

Improving Nutrition through Agriculture in Ethiopia



An AgriDiet Policy Analysis

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Malnutrition contributes to an estimated 270,000 deaths of under-five children each year in Ethiopia. Levels of chronic malnutrition (stunting) are some of the highest in the world at 44 percent. Stunting in the first two years of life leads to irreversible damage, including reduced brain and intellectual development, increased susceptibility to infectious and non-infectious diseases and death. The human and economic costs are enormous, falling hardest on the very poor and on women and children.

Agriculture has been highlighted as an area with great potential to improve nutrition and there have been many studies researching the linkages between the two sectors and the pathways through which agriculture may improve nutritional outcomes. Malnutrition has long been recognised as a key public health challenge facing Ethiopia but while there is growing recognition of nutrition as a multidimensional issue, policies to date have tended to address specific sectors such as health, agriculture, education, food security or poverty reduction, with only a limited degree of integration across sectors.

A malnourished child is 10 times more likely to die from preventable diseases than a healthy child and Ethiopia has some of the highest levels of chronic malnutrition in the world

This paper assesses the extent to which agricultural and related policies in Ethiopia address nutritional goals, and makes recommendations for further policy development at the agriculture-nutrition interface.

Overconsumption of Injera and underconsumption of meat, eggs, milk, vegetables, beans and fruits contributes to under nutrition.

Nutrition in Ethiopia

Ethiopia is a predominantly rural society and agriculture is the main source of livelihood. Growth in the agriculture sector has contributed to an improvement in food security over the past 15 years. All major categories of crops – cereals, pulses and oilseeds – have seen a steady increase in production and Ethiopia has the tenth largest number of livestock in the world, including an estimated 52 million cattle. Despite this, consumption of animal foods (meat, milk, eggs) and fruits and vegetables – all essential for a nutritious diet- is very low, with

the main diet consisting of cereals, potatoes and tubers.

Malnutrition, while declining, remains a major challenge. In addition to the high rates of stunting, acute malnutrition (wasting) affects a further 10 percent of children, with rates in rural parts double those of urban areas. Micronutrient deficiencies (a lack of essential vitamins and minerals) are a major contributor to childhood death and disease, particularly deficiencies in iron, iodine and vitamin A.

How do current policies address nutrition?

Recent policy in Ethiopia has been shaped by the government of Ethiopia's Agriculture Development Led Industrialization strategy, which has been implemented in terms of a number of key growth and poverty alleviation programmes, namely the Sustainable Development and Poverty Reduction Program, the Plan for Accelerated and Sustained Development to End Poverty and the Growth and Transformation Plan. When considering agriculture-nutrition linkages, the most relevant policy initiatives are in the areas of agriculture, food security, health and nutrition. The Agriculture Sector Policy and Investment Framework promotes broad-based development and increased productivity within the agricultural sector, especially amongst the smallholder sub-sector. It aims to transform farmers

from purely subsistence to semi-commercial status, and to adopt more sustainable natural resource management practices. The strategy does not, however, specifically address nutrition or the production of micronutrient-rich food.

Building on previous poverty reduction strategies, the 2010-15 Growth and Transformation Plan aims to double agricultural production and achieve general economic growth of 15 percent per annum. Opportunities for commercial agriculture have been created by allocating over 3.2 million hectares of land to commercial investors and introducing advanced farming technology such as high value crops, modern irrigation techniques, improved seeds, increased fertilizer use, and strategies to produce multiple harvests per year.

The Food Security Programme has been designed to address the underlying sources of food insecurity in the country. The Programme consists of the Productive Safety Net Programme (PSNP), Household Asset Building Programme, the Voluntary Resettlement Programme and the Complementary Community Investment Programme.

These programmes address the needs of food-insecure households by a number of direct and indirect means, including provision of agricultural land, paid employment on public-works schemes, direct support (in cash and kind) to labour-poor households, provision of capital-intensive community infrastructure, and access to credit. The impact of the Food Security Programme, and especially the PSNP, has led to significant improvements in the food security status of participating households and a fall in the number of people in need of food assistance, albeit with some regional variations.

Health policy rests on a number of key pillars, including the Health Sector Development Programme (HSDP), begun in 1997, a comprehensive HIV/AIDS policy launched in 1998, and the National Health Extension Programme, launched in 2003. Particular emphasis is given to preventative measures and increased access to health services at the primary level. While tackling malnutrition is an explicit aim of health policy, specific actions on nutrition are spread across multiple areas of activity and only partially integrated. For example, nutrition is just one of 17 components of the Health Extension Package; and while the HSDP explicitly aims to reduce malnutrition, there is no discussion in the policy of the importance of micronutrients.

The Government of Ethiopia launched its National Nutrition Strategy (NNS) in 2008, with the goal of ensuring that all Ethiopians are able to achieve an adequate nutritional status in a sustainable manner. A specific objective of the NNS is to improve coordination of nutrition-related activities implemented by other government ministries and relevant partner organizations, and to create links across sectors.

The most comprehensive action on nutrition comes from the Federal Ministry of Health, which launched the National Nutrition Programme under the NNS in 2008, with the goal of reducing the incidence of malnutrition in the country, particularly amongst women and children, with a target to reduce stunting in children under age five from 44 percent (in 2010) to 30 percent by 2015. The NNP was revised in 2013 to take into account the multisectoral and multidimensional nature of nutrition and to include initiatives that emerged since the NNP was devised, such as the Accelerated Stunting Reduction Initiative, National Food Fortification Programme, and multisectoral linkages among key NNP implementing sectors.

Under the new NNP strategy, agricultural departments are given the additional mandate of incorporating nutrition within agricultural policies and plans, and increasing the quality of food produced: for example by increasing the diversity of diets at household level, by improving access to and utilization of animal source foods such as dairy, poultry, meat and eggs, and by increasing the production and consumption of fish. In practice however, implementation of the 2008 and the 2013 NNS seems to have been done almost entirely by the Ministry of Health, despite the aspiration to cross-sectoral co-ordination and greater commitment to cross-sectoral and multi-sectoral

Box 1. Guiding principles for agricultural policymakers and programme managers to achieve greater nutrition impact

1. Incorporate explicit nutrition objectives and indicators into their design, and track and mitigate potential harms
 2. Assess the context
 3. Target the vulnerable and improve equity
 4. Empower women
 5. Maintain or improve the natural resource base
 6. Facilitate production diversification, and increase production of nutritious foods
 7. Improve processing, storage and preservation
 8. Expand markets and market access for vulnerable groups, particularly for marketing nutrient-rich foods
 9. Incorporate nutrition promotion and education
 10. Collaborate and coordinate with other sectors
- (Source: Herforth, 2012)

approaches.

A number of other nutrition-relevant programmes are currently underway, including the following:

- The Enhanced Outreach Strategy/Targeted Supplementary Feeding, established in 2004, is the first national programme in Ethiopia to link community-based preventive health services with a ration of supplementary food for women and children who are identified as malnourished. It is intended to deliver a combination of key child and maternal health interventions including vitamin A supplementation, measles vaccination, provision of insecticide-treated bed nets, de-worming of children, and screening of pregnant women, women with infants under six months of age and children under five years of age.
- The Community Based Nutrition Programme (CBN) is a preventative nutrition programme implemented by the Health Extension Workers, with funding from UNICEF and the World Bank; it is being scaled up at the district level, with the goal of achieving complete rural district coverage.
- Supporting CBN is the Integrated Family Health Programme (IFHP), a \$50 million, USAID-funded, five-year (2009-2013) project to improve maternal and child health across 300 districts. Nutrition related activities include promoting maternal and child nutrition using the Essential Nutrition Action approach of behaviour change communication around seven key evidence-based nutrition interventions.
- Alive and Thrive (A&T) is a \$70 million, Gates Foundation-funded, five-year (2009-2013) initiative to improve infant and young child feeding practices by increasing rates of exclusive breastfeeding and improving complementary feeding practices in Ethiopia, Bangladesh, and Vietnam. Working with IFHP, A&T is utilizing the existing health extension programme as the main platform for delivering its community-based interventions, making use of frontline health workers and volunteers.
- In 2010, Ethiopia joined the Scaling Up Nutrition (SUN) movement, committing to four key processes; bring people together, put policies in place, implement & align programs and mobilize resources. A Government focal point was appointed, responsible for tracking progress towards these four processes.
- The National Nutrition Coordination Body (NNCB) convenes nine Ministers from relevant sectors. It includes country representatives from UN agencies, bilateral donors and research organisations, as well as a National Nutrition Technical Committee (NNTC). The Emergency Nutrition Coordination Unit (Ministry of Agriculture) convenes partners delivering emergency nutrition interventions.

Conclusion

Faced with pressing challenges of poverty, malnutrition and food security, Ethiopia has developed and implemented a range of nutrition related policies across the agriculture and health sectors, with varying degrees of integration. The Federal Ministry of Health is the designated coordinating ministry, but coordination between the agriculture and health ministries remains limited, and it can be concluded that nutrition has yet to be successfully mainstreamed across sectors.

The agriculture and rural development strategy has focused largely on agricultural productivity and general food availability, rather than on specific micronutrient-rich crops or food types. This suggests that the link between agriculture and nutrition remains weak in Ethiopian policies.

To address the huge nutrition burden, a multisectoral approach is essential, with full engagement and co-ordination between the key implementing agencies. Household food security, nutrition and health actions independently implemented and uncoordinated will not be sufficient to reduce malnutrition. Experience elsewhere shows that these programmes must be accompanied by specific nutrition actions targeting vulnerable groups such as children under two, pregnant and lactating mothers, individuals affected by HIV/AIDS, and those facing extreme food security risk. Hence there is a pressing need to strengthen linkages among the various programmes affecting nutrition and food security. Specific recommendations in this area are set out below.

Recommendations

- The Agriculture Sector Policy and Investment Framework should specifically promote the production of micronutrient-rich crops and animal products, among both small-scale and commercial farmers.
- The Federal Ministry of Agriculture should have a greater role in the implementation of a fully coordinated National Nutrition Strategy.
- The agricultural and health extension services should provide coordinated nutrition education to encourage both production and consumption of a greater diversity of micronutrient-rich foods.
- While an expanded food market has a role in the distribution of micronutrient-rich foods, care should be taken that poor people have sufficient access to micronutrient-rich foods, through more efficient production and distribution, and assisting poor people to grow such foods themselves.
- Further research is necessary to identify ways to link agriculture and nutrition, and to support concrete evidence-based interventions that will have a positive impact on nutritional status, especially with regard to micronutrients.

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