2. System strengthening:

- The MoA and MoH should establish a system for the Development Agents (DA) and Health and Extension Workers (HEWs) to work together on nutrition and involve home agents and health development agents to assist rural women in household management and consumption of high nutrient products.

3. At the community level:

- The MoA should continue to facilitate and involve women in value addition activities that improve income generation of the households to ensure nutrition security.

4. Research and extension technology:

- Agricultural Research Systems (EARS) should continue to work on generation and dissemination of bio-fortified food crops or technologies in order to enrich the micronutrient content of staple food crops, pulses, oil seeds, root crops, fruits and vegetables.


6. At the community level:

- The MoA should continue to work on generation and dissemination of bio-fortified food crops or technologies in order to enrich the micronutrient content of staple food crops, pulses, oil seeds, root crops, fruits and vegetables.

Indeed, regions with surplus production nutrition and health and mitigate malnutrition among vulnerable agricultural productivity has not been fully exploited to improve and mainstream nutrition activities in agriculture, health and other relevant sectors remain inadequate. Thus, the potential in increased agricultural productivity has not yet been realized to improve nutrition and health and mitigate malnutrition among vulnerable population groups. Instead, regions with surplus production or adequate incomes also have high rates of malnutrition, implying that food security is necessary but not sufficient to address the problem of malnutrition in Ethiopia.

Malnutrition is prevalent, especially among children and women, and accounts for the high infant and child mortality rates. Malnutrition also affects mental development, and accounts in part for the high maternal, infant and child mortality rates. Malnutrition is prevalent, especially among children and women, and accounts for the high infant and child mortality rates. Malnutrition also affects mental development, and accounts in part for the high maternal, infant and child mortality rates. Malnutrition is prevalent, especially among children and women, and accounts for the high infant and child mortality rates.

Accompanying the trends in the Nutrition status of children in Ethiopia:

<table>
<thead>
<tr>
<th>Year</th>
<th>Stunting 10</th>
<th>Wasting 12</th>
<th>Underweight 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td>51.5</td>
<td>12.9</td>
<td>44.4</td>
</tr>
<tr>
<td>2002</td>
<td>51.7</td>
<td>12.0</td>
<td>44.9</td>
</tr>
<tr>
<td>2004</td>
<td>42.1</td>
<td>10.0</td>
<td>45.5</td>
</tr>
<tr>
<td>2006</td>
<td>30.8</td>
<td>7.0</td>
<td>43.3</td>
</tr>
<tr>
<td>2008</td>
<td>28.7</td>
<td>6.0</td>
<td>42.1</td>
</tr>
<tr>
<td>2010</td>
<td>26.0</td>
<td>5.0</td>
<td>41.5</td>
</tr>
</tbody>
</table>

Turnaround in hunger and food insecurity by household receipts. Malnutrition in Ethiopia is not only a food availability and access, but also a food utilization problem. Malnutrition in Ethiopia is not only a food availability and access, but also a food utilization problem.

Action (2004-2010) for Sustainable Development to Eradicate the problem of malnutrition in Ethiopia.

1. High priority accorded to agricultural development and food security.
2. Increased political commitment exists for nutrition programs.
3. Structures and programs exist at community level to implement programs.
4. Inhabitants in drought-prone regions are getting relief.
5. New funding opportunities for research on nutrition and health and laboratory support.

Gaps & Challenges:

1. Nutrition objectives and interventions not articulated in agricultural policies and plans.
2. Roles and responsibilities for various sectors not well defined.
3. Cadre of expert and information sensitive agricultural interventions need to be strengthened.
4. Multi-sectoral approach to effectively deal with the problem of malnutrition are lacking.
5. Agricultural technology generation research strategy to tackle nutritional challenges.
6. Seed Enterprises not able to meet demands.
7. National Nutrition Coordination body (NHC) power limited to legitimize nutrition as a multi sectoral issue and influence integration into sector policies & programs.
8. Nutrition not well integrated in PME plans of both agriculture and health.

Results and Lessons:

- The Agricultural Development Led Industrialization (ADIL) policy adopted by Ethiopia and its “Rural Development Policy,
- Strategy and Instruments” published in 2003 emphasized the importance accorded to agriculture and food security, which are more concretely articulated in the 2003 and 2009 “Food Security Programme” documents and the series of five – year development plans culminating in the current Growth and Transformation Plan for 2010-2011 – 2014/15. However, health and agriculture development and programs have not clearly articulated nutrition objectives, interventions and targets.
- The National Nutrition Strategy (NNS) and its five National Nutrition Program (NNP) and National Nutrition in the Growth and Transformation Plan as well as the scaling up nutrition interventions by MoH over the period 2004-2010 has not contributed to the multi-sectoral commitment the GNP towards nutrition. None-the-less, the NNN and NNP do not outline specific measures to address accountability of the various sectors. As a result, there is a lack of full ownership and accountability of the sectors to implement and monitor nutrition sensitive agricultural interventions.
- The Production Safety Net Programme (PSNP), the Household Asset Building Programme (HABP), the National Complementary Community Intervention (CCI) and the Reintegration Programme have enabled nearly two million inhabitants in various drought-prone regions to graduate from chronic food insecure status to self-reliance. However, integrated nutrition interventions and targets are not clearly articulated.

- There are opportunities at the community to integrate agriculture and health with nutrition through government paid front line workers, i.e. agricultural development agents, health and agriculture extension workers, i.e. agricultural development agents, health extension workers, i.e. agricultural development agents, health and agricultural extension workers; and laboratory support

National Coordination body

1. Policy environment for nutrition:

- Agricultural policies, programs, and strategies should be revised to conform with nutrition strategies, objectives, and targets set by GoA in NHPI and GNP.
- Global & regional initiatives (e.g. SUN and CAADP) should be exploited to facilitate multi-sectoral coordination of nutrition in agriculture and poverty reduction policies & programs.

Conclusions and Recommendations

1. Policy environment for nutrition:

- Agricultural policies, programs, and strategies should be revised to conform with nutrition strategies, objectives, and targets set by GoA in NHPI and GNP.
- Global & regional initiatives (e.g. SUN and CAADP) should be exploited to facilitate multi-sectoral coordination of nutrition in agriculture and poverty reduction policies & programs.
- The National Nutrition Coordination body

Trends in Nutrition status of children in Ethiopia