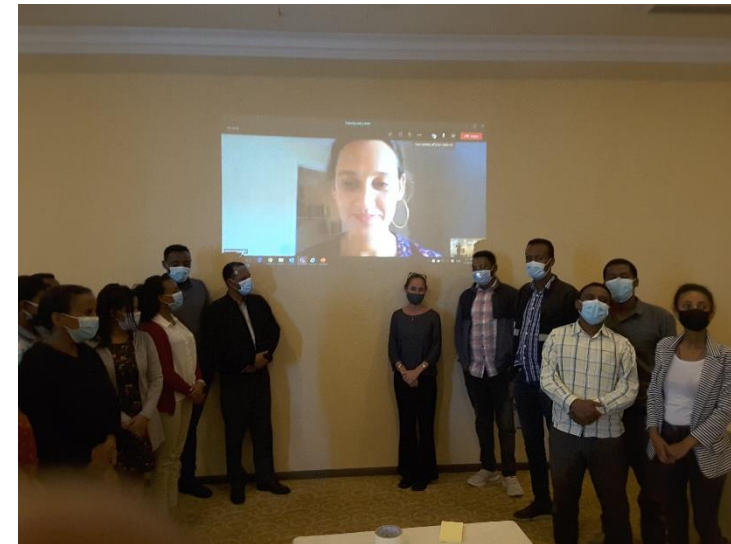
Objectives
As part of the National Information Platform for Nutrition (NIPN)'s policy assessment formulation process (PAP), a review of nutrition policy landscape (including policies, strategies and programs) was conducted between January-May 2020. The goal was to document nutrition policy outputs over the last 10 years based on published policy documents. The specific objectives of the review were to identify and describe:
• the gaps setting and framing of nutrition in policy documents from different sectors,
• the policy instruments (or tools) used or proposed in policy documents to improve nutrition, and
• the types of evidence used in existing policy documents.

This review aimed to assist the NIPN to
• understand the use of evidence for policymaking and help researchers to better intervene and influence the policy process,
• help identify the gaps in the information and research needed to make evidence-based policy and implementation decisions, and
• inform the steps related to PAF based on government priorities and communication of findings to decision makers.

Methodology
The policy review used the policy integration framework (Conter and Blawie 2016) which has four dimensions: policy framework, actor involvement, policy goals and policy instruments (information, legal, financial or organizational).

- Formal trainings, webinar-based training, mentorship/coaching and collaborative research projects
- Facilitate **the application** of new skills
 - **Technical:** Scientific writing
 - **Communication:** report writing, blog writing, communicating research findings to a non researcher
 - DAGs, ongoing mentorship
- **Documenting approaches** and availing documents on NIPN website

Despite COVID-19,
85 people trained in 2020
by IFPRI and EPHI for NIPN

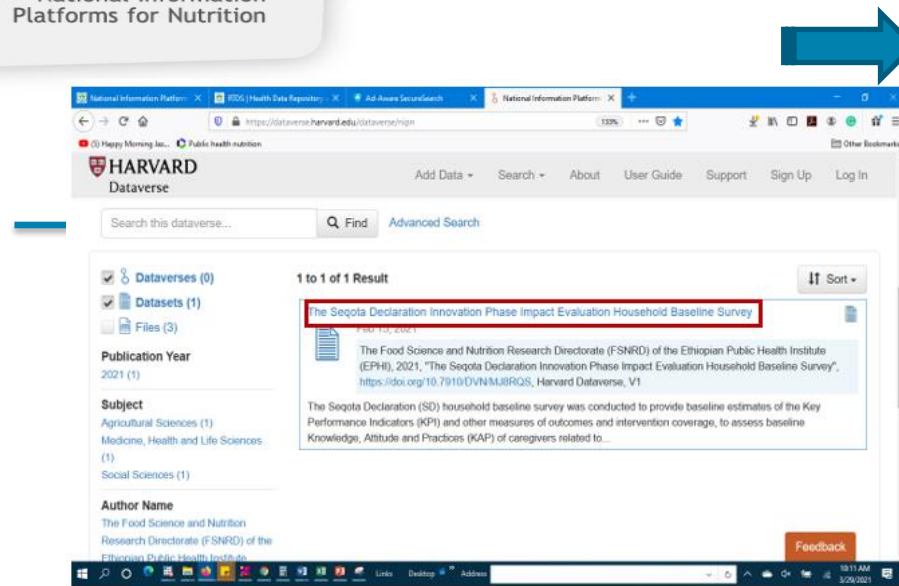


Communicating evidence with policy and decision makers. Training, November 2020

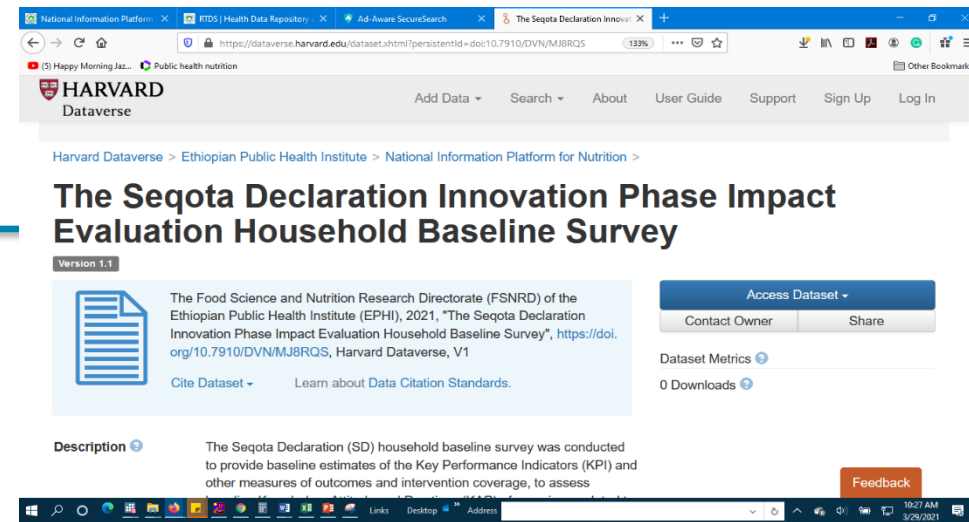


- +/- 20 datasets available on the EPHI server
- Data mapping analysis completed
- Design of NIPN Data Repository
 - Dataset description (metadata)
 - Codebook
 - Questionnaire

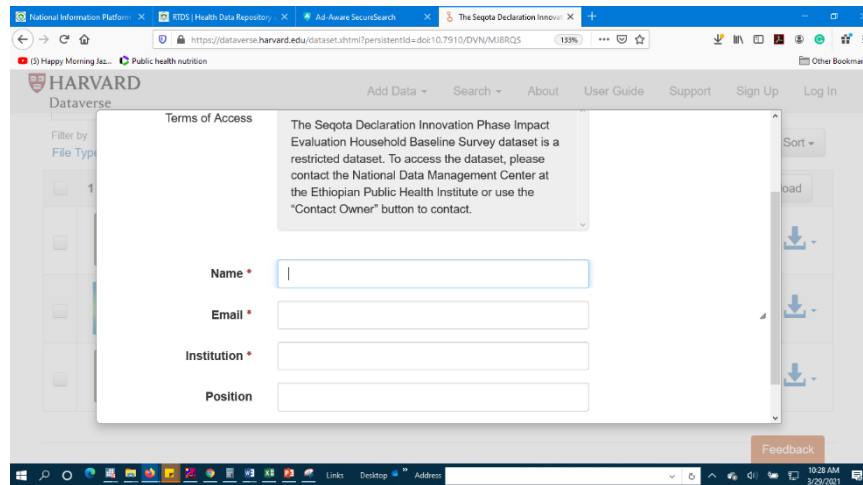




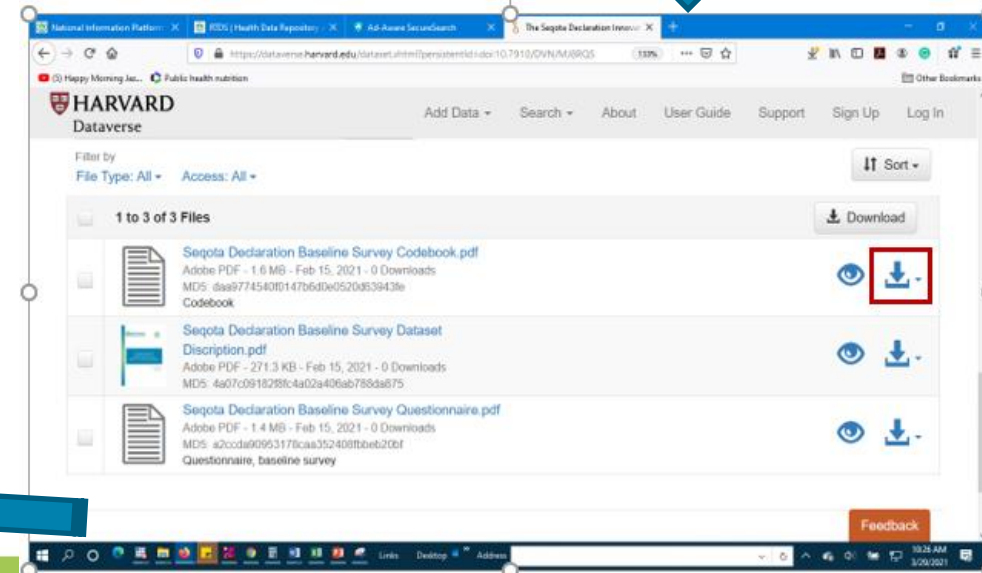
Harvard Dataverse search results for "The Seqota Declaration Innovation Phase Impact Evaluation Household Baseline Survey". The search shows 1 of 1 result. The result is a dataset published in 2021, with the subject "Agricultural Sciences (1)", "Medicine, Health and Life Sciences (1)", and "Social Sciences (1)". The author is "The Food Science and Nutrition Research Directorate (FSNRD) of the Ethiopian Public Health Institute (EPHI)".

Harvard Dataverse > Ethiopian Public Health Institute > National Information Platform for Nutrition > **The Seqota Declaration Innovation Phase Impact Evaluation Household Baseline Survey** (Version 1.1). The page provides a description of the survey conducted by the Food Science and Nutrition Research Directorate (FSNRD) of the Ethiopian Public Health Institute (EPHI) in 2021. It includes options to "Access Dataset", "Contact Owner", and "Share".

Terms of Access dialog box for the dataset. The text states: "The Seqota Declaration Innovation Phase Impact Evaluation Household Baseline Survey dataset is a restricted dataset. To access the dataset, please contact the National Data Management Center at the Ethiopian Public Health Institute or use the 'Contact Owner' button to contact." There are input fields for Name, Email, Institution, and Position.

Harvard Dataverse file list showing 1 to 3 of 3 files. The files are: "Seqota Declaration Baseline Survey Codebook.pdf", "Seqota Declaration Baseline Survey Dataset Description.pdf", and "Seqota Declaration Baseline Survey Questionnaire.pdf". The download icon for the codebook file is highlighted with a red box.

Communications and Outreach Events

- NIPN communication strategy finalized
- NIPN visibility material developed and distributed
- NIPN dashboard
- Functional NIPN website, social media accounts






<http://www.nipn.eph.gov.et/>

Outreach events





- Partnership with MOH in finalization of FNS
- NIPN output dissemination through 3 MER SC and 2 NIPN AC meetings
- Five outreach events held in 2020



COVID-19 and its Impacts on Childhood Malnutrition and Nutrition-related Mortality

Virtual Seminar | September 23, 2020




Thought-Provoking Perspectives on Child Stunting

Virtual Seminar | November 18, 2020









“Dietary Transition in Africa and the Rise of Non-Communicable Diseases”

Virtual Seminar | December 9, 2020






1. COVID-19 and its impact on Ethiopia’s agri-food system, food security, and nutrition <i>May 14, 2020</i>	218
2. The role of Vitamin D in treating COVID-19 Patients: Current Scientific Evidence <i>May 29, 2020</i>	80
3. COVID-19 and its Impacts on Childhood Malnutrition and Nutrition-related Mortality <i>September 23, 2020</i>	88
4. Thought-Provoking Perspectives on Child Stunting <i>November 18, 2020</i>	63
5. Dietary Transition in Africa and the Rise of Non-Communicable Diseases <i>December 09, 2020</i>	40

Total reached = 489. Target 500

PQF process - NIPN questions for analysis in 2021

- Drivers of Acute Malnutrition and Efficiency of Severe Acute Malnutrition (SAM) Treatment in Ethiopia?
- What are patterns of anthropometric status and dietary intake of adolescent girls and what existing interventions target adolescent girls?
- What are barriers to increase coverage of nutrition specific interventions (Vitamin A supplementation, iron/folate, growth monitoring program.)?
- How can the production and consumption of bio-fortified crops be scaled up? What are bottlenecks to adoption?
- What are the challenges and barriers to effective implementation of Ethiopia's Nutrition Sensitive Agriculture Strategy? (*MOA handling this*)



- **Respond to policy questions**
 - Answer additional questions in 2021
 - Disseminate five (5) policy briefs to decision makers
- **Implement annual capacity development plan**
- Scale up NIPN **data repository** system
- **Promote data use** by fostering data use culture among ministries
- Facilitate **collaboration of NIPN** with other platforms, sectors and institutions
- Continued **process documentation** and knowledge management
- **Communication and visibility**
- **Plan for NIPN 2.0**





National Nutrition Data Mapping for Ethiopia: Availability and Accessibility of Data to Track Progress

Meron Girma

Ethiopian Public Health Institute
National Information Platform for Nutrition (NIPN)

March 31, 2021



In 2014 the first GNR called for the Nutrition data revolution and outlined actions.



2019: The nutrition data value chain considers data as a value adding ingredient that not only serves to describe progress towards nutrition goals but also an essential component to achieving them.



A global nutrition data ecosystem characterized by strong leadership, consensus on data priorities and capacity to generate, analyze and use data, analytics, and evidence is needed to tackle malnutrition in all its forms and and monitor progress towards SDGs and global nutrition goals.

Source: DataDENT.



*The Lancet Series on
Maternal and Child
Undernutrition Progress*

Maternal and Child Undernutrition Progress 2

Mobilising evidence, data, and resources to achieve global maternal and child undernutrition targets and the Sustainable Development Goals: an agenda for action

Rebecca A Heidkamp, Ellen Piwoz, Stuart Gillespie, Emily C Keats, Mary R D'Alimonte, Purnima Menon, Jai K Das, Augustin Flory, Jack W Clift, Marie T Ruel, Stephen Vosti, Jonathan Kweku Aduku, Zulfiqar A Bhutta

As the world counts down to the 2025 World Health Assembly nutrition targets and the 2030 Sustainable Development Goals, millions of women, children, and adolescents worldwide remain undernourished (underweight, stunted, and deficient in micronutrients), despite evidence on effective interventions and increasing

New evidence reinforces the crucial importance of multisectoral actions to address the underlying determinants of undernutrition..... to support these actions, well-resourced nutrition data and information systems are essential.

- To effectively monitor the implementation of programs, assess impact, and set priorities: data availability for priority indicators is critical.
- **What is measured gets done!!!**
- Using existing data is one way of facilitating evidence-informed decision-making.
- Limited information exists on the availability and accessibility of existing data that can be used to inform decision-making.

Aims of data mapping

Assess the availability and accessibility of data for selected nutrition-specific and nutrition-sensitive indicators among national nutrition actors.

Methods of Data Mapping

Scope of Data Mapping:

Priority given to NNP signatory ministries and national stakeholders

Organization
1. Ministry of Health
2. Ministry of Agriculture
3. Ministry of Water, Irrigation and Energy
4. Ministry of Education
5. Ministry of Labor and Social Affairs
6. Ministry of Trade and Industry
7. National Disaster Risk Management Commission
8. Central Statistics Agency
9. Policy Studies Institute
10. Ethiopian Public Health Institute
11. Ethiopian Institute of Agricultural Research
12. Seqota Declaration (Ministry of Health)
13. Agricultural Transformation Agency
14. Food and Agriculture Organization
15. United Nations Children's Fund
16. World Food Program
17. World Bank
18. International Food Policy Research Institute
19. Save the Children International
20. Alive and Thrive
21. Nutrition International
22. World Vision
23. Addis Ababa University, Department of Public Health
24. Addis Ababa University, Center for Food Science and Nutrition
25. Bahir Dar University
26. Jimma University
27. Hawassa University
28. University of Gondor
29. Mekele University

Methods of Data Mapping

Data Collection

- Stakeholder interviews and document review
- November 2019- March 2020

Focus on identification of data sources and data availability for **70 Indicators**

Indicators drawn from: NNP-II results framework, the global nutrition monitoring framework and SUN MEAL

Nutrition and health indicators

Anthropometric, diet, and food security, Infant and Young Child Feeding (IYCF), and nutrition intervention coverage

Nutrition-sensitive agriculture indicators

Fruit, vegetable and ASF yield, production diversity, homestead production, bio-fortified crop use, food processing.

Safety net indicators

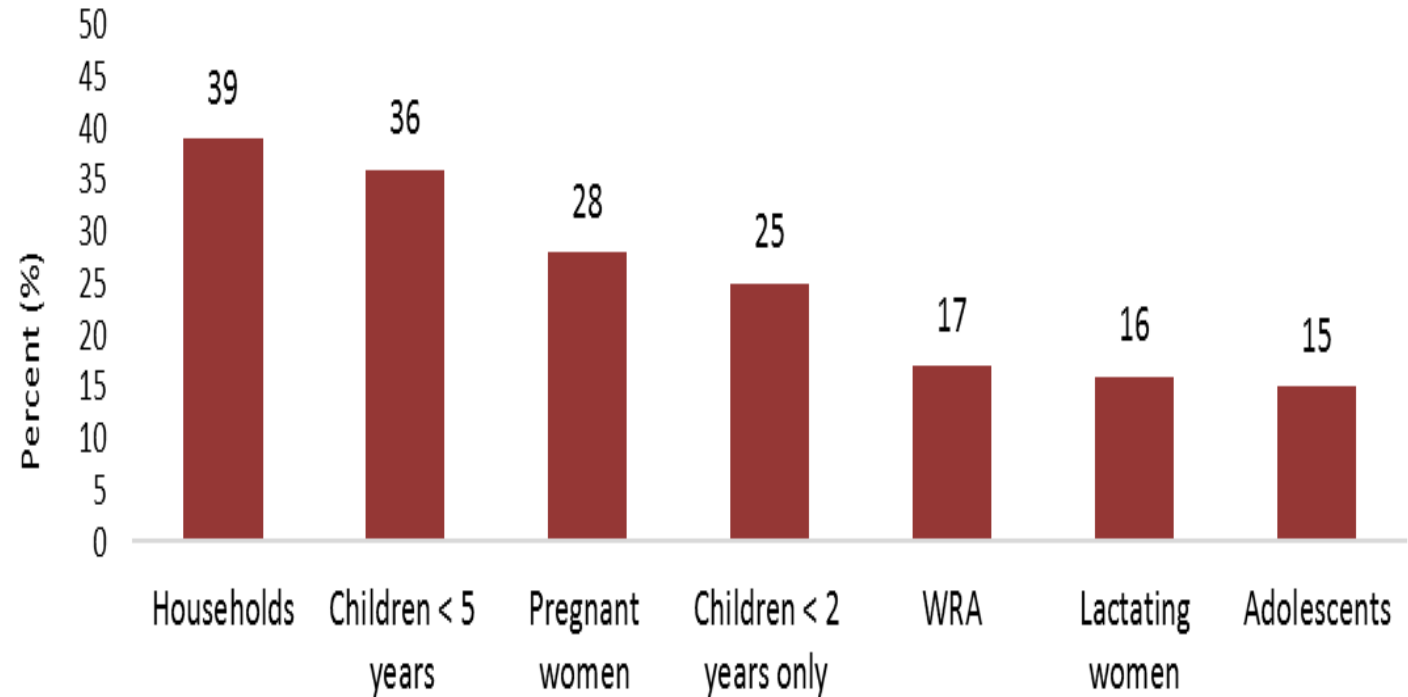
Coverage of safety net programs, household food security, and nutritional status of safety net beneficiaries.

WASH indicators

Household and school WASH indicators.

- **29 stakeholders** contacted
- **83%** response rate
- **62 data sources** identified
- **Type of datasets**
 - Surveys: **87%**
 - RCTs: **8%**
 - Routine monitoring information systems: **5%**

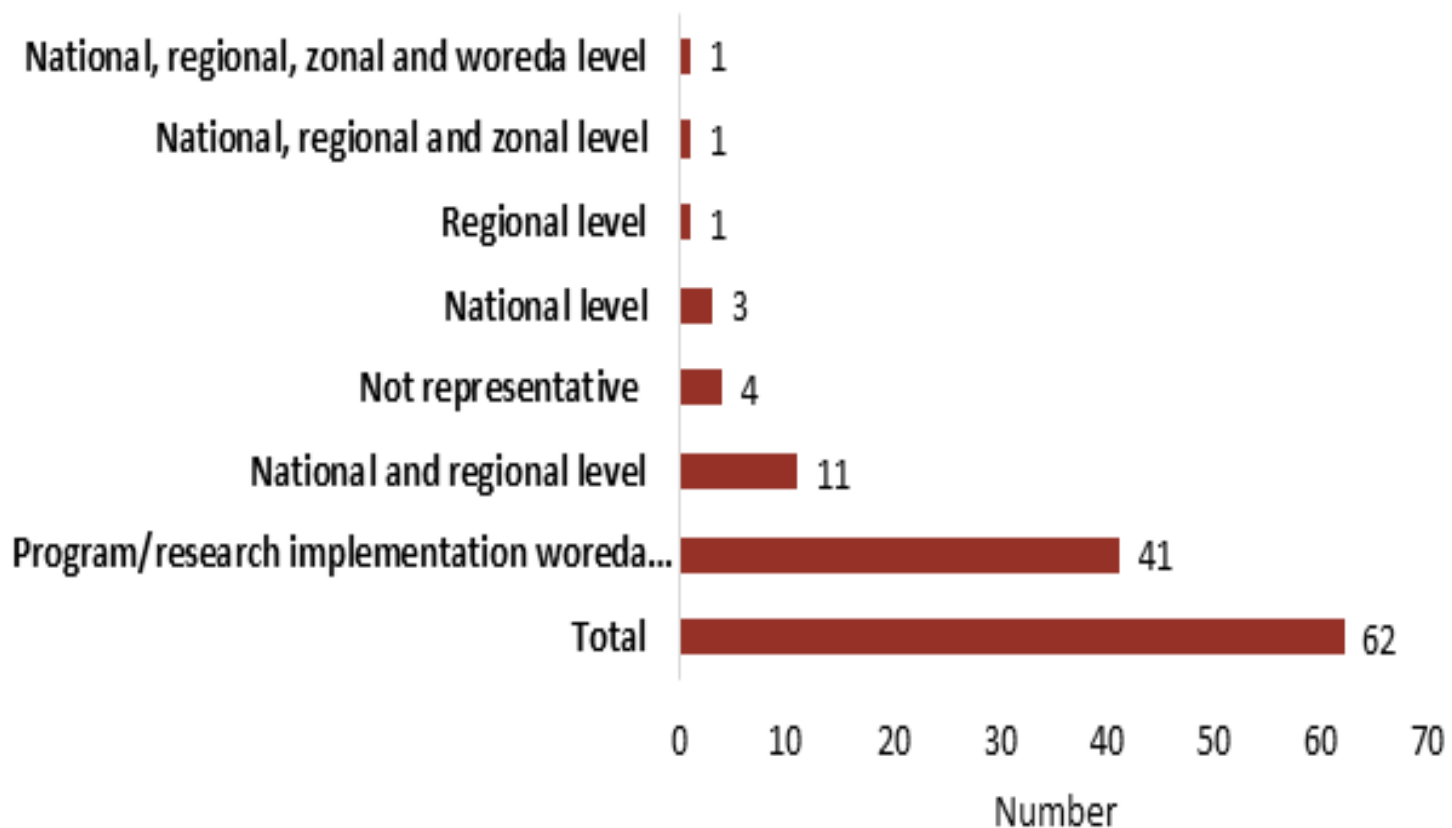
Availability of Data for Different Target Groups Across Datasets



Level of Representativeness of Datasets

Data Accessibility

Representative at the following levels:



18%

Data sources open access

73%

Data sources accessible upon request

27 %

Data sources were not accessible

Key Findings: Data Availability for Selected Indicators Across Datasets

Indicators	n
Anthropometric indicators	
Stunting	27
Underweight	28
Wasting	26
Child overweight/obesity	21
Women overweight/obesity	18
Low Body Mass Index (BMI)	16
Low birth weight	5
Diet and food security indicators	
Individual diet diversity	21
Household Food insecurity	21
Household diet diversity	17
Minimum Diet Diversity-Women (MDD-W)	13
Food price	5

IYCF indicators were the most measured, followed by anthropometric indicators.

Indicator	n
IYCF indicators	
Minimum Diet Diversity (MDD)	57
Minimum Meal Frequency (MMF)	46
Minimum Acceptable Diet (MAD)	46
Exclusive breastfeeding	48
Introduction of CF at 6 months	44
Initiation of breastfeeding	43
Coverage of IYCF promotion	10

Key Findings: Data Availability for Selected Indicators Across Datasets

Indicators	n
Nutrition interventions in the health sector	
Vitamin A supplementation	28
Iron folate supplementation during pregnancy	26
Deworming	25
4 or more ANC visits	25
Coverage of iodized salt	16
Coverage of ORS	16
Sever acute malnutrition management	7
DTP immunization	7
Iron/folate supplementation for adolescents	5

WASH indicators	
Access to improved drinking water	28
Access to improved sanitation facilities	26
Availability of hand washing facilities	25

Indicators	n
Nutrition sensitive agriculture indicators	
Amount of fruits and vegetables produced	23
Amount of nutrient dense staple crops & pulses produced	15
Number of eggs produced	12
Household production diversity	20
Proportion of households with home gardens	14
Number of bio-fortified crops promoted	5
Fruits and vegetables loss	14

Safety net indicators	
Coverage of Productive Safety Net Program	9
Coverage of Urban Safety Net Program	4
Safety net clients benefiting from nutrition-related conditionality	4

Information Systems that Contain Information on Nutrition Indicators

MOH:

- Health Management Information System (HMIS): 9 nutritional indicators
- Unified Nutrition Information System (UNIS): data on nutrition-sensitive indicators

MOE:

- No nutrition related indicators included in the Education Management Information System (EMIS)

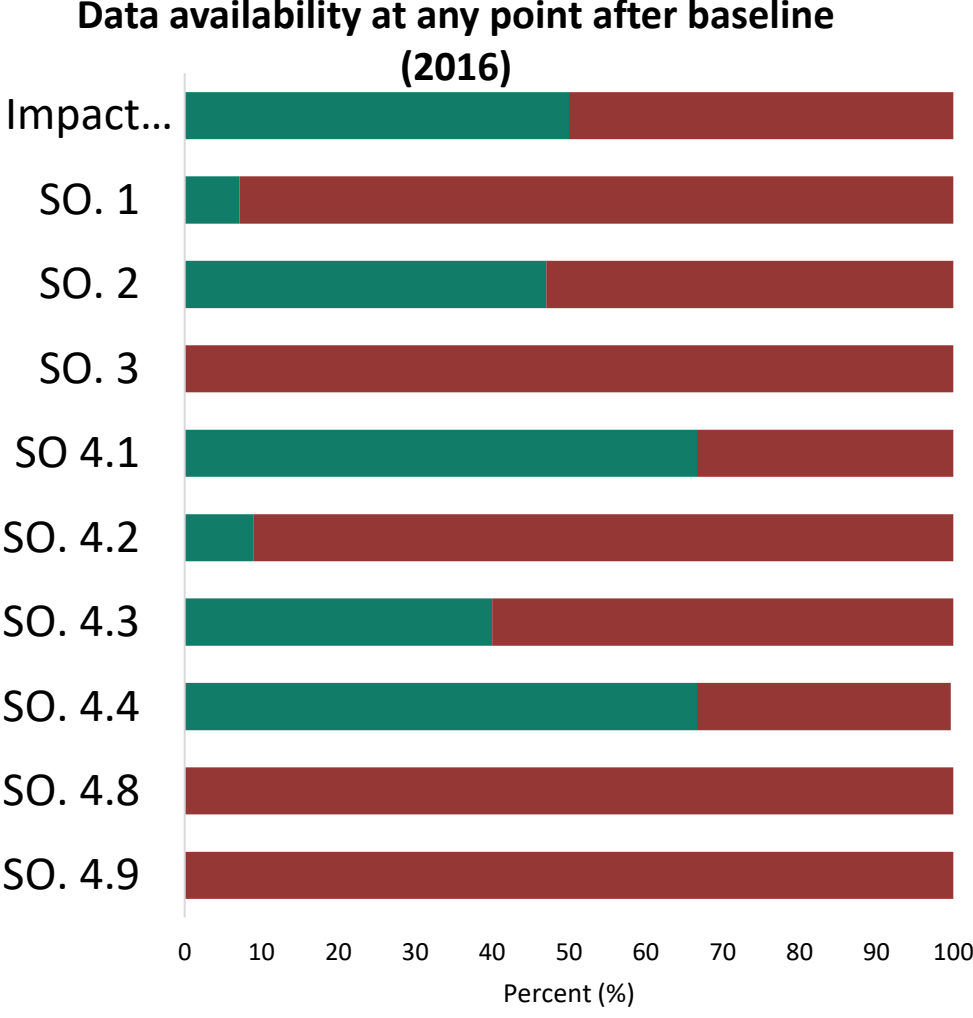
Absence of an information system in the other ministries limits the availability of multi-sectoral nutrition-related data that can be used to monitor the nutrition programs.

Key Findings: Indicator definitions across data sources

Different indicators definitions used across datasets. **For example, EDHS and HMIS intervention coverage rates are not comparable.**

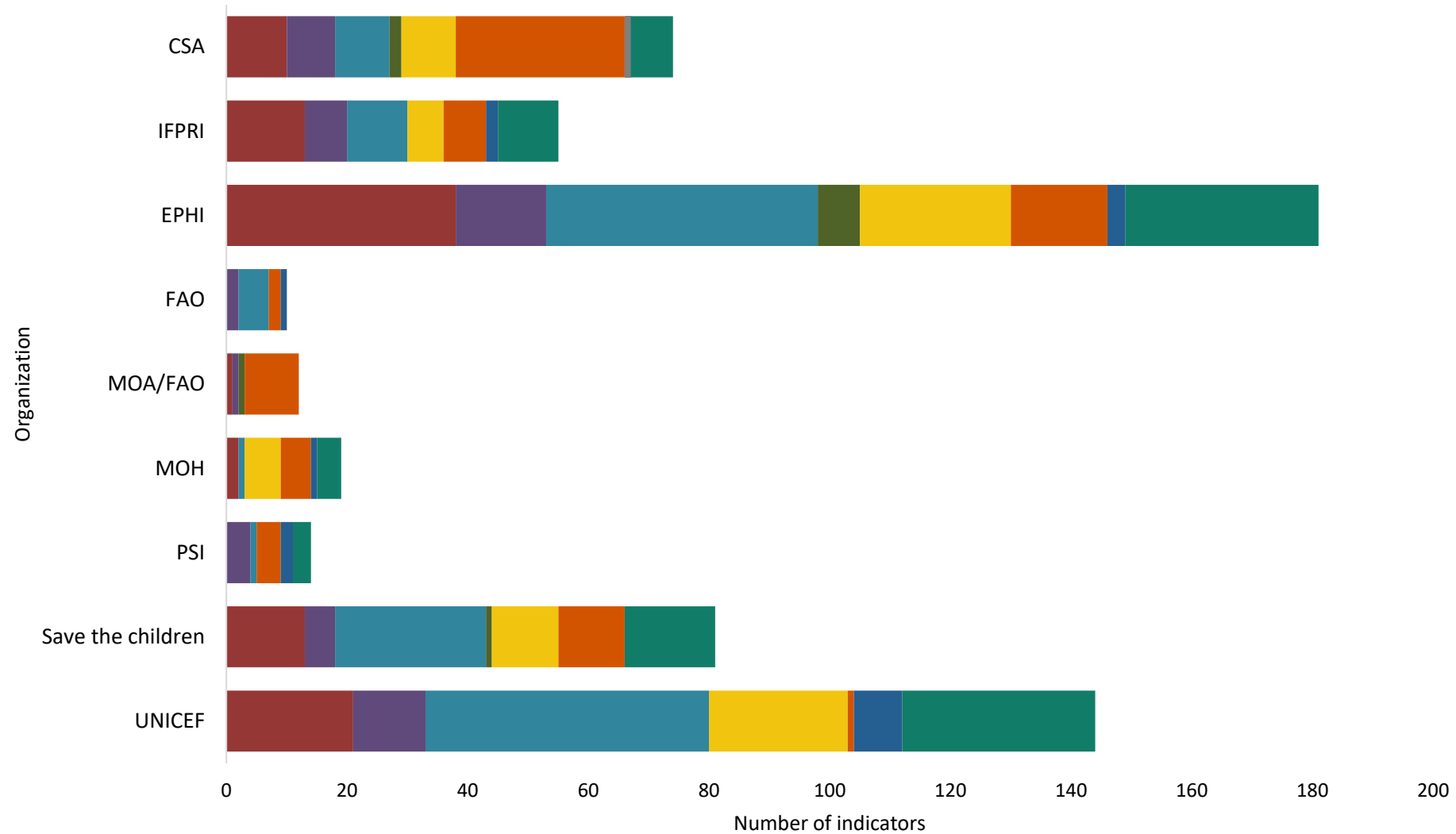
Intervention	HMIS	EDHS
Vitamin A supplementation	Children aged 6-59 months who received two doses of Vitamin A	Children 6-59 months who received vitamin A supplements in the six months preceding the interview
Deworming	Children aged 24-59 months dewormed twice per year	Children 6-59 months dewormed in the six months preceding the interview
Iron/folate 90+	Pregnant women received IFA at least 90 plus	Women who took 90+ iron tablets during the pregnancy of their last birth

Availability of Data for NNP-II Accountability and Results Indicators



■ Data for indicators is available
 ■ Data available for modified indicators
 ■ Data is not available

Key Findings: Availability of data for indicators among stakeholders



- Anthropometric indicators
- Diet indicators
- IYCF indicators
- Biochemical indicators
- Nutrition specific interventions
- Nutrition Sensitive Agriculture indicators
- Safety net indicators
- WASH indicators

Future surveys and impact evaluations should focus on filling identified data gaps.

- These include information on nutritional outcomes for adolescents, dietary intakes, and coverage of nutrition-sensitive interventions.
- The scope of population-based surveys needs to be expanded to include additional indicators

Routine monitoring information systems should be strengthened and expanded.

- Include more nutrition indicators in the HMIS.
- Prioritize the establishment of routine monitoring information systems in NNP-II implementing sectors.

Facilitate data use by promoting better data documentation and accessibility.

- Prioritize the establishment and maintenance of central nutrition data repository systems.

Promote the use of the best data sources for specific information needs.

- Population-based surveys are ideal data sources on nutritional outcomes while routine monitoring data are useful to track intervention coverage.

Periodically conduct nutrition data mapping with an expanded scope.

Thank you!

Acknowledgments

1. Ministry of Health
2. Ministry of Agriculture
3. Ministry of Water, Irrigation and Energy
4. Ministry of Education
5. Ministry of Labor and Social Affairs
6. Ministry of Trade and Industry
7. National Disaster Risk Management Commission
8. Central Statistics Agency
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