

# **EU+ Joint Strategy on Nutrition for Ethiopia**

**2016-2020**

## Abbreviations

AGP	Agricultural Growth Programme
BCC	Behaviour Change Communication
CBN	Community Based Nutrition
CHD	Child Health Days
CINS	Comprehensive and Integrated Nutrition Service
CMAM	Community-based Management of Acute Malnutrition
CSO	Civil Society Organization
DA	Development Agent (for Agriculture)
DAG	Development Assistance Group
DHS	Demographic health survey
DRM	Disaster Risk Management
ECCE	Early Childhood Care and Education
ECD	Early Child Development
ECHO	European Community Humanitarian Aid Office
EOS	Enhanced Outreach Strategy
EU	European Union
EU+	All EU Member States, Norway, EU Delegation, ECHO
FAO	Food and Agriculture Organization
GMP	Growth Monitoring Programme
GoE	Government of Ethiopia
HAD	Health Development Army
HEP	Health Extension Programme
HEW	Health Extension Worker
HMIS	Health Management Information System
HSTP	Health Sector Transformation Plan
HRD	Humanitarian Requirement Documents
IYCF	Infant and Young Child Feeding
M&E	Monitoring & Evaluation
MoANR	Ministry of Agriculture & Natural Resources
NCD	Non communicable Diseases
NNCB	National Nutrition Coordination Body
NNP	National Nutrition Programme
NSA	Non-state Actor and Nutrition Sensitive Agriculture
OTP	Outpatient Therapeutic Programme
OWNP	One WASH National Programme
PSNP	Productive Safety Net Programme
SLMP	Sustainable Land Management Programme
SUN	Scaling Up Nutrition Initiative
TFC	Therapeutic Feeding Centre
UNICEF	United Nations Children's Fund
UPSN	Urban Productive Safety Net
WASH	Water, Sanitation, Hygiene
WHO	World Health Organization

# 1. Background

Early in 2013, the European Union Commission along with the 20 EU Member States represented in Ethiopia plus Norway (EU+) endorsed the EU+ Joint Cooperation Strategy for Ethiopia to ensure a coherent and cohesive response to Ethiopia's development challenges, to improve alignment, harmonization, results-based approach, predictability and transparency, whilst avoiding overlapping or fragmented interventions. This process is expected to lead towards a framework for Joint Programming in Ethiopia. As part of the European Commission's commitment to reduce globally the number of stunted children by seven million by 2025, the EU Delegation has chosen nutrition as the core theme through which to collaborate with the Member States represented in Ethiopia.<sup>1</sup> The EU+ strategy will support the Ethiopia National Nutrition Programme II (NNP II)<sup>2</sup>, which has been updated in 2015. This fact is offering an excellent opportunity for harmonization of the EU+ initiative into national nutrition planning, resourcing and implementation, evidence-based documentation and monitoring and evaluation.

The strategy is taking account of the strategic priorities of the Second National Nutrition Programme 2016-2020, the EU Communication on Enhancing Maternal and Child Nutrition<sup>3</sup> (and the EC Action Plan)<sup>4</sup> and the policy direction of Member States. The strategic priorities for programme interventions have been determined and outlined. The strategy also follows the Nutrition Sensitive Agriculture Strategic Plan, developed by the Ministry of Agriculture in 2016.

## Nutrition situation in Ethiopia

Ethiopia is the second-most populous country in Africa with a population of 87 million. In just over 20 years Ethiopia has reduced the prevalence of stunting (chronic undernutrition) in children under five years of age from 67% to 40%. This has been a major contributing factor to Ethiopia's impressive performance in reducing child mortality<sup>1</sup>. However, even if this trend continues, Ethiopia will still fall short of its own commitment to reduce stunting to 20% by 2020 and 0% by 2030<sup>5</sup>.

In Ethiopia, stunting prevalence increases considerably amongst children from six months of age through two years, highlighting the need for more resources devoted to preventing undernutrition during the critical window from conception to two years of age (also referred to as the "first 1000 days"). Beyond this "window of opportunity", it is almost impossible to recover from the human development deficits.<sup>6</sup> In fact, according to the mini DHS of 2014 the prevalence of stunting increases as the age of a child increases, with the highest prevalence of chronic malnutrition found in children age 24-35 months (52%)<sup>7</sup> making these 1000 days very critical in addressing undernutrition in children.

The situation varies quite significantly across the country. Stunting is much higher in Afar (49%), Tigray (44%), SNNPR (44%) and Amhara (42%), whilst the agro-pastoralist and pastoralist areas which are more vulnerable to drought and food insecurity, have much higher rates of wasting<sup>7</sup> such as 28% in the Somali region and 25% in the Afar region. Children from rural areas are much more likely to be stunted than those from urban areas.

Micronutrient deficiency, also known as "hidden hunger", because it is less visible to the naked eye is also an issue in Ethiopia. Data from the Ethiopian National Food Consumption Survey report confirms that children 6 months – 3 years of age have intake gaps for a number of micronutrients of around 50% of RNI. Anaemia is affecting one in two children (40% of children under five according to preliminary results from the Micronutrient survey) and a significant proportion of women of reproductive age (20% according to preliminary results of the Micronutrient survey).<sup>8</sup> Iron deficiency is the cause of half of anaemia cases, which results in deficits in cognitive development and education achievement of those affected.

**The annual costs associated with child undernutrition are estimated at 55.5 billion Ethiopian Birr which is**

---

<sup>1</sup> EC, Action Plan on Nutrition, 2014

<sup>2</sup> see Annex 2 for the Strategic objectives of the NNP II

<sup>3</sup> Communication from the Commission to the European Parliament and the Council, Enhancing Maternal and Child Nutrition in External Assistance: an EU Policy Framework, 2013

<sup>4</sup> Commission staff working document, Action Plan on Nutrition, 2014

<sup>5</sup> Sekota Declaration, 2015

<sup>6</sup> Hoddinott 2008, Alderman 2006

<sup>7</sup> DHS, Ethiopia 2011

<sup>8</sup> Micronutrient Survey, Ethiopia 2015

**equivalent to 16.5 % of GDP.<sup>9</sup>**

Multiple factors contribute to child malnutrition in Ethiopia and these vary across different contexts, livelihood zones and groups of people. Diseases and inadequate dietary intake are the two most immediate causes. Proper infant and young child feeding practices are sub-optimal in Ethiopia. Nearly half of infants less than six months of age are still not exclusively breastfed. Complimentary feeding from 6 months is insufficient and the quality of older infants' diets is extremely poor, with only 3% of children having a minimally acceptable diet and only 4% meeting the minimum dietary diversity threshold of four food groups.<sup>10</sup>

Effective interventions are available to reduce stunting, also referred to as nutrition-specific (see Annex 1). If these interventions were scaled up to 90% coverage, they would only reduce stunting by 20%.<sup>i</sup> Implementation of nutrition-specific interventions solely is therefore not enough. Further reduction in stunting will require implementation of nutrition-sensitive interventions. Nutrition-sensitive interventions are those whose primary objective is not nutrition, but that have the potential to improve the food and nutrition security of beneficiaries and are implemented through different sectors therefore requiring a multisectoral approach to nutrition.

Ethiopia demonstrates a strong political commitment to nutrition by launching the multisectoral National Nutrition Strategy (NNS) in 2008 and being one of the first countries to commit to the Scaling Up Nutrition (SUN) movement in 2010. The NNS in Ethiopia is now operationalised through the multisectoral National Nutrition Programme (NNP) 2015-2020 with ten stakeholder ministries. In 2015, the Ethiopian government also signed the Sekota Declaration, which commits different sectors to reduce stunting to 0% by 2030.

Furthermore, the Government has made strong commitments to mainstream nutrition in its flagship programmes the Productive Safety Net Programme (PSNP) and the Agriculture Growth Programme II (AGP II). The Ministry of Agriculture and Natural Resources (MoANR) has also developed a Nutrition Sensitive Agriculture Strategic Plan in 2016 that aims to mainstream nutrition in all programmes of the MoANR. This Strategic Plan also has a strong focus on the empowerment of women through three initiatives and related actions on increased access to resources and inputs for women; on promotion of labour and energy saving technologies to impact women's work load; on promotion of gender sensitivity in nutrition sensitive agriculture at all level.

## **Rational for the Joint Strategy**

Following a mapping exercise as part of the EU/UNICEF Situation Analysis and a mapping of nutrition activities of Member States, it became clear that there are many synergies among Member States, particularly in the areas of health and agriculture, many Member States are implementing similar activities through partly the same partners. Aligning these activities and using a joint approach to implementing partners, would not only improve the partly poor targeting that the Situation analysis highlighted, but also avoid duplication of efforts by working with the same partner in parallel.

Furthermore, this strategy should serve as a learning experience for Member States that are in the beginning stages of implementing nutrition sensitive interventions in different sectors. Some Member States, in particular Germany, Ireland and the Netherlands, already have experience in nutrition sensitive interventions in agriculture and social protection, on which other Member States could build upon. The activities proposed in this Strategy are based on some of these experiences and should help to plan for future programmes.

## **2. Objectives**

The overall objective of the strategy is to contribute to the Ethiopian government's target to reducing child stunting prevalence to 26% by 2020 (NNP) and to 0% by 2030 (Sekota declaration) and to the achievement of the 7 million in 2025 European Commission target on stunting.

The main objectives of the Joint Strategy are:

- to articulate a common understanding of development challenges and guiding priorities for EU+

---

<sup>9</sup> Cost of Hunger study in Africa, 2013

<sup>10</sup> DHS, Ethiopia, 2011

- support to the objectives of the NNP;
- to achieve complementarity across sectors and fill gaps;
- to align EU+ partners' country strategies with agreed mutual guiding principles and actions in specific sectors;
- to enhance the quality of policy dialogue and advocate jointly;
- to make EU financing more effective through a focus on alignment, harmonisation, managing for results, predictability and mutual accountability;
- to enhance the leverage and visibility of EU+ support to Ethiopia.

### 3. Guiding principles

All activities will be closely coordinated with the Development Assistance Group (DAG). EU+ partners will use their participation in DAG Sectoral Working Groups to promote policy issues related to the mutual priorities outlined below and to ensure that cross-cutting concerns are considered in all pillars/sectors. EU+ activities are based on and guided by the core values of the EU, respect for fundamental freedoms, and democratic governance. EU+ partners support overall development as a catalyst for the empowerment of citizens.

EU+ Member States in the process of preparing new country strategies are encouraged to adopt an interim timeframe, to allow for progressive alignment with the strategy and to seek out opportunities for joint programming.

Examples of how Member States could address nutrition elements in their country strategies are given in Table 1 in Annex 1.

**Member States commit themselves to the following principles in their strategies and programmes relevant to nutrition:**

- Explicitly incorporate nutrition objectives and priority actions;
- Design common monitoring and evaluation systems and reporting on nutrition and food intake/diet quality indicators with sex and age disaggregated data;
- Contribute to the development of capacity in the different sectors in how to assess, interpret and use nutrition data (see section on proposed indicators for different sectors);
- Mainstream gender in the nutrition and supporting gender equality;
- Empower women, strengthening their roles as social and economic actors and creating an enabling environment for childcare;
- Prioritize areas or groups, (e.g: pastoralist areas, smallholders, women and children) worst affected by undernutrition;
- Address potential negative impacts on nutrition (e.g. increase in food-borne or water-borne diseases, or in women's workload to the detriment of childcare);
- Apply community-focussed approaches, consulting with beneficiary communities as well as local and international CSOs and NSAs, including women's groups
- Ensure coordination internally within and between relevant EU+ cooperation departments and agencies to facilitate exchange and cooperation, as well as coordination with relevant government mechanisms.

### 4. EU+ Strategy implementation

1. to articulate a common understanding of development challenges and guiding priorities for EU+ support to the objectives of the NNP:
  - a. EU+ commit themselves to the guiding principles and Lead Member States advocate for the implementation of all priority actions in the respective sectors through their own programmes or programmes from the government or other Member States
  - b. EU+ also commit themselves to strengthen coordination of different sectoral departments within their organizations around nutrition.
2. to achieve complementarity across sectors and fill gaps:

- a. EU+ has identified geographic and programmatic gaps from the mapping exercise in the wider context of the Situation Analysis, which will be addressed through the recommended actions in different sectors;
  - b. When information is missing, a specific analysis should be launched by EU+ before developing objectives and actions;
  - c. The mapping will be an on-going activity, coordinated by EU. Information on new programmes will be submitted by each Member State and consolidated by EU on a regular basis;
  - d. Overlaps in implementing partners will be identified and addressed for instance through joint principles of funding to UN agencies;
  - e. Lead Member States will provide regular updates on developments in their respective sectors/cross-cutting issues;
3. to align EU+ partners' country strategies with agreed mutual guiding principles and actions in specific sectors:
  - a. EU+ will use the guiding principles of the Joint Strategy for the development of their country strategies
  - b. EU+ in the middle of their strategic cycle, should try, whenever possible, to adapt and include elements of the guiding principles of the Joint Strategy in their programmes.
  - c. EU+ will advocate for the inclusion of recommended activities in specific sectors, either in their programmes or for government or other Member States programmes.
4. to enhance the quality of policy dialogue and advocate jointly:
  - a. EU+ will develop joint advocacy messages for each sector/cross cutting issue, which will be taken on by the lead Member State/agency
  - b. Advocacy needs analysis will be proposed by the lead EU+ and finalised by the core group;
  - c. Advocacy can take place through individual contacts of Member States and the government or through joint efforts of multiple Member States
  - d. Advocacy roles will be proposed according to the participation of MS to different forum and contribution to sectors;
5. to make EU financing more effective through a focus on alignment, harmonisation, managing for results, predictability and mutual accountability:
  - a. Financing nutrition has been identified as a challenge in Ethiopia. Few EU+ Member States fund nutrition directly to the government. This Strategy will advocate for a comprehensive funding mechanism for the NNP, but also ensure that nutrition specific funding for nutrition sensitive programmes (PSNP, AGP...) will be specifically earmarked
  - b. Main activities will include an assessment of funding gaps and a feasibility study of different funding mechanisms
  - c. Set up a mechanism to track funds of EU+ to gain some understanding of the contribution the EU+ is making to reduce chronic undernutrition
6. to enhance the leverage, knowledge sharing and visibility of EU support to Ethiopia:
  - a. Joint initiatives as well as successful advocacy should be shared within Ethiopia, among other donors (NDPF, REDFS, DAG etc), the government, but also at European and global level
  - b. Regular newsletters with updates on the Joint Programming will be prepared by EU with input from Member States on new developments related to the Strategy, joint and individual achievements of mainstreaming nutrition and other nutrition developments in Ethiopia.
  - c. Publish achievements of joint programming in global reports as well as EU publications...
  - d. Set up an EU+ webpage on nutrition in Ethiopia with relevant technical publications as well as updates from Member States

## 5. Recommended activities in specific sectors/areas of intervention

### Gender

Lead Member State/agency: Italian Development Cooperation Agency (IDCA); EU

Other MS involved in the sector:

Strategic objective for Gender: To ensure gender balance and empowerment of woman in nutrition related interventions.

Introduction:

The National Nutrition Programme II states that gender inequality is to be associated with higher levels of acute and chronic under-nutrition. Women are a key entry point for nutrition – to break the intergenerational cycle of malnutrition. The ultimate nutritional benefits of increased incomes are determined by who controls the income and how it is distributed within the household. Women typically are the ones responsible for household food issues and who spend a higher proportion of their income on food and health care for children than do men. Adequate maternal nutrition is also important to prevent child malnutrition and to have strength to be productive as well as maternal nutrition being a basic human right.<sup>11</sup>

Improvements to gender equality and women's decision-making power can significantly reduce child malnutrition rates. Reports have also demonstrated that several animal production projects that succeeded in improving diet or nutritional status depended on women being actively involved and playing a critical role in the projects. So, women have to be the ultimate beneficiaries of nutrition sensitive interventions, while the whole family (husbands, mothers in law etc) have to be at the centre of nutrition related interventions both in the rural and urban settings.

Women in low-income households are typically fully occupied in a wide array of activities including care giving to children, the sick, and the old; collecting water and fuel; preparing food; and performing household chores. In addition to working in the house, women in rural areas engage in a wide range of on-farm and off-farm activities.

One challenge in the understanding of gender issues is the lack of collection of gender disaggregated data which results in inadequate recognition of women's work and central roles. To address this and other challenges, the Gender Directorate of every Ministry has developed Gender Mainstreaming Manuals (GMM) which requires strong involvement and commitment to be implemented.

In order to address the gender gaps, a gender analysis/social development analysis of the programme related sector is crucial (see Generic ToRs for a gender analysis in Annex 5.). This analysis will help in better knowing the women's and men's different roles, needs, priorities and responsibilities, as well as their respective access to and control over the material and non-material benefits of society. Unless a gender analysis has already been undertaken, a budget should be foreseen for that specific activity. Gender mainstreaming manuals developed by the line Ministries are available and can help in that identification.

Gender specific actions are proposed in each sector described in this document. The proposed actions of this section are more general and can often be used across sectors.

Specific actions:

Policy level

- Ensure linkages and regular communication on nutrition between the various gender departments in the various ministries should be encouraged and supported; Provide ad hoc technical support in NNP coordination on gender;
- Strengthen national infrastructure development initiatives with due attention to women's needs and constraints on accessing food markets, schools, health services, water systems and trade routes;
- Support legal frameworks which protect women's rights (e.g. land inheritance rights, maternity laws and workplace policies supporting breastfeeding);

---

<sup>11</sup> Addressing undernutrition in external assistance, EC 2011;

### Capacity building

- Strengthen capacity on nutrition within each gender directorate of each line ministry and the members of the Ministry of Woman and Children's Affairs;
- Improve nutrition knowledge and capacity of the focal persons on gender at all administrative levels;
- Provide training for members of women based associations and civil society organisations at all administrative levels on optimal MIYC feeding practices and other nutrition-relevant areas;

### Program level

- Increase awareness of women and men on improved nutrition practices;
- Sensitize women and men on the impact of socio-cultural norms on women and on women rights.
- Promote the development of life skills (such as assertiveness, negotiating, decision –making, leadership and bargaining) for girls; Create access for women to biofuel technologies, and also low energy and time demanding technologies for food production, such as post-harvest processing (eg. enset processing which is very labour intensive);
- Prevent harmful traditional practices like early marriage and food taboos;
- Reduce women's workload at field and household level (production, child caring, food and water provision for the household);
- Improve decision making power of woman on resource access and utilisation, on income, etc;
- In order to address the gender gaps, a gender analysis/social development analysis of the programme related sector is crucial in order to mainstream gender (see Generic ToRs for a gender analysis in Annex 5.)

## **AGRICULTURE and Food systems**

Leading agency: German Development Cooperation (implemented by GIZ), EUD, NL

Other MS involved in the sector:

Strategic objective for agriculture: To increase household consumption of diversified and nutrient-dense diet with particular emphasis on women, adolescent girls and young children for prevention of malnutrition and improvement of nutritional status.

### Introduction

Agriculture holds considerable potential to help achieve broader national objectives of reducing poverty and undernutrition. By putting more focus on nutrition outcomes, agriculture will address a critical, recurring constraint: low labour capacity and productivity due, in part, to the poor health/nutrition status of the agricultural workforce.<sup>12</sup>

Agriculture is one of the main sectors of intervention of the EU+ group and this brings opportunities to improve the nutrition sensitive aspects of many agriculture programmes. This possibility for improvement of the nutritional components of programmes is not only essential in the Government flagship programmes, it also needs to be improved in most agricultural programmes, including those funded by the EU and its MS.

The Ministry of Agriculture and Natural Resource Development has strong food security programmes including Productive Safety Net Programme (PSNP), Sustainable Land Management Programme (SLMP) and Disaster Risk Management (DRM) that aim to sustainably ensure adequate quantity and quality of food. Moreover, the Ministry has been implementing the Agricultural Growth Programme (AGP) through established systems such as the agricultural extension programme and agricultural research to increase production and productivity of agricultural products with contributions to improved household level consumption and dietary diversification. All of these flagship programmes benefit from financial support from the EU and its Member States.

Acknowledging the multiple underlying causes of malnutrition and impact pathways of agriculture to nutrition, EU+ aims to directly strengthen service delivery in agriculture/livestock, and to act as a catalyst to bring other partners on board who can help strengthen the implementation, M&E in all nutrition sensitive agriculture interventions and strengthening of regional and woreda level government capacity in planning, monitoring, integration, coordination

---

<sup>12</sup> Addressing undernutrition in external assistance, EC 2011



and delivery of nutrition sensitive actions focusing on women and children. EU+ support also aims to strengthen the capacity of HEWs, DAs, Community Conversation Agents, Programme managers, Vulnerable Households.

Beginning of 2016, the MoANR has produced a draft of a Nutrition Sensitive Agriculture Strategic Plan for GTP2. This plan included strategic objectives, results initiatives and core activities. MS are encouraged to read this document as it is complementary to this strategy.

#### Specific actions:

##### Policy level

- Strengthen regulatory bodies throughout the country by providing training for technical food inspectors on the quality and safety of nutrition supplies;
- Strengthen the Nutrition Case Team in the Ministries of Agriculture and Natural Resources and the Ministry of Livestock and Fisheries
- Support food fortification (mass, targeted and other types of fortification such as home fortification) programs and initiatives through the Federal Ministry of Industry and Federal Ministry of Health for national improvement of micronutrient status;

##### Capacity building

- Support agriculture research centres to develop seeds of high nutritional value and to conduct research on bio-fortification and seasonality;
- Strengthen the capacity of the agriculture sector (including all structures within MoANR) to integrate nutrition sensitive interventions into agriculture programmes;
- Support the inclusion of Nutrition Sensitive Agriculture in agriculture education curriculum;

##### Program level

- Promote consumption of diversified foods through agricultural extension programme and through Agricultural Development Agents at community level using BCC approaches in cooperation with HEWs;
- Increase year-round production of fruits, vegetables, nutritious roots, cereals, animal sourced food and pulses, where feasible to improve consumption of diversified diet at household and individual level;
- Support storage and processing/preservation methods to reduce post-harvest losses, nutritional losses and improve food safety and increase profit margins;
- Promote value addition/transformation to ensure availability production (apart from producing cash crops) and consumption of diverse nutritious foods in the lean production periods;
- Secure access to land (e.g. land use rights) and other productive resources (e.g. water, inputs and extension services) for woman, poor or marginalised groups (e.g. female headed household, ethnic minorities, emergency-affected populations, pastoralists);
- Increase household access to and consumption of animal products through strategic support to the livestock and fishery sectors (e.g. facilitating access to milk for households who do not own cattle, increasing livestock ownership while ensuring environmental sustainability);
- Increase the productivity of small-scale farming through good agricultural practice (e.g. improving soil fertility, control of soil erosion, water conservation, conservation agriculture);Support inclusion of wild food types in areas where it is available;
- Promote labour and energy saving technologies helping women from production to preparation for food diversification;
- Support local complementary food production by woman through development groups and cooperatives;
- Create economic opportunities for women;
- Support income generating activities to support diversified livelihoods.

## **Pastoralist areas**

Lead Member State/agency: Italian Development Cooperation Agency (IDCA)

## Other MS involved in the sector: Germany

Strategic Objective for pastoralism: To improve the nutritional status of pastoralists through pastoral friendly interventions

### Introduction

A significant proportion of the population in Ethiopia is *pastoralists* or *agro-pastoralists*. They make up the vast majority of the population in two of the Regional states, i.e. Somali and Afar and in large areas of south Oromia, southern SNNP and in Gambella R.S. Their livelihoods in Ethiopia have now been under serious stress for many decades due to repeated and very severe droughts (especially Somali, Afar and South Oromia) and floods (especially in South Omo and Gambella areas), coupled with encroachment of their traditional grazing areas and civil strife.

Wasting prevalence in Somali and Afar region is the highest among the regions of the country. Infant and young child feeding practices in these regions were reported to be poor as compared to the other regions of Ethiopia.<sup>13</sup>

The lack of service delivery to pastoralists is widely acknowledged to be one of the most evident processes of marginalisation and exclusion by governments and policy makers,<sup>14</sup> Afar and Somali being the regions with the lowest rates of mothers receiving antenatal care.<sup>15</sup> In addition, pastoralist lifestyles that include dispersed settlement pattern, seasonal mobility, pervasive prevalence of harmful traditional practices, which, among other things, perpetuate underutilization of services even when and where the health services are available<sup>16</sup>.

Pastoralists are almost entirely directly dependent on their livestock for health and nutrition. Income from sales of livestock and livestock based products (dairy, dried meat) buys grain to supplement diets, medicine and health care and other household products. Given the importance and investment to pastoralists in the health of their livestock, opportunities exist to combine animal and human health activities. These can include dual vaccination and deworming campaigns, WASH interventions and entry points for monitoring nutrition and child and maternal health.<sup>17</sup> Improvements in the health of animals will have direct bearing on improvement on the nutritional status of the population, particularly that of children. Interventions targeted at livestock with respect to a seasonal calendar will have an enormous impact on the maintenance of adequate milk production and enhanced nutrition.<sup>18</sup>

### Specific actions:

#### Policy level

- Ensure adequate early warning systems are in place and sufficient knowledge regarding pastoralist seasonal production system exists
- Set up a pastoralist working group to ensure nutrition-mainstreaming in IDDRSI (IGAD Drought Disaster Resilience Sustainability Initiative)

#### Capacity building

- - Ensure that training materials for Development Agents are sufficiently tailored to Pastoralist areas

#### Program level

- Ensure participation of pastoralists at all stages of project design
- Improve access to veterinary services, fodder production and rehabilitation of animal water points
- Implement WASH activities that are strategic and in keeping with livelihoods strategies such as maintenance of condition of livestock to continue milk production
- Ensure that ongoing emergency response work at individual and community levels is aligned with longer term nutrition actions based on emerging livelihood options
- Base Woreda nutrition planning on local conditions and solutions, i.e. available foods and acceptable practices: consider 'Milk Matters' approach where viable as well as alternative crops to enrich diets and child feeding

---

<sup>13</sup> DHS 2011, EU/UNICEF Situation analysis on nutrition, Ethiopia, 2015

<sup>14</sup> Schelling et al., 2008a

<sup>15</sup> EU/UNICEF Situation analysis on nutrition, Ethiopia, 2015

<sup>16</sup> Challenges and opportunities in CBN adaptation to pastoral areas in Ethiopia- EPHI

<sup>17</sup> Downie K, 2011

<sup>18</sup> Milk Matters project

- Improve access to markets and market information needs to be improved in all pastoral areas to enable pastoralists to sell their livestock and livestock products.
- Maintain transitional implementation modalities, e.g. EOS and mobile health teams, until sufficient capacity is in place for effective 'routine' nutrition service provisions.

## HEALTH SECTOR

Lead Member State/agency: Spanish Cooperation, EUD, DFID

Other MS involved in the sector:

Strategic objective for health: to improve infant and young child feeding and maternal nutrition

### Introduction

The health sector plays an essential role in nutrition. The World Health Assembly adopted several resolutions on infant and young child nutrition<sup>19</sup>. The health sector contributes to nutrition by taking action to support child and maternal health and through a package of nutrition-specific actions such as breastfeeding promotion, management of severe acute malnutrition and vitamin A supplementation.<sup>20</sup>

The Health Sector has taken the lead in moving nutrition policy and program initiatives and action forward in Ethiopia during the last decade. Initially starting with 'emergency' health and nutrition actions (campaigns, Therapeutic Feeding Centres (TFC) and supplementary feeding) the implementation of nutrition services and actions then moved to an Enhanced Outreach Strategy (EOS), Community-based Management of Acute Malnutrition (CMAM), Vitamin A, de-worming and nutrition/health education) and from there on towards a gradual integration of nutrition actions into the emerging, comprehensive Health Extension Program (HEP). In the process, special modalities were adopted like 'child health days' (CHD) and 'women support groups' while steadily moving towards full integration of nutrition actions into routine health services delivery systems. This nutrition mainstreaming process is still ongoing and the pace of the process needs to be adapted to the expansion and strengthening of the capacity of the HEP.

Main focus of EU+ will be on integration of nutrition specific interventions (see Annex 1 with list of nutrition specific interventions) during the first 1000 days, with particular focus on maternal nutrition and supporting a comprehensive information platform on nutrition in the Ministry of Health covering all sectors of the NNP.

Specific actions:

### Policy level

- Ensure quality of nutrition indices in routine reports, such as the Health Management Information System (HMIS) from health facilities and supervision/evaluation procedures. Community health diagnosis, national surveys (e.g. Demographic and Health Surveys (DHS), NNP surveys) and surveillance — to include an analysis of the nutrition situation (nature, levels, distribution, trends, causes) and ensure data sharing in the "*Unified nutrition information system*" for national, regional and woreda level;
- Actively engage on result based policy dialogue – with nutrition specific indicator as part of the EU health Sector Budget Support (SBS) performance assessment framework (PAF). Also, further strengthen the dialogue at HPN – nutrition sub-group platform through building synergy and complementarity of the different nutrition related initiatives;
- Increase collaboration and exploiting synergies through the NNP platforms with other sectors and flagship programmes like Productive Safety Net Programme (PSNP), Agriculture Growth Programme (AGP). Support the MoH in developing and implementing their plans related to PSNP and AGP;
- Prioritize women's nutrition in maternal and reproductive health policies;

---

<sup>19</sup> 63.23 WHA Resolution, 2010

<sup>20</sup> Addressing undernutrition in external assistance, EC 2011

### Capacity building

- Strengthen capacity — raising awareness of undernutrition and strengthen relevant skills amongst health staff at all levels, including nutrition modules in medical, nurse or health assistant training, strengthening capacity for community-based management of acute undernutrition;  
Support updating of the blended training materials and retraining of Health Extension Workers (HEW) where necessary;;

### Program level

- Harmonize education and Behaviour Change Communication (BCC) materials on nutrition , hygiene and food safety used in the country to ensure consistent messaging;
- Better utilise vaccination campaigns and Child Health Days (CHD) as a platform to distribute vitamin A and/or other micronutrients, to screen and refer moderate and/or severe cases of undernutrition, to promote appropriate infant and young child feeding and maternal nutrition;
- Implement a comprehensive package of nutrition specific interventions<sup>21</sup>: in line with MoH's approach of the Comprehensive and Integrated Nutrition Services packages (CINS). CINS aims to bring all nutrition services as a package: Community Based Nutrition (CBN), EOS, CHD, CMAM, Infant and Young Child Nutrition (IYCN), linked with nutrition sensitive interventions.<sup>22</sup> Also Non Communicable Diseases (NCD) diagnosis and prevention and maternal nutrition, which has so far widely been neglected should be included in this package;
- Address inequity in access to comprehensive packages of nutrition interventions for women and young children through the Health Sector Transformation Plan (HSTP).
- Improve tertiary healthcare (district and reference health facilities) — for quality of care which includes treating cases of severe acute undernutrition and severe micronutrient deficiencies (e.g. severe anaemia with medical complications), breastfeeding support, nutrition supplementation for main prevalent diseases (HIV/AIDS, tuberculosis, diabetes, post-measles, endemic parasitic diseases);
- Improve supply chain — including delivery and supply of therapeutic food and materials;
- Improve participation in a strengthened Growth Monitoring Programme (GMP) to fully exploit GMP impact on stunting reduction;
- Better integration of all aspects of Outpatient Therapeutic Programmes (OTP) into HEP and IYCF into CMAM;
- Address adolescent malnutrition: Ensure adolescents' access to micronutrients, provide comprehensive and routine nutritional assessment and counselling services for adolescents at community, school and health facility level
- Support initiatives to change women's nutrition and health services seeking behaviour
- Facilitate access to and use of supplements (and to iron rich foods) for women

## **WATER, SANITATION and HYGIENE**

Lead agency: Italian Development Cooperation Agency (IDCA)

Other MS involved in the sector:

Strategic objective for water, sanitation and hygiene: To improve health, hygienic conditions and wellbeing of the population with particular regard to mothers and caregivers by ensuring better access to clean water and upgraded sanitation services.

### Introduction

There is a strong relationship between water, sanitation, hygiene and nutrition. Malnutrition lowers resistance to infections and increases the chances of morbidity and mortality from diseases while lack of clean water or effective sanitation facilities decreases the ability to absorb and use calories and nutrients. It is recognised that WASH and

---

<sup>21</sup> Lancet series 2008

<sup>22</sup> Components of CINS: nutrition screening, growth monitoring and promotion, Vitamin A supplementation, De-worming of children 2-5 years, promotion of optimal infant and young child feeding practices, promotion of optimal maternal nutrition, promotion on the utilization of micronutrient interventions, management of acute malnutrition, strengthening the follow up and referral linkages, linkage with nutrition sensitive interventions

nutrition programs are both necessary to achieve improved health outcomes. The World Health Organization (WHO) estimates that 50% of malnutrition is associated with repeated diarrhoea or intestinal worm infections as a result of unsafe water, inadequate sanitation or insufficient hygiene.

The Situation Analysis showed that water sources need to be of high quality at public, household and institutional level to give significant nutrition improvements.<sup>23</sup>

Ethiopia has made remarkable progress in water and sanitation over the last two decades. According to WHO/UNICEF Joint Monitoring Programme 2014 report, the country has improved water supply by 57% (97% in urban areas and 42% in rural areas), thus achieving the Millennium Development Goal (MDG) 7 target 7C. Despite the progress seen in Ethiopia, 43% of the population does not have access to an improved water source and 28% practice open defecation. There is also a fall in access to safe drinking water as many established sources are ageing.

#### Specific actions:

##### Policy level

- Ensure mainstreaming of nutrition in water/sanitation/hygiene policies and programmes, such as the One Wash National Programme (OWNP) which should refer specifically to nutrition;
- Support development of regulations to ensure water providers meet standards (equitable pricing, water quality, efficiency);
- Focus on water management should be emphasized: water sources location; quantity and quality of water; training of Ethiopian authorities responsible of water management in order to improve access to water services;
- Promote the responsible inclusion of the private sector, taking into account and safeguarding against conflict of interest, not only in the equipment supply and development of infrastructure but also in the regulation and management of systems when possible;

##### Capacity building

- Include basic nutrition in the training of WASH extension workers

##### Program level

- Provide infrastructure (water treatment and delivery/distribution, sanitation, treatment of wastewater and reduction of pollution of water resources) as well as capacity building on infrastructure management;
- Ensure right to water and reducing inequalities in access to water (e.g. increase coverage of water distribution mechanisms, introduce technology that will increase access to water for poor households and reduce women's workload);
- Improve water supplies and sanitation facilities in communities, health care facilities and schools and to promote safe hygiene practices (education and infrastructure);
- Work with healthcare (primary healthcare or child health) delivery system to ensure that good hygiene practices are promoted (behaviour change communication interventions especially in hygiene, food safety and toilet use);
- Ensure regular access to cleaning material (soap or other locally available cleaning product), water treating products; In the water sector, more women need to be involved in the service delivery and maintenance of water delivery infrastructure;
- Promote an integrated urban water management by viewing water supply, drainage, and sanitation as components of an integrated physical system;
- Promote infant-specific WASH messages related to child's faeces disposal, the importance of keeping children from livestock etc;
- As far as sanitation is concerned, solid waste management should be improved since poor management of solid waste has a negative impact on health and nutrition.
- Ensure that every WASH programme includes or is linked to a nutrition/SBCC education component;

---

<sup>23</sup> EU/UNICEF Situation analysis on nutrition, Ethiopia, 2015

## SOCIAL PROTECTION

Lead Member State/agency: Irish Aid

Other MS involved in the sector:

Strategic objective for Social protection: to make sure that every social protection instrument provides specific entry points for increasing its impact on nutritional outcomes.

### Introduction

Social protection policies and programmes are developed as a response to level of vulnerabilities, risks and deprivations. Social transfer programmes can play a significant role in reducing undernutrition and their aim is to reduce deficits in consumption, protect from external shocks, and boost productive capacity. Conditional cash transfers can also be effective in helping improve nutrition.

Social Protection can be listed as the third important sector emerging as a major component of the long-term, NNP multisectoral approach to improvement of nutrition in Ethiopia.<sup>24</sup> A formal GoE policy on Social Protection has recently been adopted by Parliament<sup>25</sup> but much remains in order to fully build up the institutional framework, capacities and mechanisms that will be required for operationalisation of the policy.

The PSNP is the largest programme of this type in Africa<sup>26</sup>. The latest update of the safety nets program, i.e. PSNP4, has fully articulated a new focus on nutrition.

### Policy level

- Support MoH in implementing their Action Plan for PSNP;
- Support multisectoral collaboration between MoH, MoA and MoLSA;
- Support the linkages with nutrition in the PSNP and map best practices in linking PSNP and NNP/health;
- Support for the possible further expansion of the case management tracking tool, which will track compliance with soft conditionalities of PSNP, which is currently being tested out in Oromiya and SNNPR;
- Support the PSNP gender provisions (see annex 4).
- Support the Urban Productive Safety Net (USPN) or Urban Health and create linkages between the UPSN and the health sector for improved nutrition outcomes;
- Capacity building Strengthen the interaction between social worker, HEW and Development Agents (DA);

### Program level – general

- Prioritize maternal and child benefits in all social protection programmes;
- Prioritize areas or populations worst affected by undernutrition and addressing disparities;
- Adapt the design of social transfers, e.g. exemption from labour requirements for pregnant and lactating women or by rapid disbursement of cash/vouchers in emergencies;
- Establish links with other programmes and services (e.g. health) by encouraging attendance or considering setting a condition for the transfer that requires service attendance;
- Take into account households' purchasing power and the cost of a balanced diet when setting the amount of the transfer;
- Facilitate equitable access to financial services for smallholders, including the poor and women.

---

<sup>24</sup> EU/UNICEF Situation analysis on nutrition, Ethiopia, 2015

<sup>25</sup> MoLSA, FDRE. National Social Protection Policy of Ethiopia. Addis Ababa, Ethiopia: Ministry of Labour and Social Affairs, Federal Democratic Republic of Ethiopia: 2012.

<sup>26</sup> MOA, FDRE. Productive Safety Net Programme 4. Design Document. Addis Ababa, Ethiopia. Disaster Risk Management and Food Security Sector (DRMFSS), Food Security Coordination Direction, Ministry of Agriculture, Federal Democratic Republic of Ethiopia: 2014.

### Programme level – PSNP specific

- Support piloting PSNP 4 nutrition provisions to provide operational research and monitor progress for evidence base for the whole programme;

## **EDUCATION**

Leading agency: Sweden, Norway

Other MS involved in the sector:

Strategic objective for education: to increase school attendance particularly of girls and improve nutrition knowledge of students and teachers

### Introduction

The education sector plays an essential role in reducing undernutrition in a sustainable, long-term and equitable manner. There is an inter-generational effect of undernutrition whereby improvements in women's education are linked to better nutritional outcomes for their children, by improving care practices, strengthening economic prospects and delaying the first pregnancy. Survey results show a much lower prevalence of undernutrition amongst children whose mothers attended secondary school compared with those with no schooling or with primary education only.<sup>27</sup>

Basic education is one of the social sectors which has developed rapidly and is closely linked to the dramatic socio-economic developments of Ethiopia during the last decade. It is consequently both a driver of these socio-economic developments at the same time as it has remained a major area of investment for the government, recognising education as a major avenue for change towards a more prosperous, peaceful, democratic and integrated Federal Democratic Republic of Ethiopia.<sup>28</sup>

In order to further accelerate education achievements among children from poor and isolated backgrounds, an Early Childhood Care and Education (ECCE) Policy Framework and strategy was launched in 2010.

The links between basic education and nutrition improvements are multi-fold and well documented at global level<sup>29</sup>. Consequently, the NNP recognises education as one of the priority sectors in the Ethiopia multi-sectoral approach and outlines a series of initiatives and activities to be addressed in a nutrition sensitive manner.

### Specific actions:

#### Policy level

- Ensure nutrition is recognised as an explicit outcome of basic education policies and programmes;
- Ensure that primary schools and teachers are more systematically engaged in CBN;

#### Capacity building

- Engage in formative and operation research related to ECD; Strengthen curricula of primary, secondary and tertiary levels and with due attention to ATVETs where development agents graduate from — introducing nutrition sensitive agriculture, nutrition and growth, family planning, mother and children health, pregnancy and infant feeding, hygiene promotion and gender sensitivity;
- Provide teacher training on strengthened curricula;

#### Program level

- Ensure that school-based programs, including school meals, gardens, WASH, health, etc. are articulated towards comprehensive “nutrition friendly schools” initiative<sup>30</sup>;

---

<sup>27</sup> Addressing undernutrition in external assistance, EC 2011

<sup>28</sup> EU/UNICEF Situation analysis on nutrition, Ethiopia, 2015

<sup>29</sup> World Bank (2011)

<sup>30</sup> WHO, Nutrition friendly school initiative,  
[http://www.who.int/nutrition/topics/nutrition\\_friendly\\_schools\\_initiative/en/](http://www.who.int/nutrition/topics/nutrition_friendly_schools_initiative/en/)

- Increase enrolment and retention— promoting enrolment and improving attendance and retention, especially for girls;
- Use community-based approaches — using children, teachers or civil society groups as agents of change to promote appropriate nutrition practices at household and local levels;
- Improve school management — incorporating health, school gardening and nutrition services in schools' calendars, such as immunisation campaigns, deworming, family planning, ensuring adequate facilities (e.g. sanitation);
- Improving female adolescent access to education up to secondary level.

## Environment

Lead Member State/agency: Spain

Other MS involved in the sector:

Strategic objective for Environment: To promote a more sustainable use of natural resources to increase nutritional opportunities

Introduction:

Rapid negative environmental changes are altering the relationships between humans and the ecosystems in which they live. These changes include overpopulation, loss of biological resources, ecosystem destruction associated with industrial and commercial development, climatic change, urbanisation, modern agriculture employing pesticides and other inputs, and erosion of food crop diversity from years of genetic engineering focused on a few crops. Such disruptions in environmental integrity can affect food security, nutritional status and thus human health.

Environmental challenges in Ethiopia include climate change, soil degradation, deforestation, loss of biodiversity and ecosystem services, and pollution of land, air and water. Most of the environmental challenges in Ethiopia are the result of Ethiopia's economic dependence on natural resources. Exploitation of these natural resources may generate large economic benefits in the short term. However, in the long term unsustainable use of these natural resources increases not only environmental degradation, but decreases economic growth and livelihood opportunities.

The Ethiopian economy is very much reliant on fragmented (small-scale) agriculture that expands overtime at the expense of destruction of natural habitats, such as forest lands. Yet agriculture, in most cases, is not guided by proper soil conservation measures. This entails land degradation, loss of biodiversity and ecosystem services, loss of soil fertility and thus reduced land productivity. On the other hand, continued climate change is expected to increase climate variability and the incidence of extreme weather events (e.g. droughts, floods), which will further degrade the country's ecosystems and the overall food security picture.

As you will see from the proposed specific actions, most of the impact on nutrition will come from the mere fact that this sector works properly, without needing a specific or significant nutrition mainstreaming. A functioning environment will allow better production and harvesting potential and better nutritional impact.

Specific actions:

Policy level

- Increase collaboration with other sectors and joint programming to increase households and communities' resilience. This is especially important in emergencies;
- Institute sustainable land use system and ensure further expansion of nutrition sensitive interventions into SLMP;

Capacity building

- Build national capacity on nutrition and environmental management through training and awareness creation. Strengthen participatory and action research and knowledge management, extension service related to climate change and climate smart agriculture;

Program level



- Restore or enhance conservation of natural resources (e.g. rangeland rehabilitation, watershed management, rehabilitation of natural vegetation);
- Secure the right of ownership, (access to, management of and utilisation from land (e.g. forests, rangelands) and other productive resources for poor or marginalised groups (e.g. ethnic minorities, emergency-affected populations);
- Ensure pro-poor, efficient and integrated management of water resources including controlling of potential negative impacts, such as siltation, pollution and an increase in water-borne diseases;
- Contribute to risk mitigation and management of water-related shocks (e.g. droughts, floods, extreme forms of water insecurity) through biological (natural forest recovery, especially in slopes and areas highly prone to erosion) and non-biological adequate infrastructure, such as water storage, flood control and anti-erosion measures;
- Support adaptation to and mitigation of climate change and other environmental factors;
- Strengthen the agro-forestry systems and their potential for a diversity of productions;

## Linking Humanitarian and Development Aid

Lead Member State/agency: ECHO

Other MS involved in the sector:

Strategic objective for Linking Humanitarian and Development Aid: To introduce complementarity and coherence between Humanitarian and Development programmes.

Introduction:

Long-term development cooperation programmes face an increase in natural disasters and conflict situations, which often jeopardize efforts in long-term programmes. At the same time, the rising numbers of disaster management operations and of reconstruction rehabilitation projects have to integrate and promote the available resources and the potential for sustainable development. The LRRD approach intends to bring differing dynamics and approaches under one umbrella, i.e. to foster complementarity and coherence between all those programmes.

The greatest strength and opportunity for accelerating the linkages between relief and recovery to development work in Ethiopia is the fact that this is a path that the Government, with support from partners, has systematically pursued for over a decade. This can take advantage of existing government policies (e.g. DRM), strategies (e.g. Nutrition, Social Protection, Food Security) and programs (e.g. National Nutrition Plan, Productive Safety Net Programme) as well as Government, donors, UN agencies and NGOs commitments to DRM/DRR, food and nutrition security resilience programs.

The Ethiopian government (supported by partners) has managed to maintain, sustain and develop a consolidated approach that continuously has the capacity to respond to relief and recovery requirements of recurring shocks and emergencies while – at the same time – establish and strengthen links to broader developmental efforts. In Ethiopia, this approach is particularly well developed through establishment of institutional capacities and programs that can flexibly respond to changing needs and circumstances. This approach has already demonstrated good results.

Specific actions:

Policy level

- Among the six elements (Prevention, mitigation, preparedness, response, recovery and rehabilitation) of the DRM cycle, there is still a gap on recovery and rehabilitation in each sector. Ensure stronger linkages between emergency and recovery and rehabilitation interventions.
- Work on full integration of DRM aspects into sector policies and strategies in the agriculture and rural development sector in 'food producing' parts of the country. Develop 'resilient-sensitive' programming approaches in 'food producing' parts of the country where the overall priority is clearly to optimize agriculture production with only limited concerns to problems of malnutrition;
- Ensure that already existing and well-functioning DRM structures at kebele level that have developed good LRRD linkages and practical operations are supported to continue such practices and that this is supported by a better integration of emergency and development policy and programming at higher levels (federal, regional and woreda).

- Develop an inter-sectoral emergency 'cluster' coordination mechanism for non-emergency situations similar to the inter-sectoral emergency 'cluster' mechanism;
- Mapping the costs of water-trucking over e.g. 5 years, compared to drilling boreholes
- Strengthen early warning and nutrition surveillance systems

### Capacity building

- - Strengthen coordination capacity of relevant sectors involved in LRRD (REDFS, ENCU, NDPF etc)

### Program level

- Address stunting through the 'food-health-care' situation of individual mothers, new-borns and young children (MNYC) using a 'MNYC social protection facility' approach starting from early pregnancy registration and then providing the mother and child food' health and care 'security' throughout the critical 1000 days' period. Such facility should preferably and conveniently be the same in emergency-prone areas as for the rest of the country and the social protection policy and program development process should include the particular challenges of emergencies and the LRRD dimension;
- Make sure that the traditionally 'emergency-related' health and nutrition activities in the health sector, e.g. CMAM and EOS/campaigns, continue to be systematically integrated into the primary health/HEP approaches with strong IYCF counselling components while still maintaining emergency response;
- Ensure that emergency water supplies are not limited to 'water trucking' to affected populations but – where feasible – repair or building of local and sustainable water supplies should be prioritised while promoting diversification of water sources (e.g. mini hydro-dams, sub-surface dams, new boreholes, HH rainwater harvesting).

## Religion and Culture

Feeding practices differ from culture to culture and society to society. Consumption patterns are part of the culture of any given society and are related to traditions, beliefs and taboos. Culture in developing countries plays a crucial role in determining food patterns. In Ethiopia culture is highly influenced by religion and is very traditional in nature. Orthodox Christianity is one of the major and leading religions in Ethiopia. It follows a frequency of approximately 250 fasting days a year. During these fasting days animal products such as meat, egg, milk and milk products are not allowed for consumption. The Ethiopian Orthodox Tewahdo Church teachings says that pregnant and lactating women and children under seven should be exempted from fasting, but this information seems not to be known by many priests and followers.

Furthermore food taboos are common practice of prohibiting certain food items for pregnant and/or lactating women or girls is common. During fasting seasons children under 5, lactating and pregnant women are more vulnerable to undernourishment because they need additional and adequate nutrient-dense foods as well as health and sanitation care than the rest of population. Furthermore preference, both in quantity and quality of food, is often given to adult males, and women and children have to make do with what is left.<sup>31</sup>

Specific actions:

- Cascading the new "Nutrition Sermon Guide Encouraging Better Nutrition for Mothers and Children" in to the household level<sup>32</sup>
- Strengthening BCC programs to overcome the food taboos and misconceptions through empowering health extension workers and women groups in providing effective nutrition counselling
- Support programmes preventing early marriage, Gender based violence and family planning

<sup>31</sup> Mesfin Wolde-Mariam (1985). "Changes in Dietary Behaviour and Food Security"; Zepro B. Nejimu (2015) "Food Taboos and Misconceptions among Pregnant Women of Shashemene District, Ethiopia, (2012)" in Science Journal of Public Health. 3(3): 410-416.

<sup>32</sup> Sermon Guide by Ethiopian Orthodox Tewahedo Church and USAID-ENGINE, January 12, 2016

## Human rights

Lead Member State/agency: EUD

Other MS involved in the sector:

Strategic objective for Human Rights: Promote and protect the human rights of women, through the implementation of human rights instruments agreed to by Ethiopia.

Introduction:

International human rights provisions and institutions are a context in which to formulate and implement nutrition policies and programmes. There are elements of nutrition practice, especially public nutrition, that are particularly relevant to human conditions and rights. Nutrition data can reveal discrimination, can empower local individuals and groups and can reveal how different food systems are relevant to the right to adequate food.

Specific actions:

Policy level

- Support to human rights office within government.

Program level

- Right to food — the right to food is, above all, the right to be able to feed oneself in dignity;
- Implementation and regulation around the International Code on the Marketing of Breastmilk Substitutes
- Employment rights — non-discrimination and fair pay in employment legislation and practices;
- Children's rights — including the right to adequate food, health and shelter;
- Women's rights;
- Non-discrimination in the context of the right to food or access to health and nutrition services;
- Refugee and humanitarian law in protracted crises;
- Land rights regarding marginalised groups and women in particular;
- Water rights, with a specific focus on poor households and women;
- Human rights monitoring/reporting to the treaty bodies — reports may reveal discrimination against groups failures by duty-bearers;

## 6. Support to nutrition governance

Leadership, good governance that is transparent, accountable and inclusive and national ownership are central in tackling undernutrition. At the time of the 2008 Lancet Nutrition Series, the governance of the international nutrition system was said to have been fragmented and dysfunctional. Since then, the Scaling Up Nutrition (SUN) Movement has emerged with a core focus on galvanizing national and country-led action. Ethiopia was one of the first countries to become a SUN member. SUN represents an important opportunity for coordination, collaboration, cross-learning and advocacy to catalyse sustainable nutrition gains at national level.<sup>33</sup> To help achieve this, this Strategy will support the mobilisation and political commitment to nutrition of the Ethiopian government.

### Multisectoral collaboration

Nutrition has multidimensional causes, therefore nutrition problems require a multisectoral approach. Nutrition is not a single sector agenda. It is a cross-cutting development problem that needs to be integrated into the activities and policies of the agriculture, health, education, industry, trade, women, children and youth affair, finance, labour and social affair, water and energy sectors and featured in the priorities of broader agencies, private sectors and other nutrition stakeholders.

---

<sup>33</sup> Making nutrition good politics: The power of governance, S. Gillespie

Private non-profit and profit organisations should be engaged in the implementation of action plans, with a clear identification of the expected roles. Partnerships should be governed by guidelines which ensure that they are appropriate and focused on clearly identified actions, in keeping with principles for avoiding conflicts of interest and ensuring avoidance of undue commercial influence of policies. Adequate fora for dialogue can be established, under the coordination of the government multisectoral mechanisms for nutrition.

- Support existing coordination bodies at national and sub-national level related to the NNP: National Nutrition Coordination Body, Regional Nutrition Coordination Body, National nutrition technical committee, etc;
- Support the implementation of the government's guidelines for the Multisectoral Nutrition Programme implementation;
- Support linkages between sectors through flagship programmes such as the AGP and the PSNP and strengthen their coordination mechanisms at all levels;
- Develop guidelines in how to engage with the private sector avoid undue commercial influence and conflicts of interest in nutrition policies and guidelines;
- Ensure multisectoral collaboration within agencies and development cooperation by strengthening information exchange and joint programming between departments.

## Capacity development

It has already been concluded that Ethiopia has impressive capacity for nutrition work but it is also recognized that those capacities may need to be more evenly distributed and better utilized through training, supervision and support.<sup>34</sup>

However capacity development is needed at all levels of administration, to improve the provision and quality of public service delivery. For cross-cutting issues such as gender, environment and climate change, capacity will be strengthened to ensure that these issues are adequately mainstreamed. EU+ partners are also strongly committed to supporting capacity building for CSOs and the private sector.

Furthermore, capacity building of EU+ and their implementing partners will need to be maintained to ensure mainstreaming nutrition in all programmes.

Actions to develop capacity in the government:

- Support nutrition sensitive capacity within Ministry of Health and Agriculture as well as other sectors to ensure each sector is capable of fulfilling their role in the respective multisectoral programmes, like the PSNP or the AGP
- Support the Government's capacity in monitoring and evaluating implementation of GTP, AGP, PSNP and other multisectoral programmes with nutrition indicators

Actions to develop capacity of EU+ and their implementing partners:

- Share information on new research in nutrition and related areas as well as upcoming relevant trainings on a regular basis
- Provide trainings on mainstreaming nutrition in different sectors

## Nutrition information, research, monitoring and evaluation

Incorporation of monitoring and evaluation in every policy or programme contributes to the establishment of evidence-based nutrition programming. Process, outcome and output indicators are necessary for assessing the impact and the effectiveness of policies or programmes. Monitoring frameworks of EU+ programmes should be simple and maintained, but coordinated at the EU+ level through common protocols, analytical tools and databases.

Actions:

---

<sup>34</sup> EU/UNICEF Situation analysis on nutrition, Ethiopia, 2015

- Agree on a set of common indicators to be used in EU+ strategies and programs to allow comparability of achievements (see Annex 3 for proposed indicators)
- Facilitate sharing of monitoring tools used among EU+ to ensure harmonization of methodologies
- Collect on a regular basis information on an agreed set of indicators to report on the achievements of this strategy
- Support financially or advocate for setting up a National Information Platform for Nutrition (NIPN), analysing data from different sectors for a better understanding of the causes of child malnutrition
- Support the development and implementation of methodologically sound research projects
- Support the development of the national research database from EPHI
- Strengthen capacity to better translate research findings into policy briefs and action

To address the lack of sex disaggregated data, different actions could be undertaken:

- Ongoing efforts to assign inter-departmental gender focal points within Ministries and to integrate gender within various departments, should be encouraged and supported;
- Knowledge and capacities of the focal persons on gender must be improved, and taken to the regional level. This would include training on the collection of sex-disaggregated data to field practitioners/development assistants (DAs) who are engaged in collection of data;
- Indicators/checklists for data collection and gender sensitive reporting should be developed in a participatory manner in order to ensure ownership and take advantage of local expertise.

## Financing nutrition

Financing nutrition has been identified as a challenge in Ethiopia. Few EU+ Member States fund nutrition directly to the government. This Strategy will advocate for a comprehensive funding mechanism for the NNP, but also ensure that nutrition specific funding for nutrition sensitive programmes (PSNP, AGP...) will be “trackable”.

Actions:

- Support assessment of funding gaps and a feasibility study of different funding mechanisms
- Support the government to conduct resource mapping activities
- Regularly track resources of Member States as part of the mapping exercise in collaboration with the activities from Results for Development (R4D)

## 7. Knowledge management, Advocacy and Communication of the Strategy

This strategy is the outcome of a process that could show many successes. It will be important through this strategy to share and communicate some of these successes. Furthermore the Strategy itself will be shared widely within Ethiopia as well as through global platforms and initiatives, such as the Scaling up Nutrition (SUN), COMPACT 2025, the Committee on World Food Security and others.

Specific knowledge management, advocacy and communication actions include:

- Joint initiatives as well as successful advocacy should be shared within Ethiopia, among other donors (NDPF, REDFS, DAG etc), the government, but also at European and global level;
- Regular newsletters with updates on the Joint Programming will be prepared by EU with input from Member States on new developments related to the Strategy, joint and individual achievements of mainstreaming nutrition and other nutrition developments in Ethiopia;
- Publish achievements of joint programming in global reports as well as EU publications;
- Set up an EU+ webpage on nutrition in Ethiopia with relevant technical publications as well as updates from Member States;
- Successful nutrition related projects will be promoted as examples of good nutrition practices.

## 8. Milestones following the validation of the Strategy

Based on the Roadmap for EU+ Joint Programme on Nutrition, the following steps will have to be taken by the EU+ group.

- Joint Action Framework Step 4: Planned Interventions
- Accountability Step 5: Resource Tracking
- Accountability Step 6: Results Monitoring
- Accountability Step 7: Evaluation

**Annex 1 - Table 1: Nutrition elements that MS country strategy papers should include<sup>35</sup>**

<b>Possible contributions to country strategies</b>	Nutrition issues
<b>Donor objectives</b>	Nutrition is featured as a policy objective
<b>Situation analysis (economic, political, social and environmental)</b>	<p>Main nutrition challenges are defined, together with social and economic factors that could affect progress.</p> <p>This section could include, for example:</p> <ul style="list-style-type: none"> <li>— major pressures and impacts resulting from social, economic and political trends;</li> <li>— options for addressing undernutrition that are likely to be economically attractive, i.e. impact on GDP of stunted children between age 0 to 24 months.</li> </ul> <p>Quantify payoffs from investing in nutrition for productivity (direct), schooling (indirect productivity impacts), and health (mortality, morbidity, disability; DALYs). Identify links between poverty alleviation and women's health benefits.</p>
<b>Policy agenda of Ethiopia</b>	National, regional and continental nutrition policies could be mentioned, e.g. NNP, as well as nutrition sensitive government programmes like AGP, PSNP etc
<b>Outline of MS assistance</b>	This would be based on the results of the nutrition situation analysis, including any lessons from previous nutrition interventions, and would also take account of action by other stakeholders to address undernutrition.
<b>Response strategy</b>	<p>This would identify measures to address nutrition concerns, including challenges, risks and constraints. The strategy would highlight ways to optimise the positive changes brought about through the donor's intervention, such as:</p> <ul style="list-style-type: none"> <li>(1) selection of focal sectors;</li> <li>(2) objectives, approaches and strategies for focal sectors;</li> <li>(3) selection of non-focal sectors and type of actions to be supported;</li> <li>(4) work programme and budget;</li> <li>(5) policy dialogue;</li> <li>(6) indicators</li> </ul>

<sup>35</sup> Addressing undernutrition in external assistance, EC 2011

## ANNEX 1- Evidence-based nutrition interventions:

### Optimum maternal nutrition during pregnancy:

- Maternal multiple micronutrient supplements to all
- Calcium supplementation to mothers at risk of low intake
- Maternal balanced energy protein supplements as needed
- Universal salt iodization

### Infant and young child feeding

- Promotion of early and exclusive breastfeeding until 6 months and continued breastfeeding for up to 24 months
- Appropriate complementary feeding education in food secure populations and additional complimentary food supplements in food insecure populations
- Home fortification of complementary food with micronutrient powders to improve micronutrient status of children 6-24mo.

### Micronutrient supplementation in children at risk

- Vitamin A supplementation between 6 and 59 months of age
- Preventative zinc supplements between 12 and 59 months of age

### Management of acute malnutrition

- Management of moderate acute malnutrition
- Management of severe acute malnutrition



## ANNEX 2 – Strategic priorities NNP

### NNPII Strategic Objectives

1. Improve the nutritional status of women (15-49 years) and adolescents (10-19 years);
2. Improve the nutritional status of infants, young children and children under 10;
3. Improve the delivery of nutrition services for communicable and non-communicable lifestyle related diseases (all age groups);
4. Strengthen implementation of nutrition sensitive interventions across sectors;
5. Improve multi-sectoral coordination and capacity to endure NNP implementation.

## ANNEX 3 - Key nutrition indicators that should be included in programmes of EU+ Member States:

Indicators relevant for all sectors:

- Stunting and wasting of children under 5 years
- Minimum dietary diversity (6–23 months)
- Minimum acceptable diet (6–23 months)
- Individual dietary diversity score among women of childbearing age

### HEALTH

- Early initiation of breastfeeding
- Exclusive breastfeeding under 6 months
- Coverage of child vitamin A supplementation
- Post-partum vitamin A supplementation
- Coverage of iron/folate supplementation during pregnancy
- Coverage of the treatment of severe acute malnutrition
- Adequate introduction of complementary food
- Prevalence of anaemia in children aged 6–59 months
- Prevalence of anaemia amongst pregnant women
- Maternal mortality ratio (per 100 000 live births)
- Infant mortality rate
- Under 5 mortality rate
- Prevalence of diarrhea among children under 2 (or under 5).

### WATER

- Availability of soap or other cleaning agent in the household
- Use of improved drinking water sources
- Distance to the nearest water point
- Use of improved sanitation facilities
- Analysis of results in terms of health metrics

### GENDER

- Girls' school attendance and academic attainment (e.g. secondary school net attendance ratio for girls, literacy rate among young women)
- Adolescent fertility rate
- Interval between pregnancies
- Birth attended by skilled health personnel

### SOCIAL PROTECTION

- Indicator of household's purchasing power, access to food, ability to meet basic needs and proportion of expenditure on food

### AGRICULTURE and FOOD SECURITY

- Consumption of iron-rich or iron-fortified foods (6–23 months)
- Iodisation of salt
- Indicator of household's purchasing power, access to food, ability to meet basic needs and proportion of expenditure on food

## HUMAN RIGHTS

- Right to food included in the scope of the work of human rights offices
- Land rights (e.g. women, marginalised groups)
- Human rights, including food, health, employment, etc. promoted at community

## EDUCATION

- Literacy rate among young woman
- Secondary school net attendance ratio for girls
- Nutrition in the curriculum

<b>List of Gender and Social Development (GSD) provisions in the Program Implementation Manual (PIM)</b>
Unconditional leave and Direct Support for pregnant women
Unconditional leave and Direct Support for lactating women
Targeting priority for Female Headed Households
Targeting priority Persons living with HIV/Aids
Targeting priority for women in polygamous households
Targeting priority for divorced women (during program implementation)
Targeting priority for disabled people
Direct Support for elders
Direct Support for physically disabled people
Joint client card entitlement for husband and wife
Labour support for labour scarce eligible households
PW projects shall reduce women's regular work burden
Lighter tasks for women
Construction of childcare centers at PW sites
Protection for children under 16 years from participating in PW
Careful consideration of the needs of men and women needs and other vulnerable groups in annual public works planning
PW team composition should be balanced with men and women; women-only teams for certain projects
Women's participation in PNSP/HABP decision making structure
Women as team leaders in Public Works
Women's late coming and early departure from Public Works
Travel distance to Public Works – Public Works Site should not be far from village
Resource distribution distance – distribution site should be a reasonable distance from village

## Annex 5 Gender analysis.

This is extracted from the Toolkit on Mainstreaming Gender Equality in EC Development Cooperation Section 1: Handbook on concepts and methods for mainstreaming gender equality

Gender analysis is the systematic attempt to identify key issues contributing to gender inequalities so that they can be properly addressed. Gender analysis provides the basis for gender mainstreaming and is described as 'the study of differences in the conditions, needs, participation rates, access to resources and development, control of assets, decision-making powers, etc., between women and men in their assigned gender roles'. Gender analysis is also needed to determine whether specific actions are needed for women or men in addition to mainstreaming activities.

Gender analysis should be conducted at all levels, from the grass roots (the micro level) through intermediate levels (meso level) such as service delivery systems, to the highest political levels (macro level), and across all sectors and programmes of development cooperation.

Gender analysis must be based on an examination of statistics disaggregated by sex and qualitative information about the situation of men and women.

An analysis of gender issues must also recognise the other diversity issues which affect all members of society, such as age, ethnicity and socioeconomic conditions. Neither women nor men form a homogeneous group.

### **TOR for addressing gender equality issues in pre-feasibility studies to be conducted at the project identification stage**

The objective of the pre-feasibility study which is conducted at the identification stage is to provide decision-makers in the government and the EC with sufficient information to justify the acceptance, modification or rejection of the proposed project idea and to determine the scope of follow-up planning work. With respect to gender equality issues, this exercise should provide a preliminary analysis of gender issues and inequalities, aimed at assessing whether or not the project promotes gender equality and empowers women.

These issues will be explored in more depth and detail in the formulation stage. It is essential to mainstream gender at the start of the project cycle because it helps to set the project agenda, thus increasing the likelihood of gender mainstreaming being maintained through subsequent stages. Should gender equality be overlooked at this initial stage, there is a considerable risk that it will be also overlooked in later phases of the project cycle.

Gender equality issues to be included in the TOR for the pre-feasibility study at identification stage

In line with the information provided in Chapter Four, the TOR for preliminary gender analysis to be conducted as part of the pre-feasibility study during the identification stage should specify the need to:

- Assess the proposed project's coherence with the EC's policy commitments to mainstreaming gender equality in EC cooperation programmes, as expressed for example through the Programme of action (2001), and with the country's CSP and PRSP with respect to statements on gender equality issues.
- Assess the proposed project's coherence with the partner government's policy on gender equality (national and sectoral), and assess whether a specific link is made between the project concept and these policy statements.
- Identify key stakeholders and target groups, ensuring that women and women's groups have been consulted in the project identification process as well as men and men's groups. Ensure that there is clarity as to which population groups would be served by the project (women only, men only, men and women). Age, ethnicity, socioeconomic background should also have been considered.
- Make a preliminary assessment of problems and practical and strategic needs specific to men and women or common to both, ensuring that both women's and men's opinions have been sought. Gender-related issues should be included in a clear and appropriately structured problem analysis.

- Identify lessons learned from past experience, including context-specific lessons learned in terms of appropriate cultural ways to work with women and men, and analyse the proposed project's coherence with current/ongoing initiatives, including any gender mainstreaming initiatives;
  - Make a preliminary assessment of institutional capacity issues, including institutions' ability to deliver services in a gender-appropriate manner, and the degree of local ownership.
  - Provide preliminary gender inputs for development of the logframe matrix, having addressed the questions in the Gender Mainstreamed Logframe (6.7).
  - Assess the likely costs of including gender equality objectives in the project, and the likely costs to stakeholders (funds, time, skills).
  - Analyse and formulate, as appropriate, proposed management/coordination arrangements, such that management would have adequate capacity to enhance women's participation in the project activities and to work towards gender equality objectives.
-