



OROMIA REGION

Making agriculture nutrition-sensitive

Findings from a study of consumption, production, availability, and affordability of nutritious food

Poor dietary quality is one of the leading causes of premature death and diseases globally.¹ Typically proxied by the diversity of one's diet, dietary quality is a challenge in Ethiopia where household consumption tends to be monotonous. According to the Ethiopian Public Health Institute, adults and children throughout the country get between 60-80 percent of their energy from carbohydrates.² This is particularly worrying for Ethiopia given that a carbohydrate intake greater than 60 percent increases an individual's risk of cardiovascular disease—one of the country's most common causes of premature mortality.³ Micronutrient deficiencies and stunting are another indication of limited dietary quality. Across Ethiopia, 60 percent of children are anemic, one-third are deficient in Vitamin A, and only 14 percent of children meet the World Health Organization's (WHO) standard for diet diversity.^{4,5} In an effort to improve dietary quality, the Government of Ethiopia has set out ambitious plans through the National Nutrition Programme to increase the year-round availability, access, and consumption of nutritious foods.⁶ At the core of these efforts is the urgent need to transform food systems to support healthier diets throughout Ethiopia.⁷

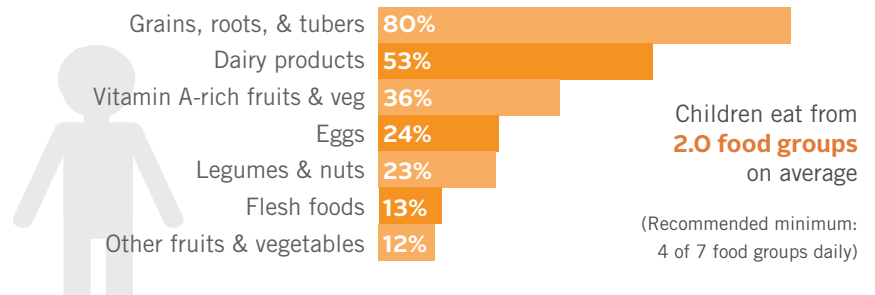
ABOUT THE STUDY

This brief summarizing Hirvonen and Wolle's 2019 report, *Consumption, Production, Market Access and Affordability of Nutritious Foods in the Oromia Region of Ethiopia*, offers insight into the gaps and opportunities where nutrition-sensitive agriculture policies and programs could have the greatest impact on diet diversity.⁸

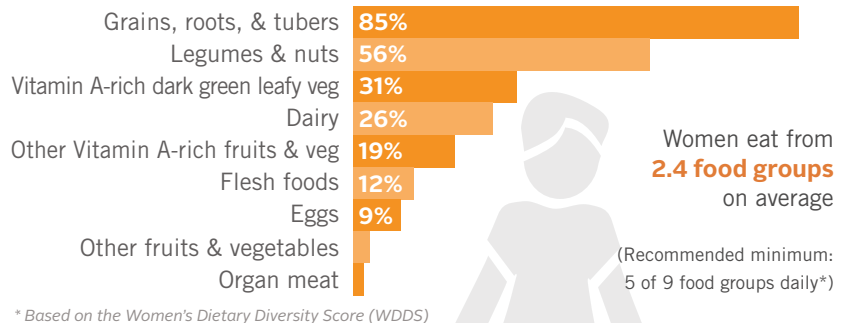
CONSUMPTION IN OROMIA

The study looks at consumption in three sample populations within Oromia: children 6-23 months, women in USAID's Feed the Future (FTF) areas, and mothers in chronically food insecure areas where the Productive Safety Net Program (PSNP) operates. Similar to the national statistics, women and children in Oromia primarily consume starchy staples—falling far below the recommendations for diet diversity. Less than 20 percent of children meet the WHO's standard for diet diversity, and only an alarming 1.8 percent of mothers in the PSNP areas consume foods from the recommended number of food groups. The graphs below show the percentage of each demographic that consume the different food groups.

CHILDREN 6-23 MONTHS (DEMOGRAPHIC & HEALTH SURVEY, 2016)

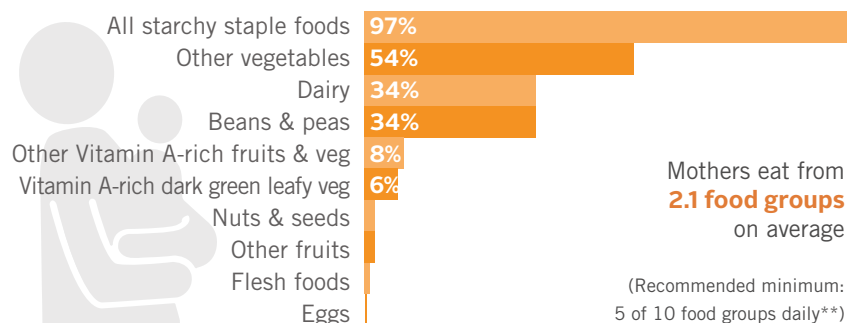


WOMEN (SURVEY OF FTF AREAS, FIRST PHASE, 2018)



* Based on the Women's Dietary Diversity Score (WDDS)

MOTHERS (SURVEY OF PSNP AREAS, 2017)



** Based on Minimum Dietary Diversity-Women (MDD-W) tool

PRODUCTION AND AVAILABILITY IN OROMIA

Total energy production in Oromia increased by 23 percent between 2011 and 2015, driven by the production of grains, roots, and tubers. These staples accounted for 87 percent of all calories produced in 2015, followed by legumes and nuts at 9 percent. The remaining food groups made up only 4 percent of the total calories produced in the region that year. The market availability of nutritious foods found in the PSNP and FTF areas is shown at right. A variety of different food items are available in Oromia markets. Apart from starchy staples, some of the most common items are:

- Lentil, cowpea, horse bean, and chickpea
- Fenugreek, groundnut, and vetch
- Fresh milk, beef meat, chicken, and eggs
- Ethiopian kale, carrot, onion, tomato, and green pepper
- Banana, orange, lemon, and avocado

AVAILABILITY OF NUTRITIOUS FOOD IN LOCAL MARKETS

FOOD GROUP AND ITEM		PSNP (%)	FTF (%)
Beans and peas	Lentil	80.6	91.9
	Horse bean	48.4	79.0
	Cowpea	64.5	43.5
	Chickpea	37.1	69.4
	Bean, white	35.5	38.7
	Bean, brown	3.2	33.9
	Green bean	3.2	12.9
Nuts and seeds	Fenugreek	50.0	72.6
	Groundnut	50.0	51.6
	Vetch	19.4	51.6
	Sesame	4.8	9.7
	Groundnut flour	1.6	0
Dairy	Fresh milk	74.2	54.8
	Yoghurt	16.1	43.5
	Cheese	12.9	48.4
	Powdered milk	9.7	24.2
	Fermented milk (ergo)	12.9	21.0
Flesh foods	Live chicken	74.2	95.2
	Beef meat	48.4	62.9
	Goat meat	38.7	14.5
	Mutton meat	24.2	29.0
	Fresh fish	9.7	0
	Chicken meat	3.2	0
	Camel meat	1.6	0
	Dried fish	0	0
Eggs	Eggs	98.4	100
Vitamin A-rich dark green leafy vegetables	Ethiopian Kale	40.3	90.3
	Spinach	9.7	11.3
Other Vitamin A-rich fruits and vegetables	Carrot	30.6	90.3
	Mango	40.3	33.9
	Papaya	35.5	33.9
	Pumpkin	12.9	41.9
Other vegetables	Onion	100	100
	Tomato	98.4	80.6
	Green pepper	77.4	98.4
	Lettuce	12.9	30.6
	Cauliflower	14.5	22.6
	Mushroom	0	0
Other fruits	Banana	87.1	90.3
	Orange	29.0	59.7
	Lemon	40.3	82.3
	Avocado	43.5	58.1
	Cactus fruit	3.2	4.8
	Melon	1.6	1.6

ENERGY PRODUCTION PER CAPITA, PER DAY

(2015 KILOCALORIES)



All other food groups combined:

536 KILOCALORIES

BREAKDOWN BY FOOD GROUP

Grains, roots, and tubers	3,726
Legumes and nuts	378
Dairy products	77
Other foods	52
Other fruits and vegetables	18
Poultry, fish, and meat	5.7
Eggs	3.9
Vitamin A-rich fruits and veg	1.4

TOTAL 4,262

Grains, roots, and tubers:
3,726 KILOCALORIES

Calculations from Central Statistical Agency (CSA) agricultural sample survey

KEY TAKEAWAYS

- Overall, Oromia has adequate food production to feed its population.
- While the common foods found within each food group vary, overall the availability of nutritious foods does not appear to be an overriding constraint to consumption of a diverse diet.
- The region has done well in increasing production of staple crops from 2011 to 2015. Now, emphasis should also be on diversification to include non-staple food production that supports health and nutrition.

From 2019 survey of PSNP areas and 2018 survey of FTF areas

AFFORDABILITY IN OROMIA

In this analysis, affordability is defined as the share of total income needed to consume the recommended daily amount of the food group. Since Ethiopia is still developing its own nutritional guidelines, the analysis below is based on the EAT-Lancet Commission on Food, Planet, and Health guidelines* that recommend diets rich in plant-based foods based on the needs of a healthy individual.⁹ The analysis below calculates the minimum cost to meet the dietary recommendation using the cheapest food item available for each food group to provide a sense of the price of foods relative to household incomes in the region. The seven food groups used in the child dietary diversity measure were used, with the omission of grains, roots, and tubers.

*Children under 2 years and pregnant and lactating women have different dietary requirements

PERCENT OF HOUSEHOLD INCOME NEEDED TO MEET THE RECOMMENDED INTAKE

(FOR HEALTHY INDIVIDUALS 2 YEARS OR OLDER)

FOOD GROUP	ANNUAL HOUSEHOLD INCOME			
	Average (Birr 9,679)	Poorest (Birr 3,795)	Median (Birr 8,943)	Richest (Birr 23,927)
Legumes and nuts	4%	11%	5%	2%
Dairy products	14%	36%	15%	6%
Poultry, fish, and meat	37%	93%	40%	15%
Eggs	4%	11%	4%	2%
Vitamin A-rich fruits & vegetables	2%	6%	3%	1%
Other fruits and vegetables	6%	14%	6%	2%
TOTAL	67%	171%	73%	28%

Income is proxied by consumption-expenditures from the 2015/16 Ethiopian Household Consumption-Expenditure (HCE) Survey from CSA

KEY TAKEAWAYS

- The poorest households in Oromia cannot afford the recommended intakes for the six food groups because it would require 173% of their household income, and this excludes income needed to purchase food in the grains, roots, and tubers food group. Even the richest would need to spend 28% of their income on the six food groups.
- Increasing consumption of dairy and flesh foods would require an increase in production and addressing affordability.
- Among the animal source foods, eggs are relatively affordable across all income groups.
- One way to diversify diets is to promote the consumption of Vitamin A-rich fruits and vegetables and other food groups that are affordable to most income groups.

SUMMARY

Consumption

The diets of mothers and children in Oromia currently lack adequate diversity to meet nutritional needs.

Production

Food production in the region is adequate to meet caloric needs, but primarily through the production of starchy staples. Production needs to focus on a variety of nutritious foods that would support a diverse diet.

Availability

Different nutritious foods are available in markets, suggesting there may be opportunities to promote diet diversity by boosting production and consumption of the most acceptable and affordable items.

Affordability

Plant-based foods and eggs are relatively affordable, while flesh foods are likely to be unaffordable for many households to consume regularly.

CONCLUSION

The most readily available and affordable food groups in Oromia include: legumes and nuts; other fruits and vegetables; Vitamin A-rich fruits and vegetables; and eggs. Making these sub-sectors or value chains a priority—by increasing availability and improving affordability, price stability, and safety in all local food markets—offers promise for moving toward a more diverse diet, when combined with increasing demand for these foods.

REFERENCES

- 1 Forouzanfar, M. H., Alexander, L., Anderson, H. R., Bachman, V. F., Biryukov, S., Brauer, M., . . . Murray, C. J. (2015). Global, regional, and national comparative risk assessment of 79 behavioural, environmental and occupational, and metabolic risks or clusters of risks in 188 countries, 1990-2013: a systematic analysis for the Global Burden of Disease Study 2013. *The Lancet*, 386(10010), 2287-2323.
- 2 Misganaw, A., Haregu, T. N., Deribe, K., Tessema, G. A., Deribew, A., Melaku, Y. A., . . . Dessalegn, M. (2017). National mortality burden due to communicable, non-communicable, and other diseases in Ethiopia, 1990–2015: findings from the Global Burden of Disease Study 2015. *Population health metrics*, 15(1), 29.
- 3 Dehghan, M., Mente, A., Zhang, X., Swaminathan, S., Li, W., Mohan, V., . . . Rosengren, A. (2017). Associations of fats and carbohydrate intake with cardiovascular disease and mortality in 18 countries from five continents (PURE): a prospective cohort study. *The Lancet*, 390(10107), 2050-2062.
- 4 Demissie, T., Ali, A., Mekonen, Y., Haider, J., & Umeta, M. (2010). Magnitude and distribution of Vitamin A deficiency in Ethiopia. *Food and Nutrition Bulletin*, 31(2), 234-241.
- 5 CSA, & ICF. (2016). *Ethiopia Demographic and Health Survey 2016*, Addis Ababa, Ethiopia, and Rockville, Maryland, USA: Central Statistical Agency (CSA) of Ethiopia and ICF.
- 6 GFDRE. (2016). *National Nutrition Programme 2016-2020*. Addis Ababa: Government of the Federal Democratic Republic of Ethiopia (GFDRE).
- 7 Gebru, M., Remans, R., Brouwer, I., Baye, K., Melesse, M., Covic, N., . . . Hirvonen, K. (2018). *Food systems for healthier diets in Ethiopia: Toward a research agenda*. IFPRI Discussion Paper 1720. Washington, DC: International Food Policy Research Institute (IFPRI).
- 8 Hirvonen, K., & Wolle, A. (2019). *Consumption, production, market access and affordability of nutritious foods series*. Addis Ababa: International Food Policy Research Institute (IFPRI) and Alive&Thrive/FHI360.
- 9 Willett, W., Rockström, J., Loken, B., Springmann, M., Lang, T., Vermeulen, S., . . . Murray, C. J. L. (2019). *Food in the Anthropocene: the EAT–Lancet Commission on healthy diets from sustainable food systems*. *The Lancet*, Published Online.