Integrated and Comprehensive Nutrition Services Package in the Pastoral and Agro-Pastoral Communities of Ethiopia

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MINISTRY OF HEALTH - ETHIOPIA
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Federal Ministry of Health, Ethiopia

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Acknowledgment

This is a summary of the comprehensive and integrated nutrition services guidelines developed to guide nutrition program managers and frontline workers in delivering quality and equitable nutrition services for pastoral and agro-pastoral communities in Ethiopia. This summary guideline will address both nutrition-specific and nutrition-sensitive interventions major indicators as a quick reference to deliver comprehensive and integrated nutrition services to the pastoral community.

The users for this summary guideline will be program managers and nutrition service providers including nutritionists, food science experts, health professionals, agricultural workers, vets and program managers working at national, regional, zonal, and woreda levels, frontline workers (HWS/HEWS, DAs, social workers, teachers) working at HFs, FTCs, schools and others who are working in nutrition at pastoralist areas.

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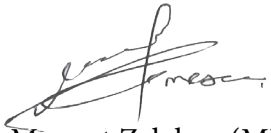

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Integrated and Comprehensive Nutrition Services Packages in the Pastoral Communities of Ethiopia

Background

Ethiopia has experienced modest improvements in the nutritional status of children. Reports indicated that the burden of stunting has reduced from 58% in 2000 to 37% in 2019, an average decline of about 1 percentage point per year. The prevalence of underweight has consistently decreased from 41% in 2000 to 21% in 2019 over the 20-year period [1, 2]. Despite the progress, the burden of malnutrition has remained a formidable challenge in the country. The prevalence of wasting, for instance, changed relatively little over the same time period between 2000 (12%) and 2019 (7%) [1, 2]. Overall, the drop in percentage prevalence of stunting, underweight and wasting has not been rapid to meet the international and national nutrition targets. Child malnutrition has continued to impact the Ethiopian economy. According to reports from the "Cost of Hunger in Africa", child malnutrition costs Ethiopia 16.5% of its GDP (about 56 billion ETB) each year [3]. It is also associated with adverse functional consequences including morbidity, mortality, poor cognition, low educational performance, low adult wages, and poor reproductive outcomes [3].

Malnutrition is an outcome of interrelated, complex, basic, underlying and immediate causes. [4]. Pocket studies in pastoralist areas in Ethiopia revealed that child and maternal malnutrition which includes both macronutrient and micronutrient deficiencies remains a significant public health problem for communities in those regions. Recent EDHS data show that pastoral communities in Ethiopia experience not only the highest child micronutrient deficiencies such as anemia, but also the highest prevalence of wasting (acute malnutrition). [2]. The prevalence of anemia in children in Afar, Somali, Oromia and SNNPR regions were 74.8%, 82.9%, 65.5% and 50 % respectively, compared to the 56.9% national average [8]. Moreover, for Afar, Somali, Oromia and SNNPR respectively [2]. Similarly, some 44.7%, 59.5%, 27.3% and 22.5% of women in Afar, Somali, Oromia and SNNPR regions respectively were anemic, and the number of days women took iron and folic acid 90 plus tablets during pregnancy of last birth were 5.1%, 2.3%, 2.8% and 4.2 % in the same order, compared to the 23.6% national average, and [8]. According to the 2016 EDHS, 17.7%, 22.7%, 10.6 and 6% of under five children in Afar, Somali, Oromia and SNNPR regions respectively were wasted [2]. Preventing and managing acute malnutrition in the pastoral communities of Ethiopia is likely to have a very significant impact on child health as it in turn prevents the development of severe acute malnutrition, reduces morbidity and mortality and improves mental and physical development.

The period during pregnancy and a child's first two years of life, also referred to as the first 1000 days of life, is considered a critical window of opportunity for prevention of growth faltering in children. In the pastoral communities of Ethiopia, infant and young child feeding (IYCF) practices are sub-optimal.

Although breastfeeding is a common practice in the these areas, the provision of pre-lacteal feeds and mixed feeding is the norm as opposed to exclusive breastfeeding. The percentage of newborns who received pre-lacteal feeds was 40.7% in Afar, 38.8% in Somali, 4.1% in Oromia and 7.2 % in SNNP regions compared to the 7.9% national average [8]. Despite the evidence that the promotion, support and protection of breastfeeding is effective in preventing death from diarrhea, pneumonia and neonatal sepsis, the lowest prevalence of exclusive breastfeeding (EBF) among children under six months is observed in these communities in Ethiopia [2]. Some 42%, 78.2%, 76.7% and 77.1% of mothers in Afar, Somali, Oromia and SNNPR regions respectively started breastfeeding within 1 hour of birth. compared to the national average of 73.3% [8]. Moreover, the median duration of any breastfeeding was 19.8 months for Afar, 14.3 months for Somali, 22.7 months for Oromia and 26.8 months for SNNP regions compared to the 24.5 months national average [8]. Similarly, the median duration of exclusive breastfeeding was 2.7 months compared to 4.5 months of the national average [8]. These practices have put children in the pastoral communities at a disadvantage limiting their benefits from breastfeeding that prevents 13% of all under five deaths in countries with high under five mortality rates. Breastfeeding far outweighs the number of deaths that can be prevented from any other single preventive intervention [5].

In the Pastoralist areas of Ethiopia:

- The nutritional indicators are very low or far worse than in other communities.
- Communities pursue transhumant form of pastoralism that involves seasonal migration in search of pasture and water.
- Communities are strictly patriarchal, and women have a limited role in decision-making at both family and community levels.
- Women's movement is in general very restricted, and their husbands allow them to move only within the woreda they settled in to seek pasture and water for small livestock. This affects women's participation in community programs and their access to nutrition, health and education services.
- Livestock breeding is the main economic activity where milk is an important component of household diet.

- **The reasons behind optimal IYCF practices:**
  - Lack of proper information about breastfeeding and complementary foods among women;
  - Belief that colostrum is bad to the newborn;
  - The cultural norm that supports the provision of pre-lacteal foods to 'clean the intestine';
  - The general belief that formula is better than breast milk;
  - Mothers' lack of confidence in their ability to produce milk right after birth or their perceived inability to produce enough milk;
  - Inappropriate choices in the selection of complementary foods .
  - Preparations of cereal based complementary foods that are low in energy, protein and micronutrient density as a typical diet for young children, and infrequent use of animal source foods (except dairy for livestock holding households), vegetables and fruits;. Low feeding frequency because infants and young children are fed according to the scheduled family undermining children's special needs except in Borana of the Oromia region where children are prioritized for better feeding; and
  - Heavy workload of mothers who often go back to work immediately after birth and cannot breastfeed at scheduled times, and hence tend to try and habituate their children to complementary foods before six months of age .

Mothers from the pastoral communities of Ethiopia:

- Have poor knowledge, are affected by cultural beliefs, heavy workloads which all impact on their access to maternal & child health and nutrition services.
- Practice expression of breast milk rarely mainly due to cultural norms.
- Experience maternal health issues such as feeling weak and tired, pain after delivery, caesarean delivery, inverted/sore nipples, or lack of sleep as they tend to their children waking at night, all being the barriers to breast feeding [6, 7].
- Are usually provided with a relatively good diet in the first week after delivery but return to the family diet after two or more weeks.
- Produce insufficient quantity and quality of breast milk due to food insecurity and fall short of meeting their infants' demand.
- Hardly get support from husbands and other family members in feeding and caring for their children. Only grandmothers are known to support them and their infants in the first few months post-delivery and to have influence on the mothers' decisions regarding BF and child feeding practices.

- Are not exempted from heavy workloads during the periods of pregnancy and lactation.
- Have little control of economic resources, which is also a barrier to optimal IYCF practices.
- Have little access to animal source foods (except milk), vegetables and fruits to children because they is considered too expensive for women to purchase them.

The alarming situation of child and maternal malnutrition in the pastoral and agro-pastoral communities demands an integrated approach that addresses the needs of the malnourished and requires treatment as well as preventive care of a much larger number of those with moderate malnutrition and normal nutritional status to avoid further deterioration.. Unfortunately, the approach followed so far has been informed by biomedical rather than public health perspectives where malnutrition is often treated as a medical emergency without considering its broader social determinants of child malnutrition in the pastoralist and agro-pastoral communities of Ethiopia. Moreover, the shift from campaign based provision of nutrition services such as vitamin A supplementation, deworming and nutrition screening to routine delivery of services has dropped the coverage of services in the pastoralist communities leaving children in need unprotected from the devastating effects of micronutrient deficiency such as vitamin A. Considering the harsh weather conditions in the pastoral areas, mobility of the pastoralist communities and their limited access to health facilities, VAS services are not always reaching the most vulnerable children. Similarly, the implementation of GMP is compromised in these l areas. The GMP process includes measuring and interpreting growth adequacy, analysis of the reasons for adequate or inadequate

growth, and counseling; which correspond to the triple-A approach (Assessment, Analysis, Action). However, care providers in pastoral areas are not actively engaged to address problems associated with a child's growth. Thus, the objective of the development of the integrated nutrition services guidelines for the pastoralist and agro-pastoralist regions in Ethiopia (PCINS) aims to facilitate a coordinated, inter-sectoral approach to solving the current nutrition problems in the pastoralist and agro-pastoralist communities in Ethiopia..

Nutrition Specific and Nutrition Sensitive Intervention Packages

The package incorporates updates on policies/strategies/programs that have been revised recently. These include the Food and Nutrition Policy, Food and Nutrition Strategy, the National Nutrition Program II, the Acute Malnutrition Management Guidelines, the Maternal, Adolescent, Infant and Young Child Nutrition Guideline, the Micronutrient Prevention and Control Guideline, the Nutrition Sensitive Agriculture Strategies and one WASH Program. The target-based nutrition specific and sector-based nutrition sensitive intervention packages are presented as follows (Table 1).

Table 1: Summary of the target-based nutrition specific and sensitive nutrition Intervention Packages

NUTRITION SPECIFIC INTERVENTIONS
INFANTS 0 – 6 MONTHS
Interventions immediately after birth
♦ Dry and warm the baby just after birth
♦ Rapid assessment at birth for any abnormality which affects breastfeeding
♦ Delayed cord clamping as per the standards
♦ Skin to skin contact with the mother
♦ Keep the newborn warm
♦ Delay bathing for at least 24 hrs. (WHO)
♦ Birth weight measurement
♦ Immunization (BCG and OPV)
♦ Early initiation of breastfeeding within 1 hours
♦ Feed colostrum (yellowish milk)
♦ Avoid pre-lacteal feeding
♦ Exclusive breastfeeding up to 6 months

- Feeding day and night on demand
- Proper attachment
- Proper positioning
- Feeding during and after illness
- Support breastfeeding twins
- Support breastfeeding in the context of HIV and PMTCT
- Kangaroo mother care for very low birth weight babies, <2000 g
- Establish human milk banks (at regional and zonal level)
- Mother-Baby Friendly Initiative (MBFI)
- Use of ITN (insecticide treated bed net),

Growth monitoring and promotion

- Trace/reach the child (facility/home/outreach)
- Measure weight and age
- Record/complete growth chart/ interpret the curve/
- Discuss growth patterns with mother/involve parents/ care givers

- Identify problems and solutions involving mothers/caregivers
- Provide age appropriate nutrition counseling
- Follow- up children with growth faltering
- Link inadequate weight gain to health services in the community
- Link with social support programs (PSNP/TFSP and others/)
- Attend the complementary feeding cooking demonstration sessions at the infant's 5th months of age

Early detection and management of acute malnutrition for 0 – 6 months old children

- Nutritional screening (facility/home/outreach) (Weight for Height, edema, ineffective feeding, recent weight loss/failure to gain weight, medical complications)
- Management of Acute Malnutrition (IMAM)based on the guideline
- Link to food support, PSNP and other social services as needed
- Provide nutrition services through mobile health and nutrition teams
- Counsel on extra meal and dietary diversity for lactating mothers to breastfeed
- Promote and implement the early childhood development packages
- Provide zinc with ORS supplementation for diarrheal treatment

INFANT AND YOUNG CHILDREN OF 6-24 MONTHS

Optimal complementary feeding

- Continued frequent and on demand BF up to 24 months and beyond
- Timey initiation of age appropriate CF at 6 months (181 days)
- Counsel on optimal complementary feeding practices
- Counsel mothers/care takers on food consistency
- Counsel mothers on the amount of food provided using local measurement
- Responsive feeding
- Feeding frequency
- Diet diversity (4 out of 7 food groups)
- Food hygiene and safety
- Feeding during and after illness
- The use of iodized salt
- The use of ITN in malarias areas
- Provide zinc with ORS supplementation for diarrheal treatment

Cooking and feeding demonstration
♦ Organize practical cooking and feeding demonstration sessions (at home/HC/HPs/HP/FTC)
♦ Support local production/marketing of complementary foods
♦ Collect locally available food items for cooking demonstration
♦ Teach the community on how to exchange food items that are not available in the house or markets
♦ Promote and support backyard gardening practices
♦ Rearing small ruminants
Growth monitoring and promotion
♦ Trace/reach the child (facility/home/outreach), on monthly basis
♦ Measure weight and age
♦ Record/pilot growth chart in the family health guide or health passport
♦ Interpret the findings from the pilot
♦ Discuss growth patterns with mother/involve parents care givers
♦ Identify problems and solutions involving mothers/caregivers and counsel accordingly
♦ Follow-up children with growth faltering

- Link inadequate weight gain to health services in the community
- Link food insecure HH to PSNP or other social support schemes
- Provide nutrition services through mobile health and nutrition teams

Improve micronutrients services

- Biannual vitamin A supplementation for children 6-12 months
- Promote iodized salt use
- Promote use of fortified complementary foods
- Promote use of biofortified food items

Early detection and management of acute malnutrition for 6 – 24 months children

- Nutritional screening (facility/home/outreach) (Weight for Height, MUAC, edema)
- Management of Severe Acute Malnutrition (SAM)
- Management of Moderate Acute Malnutrition (MAM)
- Link to food support, PSNP, routine IYCN services including cooking demonstration and other social services as needed
- Establish a stimulating environment (structured play therapy)- promote and support ECCD
- Provide nutrition services through mobile health and nutrition teams

CHILDREN 24 – 59 MONTHS
Growth monitoring and promotion
♦ Trace/reach the child (facility/home/outreach) quarterly
♦ Measure weight and age
♦ Record/pilot growth chart in the health passport or family health guide
♦ Interpret
♦ Discuss growth patterns with mother/involve parents/care givers
♦ Identify problems and solutions involving mothers/caregivers
♦ Counsel accordingly
♦ Follow-up children with growth faltering
♦ Link inadequate weight gain to health services in the community
♦ Link food insecure HH to PSNP or other social support schemes
♦ Provision and use of ITN
♦ Provide nutrition services through mobile health and nutrition teams
♦ Promote the early childhood development interventions

Improve micronutrients services
♦ Biannual vitamin A supplementation for children 12-59months
♦ Biannual deworming for children 24-59 months
♦ Promote iodized salt use/fortified foods
Early detection and management of acute malnutrition
♦ Nutritional screening (facility/home/outreach) (Weight for Height, MUAC, edema)
♦ Management of Acute Malnutrition using the existing guidelines
♦ Link to food support, PSNP and other social services as needed
♦ Establish a stimulating environment (structured play therapy) - promote ECCD at SC
♦ Ensure free health care services for all malnourished children, exempted them from health care fees and ensure mothers/caretakers get food at stabilization centers (SC).
♦ Provide nutrition services through mobile health and nutrition teams

Social protection
♦ Attend community BCC sessions (for PSNP clients)
♦ Exemption from public works
♦ Free health care services (soft conditionalities) and linking with community health insurances
♦ Food Provision for care takers at SC
♦ Promote and support backyard gardening
♦ Rearing small ruminants (poultry)

CHILDREN 6 – 10 YEARS OF AGE

- Counsel on healthy eating behavior
- Promote physical activities
- Prevent child abuse
- Identify and prevent harmful traditional practices (food taboos)
- Protect and support children in special situations/disabilities, orphans, street children etc)
- Implement school health and nutrition services (deworming, WASH, gardening, clubs)
- Prevent macro and micronutrient deficiencies
- Provide Counseling services
- Implement school feeding programs

ADOLESCENT GIRLS (10 – 19 YEARS)

- Nutritional assessment/screening
- School health and nutrition (deworming, WASH, gardening, clubs)
- Macro and micronutrient deficiencies prevention and control (WIFAS, deworming)
- Reproductive health services (FP, health education, etc.)
- Adolescent girls empowerment/life skill training/ for nutrition service uptake
- Health care services
- Link adolescents to social protection services (PSNP)
- Prevention of harmful traditional practices, early marriage and teenage pregnancy
- Counseling services (BCC) on health eating and physical exercises
- Promote self-care health and nutrition services

MATERNAL NUTRITION

Preconception nutrition

- Nutrition screening and counseling including self-assessment
- Prevention and control of macro and micronutrient deficiencies (WIFAS, Folate supplementation, consumption of vitamins and minerals rich food items)
- Support women empowerment (economically, socially, intellectually and physically) for joint decision making and leadership at household and community levels
- Social protection (PSNP)
- Social and Behavioral Change Communication on pre/peri conception supplementation, diet diversity, healthy eating and food choices, physical exercises
- Birth spacing

Nutrition during pregnancy

- Ensure essential nutrition services are delivered during ANC services
- Conduct nutrition screening and counseling services
- Conduct weight gain monitoring (regularly weighting, interpreting and counseling)

- Provide Iron and folic acid supplementation for a maximum of 180 tabs
- Counsel on diet diversity, for at least 5 food groups from 10, adequate energy intake, additional meal (one), taking of animal sources foods
- Provision of WASH services
- ITN provision and proper utilization
- Women empowerment (economical, intellectual, physical and social)
- Social security/protection (ensure pregnant women in the PSNP woredas are targeted for direct cash transfer without public work
- Promote use of iodized salt
- Provide deworming tab in the second trimester
- Implement social and behavioral change communication to improve eating habits, reduce workload, promote adequate rest, and minor physical exercises
- Prevention and control of harmful traditional practices (food taboos)
- Encourage good cultural feeding practices during pregnancy (prioritizing mothers, celebrating birth with animal source food , providing milk, preparing food items that are nutritious, etc.)

Nutrition during lactation
♦ Conduct nutrition screening and counseling services
♦ Support mothers to continue taking IFA if it is not finalized during pregnancy
♦ Counsel on optimal breast-feeding practices
♦ Consult diet diversity, adequate intake of energy, additional meal (two), taking animal source foods
♦ Ensure access to WASH facilities, labor saving technologies, clean and safe drinking water
♦ ITN provision and proper utilization
♦ Women empowerment (economic, free movement, social, intellectual and physical)
♦ Social security/protection (ensure lactating women in the PSNP woredas are targeted for direct cash transfers without public works and with soft conditionality
♦ Promote use of iodized salt
♦ Provide Social and Behavioral Change Communication for improving healthy eating habits, protecting harmful traditional/feeding practices, promote good feeding practices (celebrating birth with animal source foods, preparing of special food items, etc.)

PEOPLE IN SPECIAL SITUATIONS (SENIOR CITIZENS, PERSONS WITH DISABILITIES, REFUGEES AND ORPHANS)
Senior citizens
♦ Promote health and slowing aging and physical exercise
♦ Conduct nutrition screening and counseling
♦ Establish feeding and caring centers for the elderly
♦ Linked the elderly to social protection services (PSNP for permanent food or cash support)
♦ Promote and support private sectors to establish care and feeding centers
♦ Promote social insurances
Persons with disabilities
♦ Promote and support affirmative action
♦ Conduct nutrition screening and counseling services
♦ Link the disabled population to the social protection services (PSNP for permanent food or cash support)

IDPs/Refugees(People in emergency and crisis situation)
♦ Facilitate nutrition screening and counseling services
♦ Link to/provide food and shelter assistance programs
♦ Provide WASH services
♦ Link them to school feeding programs
♦ Promote infant and young children feeding during emergency
Orphans/Vulnerable children
♦ Provide nutrition screening and counseling services
♦ Link to/Provide food assistance programs
♦ Provide WASH services
♦ Link to Social protection/security services (PSNP for permanent food or cash support)
Patients with communicable diseases
♦ Build the capacity of health and nutrition professionals at all levels
♦ Conduct nutrition screening (BMI) and counseling services at each contact point

- Provide the necessary logistics and supply
- Ensure people with communicable diseases are linked to social protection services
- Strengthen the public-private partnership
- Provide counseling on dietary diversity, healthy eating habits, physical exercise
- Promote local production and distribution of therapeutic foods
- Link people with communicable diseases to social services, food and phyco-social support
- Provide acute malnutrition screening and treatment services (HIV, TB/MDRTB, other chronic diseases)
- Promote and support backyard gardening, small animal rearing and consumption
- Promote dietary diversity, healthy eating behaviors/avoiding use of tobacco, alcohol, refined/packaged/junk foods, promote physical exercises
- Promote consumption of fruits and vegetables

Patients with non-communicable diseases
♦ Mainstream NCD response with food and nutrition
♦ Provide nutrition screening and counseling services
♦ Promote healthy lifestyle (avoid tobacco use, consumption of sweets/sugar, soft drinks, processed foods, promote physical activities
♦ Improve evidence generation and utilization
♦ Treat chronic non-communicable/lifestyle related diseases
♦ Formulate and enforce regulations
♦ Promote production and consumption of organic agricultural products
♦ Improve food safety and quality
♦ Provided Social and Behavior Change Communication for improved food and nutrition services for people with NCDs

NUTRITION SENSITIVE INTERVENTIONS

LIVESTOCK/AGRICULTURE SECTOR

- Enhance animal production and productivity
- Enhance diversified food production for improved diet diversity
- Improve household income for improved diet diversity
- Enhance agro-ecology based farming systems and sustainable natural resource management
- Ensure year-round availability, access and utilization of nutrient dense cereals and pulses
- Ensure year-round availability, access, and utilization of animal source foods
- Ensure year-round availability, access, and utilization of fruits and vegetables,
- Ensure availability of nutrient dense cereals and pulse, animal source food and fruits and vegetable through market infrastructure development
- Ensure all small holder farmers/pastoralist HHs get land for grazing and farming (land use policy)
- Ensure the pastoral communities are linked with appropriate marketing
- Empower women to access productive resources and labor-saving technologies

- Strengthen capacity of agriculture sector to mainstream nutrition
- Strengthen intra-sectoral nutrition coordination
- Promote appropriate technologies for post-harvest food processing, handling, preservation, and preparation for food diversification to ensure nutritious food utilization
- Strengthen connections between agricultural risk management and resilience for pastoralists
- Women empowerment (IGA, resources ownership (land, money, small animals),
- Strengthen the use of social and behavioral change communications (SBCC) to promote nutrition

EDUCATION SECTOR

- Promote and scale up school feeding programs
- Enhance the implementation of school health and nutrition (SHN)
- Improve nutrition workforce capacity through mainstreaming nutrition to every capacity building
- Improve school WASH facilities
- Promote school-based deworming
- Support school gardening initiatives
- Support the establishment of nutrition clubs
- Strengthen the implementation of WIFAS services
- Produce nutrition change agents from teachers/students
- Strengthen context specific SBCC in the schools (reproductive health, adolescent pregnancy, nutritional assessment and counseling
- Improve physical activity in schools

LABOR AND SOCIAL AFFAIRS SECTOR

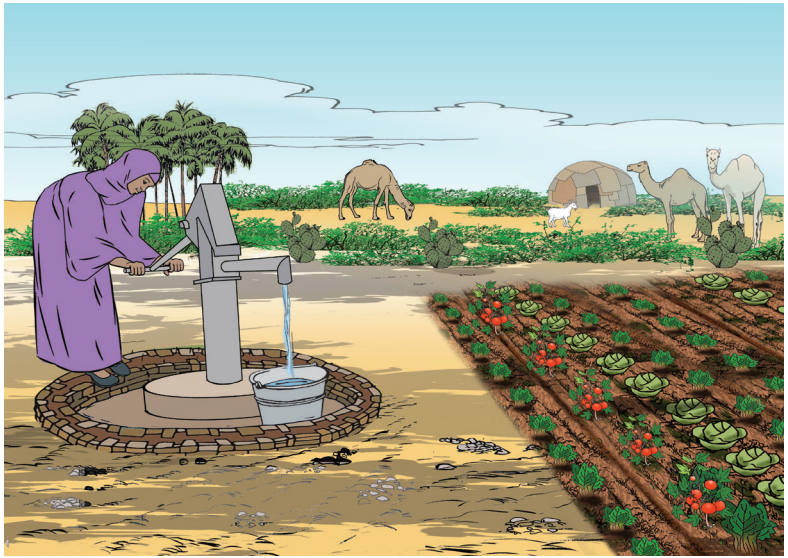
- Ensure that vulnerable households affected by malnutrition and/or nutrition emergencies are adequately targeted through safety net initiatives.
- Ensure that pregnant and lactating women are eligible for conditional food or cash transfers —not involving them in public works and ensuring they receive support with soft conditionality
- Ensure PSNP beneficiaries with children aged below two years also receive AMIYCN (Adolescent, Maternal, Infant, and Young Child Nutrition) SBCC sessions
- Promote the provision of credits, grants, microfinance services, and other income-generating initiatives to support vulnerable groups, with primary focus on unemployed women and female headed households, to increase access to nutritious foods
- Ensure the support /packages of PSNP nutrition sensitives (component with other initiatives like FFI
- Increase access to basic nutrition services for all vulnerable groups
- Ensure that non-PSNP HHs with a child eligible for TSF, OTP, and SC are properly supported
- Facilitate/ support sectors/factories/other institutions to prepare breastfeeding and baby waiting corners for their employees
- Promote gender-sensitive social safety net programs and other social protection instruments
- Promote the provision of credits, grants, microfinance services, and other income-generating initiatives to support vulnerable groups, with primary focus on unemployed women and female headed households, to increase access to nutritious foods

DISASTER RISK MANAGEMENT AND COORDINATION

- Put early warning system in place
- Engage in community participatory risk assessments and preparedness planning to support nutrition emergency response and recovery programs
- Support early detection and management of moderate acute malnutrition during emergency
- Ensure capacity for coordinated emergency preparedness and response to provide full package services (adequate energy, protein and micronutrient rich food provision)
- Strengthen infant and young child feeding practices in emergency situations (IYCF-E)
- Ensure emergency response within 72 hours

WATER, IRRIGATION AND ENERGY SECTOR

- Ensure dependable and sustainable water supply for human and livestock based on demand, supply, and efficiency including in emergency situations
- Ensure community as well as institutional WASH services
- Support households to recycle used water for Parma garden



WOMEN, YOUTH AND CHILDREN SECTOR

- Ensure that women, adolescents and children are prioritized for nutrition services
- Build the capacity of women groupings/unions/leagues
- Empower women (economically, socially, physically and intellectually)
- Strengthen the WDA (Women Developmental Army)/Incentive based Community Volunteer Systems and use them for nutrition promotion and other nutrition and health service delivery
- Strengthen women to women support groups
- Prevent harmful traditional practices (food taboos, heavy workload of mothers, chewing khat, GMP, low attention to girls education, violence against girls, early marriage),

TRADE AND INDUSTRY SECTOR

- Strengthen the capacity of the trade sector in the regulation of imported food items
- Ensure that the quality and safety of imported food items are as per the national standard
- Promote advocacy services
- Strengthen the regional capacity of the industry sector to support the production and distribution of fortified foods
- Build regional industry capacity to the international standard to produce quality and safe fortified food (edible oil, flour, salt, etc.)
- Conduct awareness-creation events for the private sector on nutrition-related requirements and standards of locally manufactured food items

FINANCE SECTOR

- Enhance the contribution of the government sector in financing the implementation of nutrition interventions
- Ensure the allocation of budget form government treasury for each FNP implementing sectors
- Ensure &evaluate proper utilization of budget by FNP implementing sectors
- Evaluate nutrition projects for proper utilization by development partners

MEDIA AND COMMUNICATION SECTOR

- Increase public awareness on nutrition specific and sensitive interventions
- Promote healthy eating behavior and lifestyles
- Allocate airtime for food and nutrition programming and promote regularly
- Facilitate role play using community media
- Disseminate accurate nutrition messages to the public

CROSS CUTTING INTERVENTIONS

Multi-sectoral collaboration

- Strengthen nutrition governance at all levels (coordination and linkage)
- Create and strengthen context specific and feasible coordination platform
- Engage in joint planning with schools, women leagues, social workers, agriculture DAs, on HH visits, BCC sessions and skill trainings
- Strengthen the capacity of regional and woreda nutrition coordinating and technical committees
- Strengthen monitoring and evaluation, reporting and accountability mechanisms, including multisectoral nutrition score cards
- Improve the capacity of all regional implementing sectors
- Create an independent institutional arrangement to coordinate the implementation of food and nutrition policy and strategy

Social and behavior change communication

- Ensure that the messages, materials and methods of dissemination, whether interpersonal, group or mediated, are standardized and socio-culturally acceptable
- Built support for food and nutrition through advocacy
- Enhance use of multiple media outlets to improve food and nutrition literacy

- Ensure institutional capacity for promotion of food and nutrition issues
- Enhance food and nutrition communication within the FNP implementing sectors
- Improve nutrition literacy at community level through existing community networks and platforms
- Ensure institutional capacity on awareness of food quality and safety along the values chain
- Increase individuals' food and nutrition awareness to enhance optimal food and nutritional practices
- Improve knowledge and practice on clean and safe water for individuals and households
- Improve knowledge and practice of households related to food preparation, hygiene and safety
- Improve awareness and practice of households on food safety, healthy lifestyles and balanced diet
- Promote effective delivery of nutrition messages to communities and households through building the capacity of frontline actors and social gathers
- Create public awareness on food and nutrition and healthy lifestyles using different channels
- Promote optimal AMIYCN messages through cultural ('*Dagu*' in Afar) and innovative behavior change methods and channels
- Strengthen the capacity of nutrition actors at community and institutional levels on social and behavioral change communication

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