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# Ethiopia: Nutrition Profile

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## Background

The second most populous country in Africa, Ethiopia has experienced strong and broad-based economic growth over the past decade, averaging 10.6 percent per year, almost double the regional average<sup>1</sup>. This growth is largely attributed to the expansion of the services and agricultural sectors, and has contributed to significant reductions of poverty which declined from 39 percent in 2004 to 30 percent in 2011.<sup>1</sup> However, Ethiopia remains one of the world's least developed countries, ranked 174 out of 187 in the 2011 UNDP Human Development Index, with average per capita incomes less than half the current sub-Saharan average. Rural poverty is exacerbated by persistent lack of rain-fall and increased prevalence of droughts, as rain-fed agriculture is the foundation of the economy, employing 85 percent of the workforce and accounting for 45 percent of the national GDP.<sup>2</sup> While there is enormous potential for agricultural growth, small holder farmers who contribute to 95 percent of the agricultural GDP are challenged by an ineffective and inefficient agricultural marketing system, underdeveloped transport and communications networks, underdeveloped production technologies, environmental degradation, and lack of participation in decisions related to their livelihoods.<sup>3</sup> Despite these challenges, Ethiopia has made significant progress towards reaching the MDGs. Primary school enrollments have quadrupled, child mortality has been cut in half, and the number of people with access to clean water has more than doubled. Ethiopia is also on track to meet the MDGs to eradicate extreme hunger and poverty and combat HIV, malaria, tuberculosis and other diseases.<sup>4</sup>

## Nutrition Situation

Household food insecurity, hunger and undernutrition remain critical issues; the poor nutritional status of women and children has been a consistent problem in Ethiopia. Undernutrition is an underlying cause of 53 percent of infant and child deaths.<sup>5</sup> Rates of stunting and underweight have decreased over the past decade but remain high with 44 percent of children under five stunted and 29 percent underweight.<sup>6</sup> Lack of dietary diversity and micronutrient-dense food consumption, and problematic child feeding practices contribute to the high rates of child undernutrition. Only half of infants are exclusively breastfed and introduced complementary foods at the appropriate time, and only 4 percent of young children are receiving a minimal acceptable diet.<sup>6</sup> One quarter of women of reproductive age are undernourished, leaving their children predisposed to low birth weight, short stature, lower resistance to infections, and higher risk of disease and death. Children in rural areas are more likely to be stunted (46 percent) than those in urban areas (36 percent), and great regional variations persist, with Amhara (52 percent), Tigray (51 percent), Affar (50 percent), and Benishangul-Gumuz (49 percent) more severely affected, while Addis Ababa (22 percent) and Gambela (27 percent) have the lowest rates.<sup>6</sup>

Ethiopia Nutrition Data		
Population	82.9	
Population under 5 years of age (0-59 months)	11.9	
	<b>2005<sup>7</sup></b>	<b>2011<sup>6</sup></b>
Prevalence of stunting among children under 5 (0-59 months)	51%	44%
Prevalence of underweight among children under 5 (0-59 months)	33%	29%
Prevalence of wasting among children under 5 (0-59 months)	12%	10%
Prevalence of anemia among children aged 6-59 months	54%	44%
Prevalence of anemia among women of reproductive age (15-49 years)	27%	17%
Prevalence of thinness among women of reproductive age (15-49 years)	27%	27%
Prevalence of children aged 0-5 months exclusively breastfed	49%	52%
Prevalence of breastfed children aged 6-23 months receiving a minimum acceptable diet	3%	4%

### **National Nutrition Policies**

The Government of Ethiopia has made a firm commitment to address food insecurity and undernutrition, and has established various multi-sectoral groups to coordinate and support efforts including the Rural Economic Development and Food Security Sector Working Group (RED-FS), the Nutritional Development Partners Group, the National Nutrition Committee and the National Nutrition Technical Committee. The Health Sector Development Plan IV (2010–2015) provides the framework for the National Nutrition Program (NNP) which the government revised and re-launched in 2013 with a renewed effort in linking agriculture and nutrition, along with the established programs focusing on facility and community based nutrition, micronutrient interventions, essential nutrition actions (ENA), and integrated infant and young feeding counseling services. The government recently announced several new initiatives to combat undernutrition as it works to reach the MDG targets, including the Accelerated Stunting Reduction Strategy, the Food Fortification Initiative, and new linkages between the NNP and the Productive Safety Net Program (PSNP), which are supported by the World Food Programme (WFP).

Ethiopia joined **Scaling Up Nutrition (SUN)**, 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 UK Department for International Development (DFID) and UNICEF are the donor conveners for SUN in Ethiopia.

The government demonstrated its commitment to agricultural development, signing a CAADP (Comprehensive Africa Agriculture Development Programme) Compact in 2009. CAADP is an African-led program bringing together governments and diverse stakeholders to reduce hunger and poverty and promote economic growth in African countries through agricultural development. The CAADP process in Ethiopia is aligned to the Agriculture Development Led Industrialization (ADLI) strategy under the ongoing Plan for Accelerated and Sustained Development to End Poverty (PASDEP).

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 Investment Framework or PIF.

## USAID Programs: Accelerating Progress in Nutrition

Highlighted Bilateral Nutrition Projects in Ethiopia				
Project Name	Year Awarded	End Date	Objective	Funding Stream(s)
ENGINE	2011	2016	To improve the nutritional status of Ethiopian women and children under five through sustainable, comprehensive, coordinated, and evidence-based interventions, enabling them to lead healthier and more productive lives	NUT, DA/ FTF and WASH; phasing out PEPFAR
AMD e	2011	2016	Aims to enhance access to finance, stimulate innovation and private sector investment, and increase the competitiveness of select value chains	PEPFAR/DA
LMD	2012	2017	To improve nutrient quality and safety of the food supply across value chain programs; promote dietary diversity and quality by increasing access to nutritious foods through local or home-based efforts to improve nutritional outcomes, especially during the first 1,000 days	DA
GRAD	2012	2016	To increase cultivation, use and storage of high nutrient foods	NUT DA
PRIME	2012	2017	Improve nutrition status of targeted households and reducing chronic vulnerability through increasing pastoral household incomes and improving resilience and adaptive capacity to climate change.	DA

### Feed the Future Progress

Ethiopia's Feed the Future strategy has three core components: 1) agricultural growth-enabled food security, 2) linking the vulnerable to markets, and 3) policy and capacity enabling. The strategy is based on three defined food security zones: 'Productive Ethiopia' (west highlands with higher rainfall, larger plot sizes, better market integration, and considered food secure), 'Hungry Ethiopia' (densely populated highlands, low rainfall, small plot sizes, degraded soils, and considered food insecure), and 'Pastoral Ethiopia' (eastern region, home to half of Ethiopia's livestock, and considered chronically food insecure).<sup>8</sup> The six major Feed the Future projects are categorized into government-led, multi-donor-supported 'platform programs,' based on the three strategy components.

#### USAID/Ethiopia Feed the Future Targets by 2015

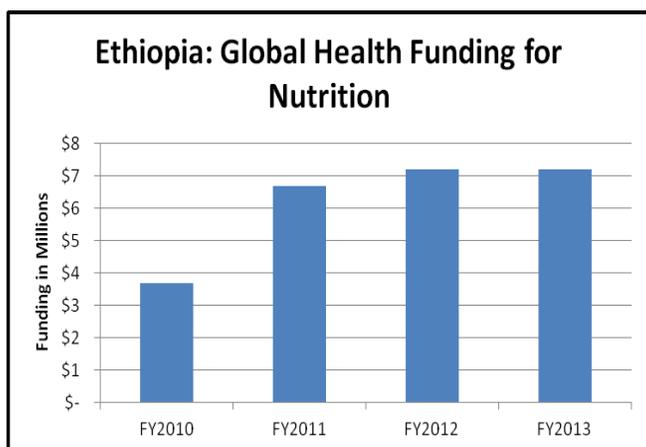
- Help an estimated 509,000 vulnerable Ethiopian women, children and family members—mostly smallholder farmers—escape hunger and poverty.
- More than 434,000 children will be reached with services to improve their nutrition and prevent stunting and child mortality.
- Significant numbers of additional rural populations will achieve improved income and nutritional status from strategic policy engagement and institutional investments.

The Agricultural Growth Program (AGP) is the platform program of the Feed the Future *Agricultural Growth Enabled Food Security* component, and is comprised of the **Value Chain Expansion (AGP-AMDe)** and **Livestock Market Development (LMD)** projects. The AGP-AMD-e project targets 95 *woredas* in Oromia, SSNP, Amhara, and Tigray: 'Productive Ethiopia' and

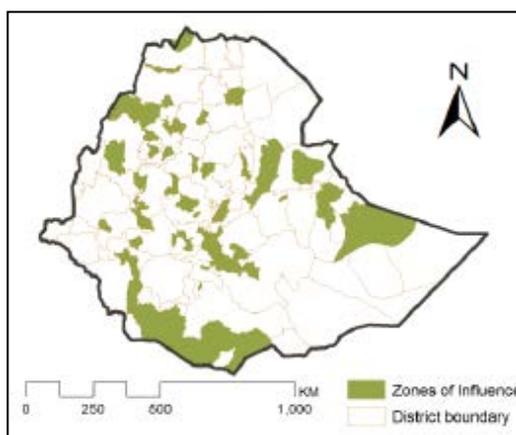
LMD target 16 *woredas*. AGP-AMDe focuses on value chains of food crops including maize, wheat, chickpeas, and cash crops including coffee, sesame, and honey, while LMD focuses on meat, live animal and dairy products. The Feed the Future *Linking the Vulnerable to Markets* component is comprised of two livelihood projects, **Graduation with Resilience to Achieve Sustainable Development (GRAD)** and **Pastoralist Resiliency Improvement and Market Expansion (PRIME)**. GRAD targets 16 and PRIME 30 *woredas* adjacent to the AGP-AMDe and LMD project areas, to facilitate market linkages with vulnerable populations in the ‘Hungry’ and ‘Pastoral’ zones. The Feed the Future *Policy and Capacity Enabler* component builds policy-level capacities and rigorous impact evaluations and analyses that allow USAID, the government, and other stakeholders to better understand the effectiveness of policy interventions and make necessary reforms.

The U.S. Government’s nutrition project is **Empowering New Generations with Improved Nutrition and Economic Opportunity (ENGINE)** and is funded jointly by Feed the Future and GHI. It supports the implementation of the NNP; builds capacity at the policy and implementation levels and for pre-service education and training; supports large-scale behavior change communication (BCC) for nutrition; links nutrition, livelihoods and food security interventions; and integrates health and nutrition with private-public partnerships. ENGINE also provides in-service training for the zonal-level health cadres on including frontline health extension workers (HEW) and the health development army (HDA). ENGINE is co-located in the same 83 *woredas* where AGP-AMDe and LMD are active and will expand into 17 of the OFDA and GRAD *woredas* as well as another 42 *woredas*. In 83 *woredas*, the project aims to benefit 3.1 million children under five, a half million pregnant and lactating women, and 3.2 million women of reproductive age. In FY2012, ENGINE trained over 5,000 health and agriculture extension workers on new nutrition curriculum and established 45 garden demonstrations of nutrient-rich fruits and vegetables at farmer training centers and schools. The project supported 36 school gardens, 70 farmer training centers, and 1,741 vulnerable households<sup>9</sup>.

**Productive Safety Net Program (PSNP)** project, the government’s largest food security program and supported by the WFP, is designed to provide cash and/or food transfers to chronically food-insecure populations to prevent asset depletion, to create assets at the household and community levels, and to stimulate markets. The main purpose is to graduate beneficiaries to be food secure and capable of responding to the interventions provided by the livelihood projects when needed. In FY2012, PSNP designed three new multi-year assistance programs that will provide assistance to 33 *woredas* in food-insecure areas of Amhara, Tigray, Oromia and Dire Dawa. PSNP trained nearly 110 (57 percent female) health facility workers and 10,000 all-female community volunteers on ENA and community-based nutrition education and 120 health extension workers on the Community-Based Management of Acute Malnutrition (CMAM).<sup>9</sup> The PSNP is now being redesigned and will include a stronger focus on nutrition.



**Ethiopia: Feed the Future Zones of Influence**



### ***Active Global Nutrition Mechanisms***

**GAIN** has been working in Ethiopia since 2008, mainly through the Universal Salt Iodization Partnership Project with UNICEF. It has since supported government in the fortification of wheat flour and oil through developing national food standards. As an additional nutrition intervention, GAIN is currently exploring the potential impact of home fortification.

### **Other USAID Nutrition-Related Development Assistance**

The **FANTA III** project, funded by PEPFAR, is active in Ethiopia and works on the following activities: revising national nutrition guidelines, delivering training for health care workers and advocating with the MOH and regional health bureaus to more effectively integrate nutrition assessment, counseling and support (**NACS**) into HIV and tuberculosis services; contributing to development of nutrition training courses for nursing and medical students; and developing a multifaceted advocacy strategy to increase awareness of and government support for nutrition interventions. PEPFAR also funds WFP in supporting a large feeding program for people living with HIV. Nutritional services were expanded to 400 facilities reaching 56,923 people with food and other support.

The Office of Food for Peace (FFP) grants Title II funding and partners with Catholic Relief Services, Food for the Hungry, Relief Society of Tigray, and Save the Children to reduce chronic food insecurity coupled with short-term emergency food assistance to address drought/flood relief and refugee needs.

Ethiopia joined the *Committing to Child Survival: A Promise Renewed* campaign in 2012, and pledged to reduce under-five mortality to 20 or fewer deaths per 1,000 live births by 2035 by reducing the leading preventable causes of child mortality, including undernutrition.

### **References**

1. World Bank Ethiopia Country Profile <http://www.worldbank.org/en/country/ethiopia/overview>
2. <https://www.cia.gov/library/publications/the-world-factbook/geos/et.html>
3. Rural Poverty in Ethiopia, IFAD. <http://www.ruralpovertyportal.org/country/home/tags/ethiopia>
4. Ethiopia MDG Progress Report, 2010.
5. Ethiopia Profiles. Why Nutrition Matters? 2006.
6. Ethiopia Demographic and Health Survey 2011. Central Statistical Agency, Addis Ababa & ICF International, Calverton, MD.
7. Ethiopia Demographic and Health Survey 2006. Central Statistical Agency, Addis Ababa & ICF International, Calverton, MD.
8. Ethiopia Landscape Analysis Mission Report, 2013. USAID & SPRING.
9. Ethiopia Full Performance Plan Report FY2012, USAID.