Ethiopia

Joined: September 2010
### Demographic data

<table>
<thead>
<tr>
<th>Category</th>
<th>Value (2010)</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Population</td>
<td>87.1</td>
</tr>
<tr>
<td>Children under 5</td>
<td>13.8</td>
</tr>
<tr>
<td>Adolescent Girls (15-19)</td>
<td>4.90</td>
</tr>
<tr>
<td>Average Number of Births</td>
<td>3.00</td>
</tr>
<tr>
<td>Population growth rate</td>
<td>2.68%</td>
</tr>
</tbody>
</table>

### WHA nutrition target indicators (DHS 2011)

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Value (2010)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low birth weight</td>
<td>10.8%</td>
</tr>
<tr>
<td>0-5 months Exclusive Breastfeeding</td>
<td>52.0%</td>
</tr>
<tr>
<td>Under five stunting</td>
<td>44.2%</td>
</tr>
<tr>
<td>Under five wasting</td>
<td>10.1%</td>
</tr>
<tr>
<td>Under five overweight</td>
<td>1.8%</td>
</tr>
</tbody>
</table>

### Coverage of Nutrition-relevant Factors

#### Infant and young child feeding practice

- 6-23 months with Minimum Acceptable Diet 4.1%
- 6-23 months with Minimum Diet Diversity 4.8%

#### Programs for vitamin and mineral deficiencies

- Zinc Supplementation for Diarrhea: 19.1%
- Pregnant Women Attending 4 or more Antenatal Care Visits 19.1%
- Vitamin A supplementation (6-59 months) 31.0%
- Households Consuming Adequately Iodized Salt 15.5%

#### Women’s Empowerment

- Female literacy 38.4%
- Female employment rate 71.5%
- Median age at first marriage 17.1
- Access to skilled birth attendant 10.0%
- Women who have first birth before age 18 12.4%
- Fertility rate 5.3

### Other Nutrition-relevant indicators

- Rate of urbanization 15.96%
- Income share held by lowest 20% 7.96%
- Calories per capita per day (kcal/capita/day) 1,951.8
- Energy from non-staples in supply 15.79%
- Iron availability from animal products (mg/capita/day) 0.8
- Access to Improved Sanitation Facilities 8.8
- Open defecation 38.2%
- Access to Improved Drinking Water Sources 50.8%
- Access to Piped Water on Premises 0.9%
- Surface Water as Drinking Water Source 17.3%
- GDP per capita (current USD, 2013) 498.00
- Exports-Agr Products per capita (current USD, 2012) 0.97
- Imports-Agr Products per capita (current USD, 2012) 0.18

### Stunting Reduction Trend and Target

- **Current AARR: 2.3%**

### Distribution of stunting across wealth quintiles

- Lowest income quantile: 60.7%
- Highest income quantile: 39.3%

### Trend of Exclusive Breastfeeding Rate

- Current prevalence: 52.0%
- Target prevalence: 75.0%

### Targeted Stunting Reduction (million U5 stunted children)

- **Beginning prevalence:** 44.2%
- **Target prevalence:** 23.48%
- **Current AARR:** 2.3%
Implementing the National Nutrition Plan requires budgeting and mapping of contributions from partners and by sectors as well as tracking expenditure. The country has advanced in the development of a sustainable financial tracking system which allows an estimation of the contribution of main donors to key interventions of the plan and to mobilise new partners. Financial information is available for other sectoral programs but it is not accounted for against the NNP. The challenge is to improve harmonization of financial information to ensure tracking of financial expenditures across sectors. The Government has committed to allocate additional domestic financing of USD 15 million per year to nutrition until 2020.

Ethiopia has a National Nutrition Strategy (2008). Its National Nutrition Program has recently been revised and endorsed by multiple stakeholder. A number of specific policies relating to promotion of good nutritional practices; micronutrient supplementation; nutrition support for people living with HIV/AIDS; and treatment of severe and moderate acute malnutrition are in place. The International Code of Marketing of Breast-milk Substitutes is in the final stage of adoption into Law. The maternity protection law foresees 90 days of maternity leave. Legislation on flour and oil fortification is in progress. An advocacy plan for scaling up nutrition is in place. Social Mobilisation and Advocacy & Communication Strategies exist and are aligned with national nutrition plans.

The National Nutrition Coordination Body (NNCB) convenes nine Ministers from relevant sectors 3-monthly. It includes country representatives from UN agencies, bilateral donors and academia. It has a National Nutrition Technical Committee (NNTC). The Emergency Nutrition Coordination Unit (Ministry of Agriculture) convenes partners delivering emergency nutrition interventions. The National Nutrition Coordination Body is planning to expand membership and regional coordination platforms will be put in place soon.

The Nutrition Development Partner Group involves UN agencies, donors and civil society, and meets monthly. DFID and UNICEF act as donor conveners. CSOs participate in the Nutrition Development Partner Group and engage in other relevant sector-specific platforms that relate to nutrition. On June 24 2013, the establishment of the Ethiopian Civil Society Coalition (E CSC) for Scaling Up Nutrition was hailed, in a view to galvanize efforts to alleviate the burden of malnutrition in the country. The “Health Development Army”, made up of 3 million women, is fully engaged in combating child mortality and malnutrition. The business community has its own platform through the Ethiopian Chamber of Commerce. There is also a Multi-stakeholder Food Fortification Working Group that has been instrumental in setting quality standards for salt iodization and flour and oil fortification.

The Government of Ethiopia is committed to reducing the prevalence of stunting to 20% and underweight to 15% by 2020 by building on existing multi-sectoral coordination systems to accelerate the scaling up of proven nutrition interventions and monitoring progress at all levels. There is a need to strengthen an accountability framework. The revised National Nutrition Program (NNP) provides the framework for strategic objectives and interventions across relevant sectors including health, agriculture, education, water, labour and social affairs, and women, children and youth affairs. It is a costed plan that details interventions in key sectors (food security and agriculture, water, education and social protection) and includes a logframe of activities, a CRF, a disaster risk management and a government coordination component. The M&E framework includes key indicators from relevant sectors and yearly targets for progress. Ethiopia is also advancing on the development of a capacity building framework and of sectoral scorecards.

Efforts are underway to ensure that programs in these key sectors are nutrition-sensitive and aligned but there is a need to strengthen links at the community level. Nutrition-sensitive agriculture is a pillar of the CAADP Implementation Plan and the Food Security Program derived from the National Agriculture Plan which includes social protection and focuses on 1,000 days.
Progress Across Four SUN Processes
Ethiopia

2012¹ and 2014² Scoring of Progress Markers

- Bringing people together into a shared space for action: 65% (2014), 35% (2012)
- Ensuring a coherent policy and legal framework: 64% (2014), 34% (2012)
- Aligning actions around a Common Results Framework: 65% (2014), 56% (2012)
- Financial Tracking and resource mobilization: 67% (2014), 71% (2012)

2014 Dashboard for Progress Markers

Stage of Preparedness

- 64% PM1
- 65% PM2
- 65% PM3
- 64% PM4
- 65% PM5
- 67% PM6

1 Externally assessed by the SUN Movement Secretariat
2 Externally assessed by the SUN Movement Secretariat