

# Stories of Change in Nutrition

A RESEARCH SUMMARY JUNE 2016

## Country Brief



STUART SIA/SAVE THE CHILDREN

# Ethiopia

## Introduction

The 'Stories of Change in Nutrition' research project aims to generate experiential learning for countries with high burdens of malnutrition to start to fill gaps in our understanding of how policies to address nutrition are made and how these policies play out in implementation in particular contexts. This brief focuses on three overlapping 'Stories of Change':<sup>1</sup> We first discuss the **evolution of Ethiopia's nutrition sensitive agendas within the agriculture, social protection, and health sectors over the past decade.**<sup>2</sup> The second story details **the ongoing alignment of national nutrition agendas** with the capacities to implement them at zone and woreda levels. The third story centres on **the challenges communities face in engaging with nutrition programming** in a changing, but increasingly limiting, environment. The objective of this brief is to draw attention to the **real world challenges** of implementing nutrition sensitive agendas and **provide recommendations** for how to move forward with nutrition sensitive programming.

<sup>1</sup> The data used in this brief were collected between January 2015 and March 2016. Data include a review of national programs and strategies, interviews conducted with national and international stakeholders in Addis Ababa, interviews with sub-regional stakeholders involved in health and agriculture in Wolaita and a selected woreda within Wolaita, and kebele and community perspectives from a kebele within the selected woreda.

<sup>2</sup> Nutrition sensitive" programming is defined as programming that addresses underlying determinants of undernutrition, such as food insecurity, with nutrition goals in mind or programming that can be used to deliver direct nutrition interventions, such as child feeding practices or micronutrient supplementation

## Key findings

The framework for addressing undernutrition at the national level in Ethiopia is largely in place. Attention should now focus on making nutrition strategies and programs operational – in particular, examining how programs are implemented sub-regionally, providing further support to implementers, and developing deeper understandings of the existing constraints communities face in engaging with nutrition programming.

- The commitment of the government and its partners to addressing undernutrition is clear, and significant effort is going into the development of key nutrition strategies, both sectoral and multisectoral.
- Subregional capacities are likely to vary by region, zone, and woreda. The zone and woreda administrations in this study, while also committed, faced challenges in implementing existing programming and had yet to develop the multisectoral and vertical coordination and communication capacities to carry out nutrition programming, particularly nutrition sensitive programming.
- Communities may find it difficult to engage with nutrition programming as they struggle with what they consider more immediate concerns – namely, building resilience in the face of climatic and environmental threats to livelihood security. This research highlights the challenges of integrating nutrition into an already complex landscape of poverty and service provision.

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## Nutrition agendas and knowledge gaps

Since 2000, the Ethiopian government has been active in thinking about agricultural growth, social protection, and nutrition. Some key national plans and programmes, including the first Growth and Transformation Plan (GTP) the first three phases of the Productive Safety Net Program (PSNP) and the first National Nutrition Program (NNP) spoke to these concerns. The revised National Nutrition Program (2013-2015) and the latest Productive Safety Net Program (PSNP4) (2015-2020) emphasised the interlinkages between national strategies and programs as well as a desire to leverage growth in participating sectors (health, agriculture, education, etc) into continued improvements in stunting and undernutrition. These two initiatives also signalled the government's movement towards a more multisectoral response to nutrition. National and international actors are currently engaging in discussions on this topic.

As of 2015, nutrition is featured more strongly within the Ministry of Health and in the Ministry of Agriculture's flagship programs – the Productive Safety Net Program, Agricultural Growth Program, and Sustainable Land Management Program. The PSNP4 is perhaps the largest and most well-known example of government-led nutrition sensitive programming. It features:

- targeting criteria refined to include **nutritionally vulnerable** households,
- enhanced **gender-sensitive** provisions for pregnant and lactating women,
- the proposed development of **nutrition behaviour change communication (BCC)** to replace a portion of public works requirements,
- the inclusion of **pulses** in the food basket where food transfers are provided
- an increase in the **cash** provided in areas with cash transfers,
- promoting nutrition-sensitive livelihood strategies and public works,
- an increasing focus on **accountability, linkages** with the health sector, and **capacities** to monitor nutrition-sensitive provisions within the programme.

With the ongoing development of multisectoral nutrition strategies and efforts to mainstream nutrition across line ministries, much of the groundwork has been done to ensure a favourable environment for improvements in nutrition. Work remains to be done to support implementing actors **below** the regional level. As such, attention to the processes of cascading programmes from top to bottom is warranted. How zone, and especially woreda, administrations **adapt and implement programming is an understudied area**. The capacities at these levels have a large impact on how, when, and what quality of programming reaches beneficiaries.



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## Emerging environments for nutrition

Over the past two decades, the bureaus of health and agriculture in the study area achieved significant gains that have paved the way for further nutrition efforts. Zone and woreda actors' commitment to their work was clear, but existing challenges to multi-sectoral coordination, day-to-day operation, and vertical communication have the potential create **barriers** to the establishment and implementation of nutrition sensitive programming.

Nutrition sensitive programming requires a degree of **coordination** and agreement of roles between implementing sectors to plan and budget together and fill in capacity gaps to implement and monitor nutrition programming. At the time of this study nutrition was not yet prominently featured in the agriculture and social protection programming at zone and woreda levels and there were not strong relationships between health and agriculture. Officials at the zone or woreda level noted the existence of coordinating bodies, but also suggested that these bodies lacked the authority to facilitate or enforce coordination. Notably, agriculture personnel were unclear as to their role in promoting nutrition. Health officials were also uncertain regarding what role agriculture should play in nutrition beyond emergency programming. Nutrition's position as a crosscutting issue and long-term investment needs to be **clearly communicated** to all levels and sectors – this messaging is present in many national strategic documents (e.g., the NNP) but may not consistently reach all actors involved.

Nutrition sensitive programming will draw upon the strengths of **existing** service provision platforms, but challenges to day-to-day operation around agriculture, social protection, and health programming present hurdles to successful implementation. Respondents reported a very high rate of **personnel turnover** at all levels of operation within woreda and zone administrations. Within the Bureau of Agriculture, incoming personnel were not commonly offered the full range of trainings around a programme, such as the PSNP, as their predecessors, creating knowledge gaps

▲ Highland farms in Wolaita during the summer rainy season.

Work remains to be done to create a strong enabling environment below regional level.

that were difficult to fill. In addition, documents and training materials were not always accessible – they may not be offered in Amharic or in a condensed format. For both health and agriculture, the lack of vehicles for officers to conduct site visits, low salaries, and limited community uptake were other issues cited as constraints on day-to-day operation. Factors that could potentially compromise the quality of programming delivered to beneficiaries include budget shortfalls or delays, the lack of training, high turnover, and shortage of frontline workers, and the lack of vehicles for frontline workers. The high workloads of Health Extension Workers and Development Agents (extension agents of the Bureau of Agriculture) represented a challenge to the quality and coverage of existing service delivery. Woreda actors were uncertain if frontline workers would be able to effectively take on new tasks should nutrition programming require it. More frontline workers, perhaps specifically trained in nutrition, were suggested as a solution.

Communication practices have the potential to inhibit coherence and commitment among subregional actors. Agriculture personnel more broadly at woreda level as well as zone were not yet sensitised to upcoming nutrition strategies being developed by the Ministry of Agriculture.

The sectors most heavily involved in nutrition have worked hard over the past several years to achieve the impressive growth and reach evident in Ethiopia's ongoing "story of change." New nutrition programming requires aligning perspectives on the importance of nutrition **across sectors** at zone and woreda levels, strengthening existing platforms for service delivery by addressing the challenges to day-to-day operations, and developing mechanisms and accountability to facilitate multisectoral coordination and communication.

## Nutrition and service provision

One of the challenges consistently mentioned by subregional actors was the limited **uptake of programming** by communities, presumably because of a lack of education. Research among households in a select community presented a more complex picture of poverty, livelihoods, and service provision. Geographic remoteness and lack of roads could limit the choices households are able to make regarding nutrition.<sup>3</sup> To allow households to more effectively engage with ongoing and future nutrition programming, we suggest that **existing service provision platforms be strengthened** and **targeted investments** in rural infrastructure or rehabilitation be considered.

Households' ability to achieve basic livelihood and food security was limited by living in an area cut off from market access and dependent on rain-fed agriculture, and they saw nutrition as secondary in the face of this struggle. Households interviewed for this project inhabited what may be termed a "less favoured area" – mountainous, degraded, densely populated, and lacking

a road.<sup>4</sup> This community is not representative of all of Ethiopia, but elements of this situation are common in rural areas, particularly the lack of roads. Respondents felt they benefited from health, agriculture, and social protection programming, but also felt they had reached a point where it would be difficult to achieve any further improvements without an adequate road into the area. For example, they had received nutrition advice from the health extension service but had trouble implementing it. Access to **affordable nutritious foods** was limited for households, who lived far from markets and primarily relied on their staple crops of corn, enset, and potatoes for household consumption. These households also held land that is ill-suited for growing an array of more nutritious crops. Animal products for complementary feeding or pregnant and lactating women, such as eggs or milk, were too expensive to be purchased and consumed regularly. Communities will face many of the same challenges in engaging with any new nutrition programming as they may face with existing health, agriculture, and social protection programming. For this community, the lack of a road – and the associated negative effects on their livelihoods – was their key limitation in all areas.

These types of challenges are difficult to overcome, but the **ongoing progress** in Ethiopia suggests a promising future. Health, agriculture, and social protection services in Ethiopia have an impressive reach and level of function in rural communities. Positive results of the harmonisation of programming have already been felt in the study community. For example, according to respondents, intensive land rehabilitation implemented through the PSNP over the past five years improved the efficacy of improved seed and fertilizer provided by the agriculture extension service, boosted crop yields, and led to increases in household food security.

This research demonstrates that as existing services begin to increase their nutrition sensitivity and attempt greater harmonisation, the extent to which communities are able to utilise services and the factors preventing them from doing so deserve a closer look. Decision makers should be aware that the challenges of living in a less-favoured area or areas with limited access to markets and adequate roads will make it more difficult for national health, agriculture, and social protection programming to achieve their respective goals and for nutrition programming to become established. Moving forward, individual sectors can continue to strengthen their service delivery platforms, find ways to sensitise their programming to nutrition, and seek out linkages with complementary sectors and programming. To potentially amplify the positive nutrition effects of service provision, **investments in infrastructure or rehabilitation** in less-favoured areas should be considered.

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<sup>3</sup> This finding is supportive of other recent work linking child nutrition to roads and market access. See Hirvonen (2016) and Stifel and Minten (2015)

<sup>4</sup> "Less-favoured areas are defined as remote regions with a limited natural resource base (given the population), where problems of chronic poverty and resource degradation tend to coincide." (direct quote from Pender, Kuiper, and Ruben, 2006). There is also a dimension of limited market access, which may impact both high and low-potential agrarian areas (Pender and Ruben, 2004).



## Recommendations for the Ethiopian nutrition community

Over the past 15 years, Ethiopia has made **significant progress** in developing its policy environment and service delivery platforms to enable progress towards eliminating stunting and malnutrition. The commitment of the government and its partners to addressing nutrition is evident: stunting rates have reduced from 57% in 2000 to 40% in 2014 and the government publicly pledged in the 2015 Seqota Declaration to end child undernutrition by 2030.

This research revealed both **strengths and gaps** in the current policy and operational environment for nutrition in Ethiopia by linking national agendas for nutrition to sub-regional capacities to carry them out, and then outlining the challenges faced by communities in engaging with different types of programming. Below are further cross-cutting implications for nutrition agendas and programming:

- Nutrition currently **overlaps** primarily with the **health, agriculture, and social protection sectors** – these are the sectors with great interest and high potential to work on nutrition. Given its place between these established sectors, thought should be given to appropriate leadership for nutrition as well as how to increase the authority and longevity of nutrition so that its complex multisectoral nature does not strike it from development agendas.
- There is a need for a deep examination of **communication of agendas** and ideas from federal to regional levels, and then from regional to zone and zone to woreda. Variation from region to region as well as within regions and zones can pose significant challenges for consistent implementation, building commitment, and building and maintaining consistent levels of institutional knowledge and capacity to carry out programming as intended.
- Moving forward, nutrition sensitive programming calls for significant coordination between health, social protection, and agriculture at lower levels of government to monitor progress in all households and identify households with additional need. To better engage with communities, training for frontline workers on the cross-cutting aspects of their work is also required. This may be difficult to achieve or maintain due to already high workloads of both health and agriculture extension agents and high turnover of personnel, but the addition of a **nutrition extension agent** – either within health or agriculture – would be a promising step.
- Health, agriculture, and social protection programming have had significant impacts on communities and have an extensive reach, even within remote areas. To see continued declines in stunting and undernutrition, resources should be allocated to **support implementers** in their day-to-day operation to ensure that quality and consistent programming reaches beneficiaries. Current efforts to improve and expand upon existing service provision platforms, particularly the Health Extension Program, Agriculture Extension Program, and PSNP, should continue.
- Service provision and physical environments are inextricably linked, with implications for the ability of nutrition programming to achieve stated goals. Particular attention should be given to **appropriate investments** for enhancing the effects of service provision in **less-favoured areas**.

### Credits

This summary is taken from the forthcoming research by Andrea Warren, PhD candidate in Health Promotion, Education, and Behavior at the University of South Carolina.

### Further reading

[www.transformnutrition.org/stories\\_of\\_change](http://www.transformnutrition.org/stories_of_change)

<http://nourishingmillions.ifpri.info>

## Stories of Change in Nutrition

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*Stories of Change in Nutrition* are a series of structured case studies in 6 countries: Bangladesh, Nepal, Odisha (India), Ethiopia, Senegal and Zambia. These 'stories' aim to improve our understanding of what drives impact in reducing undernutrition, and how enabling environments and pro-nutrition policy and implementation processes can be cultivated and sustained.

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