

Developing policies that matter: Community Based Nutrition Program in Ethiopia

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Agendas

Background

In Ethiopia, among all children under-five years of age,

- ✓ 11% are wasted
- ✓ 39% are stunted
- ✓ 6% are overweight
- ✓ 7% receive MAD and 8% receive diverse diet
- ✓ 61% are exclusively breastfed

(FNS, 2022)

Ethiopia Food and Nutrition Policy

➤ **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.

Rationale of the Food and Nutrition Strategy;

- Frequent drought and emergencies;
- Food insecurity
 - Productivity, accessibility, utilization and suitability
 - Postharvest loss,
 - Food safety and quality,
- 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**

Food and Nutrition Policy directions

Provision of timely and appropriate food and nutrition emergency response for natural and man-made disasters.

Strengthen food and nutrition communication

Establish and strengthen food and nutrition governance.

Food and Nutrition Policy Directions

Ensure the availability, access, and utilization of diversified, nutritious, safe and quality foods in a sustainable ways

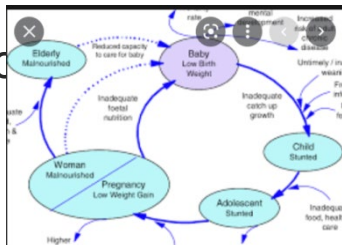
Ensure the safety and quality of foods from farm to plate

Improve post-harvest management of agricultural food products.

Ensure optimum nutrition at all stages of life

Food and Nutrition Policy Approaches

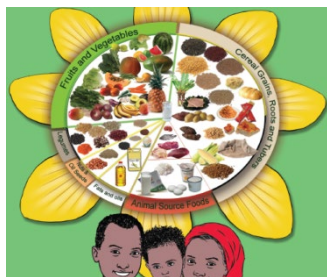
1) Life cycle approach



2) Food as human right



3) Food based approaches



4) Multi-sectoral, coordinated



- Nutrition-specific interventions and programs**
- a) Health and nutrition during adolescence, preconception, pregnancy and lactation
 - b) Maternal dietary or micronutrient supplementation
 - c) Promotion of optimum breastfeeding
 - d) Complementary feeding and responsive feeding practices and feeding stimulation
 - e) Dietary supplementation, food diversification and micronutrient supplementation or fortification for children
 - f) Treatment of severe acute malnutrition
 - g) Disease prevention and management
 - h) Nutrition in emergencies
- Nutrition-sensitive interventions and programs**
- a) Agriculture and food security
 - b) Social safety nets
 - c) Early child development
 - d) Maternal mental health
 - e) Women's empowerment
 - f) Child protection
 - g) Schooling
 - h) Water, sanitation and hygiene
 - i) Health and family planning services

5) Nutrition specific and nutrition sensitive approaches

6) Farm to table approach



Food and Nutrition Strategic Objectives (13)

- **SO 1: Sustainably improve the availability, accessibility and utilization of adequate, diversified, safe and nutritious foods for all citizens at all times**
- **SO 2: Ensure the safety and quality of foods from farm-to-table**
- **SO 3: Improve Postharvest Management throughout the food value chain**
- **SO4: Improve nutritional status throughout the life cycle through provision of nutrition sensitive and nutrition specific interventions**
- **SO5: Improve the nutritional status of people with CD and NCD/ lifestyle related diseases**
- **SO6: Strengthen the national capacity to manage natural and manmade food and nutrition emergencies with timely and appropriate response including 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 to make informed decision on the uptake of diversified, safe, adequate and nutritious food;**
- **SO 9: Create a functional governance body to strengthen the coordination and integration among food and nutrition policy implementing sectors.**
- **SO10: Improve sustainable and adequate financing through government treasury, private sectors, Communities, development partners' allocation, and innovative financing mechanisms to translate the policy into action.**
- **SO11: Build the institutional capacities of food and nutrition policy 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**

Nutrition program

Large scale nutritional programs

- ☞ Community based nutrition + Plus=SUR (150 districts)
- ☞ SEQOTA (over 240 districts)

SURE interventions

1. Age-appropriate IYCF counselling
2. Nutrition sensitive agriculture advising
3. Multi-sectoral coordination
4. Media campaign

Service delivery approaches

- 👉 Joint household visits to deliver IYCF/NSA counselling
- 👉 Men's and Women's group dialogues to identify, analyze and act on contributing factors to undernutrition
- 👉 Cooking demonstration on complementary feeding
- 👉 Farmers demonstration centers

Services are delivered by health and agriculture extension workers

Age-appropriate IYCF counselling

From 6-11 months

Birth to 5 months

From 12-23 months



Nutrition sensitive agriculture advising





Joint HH visit

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Men's group dialogue



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Cooking demonstration



Cooking demonstration

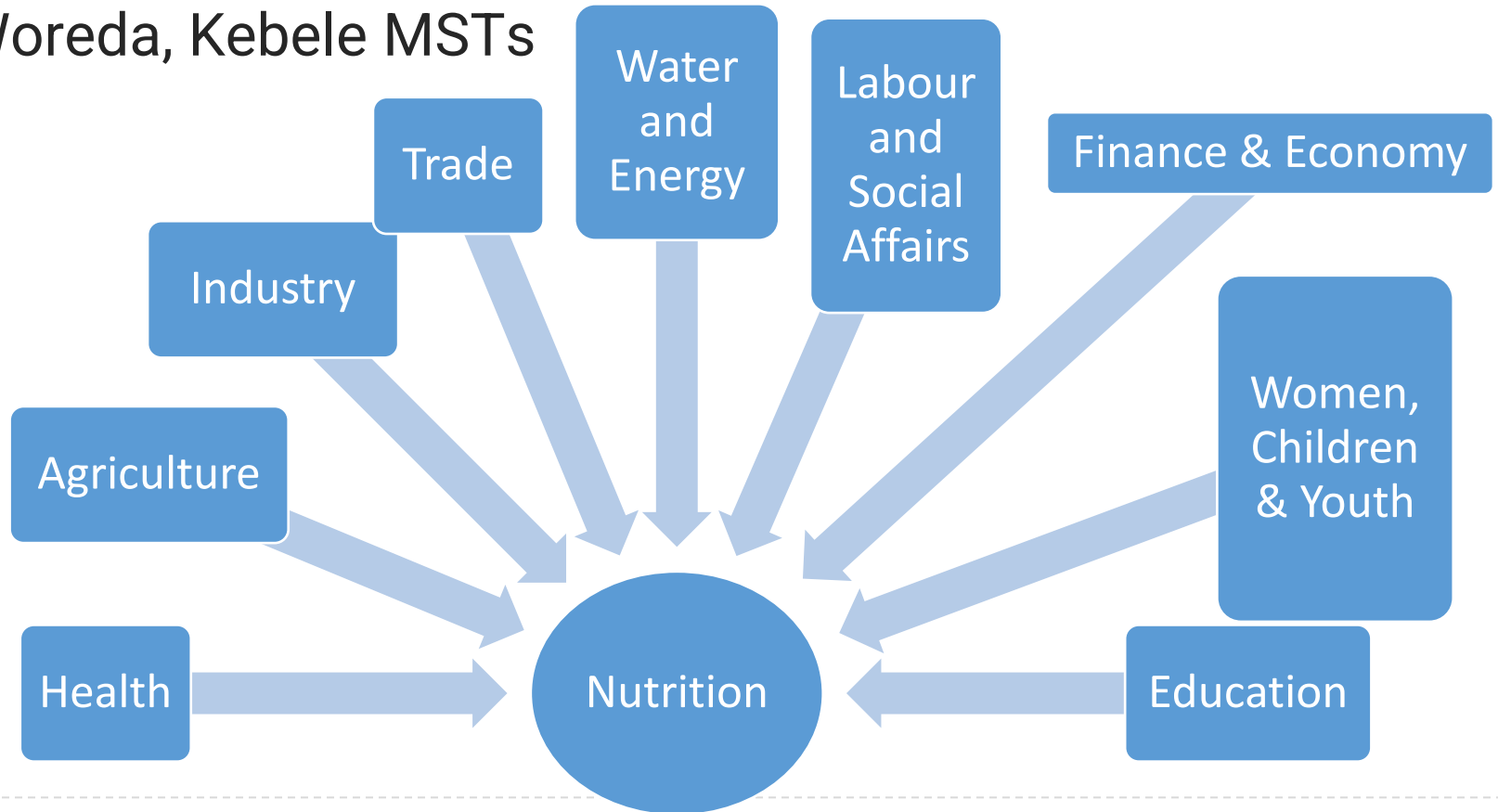


Cooking demonstration



Multi-sectoral coordination

- Woreda, Kebele MSTs



Woreda MST



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Media campaign

- National TV station
- Local radio
- Three languages

Topics

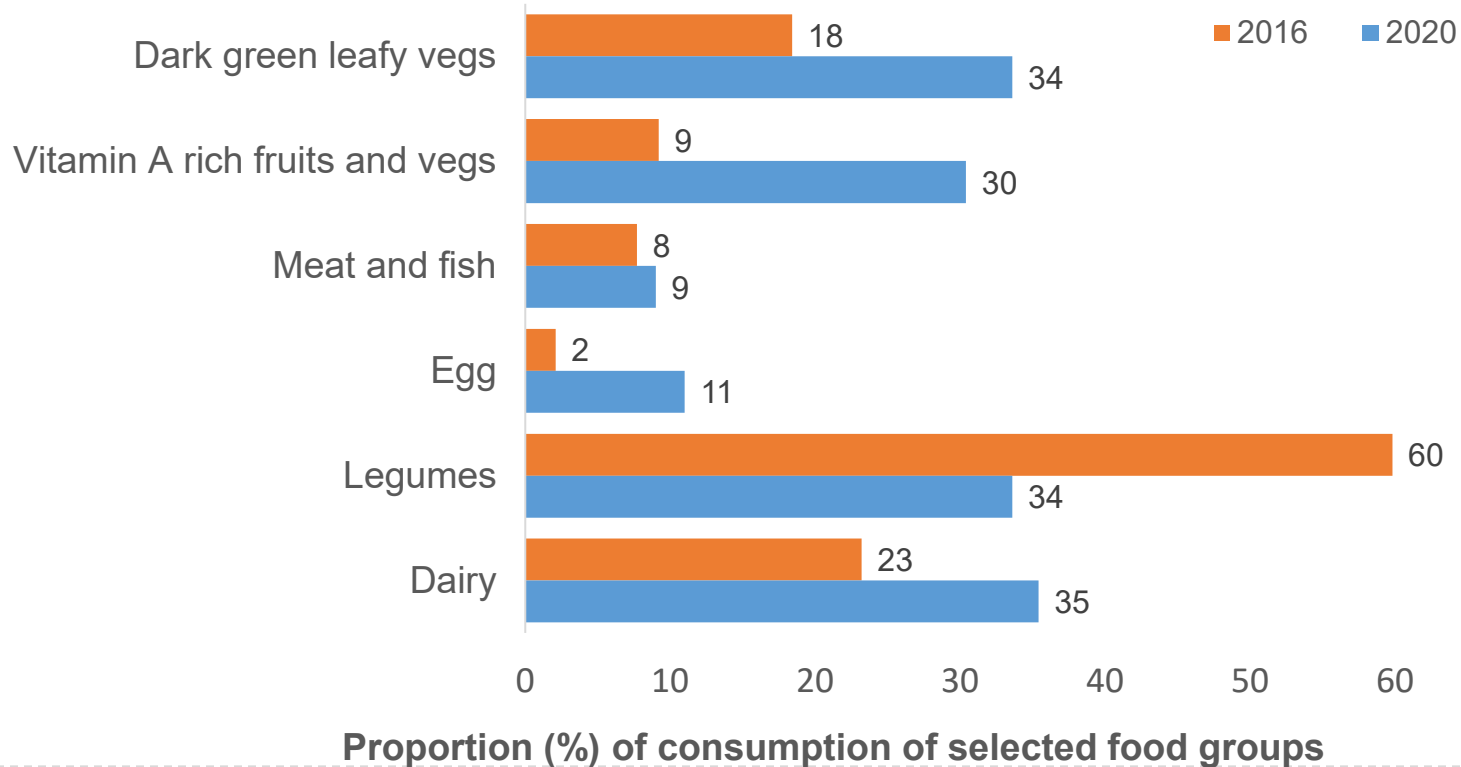
- IYCF
- NSA

Evaluation objectives

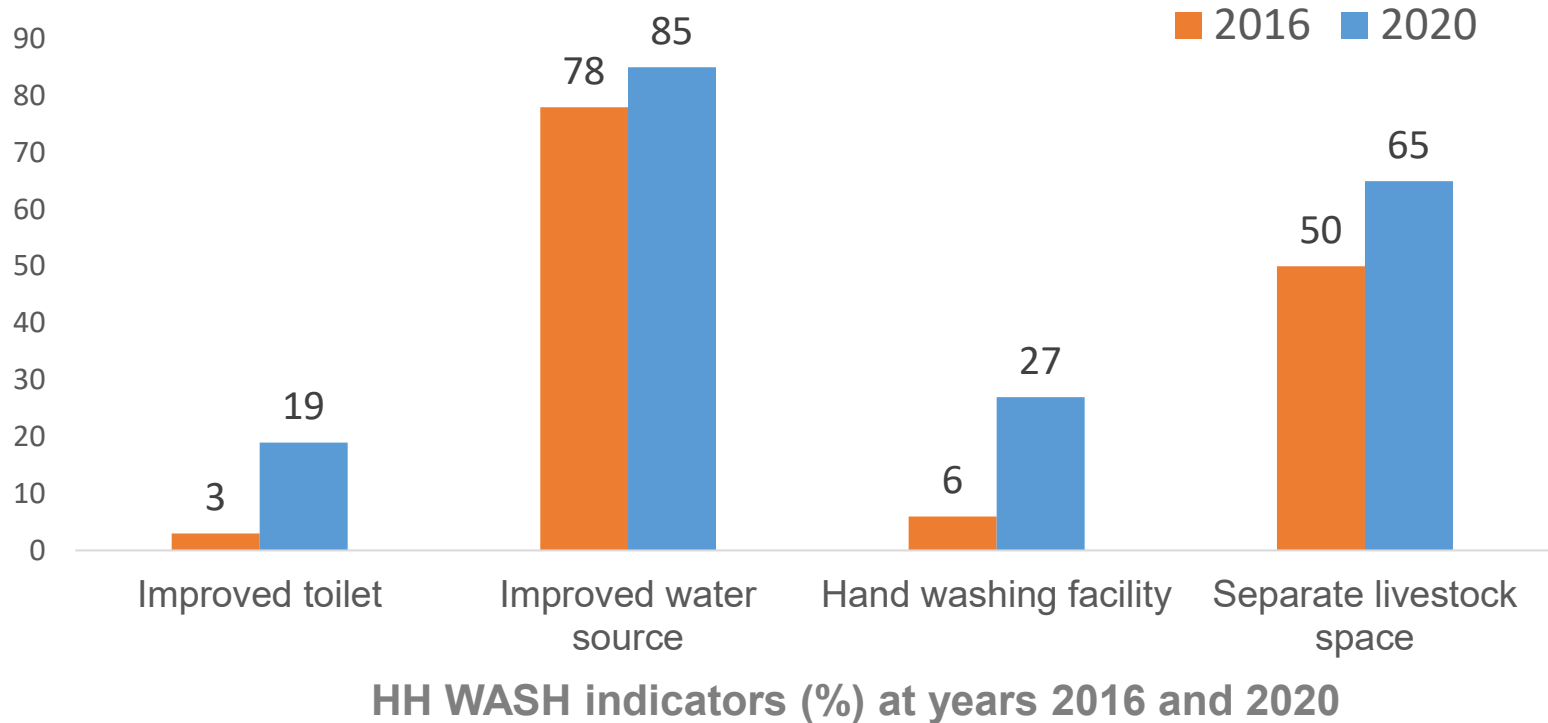
Impact

- Whether SURE results in **decreased stunting**, increased **dietary diversity** and **Minimum acceptable die**

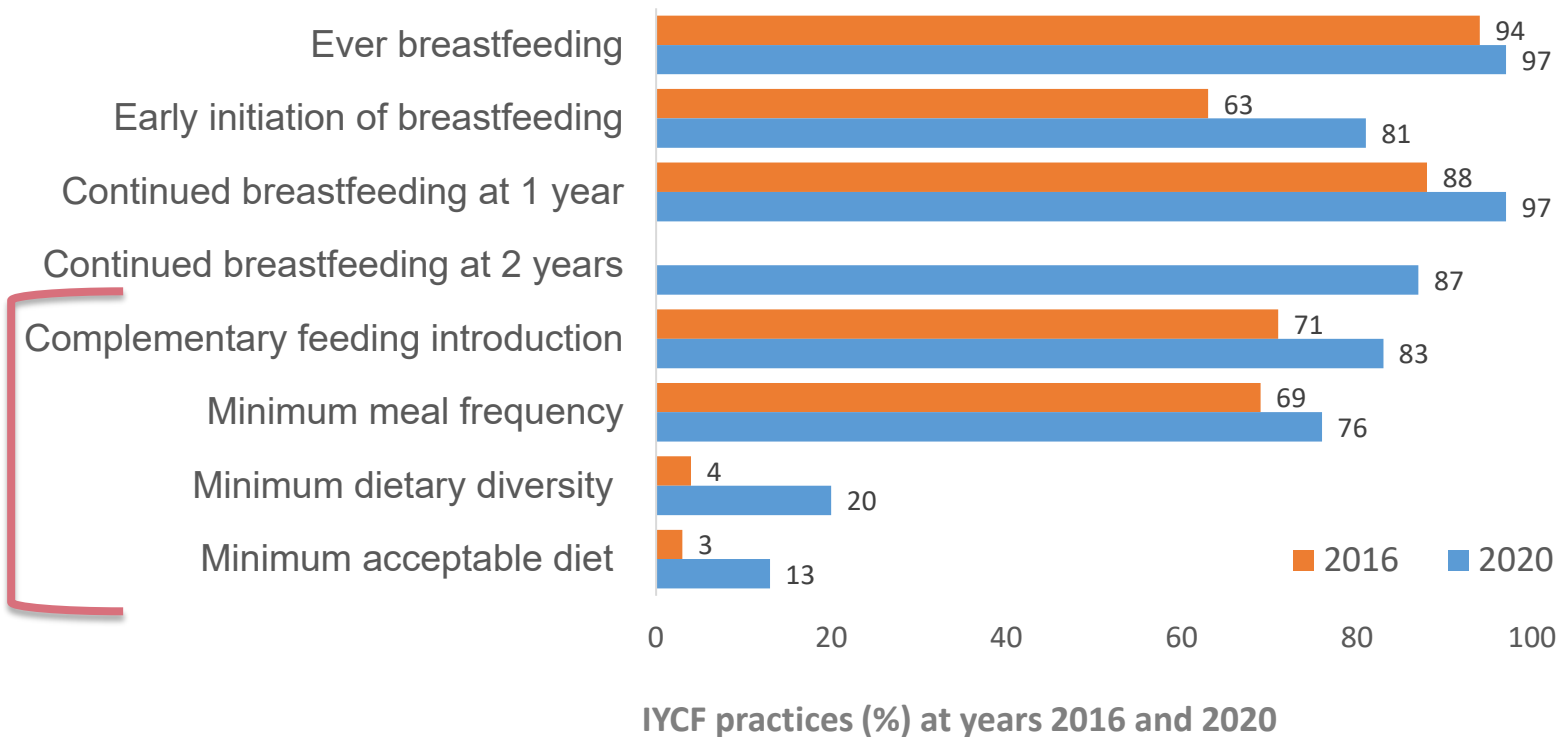
Women Dietary Diversity: Consumption of Food Groups



WASH: Indicators



IYCF Indicators



Way forward



Multi-sectoral coordination for nutrition

There was increment in joint household visits by HEWs and AEWs, meetings on nutrition agendas, and assigned nutrition focal persons.

Community health services

Utilization of community health and nutrition services showed increment during the project implementation.

Maternal knowledge (child feeding)

Knowledge of mothers on recommended child feeding practices showed increment during the project implementation.

WASH

The implementation of SURE has seen a considerable rise in households using improved water and toilet facilities.

Way forward



Agricultural practices

There was increment in utilization of agricultural inputs (fertilizer, improved seed varieties).

IYCF practice

There was increment in joint household visits by HEWs and AEWs, meetings on nutrition agendas, and assigned nutrition focal persons.

Study design

The study does not enable to make inference on the program effectiveness or impact

THANK YOU !