

NUTRITION BASELINE SURVEY REPORT
for the
NATIONAL NUTRITION PROGRAM
of
ETHIOPIA

Ethiopian Health and Nutrition Research Institute
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EXECUTIVE SUMMARY

Due to a high prevalence of malnutrition and micronutrient deficiencies in Ethiopia, the Ethiopian Government approved the country's first-ever National Nutrition Strategy (NNS) in February 2008 to address these issues. Following this endorsement, the Federal Ministry of Health (FMOH), in collaboration with partner organizations, developed the National Nutrition Program (NNP) to implement the NNS in order to reduce the magnitude of malnutrition in Ethiopia, especially amongst children under the age of five and pregnant and lactating women. In order to quantify the achievements and the reduction in the rate of malnutrition as a result of NNP implementation, it was important to have a benchmark to compare the results with at a later date. Thus a baseline nutrition survey was carried out in May and June of 2009. The baseline survey was designed to cover all parts of the country. A stratified two-stage cluster sampling design was used for study sample selection. The target populations for the survey were children below the age of 59 months, mothers 15 to 49 years of age with a live birth in the previous two years and adolescent girls 13 to 19 years of age. The total sample was comprised of 4,743 households, 4,387 mothers, 958 adolescent girls and 6039 children for anthropometric assessment. Information was captured for indicators of demographics, food security, water and sanitation, maternal and child health, as well as the nutritional status of children, adolescent girls and women. The major findings of the survey were reported at national level. The population between the ages of 15 and 54 represents 43 percent of the population and only 2 percent are aged 55 and older. The mean household size was 5.5 members. Among all fathers, mothers and caretakers, 60 percent had no schooling. Among all households, only 57 percent were using an improved source of drinking water, with differences between urban (87 percent) and rural (46 percent). Overall, just 3 of 10 households (30 percent) were treating or boiling water for drinking purposes. Only 27 percent of households were using an improved toilet facility with differences between urban (52 percent) and rural (18 percent). In rural areas, 56 percent of households were not using any facility. Two thirds of all households (62 percent) reported owning some land used for agriculture, although 36 percent owned less than one hectare. Of those households who owned land, 35 percent cultivated less than 0.5 hectares. Among all households, 65 percent were classified as being food secure, 21 percent mildly food insecure, 13 percent moderately food insecure and only 1 percent severely food insecure. Of all women with a pregnancy in the previous two years, 64 percent had fewer than the WHO minimum recommendation of at least 4

ANC visits. Fifty nine percent of women had received ANC care from a trained provider. This was much higher for urban areas (89 percent) and women with a secondary or higher education (86percent).

A small proportion (17 percent) of women reported taking iron/folate tablets during pregnancy. Only one quarter of the women had the recommended two tetanus toxoid injections. De-worming was low among all women (9 percent). Only 12 percent of women increased their food consumption during pregnancy. Urban women were more likely to use a doctor (28 percent) or nurse (34 percent) for the birth of their child, while rural women were more likely to use a non-trained traditional birth attendant (33 percent) or relatives/friends (37 percent). More educated women were also more likely to use a doctor (39 percent) or nurse (43 percent) compared to less educated women who more often used non-trained traditional birth attendants (33 percent) or relatives/friends (36 percent). Forty six percent of urban women delivered their child at home while 46 percent delivered at a government hospital or clinic. Among rural women, 96 percent delivered at home. Universal immunization coverage of children 6 to 23 months of age is 29 percent, while almost one quarter does not have any vaccinations at all. Twenty one percent of children under two years old were reported to have had diarrhoeal illness. Among children with diarrhoea, 24 percent were given ORS and 26 percent were given the Government recommended solution. Of children with diarrhoeal illness, only 7 percent had their fluids increased and only 1 percent had their food intake increased. Nearly all children under two years old (97 percent) had been breastfed at one point in their life. Much fewer children (46 percent) were breastfed within the first hour of life. Sixty percent of children received the colostrum. Exclusive breastfeeding was reported for 51 percent of the children 0 to 5 months of age, with 88 percent of children under two years old still being breastfed. For infants 6 to 8 months of age, 43 percent had received solid, semi-solid or soft foods during the previous day. Among children 6 to 23 months of age and still breastfeeding, 29 percent of children met the recommended minimum dietary diversity (4 food groups per day). This was higher for older children (36 percent), urban children (40 percent) and children with more educated mothers (46 percent). Seventy five percent of breastfed children had received the minimum number of meals for their respective age. For children 6 to 23 months of age who were no longer breastfeeding, 38 percent met the minimum dietary diversity recommendation. Urban children (47 percent) and those children with more educated mothers (65 percent) were more likely to meet the minimum dietary diversity. Fifty

nine percent of non-breastfed children received the respective minimum number of meals for their age in the previous day. Only 5 percent of households had salt with adequate iodization. Child vitamin A supplementation was low, with only 43 percent of children between 6 and 24 months of age having received it, with higher levels among children of more educated women. Thirty two percent of women reported having difficulty seeing in dim light, with higher levels found in rural areas. Only 18 percent of women had received vitamin A within 2 months of their last birth.

Among children 6 to 59 months of age, 38 percent were stunted, with higher levels among rural children (41 percent). Children with highly educated mothers were less likely to be stunted (15 percent) than children of those with mothers who had primary education (30 percent) and those mothers with no education (42 percent). The regions with the highest prevalence of stunting were Tigray (44 percent), Afar (44 percent) and Amhara (45 percent). Twelve percent of the children 6 to 59 months of age were wasted. Wasting was higher in rural areas than urban areas (13 and 9 percent, respectively). Wasting was also higher among mothers who were classified as thin based on their BMI (17 percent) and mothers with no education (13 percent). The regions with the highest prevalence of wasting were Afar (19 percent) and Somali (17 percent). Thirty four percent of children were underweight, with differences between urban (22 percent) and rural (37 percent). Levels were higher among lesser educated women (37 percent) and mothers with low BMI (40 percent). Two regions stand out with the highest prevalence of underweight, Afar (50 percent) and Tigray (44 percent). Among non-pregnant women, 29 percent were thin (below 18.5 BMI). More women in rural areas were thin (32 percent) compared to urban areas (21 percent). Women with no education were also more likely to be thin (31 percent) compared to those with a secondary or more education (17 percent). Of the women respondents, 38 percent had eaten 0-2 food groups, 49 percent had eaten 3-4 and only 13 percent had eaten five or more food groups in the previous day. The more schooling a woman had, the more likely she was to eat more food groups. Women living in urban areas were also more likely to consume more food groups. The majority (66 percent) of adolescent girls were students while 26 percent carried out housework. Thirty two percent had no education, 42 percent were in grades 1-6, 15 percent were in grades 7-8 and 11 percent were in grade 9 or higher. Only 5 percent of the girls sampled had been pregnant. Among adolescent girls, only 4 percent had ever received iron supplementation and 13 percent had received a

deworming tablet in the past 6 months. Three quarters of all girls were consuming less than three meals per day and one third had skipped a meal in the previous two weeks, mostly due to reported food shortage. Twenty eight percent of girls had consumed 3 or less food groups (poor dietary diversity) in the previous day. Nutritional status of adolescent girls showed that 23 percent were stunted, with girls 13 to 14 years old and those living in rural areas more likely to be stunted. Fourteen percent of adolescent girls had a low body mass index for age.