

National Nutrition Program



Forum on Stunting Reduction

Oct 24th 2013; Hilton Hotel, Addis Ababa

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Global Situation

- ❑ **162 million children** stunted,
- ❑ **99 million** underweight and
- ❑ **51 million** are wasted and (2012)

32 million start life with low birth weight **each year.**

2 billion people - vitamin or mineral deficiency

45% of the **6.9 million** child **deaths** in 2011 were related to under-nutrition.

Social and Economic Implications

11% of a **country's GDP** is **lost** annually due to high prevalence of **under-nutrition**.

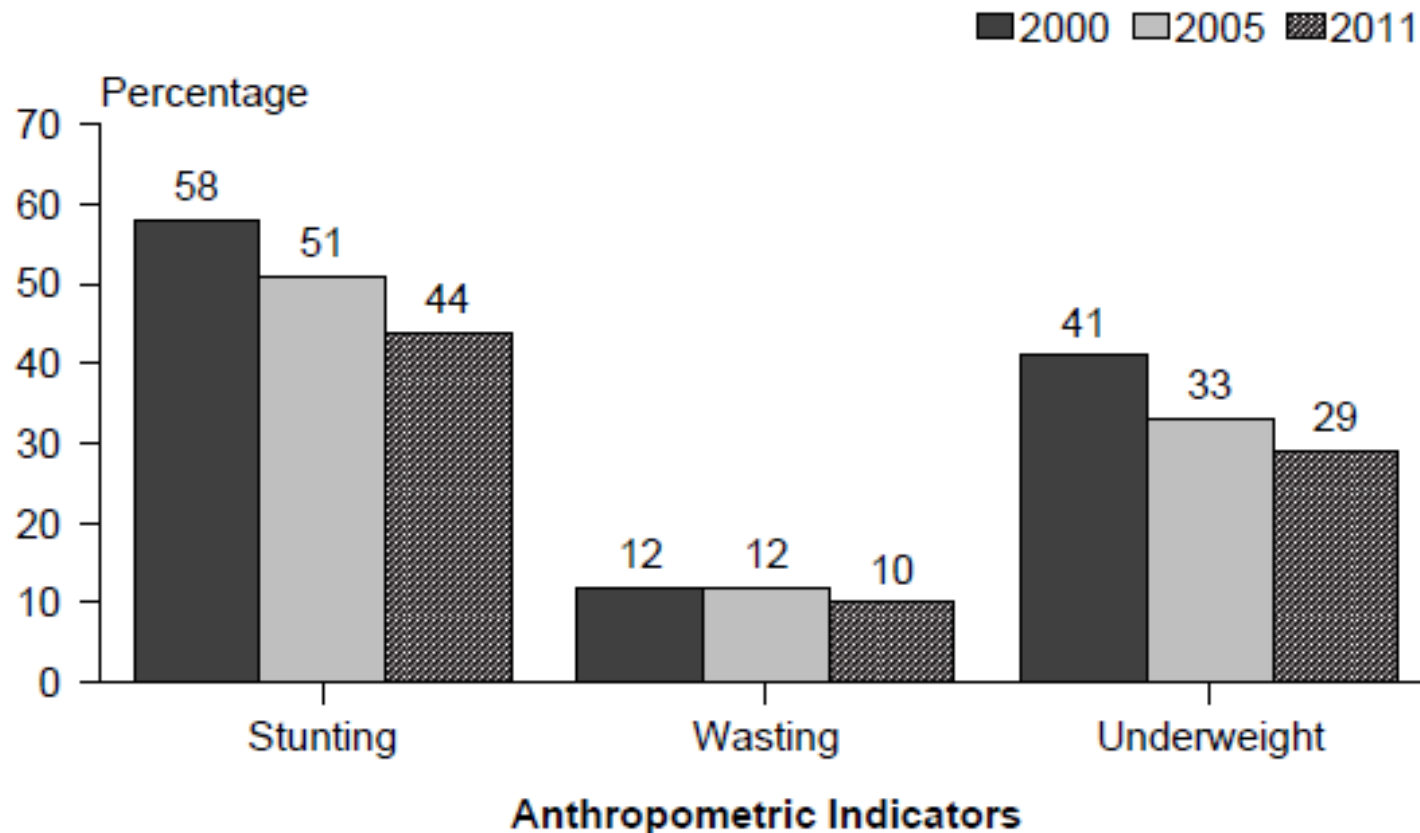
Under-nutrition also **lowers cognition** and **impedes learning**.

10% of an individual's life-time earnings

Every dollar spent on nutrition-specific interventions has an average return **\$15**.

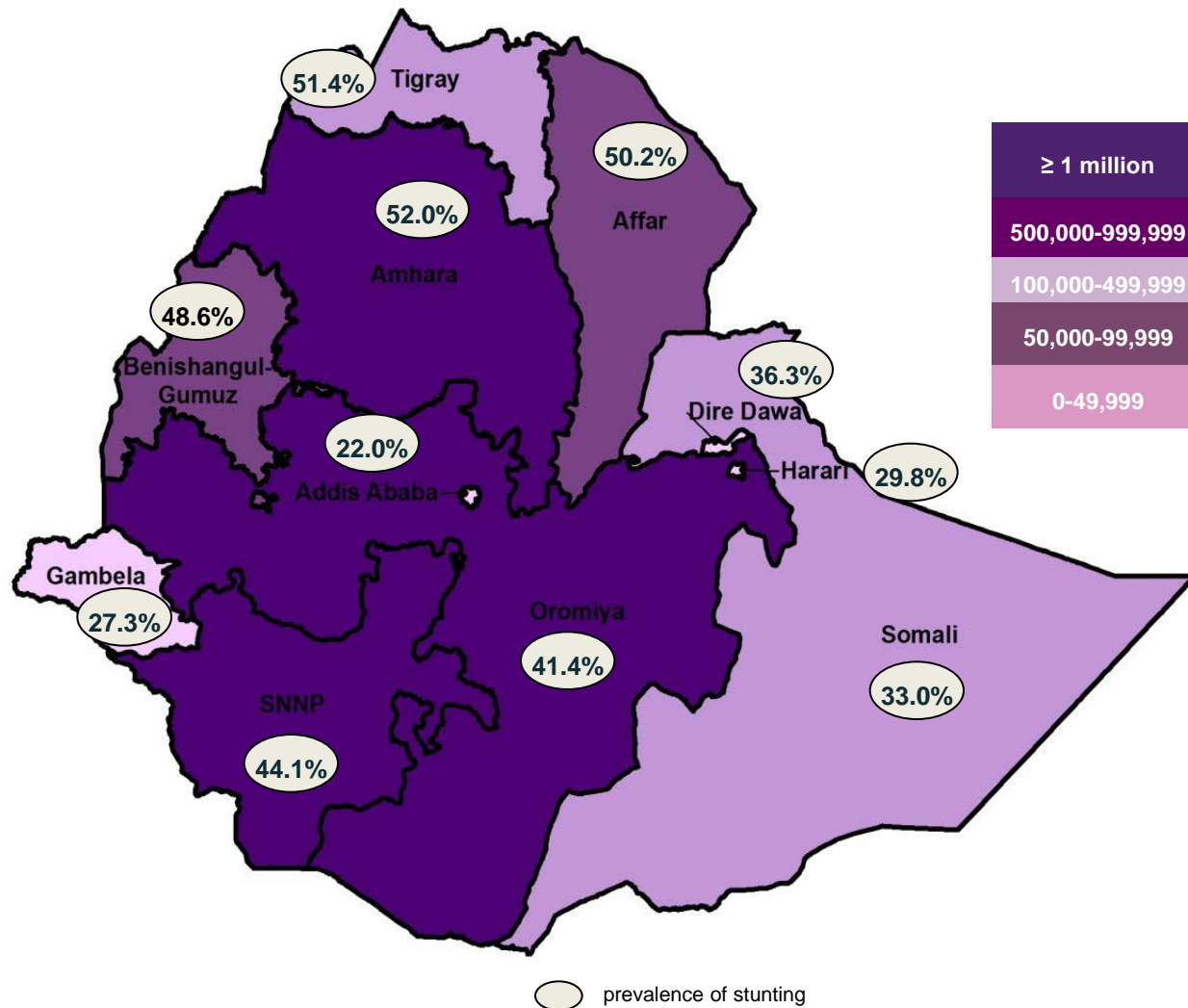
The National Scenario

Trends in nutritional status of children under 5 years of age, DHS 2011



Note: For comparison purposes, the 2000 and 2005 anthropometric indicators are computed on the basis of the new WHO Standards. The values in the graph indicate percentage below -2 SD.

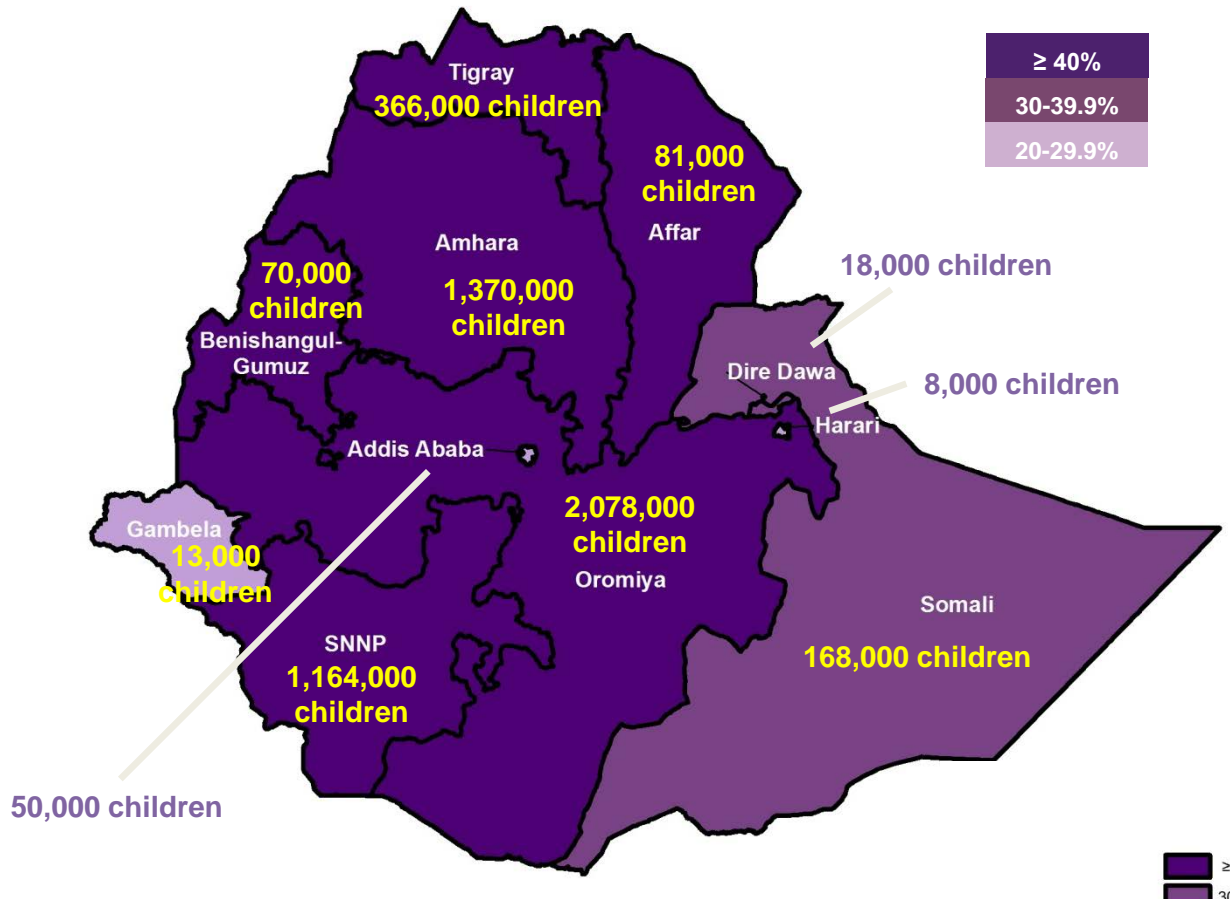
Stunting rates varies widely between Regional States



Source: DHS (2011); DHS (2005); WHO Conversion tool from NCHS reference into estimates based on the WHO Child Growth Standards; Ethiopia Census Report (2007); World Population Prospects, The 2010 Revision, Volume II (2011); SUN correspondence;

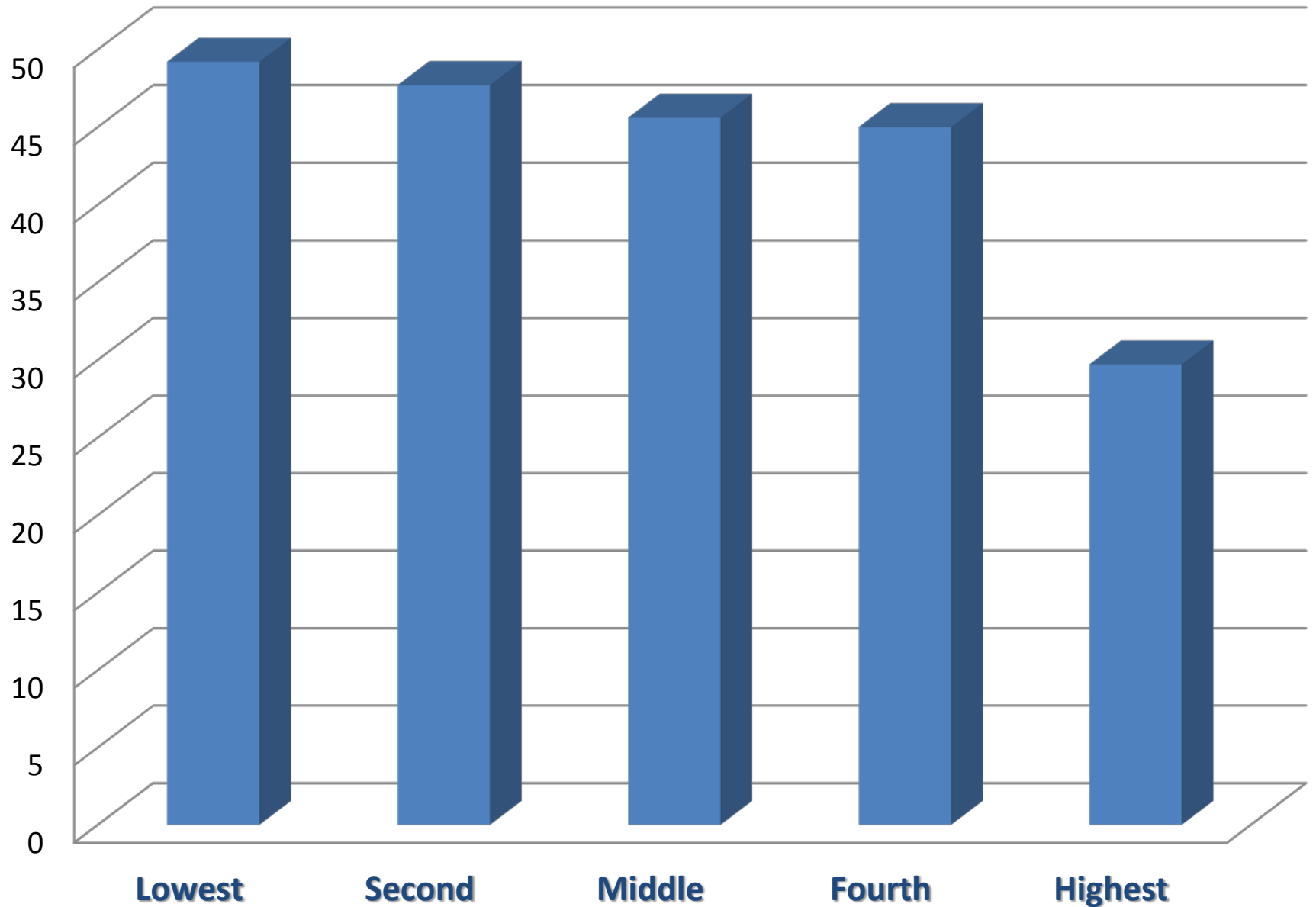
High stunting prevalence does not necessarily equate to large numbers of stunted children

Prevalence of stunting among children <5 in 2011



Source: DHS (2011); DHS (2005); WHO Conversion tool from NCHS reference into estimates based on the WHO Child Growth Standards; Ethiopia Census Report (2007); World Population Prospects, The 2010 Revision, Volume II (2011); SUN correspondence;

Stunting rates by wealth quintiles, EDHS 2011



Why revise the NNP

1. To strategically address the nutrition problem in the country through considering multi-sectoral and multi-dimensional nature of nutrition and focusing on life cycle approach.
2. To strengthen initiatives that were not adequately addressed in the 2008 NNP document and to incorporate new initiatives or approaches adopted by Ethiopia :
 - Strengthening the national food fortification program,
 - Accelerated stunting reduction initiatives
 - School Health and Nutrition strategy
 - Consultations with Agriculture sector staff
3. To align the end of NNP with GTP, HSDP and MDG

The NNP revision process

Principles/ approaches

- Life cycle approach
- Prevention - community based interventions
- Integrated (intra and inter)
- Ensuring sustainability
- Inclusive, transparent, accountable

WHO

- Involvement of majority of the stakeholders

The (revised) NNP (2013-15)

Strategic Objectives, Results and Initiatives

Strategic Objectives

Strategic Objective 1: Improve the nutritional status of women (15-49 years) and adolescents (10-15 years)

Strategic Objective 2: Improve the nutritional status of infants (0-6 months), young children (6-24 months) and children under 5 years; with emphasis on the first two years of life.

Strategic Objective 3: Improve the nutrition service delivery for communicable & non-communicable/ lifestyle related diseases

Strategic Objective 4: Strengthen implementation of nutrition sensitive interventions in Agriculture, Education, Water, Women/ Children & Youth and Social Protection sectors.

Strategic Objective 5: Improve multi-sectoral coordination and capacity to ensure implementation of NNP

Strategic Objective 1: Improve the nutritional status of women (15-49 years) and adolescents (10-15 years)

Result 1.1 Nutritional Status of Adolescents Improved

Result 1.2a Nutritional Status of PLW Women Improved

Result 1.2b: Nutritional Status of Non – Pregnant and Non – Lactating Women Improved

Strategic Objective 2: Improve the nutritional status of infants (0-6 months), young children (6-24 months) and children under 5 years; with emphasis on the first two years of life.

Result 2.1: Improved nutritional status of children 0–24 months

Result 2.2: Improved nutritional status of children 24–59 months

Strategic Objective 3: Improve the delivery of nutrition services for communicable and non-communicable/lifestyle related diseases (all age groups)

Result 3.1: Improved nutrition service delivery for communicable and non-communicable/lifestyle related diseases

Strategic Objective 4: Strengthen implementation of nutrition sensitive interventions across sectors

Result 4.1 Strengthened implementation of nutrition sensitive interventions in the agriculture sector

Result 4.2: Strengthened implementation of nutrition sensitive interventions in the education sector

Result 4.3: Strengthened implementation of nutrition sensitive interventions in the water sector

Result 4.4: Strengthened implementation of nutrition sensitive interventions in the industry sector

Result 4.5: Strengthened implementation of nutrition sensitive interventions in the trade sector

Result 4.6: Strengthened social protection services for improved nutrition

Strategic Objective 5: Improve multi-sectoral coordination and capacity to ensure NNP implementation

Result 5.1: Community level nutrition implementation capacity of the development army improved

Result 5.2: Strengthened capacity of women based structures and associations at all levels for NNP implementation

Result 5.3: Improved capacity to conduct nutrition monitoring and evaluation as well as operations research

Result 5.4: Improved capacity of the regulatory body

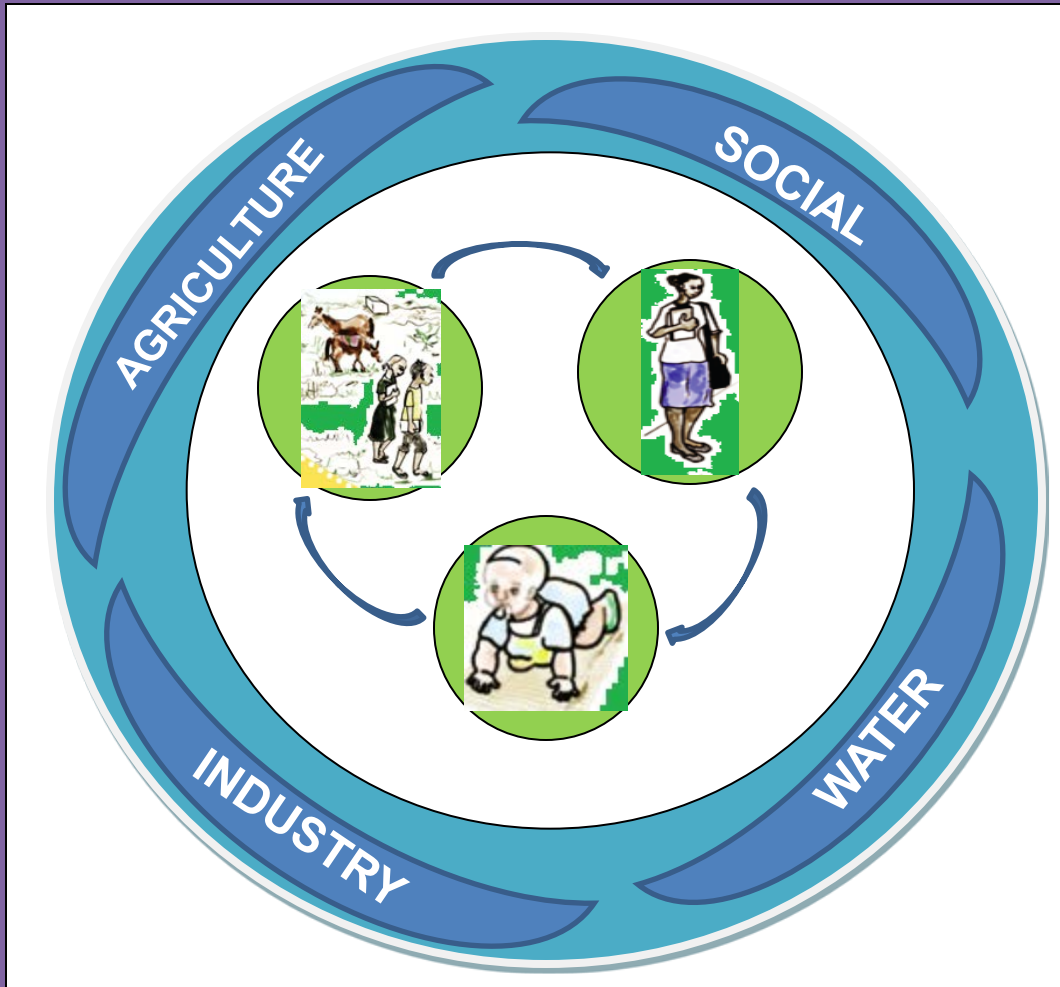
Result 5.5: Improved capacity of media

Result 5.6: Improved multi-sectoral coordination

POLICY

COORDINATION

NON-COMMUNICATION



CAPACITY
GENDER

M & E

FINANCE

Multi-sectoral Nutrition Coordination

National Nutrition Coordination Body

**National Nutrition Technical
Committee**

MOA

MOE

MOH

MOI

MOWCY

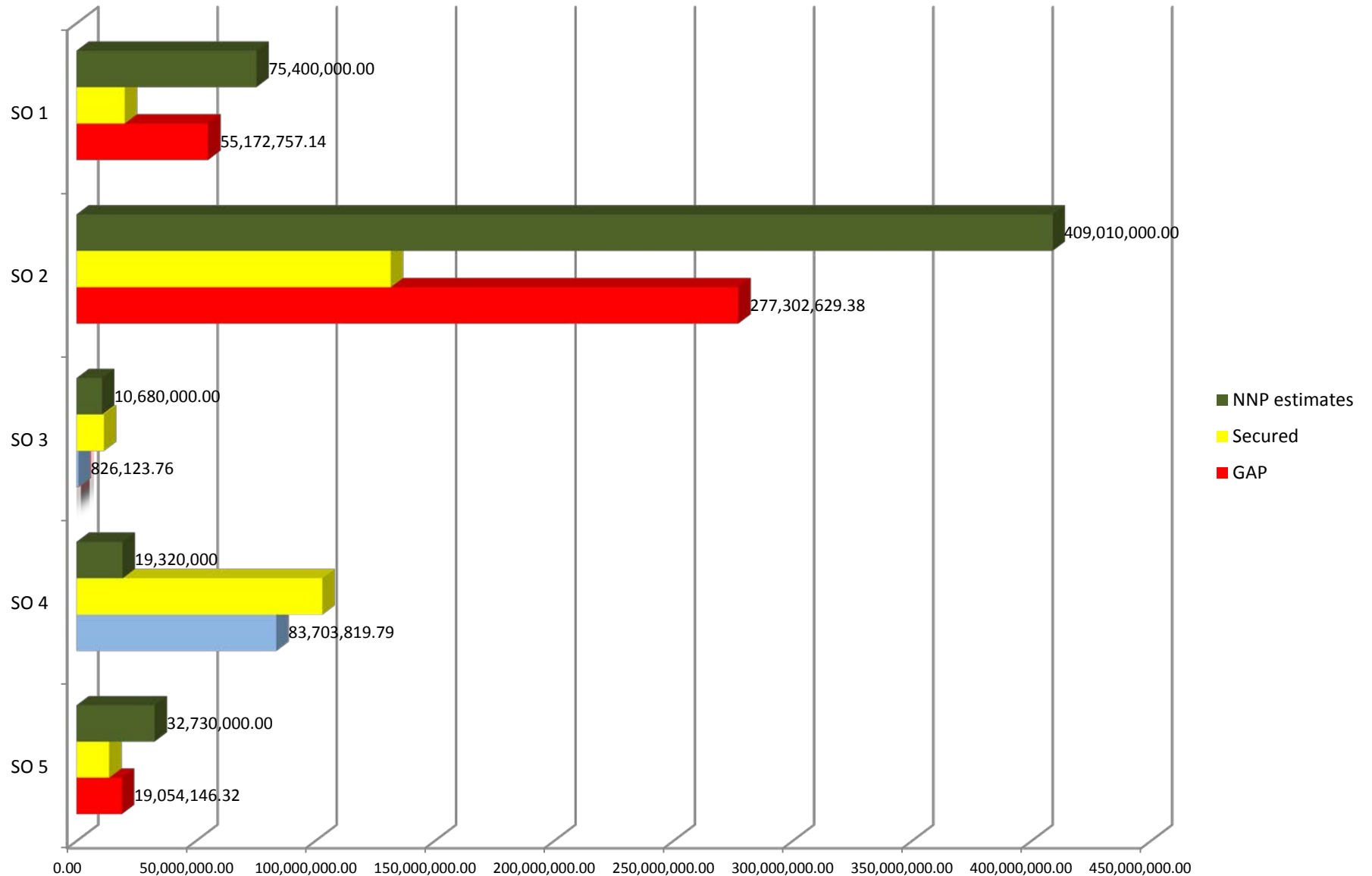
MOW&E

MOFED

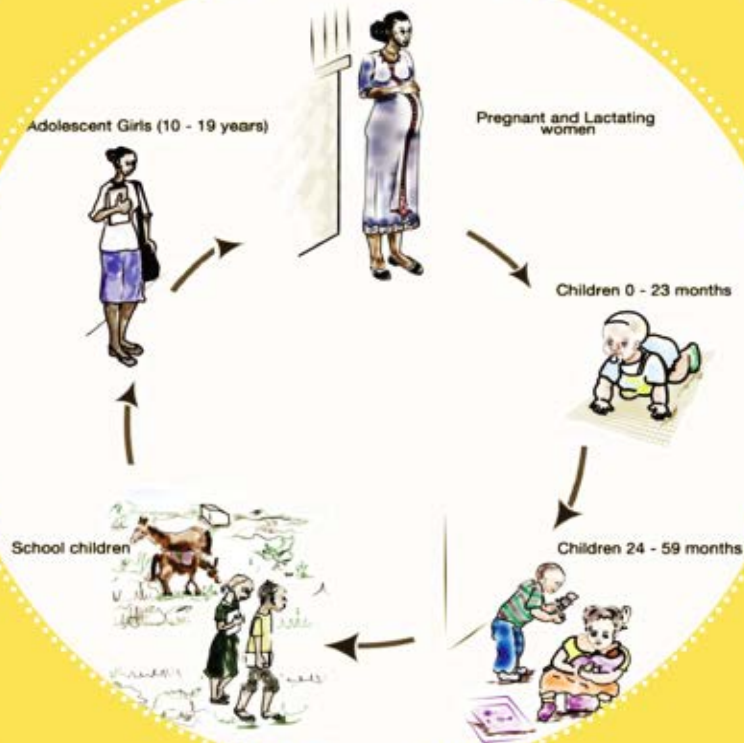
MOLSA

MOT

Sustainable financing for Nutrition



Government of the Federal Democratic Republic of Ethiopia



Thank you!