



ETHIOPIA'S Harari Region

DEMOGRAPHIC PROFILE¹

246,000

Total population



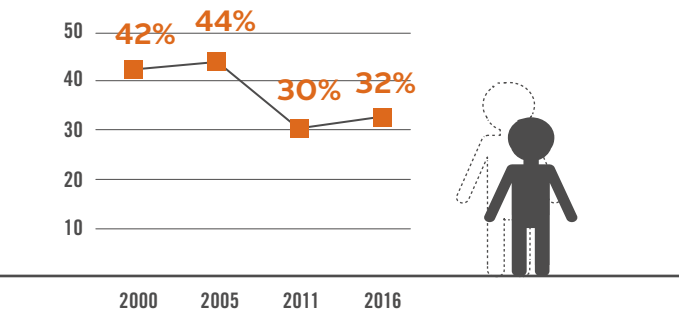
24% Adolescents (10-19 years)
9% Participation in PSNP² (social safety net)

Maternal and child undernutrition in Ethiopia contribute to both preventable mortality and reduced economic outcomes. For example, in 2009, undernutrition was associated with **24 percent of child mortality**.³ Undernutrition also resulted in a loss that year of about **16 percent of gross domestic product** in the country. The leading causes of **maternal mortality** in Ethiopia are eclampsia/pre-eclampsia and hemorrhage—both of which can

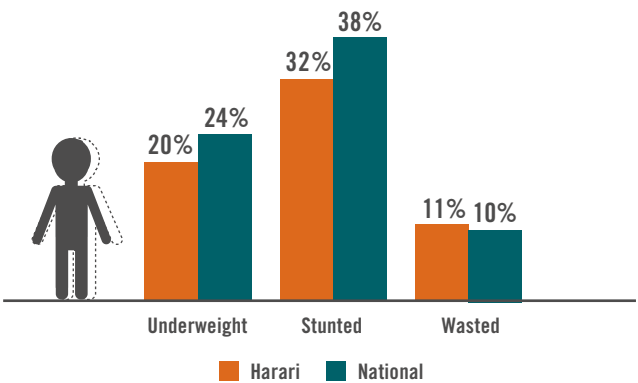
be reduced through maternal nutrition interventions. The Government's Second National Nutrition Programme (NNP2)⁴ has set specific targets to achieve by the year 2020 for improving the nutrition status of both children and women of reproductive age. Meeting these challenges will require changes in family practices, as well improvements in facility and community services. This brief highlights the status of critical nutrition-related indicators in Harari region.⁵

STATUS OF NUTRITION AND HEALTH INDICATORS

REGIONAL PROGRESS AGAINST <5 STUNTING⁶



CHILD NUTRITION INDICATORS



MATERNAL NUTRITION INDICATORS

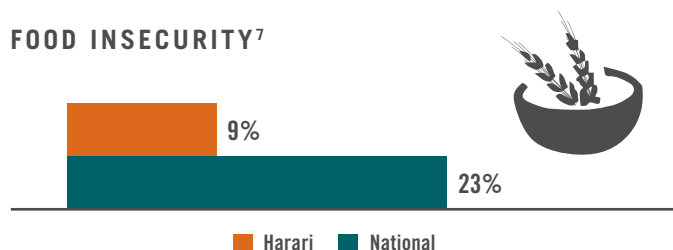
Women of reproductive age, anemia	28%	24%
Women of reproductive age, thinness	21%	22%
	HARARI	NATIONAL

CHILD AND MATERNAL HEALTH INDICATORS

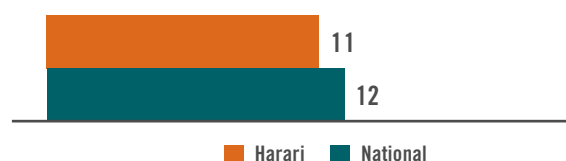
Infant mortality	57	48
Maternal mortality ratio	N/A	412
	HARARI	NATIONAL

CAUSES OF UNDERNUTRITION

FOOD INSECURITY⁷



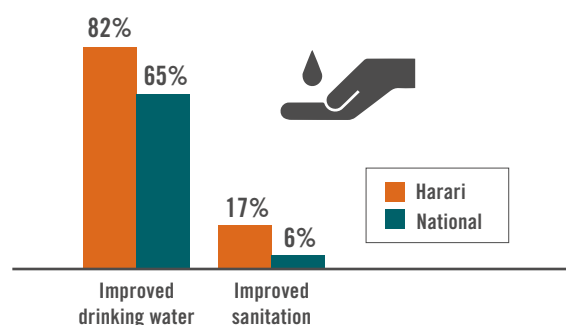
CHILDREN < 5 WITH DIARRHEA (LAST 2 WEEKS)



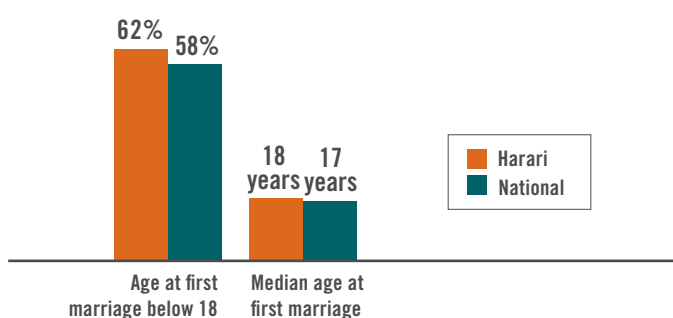
INFANT AND YOUNG CHILD FEEDING PRACTICES

Early initiation of breastfeeding	89%	73%
Exclusive breastfeeding (infants < 6 months)	45%	58%
Breastfeeding at 1 year	84%	92%
Minimum meal frequency (6-23 months)	56%	45%
Minimum dietary diversity (6-23 months)	18%	14%
	HARARI	NATIONAL

WATER AND SANITATION INDICATORS



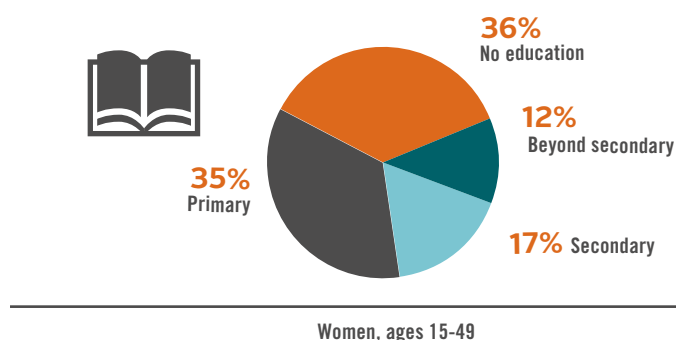
WOMEN'S AGE AT FIRST MARRIAGE



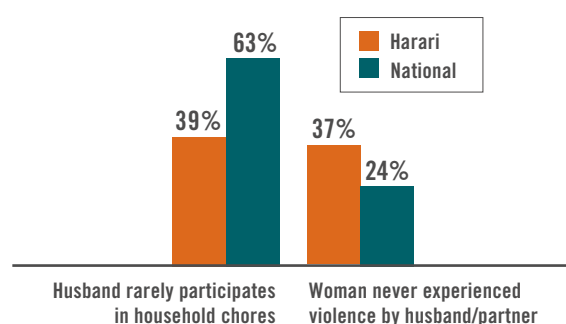
AREAS FOR IMMEDIATE ACTION

- Focus on improving dietary diversity among children 6-23 months
- Focus on improving meal frequency among children 6-23 months
- Advocate for increased male support in household chores
- Support programs to delay early marriage for young women

WOMEN'S EDUCATION (Regional)

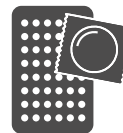
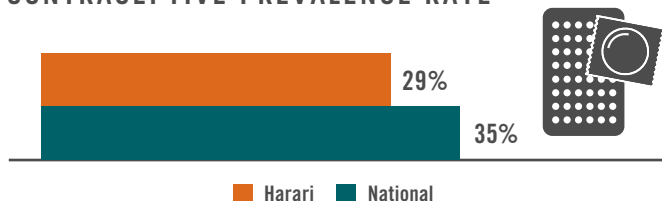


GENDER EMPOWERMENT



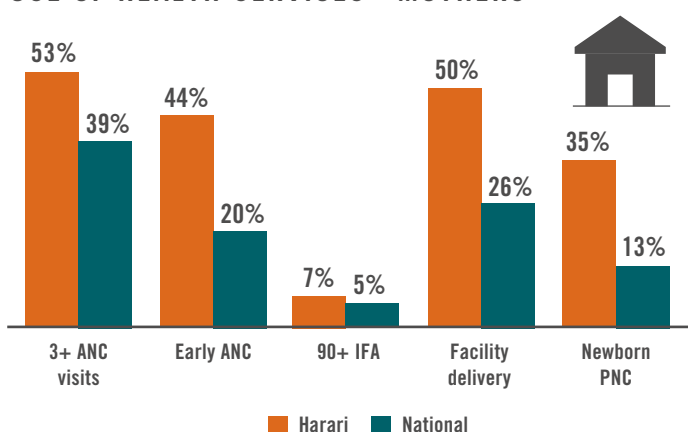
CAUSES OF UNDERNUTRITION *continued*

CONTRACEPTIVE PREVALENCE RATE



PLATFORMS TO ADDRESS NUTRITION

USE OF HEALTH SERVICES—MOTHERS



AREAS FOR IMMEDIATE ACTION

- Increase the number of pregnant women who have an ANC visit in their first trimester
- Increase the number of pregnant women who receive and take 90+ IFA tablets
- Increase the number of new mothers/newborns who receive a postnatal visit within two days

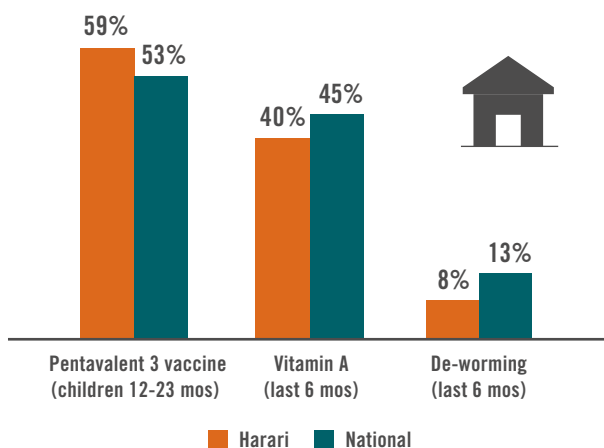


ANC is the primary delivery platform for nutrition interventions for pregnant women in Harari region.

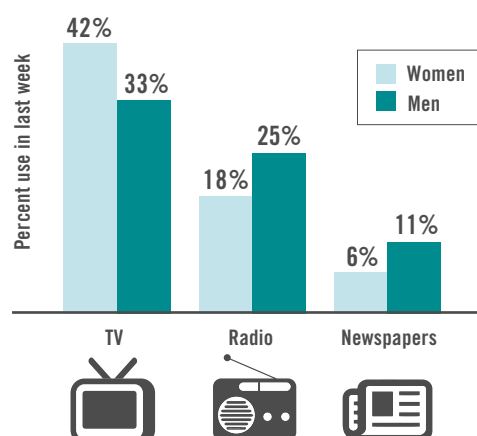
76% of women in Harari received ANC from a skilled provider during their last pregnancy.



USE OF HEALTH SERVICES—CHILDREN



MEDIA USE (Regional)



DEFINITIONS

Age at first marriage below 18 years: among women 20-24 years

Anemia: non-pregnant women 15-49 years with hemoglobin level < 12.0 g/dl; pregnant women with hemoglobin level < 11.0 g/dl

Breastfeeding at one year: children 12-15 months who received breastmilk

Child stunting: height-for-age below -2SD

Child underweight: weight-for-age below -2SD

Child wasting: weight-for-height below -2SD

Contraceptive prevalence rate: use of a modern method (currently married women age 15-49)

Deworming: children 6-59 months (in last 6 months)

Early ANC: first antenatal care visit within the first trimester of pregnancy

Early initiation of breastfeeding: within 1 hour of birth

Exclusive breastfeeding: child under age 6 months who was given nothing but breastmilk during the first 6 months of life

Experience of violence by husband/partner: report by ever-married women age 15-49

Food insecurity: in the last 12 months, households ever faced with not having enough food to feed the family

Husband participation in household chores: report by currently married women age 15-49

Improved sources of drinking water: include piped water, public taps, standpipes, tube wells, boreholes, protected dug wells and springs, and rainwater

Improved toilet facilities: include any non-shared toilet of the following types: flush/pour flush toilets to piped sewer systems, septic tanks, and pit latrines; ventilated improved pit (VIP) latrines; pit latrines with slabs; and composting toilets

Infant mortality: number of deaths before age one per 1000 live births (for the 10 years preceding the survey)

Maternal mortality ratio: maternal deaths per 100,000 live births for the 7 years before the survey

Median age at first marriage: among women 25-49 years

Minimum dietary diversity: children age 6-23 months who received foods from ≥ 4 food groups

Minimum meal frequency: breastfed child age 6-8 months—receive at least 2 times a day solid, semi-solid or soft foods. Child age 9-23 receive at least 3 times a day; non-breastfed child age 6-23 months—receive at least 4 times a day solid, semi-solid, or soft foods

Newborn PNC: first post-natal care visit for newborn within two days of birth

Thinness: (non-pregnant) women age 15-49 years with body mass index (BMI) < 18.5

Vaccinated: children 12-35 months received pentavalent 3

Vitamin A: children 6-59 months (in last 6 months)

1 Source for total regional population and urban/rural populations: Federal Democratic Republic of Ethiopia Central Statistical Agency Population Projection of Ethiopia for All Regions at Woreda Level from 2014–2017. (August 2013) Harari, Ethiopia.

2 Productive Safety Net Programs (PSNP 4) Annual Work Plan and Budget for 2017/18 (2010 EFY). Ministry of Agriculture and Natural Resource, Rural Job Opportunity Creation and Food Security Sector, Food Security Coordination Directorate. (2017) Harari.

3 Cost of Hunger in Africa: Implication for the Growth and Transformation of Ethiopia. (2013) African Union Commission, World Food Programme, and United Nations Economic Commission for Africa.

4 National Nutrition Program 2016–2020. (2016) Federal Democratic Government of Ethiopia.

5 Unless otherwise notes, sources for all data are the Ethiopia Demographic and Health Survey Ethiopia Demographic and Health Survey 2016. (2017) Central Statistical Agency and ICF International,

6 Demographic and Health Surveys stat compiler, (re)calculating all years according to WHO Child Growth Standards. (Accessed March 1, 2018).

7 Integrated Surveys on Agriculture Ethiopia Socioeconomic Survey (LSMS). (2017) Central Statistical Agency of Ethiopia in Collaboration with the National Bank of Ethiopia and the World Bank.