



# **From food crisis to nutrition: challenges and possibilities in Ethiopia's nutrition sector**

**Analysing Nutrition Governance:**

**Ethiopia Country Report**

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## Abbreviations

BCC	Behaviour Change Communication
BPR	Business Process Restructuring
DA	Development Army
DfID	UK Department for International Development
DHS	Demographic and Health Surveys
DPPA	Disaster Prevention and Preparedness Agency
EHNRI	Ethiopian Health and Nutrition Research Institute
EPRDF	Ethiopian People's Revolutionary Democratic Front
(F)MOH	(Federal) Ministry of Health
HEW	Health Extension worker
HSDP	Health Sector Development Programme
GAIN	Global Alliance for Improved Nutrition
GDP	Gross domestic product
GMP	Growth monitoring and promotion
GoE	Government of Ethiopia
M&E	Monitoring and Evaluation
MDG	Millennium Development Goal
MoARD	Ministry of Agriculture and Rural Development
MoFED	Ministry of Finance and Economic Development
MoH	Ministry of Health
NGO	Non-governmental organisation
NNP	National Nutrition Programme
PRSP	Poverty Reduction Strategy Paper
PSCAP	Public Service Capacity Building Program
PSNP	Productive Safety Net Program
SUN	Scaling Up Nutrition
UNDAF	United Nations Development Assistance Framework
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WB	World Bank
WHO	World Health Organisation
WMS	Welfare and Monitoring Survey

## I. Introduction

The history of nutrition policy and implementation in Ethiopia is, so far, largely a history of dealing with recurrent emergencies. These crises have historically tended to interact with political change and disruption (Lautze and Maxwell 2007) and have involved large-scale intervention by international donors – factors which have led to a unique interplay of international attention, donor-government interaction and domestic politics centring around emergency feeding. Meanwhile, a continuing and complex landscape of long-term malnutrition underlies these periodic crises, related to food insecurity, lack of universal coverage and other factors. This report aims to deal with the latter situation, chronic malnutrition, and the programmes and structures conceptualised and created to combat it. The report therefore focuses on stunting and underweight prevalence rather than wasting, which indicates acute malnutrition. It addresses chronic malnutrition as separately as possible from food emergencies, which do not involve preventive work and therefore involve different actors and structures in their governance.

The underlying premise of the study is that improved nutrition outcomes are likely to take place where policy goals are well aligned with observable government commitment, and where there is coordination between multiple stakeholders around complex and multidimensional policy and implementation challenges. The study looks at three main dimensions of nutrition governance: intersectoral coordination on the part of government, donor and other high-level bodies; vertical coordination within the country's nutrition policy and implementation systems, and the modes of funding that are negotiated through, and used to implement, interventions. It also looks at how monitoring and data systems may support or undermine these forms of coordination and organisation.

A WHO-sponsored landscape analysis (2009) notes that nutrition in Ethiopia is a multidimensional issue. Contextual issues are as important as the will to act on the part of government and donors. The report names the most important of these as 'governance', economic growth, female education, women's status, and crises (i.e. natural disasters, wars and conflicts). Therefore while keeping a focus on governance, this report also examines these additional factors.

This research was carried out during 2011 and involved both desk research, mainly using Ethiopian government documents and other policy literature, and interviews conducted in Addis Ababa during July 2011 (see table 1 below), during which 32 individuals were interviewed from various organisations relating to the national nutrition strategy and its implementation.

## II. Evolution of nutrition indicators in Ethiopia

According to DHS survey data (2000-2010 – see table 1 below), Ethiopia has been achieving a 1.34 per cent annual rate of reduction in underweight prevalence,<sup>2</sup> and the same annual reduction in stunting. Although the downward trend in malnutrition is encouraging, progress is too slow, as judged by international standards. The generally accepted standard is that of the MDG1 on malnutrition, which is tracked by the World Health Organisation for the 36 highest-

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<sup>2</sup> A UNICEF report (Shrimpton 2011) hypothesises that the 1990 rate was likely to have been near to 62 per cent, which would suggest a slightly lower average drop of 1.59 per cent per year. This assumes that the rate of reduction from "normal economic development" is about 1 percentage point a year.

burden countries (WHO 2009). According to this classification, Ethiopia was identified in 2009 as having made ‘insufficient progress’,<sup>3</sup> and as not being on track to achieving this MDG. Being ‘on track’, is a standard determined by UNICEF (2007: 5) and denotes an average annual reduction in child underweight prevalence of greater than 2.6 per cent. As can be seen in table 1 below, Ethiopia’s reduction rate does not meet this threshold. The data from the 2011 DHS show a rate of 44.4 per cent for stunting and 28.7 per cent for underweight.<sup>4</sup>

The country has ‘medium nutrition governance’ according to its PRSP, UNDAF and governance quotient as classified by the WHO and UNICEF (WHO 2009: 10).<sup>5</sup>

**Table 1. Ethiopia stunting and underweight prevalence, 2000-2009**

	<b>2000</b>	<b>2005</b>	<b>2009 (not comparable)</b>	<b>2011</b>
	<b>DHS</b>	<b>DHS</b>	<b>NNP Baseline*</b>	<b>DHS</b>
Stunting	57.8	51.5	37.6	44.4
Underweight	42.1	34.9	33.9	28.7

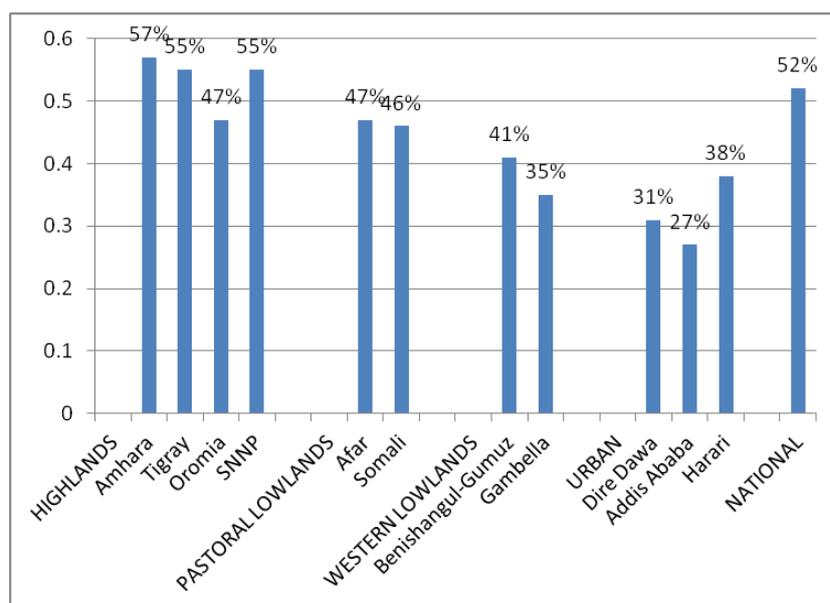
The most powerful story in shaping legislators’ and ministers’ perception of the nutrition problem appears to have been a piece of data from the 2000 DHS survey, showing the high rate of stunting in Amhara, a region that at the time was not listed as food insecure. Ethiopian nutrition advocates used this to show that malnutrition was a pervasive rather than acute problem, and that in fact some of the poorest children (those in pastoral groups in desert areas) show less stunting because they have access to milk. The relevant data are shown in figure 1 below.

<sup>3</sup> MDG1 is measured using the ‘underweight’ metric, which is a combination of stunting, or height-for-age, and wasting, or weight-for-age.

<sup>4</sup> These figures are recalculated for comparability according to the change in the WHO’s child growth standards made in 2006.

<sup>5</sup> The WHO calculates a nutrition governance measure based on its Global Database on National Nutrition Policies and Programmes, which tracks nutrition action in countries after the 1992 International Conference on Nutrition, complemented by updated information collected from the countries with the support of UNICEF Regional and Country Offices.

**Figure 1. Stunting among children under five, by region (2000)**



Source: Ethiopia DHS 2000

This dual revelation that stunting trends amongst certain groups obeyed different rules from the more visible wasting due to food crises, and that the pastoralists who were hardest to reach with social protection and government services in general might have some advantage over settled farmers in terms of nutrition, opened the door for nutrition advocacy at new levels of the government hierarchy, and was named by several interviewees as a motivating factor in the formation of a national nutrition policy.

This nutrition paradox stood in contrast to the higher-profile problem of food emergencies, and raised awareness that nutrition is a longer-term problem requiring more sophisticated and sustainable tracking and assessment tools. Currently, Ethiopia has several datasets which do not provide a clear picture of the nutrition scenario. Beyond the 2000-2011 DHS surveys, estimating Ethiopia's malnutrition prevalence is problematic due to the presence of two other data sources which are neither internally nor mutually comparable: the country's Welfare and Monitoring Survey (WMS), which covers the period 1996-2005, and the baseline study conducted for the newly initiated National Nutrition Programme (NNP) (EHNRI 2009) which, as table 1 shows, is not comparable to the DHS. This problem with comparability is due to a difference in the seasonality of data collection (Dercon and Krishnan 2000).<sup>6</sup>

### **III. Evolution and impact of nutrition policies in Ethiopia**

Ethiopia has experienced a series of high-profile food emergencies since the 1980s which have led to strong relationships with international donors in the area of food security. In 1987 the success of the Joint WHO/UNICEF Nutrition Support Programme (JNSP) in Tanzania led the ruling Derg regime to establish a nutrition unit in the Ministry of Finance and Economic Development (MoFED), the country's intersectoral coordinating ministry. With the new

<sup>6</sup> All of the WMS (1996-2004) are representative of the sedentary population of Ethiopia. Data published in 2004 were collected in January/February (peak season) 2005; Data from 1996-2000 were collected in June/July (slack season); thus, levels are not comparable between 1996-2000 and 2005 (Oliphant 2005).

government (the Ethiopian People's Revolutionary Democratic Front or EPRDF, which came to power in 1991) the unit was disbanded. The government then put in place a series of Health Sector Development Programmes (HSDPs) starting in 1998, which were not nutrition-focused but did include promotive and preventive healthcare that took aspects of nutrition into account. A report by Save the Children UK (2009) describes the implementation of these HSDPs as suffering from intersectoral coordination problems, but is not specific as to their nature. Next, the 2005-10 Plan for Accelerated and Sustained Development to End Poverty (PASDEP) shifted nutrition policy from a food-security-based to a multisectoral approach, leading in 2008 to the launch of a National Nutrition Strategy (NNS) followed by an operational policy, the National Nutrition Programme (NNP) in 2009 (GoE 2008).

The NNP documents lay out a plan to coordinate between food security, nutrition and health programmes to address malnutrition. These include the Productive Safety Net Program (PSNP), the Food Security Program, the Food Security Project, Protecting Basic Services Project and emergency nutrition programmes (EHNRI 2009). The policy voices an ambitious goal of 'harmoniz[ing] government strategies, donor and NGO programmes and assistance that impact on nutrition...' and orienting 'the government's large programmes towards achieving "nutrition" objectives and applying the "nutrition lens" in implementation and monitoring... through careful targeting, nutritional surveillance of direct actions to the vulnerable, and early warning systems for acute cases of malnutrition.' (*ibid*)

The NNP was thus developed after a gap in nutrition policy lasting from 1991 to 2008. During this period, the implementation gap had been filled by various institutions: emergency nutrition by the Disaster Prevention and Preparedness Agency (DPPA), micronutrients by the Ministry of Health (MoH), and other programmes by donors, who mainly had experience with food crises rather than overall nutrition. The transferral of the emergency nutrition program from DPPA to the Ministry of Agriculture and Rural Development (MoARD) in 2002 provided an opportunity for nutrition policy formation. This was taken up by the World Bank, which engaged in high-level advocacy through the Prime Minister's office. The PM then assigned the MoARD to lead the NNS process.

Nutrition policy development was led by the government in collaboration with the United Nations Country Team. The government coordinating bodies involved were primarily the Ministry of Finance and Economic Development (MoFED) and the Ministry of Health (MoH), which became the main coordinator for nutrition policy implementation – i.e. preventive and acute treatment outside the context of food crises – taking the place of the Ministry of Agriculture and Rural Development (MoARD).<sup>7</sup> The international donors were organised around this policymaking process as a 'nutrition cluster' led by UNICEF with the World Bank as the lead donor. (Save the Children UK 2009). Activities under the programme consist of therapeutic treatment for acute malnutrition; supplementary/preventive programs; micronutrient interventions and preventive Growth Monitoring and Promotion (GMP) interventions (Save the Children UK 2009).

The policy is scheduled for implementation in two five-year phases over 2008-2017, but UNICEF and the WHO have taken the lead to align the programme's schedule with the MDG assessment point of 2015. The first phase has clear targets (although not based on the DHS data

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<sup>7</sup> This shift in responsibility for nutrition policy from agriculture to health has been a feature of the nutrition landscape in each of the aid-receiving countries that form part of this research.

and thus potentially liable to confusion): to reduce the prevalence of underweight from 38 per cent to 30 per cent, of stunting from 46 per cent to 40 per cent (part of a separate Accelerated Stunting Reduction Program), and wasting from 11 per cent to 5 per cent; (EHNRI 2009). Given the recent start of implementation, no impact data have yet been collected – nor does the current data collection plan reflect the problems of seasonality in data collection. In 2011 nutrition indicators were still in the process of being added to the MoH’s monitoring and information system (HMIS). This late start in monitoring poses a challenge to collecting accurate data, an issue dealt with in more detail below.

## **IV. Analysis of nutrition governance dynamics**

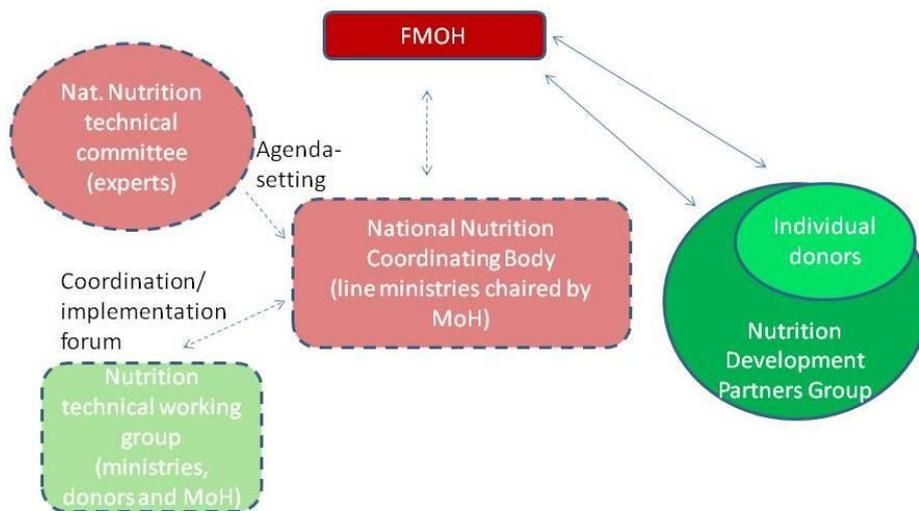
### **a) Intersectoral cooperation**

#### **i. MoH coordination: the problem of parallel structures**

Ethiopia shares with the other aid-receiving countries covered in this research a strong drive toward specific nutrition policymaking over the last decade. This policy drive has, however, also needed strong capacity-building and parallel efforts to make coordination structures work, which have not yet been put in place. There is no national budget line for nutrition, though a subprogramme was begun in 2011, two years after the establishment of the National Nutrition Programme, within the budget of the Ministry of Health. One senior official from the government planning office stated that ‘You cannot find the “nutrition” word at national level in our planning documents.’ Nutrition was, at the time of this research, moving from one directorate to another at the MoH, creating some uncertainty around the official bodies or programmes which might draw government actors together around nutrition priorities.

Figure 2 shows the coordination mechanisms for preventive nutrition policy and implementation as laid out in the 2008 plan. It does not include the structures involved in emergency feeding. While this provides a coherent blueprint for action, so far two of the three coordinating bodies laid out in the policy (on the left hand side in fig.2) have not yet met (these non-functioning or barely functioning institutions are represented by dotted lines in the diagram). Communication at the technical level is further advanced, since the technical working group has met. Given this blueprint for a coordinating structure, then, the challenge is to realise its potential. This is particularly relevant given that several of the challenges to nutrition programming identified by most interviewees revolve around high-level policy coordination, stable membership and attendance for these bodies, and involve donors as integral to this process.

Figure 2. National Nutrition Programme coordinating bodies



Currently, the fact that these coordinating institutions mostly have yet to be initiated means that actual nutrition initiatives are instead generated mainly through donors’ encouragement, which is conveyed through the Nutrition Development Partners’ Group and individual donors in bilateral dialogue with the government. The NDPG therefore has great potential for motivating better alignment of actors around nutrition policy, implementation and monitoring – an area where it is worth investing future effort.

Within the GoE, coordination was reported to be lacking between the agendas of the Ministry of Health, nominally in charge of all nutrition activities, and the other ministries involved in nutrition, most importantly to the Ministry of Agriculture and Rural Development (MoARD), which manages food security, emergency nutrition and the early warning system for food crises, and which prior to the National Nutrition Programme used to be responsible for various preventive nutrition interventions including community-level behaviour change communications (BCC). Coordination between MoH and MoARD currently exists at the technical level, through the Nutrition Technical Working Group (fig 2). This raises the challenge of creating interaction on nutrition at the policy level, and thus of moving beyond the historical emphasis on food security and emergency food aid - a division which is reflected in the government’s own assessment (WHO 2010). Interviews with MoARD officials confirmed that the divergence is deep-rooted, and that until now the MoH has been seen as responsible for keeping farmers healthy and thus facilitating production, rather than for promoting nutrition as a whole.

Given the development of a new policy and the plans for a new framework of coordinating bodies, the challenge for government and donors is to shift from what a UNICEF report (2005) terms a ‘food-bias’ to a situation of overall ‘good care’, rather than, as the report cautions, moving to a nominally nutrition-focused ‘health and food-bias’. Achieving this means activating the intersectoral potential of the new policy around a broad vision that includes but goes beyond food supply, availability, and the treatment of the health problems caused by acute hunger.

## **ii) Incentives and capacity to coordinate**

Currently there is little incentive for the GoE or its nutrition donors to seek or enforce systemic collaboration on nutrition. There is no clear story as to how nutrition priorities can be aligned with the overlapping ones of food security. This challenge is made harder by the presence of parallel funding, programming, implementation and monitoring structures supporting each agenda, and by the MoH not being sufficiently empowered to enforce the alignment of other sectoral actors around nutrition. In contrast, the MoARD has the leverage to convene actors but lacks an overall nutrition focus.

Although nutrition donors are incentivised to demand better intersectoral collaboration, the leverage that comes from bilateral communications with the GoE is difficult to give up in the absence of alternative coordinating mechanisms. Given that GoE and donor interviewees felt intersectoral coordination was unlikely to be functioning as laid out in the NNP before 2013, and possibly before 2015 (the revised end-date for the NNP's first phase), the challenge is to find ways to speed this process. This would involve putting human resources in place within the MoH, and facilitating an intersectoral dialogue about the relevance of nutrition to the broader activities of all actors. These actions seem a necessary first step in making coordination possible.

Besides this lack of real incentives to coordinate intersectorally, there is a gap in capacity, and specifically human resources, within the MoH that reduces its ability to coordinate on nutrition. This problem was attributed by former senior MoH staff to a civil service reform programme under the Public Service Capacity Building (PSCAP) programme funded by international donors led by the World Bank since the early 2000s (World Bank 2004). The Business Process Restructuring (BPR) element of this reform was designed to improve efficiency and transparency across all civil service operations, and involved significant staffing changes and reductions. However it resulted in the removal of many high-level ministry staff, including those working on nutrition at the MoH. Interviewees who were senior staff at the time of the programme identified a change in the BPR programme after the election of 2005 (when an incipient political opposition challenged the EPRDF ruling party) where it became a tool with which to remove potential opposition from within the civil service. The MoH's nutrition section has yet to replace the human resources lost during this process, and currently relies instead on staff seconded from UN bodies and the World Bank.

Pragmatic steps are being taken to reinforce coordination in various ways, most importantly the hiring of a new sectoral coordinator in July 2011 under the REACH initiative, a global, UN-managed partnership to help countries achieve MDG1. However, it appears that this human resource challenge in the MoH is currently a significant obstacle to resolving the lack of coordination around nutrition policy.

## **iii. Potential for coordination**

There are several underused policy arenas which could potentially impact on the coordination of nutrition. The first is MoFED, which remains charged with intersectoral coordination in terms of donor funding, and avoids duplication at the earliest level of discussion with donors about their priorities. This potential is not being used systematically, however, to prevent duplication at other levels of the government structure. The need for woreda-level<sup>8</sup> coordination on

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<sup>8</sup> Ethiopia is divided into nine federal regions. These regions are subdivided into 68 zones, then into woredas (districts) and kebeles (communities), the last consisting of approximately 500 families each.

duplication and reporting was advocated by several interviewees, who noted that a Prime Ministerial-level representative to facilitate collaboration at lower levels would be necessary for this to happen.

The second is the potential for nutrition to be incorporated into Ethiopia's Productive Safety Net Programme (PSNP), the largest social safety net program in Africa (outside South Africa, where the Child Support Grant reaches 10 million children), given that there has been enormous success against child malnutrition in Latin America through its inclusion in this type of program. The answer appears to be that the norms that have built up over long periods of aid dependence have led to a donor-led system focused on food security, so that the PSNP was established in 2005 but the move toward the NNP, i.e. funding nutrition rather than just food security, did not happen until 2009. This timing issue is reflective of a siloing in donor interventions, where nutrition is neither being addressed as part of overall poverty, nor as an issue equal in importance to food security interventions.

## **b) Vertical articulation**

### **i. Lack of systemic coordination at municipal and community level**

Vertical coordination is strong in terms of the EPRDF party political structure, which is replicated down to community (kebele) level. However, in terms of nutrition implementation it is not as strong, being undermined by a lack of incentives to coordinate at higher levels of the government structure, and by the lack of a specific nutrition mandate and weak reporting and monitoring mechanisms at woreda level. Interviewees, the 'Linkages' project (2010) which sought ways to link the PSNP to national nutrition priorities, and the government's own assessment of its strengths in nutrition programming (WHO 2010) identified the woreda (municipal) and kebele (community) levels as having potential for nutrition coordination through existing committee structures within which staff from the relevant sectors interact. However, the lack of a specific mandate from the national level for different agencies to coordinate around nutrition means that this strength is not being best used.

Strong vertical control of the system may offer a potential advantage in terms of coordination at lower levels, but may also be a liability in that the political loyalty of local government to the national party may add to monitoring problems with nutrition, especially if government workers in food security at woreda level have 'strong incentives not to report bad news' (former agricultural extension worker, SNNP). This interviewee related a case where a report of increasing malnutrition in one location was blocked by a woreda because they had strong agricultural production that season and they were hoping for recognition for that. Other interviewees stressed that this was less likely to occur at kebele level, since woreda-level workers were the ones charged with collating and reporting information on malnutrition upwards to the provincial and federal levels.

Informal collaboration between implementing NGOs and MoH extension workers at the regional and woreda levels makes monitoring difficult and partial, and has led to a focus on monitoring inputs rather than outcomes, since implementers of nutrition programmes are in a position to do the former but not the latter. It has also led to the establishment of parallel monitoring structures to serve donors' reporting needs, which do not feed systematically into the regional and thus federal data systems.

Thus it seems that local-level officials are not incentivised to coordinate across sectors, and in fact may not be empowered to do so. Just as at ministerial level, local levels of government may need a Prime-Ministerial directive to stimulate formal collaboration.

## **ii. Shift in staffing of nutrition interventions**

During 2011 the GoE instituted a significant change in the delivery of basic nutrition monitoring and counselling, moving from the previous structure of Community Based Nutrition, Growth Monitoring and Promotion (GMP) performed by local Community Volunteers, who operate at the level of individual communities and thus deal with around 50 households each, to a new structure whereby Community Volunteers will be replaced by the Development Army (DAs), local volunteers who will deal with 5 households each instead of the Community Volunteers' 50. This new approach is based on the EPRDF's party recruitment strategy during the 2010 election.

Interviewees saw both advantages and disadvantages in this shift. Government-affiliated respondents saw the shift as positive, allowing for a smaller worker-to-household ratio, and making it easier to perform nutrition counselling. However, this creates a problem with GMP. Under the new system the responsibility for GMP devolves upward to Health Extension Workers. These are unlikely be able to conduct GMP work due to their existing workload<sup>9</sup> and positioning, as they are based in clinics and GMP requires significant outreach and community gathering. In contrast, DAs are embedded in communities but lack the knowledge, training and equipment to do the technical aspects of GMP.<sup>10</sup> Instead they deliver a nutrition 'package' involving behaviour change communications, qualifying as volunteers by implementing the package's nutrition recommendations in their own households. The MoH notes that there is a trade-off between achieving GMP coverage and its own access to information: under the Community Volunteer system, where GMP funding and equipment was provided by donors, reports went to those donors and not to the MoH. Under the new system, all data is collected through the HEWs, and thus goes straight through MoH reporting structures. Thus a decision appears to have been taken by the government to give up GMP in favour of greater access to other health intervention data.

Those not affiliated with the government saw several problems with transferring grassroots nutrition work to volunteers with a strong party affiliation, reporting to the local kebele committee (a political body) rather than the HEWs and the MoH's reporting structure. One senior NGO worker interviewed was involved in nutrition BCC at the community level in areas where the DA change had been rolled out. He expressed concern over reports from beneficiary households that the DA volunteers were delivering political messages and nutrition messages mixed together, and that nutrition BCC was being inextricably linked to party recruitment.<sup>11</sup>

## **iii. Monitoring of needs and interventions**

An important aspect of nutrition's continuing lack of visibility is that nutrition indicators are not yet active in the relevant reporting systems, including those of the MoH and MoARD. This is partly because of the parallel monitoring structures mentioned earlier, but also because nutrition programme and outcome monitoring are not systematised at any point, so that the

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<sup>9</sup> HEWs are expected to work on 16 separate 'packages' or areas, of which nutrition is one.

<sup>10</sup> A report by Save the Children UK (2009) points out that the HEWs and the previously used Community Volunteers also often lack the expertise, equipment and training to conduct growth monitoring.

<sup>11</sup> The interviewee stated that he had brought this problem up in a meeting with partner NGOs but that they had refused to discuss the issue further.

two central actors, MoH and MoARD, do not share data on nutrition. These separate monitoring structures mean that the nutrition program in MoH lacks access to what data there is coming out of food security programmes, and that where monitoring occurs it is mainly of inputs. This in turn gives donors an incentive to opt for smaller scale projects because they can be kept more accountable in terms of inputs and outcomes.

This lack of systematic awareness of needs and responses can also be seen within the food security system. It constitutes one dimension of the problem of response to the Famine Early Warning System, the system currently in place to predict food crises. The food emergency of 2011, still ongoing at the time of writing, was predicted first in August of 2010 by long-term weather reports (FEWSnet 2010), and again by data collected by the MoH and World Food Program in late 2010 and early 2011. An interviewee involved in the food security system said, 'We knew this crisis was happening, Oromia and SNNPR were showing signs earlier in the year... this year it [malnutrition] was even higher than it should have been. If the response had been in March, we wouldn't have a crisis now'.

This lack of response may relate partly to a lack of civil society bodies working on nutrition issues, and in turn to a broader lack of a rights-based discourse on poverty or nutrition. This has been attributed by researchers to the recent tightening of controls imposed by the ruling party on civil society organisations in general (Human Rights Watch 2010b: 37-40). This lack of civil society involvement in nutrition was also pointed out in a recent report (Save the Children UK 2009: 17), which noted that the dissemination of the national nutrition strategy in 2009 did not include 'multilaterals, bilaterals and NGOs'. The presence of NGOs interested in nutrition offers an opportunity to involve them in the discussion and further dissemination of strategy – a step that still remains to be taken.

Finally, the monitoring of acute malnutrition among children, done through government HEWs, manifests a conceptual problem. Data are collected on the number of admissions and recoveries recorded at a particular clinic or hospital, but evidence from fieldworkers shows that children under five often enter treatment and recover as many as four or five times before their fifth birthday (Field Exchange 2011). The data passed upward to the federal level would therefore show a single child who relapsed into acute malnutrition five times as five children who have been successfully treated, rather than one child in a situation of severe recurring crises – potentially an important distinction in diagnosing the scale and nature of nutrition problems.

#### **iv. Potential for vertical coordination**

This paper offers recommendations to address the issues set out here in four main ways: establishing connections between donor and government data systems; supporting the push by UNICEF to have DAs report to HEWs as well as the political structure through the kebele; monitoring the effectiveness of DAs overall as nutrition communications providers, and promoting more holistic programming through greater donor coordination to give nutrition an identity on the local level, and distinguish it from the narrower priorities of food security.

#### **c) Funding mechanisms**

The financing system for nutrition initiatives appears to be an explicit version of the informal parallel structures present in program implementation and monitoring. It involves much effective bilateral negotiation, but very little effective coordination. As noted earlier there is no national budget line for nutrition, although in 2011 a programme budget was instituted within

the MoH with a view to moving toward a more results-based approach to nutrition. The MoH uses this fund to budget for sector development programmes, and for supervision and support for regional health bureaus.

Since the increase in political regulation by the EPRDF after the 2005 elections, international donors have limited the areas in which they provide direct budget support to the government to public sector capacity building. Multiple donors also support food security, education and the PSNP through various pooling mechanisms. The lack of monitoring capacity and the limited areas in which donors can offer direct support make it difficult to engage in large-scale programmes, or to support the government's inclination to shift toward results-based budgeting. Instead a sectoral form of direct support takes its place, with the disadvantage of greater programmatic fragmentation and greater monitoring problems. Significantly, although pooled funding does occur elsewhere in the health sector, there is none in the area of nutrition.

Operational considerations similarly lead to fragmentation in programming. Development assistance is managed through a system of financing 'channels' within MoFED according to donors' status as bilaterals, multilaterals or UN bodies, with the largest donors allocated their own channels. This channel structure allocates greater influence to larger funders, so that a donor that increases its funding achieves greater efficiency in terms of communication with the MoH. However, increased funding from a particular donor also leads to a greater number of projects being assigned to that donor's budget, and thus to greater potential fragmentation in terms of coordination, accountability and monitoring.

The disjuncture between the MoH and the other bodies charged with nutrition programming, most notably the MoARD, is manifested in the lack of pooled funding and the system of using MOUs between a lead ministry (the MoARD in the case of projects involving food security and many other aspects of nutrition) and the other ministries involved, thus allowing them to avoid the need for real coordination. A senior staff member from the MoARD commented: 'As long as the activity of a project is in line with agriculture activities, there is no need to work with the Ministry of Health. We can use two accounts in the same project if necessary.'

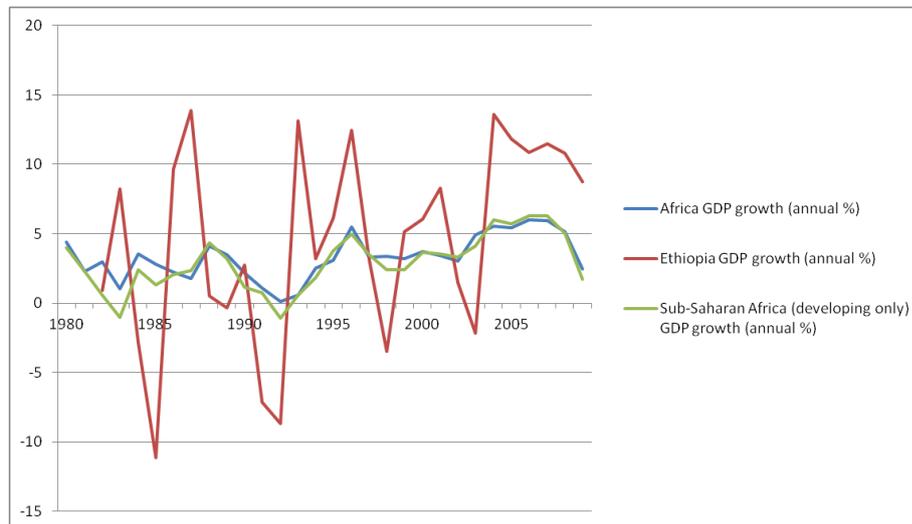
The private sector does not currently play a large role in the Ethiopian nutrition landscape. There is some involvement, notably companies producing Plumpy Nut therapeutic food for supply through joint government and UNICEF programmes. Food fortification is envisaged by the GoE as a future area where the private sector can be involved, but currently the 'national alliance for food fortification' is still at the stage of developing standards ahead of legislation that will allow for greater private participation in the nutrition sphere. The Global Alliance for Improved Nutrition (GAIN) is a member of this national alliance, and has been both financially and technically involved in salt iodisation.

#### **d) Other factors potentially impacting nutrition**

The WHO landscape analysis of 2009 notes several other issues beyond governance as important in determining nutrition outcomes: economic growth, female education, women's status, and crises (i.e. natural disasters, wars and conflicts). Interviewees also identified civil society freedom and participation as an important factor in creating accountability and equity around nutrition issues.

Economic growth appears to be a potentially positive influence on nutrition outcomes: although Ethiopia's GDP growth shows wide variance over the period, it largely follows the overall African trend, (see figure 3 below) and in fact was exponentially higher in 2009 at 8.7 per cent than the Sub-Saharan average of 1.8 per cent or the continental average of 2.5 per cent (World Bank 2011).

**Figure 3. Ethiopia, Africa and Sub-Saharan Africa GDP growth, 1980-2010**



The poverty headcount (poverty as a percentage of the population, measured by the national poverty line) fell from 45.5 per cent in 1999 to 38.9 per cent in 2004, the last year for which poverty data is available (World Bank 2011). Similarly the country's Gini index shows a 10-percentage-point drop in income inequality from 1995-2005 (*ibid*) from 0.40 to 0.30. These figures, although dating from 2005, appear to show a significant trend of reduction in overall poverty and income inequality.

Conflicts have decreased since the end of Ethiopia's war with Eritrea at the end of the 1990s. Food crises have remained prevalent, however, with scholars such as Lautze and Maxwell (2007: 231) arguing that they have a strong political dimension and can be seen as being due to political rather than technical factors (i.e. issues of access and response rather than food production). Female education (measured in expected years of schooling for girls) has, overall, shown a strong rate of increase over the 2000s to converge with, and possibly improve on, the average amongst Sub-Saharan African developing countries (World Bank 2011). Female education is one of the most efficient ways to reduce child malnutrition as the educated generation of girls become mothers, and can therefore be expected in Ethiopia's case to pay off over the coming decade.

Data on civil participation more broadly, however, show a marked deficit. The Ibrahim index<sup>12</sup> of participation, rights and gender equality issues shows Ethiopia trailing both Sub-Saharan Africa and the continent as a whole by a significant margin. The Economist's Democracy Index (Economist 2010) also shows the country having become less democratic over the decade.

<sup>12</sup> This metric is made up of three composite indicators (a) participation (political participation of citizens; democratic equity; electoral self-determination; free and fair general and executive elections); (b) rights (human; political; workers'; freedom of expression, association, assembly and press; civil liberties; ratification of rights conventions, and (c) gender (equality; girls' education; women's workforce and political participation; women's rights; legislation on violence against women) (Ibrahim Index 2010).

However, these indicators suggest that Ethiopia is improving in terms of income and equality, which will eventually lift a significant portion of the population out of extreme income poverty and consequent food insecurity, but that social factors interacting with these economic ones may slow this progress<sup>13</sup>

## V. Relevant findings and preliminary conclusions

### a) Findings

The main issue identified in this report is the need for a clearer focus on the underlying causes of nutrition and the mitigation of long-term problems in order at least to match, if not to move beyond, the current cycles of food crisis and emergency nutrition response. As one interviewee said, 'The issue is money, but also the need to increase people's livelihoods. This [nutrition] is an issue to do with poverty, social services and infrastructure.' Focusing principally on emergency nutrition may be politically easier for donors, but comes at the expense of a long-term solution to malnutrition and under-nutrition.

The urgency of tackling food emergencies is exponentially stronger than that of tackling long-term nutrition problems. The relationships and active coordination required for the latter are difficult to activate and sustain, both because of the perception of the food security agenda as being essential to the government's popular support, and because donors have been deeply embedded in food security programming over several decades. Effective nutrition policy requires a strong mandate in the hands of the designated coordinator, the MoH, but may be hampered by the lack of senior nutrition staff. At the time when this research was conducted, there were no senior staff in the nutrition section of the MoH, desks being occupied instead by staff seconded from the donor organisations. Moreover, representatives of the other main actor in nutrition, the MoARD, speak openly of their unwillingness to work with the MoH on nutrition issues.

Despite these obstacles to coordination in policymaking and implementation, nutrition projects are being initiated and the issue is clearly a concern for both government and donors. Current efforts, however, are based on informal mechanisms that are significantly stronger than the formal ones set out in the NNP and that lead to fragmentation of efforts and monitoring systems. Neither donors nor the GoE are sufficiently motivated to remedy this discrepancy because they can advance nutrition policy and monitoring with a more flexible system. Accountability for nutrition is a key concern for donors, which has given rise to proprietary data collection. If this individualised programme-by-programme monitoring system can be modified to feed information into Ethiopia's national systems, a dialogue on shared targets and coordination around programming may become easier.

The GoE, and specifically the MoH, are mostly concerned with operationalising policy into a coherent and workable set of nutrition interventions, and gaining access to data about those interventions. Given the intense donor involvement in nutrition and food security, this requires greater understanding and openness between donors as a group and nutrition stakeholders within the GoE. It involves identifying a clear vision of nutrition (as opposed to food security alone) for Ethiopia, that can achieve buy-in from a broader constituency of government bodies

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<sup>13</sup> In July 2011 at the height of the famine affecting the Horn of Africa, the Ethiopian national newspapers were silent on the crisis affecting the East of the country, and instead reported the = surplus food production in the Western area.

and donors, and that can drive the operationalisation of existing nutrition policy. Without this, the stakeholders will remain separate in terms of goals, practice and monitoring.

## **b) Entry points for policy intervention**

### **i. A nutrition mandate, beyond food security and cycles of emergency**

The main challenge for Ethiopia's nutrition policy currently lies in implementation rather than further policy formation. The initial process of awareness-raising about the difference between nutrition and food security – done by MoH experts using the paradox of high food production in an area with high malnutrition (Amhara) – was successful in aligning senior actors around policy formation, and may therefore offer a model for aligning a more diverse set of actors around policy implementation. The lesson it offers is that a conceptual dividing line can be drawn between food production and nutrition, in a way that uses the lessons of crisis and famine but goes beyond these areas.

This development of a mandate for implementation is, however, a challenge due to the lack of senior-level nutrition specialists in MoH and the presence of donor-seconded staff instead, which gives rise to questions about the sustainability of any changes they may institute. Without a cadre of trained nutritionists operating within the executive on a more than nominal basis, sustainability and real coordination are unlikely to be prioritised.

### **ii. Horizontal coordination from the government perspective: the MoH and MoARD**

The PSNP demonstrates that better horizontal coordination between sectors may be possible. It was designed to shift focus to income poverty and longer-term food security instead of cycles of famine, and thus provides a model for how to create this shift in nutrition thinking. Practically, the PSNP offers a framework within which to insert nutrition into existing anti-poverty programming at community level, and to monitor programmes, in a way that brings together currently fragmented nutrition implementation across the health and agriculture sectors. The PSNP does currently monitor dietary diversity, but does not collect data on stunting, underweight or wasting in the areas where it is active.

There are two potential drawbacks to including a nutrition focus in the PSNP. One is the 'Christmas tree' factor: since the PSNP is a strong vehicle for many policy interventions beyond those it already tackles, its advocates are wary of this programme becoming a repository for unrelated issues. Despite these donor concerns, its mission as a food security programme make it a natural home for preventive work (for practical suggestions on this, see the Linkages report, 2010). The other is the potential for elite capture inherent in the programme, given that its targeting is done at the local level and can be subject to political pressures (Cayers and Dercon 2008; Human Rights Watch 2010a). Any nutrition policy involving the PSNP would therefore need to address this documented potential for local political influence and capture so as not to exacerbate any existing problems.

### **iii Vertical coordination: programmatic accountability and a local mandate for coordination around nutrition**

If the kind of shift in perception of nutrition at the highest levels of government outlined earlier can be achieved, this could be turned by the Prime Minister into a mandate to coordinate at the local level. This would involve both coordination of implementation between MoH and MoARD at all levels, and between implementing NGOs, donors and government bodies. Creating vertical

coordination of data and monitoring functions between donors and governments would also mitigate the current perceived trade-off between performing GMP and getting access to programme data.

This kind of coordination would mainly require the participation of donors who implement programmes at community level, since the biggest, such as UNICEF and the WFP, work through government structures. An alternate model is provided by the WFP's check and control system for its feeding programme, where independent consultants are employed to conduct follow-up checks on children identified as malnourished by government health clinics. For both types of programmes, mechanisms could be devised to allow information to flow into government data collection mechanisms as well as donor ones.

Connected to this, donors might also mitigate the risks of the shift to the Development Army as nutrition implementation volunteers by supporting the current push by UNICEF to have these workers report to Health Extension Workers as well as to the political kebele structure. This would feed the information back into the reporting structures of the MoH as well as the MoARD. Finally, it may be important, given the scale of this change in implementation, for donors to monitor the effectiveness of the Development Army volunteers, and to check two issues: whether GMP activities are still progressing after their shift back to HEWs, and how the DAs' party recruitment function affects their effectiveness as nutrition communication officers.

#### **iv. Funding: shifting from bilateral relationships to donor-government coordination structures**

Bilateral donor-government relations without real coordination have so far been the rule in nutrition funding. A move to a more results-based approach is necessary, but cannot be achieved without more, and more accurate, monitoring mechanisms and intersectoral coordination. Donor-government coordination and new mechanisms may be the best way to change this, as it is hard for the GoE to motivate change in this area.

Two changes would be necessary for this to happen: first, donor and government fora would need to be better aligned, since they have been drawing apart rather than together since the formation of new coordinating bodies under the current nutrition policy. This is primarily an issue relating to the relationship between the MoH and donors. Second, if this alignment could be established, more donor collaboration and pooled programmes would create broader interventions more identifiable as nutrition-oriented, which might both help to increase the visibility of nutrition at the local level, and to create a distinction between nutrition and food security.

MoFED is a strong potential resource for coordination of programming, since it has a history of involvement in nutrition dating back to the 1980s, and was charged with intersectoral coordination during the nutrition policymaking process of the 2000s. However, the current nutrition policy does not provide a mandate, and thus its brief would need to be formally extended, presumably by prime ministerial authority, to keep track of programmes beyond the level of initial proposals from donors. MoFED's existing intersectoral convening power would be a strong complement to the MoH and MoARD's involvement in nutrition implementation.

#### **v. Data production, data reporting and accountability challenges**

Data production and reporting are central to the challenges of coordination and accountability noted above. The challenge is to create accountability for nutrition outcomes rather than inputs at all levels of the national system. One important issue to be addressed is to ensure greater independence and autonomy of data reporting mechanisms from other goals of social mobilisation and electoral campaigning. The shift to the Development Army for implementing preventive work, and the BPR process that has reduced the GoE's ability to coordinate nutrition programming are manifestations of this problem.

The restructuring and lack of human resources as set out above hinders the creation of an effective mechanism for data collection and dissemination. To get good data, it is necessary to counter the loss of expertise in community-level implementation; a shift in monitoring responsibility from the health system into the ruling party structure (due to the use of DAs reporting to kebeles); and the consequent blunting of government and donor capacity to monitor and track inputs and outcomes. These problems can be mitigated if specific intermediate goalposts and measures are created to provide targets; and if monitoring is improved to go beyond the five-yearly national-level DHS surveys, particularly in terms of geographic region, since the data are not sufficiently specific to create the level of accountability needed for effective nutrition policy implementation. There is a significant problem that the NNP baseline is incompatible with the DHS and previous national data, which hinders progress towards MDG1, but the existence of a baseline is nevertheless a useful starting point for a larger conversation about how programming can contribute to overall nutrition outcomes rather than tracking inputs.

Overall, instituting greater coordination across donor and government programmes need not entail uniting the system under the banner of 'nutrition', nor would this be possible given the multisectoral nature of the problem and its solutions. Instead it would require the highest level of government to hold other bodies accountable, and for all actors in the field of nutrition to move to a new results-based equilibrium where greater intersectoral dialogue is possible on more than the technical level. In a results-based scenario, bilateral power relations between GoE and donors might become less important so that donors would be able to do more work involving pooled finance and to collaborate with the GoE and each other on the collection and flow of data on nutrition inputs and outcomes.

These dynamics can only be effectively altered from within the government, since individual programmes and the coordination around these are dependent on the drive of the GoE to create real improvement in nutrition outcomes. This involves two main challenges: for an understanding of nutrition that includes but is not limited to food security to become a real concern across all sectors, and for levels of government and donors to work together with this shared vision, i.e. to find effective planning and operational mechanisms that can help this broader vision take the place of the currently dominant one of food security and emergency nutrition.

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## Appendix: list of interviewees

**Table 2. Interviewees for Ethiopia country study**

<b>Executive / Legislative</b>	<b>Donor/NGO</b>	<b>Coordination/Research</b>
Federal Ministry of Health	World Bank	EHNRI (Ethiopian Health and Nutrition Research Institute)
Federal Ministry of Agriculture and Rural Development	UNICEF	
Ministry of Food and Disaster Management	Food and Agriculture Organization	
Treasury	USAID	
Development Planning and Research Directorate	Dept. for International Development, UK	
Oromiya Regional Health Bureau	Infant & Young Child Nutrition Project (IYCN)	
Emergency Nutrition Coordination Unit	World Vision	
National Budget Preparation and Administration Directorate	Save the Children USA	
Food Security Directorate	World Food Program (WFP)	
	Irish Aid	
	CIDA	
	JICA	