The Dynamics of Nutrition Program Implementation in Ethiopia: Facilitators and Constraints at National and Sub-National Level

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June l 2014

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ACRONYMS AND ABBREVIATIONS

AGP	Agricultural growth program
ANC	Antenatal care
BCC	Behavioral change communication
BF	Breastfeeding
BPR	Business processing reengineering
BSC	Balanced score cards
CBN	Community based nutrition
CF	Complementary food
CHD	Community health day
CIDA	Canadian International Development Agency
DFID	Department for International Development
DPP	Disaster prevention and preparedness
EAS	Ethiopian Academy of Sciences
EDHS	Ethiopian Demographic and Health Survey
EHNRI	Ethiopian Health and Nutrition Research Institute
ENA	Essential Nutrition Action
EPHI	Ethiopian Public Health Institute
FMoH	Federal Ministry of Health
GMP	Growth monitoring and promotion
GOE	Government of Ethiopia
HAD	Health development army
GTP	Growth transformation plan
HB	Health bureau
HEWs	Health extension workers
INGOs	International nongovernmental organization
IRT	Integrated refresher training
IYCF	Infant and young child feeding
MCH	Maternal and child health
MDGs	Millennium Development Goals
MI	Micronutrient Initiative
MoE	Ministry of Education
NGOs	Non-governmental organization
NNP	National Nutrition Program
NNS	National Nutrition Strategy
OTP	Outpatient therapeutic program
PSNP	Productive safety net program
REACH	Renew Efforts Against Child Hunger and under nutrition
SNNPR	Southern National Nationalities and People Regional State
SUN	Scaling Up Nutrition
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WFP	World Food Program

Acknowledgement

The authors of this report acknowledge the support of the United States Agency for International Development, under the terms of Award No. ENGINE: AID-663-A-11-00017. The opinions expressed herein are those of the author(s) and do not necessarily reflect the views of the U.S. Agency for International Development.

Additional support was provided by Feed the Future Innovation Lab for Collaborative Research on Nutrition which receives generous support from the United States Agency for International Development

Any remaining errors or omissions are the sole responsibility of the authors.

I. Executive Summary

The Government of Ethiopia (GOE) is committed to improving the nutritional status of the population. The GOE has made significant progress in reducing malnutrition since 2000. The revised National Nutrition Program is aimed at accelerating the decrease in under nutrition through a multi sector nutrition plan. This study assessed the facilitators and constraints to adopting the NNP at the national and sub national level. Key issues were identified including leadership, coordination, awareness, capacity and budget. A series of recommendations derived from the study data are included.

II. Background

The Lancet series on Maternal and Child Malnutrition, published in 2008, identified key interventions targeting the first 1,000 days of life (starting from gestation through the first two years of life) that reduce significantly mortality and morbidity in the developing world (Black et al, 2008). The series also noted that 90% of infants and young children that suffered from stunting and long-term effects of poor nutrition live in 36 high burden countries and recommended a key set of interventions to improve nutrition and prevent related disease. Implementation of identified activities could reduce stunting at 36 months of age by 36%, mortality between birth and 36 months by 25% and disability-adjusted life years associated with stunting, severe wasting, intra-uterine growth restriction and micronutrient deficiencies by 25% (Black et al, 2013)

The updated 2013 Lancet Series advanced the knowledge provided in the earlier series (Black et al, 2008). The 2013 series provided more emphasis on nutrition sensitive approaches to improving nutrition. In addition, there was a clear articulation that governance and policies are a key factor for effective implementation of approaches of known efficacy.

The Government of Ethiopia (GOE) developed a National Nutrition Strategy in 2008, followed by a National Nutrition Program. The revised plan of action for nutrition has recently been update to focus on stunting and multi-sectoral approaches which covers the period Sept 2012 to August 2015. Both at the global level and country level in Ethiopia there is increased awareness that investment in nutrition is key to development of human capital. Indeed, Ethiopia has made progress in decreasing malnutrition. Between 2000 and 2011, based on DHS data (DHS, 2000; DHS, 2011), stunting decreased from 58% to 44% and during the same time period. Under-weight was reduced from 41% to 29%. While progress has been made in improving nutrition, the Government of Ethiopia, with its partners, wants to accelerate the rate of decrease in levels of malnutrition.

With growing recognition of the key role of nutrition in human health and national development, and the confirmation of efficacious and affordable interventions, governments around the world, and their development partners, are currently seeking effective and sustainable ways to implement solutions at scale. The process of taking pilot activities to scale has many dimensions to it, including technical, logistical, political, economic and social. While the search for biologically efficacious interventions, such as micronutrient supplements, has benefitted from the application of conventional biomedical science, the search for effective and sustainable strategies for scaling up requires a different kind of knowledge, different forms of data, and different approaches to the assessment of the quality of evidence.

The meta-analysis conducted by Bhutta et al (2013) in the Lancet series was largely based on efficacy (clinical trial) interventions. The authors of that series identified a lack of sufficient research and evidence in the realm of operations research and evaluations focusing on "how interventions work" (Black et al 2008). It is equally important to understand if and how implementation of programs and initiatives meets the identified priorities at country level. Shekar and 17 others in an opinion piece following the release of the Lancet series strongly encouraged the need to gain knowledge on the effectiveness of large scale programming and the strategic actions needed to build political commitment (Shekar et al, 2011).

The aim of this research is to elicit insights from among key policymakers and stakeholders about how a range of policies and programs get translated from the design phase (on paper) to the implementation phase (in practice). Building on institutional readiness for change theory, and assessments of vertical versus horizontal integration as approaches to enhanced cross-sector coordination, the research links metrics of institutional and individual collaboration at national and district government (multiple line ministries) levels in four regions of Ethiopia. The research discussed in this paper is part of a multi-pronged project under the auspices of USAID/ENGINE project and focuses on governance structures from national to regional to district level with an emphasis on facilitators and constrains to implementation.

III. Rationale of the Study

While progress has been made in improving nutrition in Ethiopia, the government, along with its partners, wants to accelerate the rate of decrease in levels of malnutrition, especially stunting. Therefore, the aim of this research is to examine cross-sector coordination at the national, regional,

zonal, and *woreda* level. The proposed research will analyze how a range of policies and programs get translated from the design phase (on paper) to the implementation phase (in practice).

IV. Design and Methods of the study

The study was a semi quantitative study and interviewed key informants who were purposefully selected for the information at the national and sub-national (region, zonal and woreda -*2 woredas from the Agriculture Growth Program (AGP) and 2 from non-AGP woredas*) levels in four regions (Amhara, Oromia, SNNPR, and Tigray) of Ethiopia. The sectors included but were not limited to health, agriculture, education, finance and economic development, women, children and youth affairs and social protection The selection of people for interview was based on the position held; positions most directly involved in the NNP was the basis of selection. Interviewees also included stakeholders from the government, academic institutions, UN agencies, bilateral donors (USAID, DFID, CIDA), non-governmental bodies e.g. Save the Children, MI, Alive & Thrive and FANTA 3.

Key informants were selected based on their knowledge of the policy landscape in Ethiopia. All information contained in the interviews is confidential. Interviews were conducted anonymously following structured interview guides, allowing for easy aggregation of results. Descriptive analyses are complemented by a synthesis of key messages.

The study used key informant interviews at the national and sub-national level. A total of 24 interviews were conducted at the national level and 307 interviews were conducted at the sub national level. A purposeful sample of 4 regions, 2 zones from each region and 2 woreda from each zone was used. Interviews were conducted from Jan 2013 to July 2013. The study was limited to four regions and primarily wordeas involved in the GOE Agricultural Growth Program. The survey did not include pastoralist areas, and thus, it may be difficult to generalize the results to other parts of Ethiopia.

It is worth emphasizing that the answers in the survey are the perceptions and opinions of key stakeholders involved in the NNP. There is no attempt in the analyses to identify a “right” answer. However by better understanding the lens through which different constituents view the multi sector nutrition plan, policy officials will be more effective in identifying opportunities and challenges in implementing the NNP.

At the national level, interviewees were categorized as government, NGO, donor and academic/research groups. A slightly different approach was used at the sub national level due to the greater complexity of

the sample. First, answers were segmented into the four regions; within each region, the government respondents were classified as either health, economic or social sectors. A separate category in each region was created for the partner group.

A series of open-ended, structured questions were used for all national and sub national level interviews. The questions are clustered into four domains:

1. Nature of the nutrition problem
2. Decision making and ownership of the National Nutrition Strategy and National Nutrition Program
3. Program Design and Implementation
4. Challenges in implementing the National Nutrition Strategy and National Nutrition Program

V. Domain I: Nature of the Nutrition Problem

There was a general consensus at the national level that three problems account for the major portion of poor nutritional status in Ethiopia (Table 1); these include food insecurity (27%), under nutrition (30%) and micro nutrient deficiencies (20%).. The respondents who provided more detail on the nature of malnutrition overwhelmingly identified stunting as the most prevalent issue in the country. The research/academic interviewees provided a more nuanced response to the question of malnutrition in Ethiopia and suggested that it is misleading, in many ways, to talk about the country as a whole. The nature of malnutrition varies by region, as noted by:

> *"Ethiopia is not one country when it comes to nutrition; policy officials and program implementers need to understand the diversity of problems and causes within the country. This will lead to a more meaningful approach to solving the distinct problems." Academic researcher, Addis Ababa*

The above statement is also reflected in data collected at the sub national level.

VI Domain II: Decision Making and Ownership

There were a number of questions in the interviews that related to how the National Nutrition Program (NNP) was formulated and whether this affected the sense of ownership of the NNP. The two most common responses to the NNP formulation emphasized the role of international NGOs (26%) and the involvement of different parts of the government (32%). A spirit of collaboration and active involvement was reflected in many of the detailed answers.

The Scaling up Nutrition (SUN) Movement, Renew Efforts Against Child Hunger and under nutrition (REACH) and NGO partners were also credited with galvanizing some of the key meetings; indeed, within the government respondents, 24% believed that SUN and REACH and NGOS influenced the multi sector approach to addressing nutrition that is reflected in the NNP.

> *"There has been a reawaking of interest in nutrition globally. SUN and the 1000 days had a big positive influence in giving visibility to nutrition sensitive development. Ethiopia was one of the early SUN countries." NGO representative, Addis Ababa*

Maybe somewhat surprisingly, among all those interviewed, 19% had no idea how the NNP was developed, including 16% in the government and 100% of academics/researchers who were surveyed.

Related to the formulation of the NNP, interviewees were asked what processes or documents were important in developing the plan (Table 2). Here again, two answers dominated the responses; 29% of those samples indicated that a 2010 workshop on the acceleration of reduction of stunting was a key event and 47% felt that the technical working group was significant in influencing the NNP. Only 9% of the interviewees did not know what had influenced the NNS and NNP but 100% of the academics/researchers were unclear how both the NNS and NNP were crafted.

In developing the first NNP, 42% of those interviewed, indicated that 2008 Lancet Series on Maternal and Child Under nutrition (Black et. el, 2008), provided clear evidence of effectiveness that influenced the NNP. For the 2013 NNP, the experiences gained from the 2008 Plan was key in identifying lessons learned and used to provide an updated focus. For example, the 2013 NNP has a specific lifecycle focus which drives the particular policies and programs that are stressed for specific age groups and also for physiological groups, including pregnancy. It also emphasized multi-sectoral approaches and clearly articulated the role of nutrition sensitive sectors.

In addition as shown in table 3, 39% of the respondents said that the development of the 2013 plan was more inclusive and 25% highlighted the 2013 meeting that included all state ministers as a seminal event. Yet 25% of the sample could not comment on the tone or nature of discussion during the development of the 2013 Plan.

All those interviewed were asked if experiences from other countries, particularly countries in Sub Saharan Africa, were used in developing the NNP; 62% said they did not know or were not sure. However, 29% indicated that experiences from Kenya, Uganda and Nigeria provided insights and 5% identified UN documents as helpful with 33% of the donor sector highlighting the utility of UN documents. Respondents were asked if there were components or elements that were not included in the NNP. The dominant answer – 55% - was that the plan is very comprehensive and could not identify any missing elements; 30% of the sample, including 25% from government, said they were not sure or did not know and 15% felt that there needs to be more emphasis on multi sector strategies, in general.

Those interviewed were also asked to comment on any "push back" from individuals or organizations (Table 4). About 50% of the respondents perceive that NNP is an MOH initiative and thus MOA and other sectors do not see their role as clearly defined.

> *"It is not fair to say the NNP is multi sector; MOH took the lead in developing the NNP and agriculture is only marginally involved."." Donor representative*

> *"We need a better articulation of how agriculture can help nutrition; this is not clear to MOA. And even less clear how other sectors and agencies are expected to be involved." Donor Representative*

Additionally, 14% suggested that for NNP to be successful it is imperative to have a nutrition focal point at the local, woreda level.

> *"Unless there is focus at the sub national level on awareness and capacity development, the nutrition plan will fail" Government Representative, Addis Ababa*

There was more diversity in responses as the research probed further into how the NNP is perceived. The NNP is clear that success of the program depends on a clear delegation of responsibilities and an expectation of accountability across sectors. As shown in table 5, three main issues were highlighted as factors to address in creating a shared sense of ownership of the NNP:(1) the perception that the MOH

is the sole "owner" of the NNP (2) At present, the NNP is on paper but there is limited accountability for action (3) MOA needs to be more involved.

There was the view expressed by NGOs (43%) and the Academic/Research Community (50%) that the MOH is perceived as the lead architect of the NNP and, in part, this creates an issue of how to generate enthusiasm from other sectors to take a more active role; within the GOE government, only 12% of the interviewees gave this response.

> *"MOH is the sole owner of the plan and this is not fair to nutrition." Government Representative, Addis Ababa*

Related to this, 30% of total sample stressed that the Ministry of Agriculture should be more involved in the NNP., About 60% of the donors sub-group believed there needs to be more shared responsibility of MOA if the implementation of the plan is to be successful and 40% of the subgroup also felt that the role of the private sectors needs to be more clearly defined.

Finally, while hopeful for a multi sector approach to nutrition, 38% of government respondents believed that, at the moment, NNP is on paper but the roles of the various sectors and accountability had not yet been established; curiously, none of the donors stressed this point of "on paper" versus actual.

The research uncovered more diversity of opinion for the challenges in successfully implementing the NNP (Table 6). Two of the key areas identified are related. First, 31% of the total sample said that nutrition needs to be the focus in all sectors at the highest levels and an additional 21% felt that there needs to be a specific champion for the multi sector approach to nutrition. The weight applied to these two responses varies by sector. To a lesser extent, interviewees said lack of an effective coordinating body (12%), lack of sufficient budget (10%) and demonstrated models of agriculture-nutrition (12%) presented challenges to the effectiveness of the NNP. The imperative call for a champion in nutrition is reflected in the following statement:

> *"Focus on nutrition was better in the country when we had Ethiopian Nutrition Institute (ENI). Elimination of ENI weakened nutrition." Academic, Addis Ababa*

VII Domain III: Program Design and Implementation

To determine key elements of NNP design, interviewees were asked whether the program was driven by the budget available, or the plan came first and then budget followed. The majority, 74%, had no idea; the remaining 26% said that budget drove many of the design and implementation decisions.

Unlike the 2008 Plan which relied heavily on partners and consultants, including external consultants, 47% felt that the 2013 plan is viewed as totally or mostly GOE owned. Interviewees were then asked whether there were sectors not involved who should be (table 7). The largest response was that the research community should have been more involved; this was a heavily skewed answer with 100% and 75% of the research and NGO sectors responding, respectively. Other key informants noted that the private sector (20%) and food production/marketing sector (10%) should have more involvement in the NNP.

Given the earlier comment that in defining the country's nutrition problems, it is difficult to think of "One Ethiopia", the research was interested in determining how much tailoring to local needs was incorporated into the plan. A quarter of those sampled thought there was tailoring, but 65% had no idea.

VIII. Domain IV: Challenges

There is high level of support for both the NNS and NNP. Overwhelmingly, respondents noted that there was an enthusiasm for a greater emphasis on nutrition at both the national and sub national level (see section) yet most respondents were realistic that there are challenges ahead. As shown in table 8, there was a general agreement among respondents in four key areas: (1) leadership (2) Budget (3) lack of coordinating body (4) Incentives for Collaboration. Effective leadership was identified as a challenge (22%); respondents indicated that while there is general enthusiasm for a multi sector approach to nutrition, it is no one's primary responsibility. The academic/research community rated this challenge even higher with 50% noting leadership as an issue. While the data suggested that many key informants felt that the MOH had ownership of the NNP, the ministry did not have the necessary expertise to take a broader approach to dealing with malnutrition.

"Need high level commitment, which is not yet there." Donor Representative, Addis Ababa

A similar proportion of people (22%) believe that budget is a constraint. While some activities can be carried out with existing funds, the comprehensive focus in the NNP cannot be carried out without additional funding. Government key informants (42%) from all ministries see the budget constraint as more of an issue.

> *"We can't do all that is expected in the NNP without more staff and funds. It's just not realistic." Government Representative, Addis Ababa.*

A third issue identified by the respondents highlighted the lack of an effective coordinating body as a key issue. Again some suggested that there is a mechanism on paper but they are not effective. As noted by one respondent:

> "*We should make a strong recommendation to GOE that we need an autonomous body that has authority and accountability to implement the multi sector plan. Maybe an office of nutrition based in the prime minister's office." Donor, Addis Ababa*

> *"The NNCB is supposed to coordinate but they rarely meet. Even if they do, they don't have the clout to get things done." Government Representative, Addis Ababa*

It is worth noting that the NNCB has recently been revitalized; if these same individuals were interviewed again, the responses might be different.

Finally, the key informants indicated that there needs to be incentives for collaboration. The NNP is asking government to do more work with no additional staff or funds.

The issue of challenges was probed further by asking each key informant within their actual agency or organization what "kept them up at night" or put another way, what are their chief headaches (Table 9); the dominant responses clustered around: (1) sectors working together (2) process for buy-in (3) need for a line item for nutrition in each agency's budget.

These three issues are related and reinforce the challenges that were identified in Table 6. In principle most interviewees can see the benefit in collaboration and coordination but find it difficult to envision a modus operandi that will be effective in accomplishing this end.

Related to collaboration, 27% indicated that there does not appear to be a process for "buy in" to the NNP process. The NNP provides a framework of action but what is now needed is more of a road map of how this can be accomplished.

"A lot of work has gone into the NNP; we now need an operational plan by sector that provides guidance on what is expected of the key actors." NGO, Addis Ababa

Finally, the key informants (27%) indicated that implementation of the NNP would be facilitated if each agency had a line item dedicated to the NNP. Not only would this provide resources but would also serve as an impetus for accountability.

Many of the comments from the open-ended discussion highlighted partnerships as a positive aspect of the multi sector approach to nutrition. A majority (50%) indicated that the process of developing the NNP has been a positive activity in bringing all of the sectors together. In addition 23% of the respondents felt that the NNP and the process of developing the plan have given more positive visibility to nutrition. Finally, the process of inclusion in developing the 2013 NNP has also given more specific policy direction.

Effective partnerships were viewed as key to effective implementation of NNP. As shown in Table 10, there are a number of strengths that were identified because of partnering on the NNP. Clearly, bringing all the sectors together is seen as strength (50%); the process of developing the NNP has given more positive visibility to nutrition. The respondents also indicated that there is a more strategic direction in the 2013 NNP than was present in the earlier plan.

Key informants identified some limitations of each of the partners (Table 11). 46% of government officials felt that the GOE has a limited interest in nutrition. . Maybe somewhat curiously, 46% of the government respondents noted the lack of GOE interest in nutrition as a challenge. Secondly, some respondents indicated that there was an unrealistic time frame to implement the NNP. Finally, across the groups, many indicated that it was not clear to all sectors how to implement specific parts of the plan.

The research wanted to assess what key officials saw as success of the NNP. As shown in table 12, respondents indicated that there was need to engage at the regional and district level; many key informants commented that the activities will be implemented below the national level and therefore a lot of attention needs to be devoted to how to involve the sub national level. In addition, more clarity is needed on what nutrition sensitive development entails. Much of the discussion in developing the NNP revolved around a multi sector approach to nutrition, which is often referred to as nutrition sensitive development. While this is a term of art that is used, the interviewees had different interpretations of what this actually means. Without a general agreement of the specific road map for nutrition sensitive

development, it is unlikely that efforts across sectors would be coordinated. Finally, the success of the NNP will depend on strong advocacy at all levels in order to keep the momentum of multi sector approaches to nutrition alive.

> *"Need to keep momentum going – this will require results; we need a champion at the highest level that will take on nutrition as a priority" NGO, Addis Ababa*

IX Sub National Results

The survey conducted at the sub national level used a similar set of questions as the national level interviews. The responses were categorized into four sectors: Health, Economic, Social and Partners. The Economic Sector included agriculture, trade and industry, finance and economic development, small scale enterprise, cooperative union, water and energy. The Social Sector included administrative, education, women and child affairs, civil service and good governance, early warning and food security. The Partners represented UN agencies, bi-laterals and international NGOs. The results will be categorized into the four main domains analyzed for the national level data.

X Domain I: Nature of the Nutrition Problem

In the four regions – Tigray, SNNPR, Oromia, and Amhara – food security was mentioned as a major nutrition problem (Table 13). The proportion of respondents from the health sector in Tigray and SNNPRwere less likely to identify food security as an issue and those in the economic or social sector were more likely to view this as a problem. The entire partner group, except in Amhara, viewed food security as a key issue.

"In the region, nutrition problems occur at different places with many causes. There are places with a shortage of food, which has malnutrition." *Oromia, Partner Group*

Malnutrition and micronutrient deficiencies were common nutritional problems in all study regions as shown in the Figure 1. All partner interviewees (100%) working in SNNPR and Oromia regional state recognized malnutrition (stunting and acute malnutrition) as major nutritional problems. Key informants in the economic and social sectors were less likely to identify malnutrition and micro nutrient deficiencies as problems.

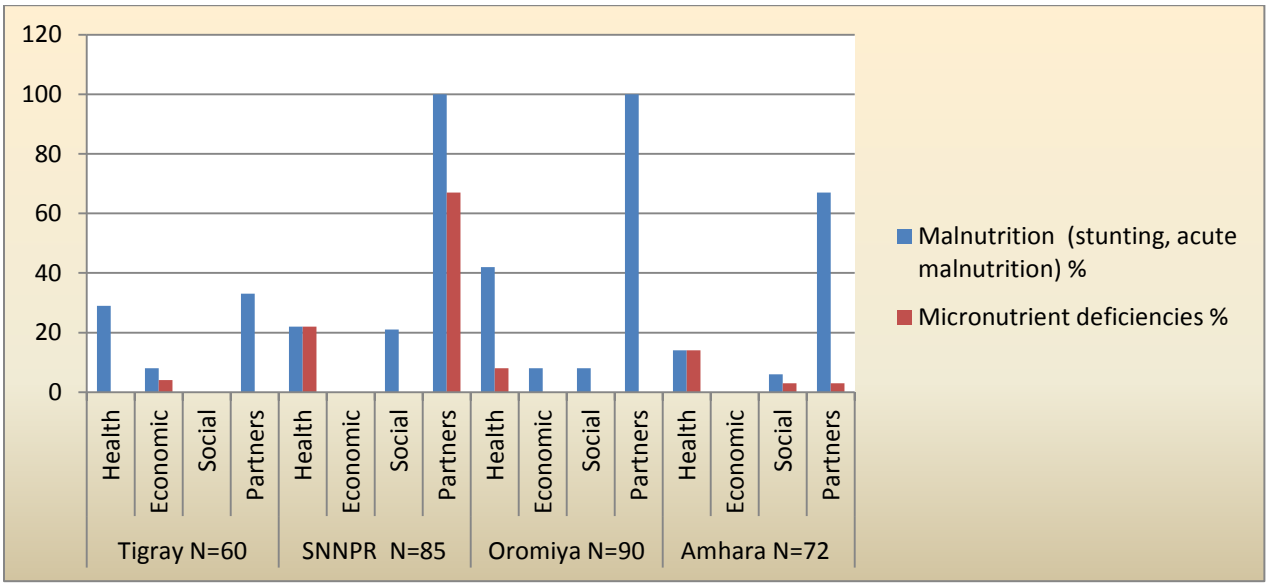

Figure1. Major Nutritional Problem by region

In addition, low dietary diversity, poor maternal and child caring practices, poor sanitation/hygiene/water were also identified as significant issues (Figure 1). In Tigray, SNNPR and Amhara, the health sector interviewees saw lack of awareness about nutrition as a major problem.

"There is early marriage in the region, due to fact that young women have a knowledge gap on how to care for children and these have effects on breast feeding and complementary feeding practices" Tigray region, Health sector

"instead of eating, selling of nutritious agricultural products is common practice to get money out of it, but now there has been a change using their agricultural products at home because of health and agriculture extension education" Tigray region, social sector

"*There is a problem of lack of awareness among the people, even children from well-to do family also suffer from malnutrition because the families do not know how to utilize the resources available at home properly*" *SNNPR, Wondo-Genet woreda social sector*

"*Though children are screened as malnourished and admitted in nutrition programs, no awareness creation or nutrition education is incorporated in the program*" *SNNPR, Wondo-Genet woreda, social sector*

"*There is gap in collaboration, the health sector who is responsible for nutrition program does not involve us to reach the community, and as a result there are women and children who do not get the services. Most mothers give only breast milk until one year of age and do not start complementary food at six months of age*" *SNNPR, Wondo-Genet woreda Social sector*

"*Lack of farming land (small size farming) for food production since the area is occupied by cash crop mainly Chat*" *SNNPR, Wondo-Genet woreda social sector*

"There is no nutritional problem/ food security in our woreda, rather lack of nutrition awareness, lack of hospital for better treatment, bad traditional practices such us female genital mutilation, rape and kidnapping of girls for sexual abuse" SNNPR, South Ari woreda, social sector

"*Nutritional problems are related to lack of knowledge and food insecurity. The problem is not only observed in food insecure areas but also exists in food secured area due to lack of knowledge and awareness*" *Amhara region, Economy sector*

"*Even if this zone is known for its productivity, malnutrition is still a public problem in this zone due to lack of awareness on the use of diversified foods like fruits, vegetables, animal products, and breast feeding. Because of the factors mentioned above, children's and women's are among the most affected groups for malnutrition problems like goiter due to lack of iodine, and anemia*" *Amhara, West gojam, Social sector*

Other sectors, in some regions, were less likely to see awareness as a key issue. For example, in Amhara, 100% of the health sector respondents identified lack of awareness as a concern, while only 35% and 28% respectively in the economic and social sector held the same view.

" Over all the nutrition situation and food security in the zone seems good but eating diversified and quality food is low, because the majority of the farmers in the zone are small scale producing and their livelihood is highly dependent on subsistent farm" *Jimma,DPP*

XI Domain II: Decision Making and Ownership

Results from the national level indicated that for the NNS and the NNP to be successful there needed to be involvement at the sub national level. Key informants in the four regions were asked about the degree to which they have been consulted on nutrition issues (table 14). The health sector and partners

were more likely to indicate that they are consulted on nutrition issues. In Tigray, SNNPR and Oromia, 100% of the partner representatives indicated they are consulted on nutrition issues. In each of the four regions those in the economic and social sectors indicated they have not been part of the consultation process

"...*We have not had good experiences in consultation; however we have gotten information from our partners and Ethiopian Public Health institute...*" *Oromia regional bureau*

"…Most of the work is done by the woreda health bureau and there are projects on nutrition work with UNICEF and other partner….. Generally consultation is very low…" *Oromia region, woreda social sector*

"*There is no sufficient consultation during NNP revision and the other activities; technical support, program follow up, monitoring and support.*" *Amhara region, woreda bureau*

Factors related to ownership of the NNS and NNP were ascertained in a different way. Key informants were asked if they believed families in their area were able to communicate their nutritional needs to government. As shown in table 15, the answers varied across regions. Results in table 15 show that in Tigray, all sectors felt there was the ability of families to express their needs. In Amhara, the health sector (86%) and partners (67%) indicated that people do express their needs. The economic (77%) and social (72%) sectors, however, had an opposite view. For the SNNPR and Tigray regions, the majority of respondents in each sector felt families could easily express their needs.

"…There is a health extension program that works at the health post level in the health system. If there is any problem, information will come through the development team which is established at the community health post. From health post, the health extension worker reports to health center and worda bureau. Through woreda health bureau, community needs will come to zonal and regional bureaus …" *SNNPR, zonal bureau*

"*Due to lack of awareness regarding nutrition in the community, they are not expressing their nutritional need but if they faced food shortage, and requested our sector…*" *Amhara regional bureau*

"*… There are some people who express their nutrition need. But, we are not at the level of choosing food. When the problem of food security is addressed and if awareness is created, the community will talk about their nutrition needs. Now, it is not enough...*" *Oromia regional bureau*

To those respondents who indicated that families can openly express their needs, a secondary question on how responsive government is to these needs was asked. As shown in table 15, responses were mixed in the regions and within sectors. In Tigray, the majority of interviewees across each of the sectors felt that the government is responsive to the nutritional needs of families. In SNNPR, only in the health sector (71%) did the majority of the key informants indicate that government is responsive to nutrition issues. In Oromia and Amhara, only the partners (100%) felt that government was responsive.

Questions were posed about the sufficiency of attention and resources that are devoted to nutrition (Table 16). In Tigray, it was only in the health sector (100%) that key informants believed the resources were sufficient. In SNNPR, the health sector (56%) and partners (67%) indicated resources were sufficient and in Oromia and Amhara, the majority of those interviewed, with the exception of partners, felt resources were inadequate. This diversity of opinion is reflected in the following quotes:

"*In my opinion nutrition received sufficient attention and enough resources are also allocated for implementing nutrition programs as the economy of the country allows*" *Amhara region, woreda health bureau*

"*Attention is not given in terms of budget and man power, the nutrition issue is only performed by Health sector.*" *Amhara regional bureau*

"*Sufficient attention is not given for nutrition. There is shortage of manpower and budget in this area…*" *SNNPR, woreda health sector*

"*No attention has been given to nutrition. Previously there was a home economist in the woreda agriculture office and they taught the community about nutrition and also they demonstrated how complementary food was prepared and how it is fed to their baby…*" *Oromia, woreda health sector*

"*Recently it is improving and the awareness creation programs are better than before through the media and other different sectors but it needs more focused strategy and coordination.*" *Oromia regional bureau*

Respondents were asked to prioritize how they viewed the allocation of resources with their area. Overwhelmingly, in each region, agriculture was seen as the first priority, followed by health and education (table 17).

Since there is general agreement for the NNS and NNP to be effective, there needs to be an awareness and involvement of sub national organizations in order for activities to be successful (table 18). In Tigray, there was no awareness of the NNS and NNP in health (86%), economic (96%) or social (96%) sectors, 67% of the partners in the regions were, however, aware of the NNS and NNP. The results in SNNPR and Oromia are similar to Tigray. The health sector (86%) in Amhara had a greater awareness, on average, than the health sector in the other regions.

XII Domain III: Program Design and Implementation

Each of the regions have existing nutrition programs, the most common of which are productive safety net (PSNP), community based nutrition (CBN) and nutrition education. The research was interested in how each of the areas was proceeding given the NNS and NNP and the emphasis on multi sector approaches to nutrition. Each of the regions is stressing two initiatives (table 19) as a way to advance the NNS and NNP. The first is awareness creation. Key informants indicated this was essential to make progress.

"*Awareness is the major problem. The focus for nutrition from MoH is very low. It should work better to improve the strategy on maternal nutrition. So we can work based on the strategy and there is also poor integration/coordination among sectors, MoH should work on this." Tigray,*

Secondly, each region has a program of work to strengthen existing programs and to integrate activities across sectors.

"*We didn't work on nutrition yet; however we recognized nutrition as one of the major problems in the region and want to practice nutrition activities as one package*." *Tigray, regional social sector*

Not surprisingly, the major challenges facing implementation of the NNP are low awareness, coordination, budget shortage, lack of professionals and low attention to nutrition (table 20). Each of these factors was also highlighted in the information obtained from the national level interviews.

A respondent from the region mentioned that;

"Government should work to improve market linkages and to improve access to variety of food items and strengthen agricultural productivities." *Tigray, Economic sector*

Some of the respondents stated:

'Major challenges are: working procedures (Federal, Region level), the role and responsibilities is not clear; Different ideas are emerging while at the same time work on other activities is not completed; this is confusing. Lack of trained professionals and a high turnover in the government sectors, and low government salary is also an issue.' Tigray Partner

Participant from the economic sectors stated that:

'The attitude of the stakeholders can be mentioned as the main problem. If this problem is solved others issues will be very simple.' Region, economic sector

Some other explained the challenges in the implementation of NNS/NNP:

'Lack of skilled professionals especially at lower level, budget and collaboration problems, slow adoption of new technologies, lack of multi sector collaboration, lack of budget allocation from government. The health sector focuses only on health aspects but production aspect also needs focus. Lack of a collaboration body with vertical power (not horizontal power) and health professionals' low awareness on NNP (not cascaded to lower level).' Region social and health sectors and partner

Some of the respondent said:

'There is difficulty in leading the multi sectored approach. Less participation of other sectors and giving the work only to health sector is a problem. It is better to be lead by higher offices other than health; we need commitment from all stakeholders and attention from government to implement'. Partner

Other respondents from social sectors stated as the challenge of NNS/NNP implementation are:

'The main challenges are: the knowledge gap, economic problems and cultural problems'. Region social sector

As reported by some interviewees:

'The major challenge would be the understanding and awareness of the different sector offices about the implementation of NNS. If there is the same understanding and awareness on nutrition and how nutrition is important for our region, we can effectively implement the NNS.' Region economic sector

Other from a partner said:

'This issue is not the issue of one or two sectors rather it needs the attention of the government. From this perspective, coordination of different sectors at different levels is one of the challenges. The other challenge is lack of resource'. Partner

XIII. Domain IV: Challenges

The emphasis of the NNP on a multi sector approach provides opportunities for more and different types of collaborations. The research was interested in identifying factors that are perceived to contribute to collaboration within and across sectors (Table 21). The potential to interface and have joint meetings was identified as a positive in Amhara, Tigray and SNNPR. In Oromia, 23% of interviewees stressed job satisfaction. Having a good M&E system encouraged the sharing of data and for SNNPR and Oromia the fact that NNP was mandated activity fostered collaboration.

A National Nutrition Strategy currently exists in Ethiopia. Yet, awareness of the NNS is low in some regions and sectors.

One respondent noted:

"There is no policy where you can bring every sector on board. So the government should develop a policy, identify the reliable sectors that could implement and monitor the policy. Moreover, lack of understanding and awareness on nutrition had its own factor for weak coordination."

One form that collaboration takes is the joint discussions on the NNP and child growth and stunting (table 22). In the past twelve months there has been extensive discussion among the health sector and partners on stunting and child nutrition in each of the areas. These types of discussions have not as regularly involved the economic or social sectors.

Since capacity development at all levels has been stressed in many of the comments, we were interested in whether in the past three years the respondents had the opportunity for additional training (table 23). The results are mixed. People in the health sector, on average, seemed to have had the opportunity for additional training and in the majority of cases this appears to be in nutrition. As shown in table 23, increased training opportunities are significantly lower in other sectors.

"*Recently it is improving and the awareness creation programs are better than before by media and other different sector but it needs more focused strategy and coordination.*" *Oromia regional bureau*

Key informants were asked how long they thought it would take for nutrition to no longer be a problem in Ethiopia (table 24). This particular question generated a lot of detailed comments. Many people said this question is very difficult to answer without a better understanding of how the underlying causes of malnutrition have been handled. Factors like the commitment of government, alleviation of economic problems, problems associated with natural disasters, ability to increase productivity, change in dietary patterns, use of inputs, increased resources, collaboration, effective behavior change, level of education, improved food security and implementing the agriculture strategic plan will all have bearing on the answer to this question.

Some of the differing points of view can be seen in:

'Some of the respondents are stating no need to wait many years or they don't think more years needed. In time, in line with GTP and MDG it (improved nutrition) can be achieved.' Regional, Health sectors

And others thought:

'It requires a long time because it is based on the income of an individual and the problem is chronic (stunting). Within the last 20 years the stunting rate in Ethiopia has only been reduced by 5% (from 49% to 44%)' Partner

Some others forwarded their views in different ways:

'It might not be eradicated but its severity can be reduced. It depends on our development level. . Increasing the productivity and keeping health of the farmers answers this question. When we become a medium economic country, it will get answered in part. It will be solved when poverty is solved. It is a question of generation; therefore, children less than 2 year old should be given special attention. After accomplishing MDG, we may reduce the prevalence but the problem might not come to end' Regional economic, social and health sectors

It was difficult for some others to predict the time frame:

'Since no activity is going on, it is very difficult to estimate the time. It is better to estimate after doing some activities. I don't think that it can be time-bounded. It depends on income level. No time will come without any nutrition problems because of its double phase (under nutrition, over nutrition). Regional health sector and partners

Some others mentioned:

'The problem will not be resolved within a short time because there is chronic malnutrition in the country which requires big investment and longer time to address the problems. In addition, it is also subjected to behavioral change which needs longer time. It depends on the resources allocated, man power and commitment of actors and it is difficult to estimate in years.' Partners

'It is difficult to predict. There are some improvements between the two consecutive EDHS result. Along with this, we are working to achieve our GTP. Based on this we might reduce its impact, not the malnutrition status within the coming five years'. Regional heath sector

'It is a difficult question. Malnutrition is a critical problem of this country and its impact is manifested in the developmental agenda of the country. Without the involvement of every sector on nutrition in this country, it is difficult to see a malnutrition free Ethiopia. However, we have seen some changes in the country. We might overcome the problem." Partner

Others responded:

'Work is not started yet. It is difficult to estimate the year. But in the coming 10 years the problem will be decreased if we work on food security'. Region, economic sector

The issues of collaboration and coordination came up repeatedly as an actual and potential challenge, in effectively carrying out the NNS and implementing the NNP. As shown in table 25, there are variations in types of responses both within sectors and across regions. For example, 71% of health sector respondents in Tigray identified budget shortages as key issues, while in Amhara (14%), SNNPR (22%) and Oromia (17%) budget were less of a challenge. A similar split in responses can be seen in the partner's answers; SNNPR (67%) and Oromia (33%) viewed budget constraints as an issue, while in Amhara and Tigray none of the partner's representative viewed budget as a problem.
The other categories identified – lack of nutrition professionals, lack of attention to nutrition, low awareness, poor community awareness and absence of a structure and ownership show similar variability within sectors and across regions. These data reinforce the message that while there are some guiding principles in implementing the NNP, the plan also needs to be context specific.

XIV Discussion

The government of Ethiopia, in 2008, launched the country's first National Nutrition Strategy (FMOH, 2008). The goal of the NNS is to ensure that all Ethiopians are able to achieve an adequate nutritional status in a sustainable way. The National Nutrition Program (NNP) of 2008 was the operational plan to implement the NNS. A series of seminal events led to the successful launch of the NNS and NNP. A rigorous stocking taking and planning exercise, stewarded by UNICEF and World Bank provided the basis of the 2008 NNS. The NNS led to the 2008 NNP. A continued global support for nutrition through efforts like SUN and REACH, as well as increased bilateral, UN and international NGOs support for nutrition, kept this momentum going. In 2013, the NNP was updated with a more specific focus on both direct nutrition interventions and nutrition-sensitive approaches to improve nutrition. Indeed while the concept of linking agriculture to nutrition for improved results is not new (Kennedy et al, 1992) there has been a renewed emphasis on revisiting a multi sector approach to enhance nutrition. The 2013 NNP has placed a spot light on nutrition-sensitive development.

As shown from the data at the national level, the Lancet Series was a key document influencing the NNP. Both the 2008 and 2013 Lancet Series provided solid evidence on the efficacy of nutrition interventions (Black et al, 2008; Black et al, 2013), in essence, providing answers to the question "what works." A key element to consider, however, in implementing policies and interventions is the role of governance in influencing policies and programs. The Lancet Series identified areas that warranted more attention (Gillespie et al 2013); as noted, "A crucial third level of action exists which relates to the environment and processes that under pin and shape the political and policy processes". A number of research articles have highlighted the fact that the role of governance structures in successful implementation is a grossly under studied and a neglected area of study (Pelletier, et al; Acosta and Fanzo, 2012; Gillespie et al, 2013). The World Bank (2000) described governance as the institutional capacity of public organizations to provide public goods and services demanded by the citizens in an effective, transparent, impartial and accountable manner. The World Health Organization (WHO) landscape analyses provided more detail on indicators of nutrition governance including: commitment as measured by a national nutrition plan; existence of an inter sector coordinating committee; maintenance of surveys and data collection systems; allocation of budgets specific to nutrition (WHO, 2009).

The aim of the current research was to elicit insights from among key policy makers, stakeholders, and implementers about how a range of policies and programs get translated from the design phase (on

paper) to the implementation phase (in practice). Ethiopia was one of the early countries to participate in the SUN movement. The SUN framework has identified four pillars that are used as indicators for tracking progress: a legal and political framework; a multi stakeholder platform; a common results framework; alignment and mobilization of resources (SUN 20). The survey protocols were developed for this study to track with these four pillars.

The data generated from the national and sub national interviews provide some key findings. First, both at the national and sub national levels there was general agreement that food insecurity, malnutrition (particularly stunting) and micro nutrient deficiencies are seen as the major problems in Ethiopia. The sub national responses were more expansive on the range of nutrition problems, possibly reflecting proximity to the recipients of policies and programs. The interviewees also informed the study that Ethiopia cannot be viewed as a homogenous entity. Thus while the existence of malnutrition is generally known, there are discrepancies amongst sectors. Respondents from the economic and social sectors in some regions and some regional representatives had not clearly grasped the significance of malnutrition in their areas (Figure1).

There was less agreement on other aspects of governance and implementation when examining vertical linkages (national to sub national) as well as horizontally linkages (within national and within sub national levels). The legal and political framework for nutrition in Ethiopia was set by the NNS and implemented by the NNP. While the majority of respondents at the national level were aware of the NNS and NNP, surprisingly 19% had no idea they existed. Yet, at the national level there was a clear indication that the process for developing the 2013 NNP was more inclusive than the earlier plan, with more involvement of Ethiopian stakeholders and less emphasis on external consultants. At the sub national level awareness of the NNS and NNP, with the exception of the partners, was much lower (table 18),

The World Bank definition of governance emphasizes the provision of goods and services demanded by the community. In this survey, the ability of families to express their needs was used as a proxy measure of government's response to nutrition needs in the community. The results were mixed (Table 15). Some regions felt that local authorities were responsive, and in other areas, less so. And where respondents indicated a willingness on the part of government to solicit information on the nutritional needs of families, the response of agencies to these needs was mixed across regions (table 15).

To be successful, the NNP must have involvement of individuals at the regional, zonal and woreda levels. As shown in the data in table 14, the health sector and partners were more likely to have been consulted in development of the NNP. The economic and social sectors in each of the four regions were much less likely to have been consulted, creating challenges a priori for "buy in" to the NNP.

Rightly or wrongly, the NNP is viewed at the national and sub national levels as being led by FMOH. In part, this perception comes from the fact that it is the FMOH who is tasked with leading and coordinating the plan. Therefore, while many key informants at all levels encouraged a multi sector approach to nutrition, these same individuals indicated that the NNP is a plan on paper which has yet to demonstrate actual implementation or success. Related to these comments was the sense that a road map for multi sector strategies does not really exist. The issue of coordinating the efforts of three or more sectors seems daunting. Key informants in agriculture asked specifically for information on how to make agriculture more nutrition sensitive. Indeed most systematic reviews of nutrition-agriculture linkages show modest or no effects on nutrition indicators (Webb and Kennedy, 2012).

The policy process is ever evolving and, in an iterative cycle, needs to focus on challenges and constraints. Since implementation of the NNP will occur at the local level, the research wanted to identify perceived constraints at the sub national level. To achieve this, the key informants at the sub national level identified five main issues that can be barriers to effective implementation (table 20). These include low awareness, lack of coordination, budget shortages, lack of professionals, and low attention to nutrition.

Despite a lot of attention in Ethiopia on the NNS and NNP, sub national level respondents cited lack of awareness as a key factor limiting implementation and momentum for the NNP. Awareness is sometimes used synonymously with advocacy. A multi country case study noted, "The rapid and sustainable reduction of stunting on a national scale is a large undertaking involving nutrition-specific and nutrition sensitive actions within multi-sectoral policies, programs and society at large from national through community levels (Pelletier et al, 2013). Awareness creation is essential to the long term momentum across sectors.

One theme that resonated at the national and sub national level was the call for strong, more visible leadership. In order to provide a platform for a multi sector strategy for nutrition, oversight at the highest level is critical. A recurring comment from the key informants was to have the coordination of the NNP nested in the Office of the Prime Minister (OPM). This would accomplish several objectives;

the NNP would have higher visibility, be a mechanism to more effectively coordinate the broad range of sectors involved in the NNP and finally would provide a bully pulpit for keeping up momentum. The launch of the 2013 NNP provides the opportunity for the GOE to revisit the most appropriate governance structures to coordinate and carry out the stated goals of the NNP. A six country study (Acosta and Fanzo, 2012) observed "At the core, nutrition success stories in Brazil, Peru, Vietnam, have strong and effective networks of national nutrition leaders." Currently the FMOH, through the NNCB, coordinates the NNP. As noted from comments given, the NNCB meets infrequently and is viewed as having little clout. Here again, a shift of this function to the OPM might revitalize the ability of a coordinating body to effectively harness the energy in all sectors.

The NNP is viewed by many as health and/or health and agriculture. Interviewees from other sectors were often unclear of their specific role. This was particularly noted for the private sector and representatives from the academic/research community. The private sector has the enormous potential to contribute to the plan, yet their role in the NNP continues to be ambiguous. Despite much attention on public-private partnerships, the evidence of effective models of operation continue to be few.

Finally the issue of financing was highlighted at all levels. Various scenarios were identified by the key informants. A typical suggestion was a dedicated budget at the national level for nutrition. An alternative suggestion was to have a line item in the budget of each agency. Respondents were clear that the budget process has to done in a transparent manner; obviously the availability of funds would be one incentive to encourage collaboration. The SUN movement uses the alignment and mobilization of resources as one metric for successful implementation. There was a clear sense from the key informants that more attention to budget would be an effective mechanism for encouraging multi sector collaboration on the NNP.

The Government of Ethiopia is committed to improving the nutritional status of the population. Enormous gains have already been made in reducing stunting and micro nutrient malnutrition within the country. There was palpable enthusiasm from many of those interviewed about the 2013 NNP. If the GOE can identify mechanisms to harness this energy, the implementation of the NNP will be facilitated.

XV. Recommendations

1. **The Government of Ethiopia should consider having oversight of the National Nutrition Coordinating Board (NNB) nested in the Office of the Prime Minister or some other body which has overarching responsibilities. This could soften the perception that the NNP is a MOH initiative and be one mechanism for generating buy-in from other sectors.**
2. **More effective coordination is key to the success of the NNP. The OPM through the NNCB should institute a system where, monthly, representatives from all sectors involved in NNP provide updates on progress to date.**
3. **A line item for support of the NNP should be reflected in national and subnational sector budgets.**
4. **In order to increase awareness of the NNP, OPM through the NNCB should create a campaign to communicate through multiple channels the vision of the NNP.**
5. **Capacity development at all levels, national and sub national is critical. This capacity takes many forms: individual, institutional, advocacy, communication and service delivery. The NNCB can be the catalyst for mapping current capacity needs at the national and sub national levels and using this as the basis for identifying innovative ways to enhance capacity.**

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Table 1: What are the major nutrition problems in Ethiopia?

Sector	Food insecurity	Malnutrition (stunting, acute malnutrition, SAM/MAM)	Micronutrient deficiencies	Poor infant feeding/ caring practices	Problems are different in each region
Government	29%	29%	21%	7%	14%
NGO	15%	31%	23%	23%	8%
Donor	31%	38%	15%	15%	0%
Academic/Researcher	50%	0%	0%	0%	50%
Among all respondents	27%	30%	20%	13%	11%

Table 2: What prior processes and documents were important in formulation?

Sector	Don't know/ Not sure	Government priority from a 2010 workshop to accelerate stunting reduction	Technical working group fed into policy document MSNP	Joint NSP, but did not involve all	1,000 Days materials
Government	4%	37%	33%	22%	0%
NGO	0%	30%	40%	0%	20%
Donor	0%	20%	60%	0%	0%
Academic/Researcher	100%	0%	0%	0%	0%
Among all respondents	9%	29%	47%	0%	6%

Table 3: What best characterizes the tone and nature of discussions during formulation?

Sector	2008 plan, MOH took lead; 2013 plan more inclusive	Don't know	Inclusive	Meeting in 2013 that included all state ministers
Government	35%	35%	0%	30%
NGO	29%	14%	29%	29%
Donor	40%	20%	0%	40%
Academic/Researcher	0%	100%	0%	0%
Among all respondents	39%	25%	7%	25%

Table 4: What are push backs or hurdles?

Sector	Don't know/ Not aware	MOA says nutrition is MOH responsibility; don't see their role	Have nutrition focal point at local level
Government	41%	47%	12%
NGO	40%	40%	20%
Donor	0%	100%	0%
Academic/Researcher	100%	0%	0%
Among all respondents	50%	36%	14%

Table 5: What ownership issues were involved?

Sector	MOH primary or sole owner	Plan on paper but no accountability	MOA needs to be more involved	Industry need their role defined	Don't know
Government	12%	38%	19%	23%	8%
NGO	43%	14%	29%	0%	14%
Donor	0%	0%	60%	40%	0%
Academic/Researcher	50%	50%	0%	0%	0%
Among all respondents	23%	33%	30%	3%	10%

Table 6: What are the main challenges?

Sector	Coordination has to be more effective	Lack of coordinating body	Nutrition needs to be focus in all agencies at highest levels	Keep momentum going	Need better models (agriculture/nutrition; MSNP)	Need budget support for each sector	Need champion of multi-sector approach	Lack of human capacity
Government	8%	18%	23%	15%	5%	13%	13%	8%
NGO	0%	11%	44%	0%	11%	0%	33%	0%
Donor	6%	13%	25%	0%	25%	6%	25%	0%
Academic/Researcher	50%	0%	50%	0%	0%	0%	0%	0%
Among all respondents	9%	12%	31%	0%	12%	10%	21%	5%

Table 7: What sectors relevant to nutrition were not included?

Sector	Needed more research groups	Private sector	Food production/manufacturing	Not clear/Don't know	Water/Sanitation	Gender/Women's empowerment
Government	20%	27%	7%	40%	0%	7%
NGO	75%	0%	0%	25%	0%	0%
Donor	0%	50%	25%	0%	25%	0%
Academic/Researcher	100%	0%	0%	0%	0%	0%
Among all respondents	40%	20%	10%	20%	5%	5%
Among all respondents	40%	20%	10%	20%	5%	5%

Table 8: What are the main challenges in implementing the plan?

Sector	Effective leadership	Budget	Don't have multi-sector coordination body/lack of coordination	Collaboration /Incentives for collaboration
Government	21%	42%	13%	25%
NGO	25%	25%	13%	38%
Donor	20%	0%	40%	40%
Academic/Researcher	50%	0%	50%	0%
Among all respondents	22%	22%	20%	35%

Table 9: What are the main headaches?

Sector	How sectors can work together	Organizational structure for MSNP not there	No process for "buy in" from all sectors	MOH wants to do everything	High turnover in civil service; constant need to re-educate	How to get more interaction of ag and nut at woreda level	Need to have line item/money in each agency to get serious multi-sector approach
Government	7%	10%	23%	20%	7%	7%	27%
NGO	25%	13%	13%	25%	0%	13%	13%
Donor	33%	0%	22%	11%	0%	11%	22%
Academic/Researcher	0%	50%	50%	0%	0%	0%	0%
Among all respondents	17%	7%	27%	7%	5%	10%	27%

Table 10: What are the strengths of each partner?

Sector	Has brought all sectors together/ more consultation	More visibility on importance of nutrition	More policy and strategic direction then in the 2008 plan	Don't know
Government	37%	26%	5%	32%
NGO	60%	20%	20%	0%
Donor	0%	75%	25%	0%
Academic/Researcher	100%	0%	0%	0%
Among all respondents	50%	23%	14%	5%

Table 11: What are the weaknesses of each partner?

Sector	Too much influence of MOH	Lack of interest by gov't in nutrition	Unrealistic time frame to see results	Not clear how to implement	Need more attention to gender
Government	8%	46%	17%	25%	4%
NGO	0%	33%	33%	33%	0%
Donor	25%	38%	13%	25%	0%
Academic/Researcher	50%	50%	0%	0%	0%
Among all respondents	14%	31%	20%	31%	3%

Table 12: What are success factors for multi-sector coordination to work better?

Sector	Ethiopian Nutrition Institute effective in ag, but eliminated	Need to have way to link increased awareness and prevention	Need interest at highest levels	Need to convince ministers that nutrition is more than ag	Strong advocacy at all levels	Give same nutrition message to all sectors/ levels	Implementers at all levels don't understand what nut sensitive policy/prog are	Need to have exemplary NNP role out in 1-2 woredas to show how it's done	Need to have serious monitoring and evaluation
Government	3%	3%	25%	17%	11%	6%	19%	0%	17%
NGO	0%	8%	23%	15%	23%	0%	23%	0%	8%
Donor	0%	0%	27%	13%	20%	0%	27%	0%	13%
Academic/ Researcher	100%	0%	0%	0%	0%	0%	0%	0%	0%
Among all respondent	5%	2%	26%	11%	16%	3%	23%	0%	15%

Table 13: Major nutritional problems, by region and sector

Region	Sectors	Food insecurity %	Low dietary diversity %	Poor maternal and child caring practices %	Poor sanitation and health and low safe water supply %	Low awareness about nutrition %	Poor coordination %	Lack of focus %	Cultural practices %	Lack /shortage of resources (land and income) %	Others %
Tigray N=60	**Health**	29	29	43	57	86	14	0	0	29	0
	Economic	36	36	20	4	56	0	0	4	24	8
	Social	36	28	28	16	32	0	0	0	16	0
	Partners	100	33	67	0	33	33	0	0	0	33
SNNPR N=85	**Health**	11	100	44	0	56	0	0	22	0	22
	Economic	59	62	31	28	62	0	0	26	13	3
	Social	65	74	26	26	50	3	0	38	9	0
	Partners	33	0	33	0	0	0	0	0	0	0
Oromia N=90	**Health**	50	17	17	0	8	8	25	0	0	0
	Economic	24	22	3	5	16	0	0	0	0	0
	Social	21	26	11	11	29	0	0	0	0	0
	Partners	67	0	0	33	100	0	0	0	0	0
Amhara N=72	**Health**	71	86	29	0	100	0	0	0	0	0
	Economic	26	61	0	0	35	0	6	0	0	0
	Social	45	41	9	3	28	0	0	0	0	0
	Partners	0	3	0	0	0	0	0	0	0	0

Table 14: Do you feel that your office/department is consulted on nutrition issues?

Region	Sectors	Consulted %	Not consulted %	Don't know
Tigray N=60	**Health**	71	29	0
	Economic	52	48	0
	Social	42	54	4
	Partners	100	0	0
SNNPRS N=85	**Health**	78	22	0
	Economic	46	51	5
	Social	56	41	0
	Partners	100	0	0
Oromia N=90	**Health**	83	33	0
	Economic	16	65	3
	Social	13	61	3
	Partners	100	0	0
Amhara N=72	**Health**	86	14	0
	Economic	16	77	6
	Social	25	72	3
	Partners	67	0	0

Table 15: People (families) are able to express their nutritional needs to their government?

Region	Sectors	Community express nutritional needs %			If Yes, does government respond? %		
		Yes	No	Don't know	Yes	No	Don't know
Tigray N=60	**Health**	71	29	0	80	20	0
	Economic	60	32	8	40	0	60
	Social	71	21	8	71	6	24
	Partners	67	33	0	50	50	0
SNNPRS N=85	**Health**	78	0	22	71	29	14
	Economic	87	13	0	50	65	0
	Social	82	18	0	12	79	0
	Partners	67	33	0	1	100	0
Oromia N=90	**Health**	33	33	0	25	2	0
	Economic	35	54	3	23	54	8
	Social	13	63	0	20	80	0
	Partners	67	33	0	100	0	0
Amhara N=72	**Health**	86	14	0	33	67	0
	Economic	16	77	6	20	80	0
	Social	25	72	3	25	75	0
	Partners	67	0	0	100	0	0

Table 16: Do you feel that there is sufficient attention and resources focused on nutrition today?

Region	Sectors	Yes %	No %	Don't know
Tigray N=60	**Health**	100	0	0
	Economic	36	56	8
	Social	21	79	0
	Partners	33	67	0
SNNPRS N=85	**Health**	56	33	11
	Economic	26	67	5
	Social	32	71	0
	Partners	67	33	0
Oromia N=90	**Health**	17	75	8
	Economic	11	59	30
	Social	18	71	11
	Partners	67	33	0
Amhara N=72	**Health**	86	14	0
	Economic	10	90	0
	Social	16	84	0
	Partners	33	67	0

Table 17: Government resources prioritized to use within region

Region	Priorities								
	1st Priority			**2nd Priority**			**3rd Priority**		
	Health %	**Agriculture %**	**Education %**	**Health %**	**Agriculture %**	**Education %**	**Health %**	**Agriculture %**	**Education %**
Amhara N=72	1	76	8	32	10	44	47	3	29
Tigray N=60	7	63	2	32	15	40	32	7	25
SNNPR N=85	6	67	8	40	5	20	24	11	28
Oromia N=90	12	44	11	31	16	20	20	13	33

Table 18: Knowledge of NNS and organizational involvement, by region and sector

Region	Sectors	Do you know NNS?		If Yes, how your organization involved?			Organization more involved in NNS		
		Yes %	No %	Planning %	Implementation %	M&E %	Health %	Agriculture %	Education %
Tigray N=60	Health	14	86	100	100	100	100	0	0
	Economic	4	96	0	0	0	0	0	0
	Social	4	96	0	50	50	100	100	50
	Partners	67	33	0	67	0	67	0	0
SNNPRS N=85	Health	33	56	0	100	0	67		
	Economic	13	87	0	100	0	100	100	20
	Social	18	85	0	100	0	100	83	33
	Partners	100	0	0	100	0	3	3	33
Oromia N=90	Health	50	50	17	83	0	100	0	0
	Economic	8	86	0	2	0	100	0	0
	Social	3	82	0	1	0	0	0	0
	Partners	100	0	33	100	0	67	33	0
Amhara N=72	Health	86	14	33	83	17	83	67	67
	Economic	16	84	20	100	0	100	100	80
	Social	9	91	0	67	33	67	33	33
	Partners	67	0	50	100	0	50	100	0

Table 19: Proposed initiatives, by region and sector

Region	Sectors	Proposed initiatives									
		Awareness creation %	Strengthen the existing program and integration %	Establish as a separate sector %	Increase amount of credit & income %	Home gardening %	Assign nutrition professional at all level %	School feeding %	Establish modern agricultural practices %	Improve water supply, sanitation and hygiene %	Other
Tigray N=60	Health	43	57	0	0	0	0	14	0	0	0
	Economic	44	20	0	12	4	0	0	8	4	8
	Social	32	28	4	4	4	4	4	12	4	4
	Partners	67	33	33	0	0	67	0	0	0	67
SNNPRS N=85	Health	33	33	11	0	0	11	11	56	0	22
	Economic	46	10	5	10	10	3	0	28	15	10
	Social	53	35	3	18	15	3	6	35	15	12
	Partners	33	100	0	0	33	0	0	0	0	33
Oromia N=90	Health	42	58	0	8	0	0	0	25	0	25
	Economic	43	0	0	8	3	0	0	19	5	3
	Social	37	5	0	3	3	0	3	5	0	8
	Partners	33	33	0	0	0	0	0	0	33	33
Amhara N=72	Health	71	57	0	0	0	0	0	14	0	0
	Economic	52	0	0	10	13	3	3	3	3	0
	Social	44	6	0	22	6	9	9	0	0	9
	Partners	0	0	0	0	0	0	0	0	0	0

Table 20: Major challenges during implementation of NNS, by region and sector

Region	Major NNS implementation challenges					
	Budget shortage %	Lack of nutrition professionals %	Lack of attention %	Low awareness %	Coordination problem %	Others
Tigray N=6	33	33	0	83	17	83
SNNPR N=17	35	47	29	71	53	18
Oromia N=14	14	14	29	29	29	0
Amhara N=16	37.5	6.25	43.75	25	25	25

Table 21: Motivation factors to collaborate within and among sectors, by region

Region	BPR/ BSC %	Interface and joint meeting %	GTP %	Work satisfaction %	Leaders commit ment %	Good M&E scheme %	No motiva tion %	Sector mandated activity %	1 to 5 link/HAD and sharing information %	Command post and steering committee %	Others
Amhara N=72	6	42	53	1	0	4	0	0	0	0	1
Tigray N=60	23	48	8	10	8	28	17	2	18	2	12
SNNPR N=85	4	33	0	6	0	35	2	25	0	47	21
Oromia N=90	0	0	3	23	18	11	1	39	0	0	12

Table 22: Discussion on child growth/stunting/child nutrition recently (last 12 month), by region and sector

Region	Sectors	Discussed		
		Yes %	No %	Don't know
Amhara N=72	Health	100	0	0
	Economic	19	74	6
	Social	31	63	6
	Partners	67	0	0
Tigray N=60	Health	86	14	0
	Economic	32	60	2
	Social	54	42	1
	Partners	67	33	0
SNNPR N=85	Health	89	11	0
	Economic	15	87	0
	Social	12	82	6
	Partners	100	0	0
Oromia N=90	Health	75	25	0
	Economic	32	68	0
	Social	18	82	0
	Partners	67	0	33

Table 23: Type of trainings received in the field of agriculture, health or nutrition in the past three years, by region and sector

Region	Sectors	Training received		If Yes, what type?		
		Yes %	No %	Nutrition %	Agriculture %	Health %
Amhara N=72	Health	43	57	100	0	33
	Economic	6	94	0	100	50
	Social	22	78	71	14	43
	Partners	33	33	33	0	0
Tigray N=60	Health	57	43	100	50	100
	Economic	20	80	100	50	0
	Social	21	79	90	40	20
	Partners	33	67	100	0	0
SNNPR N=85	Health	67	44	100	0	67
	Economic	49	51	37	58	64
	Social	41	56	64	36	50
	Partners	100	0	100	0	100
Oromia N=90	Health	58	42	71	0	29
	Economic	24	46	33	56	44
	Social	39	71	27	40	47
	Partners	33	67	100	0	0

Table 24: In how many years from now will nutrition no longer be a problem, by region and sector?

Region	Sectors	1-2 years %	3-4 years %	5-10 years %	Above 10 years %	Difficult to predict %
Tigray	**Health**	29	29	29	14	0
N=60	**Economic**	8	12	44	24	12
	Social	17	21	33	21	8
	Partners	0	0	33	33	33
SNNPR	**Health**	0	22	22	22	33
N=85	**Economic**	18	18	36	10	10
	Social	15	18	62	6	9
	Partners	0	0	0	100	0
Oromia	**Health**	17	25	42	8	0
N=90	**Economic**	16	24	27	3	0
	Social	24	24	34	11	0
	Partners	0	0	67	33	0
	Health	14	43	43	0	0
Amhara	**Economic**	10	32	42	16	0
N=72	**Social**	3	47	34	13	3
	Partners	0	33	33	33	0

Table 25: Major challenges in collaboration and coordination nutrition, by region and sectors Rr

Region	Sectors	Major collaboration and coordination challenges							
		Budget shortage %	Lack of nutrition professionals %	Lack of attention %	Low awareness in sectors %	Poor Community awareness %	No challenge %	Absence of structure and ownership %	Others
Amhara	Health	14	14	29	14	0	0	0	29
N=72	Economic	39	3	13	13	0	0	0	19
	Social	16	22	22	25	0	0	0	16
	Partners	0	0	0	0	0	0	0	0
Tigray	Health	71	43	29	57	43	0	29	57
N=60	Economic	12	12	28	20	16	8	12	12
	Social	25	25	25	29	21	8	4	17
	Partners	0	33	33	67	67	0	0	67
SNNPR	Health	22	22	33	22	56	0	11	0
N=85	Economic	18	13	21	23	33	0	41	8
	Social	18	21	29	26	35	0	32	9
	Partners	67	33	67	33	33	0	67	67
Oromia	Health	17	0	25	58	8	33	0	0
N=90	Economic	16	5	16	11	3	0	0	8
	Social	18	21	29	11	8	26	0	0
	Partners	33	33	33	33	0	33	0	0