



Ethiopia: Nutrition Profile

Malnutrition in childhood and pregnancy has many adverse consequences for child survival and long-term well-being. It also has far-reaching consequences for human capital, economic productivity, and national development overall. The consequences of malnutrition should be a significant concern for policymakers in Ethiopia, where about 5.8 million children under 5 years (38 percent) are suffering from chronic malnutrition (stunting or low height-for-age), according to the most recent Demographic and Health Survey (DHS) (Central Statistical Agency (CSA) [Ethiopia] and ICF International 2016).

Background

Ethiopia is the second most populous country in Africa with a current population of 102.4 million (UNICEF 2017). With a fertility rate of 4.2 children born per woman (UNICEF 2017), the country is projected to be among the top eight countries in the world with the greatest population increase between 2017 and 2050, with the total population estimated to rise to 190.9 million (Population Reference Bureau 2017). Youth make up 21.8 percent of Ethiopia's total population, the largest proportion of any country, totaling 22.8 million individuals between 15–24 years of age (Population Reference Bureau 2017).

Currently, Ethiopia ranks 126th out of 157 countries in progress toward meeting the Sustainable Development Goals (SDGs) (Sachs et al. 2017). According to the most recent DHS (2016), 25 percent of female deaths are related to pregnancy or childbearing, 77 percent of married women have the potential for having a high-risk birth, and one in 15 children will die before the age of 5 (CSA and ICF International 2016).

Although Ethiopia has the fastest growing economy in the region, it remains one of the poorest, with 23 percent of its population living below \$1.90 a day (World Bank 2017b; Sachs et al. 2017). Despite the large number of people still living in poverty, this is an improvement from 55 percent in 2000. Growth in the agricultural sector contributed towards poverty reduction. While agriculture remains an important part of the economy, particularly in rural areas where 55 percent of women and 83 percent men work in agriculture, services and manufacturing have become increasingly important sectors of the economy (CSA and ICF 2016; World Bank 2017b).

Because agriculture plays such a large role in the economy and in the livelihoods of the rural population, Ethiopia is particularly susceptible to climate-related shocks. Due to the 2015–2016 El Niño-related drought and repeated poor rainy seasons, an estimated 8.5 million people in Ethiopia are facing food insecurity (USAID 2017a). Additionally, due to drought in neighboring Somalia and conflicts in the surrounding region, nearly 893,938 refugees have fled to Ethiopia, making it host to the second largest refugee population in Africa. Ethiopia also has a large population of internally displaced persons (IDPs) due to conflict in the Oromia and Somali regions (USAID 2017b).

Nutrition and Food Security Situation

Prevalence of stunting and acute malnutrition (wasting or low weight-for-height) have decreased over the past decade but remain high, with 38 percent of children under 5 years stunted and 10 percent wasted. Twenty-two percent of women of reproductive age are undernourished, leaving their children predisposed to low birth weight, short stature, low resistance to infections, and high risk of disease and death. Children in rural areas are more likely to be malnourished than those in urban areas, with variations in the severity of stunting and wasting by region. Stunting is highest in Amhara (46 percent), Benishangul-Gumuz (43 percent), Afar (41 percent), and Dire Dawa (41 percent), whereas wasting is highest in Somali (22 percent), Affar (18 percent), and Gambela (14 percent). Differences in stunting levels can be seen according to maternal education and wealth levels—22 percent of children whose mothers have secondary education are stunted, while the rate rises to 42 percent of children whose mothers had no formal education. Similarly, 26 percent of children in the highest wealth quintile are stunted, while 45 percent of children in

the lowest wealth quintile are stunted (CSA and ICF 2016). Stunting prevalence is greatest between 12–35 months of age, ranging from 35–49 percent. The prevalence of diarrhea is also greatest between children 6–35 months, ranging from 13–23 percent (CSA and ICF International 2016). This aligns with the introduction of complementary foods, which if not combined with proper water, sanitation, and hygiene (WASH) practices, can have detrimental effects on the nutritional status of children.

Several additional factors are contributing to poor nutrition outcomes in Ethiopia. Childbearing begins early in Ethiopia. By age 19, 27.7 percent of adolescent girls had begun childbearing in 2016 which is a slight decrease from 33.6 percent in 2011 (CSA and ICF 2016). This has serious consequences because, relative to older mothers, adolescent girls are more likely to be malnourished and have a low birth weight baby who is more likely to become malnourished, and be at increased risk of illness and death than those born to older mothers (CSA and ICF 2016). The risk of stunting is 33 percent higher among first-born children of girls under 18 years in Sub-Saharan Africa, and as such, early motherhood is a key driver of malnutrition (Fink et al. 2014).

In addition, Ethiopia has very low usage of sanitation services, with only 7 percent usage of basic services nationally. Use of basic drinking water services is also low, especially in rural areas where they are used by only 30 percent of the rural population (UNICEF 2017).

HIV and TB infections are an important contributing factor to malnutrition, especially among adolescents and adults living in urban areas, where HIV prevalence was projected to reach 3 percent of the population in 2016, compared to 0.4 percent in rural areas (Ethiopian Health and Nutrition Research Institute 2012). Infections can reduce appetite, decrease the body's absorption of nutrients, and make the body use nutrients faster than usual to repair the immune system. HIV can cause or aggravate malnutrition through reduced food intake, increased energy needs, and poor nutrient absorption. In turn, malnutrition can hasten the progression of HIV and worsen its impact by weakening the immune system and impairing an individual's ability to fight and recover from illness. HIV affects nutritional status early in the infection, even before other symptoms appear.

Ethiopia Nutrition Data (DHS 2011 and 2016)		
Population 2016 (UNICEF 2017)	102.4 million	
Population under 5 years of age (0–59 months) 2016 (UNICEF 2017)	15.2 million	
	2011	2016
Prevalence of stunting among children under 5 years (0–59 months)	44%	38%
Prevalence of underweight among children under 5 years (0–59 months)	29%	24%
Prevalence of wasting among children under 5 years (0–59 months)	10%	10%
Prevalence of low birth weight (less than 2.5 kg) (of children whose birth weights are known)	11%	13%
Prevalence of anemia among children 6–59 months	44%	57%
Prevalence of anemia among women of reproductive age (15–49 years)	17%	24%
Prevalence of thinness among women of reproductive age (15–49 years)	27%	22%
Prevalence of thinness among adolescent girls (15–19 years) (BMI less than 18.5 kg/m ²)	36%	29%
Prevalence of children 0–5 months exclusively breastfed	52%	58%
Prevalence of children 4–5 months exclusively breastfed	32%	36%
Prevalence of early initiation of breastfeeding (i.e., put to the breast within 1 hour of birth)	52%	73%
Prevalence of children who receive a pre-lacteal feed	27%	8%
Prevalence of breastfed children 6–23 months receiving minimum acceptable diet	4%	8%
Prevalence of overweight/obesity among children under 5 years (0–59 months)	3%	3%
Prevalence of overweight/obesity among women of reproductive age (15–49 years)	6%	8%
Coverage of iron for pregnant women (for at least 90 days)	<1%	5%
Coverage of vitamin A supplements for children (6–59 months, in the last 6 months)	53%	45%
Percentage of children 6–59 months living in households with iodized salt	16%	88%

Global and Regional Commitment to Nutrition and Agriculture

Ethiopia has made the following global and regional commitments to nutrition and agriculture:

Year of Commitment	Name	Description
2012	Ending Preventable Child and Maternal Deaths: A Promise Renewed	Ethiopia pledged to reduce under-5 mortality to 20 or fewer deaths per 1,000 live births by 2035 by reducing the leading preventable causes of child mortality, including undernutrition (A Promise Renewed 2017).
2010	Scaling Up Nutrition (SUN) Movement	SUN is a global movement that unites national leaders, civil society, bilateral and multilateral organizations, donors, businesses, and researchers in a collective effort to improve nutrition. The Ethiopian Civil Society Coalition for Scaling Up Nutrition (ECSC-SUN) was established in 2013.
2009	Comprehensive Africa Agriculture Development Programme (CAADP) Compact	CAADP is an Africa-led program bringing together governments and diverse stakeholders to reduce hunger and poverty and promote economic growth in African countries through agricultural development (New Partnership for Africa's Development 2009). The CAADP process in Ethiopia is aligned to the Agriculture Development Led Industrialization (ADLI) strategy. In 2012, Ethiopia joined the New Alliance for Food Security and Nutrition, a partnership among African heads of state, corporate leaders, and G-8 members to accelerate implementation of CAADP strategies. The New Alliance strategy in Ethiopia aims to help 2.9 million Ethiopians emerge from poverty through a combination of strategies congruent with Ethiopia's Agriculture Sector Policy and Investment Framework (PIF).

National Nutrition Policies/Legislation, Strategies, and Initiatives

Ethiopia's commitment to improving nutrition is outlined in the following documents:

- Growth and Transformation Plan II (GTP II) (2015/16–2019/20)
- Second National Nutrition Programme (NNP II) (2016–2020)
- Seqota Declaration (2015)

- Agriculture Sector Policy and Investment Framework (2010–2020)
- National Nutrition Strategy (2008)
- Rural Development Policy and Strategies (RDPS) (2003)
- Agricultural Development Led Industrialization (ADLI) Strategy (1995)

The Seqota Declaration aims to end hunger and undernutrition by 2030. It established two multisectoral bodies to coordinate policy and technical decision-making. The National Nutrition Coordination Body (NNCB) handles policy and strategy decisions related to the NNP and the National Nutrition Technical Committee (NNTC) oversees technical decisions. A similar structure exists at the regional level (Republic of Ethiopia 2016). The Ministry of Health has been mandated to coordinate all sectors and development partners for nutrition.

Other coordination bodies include: the Rural Economic Development and Food Security Sector Working Group (RED&FS SWG), which is the coordination platform for agriculture, natural resource management, and food security; the Emergency Nutrition Coordination Unit in the Ministry of Agriculture, which convenes partners implementing emergency nutrition interventions; the Nutrition Development Partner Group (NDPG), which engages UN agencies, donors, and civil society; and the Multi-Stakeholder Food Fortification Working Group, which focuses on setting quality standards for salt iodization and flour and oil fortification (SUN 2017).

The Productive Safety Net Programme (PSNP) is Ethiopia’s rural safety net for food insecure households. The program began in 2005 and is now in Phase 4, which runs from 2015–2020. PSNP covers households in Afar, Amhara, Dire Dawa, Harari, Oromia, Somali, Tigray, and Southern Nations, Nationalities, and Peoples (SNNP) regions, and targets households that are chronically and transiently food insecure. PSNP provides cash and/or food transfers to these households, as well as technical assistance and training in livelihood activities (e.g., crops and livestock, and off-farm activities), to increase and diversify household incomes and build their assets (Ministry of Agriculture 2014).

The Agricultural Growth Program (AGP) seeks to increase agricultural productivity and market access for key crops and livestock products, with increased participation of women and youth. The program targets 96 *woredas* in four regions of Ethiopia (Oromia, Amhara, SNNP, and Tigray) (AGP 2017).

USAID Programs: Accelerating Progress in Nutrition

As of January 2018, the following USAID programs with a focus on nutrition were active in Ethiopia. The U.S. Government selected Ethiopia as one of 12 Feed the Future target countries for focused investment under the new U.S. Government Global Food Security Strategy.

Selected Projects and Programs Incorporating Nutrition in Ethiopia		
Name	Dates	Description
Feed the Future Growth through Nutrition	2016–2021	The Growth Through Nutrition activity supports Ethiopia’s efforts to improve the nutritional status of women and young children in four regions (Amhara, Oromia, SNNP, and Tigray), focusing on the first 1,000 days of life. This 5-year nutrition activity will work across sectors (agriculture, health, education, WASH, humanitarian assistance, and livelihoods) to address the direct and underlying causes of malnutrition. It will work closely with the Government of Ethiopia’s Productive Safety Net Program (PSNP).
Feed the Future Ethiopia Value Chain Activity	2017–2021	This activity promotes the commercialization of valuable foods typically produced by smallholder farmers: maize, chickpeas, coffee, livestock (meats), dairy, and poultry. It is designed to help smallholders improve their productivity, thereby enabling them to consume a greater portion of the nutritious foods they grow as well as earn stronger profits from the goods they sell to local, national, and international markets.
Feed the Future Agriculture Knowledge, Learning,	2015–2019	This activity works across the Feed the Future portfolio, in partnership with the Ministry of Agriculture and other stakeholders, to provide analysis and documentation to improve the impact of agricultural and resilience programs

Documentation, and Policy (AKLDP)		and policies under Feed the Future and the Government of Ethiopia's Agricultural Growth Program.
Feed the Future Smallholder Horticulture Project	2012–2019	The goal of this project is to promote economic growth of small-scale horticulture holders by strengthening the commercial viability of fruit and vegetable production. It is active in Amhara, Oromia, SNNP, and Tigray.
Maternal and Child Survival Program (MCSP)	2014–2019	MCSP is working in Ethiopia under two scopes of work: supporting community-based newborn care, including breastfeeding; and strengthening basic emergency obstetrics and newborn care (Maternal and Child Survival Program 2017).
Feed the Future Land Administration to Nurture Development	2013–2018	The LAND project will assist the Ethiopian government to put in place legislation and registration and certification processes for land-use rights that formally recognize communal land-use rights of pastoralists and agropastoralists. It is active in Afar, Amhara, Oromia, Somali, SNNP, and Tigray.
Feed the Future Environmental Entrepreneurship Program	2013–2018	This activity is designed to address the high level of landlessness and unemployment among youth in Tigray. Youth are organized in cooperatives dedicated to bee-keeping, sheep and goat fattening, vegetable and fruit production, and raising and planting tree seedlings. They also learn good agriculture and land management practices as well as business skills such as financial literacy, basic accounting, and cooperative/business management.
Food and Nutrition Technical Assistance III (FANTA)	2012–2018	FANTA provides technical assistance to the Federal Ministry of Health (FMOH) to increase national capacity to plan for nutrition and integrate nutrition assessment, counseling, and support (NACS) into HIV services. As of October 2014, FANTA began providing direct technical assistance to seven Regional Health Bureaus (RHBs) to ensure the smooth transition of NACS services from the USAID-funded Food by Prescription (FBP) project, operated by Save the Children, to the RHBs and FMOH. This technical support focuses on provision of training of trainers; monitoring and evaluation; integration of NACS services into HIV treatment, care, and support programs; joint standard-of-care assessments and supportive supervision in selected high-caseload facilities; and supply chain management of commodities.
Food for Peace	Ongoing	In partnership with Catholic Relief Services (CRS), Food for the Hungry (FH), Relief Society of Tigray (REST), and World Vision, the USAID Office of Food for Peace (FFP) targets food-insecure Ethiopians with long-term development interventions through the PSNP to reduce chronic food insecurity. PSNP is also the first line of response in targeted areas during any food security crisis. With an annual contribution to the PSNP of approximately \$110 million, FFP addresses the basic food needs of approximately 1.3 million chronically food-insecure people through the regular seasonal transfer of food and cash resources, while supporting the creation of assets that generate economic benefits for the community as a whole. FFP also partners with the UN World Food Programme (WFP) and CRS to provide relief and food assistance that saves lives and reduces human suffering for those affected by climatic and other shocks, and it contributes to meeting the basic energy requirements of refugees. In addition, FFP provides specialized nutrition commodities for the treatment of acute malnutrition to WFP, UN Children's Fund (UNICEF), and the USAID Office of U.S. Foreign Disaster Assistance's health and nutrition partners. In Fiscal Year 2017, FFP also provided resources to WFP for local and regional procurement of cereals, pulses, and specialized nutritional foods (USAID 2017a).

Other USAID Nutrition-Related Development Assistance

PEPFAR provides direct funding to the Regional Health Bureaus (RHBs) to implement decentralized HIV-related services. Nutrition assessment, counseling, and support (NACS) is provided as part of the package of services provided through the Ethiopian health system.

USAID, through Feed the Future, is also supporting the following public-private partnerships:

- Solutions for African Food Enterprises, a partnership between USAID, TechnoServe, and Partners in Food Solutions (General Mills, Cargill, and DSM) that seeks to increase the competitiveness of the Ethiopian wheat-processing sector and expand availability of affordable and nutritious foods in Ethiopia.
- Advanced Maize Seed Adoption Program, a partnership between USAID, the Ministry of Agriculture, the Agriculture Transformation Agency (ATA), and DuPont Pioneer, to help farmers transition from open-pollinated varieties of maize seed to higher-yielding hybrid maize, by investing in improved maize seed varieties and providing technical assistance as part of the New Alliance for Food Security and Nutrition.
- GUTS Agro Industry, which has partnered with USAID as part for the New Alliance for Food Security and Nutrition, to produce nutritious chickpea products using chickpeas purchased from farmer cooperative unions. GUTS Agro Industry Plc. is an ISO 2200 certified nutritional food processing company in Ethiopia specializing in supplementary foods, baby cereals, snacks, iodized table salt, and non-iodized industrial salt production.

References

- A Promise Renewed. 2017. "Ethiopia." Available at: <http://www.apromiserenewed.org/countries/ethiopia/>
- Agricultural Growth Programme (AGP). 2017. "AGP Overview." Available at: <http://ethioagp.org/agricultural-growth-program-agp/>.
- Central Statistical Agency [Ethiopia] and ICF International. 2012. *Ethiopia Demographic and Health Survey 2011*. Addis Ababa, Ethiopia and Calverton, Maryland, USA: Central Statistical Agency and ICF International.
- Central Statistical Agency (CSA) [Ethiopia] and ICF International. 2016. *Ethiopia Demographic and Health Survey 2016*. Addis Ababa, Ethiopia, and Rockville, Maryland, USA: CSA and ICF.
- Ethiopian Health and Nutrition Research Institute. 2012. "HIV Related Estimates and Projections for Ethiopia – 2012." Available at: <http://files.unaids.org/en/media/unaids/contentassets/documents/data-and-analysis/tools/spectrum/Ethiopia2012report.pdf>
- Fink, G., Sudfeld, C.R., Danaei, G., Ezzati, M., and Fawzi, W.W. 2014. "Scaling-Up Access to Family Planning May Improve Linear Growth and Child Development in Low and Middle-Income Countries." *PLoS ONE* 9(7): e102391. Doi: 10.1371/journal.pone.0102391.
- Maternal and Child Survival Program. 2017. "Ethiopia." Available at: <https://www.mcsprogram.org/where-we-work/ethiopia/>
- Ministry of Agriculture. 2014. *Productive Safety Net Programme Phase IV Programme Implementation Manual*. Available at: https://www.usaid.gov/sites/default/files/documents/1866/psnp_iv_programme_implementation_manual_14_dec_14.pdf
- Population Reference Bureau. 2017. "2017 World Population Data Sheet." Available at: http://www.prb.org/pdf17/2017_World_Population.pdf
- Republic of Ethiopia. 2016. "Seqota Declaration Implementation Plan 2016–2030 Summary Programme Approach Document." Available at: https://eeas.europa.eu/sites/eeas/files/seqota_declaration_implementation_plan_2016_-_2030_summary_programme_approach_document.pdf
- Sachs, J., Schmidt-Traub, G., Kroll, C., Durand-Delacre, D. and Teksoz, K. 2017. *SDG Index and Dashboards Report 2017*. New York, NY: Bertelsmann Stiftung and Sustainable Development Solutions Network (SDSN).
- Scaling Up Nutrition. 2017. "Ethiopia – SUN." Available at: <http://scalingupnutrition.org/sun-countries/ethiopia/>

UNICEF. 2017. The State of the World's Children 2017. Available at: <https://www.unicef.org/sowc/>

USAID. 2017a. "Food Assistance Fact Sheet: Ethiopia." Available at: <https://www.usaid.gov/ethiopia/food-assistance>

USAID. 2017b. "Horn of Africa–Complex Emergency: Fact Sheet #1, Fiscal Year 2018." Available at: https://www.usaid.gov/sites/default/files/documents/1866/hoa_ce_fs01_11-28-2017.pdf

World Bank. 2017b. "Ethiopia Country Overview." Available at: <http://www.worldbank.org/en/country/ethiopia/overview>