

(NNC) needs the appropriate executive power with accountability to provide multi-sectoral coordination;

- ❖ FMOH and donors should create mechanisms through the NNC to allocate resources to other sectors in order to increase ownership & incentivize nutrition sensitive programs and outcomes;
- ❖ High level policy champions and senior decision makers such as parliamentarians, ministers and civil society leaders should be engaged in the fight against hunger and malnutrition;

- ❖ Government should allocate budget for nutrition and development partners should also allocate funding to the MDG pool to support the nutrition work of the government that encourages integrated approach in agriculture and health at federal and regional levels;
- ❖ The NNC should have a concrete annual plan approved by an appropriate authority with multi-sectoral coordination mandates; possible options provided in the figure below.

3. At the community level:

- ❖ The MoA and MoH should establish a system for the Development Agents (DAs) and Health and Extension Workers (HEWs) to work together on nutrition and involve home agents and health development armies to assist rural women in household management and consumption of high nutrient products.
- ❖ MoA should promote the use of FTCs and schools gardening programs to transfer agricultural skills of homestead production and consumption of legumes, vegetables, fruits and poultry.
- ❖ The MoA should continue to facilitate and involve women in value addition activities that improve income generation of the households to ensure nutrition security.

4. Research and extension technology:

- ❖ Agricultural Research Systems (EARS) should continue to work on generation and dissemination of bio-fortified food crops or technologies in order to enrich the micronutrient content of the staple foods/ crops, pulses, oil seeds root crops, fruits and vegetables.
- ❖ The EARS should adopt the concept of enhanced nutritional value for food commodities in their research on technology generation and dissemination of results focused on increased density of the dietary supply and utilization.

- ❖ A multi-sectoral approach adopted as a mechanism of coordination across various sectors needs to bring on board all the relevant stakeholders' agriculture, food security, water, sanitation, education and civil societies to deal effectively with the problem of malnutrition.

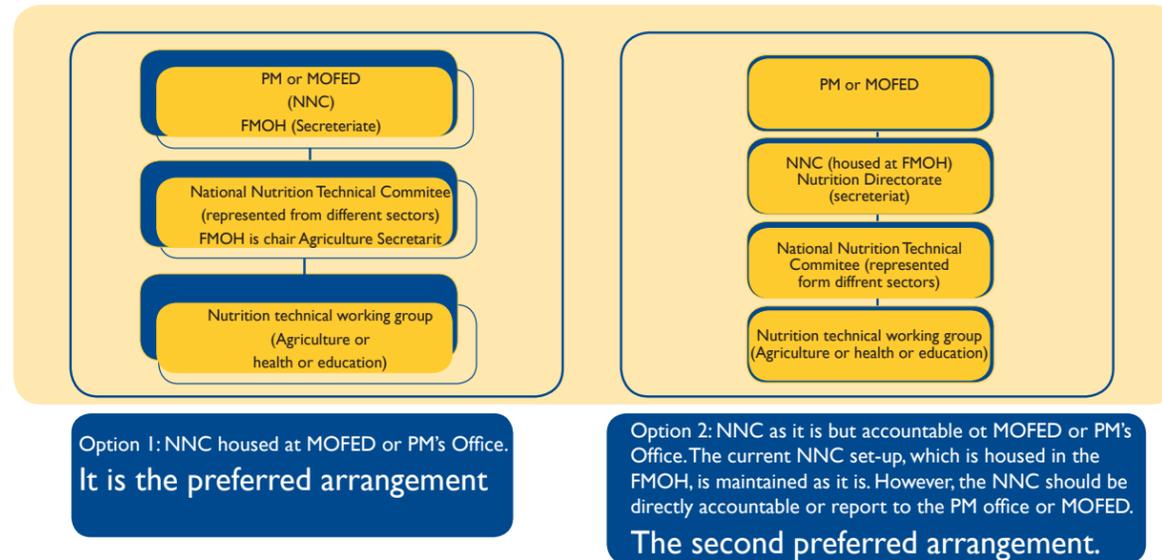
Reference

1. FMOH. Health Sector Development Program IV2010/11 – 2014/15. August 2010.
2. Davidson, F. 2002. 'Nutrition and Health', in "Nutrition a Foundation for Development". ACC/SCN, Geneva, P12.
3. CSA. Ethiopian Health and Demographic Survey, EDHS, 2011.
4. FOA, WFP, IFAD. 2012. The State of Food Insecurity in the World 2012: Economic Growth is necessary but Not Sufficient to Accelerate Reduction of Hunger and Malnutrition. FAO, Rome.
5. J. Bryce et al. Maternal and Child Under-nutrition 4: Effective action at the national level. Lancet 2008.
6. MOARD. 2003. Rural Development Policy, Strategies and Instruments. Ministry of Agriculture and Rural Development, Addis Ababa.
7. MEDAC. 2002 "Food Security Programme" Ministry of Economic Development and Cooperation, Addis Ababa and MOARD. 2009 "Food Security Programme, 2010 – 2014. Addis Ababa.



Ethiopian Academy of Sciences

Integration of Nutrition into Agriculture and Health in Ethiopia Policy Brief, April 2013



2. System strengthening:

- ❖ The MoA should establish a Unit in order to streamline nutrition within the major agricultural programs and the MoH create a nutrition directorate with responsibility of coordinating the relevant sectors.

- ❖ The MoA should overcome the severe constraints with staffing by building the capacity of the agricultural work force through pre-service and in-service training.

Executive Statement

This policy brief is based on the findings of a recent study commissioned by the Ethiopian Academy of Science (EAS), which looked at the status of integration of nutrition into agriculture and health at policy, institutional and programmatic levels in Ethiopia. The report of the study was presented to Fellows of the Academy and stakeholders from the Government and the wider community. The purpose of the policy brief is to summarize key observations arising from the study and provide recommendations to inform discussions among policy makers and major stakeholders to strengthen integration among the sectors. The full report of the study is available.

Background and Significance of the Issue

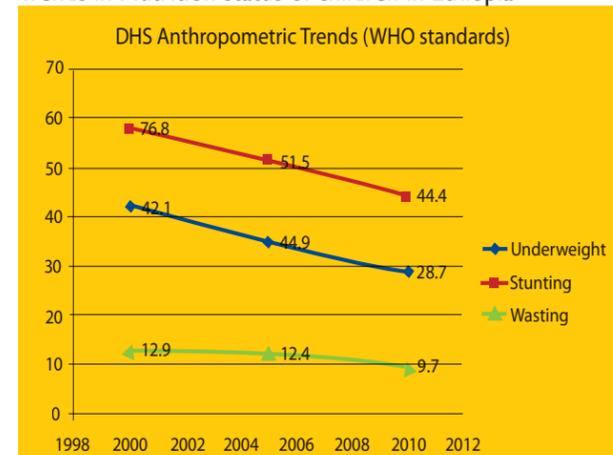
Agriculture, nutrition and health are closely inter-related. Factors influencing nutrition will have impact on health and agriculture, while factors affecting agriculture and health will have implications for nutrition and food security. Improved health status of the population increases the demand for agricultural products, while malnutrition, along with communicable diseases, constituting a major health problem in Ethiopia,¹ reduces work performance in agricultural communities by reducing productivity and income resulting in further deterioration of the health status of the population²

The Government of Ethiopia (GoE) is committed towards agricultural development as demonstrated by

the pro-poor food security public investment of the Sustainable Development and Poverty Reduction Plan (SDPRP) and Plan of Action (2004-2010) for Sustainable Development to Eradicate Poverty (PASDEP) amounting to 12%-17% of its annual budgetary expenditure. This has resulted in agricultural production growth of 8%-10% annually over the last several years. However, synchronization between agriculture, nutrition and health programs and mainstreaming nutrition activities in agriculture, health and other relevant sectors remain inadequate. Thus, the potential in increased agricultural productivity has not been fully exploited to improve nutrition and health and mitigate malnutrition among vulnerable population groups. Indeed, regions with surplus production³ or adequate incomes also have high rates of malnutrition, implying that food security is necessary but not sufficient to address the problem of malnutrition in Ethiopia⁴.

Malnutrition is prevalent, especially among children and women, and accounts in part for the high maternal, infant and child mortality rates. Malnutrition also affects mental development, entails intolerable economic consequences and hampers strides towards meeting the Millennium Development Goals (MDGs).

Trends in Nutrition status of children in Ethiopia



Key Findings

Achievements & Opportunities:

1. High priority accorded to agricultural development and food security
2. Increased political commitment exists for nutrition programs
3. Structure and programs exist at community level to support integration
4. Inhabitants in drought-prone regions are getting self-reliant.
5. EHNRI availing opportunities for research on nutrition and health; and laboratory support
6. A multi-sectoral coordination platform coordinating nutrition need responses

Gaps & Challenges:

1. Nutrition objectives and interventions not articulated in agricultural policy and strategies
2. Roles and responsibilities for various sectors not well defined
3. Capacity to plan and implement nutrition sensitive agricultural interventions need to be strengthened
4. Multi-sectoral approach to effectively deal with the problem of malnutrition. are lacking
5. Agricultural technology generation research strategy lacks nutritional consideration
6. Seed Enterprises not able to meet demands
7. National Nutrition Coordination (NNC) power limited to legitimize nutrition as priority development issue and influence integration into sector policies & programs.
8. Nutrition is not well integrated in M&E plans of both agriculture and health

Key Findings and Lessons

Approach: In August 2012, The EAS commissioned a study, on “Integration of Nutrition into Agriculture and Health sectors” to identify the major institutions that are involved in nutrition interventions, define the main challenges and lessons for integration of nutrition into agriculture and health, suggest options for coordination to effectively tackle the persistent problem of malnutrition in Ethiopia.

Information was gathered through desk reviews of documents on nutrition-related national, regional, global policies, strategies, programs and key informant interviews (MoH, MoA, EHNRI and EIAR). Integration of nutrition into agriculture and health sectors and multi-sectoral coordination of nutrition programs were themes of conversation in the key informant interviews at different levels. Achievements, main challenges and lessons learned were identified through SWOT analysis.

Sectors involved in carrying out nutrition-related activities such as education, water resources, energy, women and youth, and civil society were not included in the study. It was assumed that multi-sectoral approach to be adopted as a mechanism of coordination across various sectors to deal effectively with the problem of malnutrition would bring on board all the relevant stakeholders.

Results and Lessons:

- The Agricultural Development Led Industrialization (ADLI) policy adopted by Ethiopia and its “Rural Development Policy,

Strategy and Instruments” published in 2003⁶ emphasize the importance accorded to agriculture and food security. This is more concretely articulated in the 2003 and 2009 “Food Security Programme” documents⁷ and the series of five – year development plans culminating in the current Growth and Transformation Plan for 2010/11 – 2014/15. However, most agricultural policies, strategies and programs have not clearly articulated nutrition objectives, interventions and targets.

- The National Nutrition Strategy (NNS) and its five years National Nutrition Program (NNP), and the inclusion of nutrition in the Growth and Transformation Plan as well as the scaling up nutrition interventions by MoH over the past 5 years attest to an increased political commitment the GoE towards nutrition. None-the-less, the NNS and NNP do not outline specifically the roles and accountability of the various sectors. As a result, there is lack of full ownership and accountability of the sectors to implement and monitor nutrition sensitive agricultural interventions.
- The Productive Safety Net Programme (PSNP), the Household Asset Building Programme (HABP) the rural Complementary Community Investment (CCI) and the Resettlement Programme have enabled nearly two million inhabitants in various drought-prone regions to graduate from chronic food insecure status

to self-reliance. However, integrated nutrition interventions and targets are not clearly articulated.

- There are opportunities at the community level to integrate agriculture and health with nutrition through government paid frontline workers, i.e. agricultural development agents, health and agricultural extension workers; Farmer Training Centers (FTCs) and schools. Yet, weak promotional work and dissemination of nutritional information to the farming community and capacity and attitudinal factors among agriculture workers and decision - makers hamper integration at the community level.
- The Children’s Nutrition Unit was founded over 50 years ago as an autonomous institution (working closely with the Ethio-Swedish Children’s hospital) to spearhead research on the nutritional status of children and mothers, and of adults. It contributed significantly to a better understanding of the nutritional problems in the country and developed interventions (e.g. Faffa as a weaning food for children). During the Derg era, it was merged with the Ethiopian Health Research Institute (renamed the Ethiopian Nutrition and Health Research Institute). and progressively lost its leadership in nutrition. However, it still has potential to regain its previous role.

- The existence of a multi-sectoral coordination platform, NNC, has created recognition and legitimacy that nutrition needs multi-sectoral response in Ethiopia. It has also opened an opportunity for a policy and programmatic dialogue to link or integrate nutrition into different sectors including agriculture. However, the NNC has limited power to legitimize nutrition as a priority development program and to influence the sectors to integrate nutrition into their policies and programs.
- Nutrition is not well integrated in Monitoring and Evaluation plans of both agriculture and health. This has created caveats in funding, accountability, and documenting achievements in nutrition programs.

Conclusions and Recommendations

1. Policy environment for nutrition:

- ❖ Agricultural policies, strategies, programs, and M&E systems should be revised to conform with nutrition objectives, strategies, and targets set by GoE in NNP and GTP;
- ❖ Global & regional initiatives (e.g. SUN and CAADP) should be exploited to facilitate multi-sectoral coordination & integration of nutrition in agriculture and poverty reduction policies & programs;
- ❖ The National Nutrition Coordination body