LINKAGES REPORT

[Final Draft]

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EXECUTIVE SUMMARY

This Pilot Project focuses on identifying, implementing and eventually scaling-up opportunities to link two nation-wide programs in Ethiopia - the Productive Safety Net Program (PSNP) and the National Nutrition Program (NNP).

The *Geographic Selection* of the pilot woreda within each region was based on the presence of PSNP and NNP (specifically on availability of Community Based Nutrition, CBN). The further selection of one kebele in each woreda was based on its typical agro-ecological signifiers and are listed by Region as follows:

Tigray Region – Hintalo Wajirat, Fikre Alem kebele

Amhara Region – Lay Gayint, Shesho kebele

SNNP Region – Domot Sore, Shiamba kebele

Oromia Region – Gameches woreda, Kokuriftu, Agemti, Sre Kelo Geto and Homicho kebeles

A *Preparatory Study* was conducted from regional to community levels from 21st July to 22nd August 2009. Primary data were collected from 39 PSNP/NNP stakeholders through Key-Informant Interviews (KIIs). In addition, a total of eight Focus-Group Discussions (FGDs) were conducted in four pilot kebeles involving 28 female and 23 male PSNP beneficiaries. Findings indicated a degree of convergence among all stakeholders over perspective of malnutrition, causes and solutions. While all interviewed people recognized that pregnant-lactating women (PLW) and children are the most nutritionally vulnerable groups, their answers indicated a narrow focus on:

- Quantity of food rather than quality and appropriateness of diet for PLW and young children.
- Productivity and marketability of foods rather than their nutritional content for improved household diet.

- Dietary intake and food security with limited attention given to other well known contributing factors to malnutrition like diseases, child care, access to health services and environmental conditions.

With regards to **'coordination'**, the most effective institutional arrangement appeared to be the Food Security Task Forces (FSTF) at woreda and kebele levels. According to KIIs findings, the active involvement of multiple-sector partners was the result of continuous working relationships strengthened through shared objectives and basic compatibility of interests. But the contrary was apparent at regional level with the existence of too many coordination platforms with overlapping functions resulting in increased fragmentation.

With regards to **'cooperation'**, primary data from KIIs revealed a number of inter-sectoral experiences at kebele level although not strictly linked with addressing malnutrition. Findings from FGDs highlighted that a genuine community involvement required understanding and taking into account economical, practical and cultural motives that influence food production and access as well as consumption decisions at household level.

Findings from the preparatory study are in line with recommendations by Maxwell and Conway (2000) to 'plan multi-sectorally but continue to implement sectorally'. Many of the institutional barriers for improved inter-organizational relationships first reflect administrative organization in sectors/programs and, second, nutrition, as a cross-cutting issue, hardly fitting at all within this framework. Working in an incremental and opportunistic manner appears likely to succeed with the current institutional structure. 'Coordination' and 'cooperation' over specific issues like quality of dietary intake for children and pregnant-lactating women, for example, seems to be a promising focus of exchange between PSNP and NNP stakeholders.

Mainstreaming of nutrition into PSNP is expected to maximize the impact of the program among beneficiaries. This is in line with the PSNP 2009 document where the log-frame indicates 'decreased malnutrition among children under two years of age' is foreseen as an impact indicator (PSNP document, 2009, p.73) and 'improved access and utilization of health services' is foreseen as an outcome indicator (PSNP document, 2009, p.74).

Findings from the preparatory study together with a general overview of the PSNP/NNP policy framework were used to inform the *Consensus Building Workshops* conducted in all four pilot woredas and kebeles from 28th September to 16th October 2009. Three major 'linkage' opportunities between PSNP and NNP were agreed upon for implementation at institutional and community level:

1. **Capacity Building on Nutrition Security** for key members of the FSTF at woreda, kebele and community levels.
2. **Behavioral Change Communication using Education Entertainment (BCC-EE)** during pay-day sessions and other public gatherings to encourage PSNP beneficiaries to optimize use of both local and transferred resources for improved Nutrition Security.
3. **Focused attention to PSNP PLW** to protect and enhance their nutritional status and that of their children under two years of age[1].

Experiences from SNNP and Oromia show that, at institutional level, nutrition security can be incorporated in the **Capacity Building Process of Food Security Task Forces (FSTF)** comprising multi-sector members from agriculture, water, health, education, Youth and Women's Affairs. Half-day sessions were included in Watershed Management Training (Domot Sore, SNNP) and in the PSNP review meeting (Oromia, Gameches) targeting over 100 people including 70 DAs. Basics on nutrition were provided during Consensus-Building Workshops to increase understanding of the nutritional value of different types of foods and on specific dietary requirements for PLW and young children. Improved awareness on nutrition outcomes to which PSNP can contribute may result in food security and agriculture stakeholders considering more rigorously who benefits from their interventions. Practically this means, besides agro-ecological suitability, productivity and profitability, the nutrition value of selected crop varieties should be included and accounted for in any equation. Similarly, activities with a direct nutritional benefit, like poultry-management schemes, improved post-harvest storage and food processing techniques or home gardening can be

[1] The focus from conception to age twenty-four months represent a 'window of opportunity' to break the inter-generational cycle of malnutrition. By the time children reach their second birthday, if undernourished, they could suffer irreversible physical and cognitive damage.

promoted in 'household business or investment plans' for increased food and nutrition security[2].

Experiences from Tigray, Amhara and SNNP show that **Behavioural Change Communication using Entertainment Education (BCC-EE)** can be mainstreamed within PSNP pay-day sessions and/or public gatherings to promote feasible changes within the households and the community. Nutrition and care-related behavioural problems were initially identified by a *Technical Team* composed of volunteer members from the kebele FSTF. Technical Teams chose drama as the media and set the agenda following the life-cycle sequence from pregnancy, lactation, to young child feeding from six to twenty-four months. PSNP beneficiaries involved as performers received an orientation on drama and rehearsed under the guidance of a professional theatre performer. Key people at kebele level, such as the Chairman, the Manager, the DAs and HEWs facilitated events. Woreda level PSNP/NNP stakeholders attended the events in all regions while Regional and Zonal FS stakeholders participated in SNNP. For the latter, the drama content addressed family planning and childbirth spacing, reflecting a common concern of both the food security and health sectors as well as the community.

Despite PSNP/NNP stakeholders continuously stating the importance of **Focused Attention to PSNP PLW**, the implementation of this 'linkage' opportunity has proved to be challenging in all regions. For the monitoring of health and nutrition services utilization by PSNP PLW, on-the-job orientation sessions were organized with HEWs and DAs in all pilot kebeles to examine key indicators using registers and records from available routine services and nutrition programs. Additional behavioral indicators related to dietary habits of PLW and young children were also included in the Checklist. The initial PLW identification was expected to happen during the annual PSNP registration but so far, this has been either impossible or, where figures are available, the numbers are doubtful.[3]

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[2] Development Agents and Health Extension Workers are well placed to engage with male and female PSNP farmers for designing interventions and developing/adopting technologies that take into account local agricultural and nutrition considerations.

[3] Kebele registration lists reviewed in Lay Gayint woreda (Amhara) indicated 12% PLW out of the total PSNP beneficiary population while the commonly estimated percentage of PLW out of the total population is around 3.5%.

The establishment of *Work Teams* among PSNP PLW was also discussed with the kebele FSTF to promote their involvement in 'light' works during the non-exemption time from public work (e.g. before four months of pregnancy and after ten months from delivery). Work Teams were foreseen to be the basis for the formation of Interest Groups among PSNP women/PLW to engage in production activities with nutritional benefits. Further links were expected with existing development programs like Household Asset Building Program (HABP) or community-based services such as micro-finance and technical assistance. While interviewed PSNP-HABP stakeholders are saying they want to be open to diversify production investments they point out that other partners like the Women's Affairs, NGOs or Youth Affairs should be involved in forming and supporting these groups. This 'linkage' opportunity goes beyond PSNP and requires much more time and inputs from different partners to really become operational.

Interviewed PSNP stakeholders emphasized the potential contribution of the health sector in '*Monitoring'* the PSNP key indicators but acknowledged limited information sharing between the two sectors. Monitoring of decreased malnutrition among children below two years can be systematically ensured through the dissemination of Community-Based Nutrition (CBN) monthly data[4] and Community Health Days (CHD) quarterly data[5]. In addition, monitoring of access and utilization of essential health and nutrition services by PSNP PLW can allow generation of communal data for joint planning among members of the Food Security Task Forces. Further work is required on data collection and use to show some evidence.

'*Linkages Evaluation'* was conducted informally with key PSNP and NNP stakeholders focusing on their view over feasibility and scalability of identified and implemented 'linkage' opportunities. So far, all feedback and comments have been positive. None of the stakeholders seem to believe that scaling-up should be a challenge, especially for capacity building or for the BCC-EE. When it comes to 'monitoring access and utilization of health and nutrition services by PSNP PLW' no institutional barrier could be identified, especially because PSNP/NNP stakeholders repeatedly stated their interest in the collection and sharing

[4] CBN provides data on underweight and severe underweight among children U2.
[5] CHD provides data on proxy GAM (<12 MUAC) and proxy SAM (<11 MUAC or bilateral oedema) among children 6-59 months and proxy GAM (<21 MUAC) among PLW.

of these data. With regards to the 'establishment and support to PSNP PLW/Women Interest Groups', the main remarks were on the need to work more with the community until some experience can be gained.

Recommendations:

For immediate scale-up of identified 'Linkages' at ***institutional level:***

- NNP Coordination Body and PSNP JSOC work together to ensure that identified 'Linkages' are mainstreamed in their respective programs. On this regard, the NNP document (2008), the PSNP document (2009) and the revised PSNP Planning Implementation Manual (PIM; 2010) already provide the policy framework to justify the need for a multi-sectoral approach.
- NNP/PSNP regional and federal coordination bodies endorse and ensure the inclusion of 'Linkages' in respective sector plans, enforce implementation through mutually agreed monitoring mechanisms and evaluate performance jointly.
- Nutritional objectives and outputs associated with PSNP impact and outcome indicators such as 'reduced malnutrition' (PSNP document, 2009, p.73) and 'increased access and use of health services' (PSNP document, 2009, p.74) are incorporated in PSNP annual plans at community, kebele and woreda levels so that resource allocations, incentives and systems of accountability are managed around them. In line with the NNP Sub-Component 2(d), the NNP ensures that young children and pregnant and lactating women in families receiving aid are being nutritionally monitored and that the nutritional anthropometry is included in the evaluation of the PSNP (NNP document, 2008, p.55)
- NNP and PSNP stakeholders at federal and regional levels work together on how to mainstream Nutrition Security within the existing training curriculum. The links between food production and consumption should become part of the discussion on how to incorporate agricultural and nutritional considerations from the outset. On this regard, the Training Manual, already developed and translated, could be an obvious starting point. In line with the NNP Sub-Component 2(d), the MOH could support these joint training so that key members of the FSTF at different levels become change agents to

promote adequate and diversified diet for pregnant-lactating women and children under two years (NNP document, 2008, p.55).

For immediate scale-up of identified 'Linkages' at ***community level***:

- Capacity Building on Nutrition Security rolled out to kebele and community FSTF members. DAs, HEWs, CHWs, women's and youth representatives are well placed to engage with male and female PSNP farmers for designing interventions and developing/adopting technologies. Interventions and technologies should take into account agro-ecology, household economy, livelihood strategies and cultural norms that influence household decisions over food production, access and use.
- Kebele FSTF should integrate Behavioural Change Communication using Entertainment Education (BCC-EE) during pay-day sessions and public gatherings. Experiences from implementation show that this activity can be managed at community level provided the quality of the technical content is supervised by the HEWs. DAs and HEWs can play a significant role in facilitating the dialogue with the community to influence intra-household dynamics that affect nutritionally vital decisions with regards to allocation of different quantities and types of food to PLW and young children.

For implementation of identified 'Linkages' at ***institutional and community level***:

- It is recommended to start the component 'focused attention to PSNP PLW' in one pilot woreda only looking more carefully at the role that PSNP and NNP key stakeholders can have on actual operational output.
- With regards to monitoring of PSNP PLW utilization of essential health and nutrition services, few indicators should be prioritized by PSNP and NNP stakeholders. The initial 'window of opportunity' could be reduced from pregnancy up to eleven months instead of twenty-four months (as this corresponds more or less to the exemption time of PSNP PLW from Public Work).
- With regards to monitoring of nutritional status of children and PLW in PSNP kebeles, direct links should be established between the FSTF (particularly the EWS) and nutrition program such as CBN and CHD for monthly and quarterly sharing of data. NNP stakeholders should see it as an opportunity to increase data quality and utilization, as

nutrition information would be shared with multiple sectors and with administrative cadres.

- The establishment of Interest Groups among PSNP PLW/women needs the involvement of other partners like the Women's Affairs and/or Youth Affairs to support groundwork. Product-value chain assessment and technical assistance will still remain the responsibility of agricultural partners.
- PSNP and NNP stakeholders should optimize the role of home-economists in SNNP, Oromia and Tigray by linking them with the HEWs and CHWs to strengthen post-harvest activities as a necessary link between food production and consumption.

Potential 'Linkages' for ***further discussion:***

- Protection and enhancement of nutritional status of PSNP Orphan and Vulnerable Adolescents (OVAs) through their involvement in 'Healthy Life Style' clubs.
- Food Fortification[6]: i) Inclusion of *Sprinkles*[7] for children under two years and PLW during food or cash transfers; ii) Fortification at mill of PSNP food transfer.
- Supplementation of PSNP food/cash transfers through local production of 'special blended food' for children 6-11 months and PLW. On a small-scale, this activity could be linked with the establishment of Interest Groups and with an increased role of the Home Economists at woreda level.
- Promotion of high-nutrient bio-fortified crops (e.g. High Protein Maize and Orange Flesh Sweet Potato) and improved breeds of poultry, small ruminants and cows through collaboration with Research Institutes for testing and promotion of selected varieties.

[6] Food Fortification is an on-going process with a committed Technical Working Group to ensure quality and safety standards
[7] A 'Sprinkle' is a small packet (sachet) containing a blend of vitamins and minerals in powder form, for easy sprinkling onto food.

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Thank you.

LIST OF ACRONYMS

CBN	Community Based Nutrition
CHV	Community Health Volunteer
DA	Development Agent
FAO	Food and Agriculture Organization
FGD	Focus Group Discussion
FSTF	Food Security Task Force
HEW	Health Extension Worker
IOR	Inter-Organizational Relationships
JSOC	Joint Strategic Oversight Committee
KII	Key-Informant Interview
M&E	Monitoring and Evaluation
MOARD	Ministry of Agriculture and Rural Development
MOE	Ministry of Education
MOFED	Ministry of Finance and Economic Development
MOH	Ministry of Health
NNP	National Nutrition Program
NNC	National Nutrition Coordination
PSNP	Productive Safety Net Program
SNNPR	Southern Nations, Nationalities and Peoples Region
UNICEF	United Nations Children's Fund
WHO	World Health Organization

1. INTRODUCTION

1.1 Background Information

Malnutrition is the single biggest contributor to child mortality in Ethiopia. The 2005 Demographic Health Survey (DHS) reports that 47% of children under five are stunted, 38% are underweight and 11% are wasted. Children who do not receive the required diet in their critical early years most likely do not reach their optimum size as adults, their brains are affected and they are at greatest risk from infection. Scientific evidence shows that beyond the age of two years, the effects of chronic malnutrition are irreversible. This means that to break the inter-generational cycle of malnutrition, strategies must target children during their first two years and women during pregnancy and lactation (Grantham-McGregor, 2007).

Ethiopia is characterized by persistent food insecurity with almost half of the farming population not producing enough food and income to meet families' nutritional requirements. Coupled with low productivity, seasonal variations in market prices of main commodities seriously affect the cash flow of poor households unable to afford the minimum required diet throughout the year. Children and pregnant-lactating women are particularly vulnerable.

Policy context:

According to the 1996 World Food Summit definition 'Food security exists when all people, at all times, have physical and economic access to sufficient, safe and nutritious food to meet their dietary needs and food preferences for an active and healthy life'. The employment of a comprehensive definition of 'food security' requires the special nutritional requirements of most vulnerable groups to be taken into account when planning for food production and food/cash transfers. This calls for improved 'Linkages' between agriculture and health sectors to cover the three pillars of 'food security': Availability (physical supply), Access (ability to acquire food) and Utilization (the capacity to transform food into the desired nutritional outcomes).

In 2005, the Ethiopian Government launched the Productive Safety Net Programme (PSNP) as an attempt to provide a predictable response to persistent hunger through food/cash transfers to seven million chronically food-insecure people. Depending on labour availability at household level, PSNP beneficiaries receive payment through direct support or through participation in public works aimed at creating sustainable assets for the community. In 2008, the National Nutrition Programme (NNP) was started to tackle nutrition issues using a multi-sectoral approach. Both programs expect to contribute to the achievement of the Millennium Development Goal 1 by reducing the number of Ethiopians suffering from extreme hunger, poverty and malnutrition. PSNP is managed by the Ministry of Agriculture and Rural Development (MOARD), while NNP is under the Ministry of Health (MOH). The latter is formally responsible for nutrition security but the former has the mandate over food availability and access.

The PSNP (2005, 2006 and 2009) and NNP (2008) documents were used to build an understanding of the institutional discourse beyond the programs, with particular attention towards identifying formal statements of intent to address cross-sectoral issues around nutrition. The 2008 NNP strategy document states the need for a multi-sectoral approach and provides recommendations in the implementation manual on how to mainstream nutrition beyond the health sector. One NNP component indicates 'Linkages' between PSNP and NNP as one intermediate result with identified indicators and activities. The log-frame in the 2009 PSNP document indicates 'reduced malnutrition among children under two years of age' as the impact indicator (PSNP document, 2009, p.73) and 'improved access and use of health services' as outcome indicators (PSNP document, 2009, p.74).

The association between agriculture and human nutrition provides a complex picture that relates food supply with demand and production with consumption. Analyzing how agriculture and food security influence nutritional outcomes highlights the way institutional structures influence this relationship. Given the high prevalence of food insecure households, NNP alone cannot have a substantial impact on nutrition security. The number of nutrition based emergencies occurring annually throughout the country calls for PSNP

stakeholders to carefully consider the extent to which their program addresses the special requirements of their most vulnerable beneficiaries.

PSNP and NNP institutional arrangements for multi-sectoral coordination:

The 2008 NNP strategy document recommends the establishment of one National Nutrition Coordinating (NNC) body at federal level and one corresponding body at regional level. It suggests using the already existing Development Committee woreda and kebele levels.

The 2009 PSNP strategy document provides a detailed account of coordinating mechanisms at all administrative levels that include members from different sectors expected to participate in decisions concerning targeting, planning of public works, monitoring and evaluation. The following institutional arrangements are identified:

Federal level: i) Joint Strategic Oversight Committee (JSOC) comprised of donors and state ministries[8] and; ii) Specific Technical Committees (STC) comprised of development partners and line ministries[9].

Regional level: i) Food Security Coordination Office (FSCO) and; ii) Regional Technical Coordinating Committee (RTCC)[10] responsible for coordination with other line bureaus and development partners.

Woreda level: Food Security Task Force (WFSTF) including representatives from line ministries and development partners.

Kebele level: Food Security Task Force (KFSTF) including Kebele Administration, Development Agents (DAs), Health Extension Workers (HEWs), Teachers and Youth representatives.

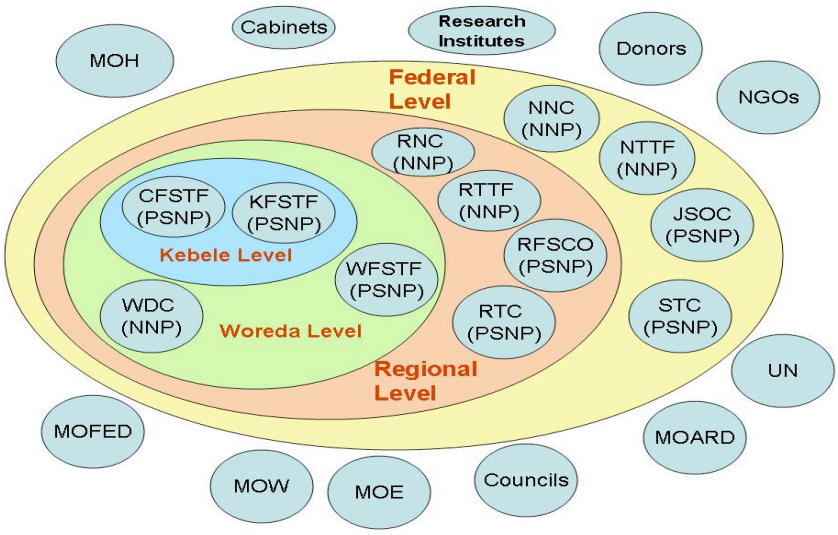
Community level: Food Security Task Force (CFSTF) including one Development Agent (DA), one Health Extension Worker (HEW), two or three elected female representatives

[8] The revised PIM 2010 indicates the PSNP Donor Working Group (DWG) and the Donor Coordination Team (DCT)
[9] The revised PIM 2010 indicates three Technical Committees: Joint TC 1 (General Management and Transfers), Joint TC 2 (PW/CCI) and Joint TC 3 (HABP).
[10] The revised PIM 2010 indicates two Technical Committees: Joint TC 1 (General Management and Transfers) and Joint TC 2 (PW/CCI).

and male representatives, one elected youth representative and one elder representative.

The environment comprises many types of public institutions including different line ministries, donors, UN agencies, research institutes, NGOs, communities and political entities, like councils and cabinets with decision-making powers.

Diagram 1: PSNP and NNP Multi-sectoral Coordination Mechanisms Systems Map



1.2 Objectives of the Pilot

The aim of this Pilot is to identify, implement and eventually scale-up 'Linkages' between the Productive Safety Net Program (PSNP) and the National Nutrition Program (NNP) to improve the nutritional security of children and pregnant-lactating women in a context characterized by stakeholders belonging to different sectors and administrative levels.

The specific objectives of the Pilot are to:

- Identify potential 'linkage' opportunities between PSNP and NNP at community level.
- Design a pilot project in four Regions.
- Identify appropriate M&E mechanisms and indicators.
- Evaluate the 'linkage' opportunities.
- Provide recommendations to scale-up 'linkage' opportunities.

While theory acknowledges the importance of a 'multiple-stakeholder approach' to tackle malnutrition, there is little empirical evidence on how this translates into action. One of the main lessons learnt from this Pilot is that any policy needs to be seen as a 'process' where practices and relationships at multiple levels shape the action and the outcomes. Therefore, there is a constant interplay between the 'best laid policy' and what is actually happening on the ground in any given context.

1.3 Pilot Phases

Phase I: Preparatory Study and Feedback to regional and woreda stakeholders.

Phase II: Planning, Implementation and Monitoring of 'linkage' opportunities:

- Planning through Consensus-Building Workshops.
- Implementation start-up through Capacity-Building, mostly on-the-job.
- Monitoring through field visits and reports.

Phase III: Evaluation and recommendations for Scaling-Up

Documentation has been integrated throughout the process.

1.4 Report Structure

Part 1 comprises this introduction.

Part 2 comprises the Preparatory Study including a brief description of the problem statement, questions, objectives, methodology, results and recommendations. A more comprehensive overview of findings per Region can be provided upon request.

Part 3 comprises a description of the Planning, Implementation and Monitoring process. Following the Consensus Building, three main 'Linkage' opportunities were identified for implementation at institutional and community level. Each of these 'Linkages' is presented separately highlighting the expected outcomes, methodology and the experience from implementation and monitoring.

Part 4 comprises an Evaluation including feedback from key PSNP and NNP stakeholders.

Part 5 presents conclusions and recommendations for Scaling-Up.

2. PREPARATORY STUDY (PHASE I)

2.1 Introduction

The UNICEF malnutrition framework (Appendix 1) was applied to reveal convergent perspectives among PSNP/NNP institutional stakeholders over understanding on malnutrition, its causes and solutions as a first step toward finding a common ground for multi-sectoral linkages.

'Linkages' were expected to take place at community level because of the cross-cutting nature of nutrition. This implies public recognition of nutrition security as an issue requiring complementary efforts beyond food relief. Understanding the perspectives of PSNP beneficiaries on malnutrition, its causes and solutions was regarded as a priority for the feasibility and sustainability of potential interventions.

Defining the problem:

The initial problem definition focused on the following questions:

- Can a shared vision between PSNP and NNP stakeholders on malnutrition, its causes and solutions, be built upon as a pre-condition for 'Linkages'?
- In what ways can PSNP stakeholders become motivated to 'link' with NNP stakeholders to address issues around malnutrition?

During the problem definition, federal representatives of MOARD and MOH referred matters of 'Linkages' between PSNP and NNP to the regional and woreda levels in accordance with the decentralized government structure that gives them extensive mandate over local development and delivery of basic services.

The problem and its characteristics:

The preparatory study builds from a scientific-based theory that defines malnutrition as a 'cross-sectoral issue' affected by a range of contributing factors like dietary intake, health status, care practices, food insecurity, etc. (Maxwell S. 2001, Levitt et al. 2008). In the case of

PSNP and NNP field of policy, this implies building and maintaining relationships between a great variety of stakeholders. Understanding inter-organizational relationships and the politics that influence these interactions are crucial to appreciate how the 'multi-sectoral approach' is likely to be influenced in its implementation by context-specific dynamics.

The rationale for improved 'Linkages' between PSNP and NNP is to increase the impact on nutrition security. The types of inter-organizational relationships that better define 'Linkages' are 'coordination' and 'cooperation'.

According to PSNP and NNP documents, '*coordination*' is associated to institutional arrangements established to facilitate the inter-sectoral response capacity. Coordination is meant as participation in decision-making, sharing of objectives and basic compatibility of interests. Coordination is expected to reflect capacities, legitimacy and expertise of multiple parties rather than centralized control and authority. This is in line with available literature that emphasize that the rationale behind 'coordination' is to 'minimize duplication and wastage of resources' (Robinson et al, 2000, p. 215). While this is perfectly justifiable from a programmatic point of view, practically there should be recognition on how this might affect interests of different stakeholders, which are competing for limited funding access. Thus, the comparative advantage of 'coordinating' needs to be clearly weighed up against possible losses.

According to PSNP and NNP documents, '*cooperation*' is foreseen at community level among different sectors as well as between institutions and the population. Initial discussions with key federal and regional members have brought to light the assumption that physical 'proximity' of stakeholders at community level can promote trust and influence how people work together. While Harris (2000) indicates trust as being crucial to building cooperation, he also emphasizes that reaching a common ground is a process of incremental learning and self-transformation that requires time. The rationale behind 'cooperation' is 'to ensure effective allocation of resources and improved impact' (Robinson et al, 2000, p. 271). This implies public recognition of nutrition security as an issue requiring complementary efforts of multiple stakeholders, involving household and community participation. Understanding

motives and constraints that influence food production, access and consumption decisions at household and community level appears to be a pre-requisite for building 'cooperation'.

The problem as identified within published works:

An internet literature search was carried out by setting a periodic time from 1999 and by using the following key words: Linkages, cooperation, coordination, PSNP, NNP, food security, nutrition security, malnutrition framework and Ethiopia to generate relevant material. In their report commissioned by the World Bank, Garret & El-Tahir (2008) point out that, despite a consensus on multi-sectoral approach to nutrition, there is a lack of a solid evidence to guide stakeholders on its implementation.

On the other hand, the academic article by Levitt, Pelletier and Pell (2008) emphasizes the importance of finding common ground among multiple stakeholders requiring an incremental 'process' including consciousness raising, confrontation, collaboration and complementary activities. Articles by Maxwell (2001) and Bouis & Hunt (1999) provide insights on the discussion about food and nutrition security, issues and challenges. They acknowledge extensively that improving nutrition security requires a multi-sectoral approach but are not able to find evidence on how this concept can or has been translated into practice.

In addition, case studies reviewed in a World Bank Study (2007) refer to agricultural interventions where a nutrition education component was added to improve the household consumption of high-nutrient products. In most cases, the integration of nutrition education was directly managed by the agriculture sector with the exception of only one intervention in South Africa where the health sector was the institutional partner.

In this fragmented context, management of meanings (Robinson et al**,** 2000) is essential for increased communication between different stakeholders due to the diversity of their languages and perceptions. From the literature review, the nutrition security language remains confined within the health domain with an almost exclusive emphasis on promotion of appropriate maternal and child feeding practices. There is limited acknowledgment of development opportunities that could come from integration between food and nutrition

security and that could call for an increased role of the agriculture sector (Garret & El-Tahir, 2008).

2.2 Study Objectives

- Identifying *overlaps in conceptual areas* among the food-security, agriculture and health stakeholders at different levels by using the UNICEF malnutrition framework.
- Identifying *complementary efforts* by the two sectors to improve nutrition security.
- Pointing out *opportunities for 'Linkages'* between PSNP and NNP.

2.3 Study Methodology

2.3.1 Design

Key principles:

The UNICEF malnutrition framework was used as a communication tool to identify overlaps in conceptual areas among different stakeholders. Continuous feedback was required at multiple levels as part of the consensus-building process through development of a shared vision. In the preparatory study, using people as informants implied recognising their role as 'stakeholders' as well as considering issues of power relations among them.

The aim of the study was to explore opportunities for 'Linkages' between the PSNP and the NNP context characterized by stakeholders belonging to different sectors, programs and administrative levels. The aim was reflected in the key question on how 'Linkages' between PSNP and NNP can be built for improved nutrition security.

The sub-question on 'who should be involved in the preparatory study at different administrative levels' was answered through a 'mapping exercise' that identified key PSNP and NNP multi-sectoral coordination mechanisms. The 'people's tree' was used to identify the individuals covering relevant positions at different administrative levels.

The sub-question on 'how do perspectives on malnutrition, underlying causes and solutions vary between PSNP and NNP stakeholders at different levels' was broken down into further sub-questions, which were applied in Key-Informant Interviews (KIIs) and Focus Group Discussions (FGD). There was an assumption that a common ground could be found amidst the different perspectives as long as these were clearly revealed and compared. This question was also aimed at challenging the belief of policy makers that 'multi-sectoral approach' could materialize only because it was recognized in theory.

The sub-question on 'what conditions are most likely to promote 'Linkages' between PSNP and NNP stakeholders at different levels' looked at the recognition and functionality of institutional arrangements that could steer and advance inter-organizational relationships. This information was generated through primary and secondary data.

The sub-question on 'what might motivate stakeholders to promote 'Linkages' between PSNP and NNP stakeholders at different levels' looked at institutional barriers derived from internal bureaucracy but also at values and power relations informing multiple stakeholders in the public arena. It was important to understand what were the potential gains and losses of different stakeholders in relation to getting involved in a 'multiple-sectoral' approach. Sub-questions asked stakeholders about previous experiences of inter-organizational relationships including lessons-learned and challenges.

The finalized methodology included a secondary research, a stakeholder mapping exercise and a primary research through KIIs and FGDs. The research team consisted of the two consultants (Patrizia Fracassi and Lioul Berhanu) and additional field support provided by key PSNP/NNP people from agriculture and health sectors at woreda and kebele levels.

2.3.2 Data Collection

Collection of *secondary data* started in June with the desk-review of PSNP and NNP documents, Internet articles and academic material. The former highlighted the institutional discourse behind the two programs. Internet articles and academic materials provided an overview on the latest consensus on food and nutrition security.

The *geographic selection* of the woreda within each region was based on PSNP/NNP presence. The further selection of one kebele in each woreda was based on typical agro-ecological signifiers. Primary data were collected from 21st July to 22nd August from the following locations:

Oromia Region – Gameches woreda, Sre Kelo Haro Tate kebele

Tigray Region – Hintalo Wajirat, Weltaney kebele

Amhara Region – Lay Gayint, Shesho kebele

SNNP Region – Domot Sore, Shiamba kebele

The *stakeholder mapping* exercise was done before the field-work based on PSNP/NNP documents to identify multi-sectoral coordinating mechanisms at federal, regional, woreda and kebele levels. Key informants from agriculture and health sectors were first identified at regional level according to their position. They indicated the appropriate persons to speak to at lower levels (people's tree). A list of those interviewed is available on request.

The *fieldwork* consisted of KIIs of 60-90 minutes and FGDs of two-three hours using a semi-structured method. Interviews started at regional level with PSNP and NNP coordinators and ended at kebele level with frontline practitioners such as Development Agents (DAs) and Health Extension Workers (HEWs). A total of 39 people were interviewed from health and agriculture sectors at different administrative levels. The questions (Appendix 2) were conducted on a face-to-face basis allowing for flexibility and the opportunity to explore answers and qualify them immediately. The first half of the interview was structured while the second half was left open for a more free-ranging conversation to cover issues emerging from previous answers in more detail. Additional questions were asked to technical people like agronomists, Home Economists, Community-Based Nutrition (CBN) focal people, market experts and research experts for a better understanding of local production, market and consumption patterns. Interviews were conducted in Amharic and English.

A total of eight FGDs were conducted in four kebeles involving 28 female participants and 23 male participants. The sampling criteria required that they were PSNP beneficiaries and

belong to households with young children and/or pregnant-lactating women (NNP target). In addition to key questions, techniques like the 'affinity diagram' and 'problem tree' were used to summarize and organize participants' answers to facilitate the discussion on relevant issues (Appendix 3). FGDs were conducted in Amharic and local languages.

2.3.3 Quality of methodology

The main strength of the applied methodology was its capture of key stakeholders' perspectives at different levels, including beneficiaries. A key advantage of conducting KIIs and FGDs was the opportunity to provide immediate feedback to participants. This was found to be useful in clarifying technical issues like nutritional requirements of the most vulnerable groups or nutritional value of different foods. It also highlighted differences between PSNP policy and practices, for example, length of exemption from public work for pregnant-lactating women or issues surrounding the full family targeting namely the practiced exclusion of children less than one or two years.

There was a concern that people already familiar with the UNICEF malnutrition framework would simply repeat all the foreseen 'domains' rather than expressing what she/he thought to be the main causes of malnutrition and possible solutions for reducing it. Results showed a narrow focus on few 'domains' that seemed to reflect more peoples' real perspectives than a mere replication of the overall theory behind malnutrition. Despite overlooking key contributing factors like water-borne diseases and environmental hygiene, we did not use prompts to lead the interviewees in that direction. Instead, we mentioned the ignored factors in feedback provided at the end of the KIIs and FGDs.

The biggest concern for the study was simple misunderstanding of the question or answer because of the language barrier. For this reason, a set of questions and internal guidelines were developed in the beginning including a number of prompts and probes to allow follow-up questioning if answers were not clear or seemed ambiguous. For the FGD, we used the local DAs and/or HEWs to communicate with the population because of the range of ethnic languages existing in rural areas. No particular translation difficulties were experienced

during the study but there was recognition of a degree of interpretation in the way the information was communicated by the DAs and HEWs.

2.4 Analysis, Findings and Results

2.4.1 Analytical framework and techniques

The research questions were used as a framework within which to order and analyze the data. Answers were looked at systematically through the recording tally sheets (Available on request) and extracted to build evidence-based arguments to the key questions.

The *secondary research* was useful to get background information and also to identify the gap between the theory underpinning institutional discourse and the reality. Statistical and monitoring data on nutrition, production, market prices, PSNP and NNP provided context information and were used for triangulation purposes to cross check answers provided during KIIs and FGDs.

The *primary research* was concerned with generating qualitative data. The information was summarized into tally sheets containing detailed, mutually exclusive categories. The UNICEF malnutrition framework was used to group answers to the question on perspectives, causes, factors and solutions to malnutrition around 'domains' commonly known in the food and nutrition security field.

Because of their institutional position, each key-informant represented a 'stakeholder', hereby defined as any organized group or sub-unit whose resources, authority, status, influence or survival is influenced by a policy or program (Milio, 1990). Participants in the FGDs were selected because of their status as PSNP/NNP beneficiaries. Answers received from male and female participants were grouped and tallied in the summary sheets as separate stakeholders.

Qualitative analysis implied looking for shared meanings between informants, while being aware of multiple perspectives held. Similar views were matched within the same category

and different views were recorded separately. For the reporting of findings, the following definitions were applied:

'All stakeholders': 100% of answers in agreement.

'Most stakeholders': at least 75% of answers in agreement.

'Many stakeholders': at least 50% of answers in agreement.

'Few stakeholders': less than 50% of answers in agreement.

'Single stakeholders': all answers listed separately because of differences.

2.4.2 Main findings from primary data

Perspectives on malnutrition, underlying causes and solutions among PSNP and NNP stakeholders:

All PSNP and NNP stakeholders noted malnutrition as a priority concern with a focus on children as the most affected group followed by pregnant-lactating women.

All stakeholders mentioned food insecurity as the key cause of malnutrition linked mostly to drought and limited access to water. Other factors were specific by regions and included small-land size in SNNP and Amhara, land degradation in Tigray and Amhara and lack of improved seeds and breeds in Oromia and SNNP. Many PSNP and NNP stakeholders noted poor dietary intake focusing on food shortage. Only few stakeholders, mostly from the health sector, mentioned limited variety and appropriateness of diet for young children and pregnant-lactating women.

Most NNP stakeholders mentioned poor feeding practices as a cause of malnutrition. Specific cultural practices were noted as being particularly resistant to change. Examples included the refusal by highlander populations to use goat milk because of the fear of becoming deaf or the limited consumption of butter in the local diet due to its main purpose as a cosmetic to indicate wealth status. Most male and female FGD participants spoke about seasonality of resources as the key constraint affecting the household diet. While the majority of FGD participants noted low productivity and storing technologies as main barriers, few of them

mentioned the burden of food gifts linked to social obligations and special events in post-harvest time.

Most PSNP and NNP stakeholders, including FGD participants, prioritized solutions focusing on access to production water and improved agricultural technologies through provision of better crop varieties and animal breeds. Nutrition education was mostly noted by NNP stakeholders. Few PSNP and NNP stakeholders at different level mentioned family planning as a solution to reduce population pressure on land and environment. Significantly divergent perspectives on solutions to malnutrition came mostly from regional PSNP stakeholders and included emergency-based interventions like food aid and resettlement programs for landless population.

'Linkages' among PSNP and NNP stakeholders:

Many PSNP and NNP stakeholders provided a clear distinction between agriculture and health sector responsibilities making the former responsible for food supply and availability and the latter responsible for nutrition security. However, the role played by the agriculture sector to tackle malnutrition came out much stronger than that of the health sector because of the almost exclusive food-security focus by both PSNP and NNP stakeholders. Few stakeholders mentioned the involvement of other ministries like Water, Education and Women's Affairs as well as NGOs, donors, cooperatives and research institutes. Stakeholders who did mention other sectors beyond agriculture and health were those that provided a broader overview on causes of and solutions to malnutrition.

Answers from KIIs with regards to inter-sectoral coordination mechanisms were quite divergent among stakeholders and included disparate bodies like Regional Food Security Coordination Offices, the Regional Emergency Coordination Unit, the Woreda Development Committees, the Woreda and Kebele Food Security Task Forces (FSTF), and the Regional, Woreda and Kebele Cabinets and Councils. The last two bodies do not have coordinating functions but they do take decisions for the allocation of financial resources. The lack of a common identification of multi-sectoral coordinating bodies was significantly pronounced at

regional level where each stakeholder mentioned a different institutional arrangement. The FSTF was mentioned by most stakeholders at woreda and kebele level.

Answers from KIIs regarding inter-sectoral experiences were significantly divergent among stakeholders. A high number of PSNP/NNP stakeholders mentioned emergency interventions followed by infrastructure construction, joint activities by DAs and HEWs and multi-sector donor-driven programmes like the Belgium-Survival-Fund Food Security & Nutrition Programme and the World Bank-supported Growth Monitoring Programme. Single answers included joint planning, HIV education at public work sites, school gardening and presence of home-economists (now discontinued).

Motivational factors among PSNP and NNP stakeholders to promote 'Linkages':

Answers from KIIs with regards to motivational factors were quite divergent among stakeholders but a significant number of them mentioned joint planning and the related monitoring and evaluation. Visibility of common grounds for collaboration like shared problems, objectives and results were highlighted by many stakeholders as both a challenge and motivational factor. Some PSNP/NNP stakeholders brought up technical support and joint-activities, especially at community level, as motivational factors. Other suggestions included, for example, sharing of experience, stronger involvement of decision-makers, clarity over roles and responsibilities, provision of additional resources and re-establishment of home-economists.

2.4.3 Results

Analyzed data has been divided into two categories, they being 'Enablers for Linkages' and 'Institutional Barriers for Linkages' looking at both primary and secondary data.

Enablers for 'Linkages'

Multi-sector approach as policy priority:

Multi-sector approach is part of NNP development objectives, which mentions 'Linkages' between PSNP and NNP as an intermediate result (NNP, 2008). It provides a broad

framework with activities and indicators to measure progress. This gives a sense of direction, open enough to allow flexibility and opportunism on how to implement the 'Linkages' between PSNP and NNP. Reduction of malnutrition is recognized as impact indicator in the PSNP document (2009) and the Pilot in four Regions is specifically mentioned (page 40) as a way to increase PSNP impact. In addition, some nutrition inputs have been included in the revised PIM (2010) and might provide a favorable policy framework for the PSNP stakeholders.

Multi-sector coordinating mechanisms:

The recommended NNP multi-sector coordinating mechanisms were not in place during the time of the study but have been recently established at regional level (2010). Most of PSNP institutional arrangements, like the Food Security Task Forces, have been functioning since 2005 as demonstrated by an active membership, regular meeting schedule and involvement in joint activities like training, monitoring and evaluation.

Many health sector stakeholders found it difficult to name coordinating mechanisms at regional level but they could easily recognize the PSNP Food Security Task Force at woreda and kebele level. The latter is currently used as the lowest-level link between the community and government programs and services like the Water and Sanitation Program, the Household Asset Building Program, the Emergency Relief Program and so on. There is no other platform in the community that includes such an extended membership although Development Committees (DCs) are now in the process of being rolled out in Tigray (1 for 30 households).

Despite their focus on food security, PSNP institutional arrangements do represent an opportunity for increased coordination with NNP, especially at kebele level where HEWs are members of the FSTF. Their involvement should be strengthened as it was reported to be mostly limited to planning and monitoring of construction of health posts.

Presence of home economists in the agriculture sector:

Home economists in SNNPR are under the Rural Women's Extension Office, which is part of the Agriculture Extension Service. There is a similar position in Tigray and Oromia but not in Amhara. They are responsible for empowering women economically through income generating activities. They address both production and consumption, including nutrition education, by introducing time-saving technologies and working on post-harvest methods like processing and preparation of food. Previously the home economists were in charge of a network of home-agents at kebele level. Now the function of home agents has been taken over by the HEWs and Community Health Volunteers (CHVs) but no link has been yet established with the home economists.

Institutional Barriers for 'Linkages'

Narrow perspective on malnutrition, causes and solutions:

Although there was a consensus among PSNP and NNP stakeholders that child and maternal malnutrition are priority concerns, causes and solutions remained within the pathway dietary intake and food insecurity. When looking at dietary intake, the focus was almost exclusively on food quantity rather than addressing other important nutrition determinants like variety and appropriateness of diet. KIIs with PSNP stakeholders revealed a limited understanding on nutritional requirements of young children and pregnant-lactating women and significant misconceptions on the nutritional value of specific foods to be included in the household basket. 2008-2009 PSNP monitoring data confirmed that food transfers were mostly grains and that the amount was calculated based on energy requirements of one adult (1800-2100 kcal/day) multiplied by a fix quota of family members (average four-five people)[11].

Based on technical recommendations from the World Health Organization (WHO) and Food and Agriculture Organization (FAO), young children do have increased needs in terms of fat (30-40%) and protein (11-13%), which can only be covered by adequate supplementation of

[11] The issue of full-family size targeting has been clearly addressed in the revised PIM (2010) with a clear statement on the necessity to include infants.

pulses and oil in addition to cereals. On the other hand, pregnant-lactating women require an increased amount of energy (2400-2600 kcal/day) and fat (at least 20%), which can only be compensated by provision of additional amounts of cereals, pulses and oils. The PSNP food transfer is 15kg of cereal per household member for five days worked per month per household member. The cash wage rate should equate to the food transfer.[12] Considering children between 6-11 months and 12-24 months would consume between 100gr to 150gr of cereal a day, the monthly consumption of these two age-categories will vary between 3 and 4.5kg of cereal.[13] Pregnant-lactating women, instead, would need above 15kg of cereals a month (estimated around 16-17 kg a month). When the PSNP transfer is in cash, part of the cash should be used by the household to purchase other required foods in the child's diet, like oil (estimated monthly consumption from 0.4 to 0.8 litres for children from 06-11 to 12-23 months), pulses (estimated monthly consumption from 0.6 to 0.8 kg for children from 06-11 to 12-23 months), animal products and fruits/vegetables. When the transfer is in cereal, the household would be able to save PSNP grains from the child allocation and invest something in purchasing oil, pulses and other required foods by the child. This means that increased emphasis is needed in promoting adequate intra-household distribution of PSNP transferred resources to ensure the quality and appropriateness of the diet for young children and pregnant-lactating women.

Most identified solutions by key-informants and FGD participants are closely linked to agriculture interventions. Nutrition education has been suggested mainly by heath sector stakeholders and does not appear to go beyond improving feeding skills and knowledge of mothers. On the other hand, FGD participants discussed practical constraints like seasonality of resources and post-harvest capacities that seemed more significant for initiating a possible collaboration between NNP and PSNP stakeholders.

[12] The wage rate is amended annually based on a wage rate study.

[13] The energy requirement for children 6-11 months is 820kcal with breast-milk providing 50% of nutritional needs. The energy requirement for children 12-23 months is 1,220kcal with breast-milk providing 35-40% of nutritional needs (*Source: WHO Management of Nutrition in major emergencies, 2000)*. The nutritional value of different types of food has been calculated using NutVal software 2006. Average intake of breast milk is estimated at 549ml (*Source: WHO Complementary feeding of young children, Geneva 1998*) equivalent to 379kcal (*Source: NutVal, 2006*)

Differing sector mandates and priorities:

Sector mandates and objectives are important organizing mechanisms for bureaucracies because they help to define course of action and distinguish areas of institutional specialization. The accomplishment of sector-specific priorities is the basis by which each line ministry can make substantive claims on state resources. Attaining nutrition objectives, instead, requires a range of actions that is less neatly circumscribed within a single-sectoral responsibility.

KIIs and additional interviews with agronomists, market specialists and home-economists, confirmed that the agriculture mandate is to ensure year-round food availability, accessibility and stability. The main priority is boosting yields. Intensified cultivation of high-value foods is promoted in irrigated areas for market purposes with the only scope of increasing farmers' income. Raising agricultural production and income are necessary but not sufficient for solving malnutrition. Increasing farming profitability through export-oriented production, for example, can have negative nutritional outcomes if traditional foods in the household consumption basket, especially pulses, become locally unavailable and their price increases as a result. Effects on the nutritional status finally depend on the substitutability of these items with others that are obtainable at reasonably similar costs but the range of products available in rural markets is always narrow and unsteady.

Thus, agriculture priorities may affect nutritional security and practically work against the mandate of the health sector, which is particularly concerned with ensuring the minimum food basket – cereals, pulses and oil – for the nutritionally vulnerable groups. Trade-offs between productions, market, food/cash transfer and consumption patterns should become an area of discussion between the NNP and PSNP stakeholders. The FSTF can be the ideal platform for this kind of discussion although the number of different interests at stake might constitute a challenge.

Sector-specific resource allocations, incentives and system of accountability:

Based on findings from the KIIs and FGDs, the UNICEF conceptual framework of nutrition determinants is useful in mapping the roles of the health and agriculture sectors to address issues around dietary intake. However, in practice, any harmonized cross-sector attempt tends to run into the bureaucratic barriers that divide spheres of responsibilities between line ministries. Resource allocations, incentives and systems of accountability are managed around sector goals, functional specialization and obvious lines of authority. Personal incentives for individual civil servants revolve around their contribution to the attainment of narrow sector-specific objectives. For example, agriculture practitioners may take into account nutritional considerations, but increasing crop yields is the principal criterion for judging their performance.

Productivity and profitability are the basis by which the agriculture sector can make substantive claims on government resources. Secondary production data from the selected research areas show that traditionally valuable high-nutrient crops like pulses are increasingly substituted by improved and highly productive varieties of Irish potato. The same data show newly irrigated sites are entirely used for intensive cultivation of cash crops like onion, garlic, chat, coffee and spices with no major nutritional value. As long as the performance of the agriculture sector is not evaluated by their contribution towards nutrition security, significant changes are unlikely to be seen in production patterns.

2.4.4 Quality of analysis:

The strength of the analysis was its identification of a common ground between the different stakeholders to build a shared vision. This is considered to be the basis for 'coordination' at institutional level and 'cooperation' at community level. Similar views were matched within the same category and indicated with 'all', 'most' or 'many' stakeholders. They pointed out perspectives that were 'widely held' within the sample of interviewees and FGD participants. Different views were recorded separately under the definition 'few' or 'single' stakeholders. Unexpected and contrary findings were not significant in number.

The main weakness of the analysis is that all answers had to be grouped into exclusive categories, thus partly simplifying a far more complex reality. As highlighted by Diesing (1972), qualitative analysis carries its own integral notion of contextual validity, which is formed by assessing each answer with other replies on the same point and by looking for extreme cases. Evidence from qualitative data will never mesh together exactly but will be presented in such a way to provide some form of explanation.

2.5 Identified 'Linkages' Opportunities at a Glance

(Document 04 September available upon request)

At institutional level (woreda and kebele):

1. Consensus-Building meetings at woreda level.
2. Consensus-Building Workshops at kebele level.
3. Capacity-building on food and nutrition security using PSNP or NNP training/workshop opportunities.

At community level (kebele):

1. Behavioral Change Communication (BCC) using pay-day sessions and public gatherings.
2. Incorporation of nutrition into HABP and other development packages using already established groups by DAs (e.g. Development Groups, Cooperatives, Saving Groups).
3. Protection and enhancement of nutritional status of PSNP PLW.

   Monitoring utilization of health and nutrition services by PSNP PLW.

   Monitoring and facilitating access to HABP or other development packages through the establishment of Interest Groups among PSNP PLW/women to promote activities with direct nutritional value.
4. Protection and enhancement of nutritional status of PSNP Orphan and Vulnerable Adolescents (OVAs) through their involvement in 'Healthy Life Style' clubs.

Other opportunities identified for further discussion at federal and regional level:

1. Food Fortification.

   *Inclusion of **Sprinkles** for children under two years and PLW during food-cash transfers in the 'hunger season'.*

   Fortification at mill of PSNP food transfer.

2. Supplementation of PSNP food/cash transfers through local production of 'special blended food' for children 6-11 months and PLW.

3. Promotion of high-nutrient bio-fortified crops (e.g. High Protein Maize, Orange Flesh Sweet Potato) and improved breeds of poultry, small ruminants and cows through collaboration with Research Institutes for testing/promotion of selected varieties.

3. PLANNING, IMPLEMENTATION AND MONITORING (PHASE II)

3.1 Planning through Consensus-Building Workshops

Consensus-Building Workshops took place from 28th September to 16th October 2009 and were conducted in all four Regions. In Gemechis woreda, three kebeles – Agemti, Kokuriftu, Homicho – were added to the initial one of Sre Kelo Geto due to concern over year-round accessibility.

3.1.1 Expected Outcome and Outputs

Outcome:

Reaching consensus for Planning, Implementation and Monitoring of a number of identified opportunities for 'Linkages'.

During the Preparatory Study a number of opportunities were identified for further discussion with Food Security Task Forces (FSTF) at woreda and kebele level. The aim of the Consensus-Building Workshops was to create an enabling environment for the planning and consequent implementation of the Pilot project.

Outputs:

- Consensus reached on the feasibility of a number of identified opportunities.
- Action plan developed with detailed time-table for the first three-months.
- Agreement reached on the roles and responsibilities of sector-stakeholders of FSTF at woreda and kebele level.

3.1.2 Methodology

Human resources:

- *Endorsers:* Regional Food-Security key members were informed about Consensus Building Workshops, except Oromia Region where the Food Security Coordinator had just changed.

- *Organizers:* Woreda level FSTF key members like the Food Security Coordinators and Administrators mobilized participants at woreda and kebele level and arranged for the venue and the time-schedule.
- *Facilitators:* WB Consultants and woreda level FSTF key members. In Tigray Region, ENCU Data Analyst supported translation of key documents and facilitation.
- *Participants:* Members of the woreda and kebele FSTF. The list of participants is available on request.

Physical resources:

- *Hand-outs:*

  Presentation including: i) Introduction - PSNP and NNP at a glance and rationale behind 'Linkages'; ii) Summary of findings from the Preparatory Study; iii) Brief overview on 'why nutrition matters?' and; iv) Identified opportunities at a glance.

  Table of opportunities for 'Linkages' between PSNP and NNP.

  Guidelines for Behavioral Change Communication (BCC).

All documents were translated in Amharic for SNNPR and Amhara Region, in Oromifa for Oromo Region and Tigrigna for Tigray Region.

- *Stationery:* Flip charts, markers, folders, notepads, pens, tapes and scissors.
- *Refreshments* were provided to participants for Consensus-Building Workshops at kebele level.

3.1.3 Agreed Opportunities for 'Linkages'

Details of agreed 'Linkages' include activities, outputs, indicators and responsible bodies. Proposals, Summary Tables and Action-Plans by pilot Woredas and Kebeles can be provided upon request.

Three major 'Linkages' between PSNP and NNP were agreed upon for implementation at institutional and community level:

1. **Capacity Building on Nutrition Security** for key members of the FSTF at woreda, kebele and community levels.
2. **Behavioral Change Communication using Education Entertainment (BCC-EE)** during pay-day sessions and other public gatherings to encourage PSNP beneficiaries to optimize use of both local and transferred resources for improved Nutrition Security.
3. **Focused attention to PSNP PLW** to protect and enhance their nutritional status and those of their children under two years of age.

3.1.4 Institutional Arrangements (Roles and Responsibilities)

Regional Level:

- Endorsing the pilot project through an official letter.
- Assigning a focal person from the regional Food Security Coordination Office to follow implementation of the agreed upon activities in the pilot woreda.
- Guiding on the use of PSNP resources to cover implementation costs of agreed activities such as training material, transport for monitoring, etc.
- Facilitating experience-sharing events among different safety-net stakeholders at regional and woreda level to scale-up best practices from the pilot project.

Woreda Level:

- Releasing funds for 'linkage' activities as planned and agreed upon among the major stakeholders of the woreda Food Security Task Force (FSTF).
- Assigning a focal person from the woreda FSTF to facilitate implementation of the Pilot and to report to the woreda FSTF.
- Monitoring of activities in the model kebele/s.
- Documenting progress of the Pilot for sharing experience with other PSNP woredas in the region.
- Facilitating experience-sharing events among different kebele FSTF, scaling-up as agreed and monitoring replication of pilot activities in other kebeles.

Kebele Level:

- Requesting required resources to the woreda FSTF for implementation of agreed activities.
- Monitoring implementation of the action plan as per schedule.
- Identifying and using local resources for implementation of activities such as BCC, education, etc.
- Reporting to the woreda FSTF on the progress of the 'linkage' activities.
- Documenting process of implemented activities for experience sharing with other PSNP kebeles in the woreda.

3.2 Capacity Building on Nutrition Security

3.2.1 Expected Outcome and Outputs

Outcome:

Fostering common understanding on the need to address and mainstream Nutrition Security within existing PSNP-HABP activities.

Outputs:

- Improved understanding of and due attention given to nutritional requirements of children under two years and pregnant-lactating women.[14]
- Improved nutritional analysis capacity of FSTF members to: i) Incorporate nutritional priorities and objectives in the food-security agenda and; ii) Assess the nutritional outcomes of their food-security and agriculture interventions.

3.2.2 Methodology

Human resources:

- *Organizers:* Woreda level FSTF key members like the Food Security Coordinators based on the existing PSNP training and review-meeting schedule.

[14] PLW (estimated 3.5%) and children under two years (estimated 6.4) are around 10% of the total population.

- *Facilitators:* WB Consultants.
- *Participants:* Members of the woreda and kebele FSTF.

Physical resources:

- *Training Manual and Hand-outs based on selected sessions.*

The Training Manual has been translated into Amharic for SNNPR and Amhara Region, in Oromiffa for Oromo Region and Tigrigna for Tigray Region.

The Training Manual at a glance

(The full Manual can be provided on request)

- **Session 1 – Rationale for 'Linkages'**

o ***Why Nutrition matters*** *(pg. 4):*

- Types of malnutrition
- Groups most vulnerable to malnutrition
- Causes of malnutrition (UNICEF conceptual framework)

o ***Nutritional requirements for children and PLW*** *(Insert 1):*

- Basic explanation of macro and micro nutrients
- Highlights: i) Differences in daily kcal requirements between an adult, a pregnant and a lactating woman; ii) Why does a child need complementary food starting at six months?; iii) Why does the fat content matter in the diet of a child?;
  iv) Consumption requirements for household members (daily, monthly)

o ***PSNP and NNS/NNP Policy Framework*** *(pg. 7).*

- **Session 2 – Identified 'Linkages'**

o ***Table of opportunities for 'Linkages'*** *(Insert 2):*

- Level of linkage: Institutional and Community level
- Activities
- Outputs for each Activity
- Indicators for each Activity

- Responsible body for each Activity

- **Session 3 – Working towards improving the ability to consume adequate food** (focusing in nutritional requirements of PLW and children under 2 years)

  - ***Behavioral Change Communication (BCC) to increase intake of nutrient-rich foods for most vulnerable groups*** *(pg. 11):*

- How to implement BCC using Entertainment Education (EE) with a focus on how to develop and pre-test different tools.
  Operational insights for BCC-EE implementation.

  - ***Incorporation of nutrition into HABP and other development packages*** *(pg. 21):*

- From Production to Consumption: essential steps for understanding local patterns.
- HABP Framework. Suggested discussion on how Nutrition Security can be mainstreamed into the development of Business Plans.

  - ***Monitoring and facilitating access to HABP and other development packages for groups of PSNP PLW***[15] *(pg. 24)*

- Why PSNP PLW groups? How can PSNP PLW acquire resources? What activities of direct nutritional benefit can the Interest Groups work on?
- Key steps for creating and maintaining Interest Groups.

- **Session 4 – Working towards improving access and use of health services** (focusing on nutrition)

  - ***Monitoring access and utilization of health and nutrition services by PSNP PLW*** *(pg. 26):*

- Rationale for focused attention to PSNP PLW beneficiaries
- How to fill the Checklist of key indicators (Insert 3)
- Follow-up Checklist of key indicators (Insert 3a)
- How to summarize different types of information (one-off indicators, quarterly CHD indicators and monthly indicators)
- How to report

[15] During the Evaluation, some FS stakeholders suggested to not focus only PLW but to expand the Groups of Interest to all PSNP women

- What kind of recognition can be given to mothers practicing appropriate health and nutrition recommendations

- **Session 5 – Monitoring and Evaluation of 'Linkages'**

3.2.3 Implementation and Monitoring

Amhara: The woreda level agreed to organize a one-day training session during the Watershed Management Training in November. However, the date was given on short notice and overlapped with a previously arranged visit. Key PSNP and NNP stakeholders from Lay Gayint Woreda, the pilot kebele administrators, DAs and HEWs received an on-the-job orientation from 28th to 29th of January 2010. Guidance was provided on implementation of BCC-EE and on monitoring utilization of essential health and nutrition services by PSNP PLW. Most participants had already been informed on Nutrition Security principles and on the link between production and consumption during the Consensus-Building Workshop.

Oromia: Gemechis Woreda Food Security Desk (WFSD) organized a workshop for FSTF members of all kebeles in mid-January 2010. A half-day session was added for 21 FSTF members of the four pilot kebeles. Emphasis was made on the actual implementation of agreed 'Linkages'. Most participants had already been informed on Nutrition Security principles and on the link between food production and consumption during the Consensus-Building Workshop. The focal person from the Woreda Health Office could not attend the training due to other commitments.

SNNPR: Damot Sore WFSD organized the Watershed Management Training for woreda experts and DAs form all kebeles. Half-day training was provided on 1st January 2010 focusing on Nutrition Security principles and how to mainstream nutrition into household business and investment plans (HABP). Involvement of the focal person from the Woreda Health Office was minimal due to other commitments.

Tigray: Hintalo Wajirat WFSD organized one-day stand-alone training for FSTF members of Fikre Alem kebele at the beginning of December 2009. Unfortunately, the training had to be rescheduled due to the national consultant being unable to attend through circumstances

beyond our control. As a result the one-day session has not yet been implemented. Experts from the WFSD and WrHO have been particularly pro-active in mainstreaming orientation sessions on how to implement 'Linkages' using review meetings. Both Food Security Coordinators were involved in reviewing the translated manual and extracted parts of it to develop orientation material, especially for the implementation of the BCC.

3.3 Behavioural Change Communication using Entertainment Education

3.3.1 Expected Outcome and Outputs

Outcome:

Increasing intake of nutrient-rich foods for pregnant-lactating women and children under two years of age.

'Various assessment results show that integrated nutrition communication has the potential to make a difference for nutrition security and nutritional wellbeing even in resource poor settings. These indicate that nutrition communication can be a crucial link connecting food security to nutrition security to nutritional wellbeing' (National Nutrition Communication Framework, EHNRI 2009).

Outputs:

- Key nutritional behavioural gaps are identified and addressed using Education Entertainment (EE) in the form of songs, drama, storytelling and games followed by Community Conversation by HEWs.
- Multiple audiences, including husbands, youth, elderly and the general community are targeted during PSNP pay-day sessions and public gatherings to influence intra-household decision-making dynamics.

3.3.2 Methodology

Human resources:

- *Organizers:* Woreda level FSTF key members like the Food Security Coordinators based on the existing pay-day schedule and other public gatherings.

- *Facilitators:* WB Consultants, Community-Drama Expert, woreda-level key people like the Child Health and Nutrition Officer and kebele-level key people like the Chairman and Manager, DAs and HEWs.
- *Participants:* PSNP beneficiaries who volunteer as performers.

Physical resources:

- *Hand-outs on BCC-EE (Session 3 of the Training Manual).*
- *BCC-EE Agenda.*
- *Drama scripts.*
- *Stage props provided by PSNP performers.*

'Entertainment Education' uses traditional/folk media like drama showing appropriate and non-appropriate behaviors rather than just describing them. In this way it can reach a large audience and address both literate and illiterate members of the community.

These are the essential steps for successful preparation and implementation of BCC-EE:

- Establishment of the Technical Team including volunteer members from the kebele and the community FSTF.
- Establishment of the Performers' Group including PSNP beneficiaries and agreement on the work-norms. The DA is responsible to facilitate the communication with the PSNP beneficiaries, the foremen and the FSTF members.
- Setting of the Agenda and development of the scripts (one for each event). The HEW is responsible to ensure the technical quality of the BCC content.
- Preparation and rehearsal by the Performers' Group.
- Implementation of the event. The HEW is responsible to conduct Community Conversations at the end of each event (unless the DAs are trained).
- Monitoring and documentation by woreda and kebele focal people.

The Agenda should address specific behavioural gaps during each event without overloading the audience with messages. Current knowledge, beliefs, attitude and practices in the

community are a vital source of information for identifying the stages of Behavioural Change. For example, the community might be aware of the recommended 'additional meal for pregnant women' but they might still be disputing the actual necessity for the nutritional wellbeing of the mother and the future newborn. Therefore, the drama would focus on negotiating 'good' and 'bad' habits to promote feasible changes.

Education Entertainment can be made more action-oriented by incorporating Community Conversation (CC) at the end of the each event. The HEWs and some DAs are trained on community-dialogue skills, therefore the CC implementation should not be particularly challenging. Community Conversation allows more insights to the problem addressed in the traditional/folk media (drama, storytelling, poem, etc.) and to reach consensus on recommended action-points at community level.

3.3.3 Implementation and Monitoring

In all Regions, it was agreed to conduct BCC-EE events on a monthly basis in line with PSNP pay-day sessions and public gatherings. Capacity building incorporated one session on how to implement BCC using Entertainment Education. Technical Teams were formed in all pilot kebeles including members from the FSTF. Motivated and talented performers were involved from the start-up, including identification of key behavioral gaps, agenda setting and development of drama content.

Amhara: First BCC session using drama took place at a public gathering on 19th February 2010 in Shesho Kebele and was attended by more than 200 PSNP beneficiaries. The performance involved six players including the HEW and the DA. The drama addressed care for pregnant mothers with a focus on three key ENA (Essential Nutrition Action) messages including the need for one additional meal, rest and ante-natal care. Officers from the WFSD and WrHO attended the event (Report available on request). The next BCC session is planned for mid-April during pay-day.

Oromia: The four pilot kebeles in Gemechis Woreda have established Technical Teams to organize BCC events using quiz and poems. Pay-day sessions have been delayed due to heavy

rain and inaccessibility of kebeles. The first implementation of the BCC session is tentatively planned for the end of April.

SNNPR: The first BCC session using drama took place during a pay-day on 26th March 2010 in Shiamba Kebele and was attended by more than 100 PSNP beneficiaries. The performance involved six players including the HEW and the DA. The drama was on family planning with a focus on the impact of short childbirth spacing on maternal and child nutrition. The regional PSNP Social Development Advisor, the zonal and woreda Food Security Coordinators and the woreda Health Officer attended the event (Report available on request).

Tigray: The first BCC event took place during a pay-day on 31st December 2009 in Fikre Alem Kebele and focused on appropriate use of PSNP resources. The second BCC session was organized on February 10th 2010 and involved seven players including the HEW and the DA. The drama addressed care for pregnant mothers with a focus on three key ENA (Essential Nutrition Action) messages including the need for one additional meal, rest and ante-natal care. Officers from the WFSD and WrHO attended the event (Report available on request). The third BCC event was implemented on April 1st 2010.

3.4 Focused Attention on PSNP Pregnant-Lactating Women (PLW)

3.4.1 Expected Outcome and Outputs

Outcome:

Increased protection and enhancement of nutritional status of PLW and that of their children under two years of age.

PSNP supports households who live in the lowest quintile of wealth. Findings from the Demographic Health Survey 2005 show that groups in the lowest quintile of wealth are the least likely to practice recommended maternal, infant and young child feeding practices as compared to other wealth groups (14.5 compared to the average of 23.2 and more). Also utilization of essential health services shows differences by wealth groups.

Outputs:

- Information on access and use of essential health and nutrition services by PSNP PLW regularly shared in woreda and kebele FSTF meetings as part of the routine monitoring of PSNP outcome indicators (2009).
- Information on nutritional status of PSNP PLW and children regularly shared in woreda and kebele FSTF meetings as part of routine monitoring of PSNP impact indicator (2009).
- Interest Groups established among PSNP PLW/women and supported to work on production activities with a direct nutritional-added value.

3.4.2 Methodology

Monitoring utilization of health and nutrition services by PSNP PLW:

Human resources:

- *Organizers:* Woreda level FSTF key members like the Food Security Coordinators in collaboration with the Child Health and Nutrition Officers.
- *Facilitators:* WB Consultants.
- *Participants:* HEWs with the support from DAs and Foremen to identify PSNP PLW during the initial annual registration or throughout the year.

Physical resources:

- *Hand-outs (Session 4 of the Training Manual).*
- *Follow-up Checklists.*
- *Routine service registers and nutrition program record/report forms (already available in health centers and health posts).*

Considering health and nutritional milestones, four groups of mothers can be identified for follow-up:

Category 1: Pregnant women from the time of registration up to delivery

Category 2: Mothers of children from 0 to the end of five months. During this period exclusive breastfeeding is recommended.

Category 3a: Mothers with infants from six to eleven months. During this period the infant should receive complementary foods in addition to breast-milk.

Category 3b: Mothers with young children from twelve to twenty-three months. During this period the child starts family food and he/she is still highly susceptible to malnutrition.

PSNP pregnant-lactating women are exempted from Public Works when they are beyond four months of pregnancy and in the first ten months after delivery. During this time they are expected to attend recommended health and nutrition services like ANC, facility-based delivery, child immunization, family planning, community-based growth monitoring and promotion, etc. After ten months from delivery, when they resume Public Work duties, they should be still allowed to attend recommended health and nutrition services. The 'window of opportunity' for reduced malnutrition is considered from conception till twenty-four months after delivery. However, it might be difficult to follow PSNP lactating women after ten months from delivery. For this reason, a regular follow-up from pregnancy up to eleven months from delivery might represent a considerable achievement.

Monitoring of decreased malnutrition among children under two years of age can be systematically ensured through the sharing of Community-Based Nutrition (CBN) monthly data[16] and Community Health Days (CHD) quarterly data[17]. Monitoring of access and utilization of essential health and nutrition services by PSNP PLW is expected to generate communal data for joint planning among members of the FSTF. Additional behavioral indicators related to feeding habits of PLW and young children have been incorporated in the checklist. Apart from the behavioral indicators, all other data are expected to be accessible from existing registers, record and report forms. The number of indicators can be reduced to include only those that are considered relevant by the FSTF based on local priorities.

[16] CBN provides data on underweight and severe underweight among children U2. However, coverage of weighted children is still low.

[17] CHD provides data on proxy GAM (< 12 MUAC) and proxy SAM (<11 MUAC or bilateral oedema) among children 6-59 months and proxy GAM (<21 MUAC) among PLW.

Key indicators at a glance (Checklist - Insert 3a - in the Training Manual)

Access and utilization of services:

- ANC attendance
- Modern Family Planning
- Delivery at facility
- Monthly attendance of Community Based Nutrition
- Quarterly attendance of Community Health Days

Note: The above indicators are expected to be regularly reported. Indicators that are stagnating (do not show any change) over a period of time should be periodically discussed with the KFSTF to identify key barriers and constraints.

Malnutrition status:

- Prevalence of malnourished children among those attending CBN (No. of underweight and severe underweight children / No. of under two reported).
- Prevalence of malnourished mothers among those attending CHD (No. of pregnant and/or lactating with MUAC < 21 / No. of PLW reported).
- Prevalence of malnourished children among those attending CHD (No. of children with MUAC < 12 / No. of under two reported).
- Prevalence of Low-Birth Weight (No. of newborn with weight < 2.5 Kg / No. of newborn reported).

Note: Sharp deterioration of nutrition status (especially from monthly growth promotion and monitoring) should be timely reported to the FSTF at kebele and woreda level.

Maternal and Infant, Young Child Feeding (IYCF) practices:

- Maternal intake of one additional meal during pregnancy.
- Maternal intake of one-two additional meal during lactation (0-11 months).
- Exclusive breastfeeding of infant from 0 to the end of 5 months.

- Two-three times daily servings of complementary feeding for children 6-11 months.
- At least four times daily servings of complementary feeding for children 12-23 months.
- Density and variety in complementary feeding for children 12-23 months.
- Use of iodized salt for children 6-23 months.

Note: The above indicators are normally included in standard nutrition surveys. However, the incorporation of feeding habits into a routine monitoring system can show changes (or not) over a period of time. BCC messages can be tailored based on these findings.

Monitoring and facilitating access to HABP or other development programs:

Human resources:

- *Organizers:* Woreda level FSTF key members like Food Security Coordinators in collaboration with Child Health and Nutrition Officers and representatives from Women's Affairs, Youth Affairs and NGOs (where available).
- *Facilitators:* WB Consultants in collaboration with DAs, HEWs, women and youth representatives at kebele level.
- *Participants:* PSNP PLW/women.

Physical resources:

- *Hand-outs (Session 3 of the Training Manual).*
- *Micro-credit.*
- *Inputs for trials.*

Findings from the Preparatory Study and continuous interaction with food-security and agriculture stakeholders show that nutrition is not yet mainstreamed into HABP and other development packages. Few shortcomings need to be addressed to influence production decisions and maximize the impact of agricultural interventions on the nutritional status of most vulnerable groups:

- Food quality and appropriateness of diet for PLW and young children should be fully understood and taken into account in addition to food quantity.
- The nutritional value of foods should be added to existing selection criteria of 'agro-ecological suitability', 'productivity' and 'marketability' of tree and crop varieties.

The association between agriculture, food and nutrition security provides a complex picture that relates food supply with demand and production and consumption. It needs to be discussed and understood with the local context. DAs and HEWs are in the best position to engage with male and female PSNP farmers for designing interventions and developing/adopting technologies that take into account local agricultural and nutrition considerations.

The following steps have been piloted during the Preparatory Study and the Consensus-Building Workshops at kebele level and can enable understanding and discussion on local patterns from production to consumption:

STEP 1 Assess local production patterns. DAs can prepare and facilitate this part as they have all relevant information per hectare (including productivity in q/ha for local or improved seed with nothing, with compost and/or with fertilizer). Additional information can be provided on the use of crop (percentage for consumption and for market).

STEP 2 Identify key products in the household food basket and relate them to nutritional value (energy, protein, fat and mineral & vitamins). HEWs can facilitate this part by getting participants to start thinking in terms of balanced meals.

STEP 3 Assess seasonal availability of key food items from the household basket. DAs can facilitate this part with the aim to identify seasonal gaps. For food items available from the market – either seasonally or throughout the year – participants should discuss whether PSNP participants will be able to access them or not.

STEP 4 Identify key food items that are missing from the household basket – seasonally or throughout the year – that are necessary for most vulnerable groups (e.g. fat-rich and protein-rich sources).

STEP 5 Discuss possible solutions using existing community structures (e.g. Development Groups, Cooperatives, Saving Groups, etc.) and services/programs (e.g. HABP, development programs, financial services).

The early identification of PSNP PLW and the establishment of Work Teams among them was discussed with the kebele FSTF as a way to promote their involvement in 'light' works during the non-exemption time from Public Works (e.g. before four months of pregnancy and after ten months from delivery). Work teams were also expected to become the basis for the formation of Interest Groups among PSNP PLW/women to engage in production activities with nutritional benefits like home-gardening, poultry, production of local complementary food, post-harvest improved techniques, etc. These Groups are expected to establish at watershed or kebele level to facilitate links with technical assistance, credit and market. One Interest Group can have sub-groups at village level.

The involvement of Women's Affairs is foreseen as crucial for the formation of Interest Groups especially for the initial groundwork necessary for the establishment of self-support mechanisms like saving schemes or rotating funds.

This component requires considerable time and effort that go beyond PSNP and build on HABP and other development packages. Key steps for creating and maintaining Interest Groups can be summarized as follows:

1. Identification of PLW and interested women.
2. Creating awareness on benefits of establishing Interest Groups.
3. Enquiring for membership (one Interest Group might have 15-30 members depending on production interest).
4. Holding initial meetings to establish rules and responsibilities among members (sort of 'work-norms').
5. Facilitating regular meetings and initiating activities of direct nutritional impact.[18]

[18] The product value chain assessment should be part of the business-plan development including the identification of human resources for required technical assistance

6. Facilitating self-support mechanisms among members.
7. Linking with financial services and/or technical support for production activities (responsibility of DAs and woreda experts for specialized skills).[19]

3.4.3 Implementation and Monitoring

Use of the Checklist for monitoring access and utilization of essential health and nutrition services was explained during capacity-building sessions and on-the-job orientation in all pilot Kebeles and Woredas. It was emphasized that key indicators could be prioritized according to need and based on available information from services and nutrition programs. The Checklist was introduced as an aid to facilitate reporting of key indicators. The initial identification of PSNP PLW was planned to take place during the annual PSNP registration with follow-up during pay-days, public gatherings and PSNP-related meetings.

In all pilot kebeles identification of PSNP PLW is not complete. Where there is some progress, like in some Kebeles in Lay Gayint Woreda, for example, the figures of registered PLW (starting from four months of pregnancy to ten months after delivery) are unrealistic.[20] This may be due to mis-categorization of beneficiaries, especially lactating mothers ten months after delivery.

[19] Self-support mechanisms can be concurrently promoted while searching for external financial and technical support. Promotion of savings and *joint-responsibility* for repayment should go alongside credit disbursement.

[20] Kebele registration lists indicated 12% PLW out of the total PSNP beneficiary population while the commonly estimated percentage of PLW out of the total population is around 3.5% (rarely over 5%).

4. EVALUATION OF 'LINKAGES' (PHASE III)

The *evaluation* was conducted informally with key PSNP and NNP stakeholders at regional, zone and woreda level focusing on their view over **feasibility** and **scalability** of identified and implemented 'linkage' opportunities.

4.1 Capacity Building on Nutrition Security

Regional (SNNP) and zone stakeholders (SNNP and Amhara Regions) believe that Capacity Building on Nutrition Security is feasible and can be integrated in the schedule of existing PSNP/NNP training for future scale-up, preferably where all FSTF members or at least DAs and HEWs are involved. No institutional barriers are foreseen in the incorporation of Nutrition Security in the annual training plan (one or half-day sessions) but there is acknowledgment that this requires a strong collaboration between food-security and health stakeholders, especially at woreda and kebele level.

The Training Manual has been translated and shared with PSNP/NNP key stakeholders. Regional and zonal stakeholders have suggested organizing a separate review workshop to understand the use of the Training Manual's innovative modular layout.

Capacity Building of DAs is closely linked with incorporation of nutrition into HABP and other development packages. Increased awareness of DAs on the nutritional value of different types of food is expected to show in business or investment plans. However, incentives for DAs depend very much on the inclusion of nutritional outcomes in addition to other established criteria like 'productivity' and 'profitability' of selected crops.

4.2 Behavioural Change Communication using Entertainment Education

Regional (SNNP) and zone stakeholders (SNNP and Amhara Regions) believe that BCC-EE is feasible and can be easily scaled up in all PSNP Woredas and Kebeles. This activity has received a lot of favourable feedback and visibility from all stakeholders. Woreda Documentation Officers recorded the events in SNNP and Tigray Regions. A short audio-

visual report is currently in production and stakeholders have already expressed willingness to propagate it using regional media.

Both PSNP and NNP stakeholders emphasized the crucial role played by the health sector (HEW) in ensuring the quality of the EE content and appropriateness of key messages. The importance of Community Conversation at the end of each event was acknowledged by most people to discuss causes of behavioural gaps and to reach communal consensus on how to solve the raised problems.

For the sustainability of BCC-EE, woreda and regional stakeholders need to acknowledge the efforts put in by Technical Teams in the preparation and implementation of these events. Time taken for practice/rehearsal by performers, usually not more than a day, should be considered as a working day to avoid request for additional payment as a separate activity.

4.3 Focused Attention to PSNP Pregnant-Lactating Women (PLW)

Despite the initial agreement during the Consensus Building and on-the-job orientation, this activity could not be piloted in any Region. With regards to 'monitoring access and utilization of health and nutrition services by PSNP PLW', no specific institutional barrier could be identified, particularly when PSNP/NNP stakeholders repeatedly stated their interest in the collection and sharing of these data. In addition, HEWs believe that all service and program indicators are already available and can be easily accessed from their registers and report forms.

According to the involved PSNP/NNP stakeholders, this activity remains feasible and relevant, not least because of the PSNP PLW being entitled to direct support beyond four months of pregnancy and in the first ten months after delivery. Thus HEW and CHW are in a suitable position to verify inclusion or exclusion errors and even failure to include newborn and infants as PSNP clients.

With regards to the 'establishment and support to PSNP PLW/Women Interest Groups', the main remarks were on the need to involve other partners like the Women's Affairs to support

in the establishment of groups. PSNP stakeholders have expressed an interest to diversify investment opportunities. The opinion is that it is feasible but more efforts and time are required to show some experience from the community.

5. CONCLUSIONS AND RECOMMENDATIONS FOR SCALING-UP

Is there a shared vision on malnutrition, underlying causes and solutions between PSNP and NNP stakeholders at different levels?

Lessons learned from the Priority Study, Consensus-Building and Capacity Building show that there is consensus regarding malnutrition as a priority concern. Similarly all PSNP/NNP stakeholders agree that children are the most vulnerable groups followed closely by pregnant-lactating women.

When it comes to underlying causes, the focus is mostly on insufficient dietary intake and food insecurity as the route to malnutrition. However, most PSNP and NNP stakeholders prioritize development-oriented solutions within the agriculture domain as opposed to emergency responses. An increased understanding on quality and appropriateness of dietary intake for PLW and young children appears to be a feasible common ground for PSNP and NNP linkage. Having recognized the limitation of PSNP cereal-based food/cash transfers, complementary efforts are then required to ensure the year-round presence of the full food-basket – cereal, pulses and oil – for the most nutritionally vulnerable groups. This requires the commitment of agriculture departments like extension services and cooperatives to ensure availability and access of key commodities as well as working together with the health sector for increased awareness of nutritional benefits, demand and appropriate use.

What conditions promote 'Linkages' among PSNP and NNP stakeholders?

The recognition of 'multi-sector' approach towards malnutrition as policy priority is crucial in providing legitimacy to 'Linkages' between PSNP and NNP. The FSTF at woreda and kebele level appear to be the most effective institutional arrangement for coordination and cooperation among different sectors. However, the participation of the health sector appears to be limited and sporadic.

Lessons learned from the Preparatory Study and from the BCC-EE point to the fact that malnutrition is recognized as an issue of concern in the community. Yet, there are a number

of economical, practical and cultural motives and constraints that do influence food production, access and consumption decisions. Thus, livelihood is central to any change.

What motivates stakeholders to promote 'Linkages' between PSNP and NNP?

Attention and rewards to the nutrition outcomes to which the agricultural sector can contribute may result in it considering more rigorously who benefits from its interventions. Practically this means that, besides 'productivity' and 'profitability', the nutrition value of food should be included and accounted for in the equation.

Recommendations:

For immediate scale-up of identified 'Linkages' at ***institutional level:***

- NNP Coordination Body and PSNP JSOC work together to ensure that identified 'Linkages' are mainstreamed in their respective programs. On this regard, the NNP document (2008), the PSNP document (2009) and the revised PSNP Planning Implementation Manual (PIM; 2010) already provide the policy framework to justify the need for a multi-sectoral approach.
- NNP/PSNP regional and federal coordination bodies endorse and ensure the inclusion of 'Linkages' in respective sector plans, enforce implementation through mutually agreed monitoring mechanisms and evaluate performance jointly.
- Nutritional objectives and outputs associated with PSNP impact and outcome indicators such as 'reduced malnutrition' (PSNP document, 2009, p.73) and 'increased access and use of health services' (PSNP document, 2009, p.74) are incorporated in PSNP annual plans at community, kebele and woreda levels so that resource allocations, incentives and systems of accountability are managed around them. In line with the NNP Sub-Component 2(d), the NNP ensures that young children and pregnant and lactating women in families receiving aid are being nutritionally monitored and that the nutritional anthropometry is included in the evaluation of the PSNP (NNP document, 2008, p.55)
- NNP and PSNP stakeholders at federal and regional levels work together on how to mainstream Nutrition Security within the existing training curriculum. The links between

food production and consumption should become part of the discussion on how to incorporate agricultural and nutritional considerations from the outset. On this regard, the Training Manual, already developed and translated, could be an obvious starting point. In line with the NNP Sub-Component 2(d), the MOH could support these joint training so that key members of the FSTF at different levels become change agents to promote adequate and diversified diet for pregnant-lactating women and children under two years (NNP document, 2008, p.55).

For immediate scale-up of identified 'Linkages' at ***community level***:

- Capacity Building on Nutrition Security should be rolled out to kebele and community FSTF members. DAs, HEWs, CHWs, women's and youth representatives are well placed to engage with male and female PSNP farmers for designing interventions and developing/adopting technologies. Interventions and technologies should take into account agro-ecology, household economy, livelihood strategies and cultural norms that influence household decisions over food production, access and use.
- Kebele FSTF should integrate Behavioural Change Communication using Entrainment Education during pay-day sessions and public gatherings. Members of the FSTF and performers have demonstrated that this activity can be managed at community level provided that the quality of the technical content is supervised by the HEWs. DAs, who are mostly men, can contribute significantly in promoting nutrient-rich foods including information on production, processing, preservation, preparation, consumption and commercialization. Intra-household dynamics can influence nutritionally vital decisions with regards to allocation of different quantities and types of food to most vulnerable members. DAs and HEWs can play a significant role in facilitating the dialogue with the community.

For immediate implementation of identified 'Linkages' at ***institutional and community level***:

- It is recommended to start the component 'focused attention to PSNP PLW' in one pilot woreda looking more carefully at the role PSNP and NNP stakeholders can have on the actual implementation.

- With regards to monitoring of PSNP PLW utilization of essential health and nutrition services, the focus could be on few indicators prioritized by both PSNP and NNP stakeholders with an initial 'window of opportunity' from pregnancy up to eleven months (as this corresponds more or less to the exemption time of PSNP PLW from Public Work).
- With regards to monitoring of nutritional status of children and PLW in PSNP kebeles, direct link could be established between the FSTF and nutrition program such as CBN and CHD for monthly and quarterly sharing of data. NNP stakeholders should see it as an opportunity to increase data quality and utilization as nutrition information would be shared with multiple sectors and with administrative cadres.
- The establishment of Interest Groups among PSNP PLW/women needs the involvement of additional partners, especially in the beginning to support the groundwork. Closer collaboration with Women's Affairs and Youth Association could be explored given the time constraints of the food-security, agriculture and health sectors. However, product-value chain assessment and technical assistance will still require the involvement of agricultural partners.
- PSNP and NNP stakeholders should optimize the role of home-economists in SNNP, Oromia and Tigray by linking them with the HEWs and CHWs to strengthen post-harvest activities as a necessary link between food production and consumption.

Potential 'Linkages' for **further discussion**:

- Protection and enhancement of nutritional status of PSNP Orphan and Vulnerable Adolescents (OVAs) through their involvement in 'Healthy Life Style' clubs.
- Food Fortification: i) Inclusion of Sprinkles for children under two years and PLW during food or cash transfers in the 'hunger season'; ii) Fortification at mill of PSNP food transfer.
- Supplementation of PSNP food/cash transfers through local production of 'special blended food' for children 6-11 months and PLW. On a small-scale, this activity could be linked with the establishment of Interest Groups and with an increased role of the Home Economists at woreda level.

- Promotion of high-nutrient bio-fortified crops (e.g. High Protein Maize and Orange Flesh Sweet Potato) and improved breeds of poultry, small ruminants and cows through collaboration with Research Institutes for testing and promotion of selected varieties.

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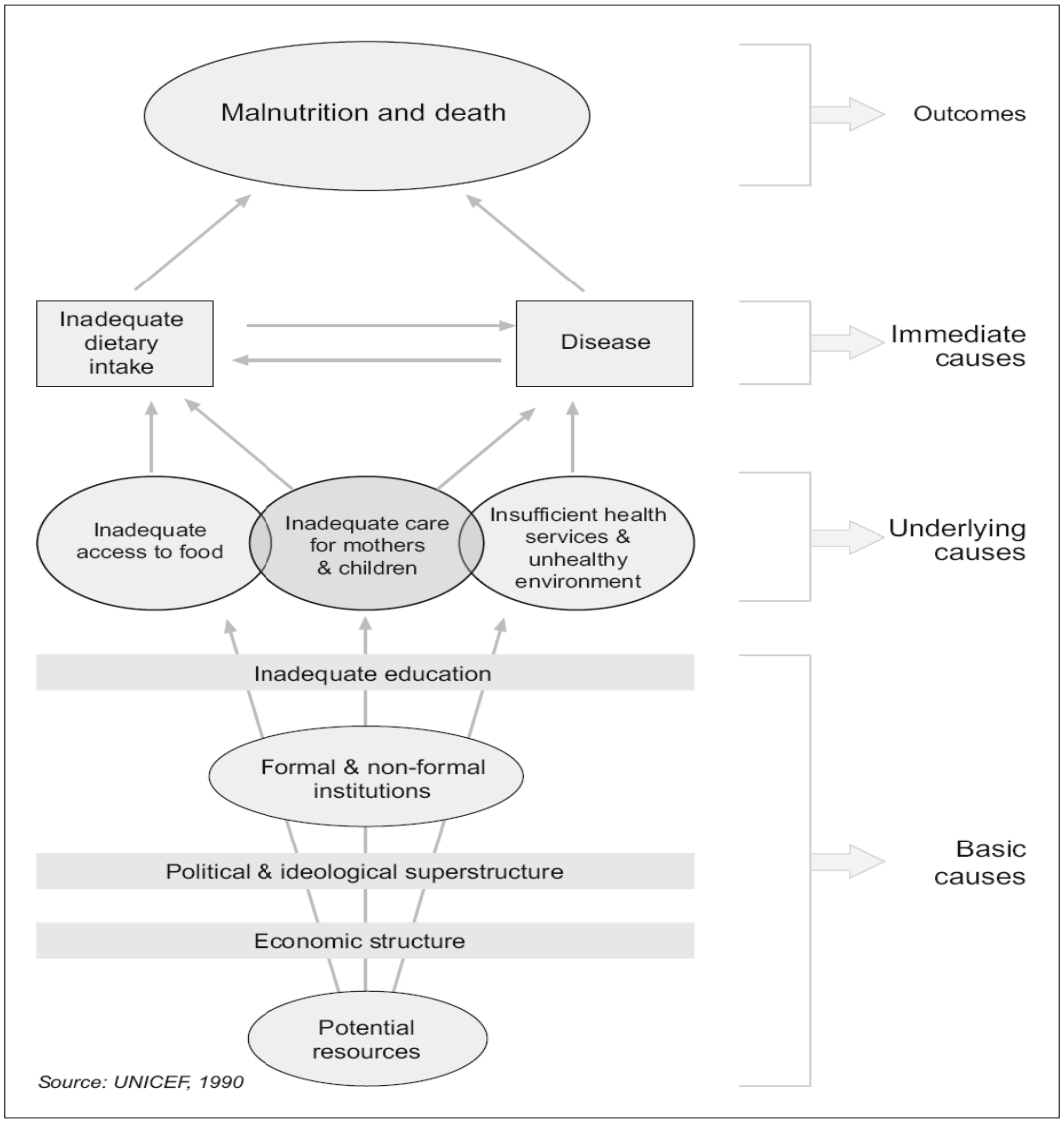
APPENDICES

Appendix 1: UNICEF Conceptual Framework



<u>Appendix 2:</u> Set questions for Key-Informant Interviews (KIIs)

1. Do you think malnutrition is still a priority concern in the area? If no, why?
2. If yes, what **types of malnutrition** are most common in the area?
3. If yes, **who do you think are mostly affected** by malnutrition?
4. What do you think are the main **causes** of malnutrition? *List and confirm*
5. (After confirming the 'domains' to which their answer belongs to) What are the key **contributing factors** to your listed causes? *Discuss factors in relation to each listed cause. If new factors or causes are mentioned, ask for clarifications.*
6. How do you think these causes and related factors can be addressed (**solutions**)? *Discuss solutions in relation to listed factors and causes. Ask for clarifications if general solutions are proposed (for example, 'Increase awareness')*
7. Who should be **responsible** for the proposed solutions? *Link responsibility with proposed solutions. Confirm mandate over responsibilities.*
8. Which other stakeholders should **get involved**? *If government is mentioned, ask to specify the administrative level*
9. Are there **multi-sectoral coordination mechanisms between food security/agriculture, health and other sectors**? *List them*
10. Can you mention any **inter-sectoral experience between food security/agriculture and health?** *Prompt for experiences with nutritional objectives*
11. **If yes**:
    a. Are these inter-sectoral experiences still continuing? If not, why?
    b. Any lesson learnt?
    c. Any challenges?
    d. Allocated additional resources? If yes, by whom?
12. What would be the **motivating factors** for more involvement in 'coordination' and/or 'cooperation' with PSNP/NNP stakeholders?
13. Key **contact people**: Who do you think can be interested or is already involved in multi sectoral 'coordination' and/or 'cooperation' at regional/woreda/kebele level?

Appendix 3: Set questions for Focus Group Discussions (FGDs) and guidelines

Brainstorming: The aim of the first set of questions is to gain an understanding of the **community involvement** in development interventions.

1. In the past six months (use appropriate event from local calendar) was any of the group involved in **community discussions** involving mapping, planning or problem-solving? *Ask to raise hands*
2. Where these community discussions linked with PSNP? With Community-Based Nutrition (NNP)? With Water and Sanitation Program? With Household Asset Building Program (HABP)? With other types of programs or local events? *List answers and always ask if anybody has anything to add (use tally for repeated answers)*
3. What were the key **priority actions** that came from the community discussions? *List answers and always ask if anybody has anything to add (use tally for repeated answers). Link answers from question 3 to question 2, if possible. Group items under 'domains' of the UNICEF malnutrition framework – e.g. food security, maternal and child health care, access to health services, environmental hygiene, etc.*
4. Do these priorities reflect most of your main concerns or problems? *List concerns and problems not addressed by priorities*

Malnutrition and Problem-Tree: The aim of the second set of questions is to get male and female perspectives on malnutrition, causes and solutions

5. What is the nutritional status in the community?
6. How does **malnutrition manifests** itself in the community? *List all answers*
7. Who are the **most vulnerable** to malnutrition in the community? *List all answers*
8. What are the **main causes** of malnutrition? *List all answers and use prompts and probes to identify* **key contributing factors** *under each identified cause. Groups under 'domains' of the UNICEF malnutrition framework – e.g. food security, maternal and child health care, access to health services, environmental hygiene, etc.*

Discussion: A comparison is made between 'domains' identified during the brainstorming session (question 3) and those identified during the problem-tree session (question 8).

Prompts and probes can be used to discuss with participants on the **relation causes – factors – priorities**. For example, do identified priorities for food security have a nutritional value? Do they address the nutritional requirements of the most vulnerable groups? Do they stimulate production, storage and consumption of nutrient-rich foods?

5 Ws and H: Agree and discuss on 1-3 priorities that are within the domain of PSNP and NNP and that demand cooperation between health and agriculture sector. Use the 5Ws and H - – who, what, where, when, why and how – to break down each priority into feasible activities**.** Discuss with participants on existing links with programmes, services and community resources like Development Groups, Cooperatives, Farmers' Training Centres and so on.