



FEED THE FUTURE

The U.S. Government's Global Hunger & Food Security Initiative

Integrating Gender and Nutrition within Agricultural Extension Services

ETHIOPIA

Landscape Analysis

Working document

July 2016





INGENAES

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Landscape Analysis

Working document

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Acronyms

ATVET	Agricultural Technical and Vocational Education and Training
CDCS	Country Development Cooperation Strategy
DA	Development Agent
EAS	Extension and Advisory Services
FTC	Farmer Training Center
GDP	Gross Domestic Product
GoE	Government of Ethiopia
GTP	Growth and Transformation Plan
HDI	Human Development Index
NNCB	National Nutrition Coordination Body
NNP	National Nutrition Programme
PADETES	Participatory Demonstration and Training Extension System
PASDEP	Plan for Accelerated and Sustained Development to End Poverty
PIF	Policy and Investment Framework
SUN	Scaling Up Nutrition
USAID	United States Agency for International Development

Introduction

The Integrating Gender and Nutrition within Agricultural Extension Services (INGENAES) project is funded through the Bureau for Food Security of the United States Agency for International Development (USAID) to support the Presidential Feed the Future Initiative, which strives to increase agricultural productivity and the incomes of both men and women in rural areas who rely on agriculture for their livelihoods. This report is a reference document that aims to provide an overview of the current status of Ethiopia's agriculture as well as the country's status in relation to the prevalence of poverty, nutrition and gender related issues. The report summarizes Ethiopia's agricultural, gender, and nutrition policy, and USAID's strategic goals and objectives for the country in these areas.

INGENAES supports the development of improved extension and advisory systems (EAS) to reduce gender gaps in agricultural extension services, increase empowerment of women farmers, and improve gender and nutrition integration within extension services by directly or indirectly assisting multiple types of stakeholders within a country, such as farmers, producer groups, cooperatives, policy makers, technical specialists, development NGO practitioners, and donors.

INGENAES efforts will strengthen the capacity of key stakeholders and providing the fora and networks for them to coordinate and reach agreement on policies and strategies to implement improved EAS that better meet the needs of men and women farmers. While INGENAES project will not directly monitor beneficiary impact, it will focus on changes in institutions that directly impact men and women who access agricultural information, training, technologies and nutrition information. Improved services empower women and engage men.

INGENAES will strengthen institutions by identifying their needs and strengthening their capacity to effectively integrate gender and nutrition sensitive information and activities into agricultural extension systems with the aim to promote gender equality, improved household nutrition, and increased women incomes and, subsequently, household food security. Based on the identification of four main gaps in extension services in terms of gender and nutrition integration, INGENAES activities can be divided into the following action areas:

- Build more robust, gender-responsive, and nutrition-sensitive institutions, projects, and programs capable of assessing and responding to the needs of both men and women farmers through EAS;
- Identify and scale proven mechanisms for delivering improved EAS to women farmers;
- Disseminate technologies that improve women's agricultural productivity and increase household nutrition; and,
- Apply effective, nutrition sensitive, extension approaches and tools for engaging both men and women.

Indicative activities of the INGENAES project include: learning exchanges, assessments, curricula development, training into action, mentoring relationships, internship experiences, and networks that focus on identifying gender-responsive and nutrition-sensitive innovations that can be promoted by EAS organizations, and adopted by men and women farmers. Developing these outputs collaboratively with agricultural extension experts and other partners will transform extension-relevant institutions working directly with men and women farmers.

In each country INGENAES needs to examine the relationships, identify the key change actors, build their capacity, and provide them the incentives to make changes (e.g., set new policies, employ new management practices, modify organizational structures, make changes in practice, adopt innovations). The key actors will vary from country to country, although policy makers, the Ministries of Agriculture and Health, NGOs and the private sector, and of course, women farmers, are likely to be involved in most countries. Key actors will be identified as part of the needs and scoping assessments. Thus, and in preparation of country level activities, the consortium gathers information and key contacts to develop a landscape study of the agricultural sector in that country, a simple description of the pluralistic extension system, nutrition related initiatives, and gender issues. As such, the landscape study is intended as a preparatory tool and handy reference document for work in country. Each landscape study will be updated periodically as INGENAES continues to engage in that country and identifies new key contacts, organizations, and initiatives.

Background

Ethiopia is a landlocked country located in the Horn of Africa on the continent's northeast coast, bordering Sudan, South Sudan, Kenya, Djibouti, Somalia and Eritrea (see Figure 1). At one point, the country also bordered the Red Sea, but this coastline was lost when Eritrea gained independence in 1993. Ethiopia is the second-most populous country in Africa, with nearly 100 million inhabitants (CIA, 2016). Land-wise, Ethiopia is the 27th-largest country in the world, with an area of just over one million square kilometers; 36 percent of this land is dedicated to agriculture (CIA, 2016). Major ethnic groups include Oromo (35%), Amhara (27%), Somali (6%), Tigray (6%), and Sidama (4%); languages spoken roughly correspond with membership in these ethnic groups, though Amharic is the official national language (CIA, 2016). Dominant religions include Ethiopian Orthodox (44% of the population), Islam (34%), Protestantism (19%), and "traditional" religions (3%) (CIA, 2016). Ethiopia has an overwhelmingly young population: 44 percent of Ethiopians are aged 0 to 14 years; 20 percent are aged 15 to 24 years (of which 25 percent are unemployed); 29 percent are aged 25 to 54 years; 4 percent are aged 55 to 64 years; and 3 percent are 65 years old and over (CIA, 2016). Unlike most developing countries, Ethiopia has never been colonized. However, for a short period (1935-1941) it was occupied by Italy, which had neighboring possessions in Africa during World War II (Bureau of African Affairs, 2015).

Ethiopia's government classifies the country's agro-climatic regions in terms of three "zones:" areas of adequate rainfall, areas of moisture stress, and pastoral areas (Babikir, et al., 2015). Local farmers refer to these regions as "dega" (cool), "woina dega" (temperate) and "qolla"/"kolla" (low land; warm climate) (Babikir, et al., 2015; see map in [Annex 1](#)). Ethiopia has one of the most biodiverse ecosystems in the world, which facilitates the cultivation of a large variety of crops. Numerous rivers run throughout the country, many of which have great irrigation potential; this fact has earned Ethiopia's nickname as "the Water Tower of Eastern Africa" (Babikir, et al., 2015).

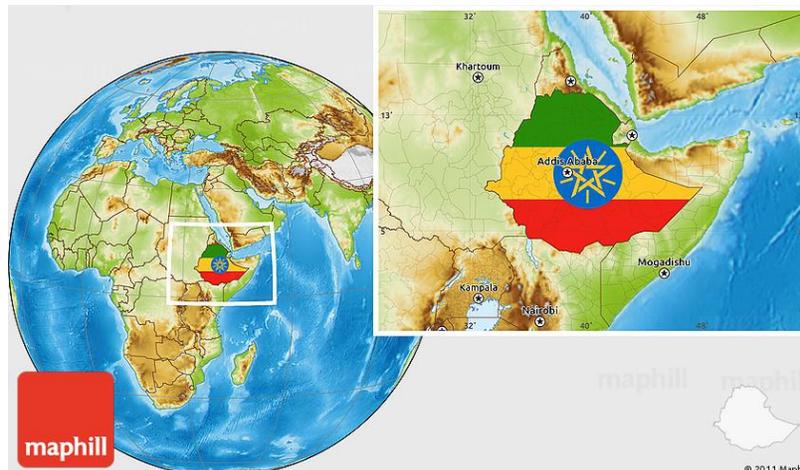


FIGURE 1: ETHIOPIA'S LOCATION IN EAST AFRICA (SOURCE: MAPHILL, 2015)

Poverty and Human Development

Although Ethiopia's Human Development Index (HDI) value has increased slightly over the last several years, Ethiopia remains a low HDI country, with an HDI index value of 0.442 (UNDP, 2015). Relatedly, Ethiopia's per capita GDP has increased in recent years (see Table 1), yet it remains one of the lowest in the world (The World Bank, 2016). Table 1 also shows that poverty rates have not decreased significantly in recent years. However, a more historic viewpoint indicates that the number of people living under the

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national poverty line was cut in half from 1990-2015 (from 48% to 24%), meaning that Ethiopia was one of the few African countries on track to achieve the first Millennium Development Goal (GoE, 2015).

Table I: Key economic figures

	2004	2010
Poverty headcount ratio at \$1.90/day	36%	34%
Poverty headcount ratio at \$3.10/day	76%	71%
Per capita GDP (Gross Domestic Product)	\$675	\$1,076
Gini Index	.30	.33

All figures are measured in 2011 U.S. dollars at PPP (PPP = Purchasing Power Parity: an adjustment of the exchange rate to compensate for differences in “purchasing power” in different countries.)

The Gini coefficient shows the level of income inequality. It is measured on a scale between 0 and 1, where 0 indicates perfect equality and 1 indicates perfect inequality; coefficients under .40 indicate relatively low income inequality.

All data comes from the World Development Indicators Database (The World Bank, 2016)

Poverty incidence is highest in the regions of Afar, Somali, and Gambella, and lowest in Harari, Addis Ababa and Dire Dawa (which are urban centers; see Figure 2). The most impoverished regions are characterized by small, scattered, often pastoral communities, which make it challenging to provide adequate basic social services. Furthermore, many areas are inaccessible due to poor or no roads, mountainous terrain, and limited infrastructure such as schools and health facilities. Another challenge lies in the limited personnel in the social service professions (UNDP, 2015).

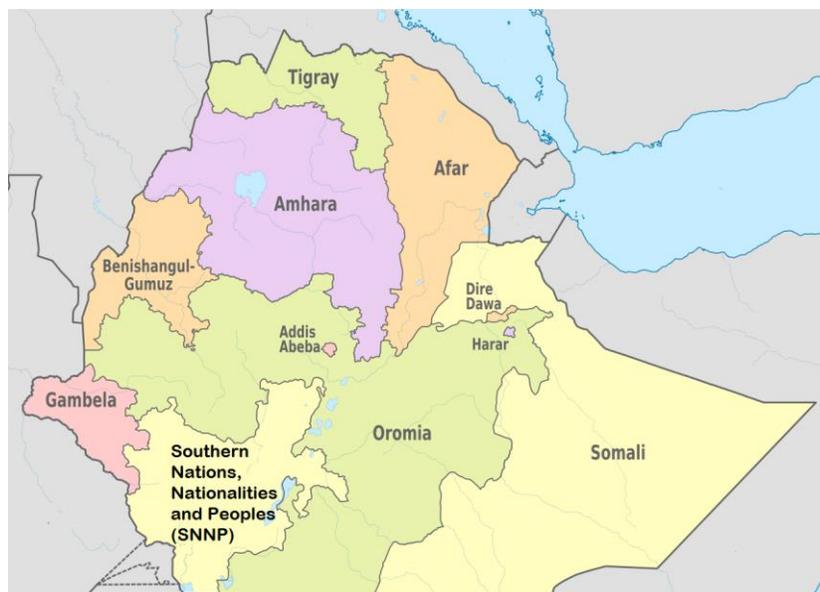


FIGURE 2: MAP OF ETHIOPIA'S REGIONS (SOURCE: WWW.ETHIOVISIT.COM)

Literacy rates in Ethiopia are very low, at 35 percent (UNICEF, 2013). The gender gap in literacy rates is quite wide, as seen in Table 2. Fortunately, the youth literacy rate is somewhat higher, although still with a wide gender gap. Perhaps evidently, school enrollment rates in Ethiopia are also relatively low with a slightly smaller gender gap. The main reasons underlying these low enrollment rates are poverty and food insecurity, child labor both at home and commercially, long distances to schools (especially to secondary schools), gender disparities (especially early marriage), and the lack of continuous access for children from pastoralist families (UNDP, 2015).

Health

Challenges in the health sector include a very high population-to-health-professionals ratio; the shortage of medical doctors is especially severe (WHO/Africa, 2015). The maternal mortality rate has remained high and continues to be a challenge; it is estimated at 420 per 100,000 live births (World Health Statistics Report, 2014). As a result, 30 percent of female deaths are maternity-related, although this share differs between age groups (UNDP, 2015). Children born in urban areas are reported to be 20 times more likely to be delivered in a health facility than those born in rural areas (CHANGE, 2010). In the last 10 years, the infant mortality rate has decreased from 70 to 41 deaths per 1000 live births, while under-five mortality rate has decreased from 109 to 59 deaths per 1000 live births (The World Bank, 2016). Life expectancy at birth for males and females is 62 years and 65 years respectively (WHO, 2012).

Ethiopia faces challenges in delivering basic services to pastoralist communities, who tend to have dispersed settlement patterns and seasonal mobility. To address these issues, the Ministry of Health established the Pastoralist Health Promotion and Disease Prevention Directorate, which particularly focuses on the problem of health care among pastoralist communities/emerging regions (UNDP, 2015).

In line with the Growth and Transformation Plan (GTP 2011-2015) and the Health Sector Development Programme, the government has been making strong efforts to provide health services to local communities, achieving encouraging results in service expansion. For example, between 2005 and 2013, the number of health posts rose from 4,211 to 16,048, the number of health centers increased from 519 to 3,100, and the number of public hospitals rose from 11 to 127 (UNDP, 2015). The health-related share of the National budget increased from 5.6 percent in 2005 to 8.5 percent in 2010, resulting in many health gains including the achievement of the Millennium Development Goal 4 on reducing child mortality. Ethiopia has also taken strong measures to address the epidemic of HIV and AIDS, leading to a 90 percent decrease in HIV rates (UNDP, 2015). Deaths from HIV and AIDS have also declined by 53 percent (UNDP, 2015). HIV prevalence is now 3.8 % in urban areas and 0.5% in rural areas but varies from region to region (UNDP, 2015).

Additionally, some malnutrition indicators have improved, such as rates of stunting, wasting, and underweight (see Figure 3). There have also been improvements in anemia, and immunization rates, antenatal service coverage, and skilled health care deliveries. The number of severely stunted children fell by 38% nationally, with a fall of 50% in urban areas and a fall of 36% in rural areas. However, despite these improvements, a large portion of the population still suffers from malnutrition, even in areas that are relatively food secure. Twenty-six percent of women aged 15-49 are malnourished, and 15% have anemia (UNICEF, 2014).

Table 2: Literacy and Education

	Female	Male
Literacy rate (adults)	28%	49%
Literacy rate (youth aged 15-24)	47%	63%
School enrollment (primary school)	80%	85%
School enrollment (secondary school)	30%	39%

Source: UIS, 2012

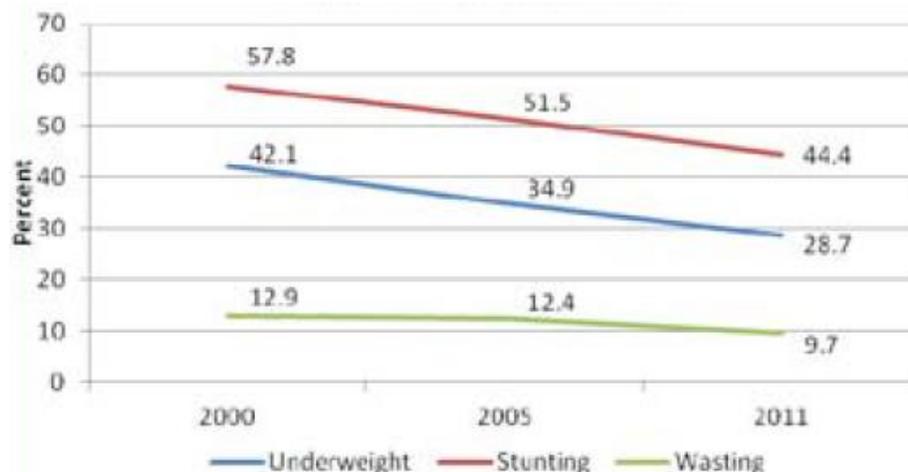


FIGURE 3: NUTRITION INDICES (SOURCE: GOE, 2013)

Gender

Article 35(1) of the Ethiopian Constitution stipulates that: “Women shall, in the enjoyment of rights and protections provided for by this Constitution, have equal right [sic] with men” (GoE, 1995). Despite this rhetoric, the Ethiopian government has acknowledged that gender disparities significantly impede women’s empowerment (GoE, 2010). For example, out of the 547 total seats in the Ethiopian House of Peoples’ Representatives, 212 are occupied by women, representing 38 percent (sadly, though, this is the 15th-highest rate in the world) (IPU, 2016). Equal land-use rights of rural women were recognized with the start of the rural land certification program which began after the 1997 Federal Rural Land Administration Proclamation. Before that, women only owned land through their husbands and there were no legal assurances to continued co-ownership or equal division in the event of a divorce (Asrat & Tadele, 2014). As a result, implementations of the Proclamation by the rural land certification and the rural land administration of 1997 and 2005 are seen as the most important change that has occurred in the history of traditional smallholder farming in the country, when it comes to addressing gender inequality. Also, evidence suggests that although specific details of the certification program differ by region, spouses are often given a joint certificate featuring their names and photographs side by side as a testament to their equal land use rights (Asrat & Tadele, 2014).

Despite this, some assert that when marrying, women usually bring only a negligible amount of land into the household, and nearly all land is brought in by the male spouse (Mogues, et al., 2009). Men also keep the land upon the dissolution of marriages. Even in regions where women formally receive individual rights to use land, land tenure security still constitutes a precarious condition for them (Mogues, et al., 2009). Moreover, in the event that female household heads have access to land, they frequently lack other productive resources such as labor, oxen, and credit, which makes it difficult to obtain inputs. The result is that they consistently have to sharecrop out their land, usually from a weak bargaining position that results in unfavorable arrangements (Mogues, et al., 2009).

Agriculture

Ethiopia’s economy is largely based on agriculture: the share of GDP occupied by the agricultural sector is 48 percent, while the industry sector is 10 percent and the services sector is 42 percent (CIA, 2016). A similar pattern is found in the labor force by occupation: the agricultural sector employs 85 percent of the labor force, compared to the industry sector (5%) and the services sector (10%) (CIA, 2016). The

agricultural sector provides around 90 percent of exports, the most predominant of which are coffee (dominating all other exports), oil crops, khat, cotton, sugar cane, leather products, live animals, oilseeds (The World Bank, 2016). An increase in exports was noted from 2013 (\$3.53 billion) to 2014 (\$4.14 billion) (CIA, 2016).

Ethiopia's agricultural sector is dominated by a subsistence, low-input and low-output, rainfed farming system (GoE, 2010). Ethiopia was the country with the highest livestock population in Africa at the end of the 20th century; its livestock population at that time consisted of 53.4 million cattle, 25.5 million sheep, and 22.8 million goats, among other animals (Asmare, 2014). Coffee is widely considered the most important cash crop in the country, accounting for more than 25% of the country's Gross National Product (GNP) (GoE MoA, 2016).

Two main crop seasons in Ethiopia are the *belg* season, which receives rainfall from February to June, and the *meher* season, which stretches from June to October (USDA, 2008). The *meher* crop season is the main season; it produces 90 to 95 percent of the nation's total cereals output, and the *belg* harvest provides the remaining 5% to 10% of cereal output (USDA, 2008). Cropping activities are determined by the onset and distribution of rainfall, the nature of the soil, the priority given to the specific crop, the fertility of farm plots, and the requirements of the crops (Gebre-Selassie & Bekele, 2012). Farmland is prepared using the traditional ploughing instruments, which make field-related activities highly difficult.

Ethiopia's agricultural development challenges can be grouped into six categories:

- Environment characteristics: Due to its geographic location, Ethiopia is frequently subject to natural crises such as extremely long drought seasons, and unpredictable flooding, which constitute a persistent economic challenge.
- Human Capital: Human capital endowments are limited in Ethiopia, as about half of the household heads cannot read and write. Also, disease and sickness are common, and poor health and sickness affect productivity. About 96% of farmers reported crop losses due to illness (Hanjra, Ferede, & Gemechu Gutta, 2009).
- Demographic characteristics: Ethiopia's population of 77 million in 2007 will increase to 109 in 2025 (Bachewe, 2009). Bachewe continues to explain that as farmers of Ethiopia mostly depend on subsistence agriculture, rapid population growth becomes problematic not only because the increase of the number of dependents per worker expands, but also because increases in the labor force are not matched by corresponding increases in the means of production, including arable land and physical and human capital.
- Technology: Most Ethiopian farmers have little access to farming technology and production practices, such as machines for farming, fertilizers, and pesticides. Therefore, low levels of modern inputs undermine potential productivity (Hanjra, 2009).
- Access to credit: farmers don't have access to credit, which makes it untenable for them to enhance their crop productivity, as banks usually constrain them to providing collaterals (physical assets and property documents) and the informal sector constrains them to usurious rates (300%) (Belwal, 2012).
- Physical assets (land and water): Although Ethiopia is commonly referred to as "the water tower of Africa," the country is constantly affected by shortages of water for rain-fed agriculture, mainly because of lack of proper water resources utilization and management practices (Gebreyohannes, 2013). In fact, from a total area of about 1.13 million km² and about 51.3 million hectares of arable land, only about 11.7 million hectares of land, are being cultivated, i.e. about 20% of the total arable area (MoARD, 2010 PIF Report). Moreover, small-scale farmers frequently have to deal with soil infertility due to rapid population growth, leading to land fragmentation and diminishment. As such, soil infertility is owed to the over-exploitation of cultivated land, which is accentuated by overgrazing and deforestation.

Women in Agriculture

Women farmers perform up to 75 percent of farm labor and account for 70 percent of household food production (USAID, 2015). In rural Ethiopia, women are heavily involved in most aspects of agricultural production, marketing, food procurement, and household nutrition. Despite this, the general perception is that “women do not farm” (The World Bank/IFPRI, 2010). “Women’s tasks” tend to include weeding, harvesting, preparing storage containers, managing all aspects of home gardens and poultry raising, transporting farm inputs to the field, and procuring water for household use and some on-farm uses (The World Bank/IFPRI, 2010). Furthermore, women often predominate in the cultivation of horticultural, especially vegetable, crops. Such crops are commonly grown on small plots of land near the house, or in the compound. Crop marketing and the control over revenues from these sales are often gender-differentiated: many female farmers bring the vegetables and fruits, the production of which they manage, to the market, and may retain these incomes to invest in household needs (The World Bank, 2013). However, the marketing and income from cash crops grown by the household in larger scale, such as coffee, teff, and khat, are usually controlled by men (Mogues, et al., 2009; The World Bank, 2016).

Sole cattle ownership by women is not common in Ethiopia, although joint ownership between spouses is found in many regions (Mogues, et al., 2009). Tending livestock is commonly performed by boys and young men (Mogues, et al., 2009). Women often have limited access to extension services, so they receive less extension advice, training, and credit than men do (Mogues, et al., 2009; see Figure 4). Recent extension packages tailored for women have emphasized sheep and goat husbandry and poultry (Mogues, et al., 2009).

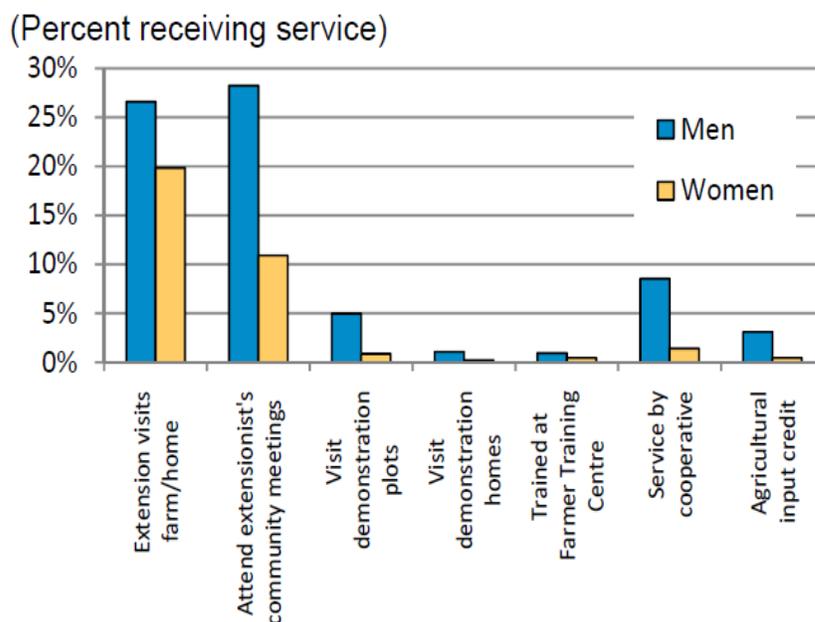


FIGURE 4: USE OF EXTENSION AND OTHER AGRICULTURAL SERVICES, BY GENDER (SOURCE: MOGUES ET AL., 2009)

Agricultural Extension Services

Agricultural extension and advisory services (EAS) began in Ethiopia about six decades ago. In 1993, the government of Ethiopia adopted its Agricultural Development-Led Industry policy through which it initiated the dissemination of agricultural packages to farmers. They included fertilizers, improved seeds, credit, and the provision of extension services (GoE, 2010). In 1995 it launched the Participatory

Demonstration and Training Extension System (PADETES) as its Agriculture Extension System. PADETES aims, among other goals, at increasing production and productivity of smallholder farmers through improved technologies, and through encouraging extension workers play a great part in the development process (GoE, 2010). Over the last few years, Ethiopia has made significant efforts to increase both the quantity and quality of extension service among rural farmers. Currently, there are more than 60,000 agriculture extension agents sharing their expertise to farmers according to their specialization; unfortunately, only 12 percent of those are women (Feed the Future, 2016).

Today, EAS are primarily provided by the public sector, and their services are a major element of the agricultural and rural development strategy (see Annex 3). Individual visits by public sector extension agents to household farms are by far the most common mode of extension delivery (Feed the Future, 2016). Sub-sectors of EAS generally include: agricultural development, natural resources, environmental protection and land administration, water supply and rural roads, input supply and cooperative promotion, marketing, and disaster management and food security (Mogues, et al., 2009). Core institutions are the Agricultural Technical and Vocational Education and Training (ATVET) centers and the Farmer Training Centers (FTCs). ATVETs train Development Agents (DAs) and the DAs in turn use FTCs to train farmers (Mogues, et al., 2009). At present, the extension system deploys four DAs to each “kebele” (neighborhood) with responsibility for crop production, livestock production, natural resource management, and home economics (GoE, 2010). Even though the majority of extension officers are men, home economics and nutrition agents are usually women, and they generally provide advice to women farmers on household management and reproductive health (Mogues, et al., 2009). The ATVET training curriculum is unfortunately known to focus mostly on technical agricultural topics, without much attention to gender analysis, community organizing, or integration of modern agricultural science and traditional knowledge (Mogues, et al., 2009). Agents seem to learn the latter topics mainly on the job and experientially (mostly from NGOs), rather than through pre-service training, if they learn them at all (Mogues, et al., 2009). Cultural taboos restrict male extension workers from interacting with women farmers (Mogues, et al., 2009).

EAS have been historically provided in a top-down fashion, with extension agents receiving quotas for signing up farmers for fixed technology “packages,” and farmers acting as “passive vessels” for receiving this information (Mogues, et al., 2009). Gender units or focal points are positioned low in the hierarchy, and most extension information is delivered to men. Women tend to be a small section, or individual, within an extension department. They are unable to influence planning, and find it difficult to influence other departments (Mogues, et al., 2009). Extension personnel with more-advanced training tend to work in administrative positions. Other challenges faced by the sector include: gender bias extension services; lack of staff morale; capacity and capability of staff; lack of qualified extension supervisors; insufficient and relevant technology options both for on crops and livestock sector; inadequate public funding (Mossie & Meseret, 2015).

However, the position of women within extension services is evolving. Throughout the country, an effort to expand the extension service means that many more women have an opportunity to work as agents. Nutrition and household management advice is now provided by health extension agents, rather than agriculture agents. Additionally, the Ethiopian Ministry of Agriculture and Rural Development has created a broader variety of extension packages, recognizing that one size does not fit all farmers (Mogues, et al., 2009). This includes a “women’s development package” which emphasizes support for “women’s” agricultural activities (poultry, sheep and goat husbandry, and home gardens).

According to the Ethiopian Agricultural Sector Policy and Investment Framework (PIF 2010-2020), gender mainstreaming efforts are being included in various sectoral programs, but are not progressing as fast as expected. Over the last few years, major efforts were made to empower women and youth and ensuring their benefits in economic growth and social development. The benefits of women in agricultural packages were significantly increased; besides land certification bearing both husbands’ and wives’ names provided

by regional governments, food security programs for vulnerable children and female headed households have also been prioritized (GoE, 2010). These efforts are reinforced by legislative and institutional reforms to protect the rights of, and open opportunities for women (Mogues, et al., 2009).

National Agricultural Strategy

The Ethiopian Government's National Agricultural Strategy is one of the main focus points of Ethiopia's Growth and Transformation Plan (GTP), and agriculture is considered the main source of growth for the next decades by the government. The GTP is a five-year plan established to target several of the constraining challenges related to the agriculture sector for the 2011-2015 period. Its main objectives are to: enhance productivity and production by smallholder farmers and pastoralists; strengthen market systems; improve participation and engagement of the private sector; reduce the number of chronically food insecure households and expand the amount of land under irrigation (GoE, 2010).

Fundamentals of the National Agriculture Strategy include a shift to production of high-value crops with a special focus on potential high-productivity areas, intensified commercialization, and support for development of large-scale commercial agriculture where feasible (GoE, 2010). The GTP document also stipulates that the commercialization of smallholder farming will continue to be the major source of agricultural growth. Support will be given to increase private investment in large commercial farms as well. Additionally, a range of public investments are to be undertaken to scale up the successes realized so far from model smallholder farmers. Further strategies include development of a more transparent and efficient agricultural marketing system and increased investment in marketing infrastructure. Other focus points of the strategy are to: promote multiple cropping, adapt effectively to climate variability, intensify food security measures, efficiently utilize the country's water and natural resources, expand small-scale irrigation schemes and have a better control of medium- and large-scale ones, expand watershed management, and reinforce conservation and management of natural resources (GoE, 2010).

Nutrition

According to the 2011 Ethiopian Demographic Health Survey, the national prevalence of stunting (low height-for-age) among children was around 44 percent. Twenty-nine percent of children were underweight (low weight-for-age), and 10 percent were wasted (low weight-for-height). The survey also revealed that the level of chronic malnutrition among women in Ethiopia was relatively high: 27 percent of women were either thin or undernourished. The prevalence of anemia among women in the reproductive age group (15–49) was 17 percent. Fortunately, between 2000 and 2011, the prevalence of both underweight and stunting declined 32 and 23 percent, respectively (CSA, ICF, 2011). Food insecurity and malnutrition in adolescents and pregnant women present challenges such as stillbirths, miscarriages, low birth weight, growth failure, increased risk of maternal and neonatal mortality, impaired cognitive development, sub-optimal productivity in adults and reduced economic growth for the nation (GoE, 2013). Annex 2 provides additional data on nutrition indicators in Ethiopia.

Ethiopia's Growth and Transformation Plan has set the reduction of stunting (low height-for-age) as one of its goals for 2015. Additionally, the Government of Ethiopia, in collaboration with nutrition development partners, signed the commitment for food and nutrition security at the G8 meeting in 2012 (National Nutrition Program, 2013-2015). Efforts to address undernutrition focus on the Lifecycle Approach: a comprehensive approach that focuses on the first 1,000 days of a child's life, during which nutrition requirements are greatest and when adolescent girls, pregnant women, and young children are most vulnerable to inadequate care, inadequate access to health services, and unsuitable feeding practices. The Government of Ethiopia (GoE) estimates that ensuring that a newborn is breastfed within one hour of birth could cut all neonatal mortality by 22 percent (GoE, 2013). Also, the GoE estimates that exclusive breastfeeding for the first 6 months of life can cut by about 15 percent the number of child deaths, and that adequate complementary feeding could prevent an additional six percent of all infant and child deaths.

Additionally, Ethiopia's Ministry of Education has developed the National School Health and Nutrition Strategy, which aims to improve access to health and nutrition services for nearly 19 million school-age children and nearly 400,000 teachers through over 33,000 government and non-government schools (GoE, 2013). Current nutrition programs have been scaled up to reach more children and women:

- Nutrition is one of the packages of services in the Health Extension Programme and is included in Integrated Refresher Training;
- Eleven million children under 5 years old receive Vitamin A supplementation and de-worming;
- Community-based direct nutrition interventions have been scaled up to more than 500 "woredas" (sub-regional districts) following implementation of Community Maternal Newborn and Child Health Interventions;
- Community management of acute malnutrition has been scaled up and decentralized to more than 10,000 health facilities;
- Salt iodization has been re-initiated and salt iodization legislation and enforcement are in place;
- Zinc supplementation for diarrhea treatment has been integrated into the Health Extension Programme's Integrated Community Case Management;
- Nutrition and HIV interventions have been scaled up to 400 health facilities (National Nutrition Program, 2013-2015).

Additionally, in September 2010, Ethiopia joined the global Scaling Up Nutrition (SUN) Movement which was established to increase both public and relevant sectors' awareness of nutritional issues in Ethiopia and raise the profile and political attention to this critical issue. Per the SUN model, Ethiopia established a multi-stakeholder platform for nutrition, which comprises seven government ministries (see Figure 5). Note that the acronyms in Figure 5 include the following: MOLSA (Ministry of Legal and Social Affairs), MOA (Ministry of Agriculture), FMOH (Federal Ministry of Health), MOE (Ministry of Education), MOT (Ministry of Trade), MOWE (Ministry of Water, Irrigation & Energy), MOWCY (Ministry of Women, Children, and Youth), MOFED (Ministry of Finance and Economic Development), MOI (Ministry of Industry), FMHACA (Food, Medicine, and Health Care Administration), and EHNRI (Ethiopian Health and Nutrition Research Institute).

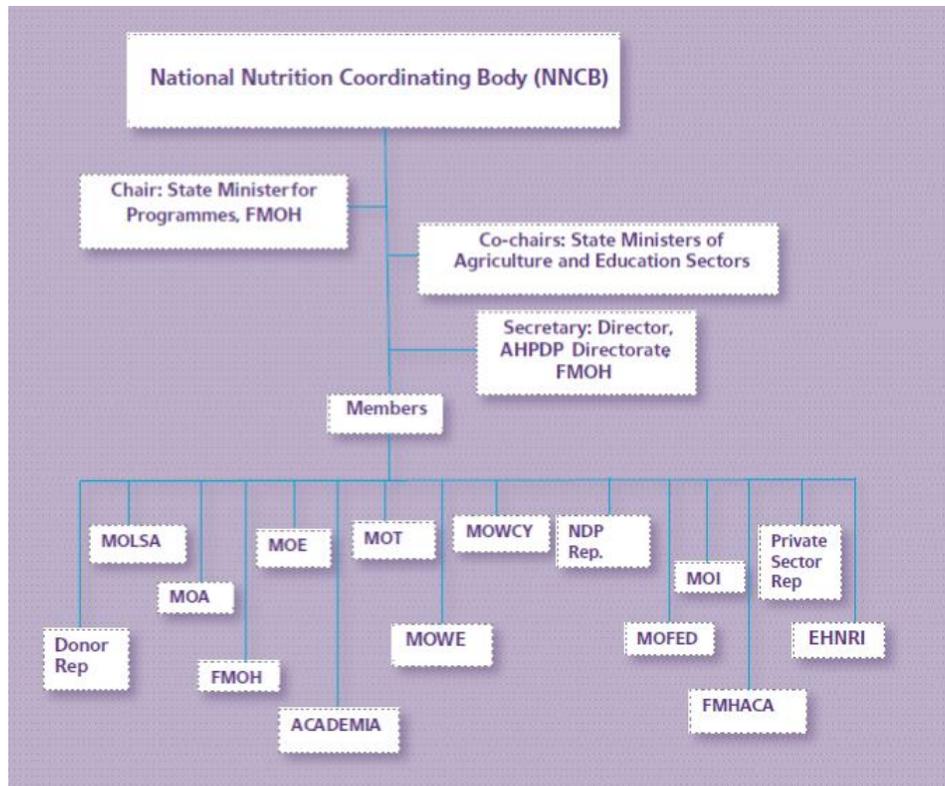


FIGURE 5: ETHIOPIA'S MULTI-STAKEHOLDER PLATFORM FOR NUTRITION (SOURCE: GOE 2013).

Feed the Future Multi-Year Strategy

Feed the Future is helping vulnerable households in Ethiopia increase their agricultural productivity, participate in economic activities, and generate demand for products in order to provide solutions to Ethiopia's chronic poverty and food insecurity (Feed the Future, 2016). Five regions are targeted by Feed the Future in Ethiopia: Amhara, Oromia, Somali, Southern Nations Nationalities and Peoples, and Tigray. The two main goals are 1) to reduce prevalence of poverty in Feed the Future target regions by 30 percent, and 2) reduce prevalence of stunting in children under-5 years old in Feed the Future target regions by 20 percent (Feed the Future, 2016).

To achieve these goals, Feed the Future aims to:

- Improve productivity and commercialization;
- Improve nutrition status of women and young children;
- Improve resilience to and protection from shocks and disasters with increased livelihood opportunities;

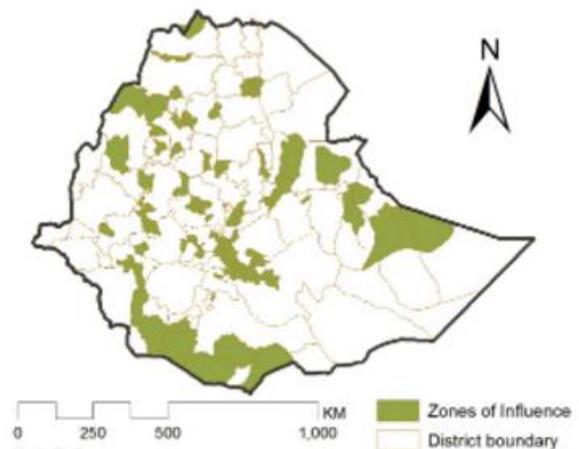


FIGURE 6: FEED THE FUTURE ZONE OF INFLUENCE (SOURCE: FEED THE FUTURE, 2016).

- Strengthen the enabling environment to support increased investment and broad-based agricultural growth.

Some value chains of importance are chickpea, coffee, dairy, honey, livestock, maize, sesame, sweet and irish potatoes, wheat (Feed the Future, 2016). Other areas of importance are described below (all information comes from Feed the Future, 2016):

Vulnerable Populations. Feed the Future looks to empower communities to manage agriculture and livestock activities even during periods of drought; one way of addressing this issue is by supporting Ethiopia's lowland pastoralists in selling livestock to processors in the highlands and export markets in Gulf States. Feed the Future also supports the Government of Ethiopia's national Agricultural Growth Program while addressing causes of widespread, low agricultural productivity. This support is executed, in part, by using public works to rehabilitate degraded watersheds and social infrastructure, improve rural roads, and restore essential vegetation. Additionally, providing relief to save lives and reduce human suffering among the most vulnerable is still a commitment of Feed the Future in the country.

Nutrition. Feed the Future is committed to accompanying the Ethiopian Government in its National Nutrition Program. Under Feed the Future, the U.S. Government is building on its prior nutrition investments to maximize impact on the nutritional status of Ethiopian households, particularly children, and is integrating nutrition objectives throughout agriculture and livelihood activities. These activities support Ethiopia's nutrition program by developing capacity at the policy and implementation levels, improving education and training, supporting large-scale behavior change communication, and integrating nutrition objectives into public-private partnerships.

Gender Integration. Empowering rural women as food producers and managers of household nutrition is an important facet of Feed the Future's commitment in Ethiopia. Activities include promoting equitable decision-making in managing household resources, providing training in reading and math, engaging women's advocacy groups in policy reform to ensure that the constraints experienced by women farmers are considered and addressed, improving productivity, and increasing benefits for women through land certification activities.

Partnerships. Feed the Future has formed valuable public and private partnerships across sectors to promote agricultural development in Ethiopia. The United Nations World Food Program, local partners including Guts Agro Industry, and smallholder farmers plan to increase chickpea production in Ethiopia and develop a chickpea-based ready-to-use supplemental food to address moderate acute malnutrition in the country. DuPont Pioneer plans to provide improved varieties of maize seed and technical assistance to 32,000 Ethiopian smallholder farmers. The International Center for Agricultural Research in the Dry Areas (ICARDA) and the Ethiopian Institute of Agricultural Research plan to test and release new rust-resistant varieties of wheat. Additionally, the Global Agriculture and Food Security Program and bilateral donor investments also support the Government of Ethiopia's food security programs.

Resilience. Feed the Future is helping Ethiopians increase their resilience through climate-smart natural resource management (for example, drought preparedness and response, nutrition, access to water and institutional capacity development), the building and restoring of community assets, and a combination of activities that provide families with sustainable and reliable sources of income and assets. Feed the Future is additionally helping farmers and pastoralists improve their crop and livestock productivity and marketing while also helping those who struggle to make a living explore new economic opportunities through vocational training and access to innovative financial services.

Regional Integration. Feed the Future and broader U.S. Government activities in Ethiopia aim to improve the standards, quality and efficiency of the livestock trade within the Horn of Africa and Gulf States. These activities also help improving joint marketing and lobbying of Horn of Africa states, veterinary services, and access to regional markets; they furthermore help countries harmonizing regional and national livestock policies. Support for uniform regional application of disease surveillance and control programs,

with a focus on animal health issues, will help stimulate additional investments in regional value chains, from farm to market. Feed the Future is also working in conjunction with the Government of Ethiopia to develop and launch traceability platforms, which will enable Ethiopians to participate more broadly in international markets. These efforts will help build consumer confidence and meet world standards for traceability in crops such as coffee and sesame. Feed the Future is piloting an Ethiopian Livestock Identification and Traceability System to assess its feasibility, cost effectiveness and viability.

Scaling Innovation. Feed the Future is scaling the following technologies and practices to achieve greater impact overall on reducing poverty and under-nutrition in Ethiopia:

- High-yielding chickpeas, maize and rust-resistant wheat
- Commercial farm service centers
- Improved financial services
- Artificial insemination
- Milk cooling and storage
- Orange-fleshed sweet potato
- Dairy consumption

Country Development Cooperation Strategy (CDCS)

USAID views Ethiopia's "highly restrictive" laws on GMOs (genetically modified organisms) as a major impediment to agricultural production (USAID, 2012). Consequently, it plans to develop a strategy to engage with producers and the Ethiopian government to modify their stance against GMOs, and to encourage the use of biotechnology to increase the yields and variety of foods available in Ethiopia and for export (USAID, 2012). In the health sector, USAID will focus on policies to retain health professionals in their government positions, and to improve healthcare financing and health insurance. In the education sector, the focus will be on policies that improve early reading, overall English language skills improvement, and workforce development for under or unemployed youth (USAID, 2012). Additionally, through integration of nutrition resources, USAID utilize agriculture and health extension workers to deliver behavior change communication messages focused on proper food utilization, preparation, and storage to improve household nutrition (USAID, 2012).

USAID and other donor-funded projects

The international community has recognized the importance of food security to development, inclusive economic growth and the dignity of all women and men. For this reason the "New Alliance for Food Security and Nutrition" was launched in 2012. This alliance was co-created by the G8 as a joint initiative among African leaders, the private sector, and donors to accelerate responsible investment in African agriculture and to lift 50 million people out of poverty by 2022 (NEPAD, 2014). The program under the New Alliance in Ethiopia has four key objectives:

- 1- Increase private-sector participation in seed development, multiplication, and distribution;
- 2- Increase the private sector's ability to access markets by reducing barriers to competitiveness and increasing the transparency of requirements;
- 3- Strengthen land-use rights to stimulate investment in agriculture;
- 4- Increase the availability of credit to the agricultural sector. The section below reviews progress against the stated objectives.

Conclusion

The main development agenda of the Ethiopian government is poverty eradication. Recent five-year developments plans geared toward this end were:

- The Sustainable Development and Poverty Reduction Program (SDPRP), which expanded from 2002/2003 to 2004/2005;
- The Plan for Accelerated and Sustained Development to End Poverty (PASDEP), which ran from 2005/2006 to 2009/2010. The PASDEP had a medium term development perspective and aimed at a minimum, at achieving the MDG targets;
- The Growth and Transformation Plan (GTP 2011-2015) which has very recently been extended to another five-year period (2015-2020). The achievements gained through the first two plans constituted the basis for the more national vision of the Growth and Transformative Plan.

Over the past decades, Ethiopia has demonstrated a strong commitment to food security by balancing investment in the chronically food insecure areas with an increased focus on higher potential areas of the county, exemplified by the development of its Agricultural Growth Program. Consequently, together, the Government of Ethiopia and the G8 members commit to the “New Alliance for Food Security and Nutrition” and to working together to generate greater private investment in agricultural development, scale innovation, achieve sustainable food security outcomes, reduce poverty and end hunger.

Expanded coverage of female health services, enrolment of girls in schools have also increased and these efforts are reinforced by legislative and institutional reforms to protect the rights of, and open opportunities for women. Although progress has been made there are still challenges related to changes in attitudes and traditional malpractices. However, the Government is committed to speeding up the pace of change through education, by increasing the participation of women in public life, and by strengthening women’s membership in gender based organizations.

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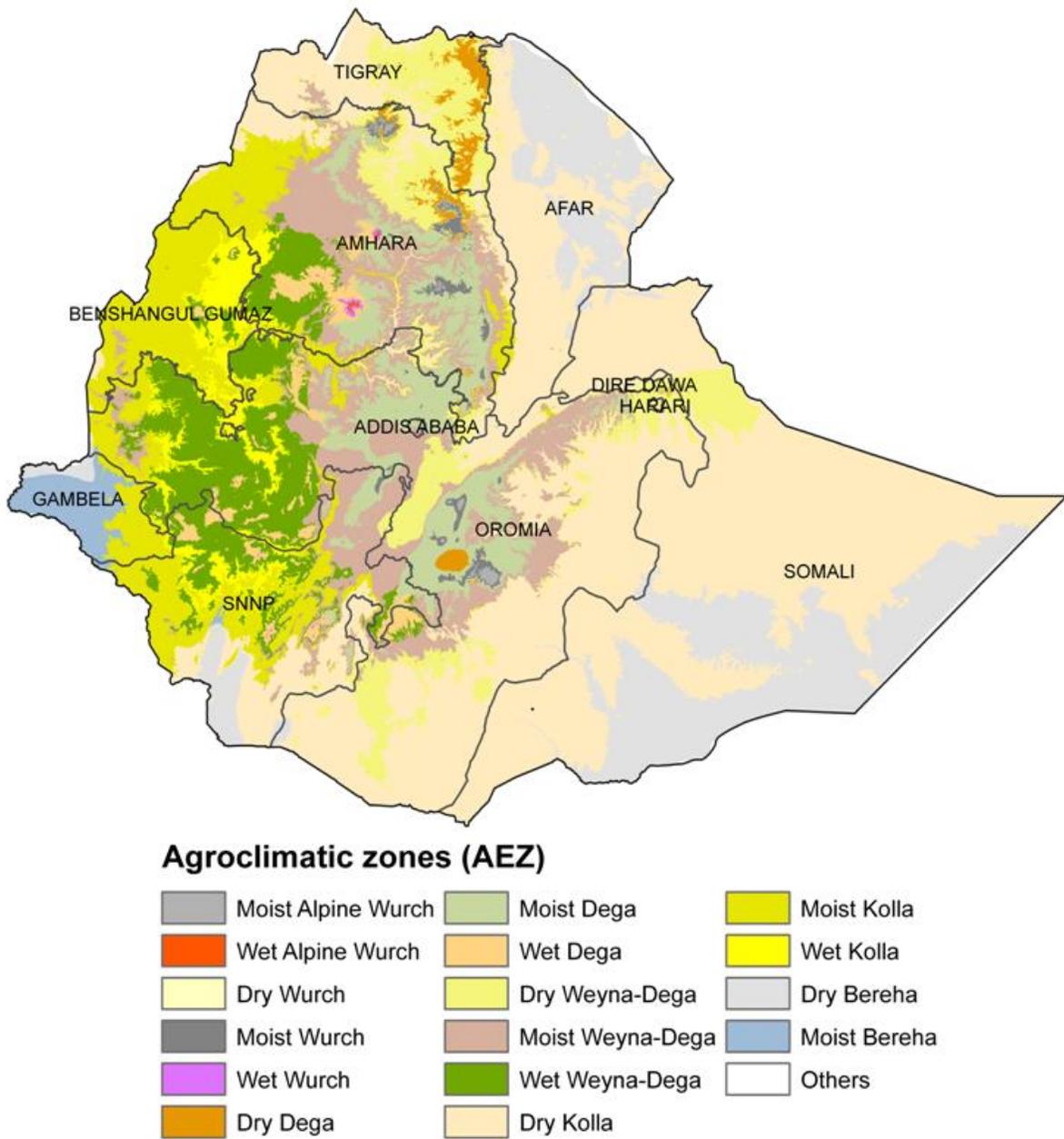
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Annex I: Maps and Graphs



Source: caadp-cgiar.org/domains



Source: UNDP, 2014

Ethiopia Landscape Analysis

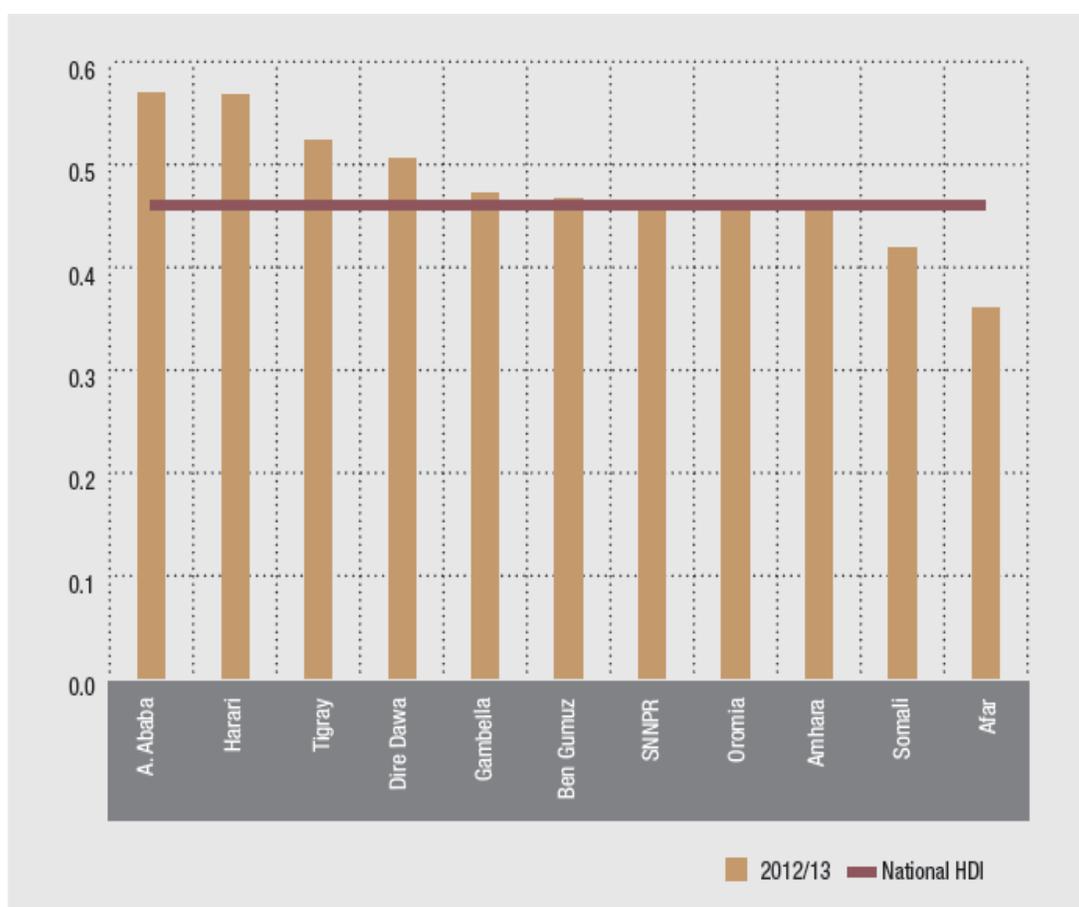
Sector	2004/5	2005/6	2006/7	2007/8	2008/9	2009/10	2010/11	2011/12	2012/13
Life expectancy	57.0	57.6	58.0	59.9	60.3	60.8	61.3	61.7	62.2
Primary enrolment (%) (net)	68.8	77.5	79.1	83.4	83.0	82.1	85.3	85.4	85.7
Secondary enrolment (%) (net)	11.8	13.2	14.7	13.8	13.5	16.4	16.3	17.3	19.4
Expected years of schooling	6.7	7.8	8.2	8.4	8.3	8.5	9.0	9.1	9.4
Mean years of schooling	2.0	2.2	2.2	2.2	2.2	2.2	2.6	2.6	2.6
GNI per capita at constant (2011) US\$ PPP	722.1	778.9	847.8	914.5	966.9	1057.6	1147.3	1215.6	1288.5
HDI Index	0.350	0.370	0.381	0.394	0.414	0.426	0.447	0.453	0.461
Inequality-adjusted HDI	0.349	0.368	0.379	0.392	0.412	0.423	0.445	0.451	0.459

Sources: UNDP computation based on
MoE, 2013; CSA, 2013a; CSA, 2012.

Ethiopia Landscape Analysis

Region	Life Expectancy		Expected years of schooling		Mean years of schooling		Consumption exp. per capita adult equivalent ⁷		Human Development Index (HDI)		Inequality-adjusted HDI (IHD)	
	04/05	12/13	04/05	12/13	04/05	12/13	04/05	12/13	04/05	12/13	04/05	12/13
	Tigray	53.5	61.0	7.1	13.1	2.3	2.8	3,652	6,018	0.397	0.524	0.372
Afar	53.9	59.5	1.2	3.7	1.1	2.0	4,986	5,370	0.276	0.361	0.258	0.353
Amhara	54.7	58.0	7.0	9.9	1.4	2.0	4,028	5,660	0.391	0.455	0.367	0.445
Oromia	54.3	59.5	7.4	8.8	2.1	2.7	4,679	5,625	0.424	0.458	0.398	0.448
Somali	57.1	61.0	1.7	7.1	0.8	1.9	4,590	5,336	0.281	0.419	0.263	0.410
Ben Guruz	50.6	57.0	8.0	10.2	1.5	2.4	4,025	5,894	0.392	0.467	0.367	0.457
SNNPR	52.5	58.0	6.8	9.9	1.8	2.7	5,300	5,497	0.415	0.462	0.389	0.452
Gambella	58.0	58.0	7.4	10.0	2.5	3.9	2,799	5,222	0.387	0.472	0.363	0.462
Dire Dawa	55.0	59.5	7.9	10.2	4.3	4.8	4,220	5,679	0.460	0.506	0.431	0.495
Harari	55.2	70.5	7.5	9.2	4.6	4.9	5,512	6,728	0.490	0.567	0.459	0.555
Addis Ababa	62.2	62.0	11.4	11.2	6.6	6.3	2,992	6,523	0.508	0.569	0.476	0.556

Source: UNDP, 2014



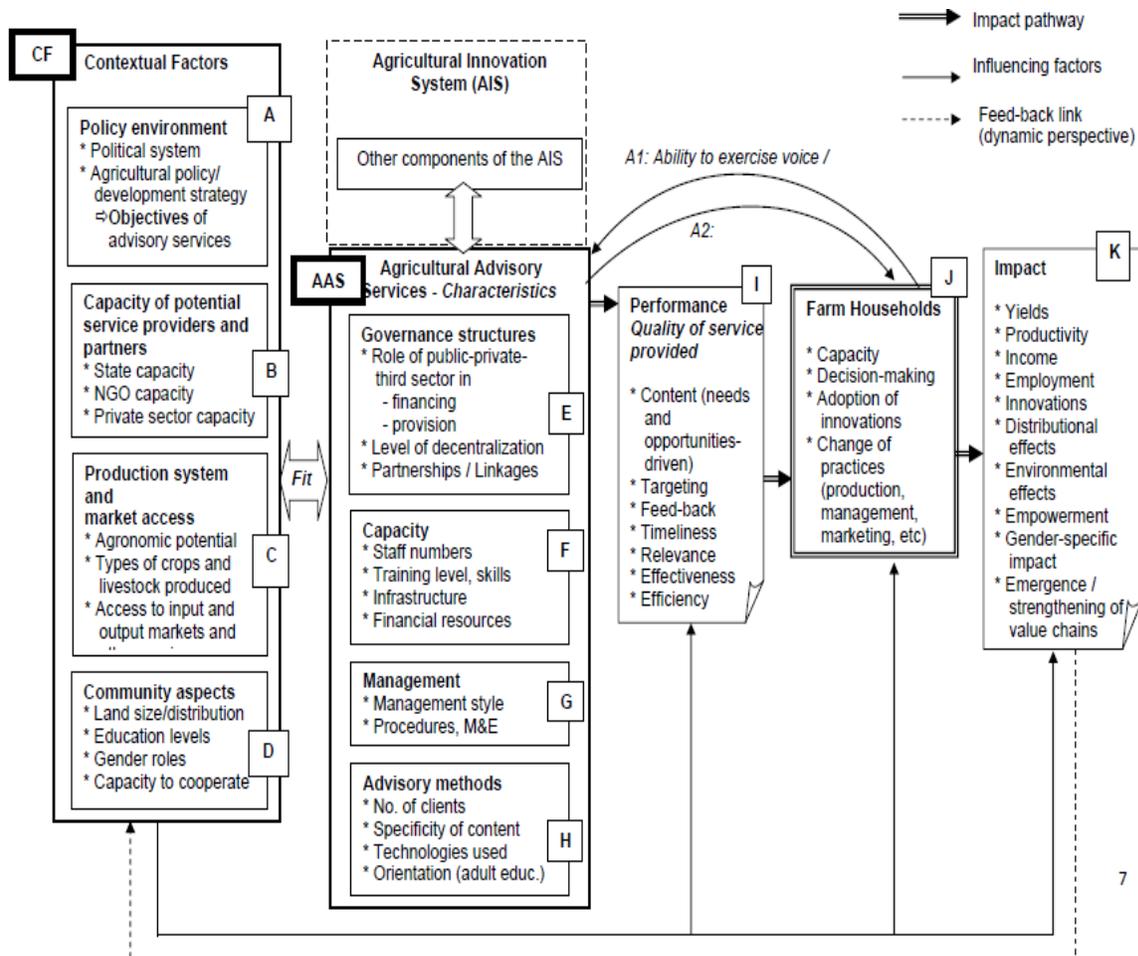
Source: UNDP, 2014

Annex 2: Nutritional Trends Among Children and Women

Indicator	Source	Frequency	2005 (%)	2011 (%)
Infant mortality rate (per 1,000 live births [LB])	EDHS	Every 5 years	77	59
Children < 5 years mortality rate (per 1,000 LB)	EDHS	Every 5 years	123	88
Maternal mortality rate (per 100,000 LB)	EDHS	Every 5 years	673	676
Children < 5 years underweight	EDHS	Every 5 years	38	29
Children < 5 years stunted	EDHS	Every 5 years	52	44
Children < 5 years wasted	EDHS	Every 5 years	12.4	9.7
Newborns with low birth rate	EDHS	Every 5 years	14	11
Prevalence of anemia in women	EDHS	Every 5 years	27	17
Maternal malnutrition (BMI < 18.5)	EDHS	Every 5 years	27	27
Anemia in children 6–59 months of age	EDHS	Every 5 years	54	44
Iodine deficiency disorder in children	EDHS	Every 5 years	39.9	NA
Vitamin A deficiency (VAD) (%)	EDHS	Every 5 years	61	NA
Institutions managing SAM at health posts and health centers	HMIS	Monthly	HP (-) HC (20)	HP (52) HC (59)
Early initiation of breastfeeding	EDHS	Every 5 years	69	52/
Exclusive breastfeeding under 6 months	EDHS	Every 5 years	49	52
Children aged 6–9 months who receive complementary food and continued breastfeeding	EDHS	Every 5 years	44	51
Children aged 6–59 months who received two doses of Vitamin A supplementation	Administrative report	Annually	94	88
Iodization of household salt	EDHS	Every 5 years	4	15
Children aged 2–5 years de-wormed	Administrative report	Annually	86	100
Pregnant women supplemented with iron foliate during their last birth	EDHS, NNP	Annually	10	17
Pregnant women supplemented with > 90 tabs of iron foliate during their last pregnancy	EDHS	Every 5 years	0.1	0.4

Source: UNDP, 2014. EDHS = Ethiopia Demographic and Health Survey

Annex 3: Conceptual Framework of the Agricultural Extension System



Source: Birner et al. (2009)