Ethiopia is home to more than 16 million children under five (U5) years old and it is a country with high levels of child wasting. Significant efforts have been made by the Government to develop policies, programs and interventions to tackle wasting in children U5, as well as pregnant and lactating women, but the increased frequency and magnitude of environmental and anthropogenic shocks has halted any progress. Despite millions of dollars spent annually on treatment, child wasting remains a major public health problem in Ethiopia.

A time-series analyses of the various rounds of demographic health surveys (DHS) illustrated that some progress was made in reducing the prevalence of wasting in the past 20 years. In 2000, the prevalence was 12.2% and this dropped to 7.8% in 2018. However, irregularities during this timeframe have kept the prevalence around 10% between 2005 and 2016. Significant peaks in the number of wasted children were observed in 2005 and 2016, which closely matches with periods of the 2002–2004 food crises and the 2015–2016 El Niño crises. Another peak is expected due to the COVID-19 pandemic, locust invasion and civil unrest in the north which is having a lasting effect on the economy, food, and health systems.

The main determinants of wasting in Ethiopia include poor diets and disease due to food insecurity, inadequate maternal and childcare as well as poor health services and the environment. More than 80 percent of urban or rural children aged 6 to 23 months do not receive the minimum acceptable diet on a daily basis. In addition, nutrient-dense foods are highly subject to loss and waste, given their tendency to perish. Increasing access to healthy diets through faster, stronger implementation of supply and demand-side strategies that address the underlying drivers of today’s faulty food systems is imperative to solve these problems, as well as to address related environmental and economic costs. Added to this are the 1.8 million pregnant and lactating women who are wasted and require special attention to prevent the vicious, inter-generational cycle of malnutrition. Finally, WASH appear to have important factors in acute malnutrition.

Achieving the ambitious nutrition target to prevent wasting and improving the health and nutrition status of children requires the partnership and collaboration amongst stakeholders. These stakeholders need to adopt an integrated approach that supports and enhances national food and health systems, particularly in fragile settings, while taking full advantage of the synergies between the different organizations.
OUTCOME 1
REDUCE LBW BY IMPROVING MATERNAL NUTRITION

SYSTEM

PRIORITY ACTION/SERVICE

Revisit pregnant mothers conference of community/HP level to promote early initiation of Antenatal care and nutrition counselling
Support the revision, training and dissemination of the national ANC guideline – adaptation of the latest WHO guidelines for “ANC: a positive pregnancy experience guideline” aimed at improving early initiation of ANC, Nutritional interventions during pregnancy
Support procurement of the PA supplement and test kits for home-based in support of the scale up of services to provide iron and folic acid supplements to women of reproductive age
Provide free insecticide-treated nets (ITN) for all pregnant women in all malaria endemic areas and procurement of malaria test kits for routine screening for malaria during ANC
Support Mobile Health and Nutrition Teams (MNHTs) for the most vulnerable population with limited access to health services to provide essential care services including counselling and treatment
Promote antenatal care and inclusion of nutrition messages and ensure quality youth and Adolescent friendly services including in nutrition camps
Empower the mothers: women development army (WDA) leaders to detect acutely wasted pregnant women from PSNP and refugee camps and not who are more at risk of a low birth weight children
Provide Multiple Micronutrient supplements and small quantity (SQ-LNS) to women and adolescents girls during pregnancy

OUTCOME 2
IMPROVED CHILD HEALTH BY IMPROVING ACCESS TO PRIMARY HEALTH CARE, WASH SERVICES AND ENHANCED FOOD SAFETY

SYSTEM

PRIORITY ACTION/SERVICE

Support CSH/CVA with appropriate modalities and systems either multipurpose cash, fresh food voucher, cash for work and digital cash transfer (voucher/cash) for nutrient deficient

OUTCOME 3
IMPROVED ICYF BY IMPROVING BREASTFEEDING PRACTICES AND CHILDREN’S DIETS IN THE FIRST YEARS OF LIFE

SYSTEM

PRIORITY ACTION/SERVICE

Strengthen the capacity and numbers of health facilities in provision of Baby friendly Hospital Initiative (BFHI) to increase early initiation and exclusive breastfeeding rates and adequate complementary feeding and hygiene practices
Build capacity of the health workforce (pre-service and in-service) on breast feeding and appropriate complementary feeding to ensure mothers have access to skilled support in initiating breastfeeding and sustaining appropriate feeding practices
Ensure nutrition counselling during screening and growth monitoring by Health staffs with context specific adapted SBCC materials
Amend and enforce directives 36 & 33/2016 on BFHI code to reflect WHA69.9, thereby strengthen measures to control marketing of unhealthy foods for children.
Link children with growth following (GFP) and/or screening to special care services such as distribution of SQ-LNS and INs in emergencies
Roll out training of Depression and Integrated Nutrition Services (Delivery Guide) for the pastoral and agro-pastoral Communities
Advocate for Multisectoral approaches to support and enable access to basic services to households with pregnant and lactating women on focus on the 3000 days of life
Promote age-appropriate infant and Young Child feeding and care practices and caregiver mental health are systematically integrated in routine maternal and child healthcare services, including in community-based services such as linkages and engagement of health and agriculture sectors in awareness raising around appropriate complementary food.

OUTCOME 4
IMPROVED TREATMENT OF CHILDREN, PLW, PLWHV WITH WASTING BY STRENGTHENING HEALTH SYSTEMS AND INTEGRATING TREATMENT INTO ROUTINE PRIMARY HEALTH SERVICES

SYSTEM

PRIORITY ACTION/SERVICE

Empower the mothers: women development army (WDA) leaders to detect and treat acutely wasted children under 2 years old who are at risk of mortality including in refugee camps
Strengthen the integration of early detection (the family MARC and other initiatives) and treatment forwarding as part of routine primary and community healthcare services and ensure referral systems are in place for appropriate management of wasting in children
Strengthen national health information systems (HMIS, DHIS2, PHEM, IDSR), and include MARC indicators to regularly report and wasting and wasting-related data including during emergencies to support and inform the implementation of national services for its effective prevention and treatment
Risk-out training on the new National Guidelines for the Management of Acute Malnutrition (AMN) for Family MARC and other initiatives and treatment forwarding as part of routine primary and community healthcare services and ensure referral systems are in place for appropriate management of wasting in children
Strengthen national health information systems (HMIS, DHIS2, PHEM, IDSR) and include MARC indicators to regularly report and wasting and wasting-related data including during emergencies to support and inform the implementation of national services for its effective prevention and treatment
Implement the Baby WASH initiative such as; Baby WASH friendly health facilities, hygiene community playgrounds etc.
Provide full WASH package for priority areas and collaborating with ONE WASH
Integrate handwashing message and hygiene during health and agriculture promotion services