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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 7 percent of children under five are acutely malnourished or wasted (have low weight-for-height) and 37 percent are stunted (have a low height-for-age), according to the most recent Mini-Demographic and Health Survey (DHS) 2019 (EPHI and ICF International 2019).

Background

Ethiopia is the second most populous country in Africa with a current population of 109.2 million (UNICEF 2019). With a fertility rate of 4.6 children born per woman (UNICEF 2018), the country is projected to be among the eight countries in the world with the greatest population increase between 2017 and 2050, with the population estimated to rise to 205.4 million (Population Reference Bureau 2019).

Currently, Ethiopia ranks 135th out of 162 countries in progress toward meeting the Sustainable Development Goals (SDGs) (Sachs et al. 2019). 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 (CSA and ICF International 2016), and the under-five mortality rate is 55 deaths per 1,000 live births (EPHI and ICF 2019).

Ethiopia remains one of the poorest countries in the region. Growth in the agricultural sector contributed toward 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 (CSA and ICF 2016; World Bank 2019).

Subsistence agriculture plays a large role in the economy and in the livelihoods of rural populations and is characterized by weak markets and limited access to improved technologies, making the country particularly susceptible to climate-related shocks. Conflict and climatic shocks contribute to elevated emergency needs and population displacement in Ethiopia (Reliefweb 2020). Additionally, food assistance needs will likely increase through 2020 due to the desert locust infestation, which results in localized losses of crops and pasture, and the spread of coronavirus (COVID-19) as travel restrictions and economic disruptions hinder peoples' livelihoods and access to food. Conflicts flaring up in many regions also put livelihoods at risk. More than 8 million people in Ethiopia were identified in need of humanitarian assistance in 2020 (OCHA 2020). Additionally, as of April 2021, Ethiopia hosts more than 814,500 refugees (UNHCR 2021).

Nutrition and Food Security Situation

Stunting prevalence is classified as “very high” and wasting is classified as “medium” according to the World Health Organization (WHO) global cut-offs (WHO 2020). 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 undernourished than those in urban areas, with important variations in stunting and wasting by region. The prevalence of diarrhea is greatest among children 6–35 months, ranging from 13–23 percent (CSA and ICF International 2016). This aligns with the introduction of complementary foods recommended to start at six months, which, if not combined with proper water, sanitation, and hygiene (WASH) practices, can have detrimental effects on the nutritional status of children.

Micronutrient deficiencies continue to be a challenge in Ethiopia. Child anemia increased from 2011 (44 percent) to 2016 (57 percent). More than a third of children (35 percent) suffer from zinc deficiency. Maternal anemia also increased from 17 percent in 2011 to 24 percent in 2016, and 34 percent of women are zinc deficient (CSA and ICF International 2016). Anemia in men, by contrast, was 15 percent in 2016 (EPHI and ICF 2019; and EPHI 2016). Globally, studies have estimated that half of anemia cases worldwide are attributable to iron deficiency but the relative contribution in Ethiopia is unclear. Only 34 percent of women received any iron supplementation during pregnancy and a small minority (5 percent) consumed them for the recommended 90+ days. Calcium supplementation and multiple micronutrient supplements are not part of the package of health services (CSA and ICF International 2016).

Other factors contribute 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). Relative to older mothers, adolescent girls are more likely to be malnourished and have a low birth weight baby who, in turn, is more likely to be malnourished, and at increased risk of illness and death than those born to older mothers (CSA and ICF 2016). Exclusive breastfeeding among children under six months has consistently increased in Ethiopia from 49 percent in 2005 to 59 percent in 2019, although 6 percent of children under six months are not breastfed at all (EPHI 2019). The percentage of underweight children decreased from 33 percent in 2005 to 21 percent in 2019, though 6 percent of all children in Ethiopia are severely underweight (EPHI 2019). The percentage of underweight children decreases as mother’s education and wealth quintile increase.

In addition, populations in Ethiopia have very low access to sanitation services, with only 7 percent of households using basic services nationally. Access to basic drinking water services is also low, especially in rural areas where only 31 percent of the rural population use them (UNICEF 2019).

Ethiopia Nutrition Data (DHS 2011 and 2016, Mini-DHS 2019*)		
Population 2018 (UNICEF 2019)	109.2 million	
Population under 5 years of age (0–59 months) 2018 (UNICEF 2019)	16.3 million	
	2016	2019
Prevalence of stunting among children under 5 years (0–59 months)	38%	37%
Prevalence of underweight among children under 5 years (0–59 months)	24%	21%
Prevalence of wasting among children under 5 years (0–59 months)	10%	7%
Prevalence of low birth weight (less than 2.5 kg) (of children whose birth weights are known)	13%	NA
Prevalence of anemia among children 6–59 months	57%	NA
Prevalence of anemia among women of reproductive age (15–49 years)	24%	NA
Prevalence of thinness among women of reproductive age (15–49 years)	22%	NA
Prevalence of thinness among adolescent girls (15–19 years) (BMI less than 18.5 kg/m ²)	29%	NA
Prevalence of children 0–5 months exclusively breastfed	58%	59%
Prevalence of children 4–5 months exclusively breastfed	36%	40%
Prevalence of early initiation of breastfeeding (i.e., put to the breast within 1 hour of birth)	73%	NA
Prevalence of children who receive a pre-lacteal feed	8%	NA
Prevalence of breastfed children 6–23 months receiving minimum acceptable diet	8%	NA
Prevalence of overweight/obesity among children under 5 years (0–59 months)	3%	NA
Prevalence of overweight/obesity among women of reproductive age (15–49 years)	8%	NA
Coverage of iron for pregnant women (for at least 90 days)	5%	11%
Coverage of vitamin A supplements for children (6–59 months, 6–35 months for 2019, in the last 6 months)	45%	47%
Percentage of children 6–59 months living in households with iodized salt	88%	NA

** Interim or Mini -DHS Surveys focus on collecting information on key performance monitoring indicators but may not include data for all impact evaluation measures (such as mortality rates). These surveys are conducted between rounds of DHS surveys and have shorter questionnaires than DHS surveys. Although nationally representative, these surveys generally have smaller samples than DHS surveys.*

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	Preventing Child and Maternal Deaths: A Promise Renewed	Ethiopia 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 (UNICEF 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, and the SUN Donor Network (SDN) meets monthly under the auspices of the Nutrition Development Partners' Forum, co-chaired by the World Food Programme (WFP) and USAID. The SUN Business Network in Ethiopia is headed by the Global Alliance for Improved Nutrition (GAIN), and is actively working to increase food safety and food fortification efforts.
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 strategy. In 2012, Ethiopia joined the New Alliance for Food Security and Nutrition, a partnership among African heads of state, corporate leaders, and G8 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:

- National Food and Nutrition Policy (NFNP) (2019–2029)
- Growth and Transformation Plan II (GTP II) (2015/16–2019/20)
- Second National Nutrition Programme (NNP II) (2016–2020)
- Seqota Declaration (2015)
- Health Sector Transformation Plan (HSTP) (2016–2020)
- Agriculture Sector Policy and Investment Framework (2010–2020)
- National Nutrition Strategy (2008)
- Rural Development Policy and Strategies (RDPS) (2003)
- Agricultural Development Led Industrialization Strategy (1995)

The NFNP prioritizes evidence-based decision-making and aims to address child stunting and other forms of malnutrition with a coordinated and comprehensive approach to food security and nutrition. Its seven policy directions are: 1. ensure availability, accessibility, and utilization of diversified, safe, and nutritious foods in a sustainable way; 2. ensure the safety and quality of foods from farm to table; 3. improve post-harvest management of agricultural food products; 4. ensure optimum nutrition at all stages of life; 5. provide timely and appropriate food and nutrition emergency response for natural and man-made disasters; 6. strengthen food and nutrition communication; and 7. establish and strengthen food and nutrition governance.

The Seqota Declaration aims to end hunger and undernutrition by 2030. The National Nutrition Programme established two multi-sectoral 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, while the Food and Nutrition Council will become the primary mechanism to coordinate nutrition in the future as the Food and Nutrition Strategy is implemented.

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 Forum (NDPF), 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 the Afar, Amhara, Dire Dawa, Harari, Oromia, Somali, Tigray, and Southern Nations, Nationalities, and Peoples (SNNP) regions, and targets households that are chronically and temporarily 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) (IFPRI Ethiopia 2021). Further, officially launched in 2019, the five-year Agriculture Commercialization Cluster (ACC) program is a market-driven and value chain approach led by the government of Ethiopia that will contribute to the transformation of agriculture and improvement of the livelihoods of Ethiopian farmers. Focusing on ten priority commodities in four regions (Amhara, Oromia, SNNP, and Tigray), it aims to double the income of nearly 5 million smallholder farmers. At scale, the ACC is expected to improve the livelihoods of Ethiopia's smallholder farmers and enable them to collectively reach commercial farming status where they will have easy access to a full package of agricultural technologies and markets. Finally, the Lowlands Livelihood Resilience Project supports the management of rangelands where pastoral and agro-pastoral production systems operate; livelihood diversification; and improved provision of basic social services.

USAID Programs: Accelerating Progress in Nutrition

As of April 2020, the following USAID programs with a focus on nutrition were active in Ethiopia. The U.S. Government selected Ethiopia as a priority country for USAID’s Bureau of Global Health and the Bureau for Humanitarian Assistance, and it is 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 Ethiopia Growth through Nutrition	2016–2022	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. This 6-year multi-sectoral nutrition activity works across sectors (agriculture, health, education, WASH, humanitarian assistance, and livelihoods) to address the direct and underlying causes of malnutrition. It works closely with the Government of Ethiopia’s PSNP.
Feed the Future Ethiopia Value Chain Activity	2017–2021	This activity promotes the commercialization of specific valuable foods typically produced by smallholder farmers: maize, chickpeas, coffee, livestock (meats), dairy, and poultry. It helps smallholders improve their productivity, thereby enabling them to consume a greater portion of the nutritious foods they grow, as well as earning stronger profits from the goods they sell to local, national, and international markets.
Feed the Future Ethiopia Livelihoods for Resilience Activity (two awards)	2016–2021	These activities build resilient livelihoods with improved food and nutrition security for chronically food insecure households in four regions. The activities complement the three livelihoods pathways (on-farm, off-farm, and employment) of the GOE-led PSNP. Nutrition interventions focus on improving the knowledge, attitudes, and practices of women of reproductive age, men, and youth in PSNP households and increasing the availability of and access to sufficient, diverse, and nutritious foods for young children and women.
Food for Peace Development Food Security Activities	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 annual contributions to 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 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, United Nations Children's Fund (UNICEF), and the USAID Office of U.S. Foreign Disaster Assistance’s health and nutrition partners.
Feed the Future Ethiopia Resilience	2019–2024	The Feed the Future Resilience on Pastoral Areas (RiPA) improves the resilience of vulnerable pastoral and agro-pastoral populations. Nutrition interventions

in Pastoral Areas (two awards)		aim to increase the availability of diverse, nutrient-rich foods, improve equitable and stable access of nutritious food, and equitable use of household resources for nutrition. RiPA uses a market-based approach to increase incomes and promote increased consumption of animal source foods and supports the institutionalization of nutrition-specific and nutrition-sensitive services.
Transform: Health in Developing Regions	2017–2022	Transform: Health in Developing Regions is part of USAID/Ethiopia’s Health Office’s investments to support the Government of Ethiopia (GOE) reach the goals of its Health Sector Transformation Plan (HSTP). The activity aims to increased use of quality high-impact maternal, neonatal, and child health/family planning (MNCH/FP) services and to contribute to at least 50 percent of the HSTP/MNCH impact and outcome indicators in the Afar, Somali, Benishangul Gumuz, and Gambela regions by 2022. It supports targeted training, technical assistance, and service delivery to build local capacity to deliver primary health care (PHC) services with a focus on (1) high impact MNCH/FP services at health facility and community levels, (2) strengthened health systems to provide quality MNCH/FP services, (3) increased demand for high-impact MNCH/FP services, and (4) improved strategic information for evidence-based decision making and program learning.
Transform: Primary Health Care	2017–2022	Transform: Primary health care supports the prevention of child and maternal deaths and implementation of the GOE’s Health Sector Transformation Plan, which focuses on family planning, maternal, newborn and child health, obstetric fistula, adolescent and youth health, and nutrition. Through targeted technical assistance the activity (1) strengthens the management and performance of health systems at the primary health care level, (2) increases sustainable service quality across the PHC unit’s continuum of care, (3) improves household and community health practices and health-seeking behaviors, and (4) enhances program learning to impact policy and programming.
Transform: Water, Sanitation and Hygiene	2017–2022	The goal of the Transform: WASH Activity is to reduce preventable deaths and illness in Ethiopia from diarrheal disease, particularly among children under five. Through development and testing of scalable and replicable market-based models, Transform WASH supports the GOE and the One WASH National Program (OWNP) to increase use of improved WASH products and services. This will be achieved through four project result areas: (1) increased WASH governance and management capacity at the subnational level, (2) increased demand for low-cost quality WASH products and services, with a focus on sanitation, (3) increased supply for low-cost quality WASH products and services, with a focus on sanitation, and (4) increased knowledge base to bring WASH innovations to scale.

Other USAID Nutrition-Related Development Assistance

The President's Emergency Plan for AIDS Relief (PEPFAR) provides direct funding to the Regional Health Bureaus (RHBs) to implement decentralized HIV-related services. Nutrition assessment, counseling, and support is provided as part of the package of services provided through the Ethiopian health system.

USAID, through Feed the Future, also supports 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.

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