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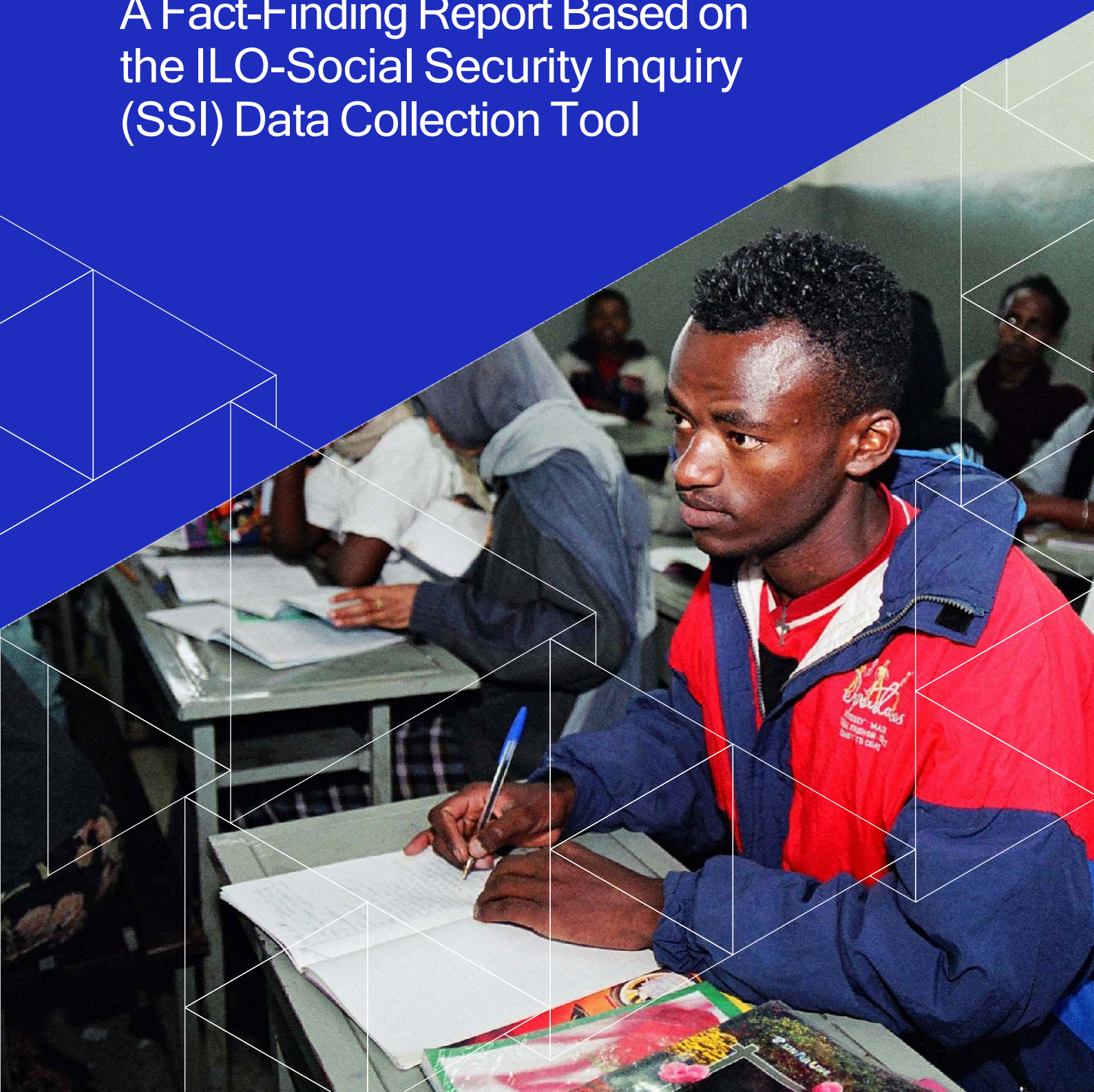
Social Protection Coverage in Ethiopia

A Fact-Finding Report Based on the ILO-Social Security Inquiry (SSI) Data Collection Tool



Social Protection Coverage in Ethiopia

A Fact-Finding Report Based on the ILO-Social Security Inquiry (SSI) Data Collection Tool

By Daba Fayissa

February 2026

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Acronyms

CBHI - Community-Based Health Insurance
CEDAW - Convention on the Elimination of All Forms of Discrimination Against Women
CRC - UN Convention on the Rights of the Child
CRPD - Convention on the Rights of Persons with Disabilities
CSA - Central Statistical Agency
CSO - Civil Society Organizations
EHIA - Ethiopian Health Insurance Agency
ESS – Ethiopian Statistical Service
FDRE - Federal Democratic Republic of Ethiopia
GDP - Gross Domestic Product
HDI - Human Development Index
HGSF - Home-Grown School Feeding
IDA - International Development Association
ILO - International Labour Organization
IMF – International Monetary Fund
MOA – Ministry of Agriculture
MOE - Ministry of Education
MOF - Ministry of Finance
MoWSA - Ministry of Women and Social Affairs
NGO – Non-Governmental Organization
NSPP - National Social Protection Policy
PDS – Permanent Direct Support
PESSS – Private Organization Employees' Social Security Scheme
POESSA – Private Organizations' Employees Social Security Agency
PPP – Purchasing Power Parity
PSNP - Productive Safety Net Programme
PSSSS - Public Servants' Social Security Scheme
PSSSA - Public Servants' Social Security Administration
PWD - Persons with Disabilities
RPSNP - Rural Productive Safety Net Programme
SDG - Sustainable Development Goals
SFP - School Feeding Programme
SHI - Social Health Insurance
SSI - Social Security Inquiry
TVET – Technical and Vocational Education and Training
UNDP – United Nations Development Programme
UNFPA – United Nations Population Fund
UNHCR - United Nations High Commissioner for Refugees
UNICEF - United Nations Children's Fund
UPE - Universal Primary Education
UPSNJP – Urban Productive Safety Net and Job Project
WBG - World Bank Group
WFP - World Food Programme

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We are deeply grateful to the focal people at both federal and regional levels for their commitment to data collection and verification. Their efforts significantly improved the accuracy and quality of this report. Special thanks also go to colleagues, partners, and key informants who generously shared their expertise and experiences, ensuring that the SSI findings reflect both technical realities and the lived experiences of social protection in Ethiopia.

Foreword

The Government of Ethiopia remains firmly committed to expanding and strengthening social protection systems as an integral pillar of national development, inclusive growth and social justice. In line with this commitment, the Ministry of Labour and Skills (MoLS), in collaboration with the International Labour Organization (ILO), has undertaken a fact-finding study on social protection coverage in Ethiopia using the ILO Social Security Inquiry (SSI) data collection tool.

The primary objective of this study is to establish a clear and comprehensive baseline on the current social protection coverage and expenditure in Ethiopia. The evidence generated will inform ongoing policy reforms and investment priorities in the sector, in alignment with national frameworks such as the Home-Grown Economic Reform Agenda and global commitments, including the Sustainable Development Goals (SDGs), particularly Goal 1.3, which calls for nationally appropriate social protection systems for all.

The report brings together both quantitative and qualitative data across key dimensions of social protection, including coverage rates, adequacy of benefits, financing mechanisms, and institutional arrangements. It highlights existing achievements while drawing attention to persistent gaps particularly among workers in the informal economy, women, and other vulnerable and marginalized groups. The findings provide critical insights on how Ethiopia's social protection system can become more inclusive, resilient, and financially sustainable.

This study comes at an opportune moment, as Ethiopia is strengthening coordination mechanisms in the social protection sector and exploring the expansion of both contributory and non-contributory schemes to better address risks and shocks. The insights presented here contribute meaningfully to ongoing discussions on the development and implementation of a National Social Protection Policy and related strategies.

We gratefully acknowledge the technical and financial support of the ILO through the Better Regional Migration Management (BRMM) Programme, funded by the UK Foreign, Commonwealth and Development Office (FCDO). We extend our appreciation to the ILO for facilitating the use of the SSI tool and for its guidance throughout the data collection and analysis process. This collaboration has provided a strong evidence base upon which future interventions can be built.

We are confident that the findings of this report will support more evidence-based planning, strengthen decision-making processes, and serve as a valuable resource for policymakers, social partners, and development partners committed to enhancing Ethiopia's social protection system. The Ministry looks forward to continued collaboration with all stakeholders in translate this evidence into concrete reforms that advance protection for all.

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Executive Summary

This report provides updated data on social protection coverage in Ethiopia. It utilizes the International Labour Organization (ILO)'s Social Security Inquiry (SSI) tool to enhance monitoring of the indicators for Sustainable Development Goal 1.3.1: "Proportion of population covered by social protection floors/ systems, by sex, distinguishing children, unemployed persons, older persons, persons with disabilities, pregnant women, newborns, work-injury victims and the poor and the vulnerable." It also provides updated data on effective coverage of social health protection.

The methodology combined quantitative data entry into the SSI template with qualitative validation through key informant interviews and institutional collaboration. The exercise sought to map coverage levels across contributory schemes such as public and private social security schemes, non-contributory programmes (such as the productive safety net programmes), as well as school feeding and community-based health insurance (CBHI) systems.

Data collection was coordinated with the Ministry of Women and Social Affairs, the Ethiopian Health Insurance Agency, the Private Organizations' Employees Social Security Agency, the Public Servants' Social Security Administration, the Ministry of Education, the Ministry of Agriculture, Urban Development and Infrastructure, and other relevant agencies.

Findings indicate that only 11.5 per cent of Ethiopia's population has at least one form of social protection (excluding health), revealing significant gaps. This represents a slight increase, from 7.4 per cent in the last reporting exercise, however, a significant proportion of covered population is explained by the large coverage of the school feeding programme. Without this support in kind the aggregate coverage is 5.8 per cent, with men presenting a higher level of coverage (5.5 per cent) when compared to women (4.3 per cent), though data disaggregated by sex is only partially available. This means that 94.2 per cent of the population does not benefit from any type of social protection cash benefit programme.

Increased coverage is observed in social health protection with the expansion of the Community-Based Health Insurance (CBHI) which is now covering 40.1 per cent of the population, more than 10 percentage point increase since 2019.

About 14.7 per cent of children under 15 are covered, with coverage rates of 15.3 per cent for boys and 14.1 per cent for girls. Regarding women giving birth, women received cash maternity benefits from both contributory schemes and the productive safety net programmes, however there is no reliable data available. It is worth noting that maternity benefit tracking is weak due to the lack of a centralized data system, which hampers monitoring and enforcement across the public, private, and civil sectors. In the private sector, particularly in manufacturing, many women report inconsistent access to maternity leave or benefits.

Similarly, coverage for individuals with severe disabilities is very low at 0.3 per cent. By gender, 0.5 per cent of males and only 0.1 per cent of females are covered. This highlights a significant gap, particularly in reaching women with disabilities.

Ethiopia's pension system is limited, with only 9.7 per cent of the workforce contributing to a pension system and only 4.2 per cent of the elderly population receiving a pension. These numbers reflect a large informal economy. There are small gender differences among those contributing to pension schemes – 10.2 per cent of men compared to 9 per cent of women. Regarding current pensioners, the gender gap is far wider – 7.1 per cent of elderly men are beneficiaries of a pension which compares to 1.8 percent of women. Many women are in informal employment. Women with low-wage public jobs leave the workforce before retirement, which reduces their access to pensions.

Safety net programmes, such as the Rural Productive Safety Net Programme (RPSNP) and the Urban Productive Safety Net and Jobs Project (UPSNJP), covered 7.4 per cent of the population in 2024. These programmes have been successful in reaching impoverished women in urban and rural areas through public works and cash transfers. However, coverage for the most vulnerable, including people with disabilities and the destitute, remains limited. Connections to health and nutrition services are also weak.

The school feeding program has expanded since the early 2020s. In 2024/25, it provided meals to 7.6 million children, covering12.8 per cent of the under-18 population. This growth was fueled by increased government funding, private sector support, and community food production. However, notable disparities still exist – schools in Addis Ababa serve two meals daily, while schools in the Amhara, Oromia, Tigray, and Somali regions often face difficulties due to conflict, drought, and poor infrastructure. Overall, national coverage remains limited compared to the total number of school-aged children.

In conclusion, although Ethiopia has made progress in expanding CBHI coverage and school feeding programmes, its overall social protection coverage remains limited. Vulnerable groups such as informal economy workers, persons with disabilities, and impoverished communities in both rural and urban areas, continue to be inadequately covered.

Achieving sustainable and universal social protection coverage, will require allocating sufficient domestic financial resources and decreasing reliance on donor funding. It is essential to support extension of coverage throughout the life cycle. Additional resources are also needed to improve social protection governance, particularly through strengthening national data systems, improving SSI training, and enhancing coordination among government agencies and partners to ensure a more integrated and effective monitoring of social protection schemes. The absence of a centralized data system hinders access to timely information for monitoring, planning, and accurately evaluating coverage. Investing in digital tools would enable real-time, consistent data entry, tracking, and analysis to support evidence-based planning and monitoring of social protection programmes.

1 Introduction

1.1. Overview

Social protection consists of policies and programmes aimed at reducing and preventing poverty and vulnerability across all stages of life. Access to social protection is a fundamental human right enshrined in the Universal Declaration of Human Rights that maintains human dignity by providing income security, access to healthcare, and other essential services.

By establishing international labour standards, the International Labour Organization (ILO) defines global principles and provides the normative framework for social protection. This is accomplished through ILO Convention No. 102 (1952) on *Minimum Standards of Social Security*, ILO Recommendation No. 202 (2012) on *Social Protection Floors,* and other instruments that promote higher levels of protection. These standards support inclusive, rights-based, and financially sustainable systems. The core principles include universality, non-discrimination, adequate and predictable benefits, gender equality, progressive realization, and good governance with stakeholder participation (ILO, 2012).

Convention No. 102 outlines nine life contingencies, known as social security branches, including medical care, sickness, unemployment, old age, employment injury, family, maternity, invalidity, and survivors' benefits. It serves as the global minimum standards for comprehensive coverage. Recommendation No. 202 expands on this by defining *Social Protection Floors*, which guarantee access to essential healthcare and a basic income for children, working-age individuals facing risks, and older adults. Together, these two instruments guide countries in developing universal systems and tracking progress toward SDG 1.3 and SDG 3.8 (ILO, 1952; ILO, 2012).

Ethiopia's social protection initiatives generally align with the objectives of the international standards and normative frameworks. They incorporate the principles of ILO Convention No. 102 (1952), aiming to provide universal access, adequate benefits, promote gradual expansion, and ensure effective governance.

Over the years, social protection has been essential in Ethiopia's efforts to reduce poverty. It is included in the country's long-term development strategy. This is outlined in the 2014 National Social Protection Policy and the 2016 Social Protection Strategy (FDRE, 2014; FDRE, 2016). These documents highlight the importance of expanding fair and sustainable coverage. Monitoring is vital for achieving these national goals on social protection. It helps identify coverage gaps, improves benefit delivery, reduces costs, and enhances planning.

The Government of Ethiopia has conducted a Social Security Inquiry (SSI) exercise, showing its commitment to following ILO reporting standards (ILO, 1952; FDRE, 2014; FDRE, 2016). The SSI is used to effectively monitor SDG 1.3.1 and for the elaboration of the World Social Protection Report. In 2019/20, the ILO Country Office for Ethiopia collected Ethiopia's social protection data using the SSI tool. The tool was installed at the then Ministry of Labour and Social Affairs (now the Ministry of Women and Social Affairs, MoWSA). After restructuring MoWSA and recent advances in social protection, updating the social protection scheme inventory became necessary. The current SSI tool was used for this purpose, and the results are presented in this report.

The primary goal of this assessment is to develop and complete an updated inventory of all social protection programmes in Ethiopia. As such, this Social Security Inquiry report provides an updated inventory of existing social protection schemes in Ethiopia, both contributory and non-contributory initiatives, and key statistics for monitoring SDG 1.3.1.

The SSI exercise pursues the following specific objectives:

- To collect and assess data on social protection programme coverage, in line with the monitoring requirements of SDG indicator 1.3.1.
- To evaluate the extent of current social protection coverage in Ethiopia.
- To support policy analysis and formulation by providing reliable statistical information that enables governments, social partners, and researchers to track progress toward universal social protection coverage.

The SSI update exercise also provided an opportunity to enhance institutional capacity and **strengthen Ethiopia's national social protection statistics system.** The country's collaborative, data-driven approach improves its social protection system and offers policymakers key insights. It also helps Ethiopia meet its international obligations to monitor and improve social protection coverage**.**

2 Background

Ethiopia's population is estimated at 123.5 million (ESS, 2024), making it Africa's second-most populous country after Nigeria. Other estimates, such as those from UNFPA, put the population closer to 129.7 million, reflecting different methodologies.

In terms of human capital, Ethiopia ranks 176th on the Human Development Index (HDI), with a score of 0.492, which is below both the Sub-Saharan Africa average (0.549) and the low human development group (0.517). Life expectancy at birth is relatively high at 65.6 years, but education outcomes remain weak, with only 9.9 expected years of schooling. Ethiopia's GNI per capita (PPP US$2,369) also falls short of regional and group averages, highlighting the country's development challenges.

▸ Table 1: Ethiopia Human Development Index (HDI) Indicators, 2022

Country	Human Development Index (HDI)		Life expectancy at birth1 (SDG 3)	Expected years of schooling (SDG 4.3)	Mean years of schooling (SDG 4.4)	GNI per capita (2017 PPP US$) (SDG 8.5)
	Rank	Value				
Ethiopia	176	0.492	65.6	9.9	2.4	2,369
Sub-Saharan Africa	---	0.549	60.6	10.3	6.0	3,666
Low human development	---	0.517	61.6	9.3	4.7	3.186

Source: UNDP (2024). Human Development Report 2023/2024 - Breaking the Gridlock.

1 Life expectancy at birth is defined as the mean number of years that a new-born child can expect to live if subjected throughout his/her life to the current mortality conditions.

As shown in the table above, Ethiopia's Human Development Index (0.492) is lower than both the Sub-Saharan Africa average (0.549) and the low human development group (0.517), indicating ongoing challenges in education and income. While life expectancy in Ethiopia (65.6 years) exceeds both comparison groups, low average years of schooling (2.4) and modest per capita income (US$2,369) significantly reduce overall human development.

Ethiopia is experiencing major demographic shifts. The working-age population is projected to grow from 54.7 million in 2015 to 74.8 million in 2025 and reach 85.3 million by 2030. This reflects an annual increase of more than 2 million people. [2] The median age of 19 years indicates a youthful population. As shown below in the chart, the population's age structure is as follows:

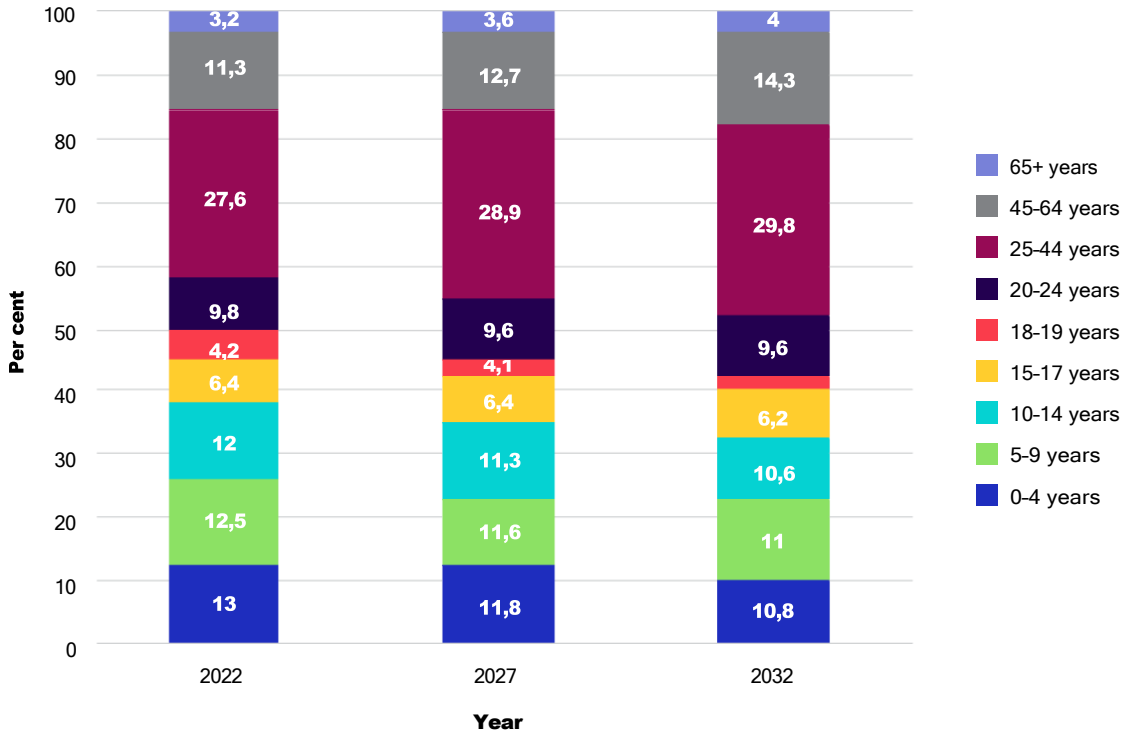
- Youth population: In 2022, nearly 43.9 per cent of the population was aged 0-14 years (0-4: 13 per cent, 5-9: 12.5 per cent, 10-14: 12 per cent). This number is expected to gradually decrease to 39.6 per cent by 2032, showing a slow demographic shift.
- Working-age population (15-64 years): The proportion of people aged 25-44 years rises from 27.6 per cent in 2022 to 29.8 per cent in 2032, indicating a growing labour force. Ages 45-64 also increase from 11.3 per cent to 14.3 per cent, indicating a maturing workforce.
- Aging population: The percentage of people aged 65 and older rises modestly from 3.2 per cent to 4 per cent over the decade; still relatively small but gradually increasing.

Ethiopia's large proportion of children results in a high dependency ratio, creating challenges in job creation, education, and social services. Youth with limited educational experience face the highest

2 According to the World Bank's Open Knowledge Repository: https://openknowledge.worldbank.org/handle/10986/2122

unemployment rates due to their lack of skills and financial resources to create their own business. This group is expected to grow quickly. Ethiopia's main challenge will be to integrate the rapidly growing youth population into the urban labor market (IDA, 2023). However, as the youth age into the workforce, there is potential for a demographic dividend if investments are made in health, education, and job creation.

▸ Figure 1: Population age structure in 2022 and projected for 2027 and 2032, CSA Population Projections



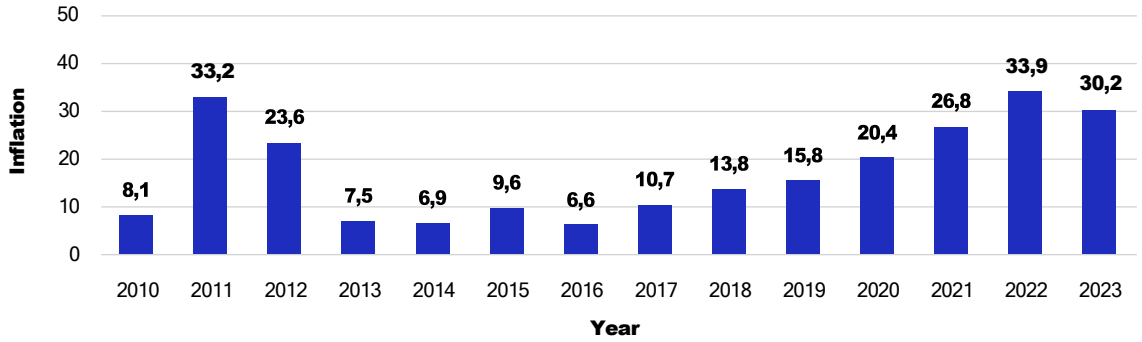
Disability prevalence in Ethiopia - population living with some form of disability - stands at approximately 17.6 per cent, and with severe disabilities an estimated 3.1 per cent (WHO, 2023), highlighting the need for inclusive policies and accessible infrastructure to ensure equitable participation in economic and social activities.

About 80 per cent of the population lives in rural areas, relying heavily on agriculture for their livelihoods, while 20 per cent reside in urban centers, totaling over 24.5 million urban residents (ESS, 2023). However, urbanization is accelerating. It is growing at more than 6 per cent annually and putting pressure on housing, infrastructure, and public services in the main cities. The urban population is expected to grow from 22.8 million in 2019 to 31 million in 2025 and reach 39.3 million by 2030. These changes will strain urban labor markets, which already face high unemployment.

Ethiopia's economy has maintained an annual growth rate of 6-7 per cent over the past decade, driven by infrastructure development, service expansion, and agricultural output. The GDP is estimated at US$145 billion, with a per capita GDP of US$1,350 (IMF, World Economic Outlook, Oct 2024).

The chart below shows that from 2010 to 2022, Ethiopia's annual inflation rate fluctuated, peaking at 33.2 per cent in 2011 before falling back to 7.5 per cent. In 2017, the inflation rate started to rise again, from 10.7 per cent to 20.4 per cent in 2020. In 2021 and 2022, due to the COVID-19 pandemic and supply chain disruptions, inflation increased to 33.9 per cent in 2022. Like many other countries, Ethiopia experienced unprecedented negative social and economic impacts from the pandemic; as a result, the inflation rate stayed high at 30.2 per cent in 2023 but is projected to decline to 20.1 per cent in 2024. It has reduced purchasing power, particularly for urban residents who rely on cash-based economies.

► **Figure 2: Ethiopia's annual Inflation rate (in percentage terms), 2010-2022**



Source: World Bank's Data Portal (retrieved on 30 August 2024).

Inflation is hitting the most vulnerable households especially hard, while economic growth remains uneven, leaving many people below the poverty line. Regarding poverty and rural issues, 23.3 per cent of Ethiopians live below the poverty line (WBG, 2024), showing widespread poverty, mainly in rural areas where agriculture is the main source of income. Challenges in rural areas include low agricultural productivity caused by traditional farming methods, limited use of modern inputs such as fertilizers, and vulnerability to climate-related shocks.

The country is also highly susceptible to the effects of climate change. Extended droughts and unpredictable rainfall have disrupted farming cycles, leading to food shortages. These environmental shocks have resulted in lower crop yields and increased vulnerability among farming communities.

Ethiopia has also experienced serious internal conflicts in regions such as Tigray, Amhara, and Oromia since 2020. These conflicts have disrupted lives and displaced millions, exacerbating food insecurity and poverty. The pressure on social services and humanitarian aid systems has increased.[3]

Despite these constraints, Ethiopia presents important opportunities, such as the following:

- Investing in the youth demographic dividend by promoting education, skills development, and entrepreneurship initiatives.
- Boosting agricultural productivity through the promotion of modern farming techniques and climate-resilient methods.
- Harnessing urbanization as a growth engine by promoting industrial and service sector expansion.

Considering the above, Ethiopia's social protection framework, along with its expansion to cover the entire population, plays a vital role in preventing and addressing poverty, inequality, and vulnerability. Expanding coverage, especially in rural areas, is crucial to support the population, particularly subsistence farmers who often face unpredictable incomes, climate-related shocks, and limited access to basic services. Social protection programmes, both contributory and non-contributory, can provide immediate income security, reduce dependence on negative coping strategies, and boost local economies. Public works programmes not only offer temporary jobs and income but also help build community assets, such as roads and irrigation systems, which support long-term productivity. Universal social health protection alleviates the financial burden of illness, a leading cause of poverty, and improves access to essential health services for everyone, particularly in underserved areas. Additionally, targeted support for persons with disabilities – who comprise a significant part of the population – is essential to overcoming specific barriers to education, employment, and healthcare, ensuring their full inclusion in society. Collectively, these measures are crucial for building resilience, fostering social inclusion, and reducing structural inequalities.

3 See: https://www.unocha.org/ethiopia

3 The social protection system in Ethiopia

3.1. Description of the national social protection framework and strategy

The Government of Ethiopia recognizes social protection as a key tool for inclusive, pro-poor development. In 2014, it issued the National Social Protection Policy (NSPP) with the vision: *"to see all Ethiopians enjoy social and economic well-being, security, and social justice"* (National Social Protection Policy of Ethiopia, 2014).

To implement this policy, the National Social Protection Strategy 2016-2024 was adopted in 2016. The primary objectives of the strategy are to protect the poor and vulnerable populations, expand the coverage and benefits of social insurance, improve access to health and education, reduce unemployment, strengthen the rights of marginalized groups, and promote shared responsibility for social protection programmes. This strategy expanded rural productive safety net projects, school feeding programmes, and community-based health insurance. It also helped develop new urban safety net projects in 2015-16.

The social protection policy has five key focus areas as part of its strategic direction.[4]

1. **Promote productive safety nets:** Poor and vulnerable households receive cash or food transfers to boost their food consumption, access to services, and investments. These transfers are conditional for public works participants and unconditional for recipients of permanent direct support (PDS). For example, in the Rural Productive Safety Net Project (RPSNP), able-bodied individuals work on public projects such as road construction and soil conservation in exchange for food or cash. Elderly people or people with disabilities receive unconditional support without a work requirement. The Urban Productive Safety Net Project (UPSNJP) supports low-income urban families by providing temporary employment, cash assistance, and business skills training. For instance, in Addis Ababa, recipients participate in waste collection and city cleaning programmes, receiving monthly stipends. Currently, both programmes serve millions of vulnerable individuals and families across Ethiopia.[5]

2. **Promote employment opportunities and improve livelihoods:** Support poor households with demand-driven technical and financial assistance and/or information on employment opportunities, helping them enhance their on- and off-farm livelihood activities in both urban and rural areas. In both urban and rural PSNP programmes, the livelihood component provides support for business development and offers livelihood grants through technical, financial, and behavioural change strategies, including employment and empowerment initiatives for youth groups.

3. **Promote social insurance:** Expanding contributory social insurance for workers in the formal sector and for the rural poor and urban informal workers helps people better manage life cycle risks. The two main contributory social protection schemes are the public servants' social security, which currently covers public servant workers, and the employees' scheme of private organizations, which has enrolled employees from private enterprises, charities, and NGOs. Both social security schemes are regulated under the national legal framework.

4. **Increase equitable access to basic social services:** Access to health, education, and social services is improving for vulnerable population groups. Key programmes include community-based health insurance, disability services, and school feeding. Community-Based Health Insurance (CBHI) covers about 70 per cent of woredas/districts in Ethiopia. It benefits both rural and urban households by making healthcare more affordable. School feeding programmes now support over 22,000 students from grades 1-8. This number has grown significantly in the last three years. Special services are provided for pregnant and lactating women, persons with disabilities (PWDs), and destitute individuals. The child grant programme also offers additional support in some pilot areas.

5. **Provide legal protection and support for citizens exposed to abuse and violence**: This strategic focus area aims to prevent abuse (particularly child abuse), gender-based violence, exploitation, neglect, and discrimination by supporting and empowering victims through collaboration among multiple stakeholders.

4 The National Social Protection Strategy of Ethiopia (2016) outlines the framework for social protection interventions in the country. It emphasizes the importance of both formal and informal mechanisms to address vulnerabilities and promote inclusive development. The strategy identifies key focus areas, including the promotion of productive safety nets, social insurance, and equitable access to basic services. It also highlights the need for legal protection and support services to enhance the social status and economic rights of marginalized groups. The strategy aims to create a comprehensive system that not only provides immediate assistance but also builds resilience and promotes sustainable livelihoods among Ethiopians. For more information, see: social-protection.org.

5 See: https://www.worldbank.org/en/country/ethiopia

Ethiopia's Social Protection Policy and Strategy generally align with SDG 1.3, particularly SDG Indicator 1.3.1, which focuses on the proportion of the population covered by social protection systems or floors. This includes coverage for specific groups such as children, unemployed individuals, older persons, persons with disabilities, pregnant women, victims of work-related injuries, and those living in poverty or considered vulnerable. The indicator highlights the importance of equitable and inclusive social protection that addresses the diverse needs of these groups. The Policy and the Strategy also align with SDG 3.8, which aims to achieve universal health coverage, including financial risk protection, and access to quality essential health-care services for all.

3.2. Overview of social protection schemes and benefits in Ethiopia[6]

As discussed above, Ethiopia's social protection system aims to provide income security, ensure access to essential health services for everyone, and reduce vulnerabilities while supporting disadvantaged groups in both rural and urban areas.

Currently, Ethiopia's social protection system offers some forms of social assistance through a combination of contributory and non-contributory programmes addressing life-cycle risks such as medical care, employment injury, old age, survivorship, and disability. Maternity and sickness benefits are only provided through full employer responsibility. Unemployment benefits are not available.

Ethiopia has made progress in expanding social protection coverage across several life-cycle risks, although notable gaps still exist. Overall, 11.5 per cent of the population is covered by at least one form of social protection benefit, excluding health. However, this indicator is largely influenced by the school feeding programme that in 2024 reached 7,597,334 children. Excluding this programme the coverage rate drops to 5.8 per cent. The system shows relatively stronger performance in the coverage of employment injury, which reached 9,7 per cent this same year. Contrastingly, only 4.2 per cent of older persons are covered by old-age benefits.

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6 [1] Rural Productive Safety Net Programme (PSNP): Established in 2005, PSNP provides cash and food transfers to food-insecure rural households to reduce poverty and improve resilience. It also includes public works programmes to build infrastructure and create employment opportunities. *(Source: Ministry of Agriculture, Ethiopia, 2024)*

[2] Urban Productive Safety Net and Jobs Programme (UPSNJP): Launched in 2016, UPSNJP offers cash transfers, skills training, and employment support to unemployed urban youth and vulnerable groups. It helps individuals transition to sustainable livelihoods. *(Source: Ministry of Urban and Infrastructure, Ethiopia, 2024)*

[3] Community-Based Health Insurance (CBHI) & Social Health Insurance (SHI): CBHI covers low-income households and informal sector workers, while SHI was designed to provide mandatory health insurance for formal sector workers but has not yet been fully implemented due to financial and administrative challenges. *(Source: Ethiopian Health Insurance Agency, 2024)*

[4] School Feeding Programme: Provides nutritious meals to school children to improve attendance, retention, and learning outcomes. The Ethiopian government significantly expanded its funding, increasing school meal coverage from 2 million to over 7.5 million students between 2020 and 2024. *(Source: Ministry of Education, Ethiopia, 2024)*

[5] Urban Destitute Support Programme: Assists homeless and highly vulnerable urban populations by offering shelter, rehabilitation, and livelihood support. It aims to provide a comprehensive approach to social reintegration. *(Source: Ministry of Women and Social Affairs, 2024)*

[6] Social Security Schemes: The Public Servants Social Security Scheme (PSSSA) and Private Organizations' Employees Social Security Agency (POESSA) provide pension benefits and social insurance for formal workers. However, informal workers remain largely uncovered, limiting their financial security in old age. *(Source: Public Servants Social Security Administration, 2024)*

[7] Challenges in Social Protection Expansion: Limited coverage, financial constraints, and weak institutional coordination are key barriers to expanding Ethiopia's social protection programmes. Many informal workers, persons with disabilities, and unemployed youth remain excluded from benefits. *(Source: Policy Gap Analysis, MoWSA, 2024)*

[8] Emergency Aid vs. Sustainable Social Protection: Ethiopia's reliance on emergency aid highlights the need for long-term solutions such as livelihood programmes, insurance expansion, and stronger safety nets. Investing in sustainable financing mechanisms will improve resilience and reduce dependency. *(Source: UNICEF Soc Protection Report, 2024).*

Healthcare coverage stands out as the most significant achievement. More than a third of the population (40.1 per cent in 2024, up from 30.1 per cent in 2019) is protected through health services, marking a key step toward universal health coverage.

Coverage for children (0–15 years) has increased considerably due to the school feeding programme reaching 14.7 per cent in 2024, while disability protection remains very residual and has even declined since 2019 reaching 0.3 per cent of persons with severe disabilities, benefitting more men than women (0.5 per cent and 0.1 per cent respectively). For vulnerable persons, coverage stands at 7.4 per cent, largely influenced by the school feeding programme, underscoring the need for reinforced measures to protect the most disadvantaged. Unemployment benefits remain absent from the system, reflecting a structural gap in addressing labour market risks.

While several programmes, such as the CBHI, school feeding programmes and rural and urban safety nets have had a significant impact, they face multiple challenges. Population coverage remains limited. Institutional and financial constraints hinder the expansion of initiatives like School Feeding and Urban Destitute Support. Additionally, limited coordination among institutions and delays in implementing programs such as SHI reduce their effectiveness. Ethiopia's reliance on emergency aid also highlights the need for long-term, sustainable social protection mechanisms that build resilience instead of just offering short-term relief (EPHI/NIPN-E, 2024).

3.3. Legal basis and recent reforms

3.3.1 Legal grounds for social protection in Ethiopia

Ethiopia has anchored its social protection policies in a robust legal framework and international agreements. This framework supports the National Social Protection Policy (NSPP) and its implementation.

3.3.2 The constitution and social protection

The Federal Democratic Republic of Ethiopia's Constitution (Proc. No. 1/1995) provides social protection rights, particularly for vulnerable groups. Key provisions include:

- Right to a dignified life (Article 15)
- Personal security (Article 16)
- Protection against trafficking (Article 18)
- Equality (Article 25)
- Access to justice (Article 37)

Additional protections include women's rights (Article 35), children's rights (Article 36), and economic and social rights (Article 41). Article 37 also strengthens legal protections for those facing abuse and exploitation.

3.3.3 International agreements and conventions

Ethiopia incorporates ratified international agreements into its legal system (Article 9/4). These include:

- Universal Declaration of Human Rights
- International Covenant on Civil and Political Rights
- International Covenant on Economic, Social, and Cultural Rights

Specific conventions supporting vulnerable groups include:

- UN Convention on the Rights of the Child (CRC)
- Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW)
- Convention on the Rights of Persons with Disabilities (CRPD)
- Unemployment Convention, 1919 (No C. 002) (outdated instrument)

However, Ethiopia is yet to ratify up-to date international conventions related to social security, such as the Social Security (Minimum Standards) Convention, 1952 (No. 102).

Regional frameworks such as the African Charter on Human and Peoples' Rights and the Maputo Protocol further align with Ethiopia's social protection focus.

3.3.4 Laws supporting persons with disabilities

Key laws protecting persons with disabilities include:

- Proclamation No. 568/2008 – employment rights
- Civil Servants Proclamation No. 515/2007 – preferential hiring in civil service
- Building Proclamation No. 624/2009 – accessibility in public buildings
- Higher Education Proclamation No. 650/2009 – educational accommodations
- Labour Proclamation No. 377/2003 – benefits for injured workers

3.3.5 Social protection laws and regulations

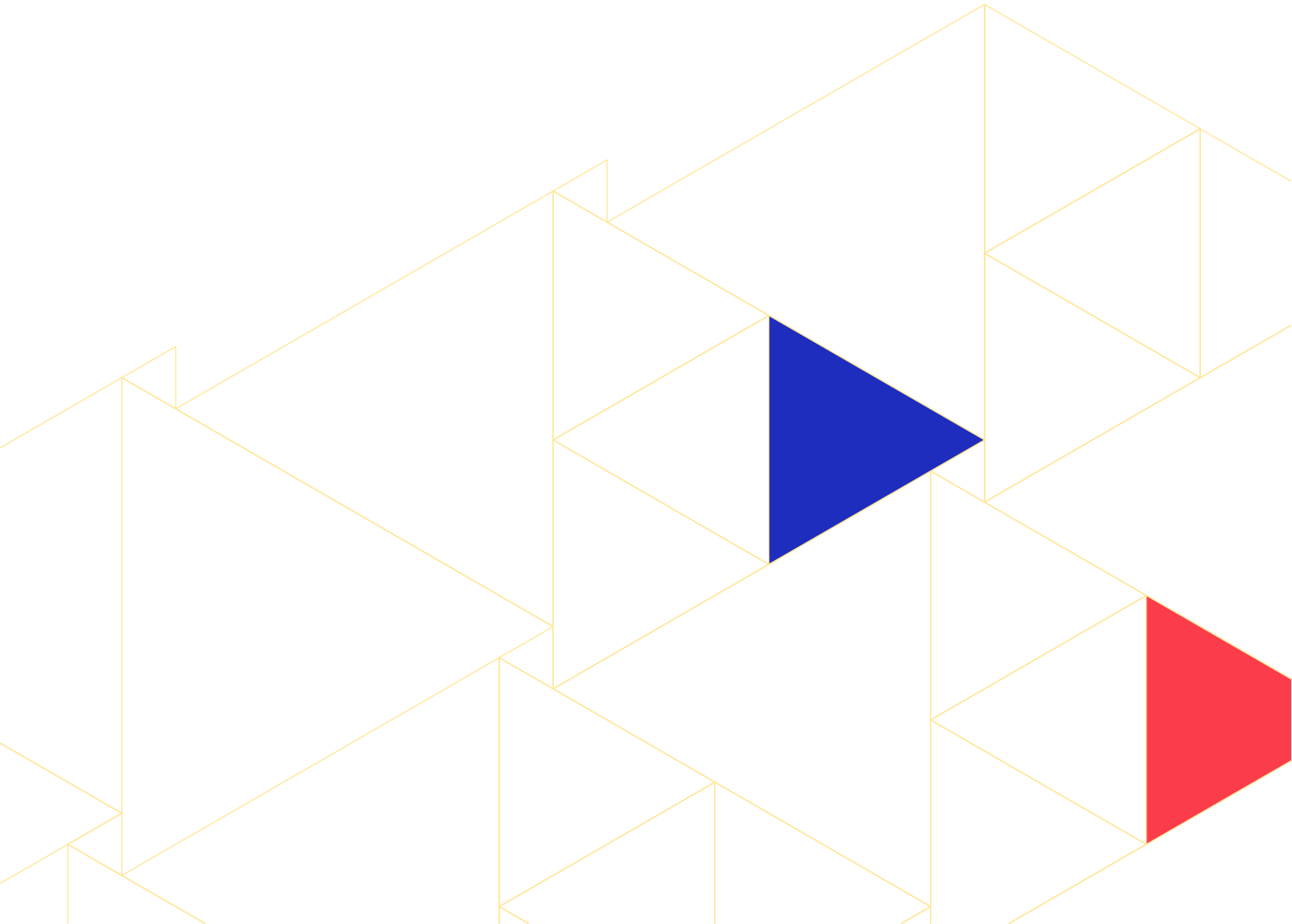
Key laws relating to social protection include:

- Proclamation No. 916/2015 – ensures equal opportunities for vulnerable groups
- Social Health Insurance Proclamation No. 690/2010 – provides health insurance coverage to employees and their families.
- Proclamation No.1273/2022 – community-based health insurance
- Public Servants' Pension Proclamation 1267/2022 No. 714/2011 – provides for old-age pension, survivorship, employment injury, and invalidity benefits.
- Private Organization Employees' Proclamation No. 1268/2022 – provides for old-age pension, survivorship, employment injury, and invalidity benefits.
- Third-Party Vehicle Insurance Proclamation No. 799/2013 – compensates accident victims
- Prevention of Trafficking Proclamation No. 909/2015 – supports vulnerable migrants
- Additional policies, including the Health Policy (1993), Education and Training Policy (1994), and Disaster Risk Management Policy (2013), ensure fair access to essential services and emergency response.

3.4. Innovation in Ethiopia's social protection system

Over the past years, Ethiopia has implemented innovative strategies to enhance its social protection systems.

- Ethiopia has integrated programmes, such as the PSNP and CBHI, that improve food security for female-headed households involved in both.
- Since its launch in 2011, the CBHI expansion now covers over 800 districts, helping to lower out-of-pocket healthcare costs for rural and informal sector households.
- CBHI Contributions are managed by EHIA, and funding is provided by member contributions, government subsidies, and fundraising efforts from both the government and private sectors for indigents.
- In school feeding, the Government of Ethiopia has increased funding, transitioning from international aid to locally sourced school meals and budget allocation. These programmes focus on areas with high food insecurity, helping towns improve attendance and lower dropout rates.
- The Ministry of Women and Social Affairs convened multi-stakeholder conferences that engaged government actors, social partners, and civil society to strengthen coordination on social protection. These cross-sectoral discussions resulted in an integrated action plan that clarified roles, improved referral pathways, and aligned responsibilities across sectors. At the community level, outreach was expanded through traditional leadership structures and targeted awareness efforts, improving access to information and services.



4

SSI Analysis

4.1. Methodology of the assessment

The assessment utilized the **ILO Social Security Inquiry (SSI) tool** to update and analyse coverage of major social protection programmes in Ethiopia, including pensions, CBHI, safety nets, and school feeding programmes. The tool facilitated the collection of **disaggregated data** by gender, disability, and benefit type, based on updated 2024 data and building on the 2019/20 inventory.

The process involved collaboration with key institutions such as the Ministry of Women and Social Affairs, the Bureau of Women and Social Affairs, the Ethiopian Statistical Service, the Public Servants' Social Security Administration, the Private Organizations' Employees Social Security Agency, the Ethiopian Health Insurance Agency, the Ministry of Agriculture, and the Ministry of Education. Trained focal persons supported data collection. Despite some retrieval challenges, the **participatory approach** enhanced data reliability.

A mix of quantitative and qualitative methods was used:

- **Quantitative:** The SSI Excel file was updated with input from focal points. Schemes were mapped according to Ethiopia's 2014 Social Protection Policy and 2016 Strategy.
- **Qualitative:** A desk review was conducted using reports and studies, and key informant interviews (KIIs) were held with implementers, partners, employers, and selected regional bureaus. Interviews were conducted in both individual and group formats.

4.2. Characteristics and data for each scheme and benefit

4.2.1 Public and private social security schemes in Ethiopia

1. Public Servants' Social Security Scheme

The Public Servants' Social Security Scheme (PSSSS) in Ethiopia provides coverage for civil servants, teachers, and uniformed personnel. It is governed by Proclamation No. 1267/2022 and administered by the Public Servants' Social Security Administration (PSSSA).

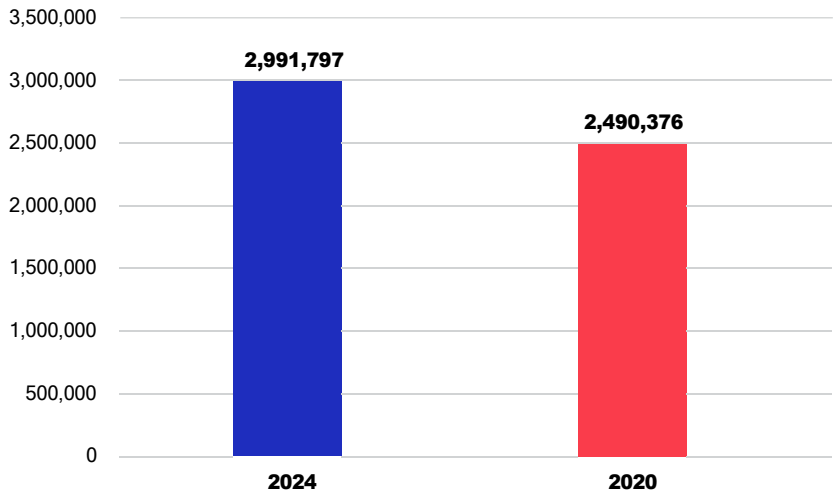
Current number of enrolled members

As of 2024, the scheme had 2,991,797 active contributors, including 1,194,557 women (40 per cent), indicating progress towards a balanced gender representation (this proportion was 30 per cent in 2019).

Evolution of enrolled members

Contributors increased from 2,490,376 in 2020 to the current status. The trend shows steady expansion among public employees. Contributors' enrollment in Ethiopia's public social security scheme grew by about 20 per cent from 2020 to 2024.

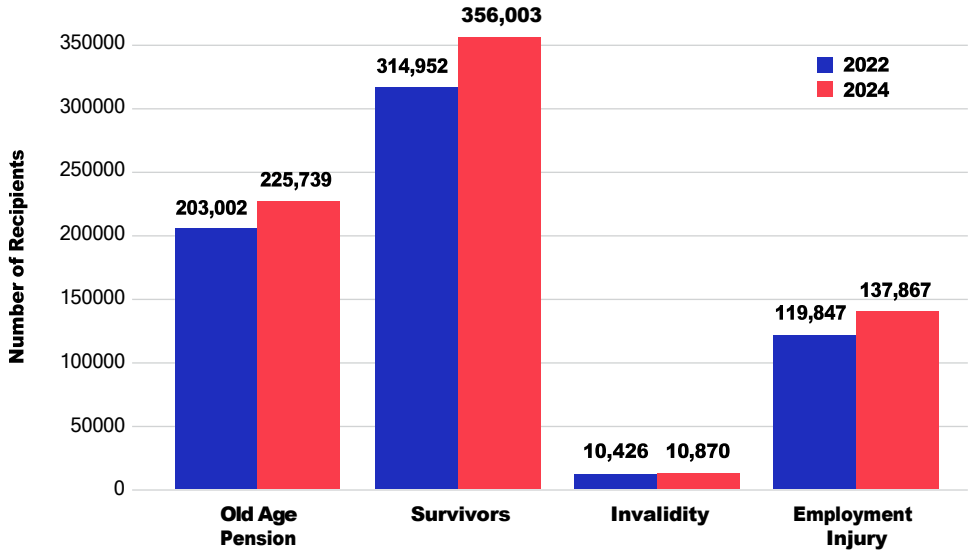
Figure 3: Number of total contributors (PSSSS), 2020 vs 2024.



Number of recipients

In 2024, there were 750,812 recipients. Benefits include old-age, survivors', invalidity, and employment injury. Women account for 338,181 recipients (45 per cent).

▸ **Figure 4: PSSSS recipients by benefit type (2022 and 2024).**



Total beneficiaries increased from 648,227 in 2022 to 730,479 in 2024. Male beneficiaries increased from 359,211 to 402,139. Female beneficiaries increased from 289,016 to 328,339. The scheme expanded for both sexes, with males remaining the majority.

▸ **Table 2: Public Servants Social Security Scheme by benefit types-2024 data**

Benefits	Number of beneficiaries (persons who receiving benefits)		
	Total	Male	Female
Old Age Pension	225,739	179,645	46,078
Survivors	356,003	77,715	278,288
Invalidity	10,870	8,850	2,019
Employment injury	137,867	135,929	1,954
Total	**730,479**	**402,139**	**328,339**

▸ **Table 3: Public Servants Social Security Scheme by benefit types-2022 data**

Benefits	Number of beneficiaries (persons who receiving benefits)		
	Total	Male	Female
Old Age Pension	203,002	165,141	37,861
Survivors	314,952	67,111	247,841
Invalidity	10,426	8,822	1,604
Employment injury	119,847	118,137	1,710
Total	**648,227**	**359,211**	**289,016**

Old Age Pension beneficiaries increased from 203,002 in 2022 to 225,739 in 2024. Male beneficiaries increased from 165,141 to 179,645. Female beneficiaries increased from 37,861 to 46,078. The scheme remains male dominated, reflecting contribution history and labour market participation patterns.

Survivors' Benefits increased from 314,952 in 2022 to 356,003 in 2024. Male survivors increased from 67,111 to 77,715. Female survivors increased from 247,841 to 278,288. Females remain the majority of survivors' beneficiaries.

Invalidity Benefits increased slightly from 10,426 in 2022 to 10,870 in 2024. Male beneficiaries remained stable, increasing from 8,822 to 8,850. Female beneficiaries increased from 1,604 to 2,019. The scheme remains male dominated.

Employment Injury beneficiaries increased from 119,847 in 2022 to 137,867 in 2024. Male beneficiaries increased from 118,137 to 135,929. Female beneficiaries increased slightly from 1,710 to 1,954. Female representation remains very low, consistent with occupational risk exposure and formal sector employment structure.

Overall, contributory and employment-linked benefits remain male dominated. Survivors' benefits remain female dominated. These trends are consistent with labour market structure, contribution history, and demographic patterns. Continued monitoring of sex-disaggregated trends is recommended.

As mentioned above, in 2024, the total number of active recipients was 750,649. close to the one registered in 2019/20 Social Security Inquiry (SSI) assessment. For the old age pension scheme, the total reached 228,655, indicating a relatively stable figure, compared to previous numbers (2019). While the number of male recipients of pensions increased significantly to 181,294, the number of female recipients fell sharply to 47,361, indicating a potential access issue for women. Under Survivors' Benefits, the total rose to 367,396. This increase was driven by a substantial rise in female recipients, reaching 286,172, suggesting improved access for widows and dependents. In contrast, male recipients declined to 81,224.

Invalidity benefits recipients decreased to 13,301 in 2024 from 45,345 in 2019. This sharp drop is attributed to fewer male (10,640) and female (2,661) recipients, which might be due to improved screening and eligibility checks.

The total employment injury benefits recipients reached 141,297, up from 127,038 in 2019. This was driven almost entirely by male recipients, who increased significantly to 139,310, while female recipients dropped sharply to 1,987, indicating a growing gender gap in access to this benefit.

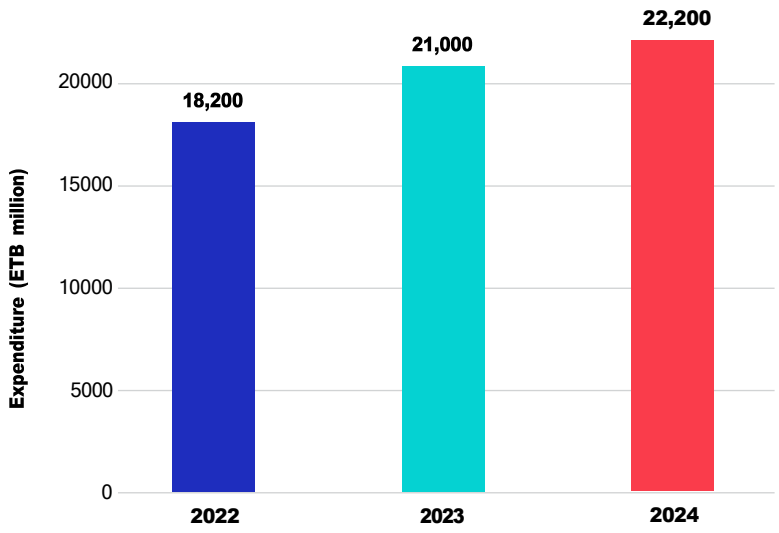
Note: Maternity leave is provided for under Labour Law (Proclamation No. 1156/2019) and Civil Service Proclamation (Proclamation No. 1064/2017). These laws grant 90 consecutive days of fully paid maternity leave for 30 days before and 60 days after delivery. However, maternity is not included in the Pension Proclamation (No. 1267/2022) and is an employer liability.

Financial information

In 2024, the PSSSA showed strong financial performance and stability. It collected 79.5 billion Ethiopian Birr from contributions and investment income in one year.

Benefit expenditure reached 22.2 billion Ethiopian Birr, covering old-age, survivors', invalidity, and employment injury benefits. The increase shows the growing number of retirees and improved delivery of pension payments. Administrative costs were only half (0.5) million Ethiopian Birr, that is 2.25 per cent of total benefit expenditures. Overall, the scheme remains financially sustainable, with revenue far exceeding expenditure. Pension funds are invested mainly in government bonds and low-risk investments like real estate, ensuring stable returns and long-term confidence in Ethiopia's public pension system.

▸ **Figure 5: PSSSS expenditure trend, 2022–2024.**



2. Private Organizations Employees' Social Security Scheme

The Private Organizations Employees' Social Security Scheme (PESSS) offers pension coverage for workers in private firms, companies, NGOs, and CSOs. It is governed by Proclamation No. 1268/2022, aligning it with the public pension system. The scheme is managed by the Private Organization's Employee Social Security Administration (POESSA) and provides old-age, survivors', invalidity, and work injury benefits. Employers contribute 11 per cent, and employees contribute 7 per cent, matching the public sector rate.

The law allows pension portability between public and private sectors, promoting labor mobility. PESSS supports the expansion of formal social protection in Ethiopia, with growing efforts to include semi-formal and small enterprises through improved compliance and digital systems.

Current number of enrolled members

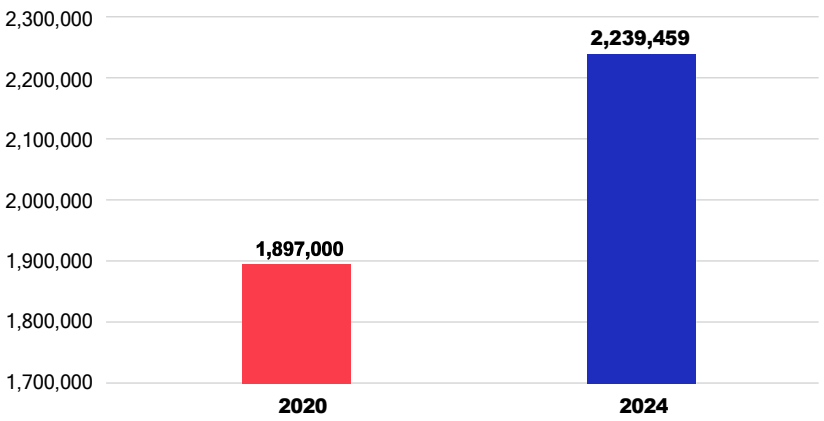
As of 2024, the Private Organizations Employees' Social Security Scheme (PESSS) has 2,292,605 active contributors. This scheme serves workers from the private sector, NGOs, and CSOs. Among these contributors, 894,992 (39 per cent) are women, highlighting a slight increase in female participation in formal employment in the private sector, when compared to 2019.

Despite the positive trajectory, many semi-formal and small enterprises remain outside the system, suggesting room for expansion through simplified registration and incentive mechanisms.

Evolution of enrolled members (PESSS, 2020–2024)

As indicated above, the number of contributors under the Private Organizations Employees' Social Security Scheme (PESSS) grew steadily from around 1.9 million in 2020 to more than 2.2 million in 2024, marking an 18 per cent increase. This growth reflects the broader inclusion of employees from private companies, NGOs, and civil society organizations, as enforcement of employer registration and contribution collection improved.

▸ **Figure 6: PESSS enrolled/contributors' 2020 to 2024**



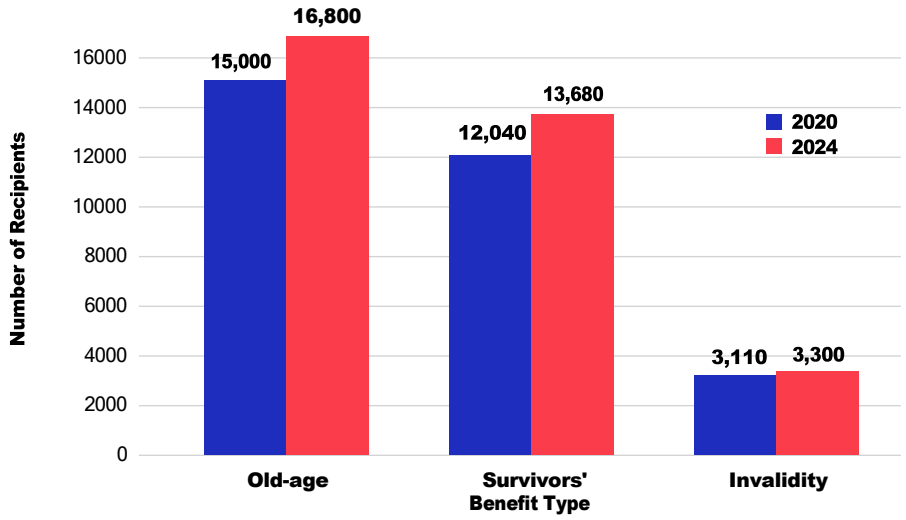
Evolution of the number of recipients (2022-2024)[7]

The period from 2020 to 2024 marks a clear expansion in the coverage of private social security scheme benefits recipients. The total number of recipients increased from 30,100 in 2020 to 43,347 in 2024, marking a 44.5 per cent rise. Of these, 18,380 were women, representing 42.4 per cent of the total recipients, while men accounted for 57.6 per cent. During this period, old-age benefit recipients rose from 15,000 to 16,800 (12.3 per cent), and survivors' recipients increased from 12,040 to 13,680 (14.3 per cent). Invalidity benefits increased modestly from 3,110 to 3,300 (10.2 per cent). Overall, the private scheme shows steady and continuous progress in expanding social protection coverage over the period.

▸ **Table 4: Number and percentage of Recipients by Benefit Type and Year (2020–2024)**[8]

Benefit Type	2020	2024	Increase (%)
Old age	15,000	16,800	12.3%
Survivors	12,040	13,680	14.3%
Invalidity	3,110	3,300	10.2%
Total	30,100	43,347	44.5%

▸ **Figure 7: Number of recipients by benefit type**



7 Data obtained for 2022-2024

8 The table below illustrates the number and percentage of recipients in private social security schemes between 2020 and 2024.

Financial information

The total revenue of the private social security scheme grew from 71.58 billion Ethiopian Birr in 2022 to 121.09 billion Ethiopian Birr in 2024. This shows a 69 per cent increase over two years. The rise reflects better contribution collection and wider scheme coverage from private organizations, NGOs, and semi-formal sectors. Expenditure increased to 11.58 billion Ethiopian Birr in 2024. This reflects higher benefit payments for pensions and related schemes. Investment revenue reached 24.62 billion Ethiopian Birr. This indicates better fund management and improved returns.

Administrative costs were only 0.77 million Ethiopian Birr. This demonstrates strong administrative costs control, although limited spending could impact system development through technology.

The table below summarizes key information and coverage data for the two contributory schemes.

▸ **Table 5: Public and Private Social Security Schemes**

Indicator	Public Scheme (PSSSA)	Private Scheme (POESSA)
Legal Basis	Proc. No. 1267/2022	Proc. No. 1268/2022
Main Benefits	Old age, Survivors, Disability, Injury	Old age, Survivors, Disability
Active Contributors (2024)	2,991,797	2,292,605
Female Contributors	1,194,557 (40%)	894,992 (39%)
Total Recipients	750,812	43,347
Female Recipients	328,339	18,380
Total Revenue (ETB)	79.5B	121.09B
Expenditure (ETB)	22.2B	11.58B
Admin Cost (ETB)	0.5M	0.77M

4.2.2 : Rural Productive Safety Net Programme (RPSNP) and the Urban Productive Safety Net and Job Project (UPSNJP)

Overview

The RPSNP was launched in 2005 and has been active for nearly two decades. It plays a well-established role in addressing rural food insecurity. The UPSNJP was established in 2016 and focuses on tackling urban poverty. RPSNP's longer history demonstrates its maturity and integration into Ethiopia's rural development strategies under the Ministry of Agriculture. UPSNJP, although newer, has expanded rapidly to urban centres (MOF, 2024). The UPSNJP is led by the Ministry of Urban and Infrastructure, with co-leadership from the Ministry of Women and Social Affairs, focusing on permanent direct support.

Legal coverage of safety nets

The National Social Protection Policy includes the promotive safety net as one of its focus areas. The RPSNP has been implemented based on the programme implementation manual, but is not anchored in national legislation. The unconditional "direct support" transfers for labour-poor households have targeting criteria that include households without labour, such as persons with disabilities, the elderly, and child-headed households.

1. Effective coverage of Urban Productive Safety Net and Jobs Project

The Urban Productive Safety Net and Job Project serves a total of 834,050 individuals, as shown in the bar chart below. The programme offers various benefit types, with clear gender distinctions and targeted support for vulnerable groups.

Key coverage highlights

Public Works has the largest beneficiary coverage among non-contributory programme, supporting 526,497 individuals, including 358,018 women (68 per cent) and 168,479 men (32 per cent). The high female participation emphasizes the programme's focus on empowering women in urban areas.

Permanent Direct Support (PDS) is the second-largest programme, assisting 163,279 people, mostly women (111,030 women; 68 per cent). This emphasizes the programme's focus on providing unconditional cash (and occasionally in-kind) support to households with labour constraints, such as female-headed households, the elderly, and persons with disabilities.

Urban Destitute and Homeless Support is the third largest programme and is implemented in most cities and towns across Ethiopia. This category supports 18,000 recipients, including 10,800 men and boys (60 per cent) and 7,200 women (40 per cent). It addresses the needs of marginalized groups, especially street children and homeless adults by providing cash support. Urban homelessness is a significant issue in Ethiopia, driven by rural-to-urban migration, economic disparities, and conflicts. The programme provides (both in cash and in services) immediate relief, rehabilitation, reintegration, and skills training for urban populations.

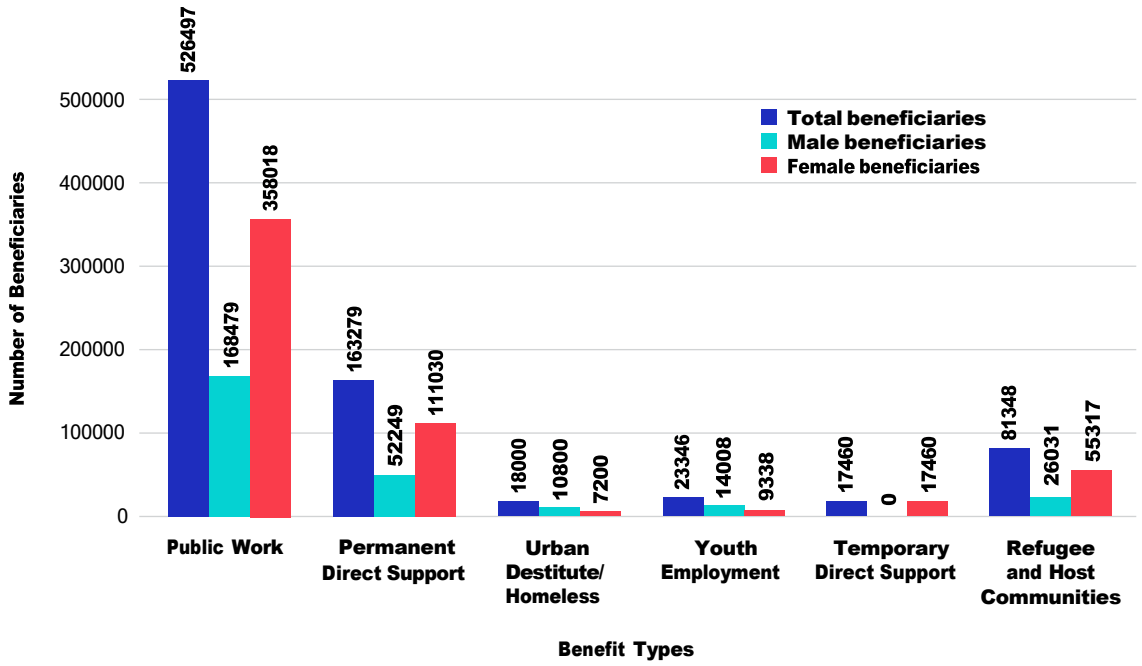
Youth Employment is a newly-launched programme that benefits 23,346 individuals, mostly men (14,008 men; 60 per cent). This programme aims to create job opportunities for urban youth.

Temporary Direct Support exclusively provides unconditional cash transfers to 21,580 women, primarily pregnant and lactating mothers who are exempt from public works during this period.

Refugee and Host Communities Programme, which promotes employment and livelihood opportunities and strengthens social cohesion by providing small grants, benefits 81,348 individuals, with women (55,317; 68 per cent) significantly outnumbering men. Ethiopia has the third-largest refugee population in Africa, hosting 933,473 refugees (UNHCR, 2024). The country has a long-standing history of hosting refugees and asylum seekers from South Sudan, Somalia, Eritrea, and Sudan. The programme reflects Ethiopia's commitment to international refugee protection and its efforts to integrate refugees into urban communities while supporting host populations.

By addressing the needs of both vulnerable Ethiopians and refugees, UPSNJP fosters inclusivity and stability in urban areas by promoting social cohesion.

▸ **Figure 8: Urban Productive Safety Net and Job Project (UPSNJP-Recipients)**



Gender Focus and Comprehensive Approach: The UPSNJP emphasizes gender inclusivity, with 562,483 female recipients (67 per cent) compared to 271,567 male recipients (33 per cent). The programme supports women through public works and direct assistance while also addressing urban challenges such as homelessness, youth unemployment, and refugee integration. This comprehensive approach demonstrates a balanced strategy to reduce poverty and vulnerability in Ethiopia's urban areas.

Evolution of Urban Productive Safety Net and Job Project 2020 and 2024

The Urban Productive Safety Net and Job Project shows a mixed pattern of growth and decline across different benefits. Public work and permanent direct support both experienced significant increases, indicating heightened efforts in urban poverty alleviation. Conversely, benefits for the Urban Destitute/Homeless saw a reduction in recipients. Notably, new benefits such as Youth Employment and support for Refugees and Host Communities were introduced in 2024, reflecting a diversification of support strategies to meet emerging needs. Temporary Direct Support saw a slight rise, consistent with broader trends of expanding short-term assistance. Overall, the Urban Productive Safety Net and Job Project emphasizes a dynamic approach to tackling urban poverty, with notable investments in new benefit categories.

2. Rural Productive Safety Net Programme

The Rural Productive Safety Net Programme aims to combat food insecurity and poverty in rural Ethiopia. It supports communities through four main strategies, each with different impacts. As of 2024, the PSNP directly benefits 8.25 million people through cash and in-kind support (often grain). It addresses immediate food needs while also enhancing economic resilience.

Public Works is the largest component, benefiting 6,859,617 individuals. This programme focuses on labour-intensive activities, including infrastructure development, soil conservation, and irrigation. It creates jobs while addressing issues such as land degradation and poor infrastructure. These efforts promote self-reliance and support long-term rural development.

Permanent Direct Support (PDS) reaches 1,137,599 individuals. It focuses on vulnerable households, such as the elderly, persons with disabilities, and child-headed families. The programme provides unconditional cash transfers to cover basic needs. It helps reduce extreme poverty and social exclusion, making it essential for the most marginalized.

Livelihoods Promotion supports 141,883 people, including 71,589 men and 70,294 women. It helps households create sustainable income through farming, livestock rearing, and micro-enterprises. The programme promotes economic stability and decreases reliance on aid. It also empowers women and encourages gender inclusivity.

Temporary Direct Support benefits 116,092 pregnant and lactating women, though the number of recipients has decreased compared to 2020. It provides financial assistance and exempts women from labor-intensive public works. This enhances maternal and child health, ensuring that nutritional needs are met. It aligns with Ethiopia's focus on gender-sensitive policies.

Overall, the programme reduces poverty through cash transfers and livelihood support.[9] Gender inclusivity remains a key focus, with strong support for women in Livelihoods Promotion and Temporary Direct Support. However, the lack of gender data in public works and permanent direct support prevents a full understanding of gender dynamics.

Financing: The programme operates with a budget of 18.4 billion Ethiopian Birr, primarily funded by donors and the government. Over the past five years, the Ethiopian government has contributed, and in 2023/2024, it increased its share to 33 per cent of the budget, demonstrating a stronger commitment.

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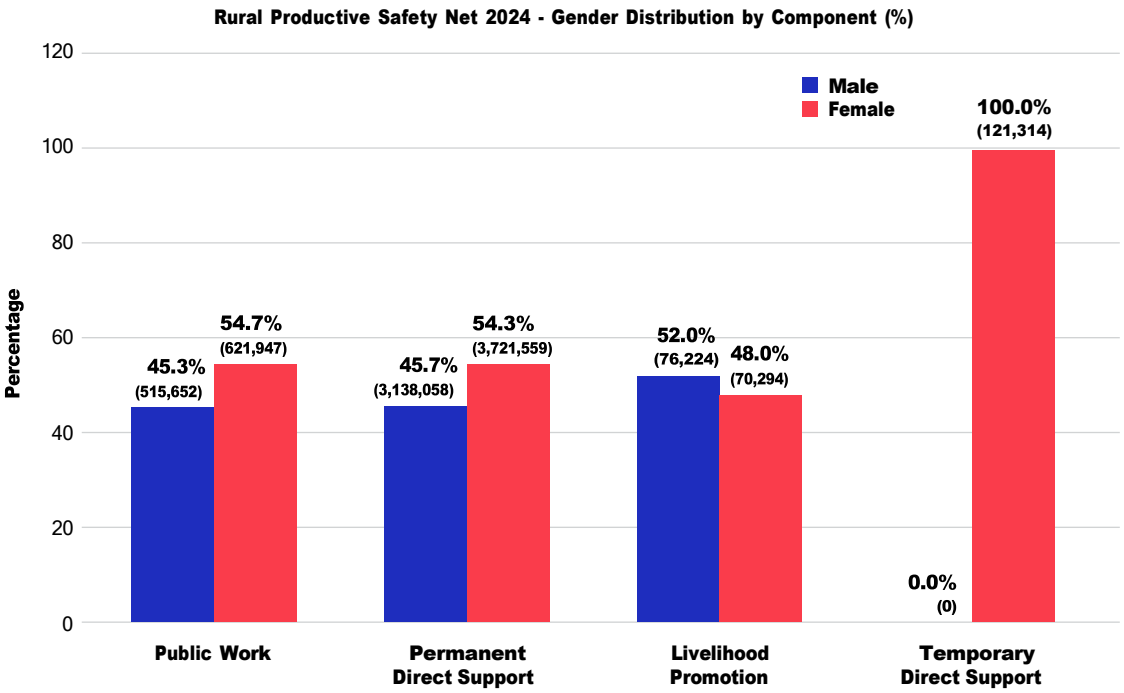
9 Ethiopia - Rural Productive Safety Net Project (English). Washington, D.C.: World Bank Group. http://documents.worldbank.org/curated/en/830381505613638420

▸ **Figure 9: Rural Safety Net Coverage**



Indicators

The Rural and Urban Safety Net Programmes in Ethiopia serve 9,089,241 recipients, accounting for 7.5 per cent of the country's population.

The programmes make an important contribution to achieving SDG 1.3.1 by reducing poverty among vulnerable groups in both rural and urban areas. They have established strong administrative and delivery systems that enhance efficiency, accountability, and programme effectiveness, while creating a foundation for long-term capacity building in social protection (MOA, 2023 Annual Report). Although similar in design, the two programmes address different dimensions of poverty, and efforts are already underway to link their information systems—an initiative that is expected to strengthen coordination, resource allocation, and data management.

Despite these achievements, significant gaps remain. Current coverage reaches only 7.5 per cent of the target population [10], underscoring the need for further expansion. Targeting methodologies also require better alignment with the national poverty line, including by ensuring that eligibility thresholds reflect the Cost-of-Basic-Needs standard and that community-based identification processes accurately identify households most in need.

Looking ahead, promising pathways for improvement include reinforcing the integration of programme information systems and adopting tailored approaches to address persistent rural-urban poverty disparities. Strengthening these areas will be key to enhancing system efficiency and ensuring that the programmes more effectively reach the population they aim to serve.

10 The Rural Productive Safety Net Programme (PSNP) targets food-insecure rural households living below the national poverty line, particularly in chronically drought-affected areas. It focuses on vulnerable groups such as elderly-headed households, female-headed households, persons with disabilities, and child-headed families, providing cash transfers, public works employment, and livelihood support to strengthen resilience and reduce poverty. The Urban Productive Safety Net and Job Programme (UPSNJP) targets vulnerable urban households and refugee populations, including women, youth, and host communities living in extreme poverty or at risk of social exclusion. It provides cash transfers and livelihood/employment support, helping recipients meet immediate needs while building skills and accessing income-generating opportunities.

4.2.3. Health insurance and the community-based health insurance system

Ethiopia currently has two social health insurance systems. The first is Community-Based Health Insurance (CBHI), which targets communities working in the informal economy. The second is Social Health Insurance (SHI), meant for people working in the formal sector. The SHI has not yet been implemented. The Ethiopian Health Insurance Agency (EHIA) was established to supervise and implement both SHI and the CBHI.

Although the government adopted a legal framework for SHI, its implementation has encountered obstacles, especially the reluctance of public servants to contribute to the fund. In other words, even though it was legally endorsed in the 1998 Proclamation No. 690/2010, SHI has faced resistance from various stakeholders, including employees worried about salary deductions and private health providers concerned about reimbursement rates.

Community-Based Health Insurance (CBHI)

Community-Based Health Insurance (CBHI) is a social health protection programme that provides financial protection against illness costs and enhances access to healthcare services for communities engaged in the informal sector (Health Economics Review Ethiopia, 2025).

The CBHI covers both indigent (non-paying) and paying members. Non-paying members are individuals or households identified as poor or unable to contribute, and their enrolment is subsidized through government funding, contributions from the private sector, and other partners. Private-sector support typically comes through corporate social responsibility initiatives, matching funds or donations earmarked for indigent enrolment, and occasional direct contributions to the pooled financing mechanism. For example, a single elderly woman with no income in a rural or urban kebele may be enrolled free of charge under the indigent category.

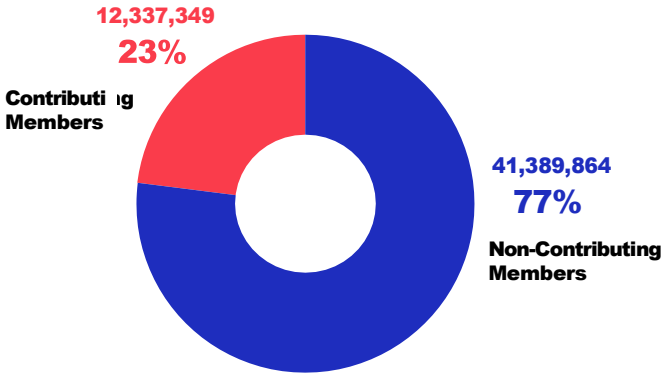
The Community-Based Health Insurance (CBHI) system covers 908 woredas in Ethiopia. It provides coverage to 11,193,169 households (53,727,211 family members). Among them, 8,622,888 households (77 per cent) or 41,389,862 people are paying members. Non-paying indigents account for 2,570,281 households (23 per cent) or 12,337,349 people, and access health services free of charge.

CBHI covers a wide range of preventive and curative services for families. Including both paying members and indigent, subsidized, or non-paying households in a single fund promotes equity and supports the scheme's financial sustainability, benefiting households in both urban and rural areas.

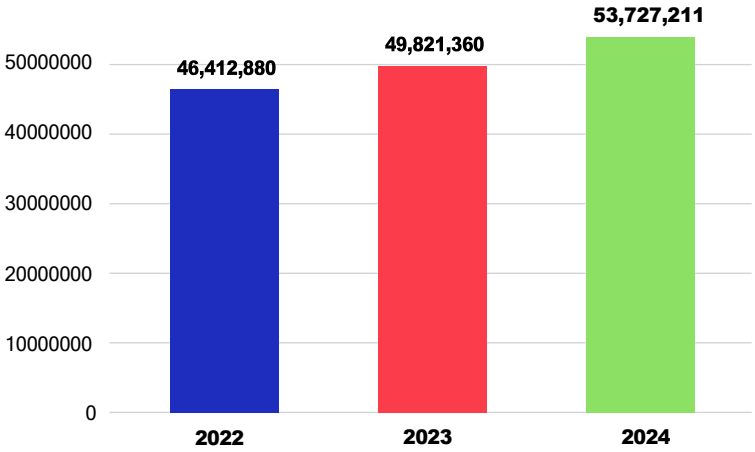
▸ **Table 6: Summary of CBHI Recipients from 2022 to 2024**

Indicator	2022	2023	2024
Total woredas covered	762	830	908
Total households covered	9,732,010	10,345,220	11,193,169
Total individuals covered	46,412,880	49,821,360	53,727,211
Paying households	7,384,208	7,921,034	8,622,888
Paying individuals	36,093,600	38,494,320	41,389,862
Indigent (non-paying) households	2,347,802	2,424,186	2,570,281
Indigent (non-paying) individuals	10,319,280	11,327,040	12,337,349
Percentage of indigent households	24.1%	23.4%	23%
Indigent share of total individuals	22.2%	22.7%	24%

▸ **Figure 10: Community-Based Health Insurance contributory and non-contributory Insurance[11]**



▸ **Figure 11: Increase number of memberships for Community-Based Health Insurance by year**



The figure shows a substantial rise in the number of indigent and paying member households enrolled in the Community-Based Health Insurance scheme. This growth reflects sustained efforts to expand healthcare coverage for underserved populations and demonstrates the programme's strong focus on inclusion, effective outreach, and consistent policy implementation.

4.2.4. School Feeding Programme in Ethiopia: Historical evidence and current status

The School Feeding Programme (SFP) in Ethiopia has grown from an emergency measure into a nationwide strategy for improving children's nutrition, education, and community resilience. It started in 1985 after the devastating 1983–1985 famine, aiming to reduce hunger among students and boost attendance and learning outcomes. In the late 1990s, the programme gained strong support from WFP, UNICEF, and NGOs, which supplied fortified porridge, biscuits, and cooked meals to schools in food-insecure regions like Tigray, Amhara, Oromia, and Somali. These efforts aimed to improve nutrition, enrollment, and retention, especially for girls.

By 2015, Ethiopia had adopted a National School Feeding Strategy, integrating school feeding into broader education and food security policies. This was followed in 2019 by the introduction of the Home-Grown School Feeding (HGSF) model, which promotes the use of locally sourced food to support smallholder farmers and strengthen local food systems. HGSF reduces dependency on food aid and

11 Ministry of Health, Ethiopia - Ethiopian Health Insurance Agency. Community-Based Health Insurance (CBHI). Retrieved from: https://ehis.gov.et/en

builds resilience by connecting schools with nearby agricultural producers. Since then, the programme has expanded rapidly. In 2019/2020, about 2,055,623 students benefited from school feeding initiatives. By 2024, this number had risen dramatically to 7,597,334 students across most regions, including Addis Ababa, indicating a growth of more than 270 per cent in just four years.

The Ethiopian School Meal Initiative, launched as part of the government's long-term plan, aims to reach 9 million students by 2025. This expansion reflects the government's increasing ownership and commitment to nutrition-focused education.

The Home-Grown School Feeding approach is key to this progress. Schools now get food from local farmers, vegetables from school gardens, and community contributions. In many areas, students' mothers volunteer to prepare meals, boosting social bonds and cutting costs.

The government's financial commitment has grown significantly. Annual funding increased from 2.89 billion Ethiopian Birr in 2019/20 to 14.68 billion Ethiopian Birr in 2024. Oromia received the largest share, while Harari had the smallest. The average per-child budget also rose from 12 Ethiopian Birr in 2020 to 20 Ethiopian Birr in 2024, indicating better resource allocation and lower per-meal costs.

In Addis Ababa, the citywide School Feeding Agency now supports over 700,000 students (2024), while regions such as Oromia, Amhara, Sidama, Somali, Harari, Dire Dawa, and Afar have launched or scaled up similar initiatives.

Overall, Ethiopia's school feeding system, including the SFP, HGSF, and the Ethiopian School Meal Initiative, has developed into a nationally owned, locally driven, and nutrition-focused program. It not only improves educational outcomes and child health but also boosts local economies, empowers women, and strengthens food system resilience, signifying a major shift from external reliance to sustainable, community-based implementation.

School feeding contribution to SDG 1.3.1 Indicators:

In Ethiopia, school feeding programmes have expanded and are essential within these systems, supporting the achievement of this goal through the following:

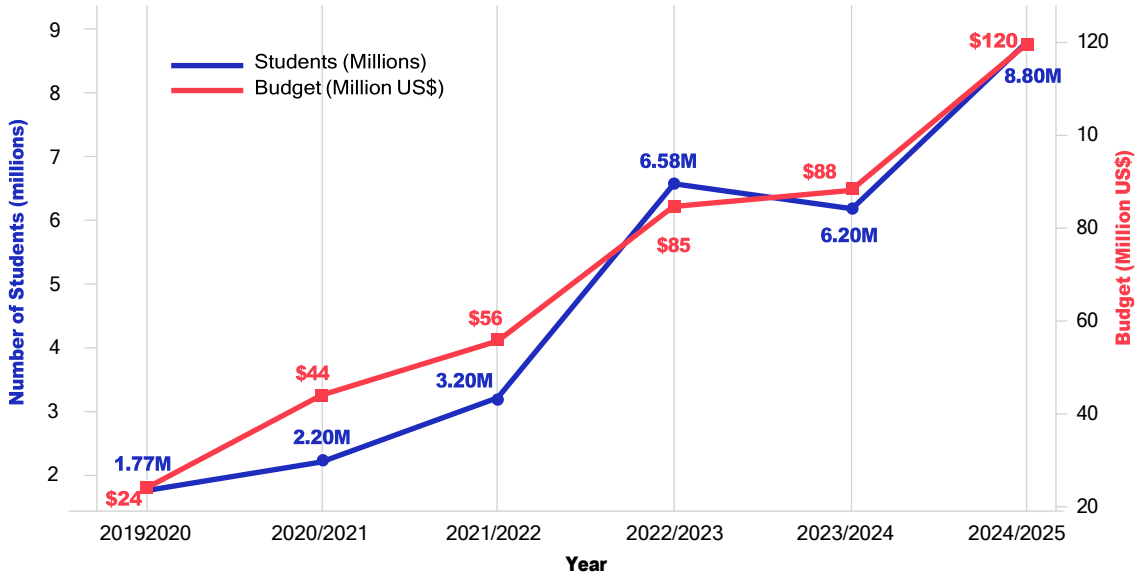
- Providing nutritious meals to vulnerable children every day. These programmes help millions of students across Ethiopia. They also expand the reach of social protection systems.
- Reducing the vulnerability of children and their families to poverty and hunger; most children used to attend school without food.
- Increasing enrollment, attendance, and retention, breaking the cycle of poverty through education[12] (MOE Annual Report, 2024).
- Reinforcing sustainability through the use of locally-grown food, such as from school gardens, which are funded by regional government budgets. They also involve community participation, like mothers cooking meals. This approach ensures sustainability and supports local economies.

As of October 2023, the total number of children under 18 years in Ethiopia is 59,470,308 (UNICEF, 2024). As stated above, the number of students benefiting from school feeding programmes in 2024 is 7,597,334 (US$85 million). Of these, 608,712 students, which is only 8 per cent, have school feeding meals covered by development partners like WFP and international NGOs operating in Ethiopia. Currently, only 12.8 per cent of children under 18 are covered by school feeding programmes, indicating that many vulnerable children still lack access and highlighting limited social protection coverage. Expanding school feeding is essential for reducing food insecurity and improving child well-being. To meet SDG 1.3.1, Ethiopia must scale up these programmes as part of its broader social protection strategy. Increasing budget allocation and boosting local participation will help close the gap and reach more children in need.

There are also some challenges and constraints in supply chain issues, which make it difficult to ensure a steady food supply, even though local production is steadily increasing.

12 Mideksa, S., Getachew, T., Bogale, F. *et al.* School feeding in Ethiopia: a scoping review. *BMC Public Health* **24**, 138 (2024). https://doi.org/10.1186/s12889-023-17613-4

► Figure 12: Number of Students in School Feeding (millions), Number of Students Covered and Annual Budget Allocation for the School Feeding Programme, and Yearly Budget Allocation (Million US$ from 2019/2020 to 2024/2025



Reasons for the significant rise in school feeding numbers

The graph above displays the increase in school feeding coverage (number of students) and budget allocation (in US$ millions) from 2019/2020 to 2023/2024. The budget grew substantially from US$45.5 million in 2020/21 to US$85 million in 2023/24.

While student coverage grew by 328 per cent, the budget only increased by 87 per cent (US$45.5 million to US$85 million). Rising inflation and higher costs for food and logistics could threaten the programme's sustainability.

The school feeding programme in Ethiopia expanded quickly after 2022, with the number of students increasing by 5.54 million and the budget rising by 11.8 billion Ethiopian Birr.

According to MOE,[13] annual reports, key factors contributing to the expansion of school feeding programmes in Ethiopia are:

1. Government commitment and policy support

- The Government of Ethiopia and the Ministry of Education prioritized school feeding as a key social protection strategy within the policy framework.
- More funding has been allocated by regional governments and municipalities, such as Addis Ababa.

2. Rising food insecurity and the impact of drought

- Severe drought in Oromia, Somali, Tigray, Amhara, and other regions has increased food insecurity.
- School feeding has become a vital intervention to support vulnerable children and at-risk youth in most urban and rural settings.

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3. Support from development partners and communities

- Contributions from WFP, international NGOs, and development partners broadened the programme.
- Community engagement in funding and programme execution.

4. Increased school enrollment and lower dropout rates

- Mothers' involvement in food preparation at school and their willingness to send children to school increase when meals are provided.
- Feeding programmes encouraged higher attendance and retention practically.

5. Increased supply of home-grown agriculture

- Schools and communities began sourcing local agricultural products.
- Strengthened farm-to-school connections, benefiting both students and local farmers.

6. Increased private sector participation in most areas.

Therefore, the post-2022 challenge signifies a shift from depending on NGOs and UN agencies (e.g., WFP) to local solutions and government involvement. This ensures that more children receive nutritious meals and remain in school. Continued progress requires ongoing investment, policy enhancements, and innovation.

4.3. Estimation of SDG 1.3.1 Indicators and other relevant metrics

Findings on a core set of social protection indicators and proportions

The following section highlights key indicators that show Ethiopia's progress in social protection, focusing on SDG 1.3.1. This goal measures the share of people receiving at least one social protection benefit, helping to gauge how close Ethiopia is to achieving universal coverage.

These indicators provide insights into the scope, coverage and equity of Ethiopia's current social protection system. They highlight both achievements and areas that need improvement, broken down by gender and groups such as children, persons with disabilities, the elderly, and the poor and vulnerable.

Proportion of the population covered by at least one social protection cash benefit

Approximately 5.8 per cent of the population is covered by at least one social protection cash benefit, with men presenting a higher level of coverage (6.5 per cent) when compared to women (5.1 per cent), though data disaggregated by sex is only partially available. This means that 94.2 per cent of the population does not benefit from any type of social protection cash benefit programme

Coverage by contributory systems, excluding health

Total contributive coverage for both PESSS and PSSS is 4.5 per cent (male 5.3 per cent; female 3.7 per cent). The low participation in contributory schemes reflects Ethiopia's high rate of informal employment. Male dominance in formal employment explains their higher coverage.

Coverage by non-contributory systems

The non-contributory social protection system covers 7.4 per cent of the population (9.2 per cent of all males; 5.6 per cent of all females). In this case, non-contributory schemes such as school feeding have a high impact on coverage levels. The minimal gender difference here may reflect more equitable outreach programmes, although overall coverage remains limited.

Proportion of children under 15 covered by social protection benefits (contributory and non-contributory), excluding health

Regarding children under 15 years, 14.7 per cent are covered (15.3 per cent of males; 14.1 per cent of females). This relatively higher figure indicates a stronger focus on child-centered social protection. However, this coverage is provided only through school feeding, and only one in seven children is covered, signaling major gaps in universal child benefit provision.

Proportion of women giving birth who receive maternity benefits

A proportion of women giving birth received cash maternity benefits from both contributory schemes and the Safety Net Programme. However, overall reliable data is unavailable at this stage.

Proportion of the workforce covered for accidents at work

Approximately 9.7 per cent (10.2 per cent for men and 9.1 per cent for women) of the labor force are workers who are protected in case of work injuries. However, coverage for work-related injuries remains limited. The gender gap reflects the higher concentration of men in sectors with formal employment.

Proportion of persons with severe disabilities receiving disability benefits

The overall coverage of people with severe disabilities covered by invalidity benefits is only 13,301 people in 2024. Considering a total severe disability rate of 3.1. per cent of the population (WHO), this represents an overall coverage of 0.3 per cent out of this population group. Male recipients represent 0.5 per cent of men with severe disabilities, and female recipients just 0.1 per cent of the target group, which are very alarming numbers revealing a lack of inclusion of this vulnerable group, especially women with disabilities, in the social protection system.

Proportion of workforce covered by a pension scheme

The total share of the labour force (15+) contributing to a pension scheme is 9.7 per cent (male: 10.2 per cent; female: 9.1 per cent). This indicator closely aligns with coverage for work accidents, once again reflecting employment patterns in the formal sector. This implies that in the future old-age pension coverage will remain limited, though more balanced between men and women compared to current pensioners gender gaps persist, which highlights structural inequalities in the labour market.

Proportion of older people receiving a pension

Approximately 4.2 per cent of the population over age 60 is benefiting from contributory pension schemes, with a significant gender gap: 7.1 per cent of old-age men compared to only 1.8 per cent of old-age women. This difference raises an important equity concern, indicating that fewer women have access to formal employment or long-term contributory pension careers.

Proportion of the poor population receiving social assistance in cash

Only 5.4 per cent of the poor population is covered by poverty-targeted benefits (male: 6.3 per cent; female: 4.5 per cent - data disaggregated by sex is only partially available). Coverage among the poor is very limited, with males being significantly underrepresented. This may be due to targeting mechanisms that focus on female-headed households or caregiving roles. The poverty rate in Ethiopia is high at 23.5 per cent.

Proportion of vulnerable people receiving benefits

Among the vulnerable population – those neither contributing to nor benefiting from contributory schemes – 7.4 per cent (6.7 per cent male and 6.2 per cent female) are covered by non-contributory schemes (social assistance). Fewer than one-tenth of the vulnerable population receive benefits, highlighting significant coverage gaps in the country's social protection programmes targeted at the most vulnerable groups.

Proportion of the population enrolled in a social health scheme (Community-Based Health Insurance (CBHI) coverage).

According to the latest 2024 data from EHI Services, CBHI has reached over 11.2 million households, covering about 53.7 million people, equivalent to 40.7 per cent of the population. This represents significant progress in expanding health coverage in both rural and urban areas.

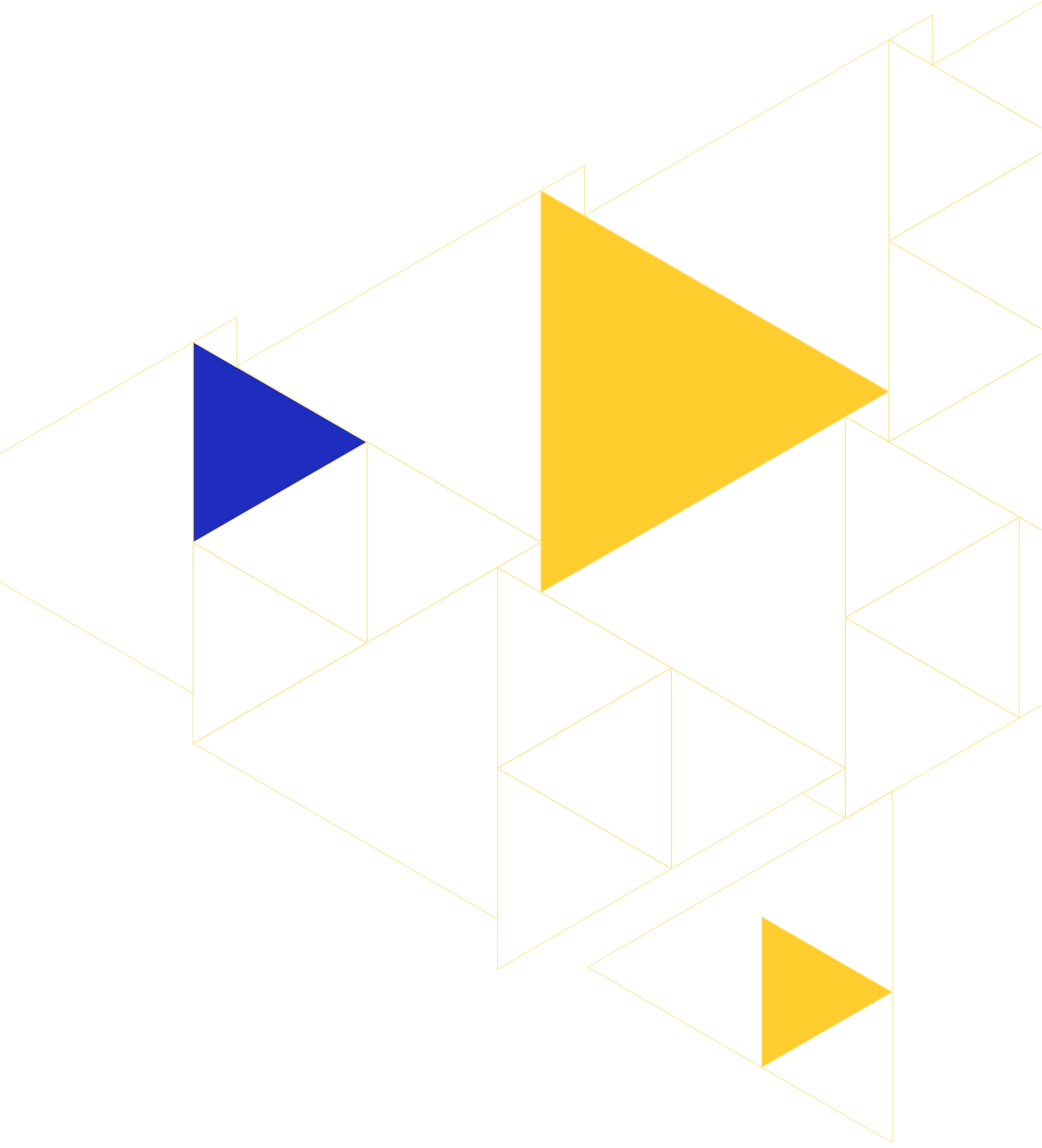
▸ **Table 7: Summary of social protection coverage in Ethiopia**

Indicator	Total (%)	Male (%)	Female (%)
Total population covered by at least one social protection cash benefit[14]	5.8%		
Coverage by contributory systems	4.5%	5.3%	3.7%
Coverage by non-contributory systems	7.4%	9.2%	5.6%
Children under 15 receiving benefits	14.7%	15.3%	14.1%
Women receiving maternity benefits	Non available		
Workforce covered for work accidents	9.7%	10.2%	9.0%
Persons with severe disabilities receiving benefits	0.3%	0.5%	0.1%
Older people receiving pension	4.2%	7.1%	1.8%
Workforce contributing to a pension scheme	9.7%	10.2%	9.0%
Poor population receiving cash social assistance	5.4%	1.1%	2.5%
Vulnerable population receiving benefits	7.4%	6.7%	6.2%
Population covered by CBHI (Community based Health insurance)	40.7%		

▸ **Table 8: Core Set of Social Protection Indicators and Proportions-Ethiopia (SDG 1.3.1)-2024**

Indicator	Total Coverage	Male	Female	Key Interpretation (Ethiopia Context)
Population covered by at least one cash SP benefit	5.8%	6.5%	5.1%	Very low national cash SP coverage. Majority unprotected.
Coverage by contributory systems (excluding health)	4.5%	5.3%	3.7%	Reflects high informality and limited scheme maturity.
Coverage by non-contributory systems	7.4%	9.2%	5.6%	Driven mainly by school feeding and safety nets.
Children (<15) covered by SP benefits	14.7%	15.3%	14.1%	Higher due to school feeding. No universal child benefit yet.
Women receiving maternity benefits	Data gap	-	-	National data incomplete.
Workforce covered for work injury protection	9.7%	10.2%	9.1%	Coverage concentrated in formal sectors.
Persons with severe disabilities receiving disability benefits	0.3%	0.5%	0.1%	Extremely low coverage. Severe exclusion, especially women.
Labour force contributing to pension scheme	9.7%	10.2%	9.1%	Reflects formal employment distribu-tion.
Older persons (60+) receiving pension	4.2%	7.1%	1.8%	Large gender gap due to labour market inequality.
Poor population receiving cash social assistance	5.4%	6.3%	4.5%	Very low compared to poverty rate (23.5%).
Vulnerable population receiving social assistance	7.4%	7.6%	7.2%	Less than 1 in 10 vulnerable people covered.
Population covered by Community Based health Insurance (CBHI)	40.7% (53.7M people)	-	-	Strongest performing SP pillar. Major expansion success.

14 If the school feeding programme was included in this indicator the total aggregate coverage would be 11.8%.



5 Conclusion and recommendations

5.1. Conclusion

This report provides the latest update on social protection coverage in Ethiopia, with a focus on SDG indicator 1.3.1 and effective coverage of medical care. The results show modest yet uneven progress across various schemes and population groups. Social protection coverage in Ethiopia remains limited, as a large part of the population lacks access to basic services and support systems. Although some programmes, like Community-Based Health Insurance (CBHI) and school feeding initiatives, have expanded in recent years, overall coverage remains low and primarily benefits urban and formal sector populations.

Informal economy workers, people with disabilities, and rural elderly populations still lack sufficient support, relying mainly on safety net programmes that have limited scope and sustainability. Furthermore, significant gender disparities remain, especially in contributory programmes like pensions, accident insurance, and maternity benefits, where data is either incomplete or completely missing.

While progress has been made in targeted areas, a comprehensive and inclusive social protection system requires intentional strategies to guarantee equity in access, especially for vulnerable and marginalized groups.

5.2. Recommendations on data management

1. Consider establishing an Integrated Social Protection Coverage Database under the leadership of the Ministry of Women and Social Affairs, and in collaboration with relevant organizations, such as the ILO. The goal is to develop a centralized system to gather annual coverage data from all schemes. This will promote consistency, trend analysis, comparability, and completeness across sectors implementing social protection programmes nationwide, with the objective of informing policymaking to progress toward universal social protection. Best practices worldwide highlight the

advantages of interministerial working groups focused on collecting, harmonizing, validating and updating social protection data and statistics. The institutionalization of such groups allows for more sustainable processes guaranteeing periodic updates and improvements of databases. The case of Mozambique and other countries can be explored.[15]

2. Provide training on the SSI tool to enhance the capacity of regional and woreda-level staff to collect data on social protection coverage, with a focus on standardized data entry, cleaning, and analysis. It is also crucial to train and deploy skilled focal points at both the federal and regional levels.

3. In line with the above, establish a national coordinating body comprising representatives from relevant sectors to be responsible for producing an annual coverage report or a broader statistical report that can include other indicators of adequacy and expenditure of the social protection system. The data, whenever possible, should be broken down by gender, age, location, vulnerability and employment status, and could benefit from including additional data from the labour market (formal vs informal work, distribution of work by sector, employment status, etc.). This will help institutionalize yearly reporting on SDG 1.3.1 indicators.

4. Prioritize collecting disaggregated data to ensure all programmes gather and report information by sex, age, disability, maternity, sickness, and employment type. This will help uncover structural disparities and better serve underserved populations.

5. Enhance digitalization and interoperability. Invest in digital tools that enable real-time reporting, sector-to-sector interoperability, and secure, accessible records of social protection participation.

6. Expand data collection on underreported benefits to close data gaps in maternity, disability, sickness, and informal economy worker coverage by establishing dedicated reporting protocols for these areas.

7. Connect administrative data with survey data for validation. This can be achieved by comparing coverage information from administrative systems (e.g., CBHI registries and pension schemes) with household survey data to enhance triangulation and reliability.

15 Mozambique: The Mozambican Statistical Bulletin - a best practice in monitoring the progress of the extension of social protection coverage

▸ References

Ethiopian Health Insurance Agency. *Ethiopian Health Insurance Agency*. https://ehia.gov.et. Accessed 27 January 2024.

Ethiopian Public Servants' Social Security Administration. *Ethiopian Public Servants' Social Security Administration*. https://psssa.gov.et. Accessed 27 January 2024.

Federal Democratic Republic of Ethiopia, Ministry of Health. *Health Sector Transformation Plan II (HSTP II) 2020/21–2024/25*. https://countryplanningcycles.org/planning-cycle/ETH24. Accessed 27 January 2024.

International Labour Organization. *Mapping of the National Social Protection System in Ethiopia, including Social Health Protection: Final Report*. Geneva: ILO, 2021.

International Labour Organization. *Recommendation No. 202: Social Protection Floors Recommendation*. Geneva: ILO, 2012.

Ministry of Agriculture. *Productive Safety Nets in Ethiopia: Annual Implementation Report*. Addis Ababa: Ministry of Agriculture, 2024.

Ministry of Education. *School Feeding Annual Report 2024*. Addis Ababa: Ministry of Education, 2024.

Ministry of Women and Social Affairs. *Policy Gap Analysis and Social Protection Strategy*. Addis Ababa: MoWSA, 2024.

United Nations. *Sustainable Development Goals*. https://sdgs.un.org/goals. Accessed 27 January 2024.

World Bank Group. *World Bank Group*. https://www.worldbank.org. Accessed 27 January 2024. Offers insights into social protection initiatives, safety net programmes, and poverty alleviation projects in Ethiopia)

Annexes

6.1. Data Tables

▸ Table 9: Summary of social protection components, strategies, and instruments[16]

Focus Area	Implementation strategies/instruments
1. Promote productive safety nets	▸ Conditional social transfers (non-work conditions) ▸ Public works ▸ Scale-up safety nets and early warning systems for disaster response ▸ Unconditional transfers (Direct Support, Urban Destitute support)
2. Promote employment opportunities and improve livelihoods	▸ Support livelihoods in rural and urban areas. ▸ Provide employment services and set standards. ▸ Offer financial services to poor households. ▸ Enhance skills training with TVETs and partners. ▸ Adapt livelihood support to diverse regions and contexts.
3. Promote social insurance	▸ Mandatory social insurance (including health insurance) ▸ Community based health insurance ▸ Life insurance ▸ Index-linked crop/livestock insurance ▸ Promoting innovation and appropriate technology
4. Increase equitable access to health, education and other social services	▸ Social transfers for human capital development ▸ Health fee waivers and health insurance subsidies ▸ Services for persons with disabilities ▸ Services for the elderly ▸ School feeding ▸ Early childhood care ▸ Establish social work sub-system
5. Provide legal protection and support for citizens exposed to abuse, exploitation and violence	▸ Communication/awareness-raising for prevention of abuse, violence, neglect and exploitation ▸ Protective legal and policy environment ▸ Support to survivors of violence, abuse, exploitation and neglect ▸ Drop-in centers and hotlines ▸ Establishment of a network of specialized service providers ▸ Care for people living outside protective family environments

16 Social Protection Policy and Strategy Gap Analysis, 2024

► Table 10: Social protection schemes, benefits, and challenges in Ethiopia[17]

Scheme	Key Benefits	Challenges
Public and Private Employees' Social Security Scheme	Pension, injury, benefits for retired employees	Limited coverage in informal and rural sectors.
	Disability and survivors' benefits.	Financial sustainability concerns.
	Employment injury compensation.	
	Maternity	Many sectors have not reported data to pension institutions on maternity
[18]Rural Productive Safety Net Programme (PSNP)	Food and cash transfers to food-insecure households.	Seasonal food insecurity.
	Public works opportunities, permanent direct support	Limited geographical and household coverage. Shock responsive limited to conflict affected more focus on climate change or drought affected
Urban Productive Safety Net Programme (UPSNP)	Cash transfers for unemployed urban poor youth.	High urban unemployment.
	Livelihood and skills training.	Weak institutional coordination.
Urban Destitute Support Programme	Cash and in-kind transfers to destitute individuals.	Social stigma affecting accessibility.
	Shelters for homeless people.	Insufficient funding and resources.
Community-Based Health Insurance (CBHI)19	Affordable healthcare for rural and informal sector households.	Low enrollment and retention rates.
	Cross-subsidization for poor families.	Limited awareness and outreach.
School Feeding Programmes[20]	Daily meals for schoolchildren in vulnerable areas.	Budget constraints.
	Improved school attendance and health.	Resource constraint to reach all children in school.
Emergency Food Aid and Disaster Relief	Food and non-food assistance during crises.	Dependency risks.
	Livelihood recovery support.	Delayed responses due to logistical challenges.
Pilot Child grants[21]	Provided for pregnant women and children under one year.	Supports pregnant women and infants but remains small-scale, needing government expansion and resources.

17 Ministry of Women and Social Affairs and World Bank. MoWSA Implementation Report. Addis Ababa: MoWSA and World Bank

18 Ibid

19 Federal Ministry of Health (Ethiopia). Health Financing Strategy Report. Addis Ababa: Federal Ministry of Health, 2024.

20 Ministry of Education. 2023/24 Implementation Report. Addis Ababa: Ministry of Education, 2024.

21 UNICEF. Social Policy Section Report. Addis Ababa: UNICEF

▸ Table 11: Social protection indicators on effective coverage, including SDG 1.3.1

Indicator Name & Description	Rates
Proportion of population covered by at least one social protection benefit	Total: 11.5 per cent (male: 11.6 per cent; female: 9.7 per cent)
Coverage by contributory Systems	Total: 4.5 per cent (male: 5.3 per cent; female: 3.7 per cent)
Coverage by non-contributory Systems	Total: 7.0 per cent (male: 6.3 per cent; female: 6.0 per cent)
Proportion of children under 15 covered by social protection benefits	Total: 14.7 per cent (male: 15.3 per cent; female: 14.1 per cent)
Proportion of women giving birth receiving maternity benefits	Total: 5.5 per cent
Proportion of workers covered for accidents at work	Total: 9.7 per cent (male: 10.2 per cent; female: 9.0 per cent)
Proportion of persons with disabilities receiving disability benefits	Total: 0.3 per cent (male: 0.5 per cent; female: 0.1 per cent)
Proportion of older persons receiving a pension	Total: 4.2 per cent (male: 7.1 per cent; female: 1.8 per cent)
Proportion of workforce covered by a pension scheme	Total: 9.7 per cent (male: 10.2 per cent; female: 9 per cent)
Proportion of poor population receiving social assistance in cash	Total: 5.4 per cent (male: 1.1 per cent; female: 2.5 per cent)
Proportion of vulnerable people receiving benefits	Total: 7.4 per cent (Male: 6.7 per cent; female: 6.2 per cent)
Proportion of population affiliated to a social health scheme (CBHI)	Total: 40.1 per cent of the population covered

▸ Table 12: Data from 2022 to 2024: Public servants social security administration

1. Cumulative data for 2022/23

Benefit schemes	Number of active contributors (persons)			Number of recipients			Minimum monthly payment
	Total	Male	Female	Total	Male	Female	
Old Age Pension				203,002	165,141	37,861	1,258.00
Survivors				314,952	67,111	247,841	81.26
Invalidity				10,426	8,822	1,604	1,258.00
Employment injury				119,847	118,137	1,710	1,258.00
Total	2,506,136	1,505,492	1,000,644	648,227	359,211	289,016	

2. Cumulative data for 2023/24

Benefit schemes		Number of active contributors			Number of recipients			Minimum monthly payment
		Total	Male	Female	Total	Male	Female	
Old Age Pension					208,532	167,372	41,160	2,218
Survivors					326,646	70,144	256,502	143.27
Invalidity					10,280	8,576	1,703	2,218
Employment injury					124,253	122,461	1,792	2,218
Total		2,991,797	1,797,240	1,194,557	669,711	368,554	301,157	
Total Revenue of 2015	*Pension Contribu--tion Revenue 2015*	*Investment Income 2015*	*Total Expendi-tures 2015*					
ETB 66.33 billion	**ETB 51.13 billon**	**ETB 15.2 billon**	**ETB 15.3 billion**					

International Labour Organization

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