



Economic Development in Ethiopia

Ethiopia has one of the world's fastest growing economies

During the past four-year implementation period of the GTP Ethiopian economy has shown a 10.1 per cent growth on average

Despite the economic growth, under-nutrition remains one of the main public health problems in Ethiopia.

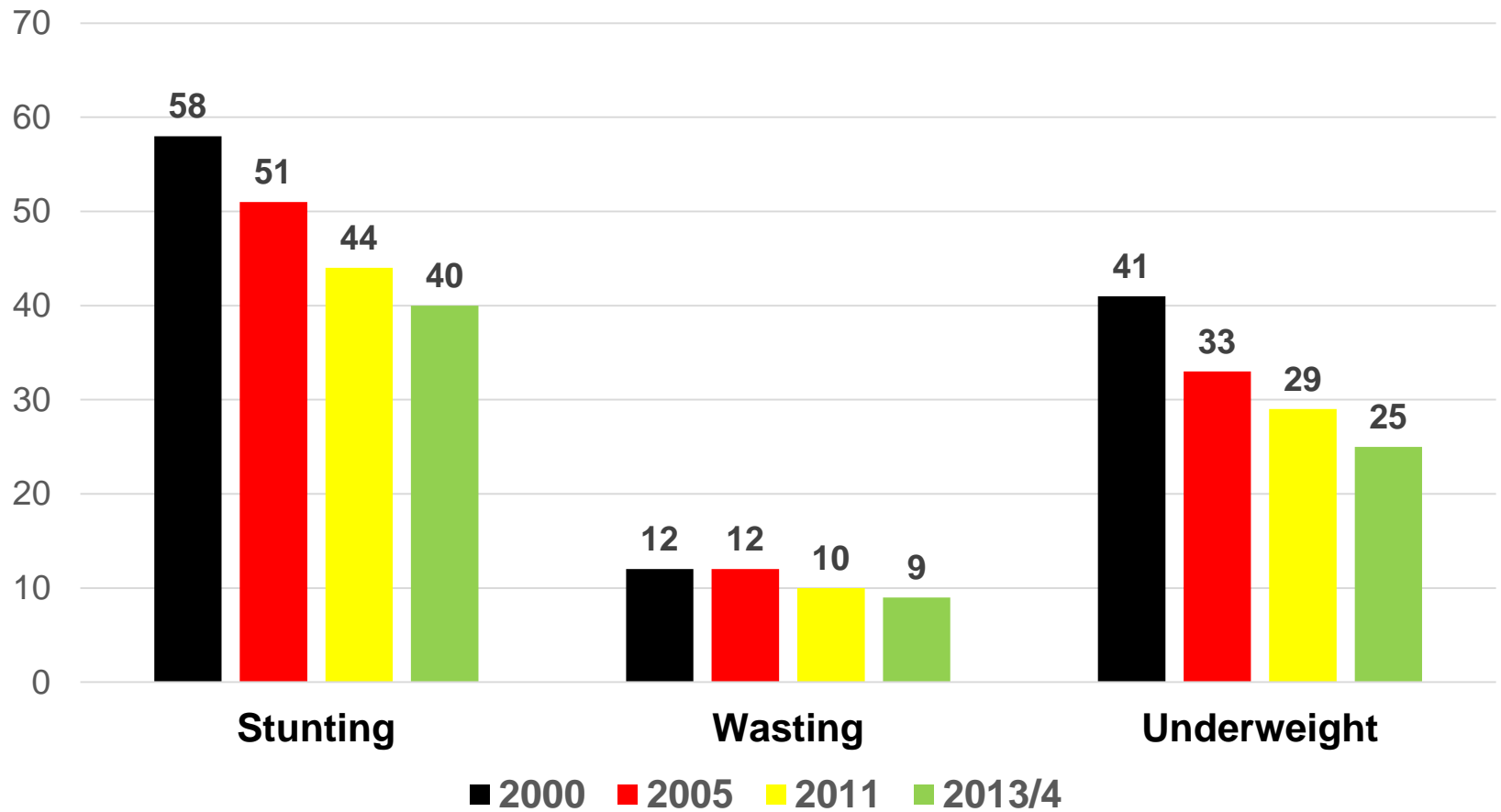


The Problem of Under-nutrition ...

- Major causes of malnutrition in Ethiopia are preventable. These are:
 - Poor maternal nutrition,
 - Poor infant and young child feeding,
 - Childhood illness,
 - Poor WASH practices
 - Inadequate health care practices and
 - Limited availability and access to diversified foods
- In addition, care givers illiteracy and inadequate maternal economic access and control are the basic causes



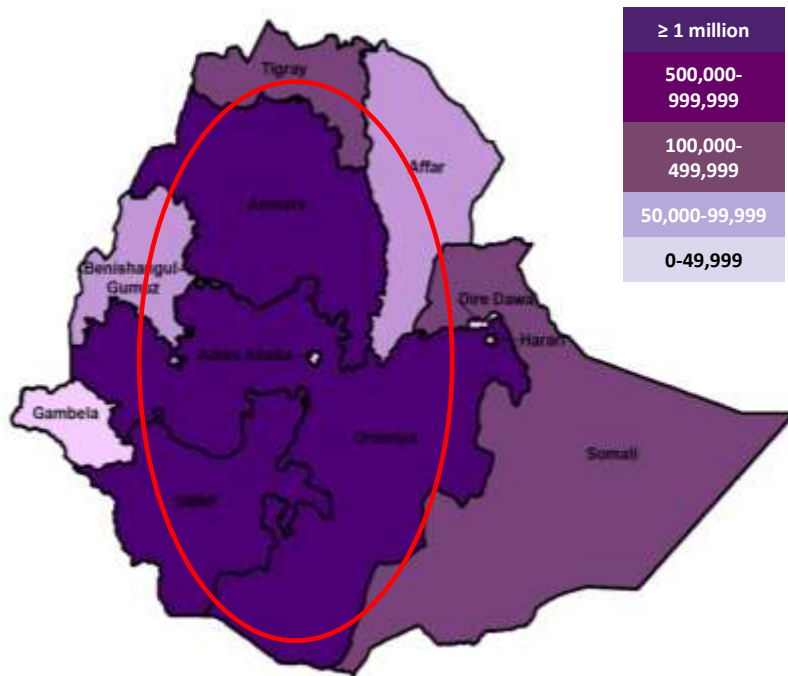
Trends in Nutritional Status of Children under 5 in Ethiopia, 2000 - 2014





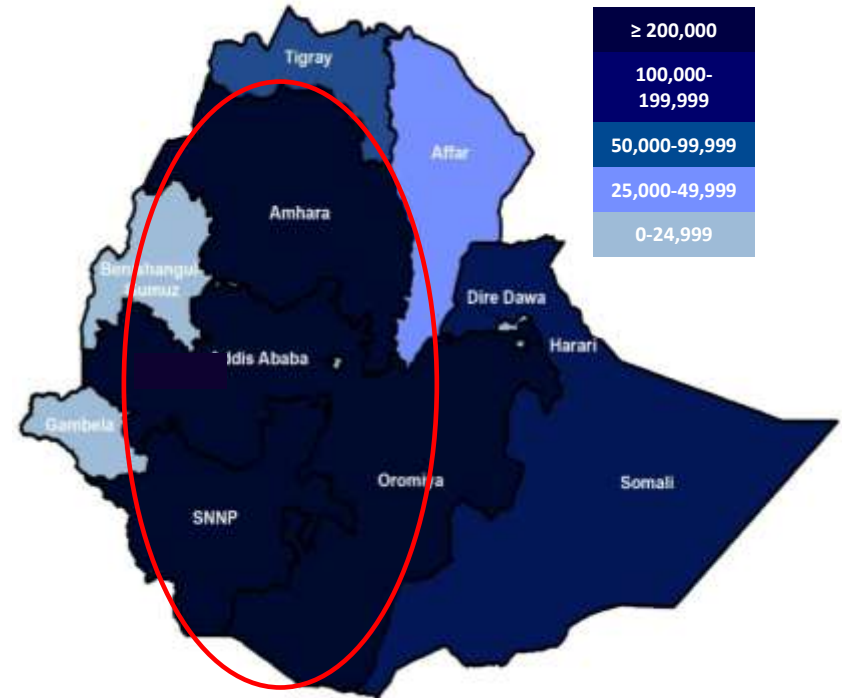
In 2011, largest numbers of children with chronic (stunting) and acute (wasting) malnutrition found in the same four regions

Stunted children <5 in 2011



4.6 million children

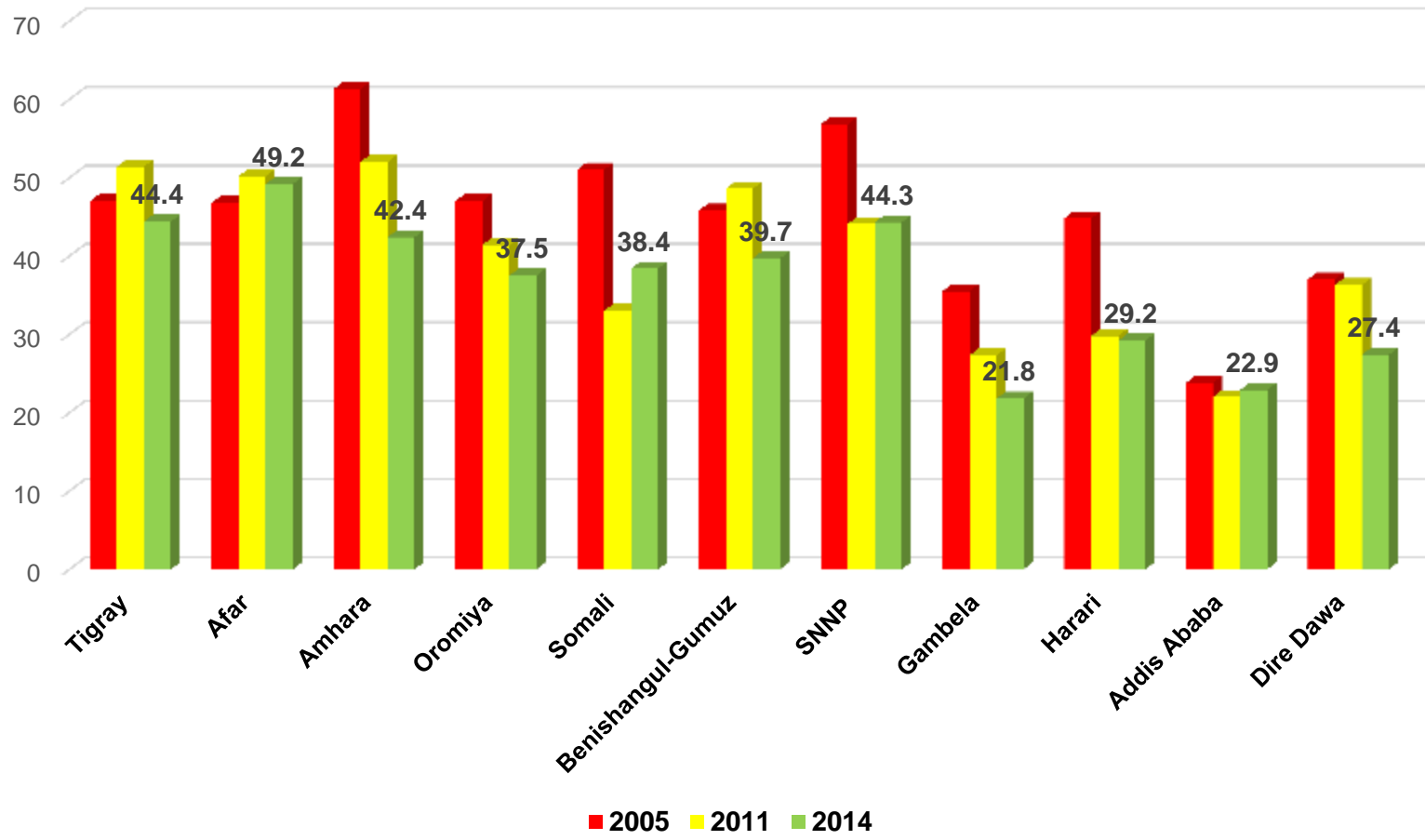
Wasted children <5



950,000 children



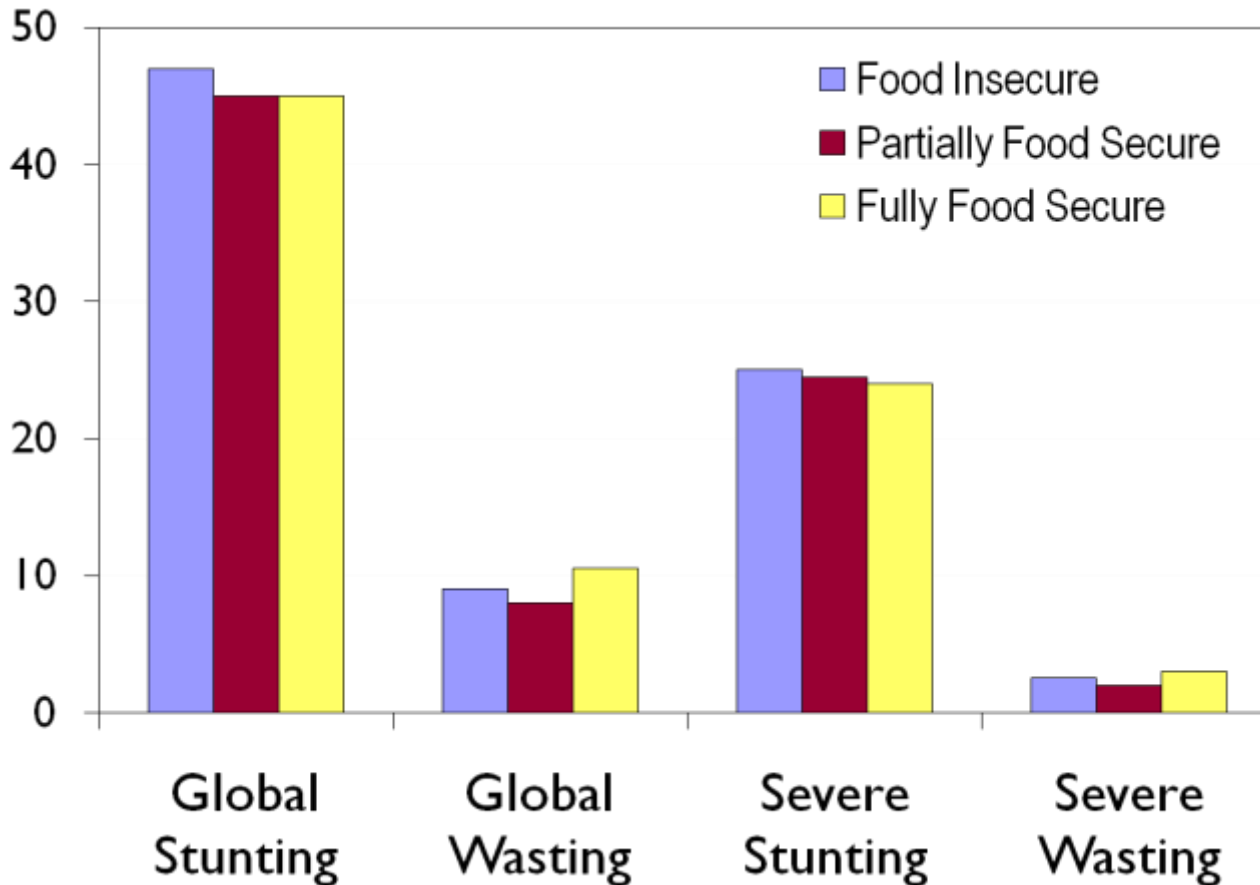
Under-nutrition in Ethiopia (EDHS 2011)





Under-nutrition in Ethiopia cont...

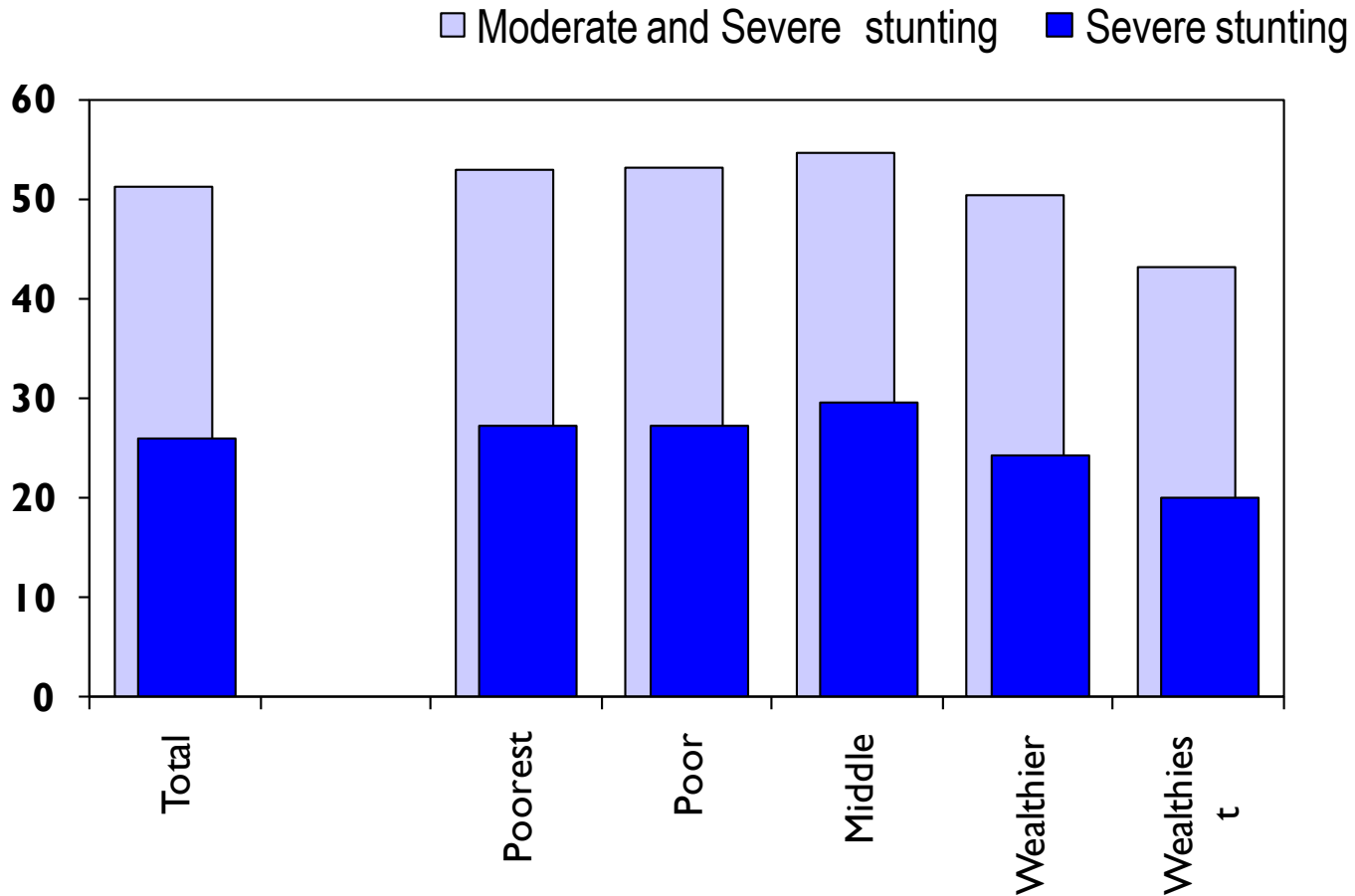
Malnutrition by Degree of Food Insecurity






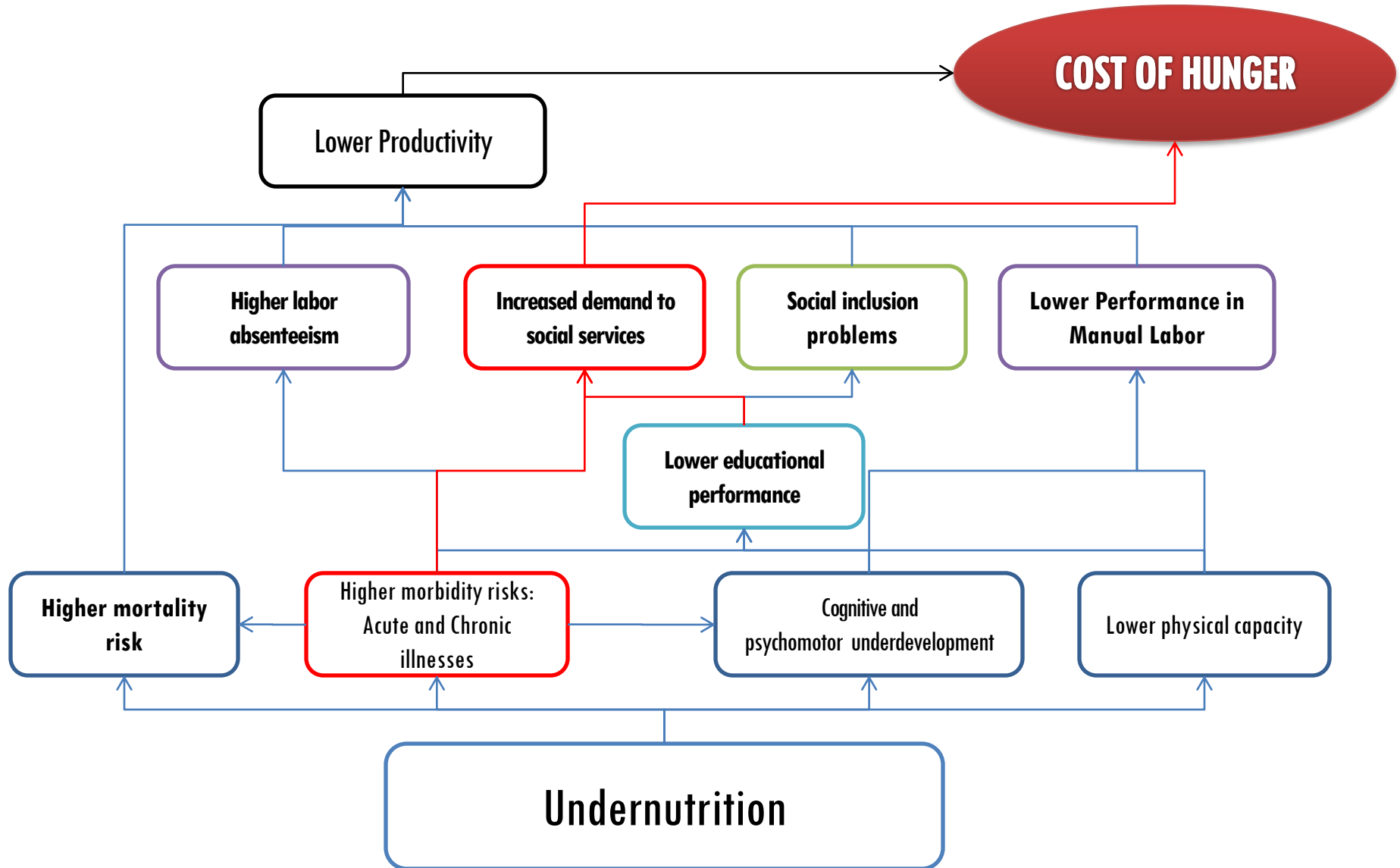
Under-nutrition in Ethiopia cont...

Prevalence of Stunting by Economic Status





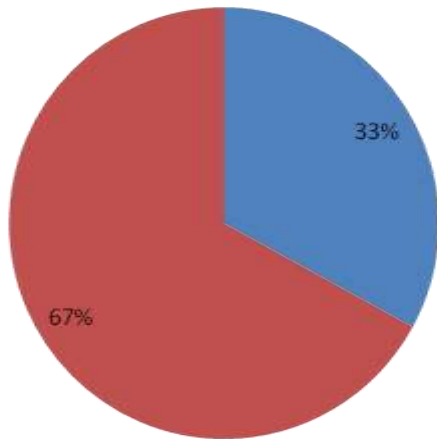
The effect of child under nutrition to the individuals and to the public.





Effect of under-nutrition on productivity

Adult population suffered from stunting as children (67%)



- Studies indicate that when a child is stunted, this will impact them when they enter the labour force.
- On the whole, stunted workers are less productive than non-stunted workers, and are less able to contribute to the national economy.



Total costs of Child under-nutrition to Ethiopia

	Episodes	Cost in ETB	Percentage of GDP
Health Costs			
LBW and Underweight	3,139,682	1,256	
Increased Morbidity	1,270,996	566	
Total for Health	4,410,678	1,822	0.54%
Education Cost			
Increased Repetition - Primary	152,488	93	
Increased Repetition - Secondary	-----	-----	
Total for Education	152,488	93	0.03%
Productivity Costs			
Lower Productivity - Non-Manual Activities	1,938,632	625	
Lower Productivity - Manual Activities	24,273,274	12,857	
Lower Productivity - Mortality	3,230,218	40,070	
Total for Productivity	29,442,124	53,552	15.97%
TOTAL COSTS FOR ETHIOPIA in 2009		55,468	16.54%

**ETB 55.5 Billion/
USD 4.7 B**



ESTIMATED SAVINGS FOR EACH SCENARIO, 2009

Scenarios	Baseline: The Cost of Inaction by 2025	Scenario #1: Halving the Prevalence of Child Under-nutrition by 2025	Scenario #2. The 'Goal' Scenario: "10 and 5 by 2025"
Description	Stunting = 46.4% Underweight = 31%	Stunting = 23.2% Underweight = 15.5%	Stunting = 10% Underweight = 5%.
Implications	No increase or decrease but total number of stunted children and burden increases	Reduce stunting of <u>1.5%</u> points annually is required	Reduction of <u>2.3%</u> points annually is required
Estimated Change in period	Total cost increase of up to 39% for 2025 compared to the values in 2009	Accumulated savings of 70.9 billion ETB for the period from 2009 to 2025	Accumulated savings of 148 billion ETB for the period from 2009 to 2025
Annual Average Savings	None	4.4 billion ETB (USD 376 million)	9.2 billion ETB (USD 784 million)



Decisive Government commitment and leadership





System Strengthening

Improving access to Primary Health Care

Health Extension Program

- 38,000 Health extension workers; Government salaried
- Throughout the country – 2 per village
- Provision of promotive, preventative & basic curative services

Improving access to Agriculture (services, technology)

- 60,000 Agriculture extension workers (3 per village)
- Technologies (fertilizers, improved seeds, etc)

Improved access to Education

- Primary Schools: from a thousand to over 32,000
- Enrolment (primary) increased from 36% to 83% last 5 years (23-80%)



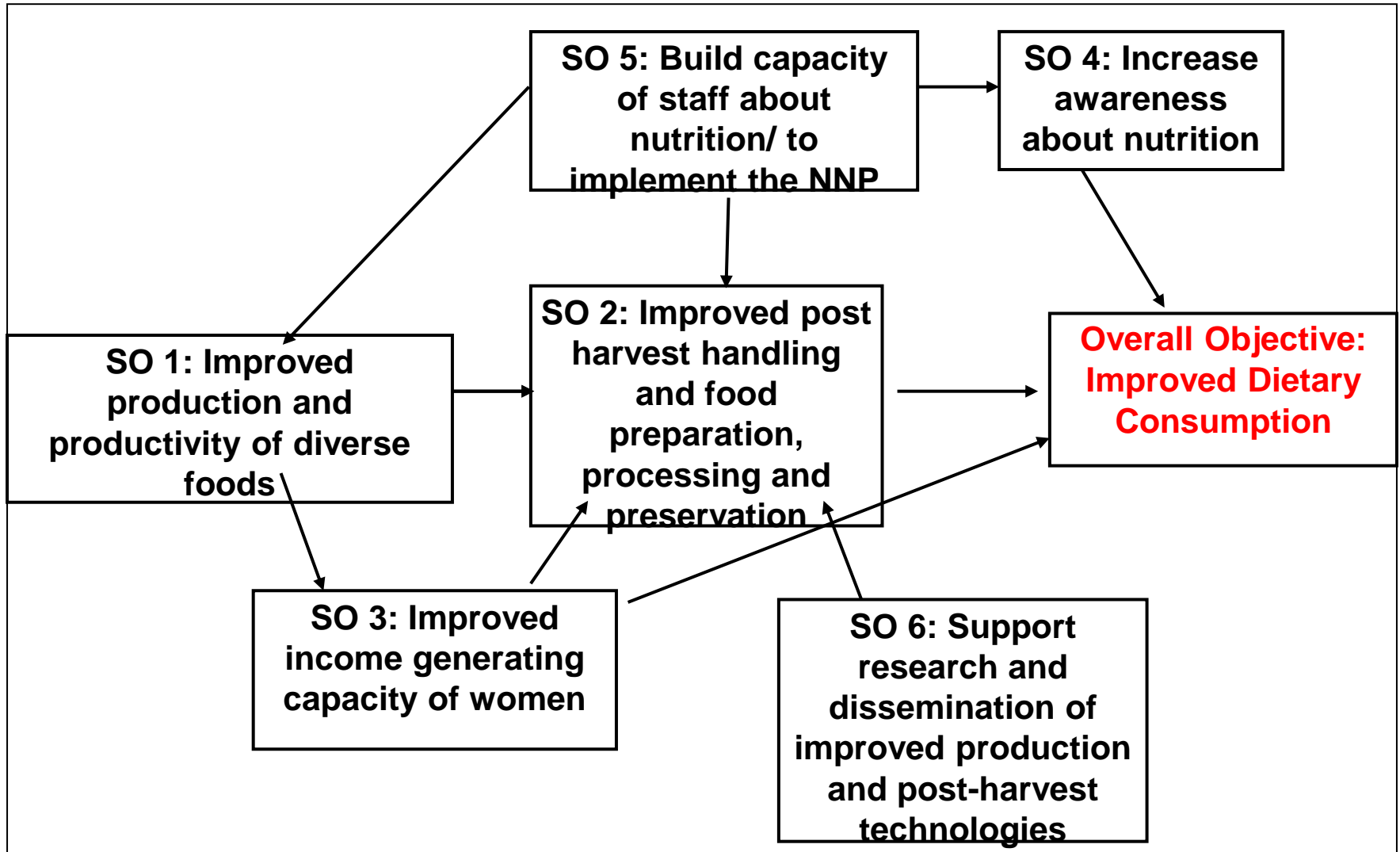
Policies

- Agriculture:
 - DRM: Control of the impact of emergencies (droughts, etc.) on children and women [CMAM sites hundreds to 14,000]
 - Agriculture Growth Program;
 - Productive safety net program,
 - Livestock
- Education: School Health and Nutrition Strategy
 - school feeding program, de-worming and nutrition education
- Industry:
 - food fortification; private sector engagement
- MoLSA: Social Protection policy

Dedicated nutrition unit/ focal person in the above sector offices



Overall and Specific Objectives for Mainstreaming Nutrition in AGP 2



What the PIM anticipates.....

1. Nutrition sensitive interventions under all components
2. Nutrition sensitive interventions for PW clients and temporary direct support
3. Permanent direct support

Nutrition sensitive interventions planned under PSNP 4 (cont)

PSNP 4 aims to improve caring and health seeking behavior through :

- **Participation in monthly community nutrition BCC** as a substitute to public works -for male and female PW clients
- **Early transition of pregnant women (PLW)** from public work to direct support , based on referral from the health sector (or proof of first ANC visit)
- **Introduction of co-responsibilities or soft conditionality** for PLW and caretakers of malnourished children - They will take up some core elements of the HEP in return for being exempt from public works

Accountability: the design & results framework includes provisions for monitoring & evaluation nutrition sensitive interventions:

- PSNP's results framework provides a clear indication of PSNP's nutrition related objectives and respective indicators (see annex)
- Creation of a PSNP Nutrition Task force and recruitment of Social Development specialists at woreda level

Seqota Declaration

***'A commitment to end child under-nutrition in
Ethiopia by 2030'***

Zero stunting in children less than 2 years

100% access to adequate food all year round

Transform smallholder productivity and income

Zero loss of food

Sustainable food systems

Water, Sanitation and Hygiene

Education

Social protection

Implementation

Innovation Phase - Learning by doing [2016 – 2018]

Expansion – to reach more vulnerable communities [2019 – 2020]

National Scale up [2020 – 2030]



Main Challenges being addressed

- Equity and quality
- Limited (local) evidence in nutrition – sensitive sectors; slow engagement
- Information systems – accountability across sectors and administrative levels
- Resources
 - Capacity to act at scale
 - Tools: to guide professionals
- Emergence of overweight/ obesity