We can overcome Undernutrition: Ethiopia Case Study
Stronger partnership to achieve ambitious country targets

Ethiopia is the second-most populous country in Africa with a population of 87 million. In just over 20 years Ethiopia has reduced the prevalence of stunting in children under-five years of age from 67% to 40%. No other country in Africa has matched this achievement, although few have started from such a low base. This has been a major contributing factor to Ethiopia’s impressive performance in reducing child mortality. However, even if this trend continues, Ethiopia will still fall short of its own commitment to reduce stunting by 20% by 2020. 40% prevalence of stunting is still above the sub-Saharan average and in absolute numbers represents today about 6 million children.

As part of the European Commission’s commitment to reduce globally the number of stunted children by seven million by 2025, the EU Delegation has chosen nutrition as the core theme through which to collaborate with the many Member States represented in Ethiopia to support government-led efforts. Particular attention will focus on mainstreaming nutrition into its support to flagship programmes, such as the Agricultural Growth Programme (AGP II), the Productive Safety Net Programme (PSNP4), supporting interventions such as RESET (Resilience in Ethiopia), which link humanitarian and development interventions from a resilience perspective, and enhanced nutrition governance and accountability.

Effects of Stunting

Children who suffer from chronic malnutrition fail to grow to their full genetic potential, both mentally and physically. It significantly increases the likelihood of premature death, and those that survive are prone to ill health and are less able to contribute to an active and productive life. The condition is measured by stunting—shortness in height compared to others of the same age group— which manifests itself in the early life cycle of children, and the effects of which are irreversible.

Nutrition in Ethiopia: context and trends

Targeted stunting reduction (million Under 5's stunted children)

Beginning prevalence (2012): 43.5%  
Target prevalence (WHA 2025): 23.1%  
Trend in stunting reduction estimated in 2012 = 2.17%

Reduction needed to achieve WHA target = 4.75%

Ethiopia has recorded an impressive and consistent decline in child stunting prevalence since the 1990s. If this trend is to continue, then child stunting prevalence would be marginally above 30% by 2025 representing about 5 million children (allowing for population growth of 2.7%). However, this falls short of the World Health Assembly (WHA) target which calls for additional efforts of government and development partners to reduce it further by 1.4 million to approximately 3.6 million and the government’s own ambitious commitment to reduce child stunting prevalence by 20% by 2025.

1 Between 2000 and 2011, the under-five mortality rate was cut by almost half, from 139 to 77 deaths per 1,000 live births, and so has the maternal mortality rate, which dropped from 700 to 350 deaths per 100,000 live births (World Bank 2013).

2 The Government of Ethiopia committed at the Nutrition for Growth Event hosted by the UK and Brazilian Governments in London (June 2013) to reduce the prevalence of stunting by 20% by 2025.
Undernutrition - Existing State of Play

Whilst Ethiopia has made considerable gains in improving childhood nutrition, there is no room for complacency, because the prevalence of stunting is still higher than in neighbouring countries and the prevalence of wasting (acute malnutrition) falls just short of the WHO emergency threshold of 10%.

In Ethiopia, stunting prevalence increases considerably amongst children from six months of age through to two years, highlighting the need for more resources devoted to preventing undernutrition during the critical window from conception to two years of age (known as the “first 1,000 days”). Beyond this “window of opportunity” it is almost impossible to recover from the human development deficits.

The situation varies quite significantly across the country. Stunting is much higher in Afar (49%), Tigray (44%), SNNP (44%) and Amhara (42%), whilst the agro-pastoralist and pastoralist areas such as Somali region, which are more vulnerable to drought and food insecurity, have much higher rates of wasting. Children from rural areas are much more likely to be stunted than those from urban areas.

Micronutrient deficiency, also known as “hidden hunger”, because it is less visible to the naked eye, is an additional issue in Ethiopia. Anaemia is affecting one in two children and a significant proportion of women of reproductive age. Iron deficiency is the cause of half of anaemia cases, which result in deficits in the cognitive development and educational achievement of those affected.

Contextual factors underlying progress and challenges

Multiple factors contribute to child undernutrition in Ethiopia and these will vary across different contexts, livelihood zones and groups of people. Disease and the quantity and quality of diet are the two most immediate causes. Proper infant and young child feeding (IYCF) practices are sub-optimal in Ethiopia. Nearly half of infants less than six months of age are still not exclusively breastfed.

Complementary feeding from 6 months is insufficient and the quality of older infants’ diets is extremely poor, with only 3% of children 6-23 months having a minimally acceptable diet and only 4% meeting the minimum dietary diversity threshold of four food groups.

The Cost of Undernutrition in Ethiopia

- 44% of the health costs associated with undernutrition occur before the child turns one year-old;
- 28% of all child mortality in Ethiopia is associated with undernutrition;
- 16% of all repetitions in primary school are associated with stunting;
- Child mortality associated with undernutrition has reduced Ethiopia’s workforce by 8%;
- 67% of the adult population in Ethiopia suffered from stunting as children; and
- The annual costs associated with child undernutrition are estimated at Ethiopian birr 55.5 billion which is equivalent to 16.5% of GDP.

Children in Afar (Ethiopia, Africa).
Photo by: Olivier Cossée.
Underlying stunting are socio-economic issues such as poverty, lack of access to essential basic services (such as water, health and education), poor hygiene and sanitation, and issues of gender. However, Ethiopia is making gains in some of these areas, which are almost certainly contributing to the reduction in stunting. The proportion of the population affected by poverty fell significantly from 54% of the population in 2000 to 20% in 2011, which is good news, as stunting remains very much associated with poorest households (see figure 1). Similarly, the proportion of mothers with no education has reduced significantly from 82% of the population to 69% in the same period (see figure 2). Stunting of children in Ethiopia is very much linked with poor maternal education. The more the government invests in relevant education (particularly for girls), the more positive are the prospects for reducing stunting.

**Ethiopia’s commitment to overcome undernutrition**

Ethiopia demonstrated its political commitment to nutrition by launching the National Nutrition Strategy (NNS)\(^9\) in 2008 and being one of the first countries to commit to the Scaling Up Nutrition (SUN) movement in 2010. The NNS for Ethiopia is now operationalised through the multi-sectoral National Nutrition Programme (NNP) 2013-2015 with nine stakeholder ministries.

The NNP also presents a comprehensive monitoring and evaluation framework to track NNP implementation. Under the NNP, Ethiopia has a well-defined nutrition governance and coordination structure.

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11. Ethiopia also has national strategies for the Management of Micronutrient Deficiencies 2006; Infant & Young Child Feeding (IYCF) 2007; Management of Moderate Acute Malnutrition 2011; and Nutritional support for People Living with HIV/AIDS 2011.
How does the political commitment of Ethiopia measure up?

Whilst Ethiopia is ranked 22nd (out of 45 countries) in the overall Global Hunger & Nutrition Index (HANCI), it scores first place for several nutrition achievements including:

1. Establishing a National Nutrition Strategy and operational plan supported by a multi-sectoral budget with time-bound nutrition targets;
2. Operating a multi-sectoral and multi-stakeholder coordination mechanism;
3. Promoting complementary feeding; and
4. Committing to regular national nutrition surveys.

European Union support to scaling up nutrition in Ethiopia

The EU and the Government of Ethiopia have identified two focal sectors in the National Indicative Programme 2014-2020 through which nutrition is integrated: Sustainable Agriculture & Food Security (€252.4 million) and Health (€200 million). In line with the global EC Action Plan on Nutrition, the three strategic priorities for nutrition have been taken into account. Examples of EU-led initiatives are provided below which represent important stepping stones towards achieving better nutrition in Ethiopia through a multi-sectoral approach at different levels.

Strategic Priority 1: Enhancing mobilisation and political commitment for nutrition

Since 2014, the EU Delegation has begun developing a coordinated EU+ Joint Action Plan on Nutrition within the framework of the EU+ Joint Cooperation Strategy and the NNP 2013-2015.

Roadmap for EU+ Joint Action on Nutrition in Ethiopia

Early in 2013, the EU along with 20 EU Member States represented in Ethiopia plus Norway endorsed an EU+ Joint Cooperation Strategy for Ethiopia to ensure a coherent and cohesive response to Ethiopia’s development challenges. This process should lead progressively towards a framework for Joint Programming in Ethiopia from 2016.

In preparation for the joint programming, the EU+ partners agreed to explore the possibilities to launch a joint action in a cluster sector of common interest.

In view of the high prevalence of undernutrition in Ethiopia (the prevalence of stunting is the eighth highest in the world) and the Government of Ethiopia’s commitment to address this, nutrition was selected as the theme.

A Roadmap for Nutrition was developed early in 2014 incorporating three phases: (i) planning (adopting a common methodology); (ii) joint action; and (iii) accountability (adopting a common methodology).

An EU+ Nutrition Core Team of six (EU, Germany, Ireland, Italy, Spain and United Kingdom) was identified from the broader membership of 14 Member States with a commitment to nutrition in their programming. The EU is facilitating this core team.

The joint action represented by either bilateral or joint interventions will be undertaken within the framework of the National Nutrition Programme for Ethiopia 2013-2015.
Strategic Priority 2: Scaling up actions at country level

Accelerating Resilience Capacity (ARC) is represented by the SHARE Ethiopia programme (€50 million) which aims to enhance drought resilience and food security of vulnerable populations in southern and eastern Ethiopia. The SHARE program contributes to the EU Resilience building program in Ethiopia (RESET) that brings together humanitarian and development interventions in Ethiopia. This multi-sectoral concept has food security and nutrition as entry points. The Integrated Nutrition Services (€10 million) is an important component of the SHARE programme with the objective to contribute to the improvement of household nutrition and dietary diversification practices, especially for adolescent girls, pregnant and lactating women and children under-five through both health (nutrition-specific) and agriculture (nutrition-sensitive) interventions. The project is still at an early stage but it is expected to improve understanding of the impact of nutrition-related interventions in agro-pastoral and pastoral communities as well as improving the capacity for NNP implementation in the 17 target woredas (districts).

The EU has also been instrumental in the recent review of two of the Government of Ethiopia’s major flagship programmes: the Productive Safety Net Programme (PSNP4), and the Agricultural Growth Programme (AGPII) with a particular focus on making them more nutrition-sensitive.

Ethiopia strongly believes that for a country to achieve sustainable human and economic growth, it must give special attention to the early stages of life as the foundation of human capital. We also believe that aligning and harmonising partners’ plans with the government is critical to delivering results in the most efficient and effective manner. This necessitates not only money for nutrition, but also more value for money.

Kesetebirhan Admasu Birhane,
Hon. Minister of Health, Federal Democratic Republic of Ethiopia

Achieving Better Nutrition through the National Flagship Programmes (PSNP4, AGPII)

Ethiopia is one of very few countries to have a nutrition-sensitive safety net programme on such an ambitious scale. The next phase of the Productive Safety Net Programme (PSNP4) is operational from July 2015 and the EU is to contribute €50 million to the total budget of €3.2 billion until 2020. The PSNP4 will:

- Target vulnerable pregnant and lactating women and households with malnourished children;
- Expand programme coverage and duration during shocks to reduce acute malnutrition;
- Promote income-generating activities such as milk marketing and processing of complementary foods;
- Link clients to health services and education on caring practices; and
- Introduce accountability against nutrition-related objectives and respective indicators.

Following dialogue between the EU, Member States and the Ministry of Agriculture, the Programme Development Objective (PDO) of the second Agricultural Growth Programme (AGPII) has been revised to “increase agricultural productivity and commercialisation of small-holder farmers... and contribute to dietary diversity and consumption at the household level”. The EU has actively lobbied for the inclusion of an indicator on dietary diversity in the project design. The EU plans to commit €45 million to AGPII to the total budget of €513 million from 2016 to 2020. More emphasis will be placed upon:

- Research and production of diverse nutrient-dense foods;
- Improved post-harvest handling;
- Focus on women’s empowerment through income-generating activities;
- Building the capacity and nutrition knowledge of the Ministry of Agriculture at all levels; and
- Supporting more effective coordination with the NNP.
Strategic Priority 3: Strengthening the expertise and the knowledge-base

At the heart of the planning phase of the “EU+ Roadmap for Nutrition” lies the situation analysis, which is being conducted by international experts with EU funding to identify risk factors for stunting and to map relevant interventions that are planned or on-going. Findings will inform the next phase of the Government’s NNP from mid-2015 as well as the strategic response of the EU+ Joint Action Plan. The nutrition field in Ethiopia is described as “data rich and analysis poor”. Policy makers and programme planners in Ethiopia are currently not able to link investments and programme activities with nutrition impact. There is a need to draw on different pockets of data from information systems and programmes (such as AGP, PSNP) to populate a common NIPN-type database for Ethiopia.

The EU, DFID and the Scaling Up Nutrition Movement Secretariat (SMS) are committed to supporting country governments in implementing a locally adapted National Information Platform for Nutrition (NIPN) approach for using available multi-sectoral nutrition data (on levels of undernutrition, levels of investment in nutrition and impact on nutrition) to answer priority policy and programme evaluation questions. Ethiopia has been selected as a pilot country for NIPN and a scoping mission was conducted in November 2014. The EU will be investing €3.5 million towards this initiative.

Support to Food Fortification in Ethiopia through the EU Global Public Goods & Challenges thematic programme

Ethiopia is one of 12 countries identifying and supporting country specific projects aimed at improving the health and micronutrient status of vulnerable women and children by improving access to and consumption of fortified food. €4 million (of a total €30 million) is allocated to Ethiopia. This initiative will:

- Strengthen the national regulatory framework for food fortification to ensure quality and safety;
- Build the capacity of national producers of processed staple foods and condiments to produce fortified foods for the target population; and
- Generate evidence on the cost-effectiveness of interventions on food fortification linking with the initiative to establish a National Information Platform for Nutrition.