Global Action Plan on Child Wasting | Country Roadmap

Ethiopia

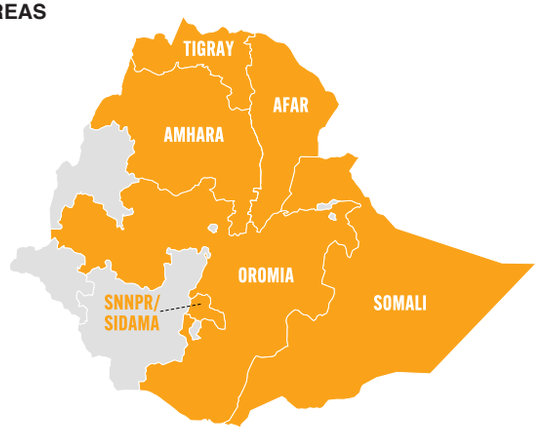
Ethiopia is home to more than 16 million children under five (U5) years old and it is a country with high levels of child wasting. Significant efforts have been made by the Government to develop policies, programs and interventions to tackle wasting in children U5, as well as pregnant and lactating women, but the increased frequency and magnitude of environmental and anthropogenic shocks as 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.

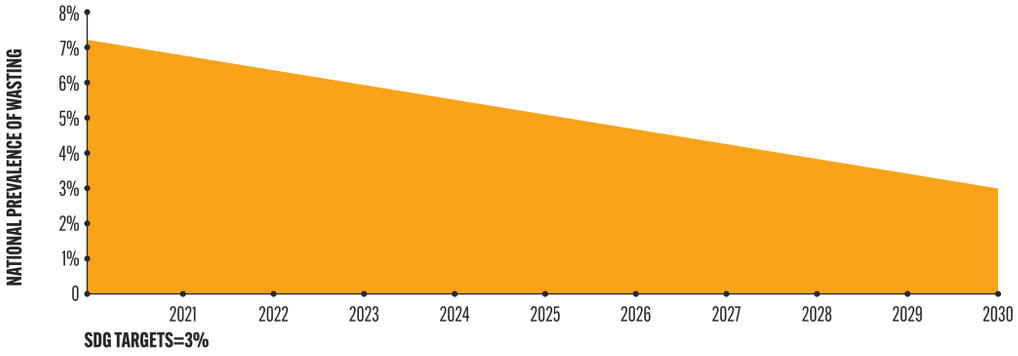
The main determinants of wasting in Ethiopia include poor diets and disease due to food insecurity, inadequate maternal and childcare as well as poor health services and the environment. More than 80 percent of urban or rural children aged 6 to 23 months do not receive the minimum acceptable diet on 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.

GEOGRAPHICAL PRIORITY AREAS

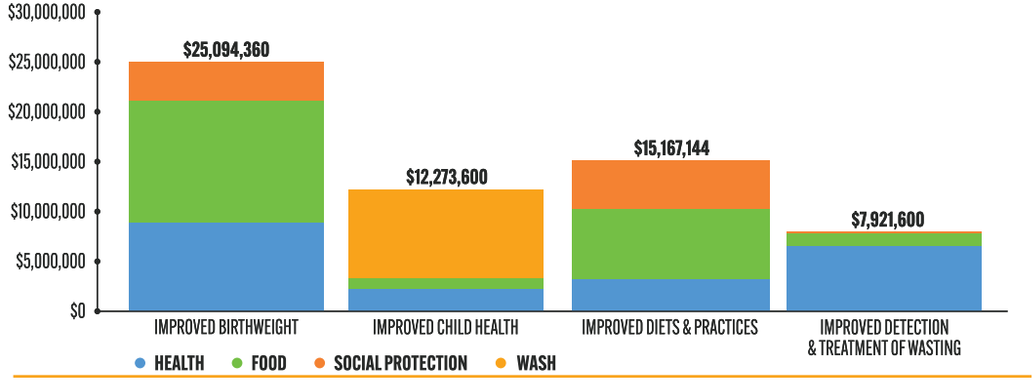


REACHING THE SDG TARGET BY 2030



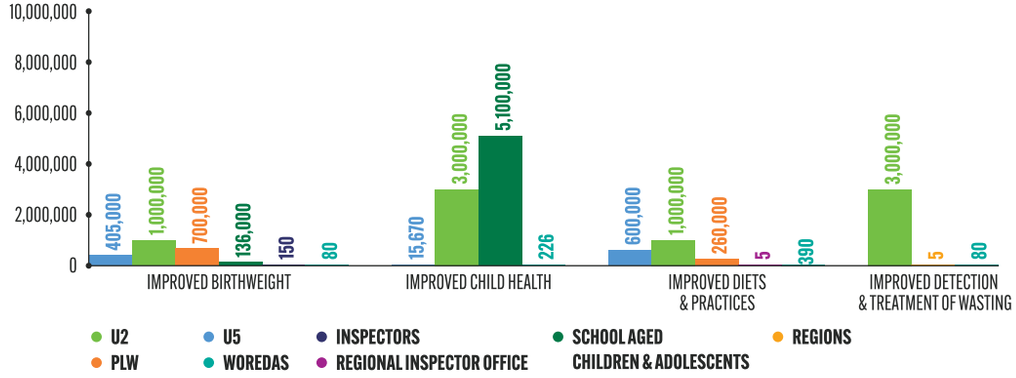
ANNUAL COST (USD)

TOTAL ANNUAL COST (USD) = $60,456,704



TARGET POPULATION GROUPS

TOTAL NUMBER OF PEOPLE REACHED = 15,216,825
TOTAL NUMBER OF WOREDAS AND REGIONS = 781



By 2025

- REDUCE LOW BIRTHWEIGHT TO <10%
- MAINTAIN THE RATE OF EXCLUSIVE BREASTFEEDING TOWARDS 60-65%
- INCREASE THE COVERAGE OF TREATMENT SERVICES FOR WASTED CHILDREN
- IMPROVE CHILD HEALTH BY ACHIEVING UNIVERSAL HEALTH COVERAGE, INCLUDING ACCESS TO QUALITY ESSENTIAL HEALTH-CARE SERVICES FOR 50% OF THE POPULATION

OUTCOME 1

REDUCE LBW BY IMPROVING MATERNAL NUTRITION

SYSTEM	PRIORITY ACTION/SERVICE
HEALTH	Revitalize pregnant mothers conference at 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 guidance for "ANC for a positive pregnancy experience guideline"aimed at improving early intiation of ANC, Nutritional interventions during pregnancy Support procurement of the IFA supplement and test kits for hemoglobin 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 (ITNs) 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 (MHNTs) for the most vulnerable population with limited access to health services to provide essential care services including counseling and treatment Promote antenatal care and inclusion of nutrition messages and ensure quality youth and Adolescent friendly services including in refugee 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 LNS (SQ-LNS) to women and adolescents girls during pregnancy
FOOD	Produce diversified and nutrient dense foods (fruits and vegetables), including development and promotion of production of bio fortified crops Strengthen production and productivity of livestock and fisheries Promote and avail home grown school feeding program for school aged children and adolescents through promoting school gardening and strengthening school-community linkage in collaboration with FTCs/PTCs to produce diversified food items Strengthen income generating activties for PLW in a time and effort saving manner Improve food safety across the value chain Strengthen the linkages among food value chain actiors To increase production of adequately fortified salt, wheat flour and vegetable oil and fats and biofortified foods; and upscale programs to promote their consumption Support CBI/CVA with appropriate modalities and sytems either multipurpose cash, fresh food voucher, cash for work and digital cash transfer (voucher/cash) for nutrient dense food
SOCIAL PROTECTION	Advocate for productive safety net program (PSNP) contingency budget to support PLW with low MUAC and support implementation within hotspot woredas I and 2 Target the poorest of productive safety net program (PSNP) clients and vulnerable refugee households with livelihood grants Feeding programmes for prevention (in high risk populations) and treatment of moderate acute malnutrition in PLWs Advocate for adolescent school nutrition and feeding programs in academic institutions

OUTCOME 2

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

SYSTEM	PRIORITY ACTION/SERVICE
HEALTH	Support CBI/CVA with appropriate modalities and sytems either multipurpose cash, fresh food voucher, cash for work and digital cash transfer (voucher/cash) for nutrient dense food Strengthen health worker capacity to provide quality essential childhood services and especially nutrition counseling in line with the National guidelines Strengthen and expand services growth monitoring and promotion for children under 5 years, screening of under-twos, providing continum of care for low birth weight infants including preterm births and referal system for acutely malnourished children Implement high impact nutrition interventions including early breastfeeding and supplementation (vitamin A and deworming prophylaxis) and catch up campaign Support Mobile Health and Nutrition Teams (MHNTs) for the most vulnerable population with limited access to health services to provide essential care services including counseling and treatment
FOOD	Improve food storage and food handling at household level (food hygiene), with a focus on complementary and supplementary foods for young children
WASH	Strengthen linkages for nutrition/WASH education through the school curriculum. Mainstream nutrition/WASH in curriculum reform and development of strategies to support articulation of curriculum content. Improved nutrition, WASH and child protection practices for adolescents, particularly girls through innovative campaigns (Yegna and others) Strengthen/promote an enabling environment for private sectors to produce affordable, sustainable and locally acceptable WASH services and supplies (PPP) for enhanced local access Implement Baby WASH initiatives such as; Baby WASH friendly health facilities, hygienic 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 sessions

OUTCOME 3

IMPROVED IYCF BY IMPROVING BREASTFEEDING PRACTICES AND CHILDREN'S DIETS IN THE FIRST YEARS OF LIFE

SYSTEM	PRIORITY ACTION/SERVICE
HEALTH	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 worforce (pre-service and in-service) on breast feeding and appriopriate complementary feeding to ensure mothers have access to skilled support in intiating breastfeeding and sustaining appropriate feeding practices Ensure nutrition counselling during screening and growth monitoring by Health staffs with context specifc adapted SBCC materials Amend and enforce directive 30 & 33/2016 on BMS code to reflect WHA69.9, then strengthen measures to control marketing of unhealthy foods for children. Link children with growth faltering (GMP and/or screening) to special care services such as distribution of SQ-LNS and LNS in emergencies Roll out training of Comprehensive and Integrated Nutrition Services Delivery Guideline 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 with focus on the 1000 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 health care services, including in community-based services such as linkage and engagement of health and agriculture sectors in awareness raising around appropriate complementary food.
FOOD	Adopt/develop nutrition sensitive agriculture technologies and innovations to improve affordable access to fruits, vegetable and animal source foods for children aged 6-59 months Provide technical suport to smallholder farmers and their organizations to increase diversified food production, reduce post harvest loss and supply to home-grown school feeding (HGSF) programme; and strengthen farmers cooperatives to supply quality and safe food to schools, educate schools on nutrition and food safety. Develop context specific and affordable complementary feeding recipes based on different agro-ecologies and promote them through health extension workers (HEW) and HAD Provision of SBCC services for diversified complementary feeding in different plateforms (market, religious leaders, health and agriculture extension worker) Decentralization of market centers for nutritious foods (fruits, vegetables, animal source food (ASF))
SOCIAL PROTECTION	Support CBI/CVA with appropriate modalities and sytems either multipurpose cash, fresh food voucher, cash for work and digital cash transfer (voucher/cash) for nutrient dense food Support CBI/CVA with appropriate modalities and sytems either multipurpose cash, fresh food voucher, cash for work and digital cash transfer (voucher/cash) for nutrient dense food

OUTCOME 4

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

SYSTEM	PRIORITY ACTION/SERVICE
HEALTH	Empower the mothers; women development army (WDA) leaders to detect and treat acutely wasted children under 2 years old who more at risk of mortality including in refugee camps Strengthen the integration of early detection (like family MUAC and other initiatives) and treatment for wasting as part of routine primary and community health care 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 MAM indicators to regularly monitor and report wasting and wasting-related data including during emergencies to support and inform the implementation of national services for its effective prevention and treatment Roll-out training on the new National Guidelines for the Management of Acute Malnutrition at Federal/Regional/Zonal/District/Community level Generate evidence on mainstreaming integrated management of acute malnutrition (IMAM) into Primary and Community Health Services Support simplify approach for the treatment of acute malnutrition at different stage and evidence generation and adapt national guidelines Integrate WASH message during treatment and follow-up visit Support research and acceptability of new initaitives including the Ready-to-Use Food formulations without milk powder at lower cost to inform evidence generation Develop a mechanism to monitor safety, quality and adherance to standards for nutrition supplies for management of wasting, including end user monitoring Promote enabling enviroment for quality local production of specialized treatment commodities Promote adequate nutritious food solution to avoid relapse after treatment and create evidence on its sustainability and affordability Advocate for domestic funding for specialized nutrition commodities
SOCIAL PROTECTION	Advocate for PSNP contingency budget to support children treated for wasting and support implementation within hotspot woredas I and 2