



Regional Nutrition Dashboard

National Information Platform for Nutrition (NIPN)
Ethiopian Public Health Institute (EPHI)



What is Malnutrition?

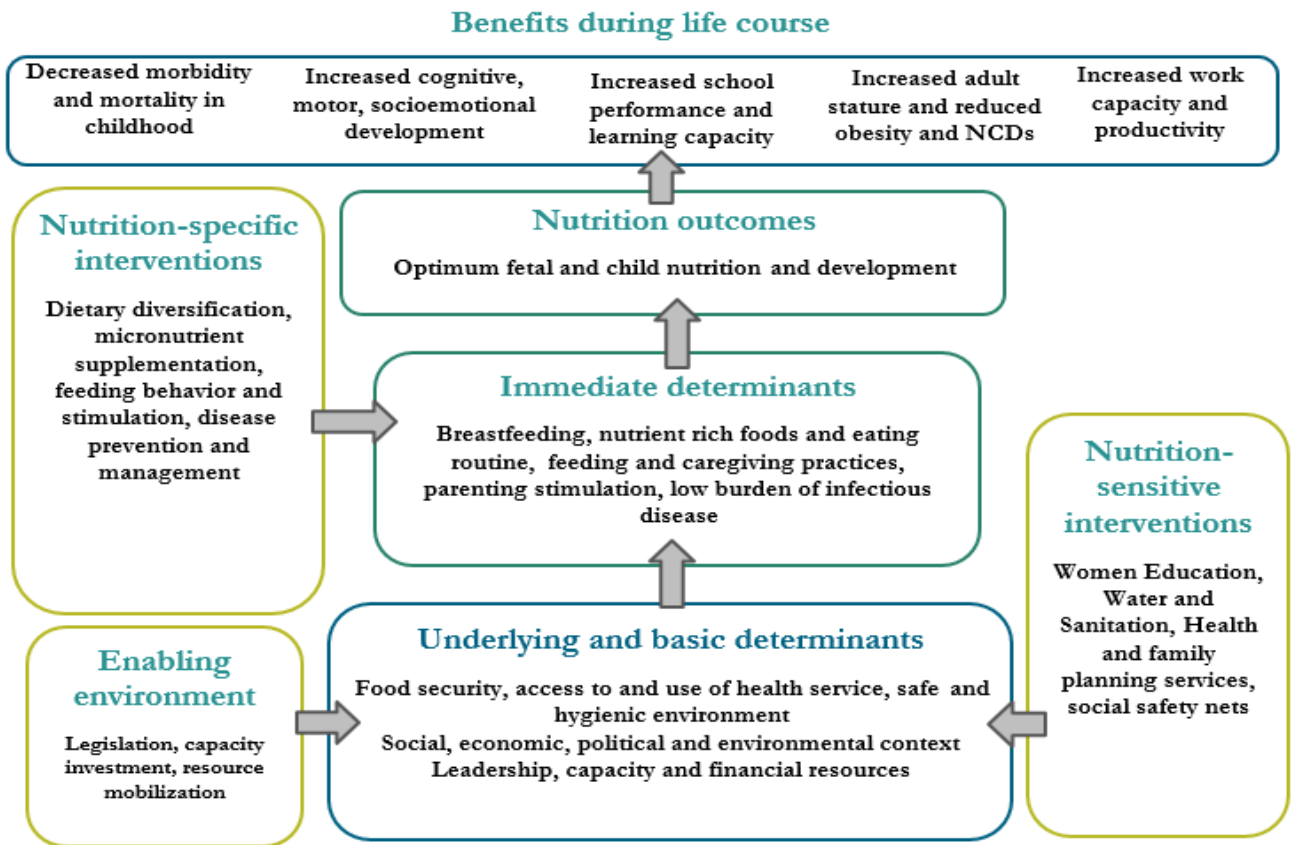
Malnutrition occurs due to lack of proper nutrition that is needed to maintain health and wellbeing. **Undernutrition and overnutrition** are two forms of malnutrition. Undernutrition is manifested as stunting, wasting, underweight and micronutrient deficiencies. Overweight and obesity are manifestations of overnutrition. Although advances have been made in the past decade, the burden of malnutrition remains high across all regions in Ethiopia.

Why is it important to invest in nutrition?

Malnutrition increases disease burden and lowers productivity. In contrast, good nutrition is necessary to reduce poverty, drive economic growth and achieve sustainable development. The annual cost associated with child undernutrition is estimated at 55.5 billion Ethiopian birr (ETB), equivalent to 16.5% of gross domestic product.

This dashboard presents nutrition related information to enable decision-makers monitor status of indicators when defining priorities.

What causes malnutrition and how to improve it?



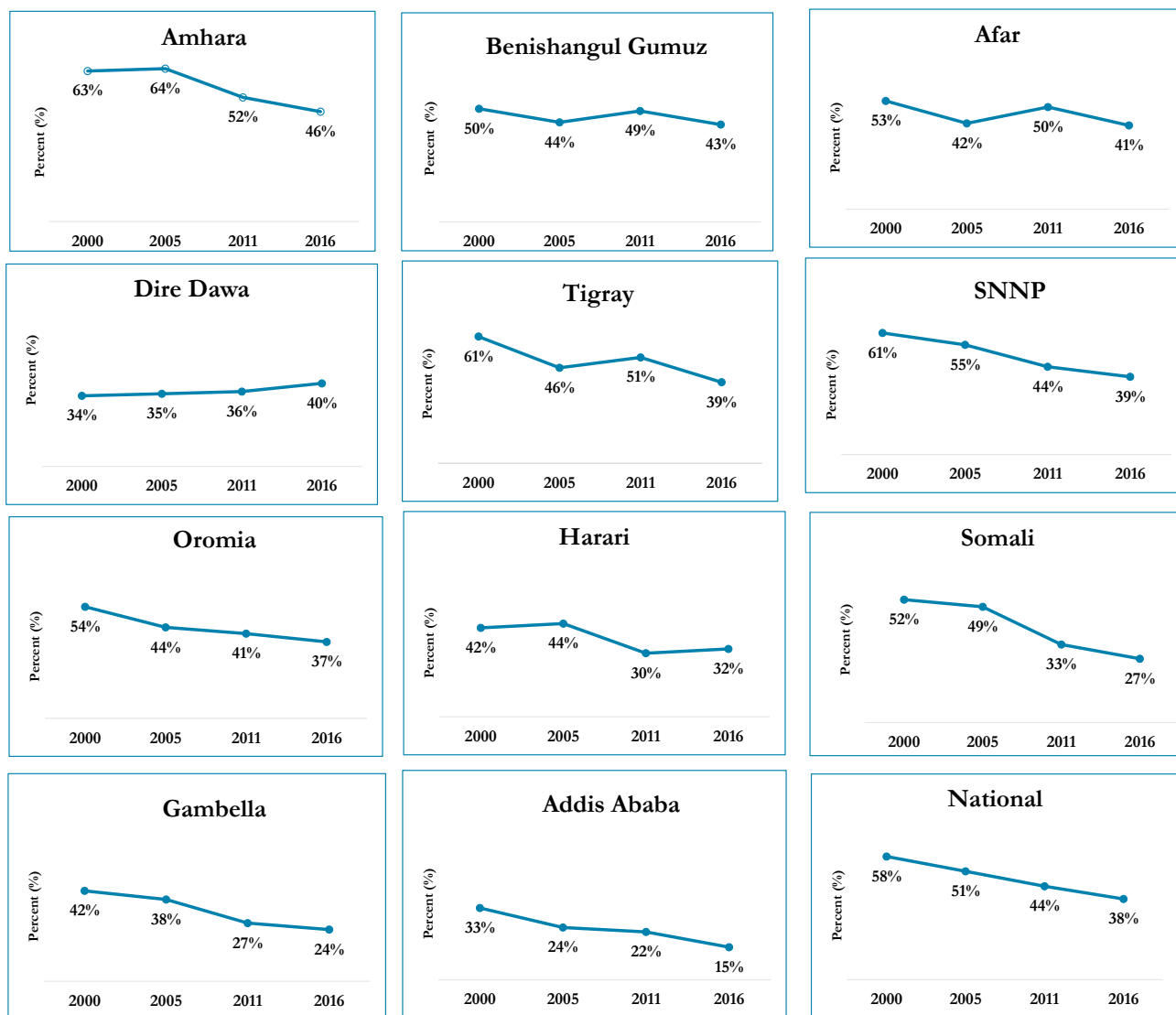
Adapted from the Lancet Nutrition Framework (Black, Victora et al. 2013)

What is the current regional nutrition situation?

Child malnutrition

Stunting is an indicator of chronic undernutrition. Stunted children are short for their age. Poor school performance and reduced productivity are some of the long term consequences of stunting.

Stunting trends among children aged under-five years (2000-2016)^{1,2,3}



Sources: EDHS 2000, EDHS 2005, EDHS 2011 and EDHS 2016

WHO cut-off values for public health significance of stunting

< 20%	Low
20-29.9%	Medium prevalence
30-39.9%	High prevalence
≥ 40%	Very high prevalence

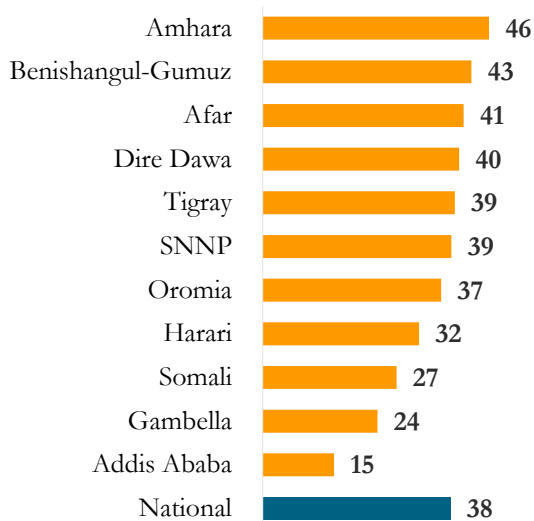
Points for discussion

- Although stunting is declining nationally, this decline is not uniform. Some regions still have very high stunting prevalence. Interventions that improve nutritional status are still needed in all regions in Ethiopia.
- Does the rate of stunting reduction differ across regions? What factors explain differences?
- What explains the stunting increase observed in some regions?

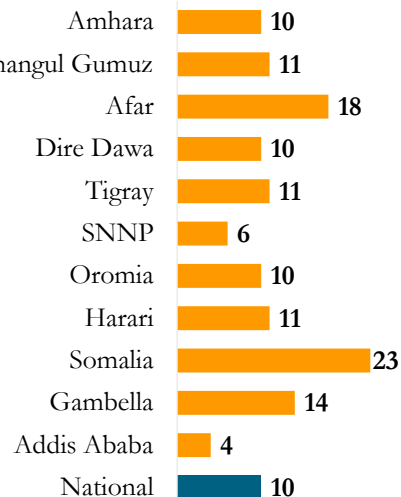
What is the current regional nutrition situation?

Child malnutrition

Percent of children under-five that are stunted (2016)³

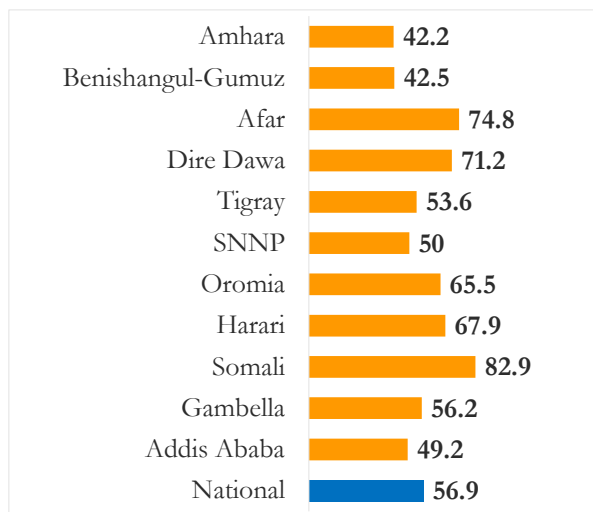


Percent of children under-five that are wasted (2016)³

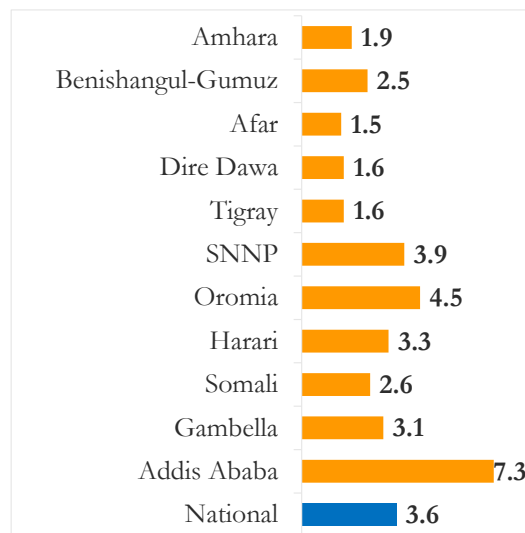


Wasting is an indicator of acute undernutrition and usually occurs due to rapid weight loss due to illness or low food intake. A wasting prevalence above 5% is a cutoff for public health significance.

Percent of children aged 6-59 months who are anemic (2016)³



Percent of children under-five who are overweight (2016)³



Sources: EDHS 2016

Points for discussion

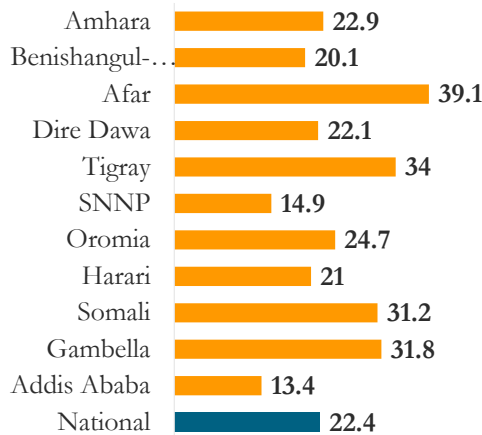
- What can explain the regional variations in child nutrition indicators?
- How do anemia rates in some regions compare to the national average?
- Is there similar variation in the nutrition determinants and intervention coverage?

What is the current regional nutrition situation?

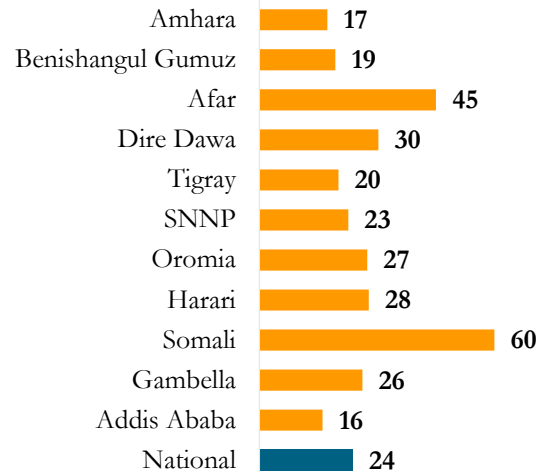
Women malnutrition

Women's nutrition is a key determinant of child nutrition and wellbeing. Hence, improvement of women's nutrition is an important component of malnutrition reduction efforts.

Percent of Women who have low BMI (2016) ³



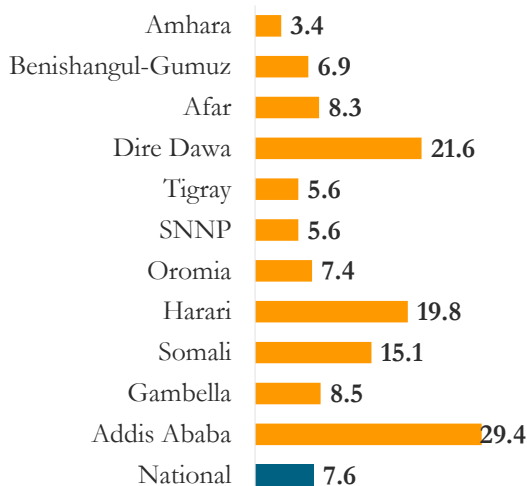
Percent of women who are anemic (2016) ³



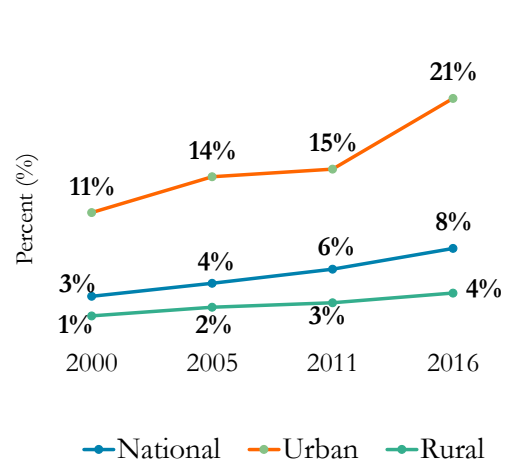
Low Body Mass Index (BMI) is an indicator of chronic undernutrition in women.

Anemia in women increases risk of maternal mortality and poor birth outcomes.

Percent of women who are overweight (2016) ³



Trends in women overweight (2000-2016) ^{1,2,3}



Sources: EDHS 2000, EDHS 2005, EDHS 2011 and EDHS 2016

The increase in overweight among urban women highlights the need for more interventions in this area.

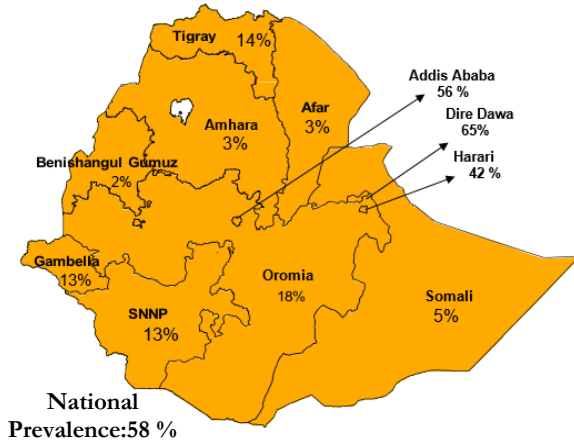
Points for discussion

- Prevalence of anemia among women remains a public health issue with most regions having anemia rates greater than the 12% target set by the NNP II.
- What explains the difference in rate of increase of obesity in urban Vs rural women?

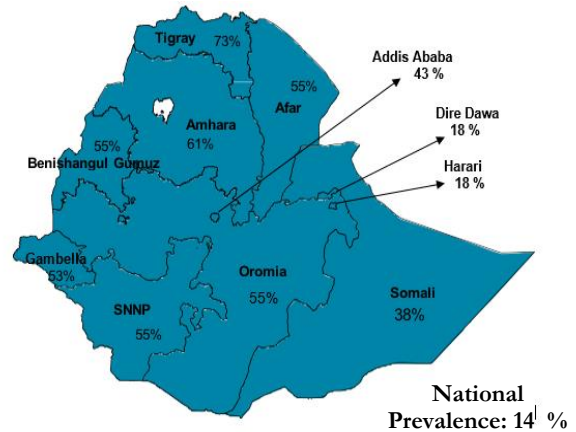
Immediate determinants of malnutrition

Infant and Young Child Feeding

Percent of children 0-6 months who are exclusively breastfed (2016)³

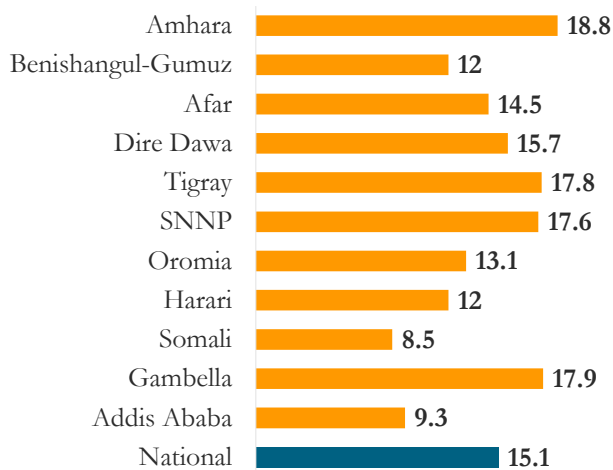


Percent of children 6-24 months who consume 4 or more food groups (MDD) (2016)³

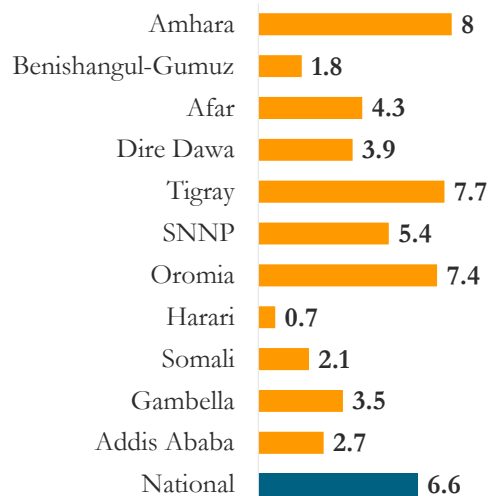


Disease Burden

Percent of children 0-59 months with diarrhea (2016)³



Percent of children 0-59 months with pneumonia (2016)³



High diarrhea prevalence, low exclusive breastfeeding rates, and low dietary diversity directly contribute to stunting in children.

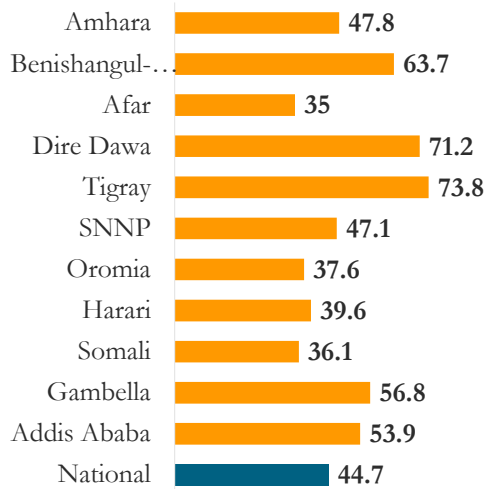
Sources: EDHS 2016

Points for discussion

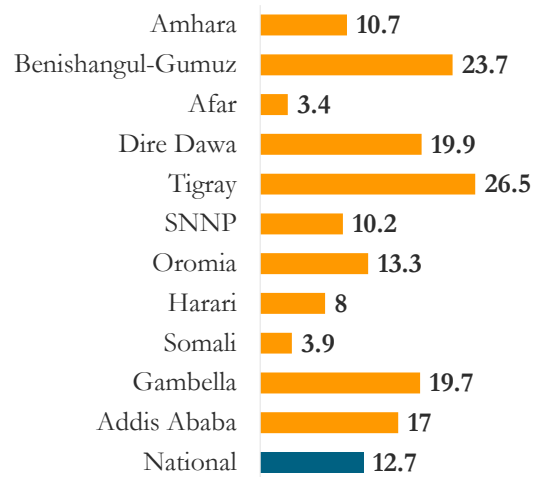
- Child minimum diet diversity (MDD) is very low with all regions being below the 40% NNP II target.
- Is the low rate of dietary diversity seen in some regions reflected in child anthropometric indicators such as stunting?
- Why is child dietary diversity so low in most regions?

Which nutrition-specific interventions are implemented?

Coverage of vitamin A supplementation among children aged 6-59 months (2016)³

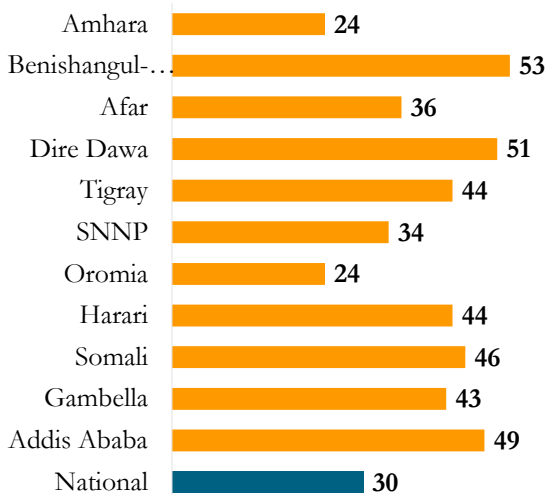


Coverage of deworming among children aged 6-29 months (2016)³

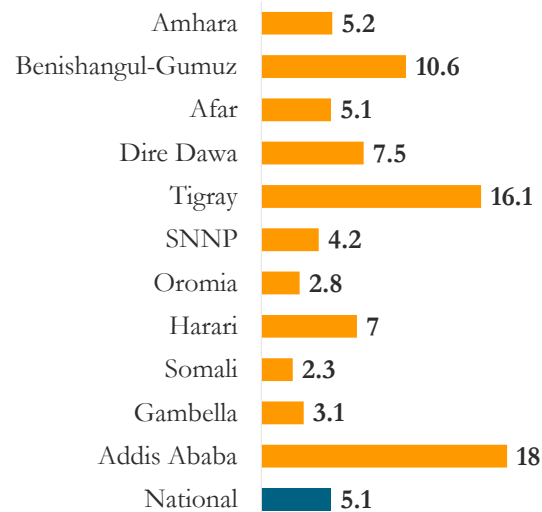


Deworming reduces parasitic infections that cause anemia.

Coverage of oral rehydration salt treatment among children aged 0-59 months (2016)³



Coverage of iron supplementation among pregnant women (2016)³



Sources: EDHS 2016

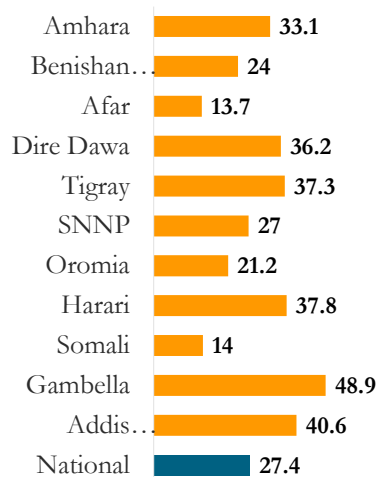
Points for discussion

- Is the coverage of corresponding interventions aligned with the need?
- Do the regions with high rates of diarrhea also have high Oral Rehydration Salt (ORS) use during illness?

Underlying and basic determinants of malnutrition

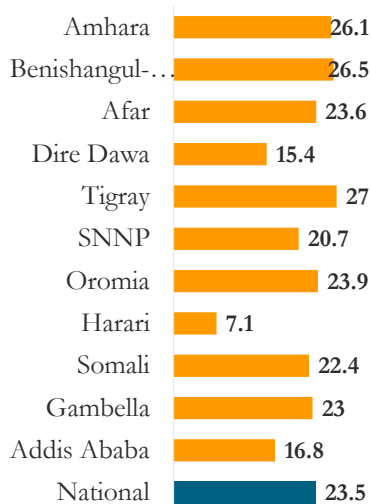
Status of Women

Percentage of girls who are enrolled in secondary education programs (2016)³



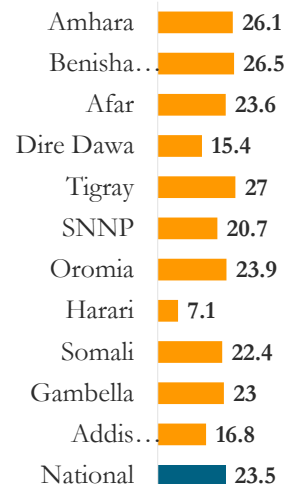
Socioeconomic status

Proportion of population below poverty line (2016)⁴



Food security

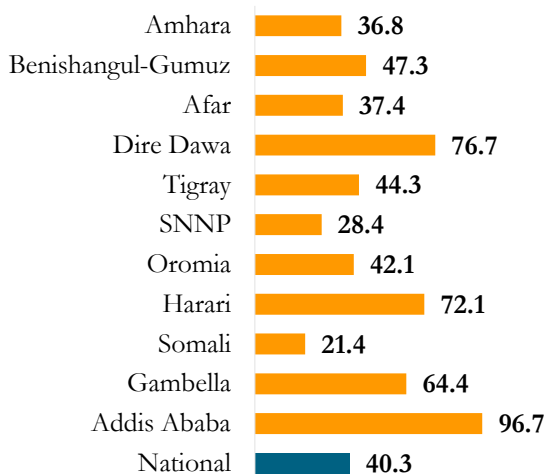
Proportion of expenditures allocated for food (2016)⁴



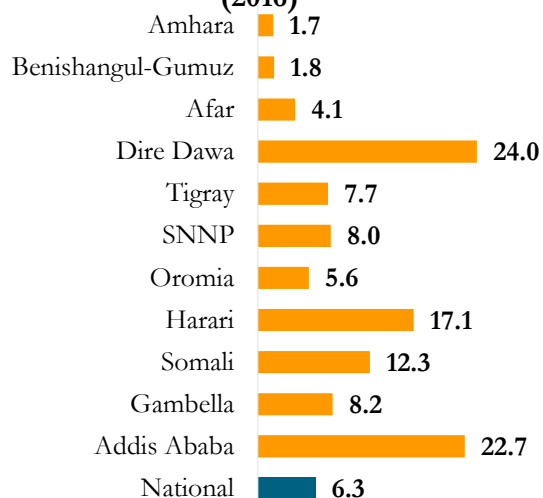
Water Sanitation & Hygiene

Basic water and sanitation coverage is important to reduce disease incidence which is an immediate determinant of undernutrition.

Percentage of households using basic drinking water facilities (2016)³



Percentage of households using improved non-shared latrine facilities (2016)³



Basic drinking water refers to drinking water from an improved source, provided collection time is not more than 30 minutes.

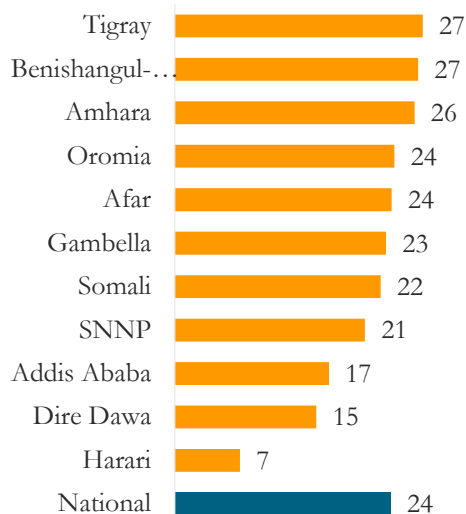
Sources: EDHS 2016, HCS 2016

Points for discussion

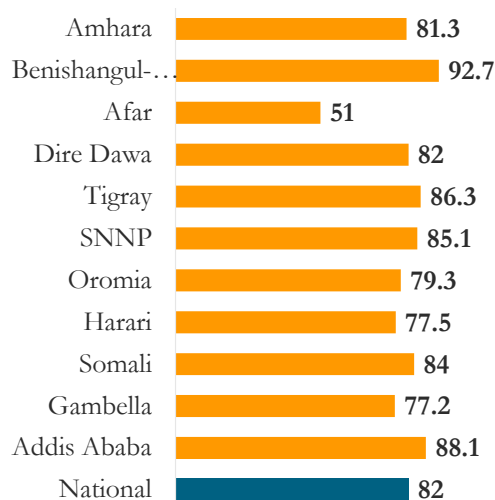
- Is the coverage of corresponding interventions aligned with the need?
- Is adequate attention given to tracking nutrition-sensitive interventions?

Which nutrition-sensitive interventions are implemented?

Percentage of pregnant women with 4 or more ANC visits (2016)³

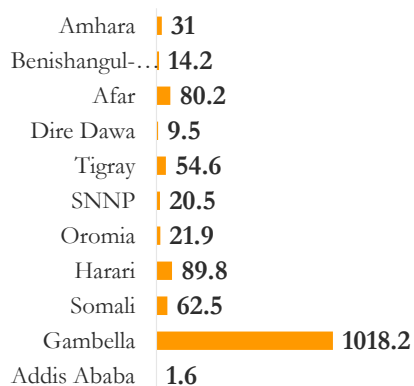


Percentage of 1-year-olds who have received the DTP3 by recommended age (2016)³



Budget allocation to nutrition

Budget allocation per stunted child under five (USD) (2016)⁵



Enabling environment

A MultiSectoral National Nutrition coordination body oversees implementation of the National Nutrition Program II.

Legislative provisions

Salt iodization	Mandatory
Flour fortification	Voluntary
Vegetable oil fortification	Voluntary
Adoption of international code of marketing of breastmilk substitutes	Mandatory

Data Sources and abbreviations

Data sources

1. CSA (Central Statistical Agency) and ICF International. 2006. *Ethiopia Demographic and Health Survey 2005*. Addis Ababa, Ethiopia and Calverton, MD, USA: CSA and ICF International.

2. CSA (Central Statistical Agency) and ICF International. 2012. *Ethiopia Demographic and Health Survey 2011*. Addis Ababa, Ethiopia and Calverton, MD, USA: CSA and ICF International.

3. CSA (Central Statistical Agency) and ICF International. 2017. *Ethiopia Demographic and Health Survey 2016 Key Indicators Report*. Addis Ababa, Ethiopia and Calverton, MD, USA: CSA and ICF International.

4. Central Statistical Agency [Ethiopia]. 2012. Household Consumption and Expenditure (HCE) Survey 2010/11: Statistical Report. Addis Ababa: Central Statistical Agency.

5. Federal Democratic Republic of Ethiopia, Ministry of Health. Tracking Funding for Nutrition in Ethiopia Across sectors. Addis Ababa, Ethiopia. Web site: www.moh.gov.et, P.O.Box 1234

Abbreviations

BMI	Body Mass Index
CSA	Central Statistical Agency
EDHS	Ethiopian Demographic and Health Survey
HCE	Household Consumption Expenditure Survey
MoH	Minister of Health
MDD	Minimum Dietary Diversity
MIS	Malaria Indicator Survey
SARA	Service Availability and Readiness Assessment
UNICEF	United Nations Children's Fund

Credits : This dashboard was designed with inspiration from the SUN movement (web link: <https://scalingupnutrition.org/>) POSHAN initiative - India (web link: <http://poshan.ifpri.info/>), we would like to thank them for their collaboration.

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