Result 5.6: Improved capacity of media

Initiatives

- 1. Build the capacity of national and regional media personnel (journalists, editors) on
 - The magnitude and consequences of malnutrition (stunting) on the national development agenda.
 - The benefit of better nutrition at individual, family and country level in the context of Ethiopia.
 - ✓ The need for multisectoral responsibility for better nutrition.
- 2. Equip media with appropriate nutrition SBCC materials and pragmatic tools to promote positive nutrition practices.
- 3. Protect the public from media based commercial pressures (advertisements) that are against optimal nutrition practices.
- Provide media based opportunities for open dialog between the general public and nutrition professionals.

CHAPTER 3

IMPLEMENTATION AND GOVERNANCE

Nutrition has a multidimensional and a multisectoral nature in terms of both effect and outcomes. Thus, in order to accelerate progress on NNP implementation, appropriate governance and programme implementation arrangements are vital. This issue will be addressed through a set of objectives and subcomponents.

Objectives

- 1. Develop and enforce nutrition related policies and legislations.
- 2. Exercise political will and commitment on nutrition and make nutrition a priority agenda item in all NNP implementing sectors.
- 3. Strengthen multisectoral nutrition coordination so as to
 - Harmonize the multisectoral response.
 - Facilitate and support efficient resource mobilization and utilization for enhanced nutritional outcomes.
- 4. Define feasible and locally accepted communication for development activities to bring about behavioral changes required for improved nutrition.

3.1. Policy framework

The Government of Ethiopia has demonstrated its policy commitment to nutrition by developing a standalone National Nutrition Strategy (NNS) and a National Nutrition Programme (NNP), along with a set of guidelines. The government has also incorporated nutrition, in particular stunting, into its 5-year Growth and Transformation Plan (GTP). Sectoral strategies and programmes also provide a good opportunity to mainstream nutrition into other NNP implementing sectors and to enact legislation or establish legal frameworks to enforce key nutrition interventions. Table 2 summarizes the main regulatory, strategic and programme documents.

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Table 2: Nutrition specific and nutrition sensitive strategies/programmes/guidelines in Ethiopia

Document	Body	Date
Micronutrient guidelines	Federal Ministry of Health (FMOH)	2004
National Strategy for IYCF	FMOH	2004
Management of SAM Protocol	FMOH	2007
National Nutrition Strategy	FMOH	2008
National Nutrition Programme	FMOH	2008
Nutritional and HIV guidelines	FMOH	2006
Food Supplement and Infant Formula	Food, Medicine and Health Care Administration	2011
Registration guidelines	and Control Authority (FMHACA) strategies/programmes/guidelines	
Document Nation sensitive :	Body	Date
	· · · · · · · · · · · · · · · · · · ·	Date
Poverty reduction and development Agricultural Development Led Industrialization	Federal Government	2007
(ADLI) Strategy Growth and Transformation Plan	Ministry of Finance and Economic Development	2010-2015
		2010 2010
Agriculture and food security Agriculture Growth Programme	Federal Ministry of Agriculture	2010
Food Security Strategy	Federal Ministry of Agriculture	2010
	rederal Ministry of Agriculture	2007
Public health		1000
Health Policy	The Transitional Government of Ethiopia	1993
Health Sector Development Plan	FMOH	2010
Reproductive Health Strategy	FMOH	2011
National Strategy for Child Survival	FMOH	2005
Water Sanitation and Hygiene Strategy	Federal Ministry of Water and Energy	2011–2016
Education		
School Health and Nutrition Strategy	Federal Ministry of Education	2012
Social protection		
National Social Protection Policy	Ministry of Labor and Social Affairs	Draft
Health Insurance Strategy	FMOH	2008
Nutrition relevant re	gulations/standards/proclamations	
Civil Servant Proclamation (maternity protection)	Civil Service Commission	2007
Salt iodization legislation	FMHACA	2011
Iodized salt standard	FMHACA	2012
Iodized salt manufacturer, importer, exporter and wholesaler directive	FMHACA	2011/12
Fortified flour manufacturer, importer, exporter and wholesaler directive	FMHACA	Draft
Fortified oil manufacturer, importer, exporter and wholesaler directive	FMHACA	Draft
Fortified oil standard	FMHACA	Draft
Fortified flour standard	FMHACA	Draft
Infant formula directive	FMHACA	Draft
Food supplement directive	FMHACA	Draft
Food, Medicine and Health Care Administration	Government of Ethiopia	2009

3.2 Regulatory framework

Sustainable, long-term reduction of malnutrition requires complementary actions at various levels by all key stakeholders. In addition to direct nutrition interventions, this revised NNP identifies various nutrition sensitive interventions that require regulatory actions and quality control.

In 2009 the Ethiopian House of Representatives declared the Food, Medicine and Health Care Administration and Control Proclamation (No. 661/2009). The Ethiopian Food, Medicine and Health Care Administration and Control Authority (FMHACA) and regional health regulatory bodies are authorized to implement this proclamation. Both entities are mandated to promote and protect the public health by ensuring the safety and quality of products and health services through registration, licensing and inspection of food establishments, pharmaceuticals, health professionals and health institutions.

In relation to the National Nutrition programme, FMHACA is responsible for regulating nutritional supply manufacturers, importers, exporters and wholesalers. Regional health regulatory bodies regulate the food and medicine retail outlets and health institutions in their respective regions. According to their mandates, both organizations will ensure the quality and safety of nutritional supplies, including the following products:

- Fortified foods
- Food fortificants/Premix
- Micronutrient supplements (iron, zinc, folic acid, Vitamin A, etc.)
- Breast milk substitutes, infant and follow-up formulas
- Complementary foods
- Therapeutic and supplementary foods
- Iodized salt
- Water, sanitation and hygien

3.3 Multisectoral coordination and capacity building

The National Nutrition Programme is a long-term national programme that requires the involvement of all responsible sectors and partners. Timely and effective implementation requires an efficient operational framework as well as appropriate leadership and implementation capacity. The NNP will continue to use existing government structures to ensure sustainability and long-term achievement of objectives. The following sub-sections describe the institutional arrangements required to improve multisectoral coordination, along with human and institutional capacity building strategies to guide implementation.

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3.3.1. Multisectoral coordination and linkages for nutrition

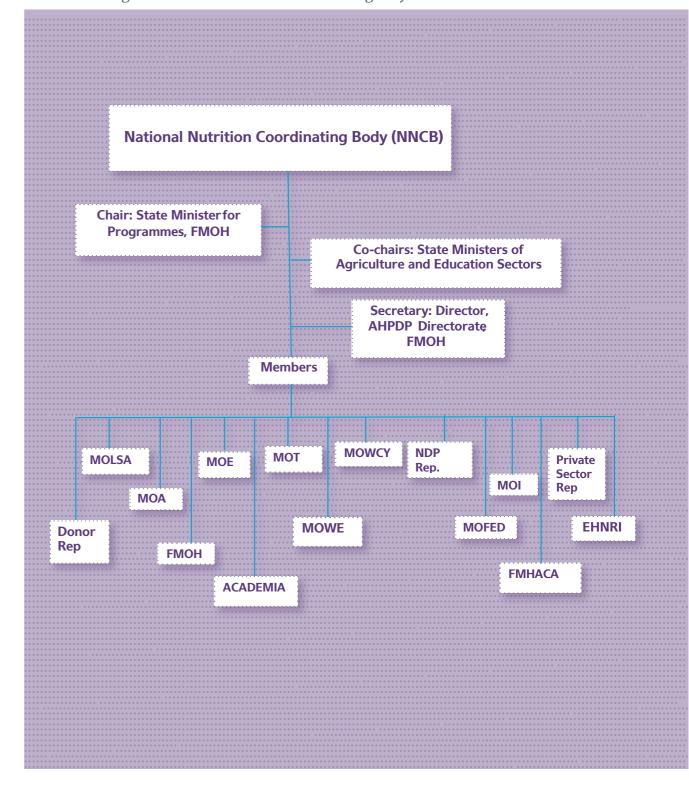
This component is designed to strengthen the linkages between nutrition in all sectors that deal with the underlying and basic causes of malnutrition (nutrition sensitive interventions are also being implemented by other sectors). The purpose is to enhance the nutritional impact of programmatic activity in these sectors. To improve existing multisectoral coordination and strengthen linkages based on lessons learned over the last four years of NNP implementation, this revised NNP has included the role of responsible sectors as shown in Strategic Objective 3 as well as in the result and accountability matrix, located at the end of the document. Ethiopia has well defined policies, strategies and implementation guidelines in those sectors with the potential to affect better nutrition. These will be the basis for nutrition linkages among various sectors (see Table 2).

To ensure viable linkages and harmonization among relevant sectors, the FMOH is mandated to house and manage the organizational and management structure of the NNP. The National Nutrition Coordination Body and the National Nutrition Technical Committee were established in 2008 and 2009, respectively, to ensure effective coordination and linkages in nutrition. This revised NNP outlines human resource capacity-building activities, with emphasis on all relevant sectors. These adjustments will ensure that implementation of the NNP is harmonized across all sectors and at different levels, particularly at regional, woreda and community levels.

3.3.2. Institutional arrangements for multisectoral nutrition coordination and linkages

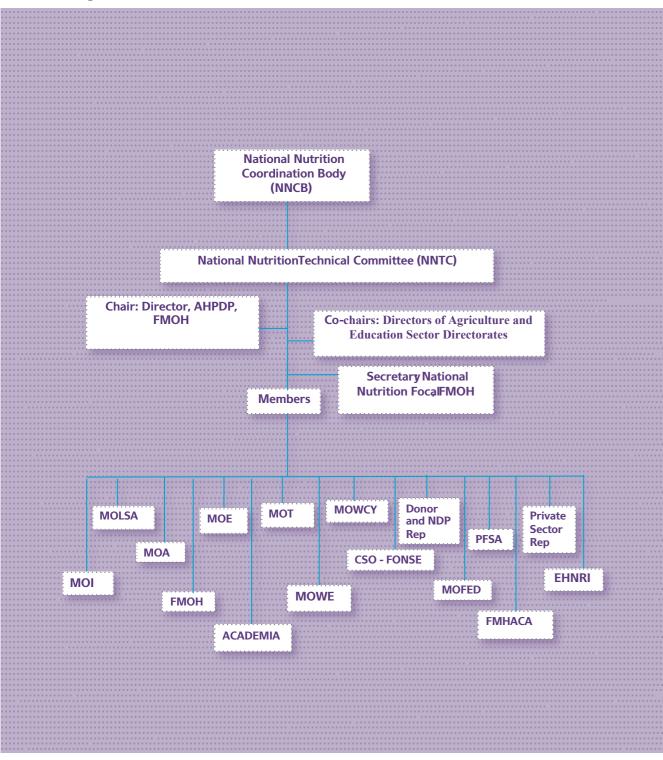
The National Nutrition Coordination Body will remain the main mechanism for leadership, policy decisions and coordination of the National Nutrition Programme. The NNCB covers government sectors, donors, partners, civil society organizations, academia, and the private sector. Coordination and linkage mechanisms for nutrition at national level are indicated in the figures below. Similar multisectoral nutrition coordination framework and programme implementation arrangements will be put in place at regional, woreda and kebele levels using the decentralized structure. The terms of reference, membership, frequency of meetings and the roles and responsibilities of NNP implementing sectors will be detailed in a multisectoral nutrition coordination implementation guideline, which will be developed later.

Figure 2. National Nutrition Coordinating Body



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Figure 3. National Nutrition Technical Committee



3.3.2 Capacity building

Capacity building under the NNP has two main components:

(1) Human resource development

For effective and efficient implementation, sectors with stakes in the NNP should have an adequate number and mix of competent nutrition cadres or technical persons placed at all levels of service delivery and management (national, regional, zonal, woreda, community and facility). Procurement capacity, research and development capacity and the capacity of the regulatory body for food and nutrition will also be considered, as these are important to the quality of nutrition interventions and inform the redesign of the NNP's approach. The major strategies for availing necessary regular human resources are pre-service and in-service training.

Required human resource skills capacities for all relevant sectors/levels are summarized as follows:

- At the national level, all NNP implementing sectors will assign a focal person (or well staffed nutrition unit) to manage and coordinate nutrition within their respective sectors.
- The Ministries of Health and Agriculture will work with the Ministry of Education and regional governments to integrate nutrition into regional colleges to provide nutrition specific and nutrition sensitive pre-service training for students of health, agriculture and education.
- Training institutions (universities and colleges) will be supported with curriculum development and
 revision, procurement of educational materials and with technical assistance for critical skills that
 are not adequately available. Training will help create sustainable local capacity at middle and senior
 management levels as well as institutional capacity to undertake operational research.
- Regional health bureaus will assign nutrition officers at the regional level to ensure effective
 multisectoral coordination and linkages, provide leadership and establish a strategic and
 programmatic framework for planning, coordination and implementation of nutrition specific and
 nutrition sensitive interventions in all regional NNP implementing sectors.
- Regional agriculture bureaus will assign dedicated officers for nutrition at the regional level to ensure implementation of nutrition sensitive agricultural interventions.
- In-service (on-the-job or blended) training of health workers, health extension workers, agricultural
 extension workers, teachers and women's association members should also be facilitated across
 relevant sectors to develop skilled experts in nutrition programming, management, coordination
 and implementation at all levels.
- · Systematic in-service capacity building will be provided for programme mangers of concerned sectors.
- The pool of community level actors (women development armies, agricultural development armies, faith based organizations, and women's associations and groups) should be provided with strong orientation and be motivated to deliver key preventative nutrition messages and practices and facilitate nutrition sensitive community development interventions.
- School communities will be supported to implement key nutrition interventions (school gardening, feeding demonstrations, promotion of iodized salt utilization, vitamin and mineral supplementations, de-worming) through Parent-Teacher Associations.
- Nutrition sensitive small-scale food processing, fortification or distribution cooperatives, small-scale irrigation and use of WASH to enhance community nutrition interventions will be linked and promoted.

(2) Institutional capacity

Coordination capacity. To fulfill its direct implementation and national nutrition coordination role, the FMOH needs a dedicated nutrition unit with extensive training in nutrition. The nutrition unit will be responsible for (a) overseeing nutrition related strategies, guidelines and legislation; (b) implementing