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How Africa Can Build a Future Free
from Hunger and Malnutrition



ETHIOPIA



CASE STUDY



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Between 2000 and 2016, Ethiopia made significant progress in reducing malnutrition levels. Stunting rates declined from 57 percent in 2000 to 40 percent in 2014, and Ethiopia's GHI score decreased from 59 to 33 during the same period, largely due to increased stability and government commitment to reducing malnutrition, reflected both at the institutional and programmatic level.

INSTITUTIONAL REFORMS

Institutional reform to address malnutrition in Ethiopia started in 1987 with the creation a nutrition unit situated within the Ministry of Finance and Economic Development, the country's intersectoral coordinating ministry, inspired by the success of the Joint WHO/UNICEF Nutrition Support Programme (JNSP) in Tanzania. However, with a change of government, the unit was disbanded in 1991. Between 1991 and 2008, various institutions took the lead on nutrition policy: emergency nutrition by the Disaster Prevention and Preparedness Agency (DPPA), micronutrients by the Ministry of Health (MoH), and other programs facilitated by development partners. In 2008, the government adopted a multisectoral approach to alleviate malnutrition. One of the major institutional changes was the creation of the National Nutrition Coordination Body¹ (NNCB) led by the Federal Ministry of Health, now the main mechanism for leadership, policy decisions, and coordination of the National Nutrition Programme. The NNCB includes government sectors, development partners, civil society organizations, academia, and the private sector.

POLICY AND PROGRAMMATIC INTERVENTIONS

Prior to 2008, the health sector was the lead in tackling malnutrition in Ethiopia, which joined the SUN Movement in 2010. Recently, many well-funded agricultural programs have been developed to improve nutrition. Between the late 1990s and the early 2000s, the Ethiopian government introduced health programs, which were not nutrition-focused but did include promotive and preventive healthcare that took aspects of nutrition into account. In 2004, the first national program, Enhanced Outreach Strategy/Targeted Supplementary Feeding, was established in Ethiopia to link community-based preventive health services with a ration of supplementary food for women and children identified as malnourished. In 2005, the government of Ethiopia also established the Productive Safety Net Programme to enable the rural poor facing chronic food insecurity to resist shocks, create assets, and become food self-sufficient.² In addition, in 2008, the government developed a National Nutrition Program³ (NNP) with the aim of ensuring adequate nutritional status for all Ethiopians in a sustainable manner by targeting the most vulnerable—children under the age of five, pregnant and lactating women, and adolescents. The NNP gives priority to the rural population while recognizing that significant malnutrition exists in low-income urban areas.

Key nutrition activities of the NNP included:

- Health Extension Programme;
- Promotion of Essential Nutrition Actions;
- Community-based Nutrition;
- Therapeutic Feeding Programme; and
- Enhanced Outreach Strategy and Targeted Supplementary Feeding.

Launched in 2008, Community-based Nutrition (CBN) is one of the key nutrition activities of the NNP.⁴ CBN is focused on children under

the age of two and uses monthly growth-monitoring and promotion to involve families and community members in assessing health- and nutrition-related issues, analyzing the underlying causes, taking action, and monitoring progress. Other important processes of CBN include referral of severely underweight children to therapeutic feeding units or outpatient therapeutic programs; control of micronutrient deficiencies through biannual vitamin A supplementation and deworming; and quarterly screening for acute malnutrition through Community Health Days. Initial analysis of routine program data from 1.5 million children under the age of two, weighed in four regions, showed a decline in underweight from 30 percent in January 2009 to 20 percent in March 2010.

In Ethiopia, the multisectoral approach appears to be effective in undernutrition reduction. The Empowering the New Generation to Improve Nutrition and Economic Opportunities project (ENGINE)⁵ operated in the Amhara, Tigray, Oromia, Southern Nations, Nationalities, and People's Region (SNNPR), and the Somali regions of Ethiopia between 2011 and 2016. ENGINE developed a comprehensive package of support to help Ethiopia's most vulnerable households overcome the barriers that prevented access to quality food and to address the cultural, gender, and other social drivers of malnutrition. ENGINE trained health and agriculture workers who introduced beneficiaries—Ethiopia's most vulnerable households—to homestead gardening of nutrient-dense vegetables and fruits, animal husbandry, and meal preparation using the crops and animal products they farmed. The project provided beneficiaries with essential farming tools, seeds, and livestock and provided financial training and support through village savings groups. ENGINE interventions resulted in a stunting decline of 20 percent in Amhara, 14 percent in SNNPR, and 12 percent in Oromia. The prevalence of underweight children also declined. In addition, the initiation of breastfeeding within a child's first hour increased by 27 percent or more in all three regions; the prevalence of maternal malnourishment as measured by body mass index decreased by 9 percent in Amhara and 6 percent in SNNPR; the proportion of women with low dietary diversity decreased by 25 percent in Oromia; and the proportion of women who took iron-folate supplements during their last pregnancy increased by 126 percent in all three regions.

Between 2008 and 2012, the Ethiopia Productive Safety Net Programme, a large-scale social protection intervention aimed at improving food security and stabilizing asset levels through a mix of public-works employment and unconditional cash and food transfers, successfully improved household food security.⁶ The program may provide a basis for further strengthening nutrition impact, if combined with action for intensified contact of mothers through health extension workers and information on good feeding practices and sanitation.

The multisectoral approach taken in Ethiopia has shown to be effective in reducing levels of malnutrition. However, with a stunting rate of 40 percent, much progress remains to be made to meet national and international nutrition targets, including the Malabo Declaration target of reducing stunting levels to 10 percent by 2025. Furthermore, poor access to safe drinking water and improved sanitation facilities hamper further progress toward improving nutrition outcomes.

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¹ Save the Children, "Ethiopia National Nutrition Strategy Review and Analysis of Progress and Gaps: One Year On," 2009, http://www.fao.org/fileadmin/user_upload/drought/docs/Ethiopia_National_Nutrition_Strategy_Final_Report.pdf.

² Ethiopia, Productive Safety Net Programme. Quick Facts 2012, <https://www.wfp.org/sites/default/files/PSNP%20Factsheet.pdf>.

³ Government of the Federal Democratic Republic of Ethiopia, "National Nutrition Programme June 2013 - June 2015," https://www.unicef.org/ethiopia/National_Nutrition_Programme.pdf.

⁴ WHO, Complement Essential Nutrition: Actions Improving Maternal, Newborn, Infant And Young Child Health And Nutrition (Geneva: 2013), https://www.ncbi.nlm.nih.gov/books/NBK258736/pdf/Bookshelf_NBK258736.pdf.

⁵ USAID and Save the Children, "Improving Nutrition Through Multisectoral Support: The ENGINE Experience Final Report 2011-2016," 2016, https://ethiopia.savethechildren.net/sites/ethiopia-savethechildren.net/files/library/STC_ENGINE_EOP_Webfinal_rev.pdf.

⁶ G. Berhane, J. F. Hoddinott, and N. Kumar, "The Impact of Ethiopia's Productive Safety Net Programme on the Nutritional Status of Children: 2008-2012," IFPRI Discussion Paper 1604, Washington, DC, 2017, <http://ebrary.ifpri.org/utis/getfile/collection/p15738coll2/id/131062/fileName/131273.pdf>.