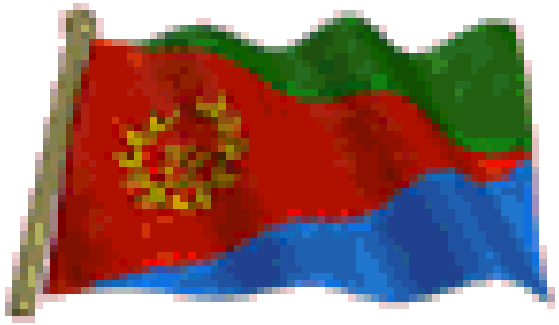


Comprehensive Africa Agriculture Development Programme (CAADP)

East and Central Africa Regional CAADP Nutrition Program Development Workshop

Nutrition Country Paper – Eritrea

DRAFT

February 2013

This synthesis has been elaborated in preparation for the CAADP workshop on the integration of nutrition in National Agricultural and Food Security Investment Plan, to be held in Dar-es-Salaam, Tanzania, from the 25th to the 1st March 2013.

The purpose of this Nutrition Country Paper is to provide a framework for synthetizing all key data and information required to improve nutrition in participating countries and scale up nutrition in agricultural strategies and programs. It presents key elements on the current nutritional situation as well as the role of nutrition within the country context of food security and agriculture, including strategy, policies and main programs. The NCPs should help country teams to have a shared and up-to-date vision of the current in-country nutritional situation, the main achievements and challenges faced both at operational and policy levels.

This work document will be further updated by the country team during the workshop.

General sources used to produce this document

The tableau below suggests a list of sources to consult when completing the NCP. This list has been completed with country-specific documents (e.g. national policies, strategic plans) that are available in your country.

Sources	Information	Lien internet
CAADP	Signed Compact / Investment plans / Stocktaking documents / Technical Review reports if available	http://www.nepad-caadp.net/library-country-status-updates.php
DHS	DHS Indicators	http://www.measuredhs.com/Where-We-Work/Country-List.cfm
FANTA	Food and Nutrition technical assistance / select focus countries	http://www.fantaproject.org/
FAO	Nutrition Country Profiles	http://www.fao.org/ag/agn/nutrition/profiles_by_country_en.stm
	FAO Country profiles	http://www.fao.org/countries/
	FAO STAT country profiles	http://faostat.fao.org/site/666/default.aspx
	FAPDA – Food and Agriculture Policy Decision Analysis Tool	http://www.fao.org/tc/fapda-tool/Main.html
	MAFAP – Monitoring African Food and Agricultural Policies	http://www.fao.org/mafap/mafap-partner-countries/en/
OMS	Nutrition Landscape information system (NILS)	http://apps.who.int/nutrition/landscape/report.aspx
REACH	REACH multi-sectoral review of existing data on the nutrition situation, programmes and policies	*When available*
ReSAKKS	Regional Strategic Analysis and Knowledge Support System	http://www.resakss.org/
UNICEF	Nutrition Country Profiles	http://www.childinfo.org/profiles_974.htm
	MICS: Multiple Indicators Cluster Surveys	http://www.childinfo.org/mics_available.html
WFP	Food security reports	http://www.wfp.org/food-security/reports/search
Others		
National Sources	Interim Poverty Reduction Strategy Paper (I-PRSP) Agricultural Development Programme 2008-2010 Eritrea Food Security Strategy National Nutrition Strategy	

I. Context – food and nutrition situation

General Indicators		*Sources / Year*
Population below national poverty line of Nafka 240 per capita/month	66 %	GoE LSMS/2003
Under-five mortality rate (per 1,000 live births)	61	IGME / 2010
Infant mortality rate (per 1,000 live births)	42	UNICEF / 2010
Primary cause of under-five deaths ⇨ Rate of death due to Neonatal	30%	WHO/ CHERG/ 2010
Maternal mortality rate /100 000 lively births	480	UN/2010
Primary school net enrolment or attendance ratio	61	EDHS/2002
Primary school net enrolment -ratio of females/males	39/34	EDHS/2002
Agro-nutrition indicators		*Sources/Year*
Cultivable land area (ha)	1.6million	FAO/2006-08
Access to improved drinking water in rural areas	47.2	KAP/2012
Access to improved sanitation in rural areas	18%	KAP/2012
Food Availability		
Average dietary energy requirement (ADER)	2120	FAOSTAT/2006-08
Dietary energy supply (DES)	1590	FAOSTAT/2005-07
Total protein share in DES	12	FAOSTAT/2005-07
Fat share in DES	15	FAOSTAT/2005-07
Food Consumption		
Average daily consumption of calories per person		
Calories from protein		
Calories from fat		
Average daily fruit consumption (excluding wine) (g)		
Average daily vegetable consumption (g)		

Economic Development

The country witnessed economic growth of up to 11% per annum in the period 1993–1997. However growth and per capita income in real terms declined with the resumption of hostility in 1998 (USD 200 per capita in 2005). Almost 80% of the population live in the rural areas and the majority depend on subsistence/semi-subsistence agriculture, pastoralism and marine fishing for income and employment, though agriculture accounts for about 23% of GDP (FAOSTAT, 2006-08). About 2.1 million ha are estimated as arable, however the cultivated area is currently estimated at just 672,000 ha of which over 90% is under rained subsistence farming using traditional system. Generally yields are very low and crop failures occur on average from 1 in 3 years to 1 in 5 years. Severe land degradation further reduces productivity. The total livestock population is high but productivity is low due to shortages of feed and water and problems with pests and diseases.

Geography, population & human development

Eritrea gained formal independence in 1993 after a 30 year war with Ethiopia. It is bordered by Sudan in the west, the Red Sea in the east, Ethiopia in the south, and Djibouti in the southeast. It has a total area of around 124,000 km^2 and a population of about 5.4 million growing at 3% per annum (UN World Population prospects, 2011). A border dispute with Ethiopia erupted into war in May 1998 and continued until June 2000. About a million people were internally displaced or fled the country. Eritrea is one of the poorest countries in the world. GDP per capita is US$ 369 in 2009 (UNdata, 2009). According to the Human Development report 2011, it has a Human Development Index (HDI) of 0, 349 ranking of 177th out of 187 countries (UNDP, 2011). In comparison, the HDI of Sub-Saharan Africa as a region increased from 0.365 in 1980 to 0.463 today, placing Eritrea below the regional average. The country's population living below the national poverty line is estimated at an average of 66%. On the social side, Eritrea is reported to be on track to achieve the Millennium Development Goal (MDG) goal 3 on gender equality and MDG goal 4 on child survival. Eritrea is also considered to be one of the Sub-Saharan African (SSA) countries with the best models of malaria control and immunization coverage. On the water and sanitation side, it is estimated that 20% of the rural water supply points are non functioning due to lack of maintenance and poor management. 57% of the rural population has access to safe drinking water. Access to improved sanitation increased from 2% to 5%.

Main causes of malnutrition in your country related to economic vulnerabi and food security

- *Frequent erratic rainfall with low farm production leading to reduced food production*

Main linkages between malnutrition and disease

- *Unsafe water and poor sanitation contribute to repeated diarrheal diseases leading to malnutrition*
- *Frequency of certain diseases particularly diarrhea and acute respiratory infection*

Main linkages between malnutrition, care and sociocultural issues

- *Poor feeding practices*

Food Security (food availability, access, utilization, diet/food habits, coping mechanisms)

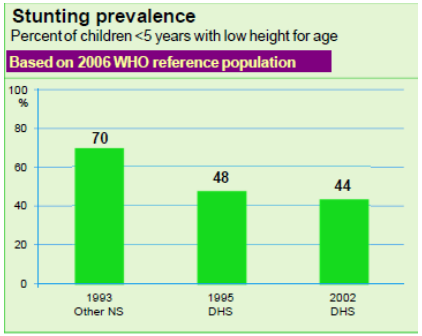
According the national poverty assessment, the incidence of food poverty, denoting those who are unable to meet their essential food requirements, is very high - covering 70-80% of the population (i.e. 80% in rural areas and 20% in urban areas). Even in years with adequate rainfall, about half of the food that the country requires has to be imported. When drought strikes domestic food production can fall to as little as 25% of national consumption. Rural households are the most severely affected by poverty because of the low productivity of their crops and livestock enterprises. Almost two thirds of all households lack food security. Female-headed households represent a typical group within the vulnerable segment, characterised by low farm production and income, largely because they lack sufficient human power and own fewer assets than the average poor household. The causes of food insecurity in Eritrea include also erratic rainfall and frequent droughts; war damage to agricultural infrastructure, machinery and inputs; loss of livestock; population displacement and dislocation, which disrupted farming activities; and predominance of low-productivity owing to subsistence farming, fragmented land ownership, poor farm management, deforestation and uncontrolled over-grazing contributing to water-table depletion. In addition, there are important food-security-related capacity gaps and challenges in the management of water resources, addressing labour shortages, the need for modernizing traditional agriculture, unsupportive land tenure policies and fragmentation, and the need for increasing production of high value crops. At household level, inadequate access to food is both a source and a consequence of poverty. Food-insecure populations suffer from limited market outlets for their produce and limited access to income-generating activities in non-agricultural sectors.

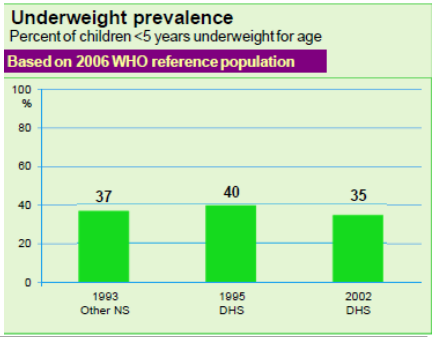
Agro-Nutrition Indicators (continued)		*Sources/Year*
Nutritional Anthropometry (WHO Child Growth Standards)		
Prevalence of stunting in children < 5 years of age	44	EDHS/2002
Prevalence of wasting in children < 5 years of age	15	EDHS/2002
Prevalence of underweight children < 5 years of age	35	EDHS/2002
% Women (15-49 years) with a BMI < 18.5 kg/m²	30	EDHS/2002
Prevalence of obesity BMI > 30 kg/m^2 - Children under 5 years old - Adults	1,6 3,3	EDHS/2002 FAOSTAT/2004

Nutritional Situation[i]

44% of children under the age of five are stunted, 35% are underweight, and 15% are wasted. 54% of all deaths that occur before age five are related to malnutrition (severe and moderate malnutrition) (EDHS, 2002). Eritrea has thus high stunting rates relative to countries in the same region and income group. The deleterious effects of drought and high consumer prices show up as poor sanitation coverage and a rise in undernutrition. A rapid screening using mid-upper arm circumference, conducted in April and May 2010, showed that global acute malnutrition rates among children under age 5 range from 5 per cent to 11.7 per cent in the country's six regions. Wasting rates are the lowest in the Maekel region and highest in the Smenawi Keih Bahri region. The prevalence of acute malnutrition is higher in rural areas (14%) compared to urban areas (respectively 4% in Asmara and 11% in other small cities or town) (DHS, 2002). Wasting ranges from 6 to 18 percent among children in the 6 regions. In addition, diarrhoeal disease related to poor sanitation remains among the three leading causes of under-5 mortality.

Agro-nutrition indicators (continued)		*Sources/Year*
Infant feeding by age		
Children (0-6 months) who are exclusively breastfed	70	KAP/2008
Children (6-9 months) who are breastfed with complementary food	42	EDHS/2002
Children (9-11 months) who are using a bottle with a nipple	4	EDHS/2002
Children (20-23 months) who are still breastfeeding	81	EDHS/2002
Coverage rates for micronutrient supplements		
% Households consuming adequately iodized salt (≥ 15ppm)	>80	CHNW/2009
Vitamin A supplementation coverage rate (6-59 months)	90	CHNW/12
Vitamin A supplementation coverage rate (≤2 months postpartum)	13	EDHS/2002
Prevalence of anemia among pre-school children	70	WHO/1993-05
Prevalence of anemia among pregnant women	55	WHO/1993-05





Indicator	Total	Gender			Residence		
		Male	Female	Ratio of Male to Female	Urban	Rural	Ration of Urban to Rural
Underweight prevalence (based on WHO reference population, %)	35	36	33	1.1	23	40	0.6
Stunting prevalence (basde on WHO reference population, %)	44	45	42	1.1	33	49	0.7

Infant feeding

Breastfeeding is almost universal in Eritrea. 80% of children are breastfed within an hour of delivery and 90% within the first 24 hours. Exclusive breastfeeding increased from 52 percent in 2002 to 70% in 2008 (KAP Survey). Breastfeeding in Eritrea lasts for 22 months. Bottle feeding is not practiced commonly. 58% of infants are not fed appropriately with both breast milk and other foods. The coverage of women who give birth with a skilled attendant – only 28%– is low, while maternal mortality rate is moderately high, at 480 per100,000.

Micronutrients

Anemia is found in about 70% of preschool aged children and 55% of pregnant women, respectively (WHO, 1993-05). Approximately half of anemia is due to dietary iron deficiency. However, HMIS data on anaemia cases in outpatient and inpatient Department (OPD) showed an overall decreasing trend of cases in both below and above five years of age. Vitamin A supplementation was initiated in 1997 and is continuing being integrated in the child Health and Nutrition Week (CHNWs), conducted twice a year. The coverage of iron/folate supplementation for pregnant women was estimated to be at 80 percent[1]. Iodine deficiency disorders: The 1993 survey showed high prevalence of goiter (23% of school children aged 0-11yrs). In EDHS 2002, 68% of children suffered to some level of deficiency (down from 87% in 1993). It is estimated than 80% of children under five years live in a household that uses salt containing some iodine (CHNW, 2009).

1 MoH Reproductive Health Department annual report 2010.

Malnutrition from the perspective of food insecurity

Maps sources

Map: Prevalence malnutrition / food insecurity/ other indicators of nutritional status among regions

II. Current strategy and policy framework for improving food security and nutrition

Specific strategies, policies and programs currently in place in the food and agriculture sector to improve nutrition

What are the most relevant policy documents and strategic plans (i.e. policies, strategies and action plans related to nutrition, food security, agricultural development, sustainability, etc.) related to food and nutrition security? How is food and nutrition security addressed in these plans? Are they operational?
Objectives and main activities: What main nutrition sensitive activities are mainstreamed in the different strategies and policies?
Budget: What budget allocations have been made? Any specific line dedicated for food and nutrition security?
Key points: Is nutrition included as an objective of agricultural policies and/or national development plans? If there is a separate Nutrition Policy or Programme, what involvement is there from agriculture? For each policy, illustrate the level of importance, the level of mainstreaming of the nutrition component, the linkages between nutrition and agriculture, the implementation or not of activities and recommendations, the impacts.

Strategy / Policy	*Reference Period*	*Objectives and main components*	*Budget / Donor*	*Stakeholders*	*Key points*	*Integration of Nutrition*
STRATEGIC FRAMEWORK						
Interim Poverty Reduction Strategy Paper (I-PRSP)	2004	The aim of the I-PRSP is to "achieve rapid, balanced and sustainable economic growth with social equity that translates into improved standard of life of all its citizens". This long-term objective is to be realised by: • Creating favourable conditions to achieve high and sustainable economic growth; • Investing in productive sectors with concentration on areas where Eritrea has a comparative advantage and on priority infrastructure services; • Investing in human resources development with priority to education and health sectors, HIV/AIDS prevention, treatment and care; and development of social protection and social safety nets for the most vulnerable; • Ensuring participation of the population in the political, economic and social processes of nation building; and • Establishing a responsive and efficient public services administration • Security nets to benefit the most vulnerable			The I-PRSP has three main components: • Restoring economic growth while maintaining macroeconomic stability • Raising the incomes of the poor segments of the population • Enhancing human resource endowments by providing basic essential services and widening the	*Country point of view : Fill with one of the following symbol :* 
Medium Term Development Plan (MTDP)		The Government is in the process of articulating a five year National Development Plan, which is expected to focus on the three priority areas already identified by the Government, that is: (i) food security and development of cash crops (ii) physical and social infrastructure (iii) human capital development in the short to medium terms				

Strategy / Policy	*Reference Period*	*Objectives and main components*	*Budget / Donor*	*Stakeholders*	*Key points*	*Integration of Nutrition*
AGRICULTURE						
Agricultural Development Programme 2008-2010	2008-2010 (developed in 2007)	- Area-based intervention communities target - National capacity (research, extension , legal instrument/food safety)	Total budget $150 million Donors: UE (€70 million)		Two types of interventions: - Area-based interventions that directly target beneficiaries communities - National capacity-building interventions (such as support for research and extension, adoption and enforcement of legal instruments ,or food safety)	
FOOD SECURITY						
Eritrea Food Security Strategy	2004	Goal: to ensure that all Eritreans have sufficient quantity of acceptable quality food at an affordable price at any time and place within the country. Eritrea's food security strategy contains two inter-related sub-strategies: National Food Security Strategy and Household Food Security Strategy. The food security strategy forms an integral part of the poverty reduction strategy (I-PRSP)				
NUTRITION						
National Nutrition Strategy	2007-2011	Monitor and improve nutritional status of the people				
Infant and Young Child Nutrition Strategy and Plan	2004	Promote protect support breastfeeding				

HEALTH & SOCIAL PROTECTION						
National Health Policy	2010	I Significantly reduce the burden of early childhood illnesses and improve maternal and child health development; II. Control communicable diseases with the aim of reducing them to a non-public health problem; III. Prevent, control and manage non-communicable diseases; IV. Develop and strengthen environmental health, personal hygiene and sanitation; V. Strengthen Health education (IEC) and health promotion to enhance health awareness, discourage harmful practices and promote healthy life style; VI. Strengthen and periodically review health information management system; VII. Establish a mechanism for disaster preparedness and response; VIII. Improve effectiveness of governance of the health system. IX. Establish effective and efficient health management systems; X. strengthen and promote applied health research on major health problems; XI. Strengthen inter-sectoral collaboration with all relevant government and nongovernment bodies to implement multi-sectoral components of the national health strategies; XII. Promote and strengthen cooperation with all neighboring countries, the countries of the region, and international organizations; XIII. Introduce a health-financing scheme that protects people from catastrophic expenditures and ensures sustainability of the system. XIV. Strengthen sector planning and monitoring capability		Ministry of Health In collaboration and partnership with other Government sectors, development partners, and the private sector (Establish a national Public-Private Partnership (PPP) coordination mechanism)	Nutrition components in the policy: The nutritional status (including balanced, under and over nutrition) of the population especially amongst children, pregnant and lactating mothers shall be monitored and improved and the prevalence of protein energy and micronutrient deficiencies shall be reduced using various nutrition interventions and nutrition and growth promotion activities Strategic direction on improving nutritional status of the people: Promote breast feeding and growth monitoring activities, and strengthen routine supplementation with vitamin A, iron, zinc, etc. including during ANC and postnatal care of mothers.	
National HIV/AID Policy	2007					
National Environment Policy	2011					

Institutional execution framework linked to food security and nutrition

Which are the institutions responsible for, and participating in the design and implementation of FNS policies and programmes?

Main entities in charge of implementing the food and nutrition policy framework

What types of support structures, institutions, programmes, and initiatives exist at central and community levels to strengthen household FNS (formal, non-formal, traditional etc.)? Anchorage, Main ministries involved, role and responsibilities, coordination mechanisms (task force, core group, cluster...)

The following are involved either directly or indirectly in attaining food security:

- Ministry of agriculture : is responsible mainly for ensuring food security and restoring the environment at large
- Ministry of Fisheries: mainly deals with developing, managing the marine living resources as well as protecting and preserving the marine habitat with the intention to judiciously exploit the aforesaid resources for the improvement the quality of life of the people in Eritrea and the surplus to export.
- Ministry of land , water & Environment : mainly deals with protection , enhancement of the environment by way of co-ordination different sectors Which have direct relation with the environment, so as to achieve rapid social and economic development through rational and sustainable utilization of resources for the current and forth coming generations?
- Ministry of construction: is responsible for the construction of infrastructure in the country to allow greater market integration through improved access which brings in greater returns to the farmer and others.
- Ministry of Trade & Industry: initiates and develops a diversified economy to give the population access to greater income sources as to meet food security needs.
- Ministry of Education: is responsible for developing human capacity so as to enable them to do work more productively. Moreover, teachers and students actively participate in the summer development campaign in addition to their respective studies.
- Ministry of Health: is responsible for the people's health and nutrition so as to attain active and productive society who really contributes stupendously in food security.
- Ministry of National Development: mainly focuses on decentralized decision making and activities so as to have access to resources at local levels to improve strongly the rural vulnerable community.
- Ministry of Labour and Human Welfare: is responsible for promoting employment and harmonious industrial relation, safeguarding the working environment through occupational safety ; formulating and implementing social welfare and community development activities as well as formulating Social security policy.
- Different UN agencies are involved in technical and financial support (WHO, UNICEF, FAO, UNFPA, UNDP…)
- National Union of Eritrean Women (NUEW) : nongovernmental organization working towards improving the lives of Eritrean Women by way of organizing the women and raising consciousness ; eradicate illiteracy among women and provide skill training ; promote women's legal rights; enhance women's participation in decision –making and political leadership
- Improve women's health and fight against harmful traditional practices;
- Improve women's economic situation by introducing rural credit schemes especially for women headed households and internally displaced women;
- And conduct research and assess women 'situation.
- National Union of Eritrea Youth and Students: deals with awareness raising activities with young people in Eritrea society and provides training opportunities so as to give greater earning capacity and improve their earning levels and thus food security.
- Private sector: they are involved in agricultural activities.

Main technical and financial partners

Role, responsibilities, coordination...

IFAD: main ongoing programmes (National Agriculture Programme - Total project cost: US$26.4 million; Fisheries Development Project - Total project cost: US$18.1 million; PCDDRP: Post-Crisis Rural Recovery and Development Programme - Total project cost: US$43.7 million;.)
African development bank: education sector
European commission: country strategy paper for 2009-2013 (€122 000 000 + € 7,26 million). Main focal sectors of cooperation: food security/rural development, infrastructure rehabilitation, capacity-building
World bank: health, education
Other donors include (not exhaustive): Norway (rural development including reforestation), China, Japan
Un agencies : FAO, UNICEF, WHO, UNDP
International humanitarian organizations (e.g.Mercy corps, OXFAM, ICRC)
Eritrea is member of COMESA and CENSAD

Disaster prevention/management structures

What are the disaster prevention/management structures in place at central and local levels? Do these operate effectively? What more can be done?

Analysis of on-going process within nutrition-linked regional and international initiatives

(Ex: Reach, SUN, CAADP…)

Adherence to global / regional initiatives linked to nutrition (e.g. SUN, REACH...)

What global/regional initiatives is the country adhering to in order to promote food and nutrition security? Is it of any value to IP implementation?
What institutions exist at regional level that promote FNS and could be of value to IP implementation?

- CAADP/NEPAD
- COMESA
- Communicating with regional and sub-regional related organizations

III. Analysis of current and future country nutritional actions & perspectives

Institutional framework & funding

Main evolutions in terms of institutional framework, linked with nutrition and main trends in terms of financing mechanisms

Consideration of nutritional goals into programs / activities related to agriculture and food

Analysis of the Mainstreaming Nutrition in different sectors, and at the institutional level

Main food and agriculture programmes and interventions being implemented to improve nutrition in the different sectors (health, agriculture, food security...)

Food security and agriculture interventions

One of the primary goals of the Eritrean agricultural sector is to guarantee food security by introducing modern technology, irrigation, terracing, soil and water conservation, with less dependence on rainwater. To increase agricultural productivity, the government of Eritrea is focusing on multifaceted programmes of transition to irrigation, through comprehensive water management programmes and increased use of essential inputs. It has embarked on the programme of constructing micro dams (major dam projects like the Tokar dam were carried out and about 20 other dams were constructed) and has put in place the programme of terracing and afforestation to control and contain environmental degradation and effects of climate change. And has also piloted a high speed wind farm in Assab, which is a model with a great potential for scaling up. To address food insecurity, the Government of Eritrea has been also involved in the implementation of several health, education, fisheries and other infrastructural projects and programs.

Among others the following activities are underway in regard to food security:

- Increasing of cultivated lands; cultivated area is increasing from year to year through various means such as encouraging farmers to till more land is available. In addition, the government introduced an integrated farming system in 1996 so as to avoid fragmentation. Farmers are organized to consolidate their farms, while the government assists them with provision of fertilizer seed, machinery and various pesticides on a credit basis. Moreover, it assists them technically.
- Diversification of agriculture: the government is initiating diversification in order to enhance agricultural production and give some security and guarantee during natural disaster such as pests and diseases. Moreover, the government mainly focuses on promotion of horticultural crops and tree crops.
- Introduction of high yielding and some varieties resistant against adverse condition
- Provision of water pumps, seeds, farm implements, shoats, poultry chicks Beehive and its accessories on credit basis to farmers.
- Initiating farmers to focus on high value crops, livestock and fishery with the intention to encourage exports.
- Encouraging farmers to practice farming through irrigation as to avoid dependency on rainfall, which is erratic and unreliable (through dam, well and other structure construction).
- Strengthening research and extension services in order to equip farmers with the necessary and latest innovations and technologies;
- Making available all the necessary inputs required by farmer.

- Protecting and conserving natural resources which have great impacts on agriculture as a whole.
- Diverting floods through construction of diversion canals to fields found on foothills and flat lands. This is known as spate irrigation.
- Opening good opportunities for commercial farmers to invest on agriculture.
- To stabilize prices and to save farmers from exploitation by traders, the government buys grains from the farmers at reasonable prices during harvest and reserves it for times of need.
- Enhancing productivity of livestock through introduction of improved breeds, prevention and control of disease and parasites as well as improving feed management.
- Equipping farmers with modern agricultural innovations and technologies through periodic intensive training.

Specific Nutrition interventions:

Eritrea has done a lot within ten years (1996-2011) although Eritrea is a young nation with limited resources, shortage of expertise and inadequate experience in the area of nutrition. The country has organized the nutrition services and implemented appropriate nutrition interventions. These observations are clearly reflected in the ten-year impact evaluation/progress reports of nutrition. But, it is also acknowledged that there is a long way to reach the goal of reducing the prevalence of malnutrition to a level that it is no more of public health problem in the country.

Micronutrient deficiency control interventions:

- As malaria is one of the major causes of anaemia, the drastic reduction of malaria in all age groups since 1990 have contributed to this trend of decreasing number of cases of clinical anaemia. The anaemia control was addressed by publishing a new policy guideline in 2007 and iron/folate supplementation focusing on pregnant women implemented through the reproductive health in antenatal care.
- Vitamin A supplementation was initiated in 1997 and is continuing being integrated in the child Health and Nutrition Week (CHNWs), conducted twice a year. Since integration of Vitamin A supplementation into CHNWs, the coverage has reached above 80%2.
- Iodine deficiency disorders (IDD) : Advocacy has been through mass media. Developing BCC materials and continuous follow up and control at the site of production and retailers.

Acute malnutrition activities:

Measurement of Mid upper arm Circumference is also part of the child health and Nutrition week.

[2] MoH nutrition department annual report 2009

Main population groups targeted & localisation

Analysis of the targeting mechanism / What is the scale in which those programmes and interventions are being implemented at national level, provincial or district level?

- Technical support and provision of farm tools to farm households
- Extension services given to grass root target groups
- Provision of water pumps, shoats chicks Bee hives, horticultural seeds
- Capacity development to target group

Monitoring & Evaluation mechanisms

Description of the monitoring & evaluation mechanisms, main indicators collected and used (multi-sectoral approach)

Main management and technical capacities at the institutional level

Managerial capacities of line ministry staff at national, provincial and district levels?
Technical capacities of Ministry staff and agriculture service providers and R&D sector?

Coordination mechanisms (public-public, public-private, technical and financial partners)

Analysis of these mechanisms, and suggestions of improvements

Main issues at stake to improve the mainstreaming and scaling-up of nutrition at the country level and regional / international level, taking into account sustainability

Success factors, challenges, main priorities

Definitions

Acute hunger	Acute hunger is when the lack of food is short term, and is often caused when shocks such as drought or war affect vulnerable populations.
Chronic hunger	Chronic hunger is a constant or recurrent lack of food and results in underweight and stunted children, and high infant mortality. "Hidden hunger" is a lack of essential micronutrients in diets.
Direct nutrition interventions and nutrition-sensitive strategies	Pursuing multi-sectoral strategies that combine direct nutrition interventions and nutrition-sensitive strategies. Direct interventions include those which empower households (especially women) for nutritional security, improve year-round access to nutritious diets, and contribute to improved nutritional status of those most at risk (women, young children, disabled people, and those who are chronically ill).
Food Diversification	Maximize the number of foods or food groups consumed by an individual, especially above and beyond starchy grains and cereals, considered to be staple foods typically found in the diet. The more diverse the diet, the greater the likelihood of consuming both macro and micronutrients in the diet. *Source : FAO*
Food security	When all people, at all times, have physical, social and economic access to sufficient, safe and nutritious food that meets their dietary needs and food preferences for an active and healthy life.
Hunger	Hunger is often used to refer in general terms to MDG1 and food insecurity. Hunger is the body's way of signaling that it is running short of food and needs to eat something. Hunger can lead to malnutrition.
Iron deficiency anemia	A condition in which the blood lacks adequate healthy red blood cells that carry oxygen to the body's tissues. Without iron, the body can't produce enough hemoglobin, found in red blood cells, to carry oxygen. It has negative effects on work capacity and motor and mental development. In newborns and pregnant women it might cause low birth weight and preterm deliveries.
Malnutrition	An abnormal physiological condition caused by inadequate, excessive, or imbalanced absorption of macronutrients (carbohydrates, protein, fats) water, and micronutrients.
Millennium Development Goal 1 (MDG 1)	Eradicate extreme poverty and hunger, which has two associated indicators: 1) Prevalence of underweight among children under five years of age, which measures under-nutrition at an individual level; and, 2-Proportion of the population below a minimum level of dietary energy consumption, that measures hunger and food security, and it is measured only at a national level (not an individual level). *Source : SUN Progress report 2011*
Multi-stakeholder approaches	Working together, stakeholders can draw upon their comparative advantages, catalyze effective country-led actions and harmonize collective support for national efforts to reduce hunger and under-nutrition. Stakeholders come from national authorities, donor agencies, the UN system including the World Bank, civil society and NGOs, the private sector, and research institutions.
Nutritional Security	Achieved when secure access to an appropriately nutritious diet is coupled with a sanitary environment, adequate health services and care, to ensure a healthy and active life for all household members.
Severe Acute Malnutrition (SAM)	A weight-for-height measurement of 70% or less below the median, or three standard deviations (3 SD) or more below the mean international reference values, the presence of bilateral pitting edema, or a mid-upper arm circumference of less than 115 mm in children 6-60 months old.
Stunting (Chronic malnutrition)	Reflects shortness-for-age; an indicator of chronic malnutrition and it is calculated by comparing the height-for-age of a child with a reference population of well-nourished and healthy children.
Underweight	Measured by comparing the weight-for-age of a child with a reference population of well-nourished and healthy children.
Wasting	Reflects a recent and severe process that has led to substantial weight loss, usually associated with starvation and/or disease. Wasting is calculated by comparing weight-for-height of a child with a reference population of well-nourished and healthy children. Often used to assess the severity of emergencies because it is strongly related to mortality. *Source : SUN Progress report 2011*

Acronyms

ASARECA	Association for Strengthening Agricultural Research in Eastern and Central Africa
AUC	African Union Commission
BMI	Body Mass Index
CAADP	Comprehensive Africa Agriculture Development Program
CILSS	West Africa Regional Food Security Network
CIP	Country Investment Plan
COMESA	Common Market for Eastern and Southern Africa
CORAF	Conference of African and French Leaders of Agricultural Research Institutes
DHS	Demographic and Health Survey
EAC	East African Community
ECOWAS	Economic Community of West African States
FAFS	Framework for African Food Security
FAO	Food and Agriculture Organization
IFAD	International Fund for Agricultural Development
IFPRI	International Food Policy Research Institute
JAG	Joint Action Group
MICS	Multiple Indicator Cluster Survey
NAFSIP	National Agriculture and Food Security Investment Planning
NCD	Non-communicable Disease
NCHS	National Center for Health Statistics, Centers for Disease Control & Prevention
NEPAD	New Partnership for Africa's Development
NPCA	National Planning and Coordinating Agency
PRS	Poverty Reduction Strategy
REACH	Renewed Efforts Against Child Hunger
REC	Regional Economic Community
SGD	Strategic Guidelines Development
SUN	Scaling-Up Nutrition
UNDP	United Nations Development Program
UNICEF	United Nations International Children's Emergency Fund
USAID	United States Agency for International Development
WFP	World Food Program
WHO	World Health Organization

[i] In 2006, reference norms for anthropometric measures have been modified : from NCHS references to WHO references. To compare data measured before and after 2006, we usually use NCHS references.