



Federal Democratic  
Republic of Ethiopia

# National Nutrition Program Multi-sectoral Implementation Guide

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# Foreword

This document is prepared to guide those sectors who are implementing nutrition specific and nutrition sensitive interventions towards stunting reduction. Nutrition-sensitive development seeks to integrate and promote nutrition as a goal of multiple sector policies in order to accelerate national development. Agriculture, social protection, health, and education programs all have specific and doable actions they can make to improve their own outcomes by incorporating nutrition.

Addressing chronic malnutrition is recognized as the foundation of social and economic development. Nutrition is the best indicator of quality of human capital of a country. Multi-factorial determinants of malnutrition are addressed through effective Multisectoral interventions. Many nutrition initiatives were vertical programs implemented through isolated delivery systems; however, there has been a recent recognition that multi-factorial causation is best addressed with multi-sectoral interventions. Gender equality and empowerment of women are critical to achieve nutrition objectives. Evidence has shown that when women are empowered, educated, and can earn and control income, infant mortality declines, child health, nutrition, and development improve, agricultural productivity rises, population growth slows, economies expand, which leads to break cycles of poverty. Based on the aforementioned scientific firms, the government of Ethiopia has established multisectoral national nutrition interventions to tackle nutritional problems

I strongly believe that this Multisectoral document will be used in improving the implementation of nutrition specific and sensitive activities across sectors. I take this opportunity to thank the invaluable contribution of all individuals and organizations who participated in the preparation of the National Nutrition Program Implementation guideline



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# Acknowledgments

The National Nutrition Program Implementation guideline was prepared to strengthen and guide multi-sectoral nutrition program implementations through integrated, sustained coordination and linkage mechanisms to achieve the NNP II strategic objectives. As Multi-sectoral approach to reducing all forms of malnutrition has proven the best approach in many parts of the developing world, Ethiopia is in the process of embracing this approach.

This guideline is therefore believed to frame each of the implementing sector to design and implement nutrition specific and nutrition sensitive interventions as part of their development plan and programs of Multisectoral approach to nutrition.

On behalf all NNP implementing partners and stakeholders, Ministry of Health gratefully acknowledges the support provided by all contributors in the process of developing, reviewing, finalizing and printing this Multisectoral Nutrition Implementation Guideline.



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# Acronyms

<b>AGP</b>	Agricultural Growth Program
<b>AMIYC</b>	Adolescent, Maternal, Infant, and Young Child
<b>AMIYCN</b>	Adolescent, Maternal, Infant, and Young Child Nutrition
<b>BCC</b>	Behavioral Change Communication
<b>CGMP</b>	Child Growth Monitoring and Promotion
<b>CMAM</b>	Community-based Management of Acute Malnutrition
<b>CSO</b>	Civil Society Organization
<b>DA</b>	Development Agent
<b>DRM</b>	Disaster Risk Management
<b>DRMCC</b>	Disaster Risk Management Coordination Commission
<b>EIAR</b>	Ethiopian Institute of Agricultural Research
<b>ENA</b>	Essential Nutrition Action
<b>EPHI</b>	Ethiopian Public Health Institute
<b>FAO</b>	Food and Agriculture Organization of the United Nations
<b>FDRE</b>	Federal Democratic Republic of Ethiopia
<b>FMHACA</b>	Food, Medicine, and Health Care Administration and Control Authority
<b>MOH</b>	Ministry of Health
<b>FTC</b>	Farmers Training Center
<b>GTP</b>	Growth and Transformation Program
<b>HEP</b>	Health Extension Program
<b>HEW</b>	Health Extension Worker
<b>HH</b>	Household
<b>IGA</b>	Income-generating Activities
<b>KNTC</b>	Kebele Nutrition Technical Committee
<b>MANTF</b>	Multi-Agency Nutrition Task Force
<b>MDG</b>	Millennium Development Goal
<b>MoANR</b>	Ministry of Agriculture and Natural Resources
<b>MoE</b>	Ministry of Education
<b>MoFEC</b>	Ministry of Finance and Economic Cooperation
<b>MOI</b>	Ministry of Industry
<b>MoLF</b>	Ministry of Livestock and Fisheries
<b>MOLSA</b>	Ministry of Labour and Social Affairs
<b>MOT</b>	Ministry of Trade
<b>MoU</b>	Memorandum of Understanding
<b>MoWIE</b>	Ministry of Water, Irrigation and Electricity
<b>MOWCYA</b>	Ministry of Women, Child, and Youth Affairs
<b>NCB</b>	Nutrition Coordination Body
<b>NDP</b>	National Development Partner
<b>NDPF</b>	Nutrition Development Partners Forum
<b>NGO</b>	Non-governmental Organization
<b>NNCB</b>	National Nutrition Coordination Body
<b>NNP</b>	National Nutrition Program
<b>NNS</b>	National Nutrition Strategy
<b>NNTC</b>	National Nutrition Technical Committee
<b>NSA</b>	Nutrition-Sensitive Agriculture
<b>NTC</b>	Nutrition Technical Committee
<b>NTWG</b>	Nutrition Technical Working Group
<b>PFA</b>	Pharmaceuticals Fund and Supply Agency
<b>PLW</b>	Pregnant and Lactating Women
<b>PSNP</b>	Productive Safety Net Program
<b>RNCB</b>	Regional Nutrition Coordination Body
<b>RNTC</b>	Regional Nutrition Technical Committee
<b>SAM</b>	Severe Acute Malnutrition
<b>SBCC</b>	Social and Behavior Change Communication
<b>SHN</b>	School Health and Nutrition
<b>TOR</b>	Terms of Reference
<b>TVET</b>	Technical and Vocational Education and Training
<b>WASH</b>	Water, Sanitation, and Hygiene

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# INTRODUCTION

## Rationale for the Guideline

Whereas

- Although significant efforts have been made to reduce malnutrition in Ethiopia in the past two decades, stunting still remains a challenge to social and economic progress.
- Sectors designing and implementing nutrition-specific and nutrition-sensitive interventions are increasing.
- A multisectoral approach to reducing all forms of malnutrition has proven to be the best approach in many parts of the developing world; Ethiopia is in the process of embracing this approach.
- The National Nutrition Program is the framework within which all sectors should be designing and implementing nutrition interventions, education, and communications.
- It is necessary to develop a Guideline that illustrates the content of the NNP in a user-friendly manner for a wider audience.

Now therefore, the Guideline for NNP II implementation has been developed, with the following objectives.

## Objectives and Scope of the Guideline

The overall objective of the Guideline is to strengthen and guide multisectoral nutrition program implementations through integrated, sustained coordination and linkage mechanisms to achieve the NNP II strategic objectives, initiatives, and activities. Specific objectives are to:

- Establish well-organized, integrated, and sustained coordination and linkage mechanisms at all levels
- Promote the multisectoral approach to nutrition among stakeholders in Ethiopia
- Promote and facilitate, as appropriate, joint planning, implementation, monitoring, and evaluation of nutrition actors at all levels
- Ensure the attainment of NNP II strategic objectives, initiatives, and activities through defined roles and responsibilities of NNP implementing sectors.

The Guideline addresses the needs of sectors outside the health system that are brought on board the NNP II to implement nutrition-sensitive activities as part of the multisectoral approach to nutrition. The health system that is responsible for nutrition-specific interventions will use its existing procedures to fulfill its mandate.



# Target Audience for the Guideline

The guideline is for sectors that design and implement nutrition-specific and nutrition-sensitive interventions as part of their development projects and programs. These include the signatories to the NNP II, as well as non-signatory organizations that design and implement nutrition-sensitive interventions, education, and communications. The non-signatories include bilateral and multilateral development partners, non-governmental organizations, and civil society organizations. More specifically, the Guideline is aimed at nutrition units, case teams, focal persons, and experts in these sectors.

## How to Use This Guideline

The Guideline can be used in multiple ways. Operationally, the Guideline is a tool for implementing the initiatives and interventions outlined in the NNP II document. Second, it is a tool for an effective implementation and scale-up of a nutrition-sensitive intervention of the NNP in a systematic, standardized, harmonized, coordinated, and integrated manner. Third, it guides program managers of nutrition-sensitive sectors in the planning, organization, implementation, monitoring, and supervision of nutrition services in their respective sectors and levels. Fourth, the Guideline facilitates the standardization and harmonization of nutrition program implementation and service provision at community, facility, woreda, regional, and national level. Fifth, it serves as a milestone for nutrition-related service quality assessment and improvement. Sixth, it serves different stakeholders as a reference to guide division of responsibility, coverage mapping, assessing/planning integration and complementarities of efforts, and appropriate resource allocation/utilization.

The Guideline can also be used (i) as basic reference material for nutrition-sensitive sectors' program managers, supervisors, and service providers in the day-to-day provision of nutrition and nutrition-related services based on the strategies outlined in the NNP; (ii) to familiarize the NNP with a wider audience, including new and existing staff and community members. Like most disciplines, health and nutrition discourse uses concepts and terminologies from the social and natural sciences. The Guideline provides definitions of selected concepts that need to be understood in order to engage in the NNP implementation process.

## Structure of the Guideline

The Guideline is divided into six chapters. It follows more or less the structure of the NNP II except for the first two chapters. Chapter One explains the basic principles of the multisectoral approach and illustrates how multisectoral approach is used to make significant impact on malnutrition. Chapter Two is an overview of the five NNP II strategic objectives. Chapter Three explains multisectoral roles and responsibilities (Strategic Objective 4) for signatories and non-signatories of NNP. Chapter Four is about coordination and planning (Strategic Objective 5). Chapter Five explains tools for monitoring multisectoral coordination. The Guideline ends with a glossary of key terms and a list of references.

# CHAPTER ONE

## WHY A MULTISECTORAL APPROACH TO NUTRITION?

### 1.1 Introduction

A multi-sectoral approach to nutrition has been a central tenet of nutrition programming since the 1970s. There are times when it was considered overly ambitious and too dependent on other sectors that were reluctant to be coordinated. It is now at the forefront of nutrition activity in many countries, due to increased awareness of the critical role of nutrition to child survival and the importance of nutrition more broadly to attaining national and global development goals.

The nutrition community is increasingly recognizing the need to:

- Address nutrition problems directly through nutrition-specific interventions, primarily based in the health sector;
- Tackle the determinants of nutrition through nutrition-sensitive interventions in other sectors.



**To what extent have sectors outside nutrition and health (e.g., agriculture, trade, industry) begun recognizing this multisectoral approach to nutrition?**

This chapter presents a brief review of experience and lessons learned from various countries that have demonstrated the value of a multisectoral approach to nutrition.

### 1.2 Key Principles and Conceptual Framework

#### 1.2.1 Key principles

When two or more sectors work together for a common goal, there are certain principles they should subscribe to. These principles vary by area of operation, but in general they are instrumental in addressing the main challenges to working multisectorally. One of the key challenges is, for example, how to facilitate coordination vertically and horizontally across multiple actors and levels. A multisectoral program is a complex system, so success requires achieving alignment and cooperation across ministries, sectors, and levels of government and among a multitude of actors inside and outside the public sector. For

multisectoral nutrition program implementation and for coordination of activities towards a common goal, a coordination mechanism has to be in place. Some general principles that seem to help to lubricate coordination include the following. Each sector needs to check that the following are in place in their respective sectors.

**Table 1: Principles for multi-sectoral collaboration**

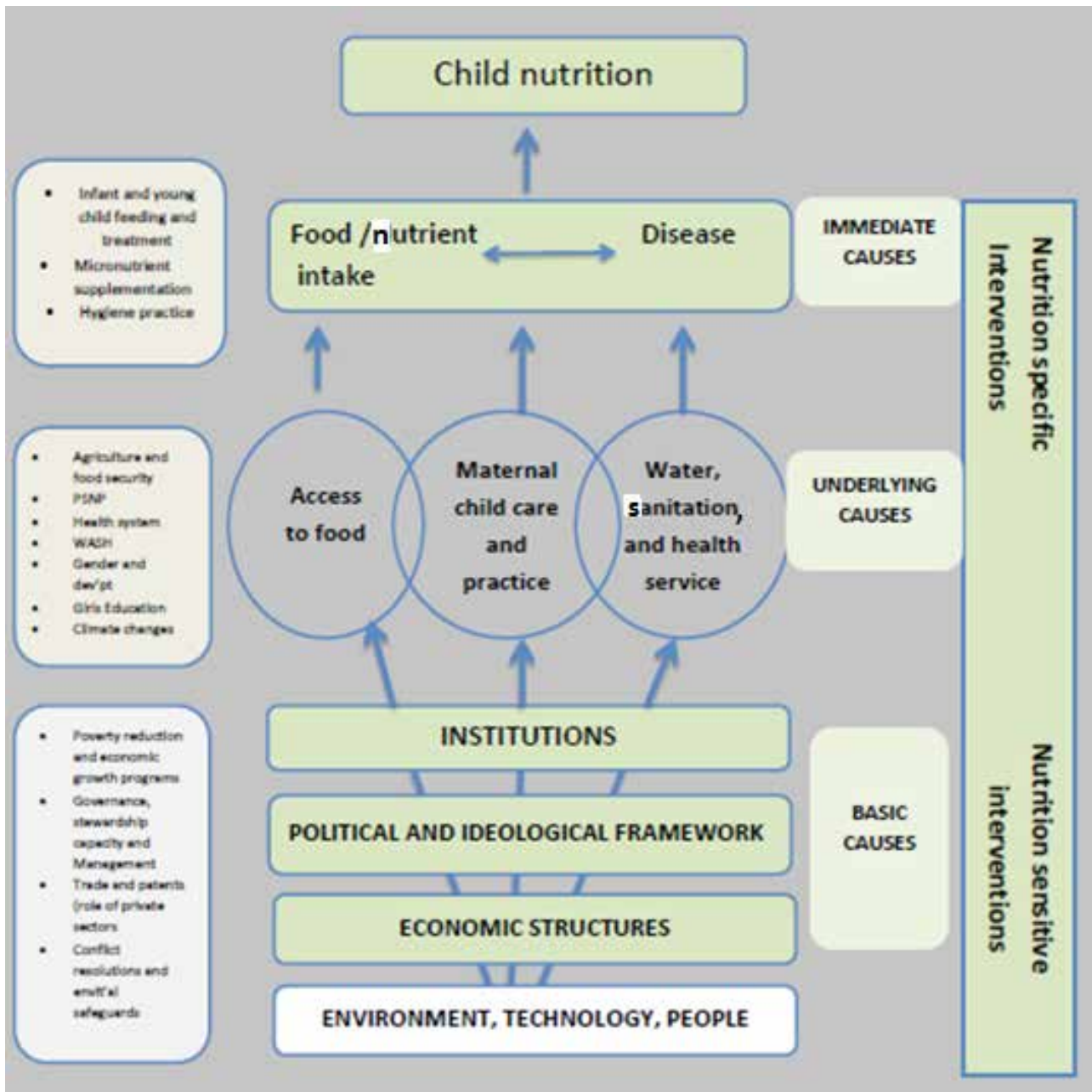
<b>1. Common Vision and Effective Communication</b>
1. Have multisectoral partners developed/adopted a common vision through MoUs or other implementation agreements?
2. Have efforts being made to familiarize partners with the NNP objectives, indicators, reports, and other milestones?
3. Is there a high frequency of communication between sectors using available means of communication (e.g., email, phone, periodic meetings, ad hoc meetings, working groups)?
4. Have members participated in Steering and Technical Committee meetings on a regular basis as per MoU?
5. Do Steering and Technical Committee meetings occur as planned?
<b>2. Defined Roles/Responsibilities and Continuity of Relationships</b>
1. Do sectors have clearly defined joint-implementation roles and responsibilities through MoU (or other agreed documents)?
2. Do sectors prepare implementation work plans jointly at federal/regional/woreda levels?
3. Have sectors received practical, advisory, financial support?
4. Have transition and handover of tasks occurred smoothly and as specified in the MoU?
<b>3. Accountability and Joint Decision-making</b>
1. Are accountability mechanisms clear to all sectors as laid out in the MoU?
2. Are mechanisms to monitor accountability during Steering and/or Technical Committee meetings put in place?
3. Are working groups established to improve accountability and effectiveness?
4. Are decision-making processes participatory and consultative?
5. Have partners received fast response for decisions requiring multi-level involvement (federal, regional, zonal, woreda)?
<b>4. Supportive Environment and Feedback Mechanisms</b>
1. Are Steering and Technical Committee meetings supportive (e.g., little or no pressure/tension)?
2. Are meetings conducted in an environment of mutual trust and respect, and do they facilitate discussion of different points of view?
3. Are minutes of Steering Committee Technical Committee meetings kept?
<b>5. Innovation and Knowledge-share</b>
1. Are there mechanisms for information and knowledge sharing?
2. Are participants in joint knowledge-share forums chosen through a transparent process and need based?
3. Are there institutions that promote innovation?
4. Are new technologies and best practices shared?

These principles will be used to assess the effectiveness of the multisectoral approach (see Chapter 5).

## 1.2.2 Conceptual framework

Figure 1 below demonstrates that determinants of child malnutrition are multisectoral. The immediate causes are related to (i) food and nutrient intake and (ii) health. The underlying causes are embedded in the household- and community-level context in which undernutrition occurs. These underlying causes are further impacted by issues such as agricultural practices and climate change, lack of access to and availability of clean water and sanitation, health services, girls' education and gender issues, social protection, and social safety nets. The basic causes of undernutrition are rooted in institutional, political, and economic issues such as poverty reduction and economic growth, governance and stewardship capacities, environmental safeguards, and trade and patents issues, including the role of the private sector. Addressing the special conditions in fragile states and reducing conflict are also key in fragile/conflict situations.

Figure 1: Determinants of child malnutrition and interventions.



Source: Adapted from UNICEF 1990 and Ruel 2008

? What are nutrition-specific and nutrition-sensitive interventions?

**Table 2: Examples of nutrition-specific and nutrition-sensitive activities**

	Definition	Examples
Nutrition-specific interventions	Interventions that directly address inadequate dietary intake or disease—the immediate causes of malnutrition. Nutrition-specific interventions are those identified in The Lancet series of 2008 on maternal and child undernutrition including micronutrient supplementation, deworming, and treatment of severe acute malnutrition, and breastfeeding promotion, which directly addresses dietary intake and disease for infants.	Management of severe acute malnutrition, preventive zinc supplementation, promotion of breastfeeding, appropriate complementary feeding, management of moderate acute malnutrition, pre--conceptual folic acid supplementation or fortification, maternal balanced energy protein supplementation, maternal micronutrient supplementation, Vitamin A supplementation, maternal calcium supplementation.
Nutrition-sensitive interventions	Interventions or development efforts that, within the context of sector-specific objectives, also aim to improve the underlying determinants of nutrition (adequate food access, healthy environments, adequate health services, and care practices), or aim at least to avoid harm to the underlying or immediate causes, especially among the most nutritionally vulnerable populations and individuals.	Family planning: healthy timing and spacing of pregnancy, Water, Sanitation, and Hygiene (WASH), nutrition-sensitive agriculture, food safety and food processing, early childhood care and development, girls' and women's education, economic strengthening, livelihoods and social protection.

### 1.2.3 Examples of multi-sectoral approach to nutrition security

Four examples are presented below to demonstrate how a multi-sectoral approach to nutrition can improve the nutritional status of poor and vulnerable households.



**Examples 1–3 below are extracted from Levinson et al., 2013. Example 4 is an extract from USAID/UNICEF Ethiopia 200-2009.**

#### Example 1

In Peru, after a decade of non-achievement in reducing malnutrition, a remarkable advocacy effort in 2006 led to a major multisectoral nutrition initiative, coordinated first at the supra-sectoral level, and then by a line ministry given responsibility and active support by the country's president. Perhaps most significant was the identification of target districts based on nutrition vulnerability and the requirement that related sectors carry out "convergence" programming, major sectoral activity in these same areas, targeted at low income households and permitting both direct and nutrition-sensitive interventions. The resulting synergistic benefits led to an impressive four-percentage-point reduction per year in stunting in the districts reached. Peru was successful in utilizing two other important and transferable concepts: performance-based budgeting and results-based incentives to local areas.

#### Example 2

In Brazil, beginning in 1988, nutrition was the beneficiary rather than the driver of government action focused on Zero Hunger, a major government effort to reduce poverty and inequity in the country. Although the word "nutrition" was sometimes used in government documents, nutrition projects per se

were, initially, clearly peripheral to the Zero Hunger effort. Brazil, similar to Peru, was highly successful in utilizing the convergence approach of multisectoral interventions in targeted areas. Additionally, it followed the line ministry coordination example of Peru, again with sustained presidential commitment to that ministry. And like Peru, Brazil had major success in generating local government activity through target-based financial incentives.

### Example 3

Bangladesh carried out major community-based programs from 1996 to 2011, although political support and commitment to these programs varied. In the first of these, the Bangladesh Integrated Nutrition Project (BINP), which operated from 1996 to 2003, the community-based component was coupled with an inter-sectoral element that included garden and poultry support to low-income families in the same areas. These community-based programs were terminated in 2011 and replaced by the National Nutrition Service, a health sector-based program seeking to mainstream nutrition into each of the health sector services while coordinating multisectoral nutrition activity through a steering committee that meets periodically. Levinson et al. examine these two successive approaches and then a third, perhaps most promising of all: multisectoral nutrition interventions concentrated in vulnerable areas, following the convergence approach, without being overly obsessive about coordination.

### Example 4

The Legambo Child Caring Practices (CCP) project was implemented by Save the Children UK in 2009 to measure the effectiveness of different interventions on stunting among children 6–36 months in a food-insecure area of South Wollo Zone, Amhara Region, Ethiopia.

During the project period all of the villages (including the controls) benefited from a number of ongoing and newly inaugurated government programs. These included a Productive Safety Net Program (PSNP) for food-insecure households (cash or grain transfer); a community-based health care delivery system supported in rural areas by recently recruited and trained health extension workers; and emergency support during periods of crises, including a general ration and supplementary and therapeutic feeding for malnourished children.

Community animators were trained to deliver educational messages to homes. Families in the health and integrated groups received visits ten days out of every month; those in the nutrition and WASH groups were visited five days every month and also participated in a further five days of center-based education sessions.

Although the evaluators urged caution in the interpretation of results due to sample size and other methodological factors, the results indicated that the WASH group was the only one to show a significant association between intervention activities and reduced stunting—with a decrease of 10.1 percentage points in the prevalence of stunting compared with the baseline. This group also showed significant improvements in mothers' knowledge of correct hygiene practices, as well as in the practices themselves. The WASH group also showed the biggest and most significant increase in coverage of measles vaccination.

All of the groups showed significant improvements in knowledge of the causes of diarrhea. The nutrition and integrated groups had the largest improvements in both breastfeeding knowledge and practices and knowledge of complementary feeding. Interestingly, there was a significant improvement in access to safe water only in the integrated group—not in the WASH group—despite program investment in water and sanitation in that area.

# CHAPTER TWO

## INTRODUCTION TO THE NATIONAL NUTRITION PROGRAM

### 2.1 Introduction

This chapter is a brief introduction to the NNP before the detailed discussion of the roles and responsibilities of the multiple sectors expected to play a pivotal role in the implementation of NNP II. First, a short summary of lessons from the previous NNP and then an overview of the five strategic objectives is presented.

### 2.2 Lessons from the First National Nutrition Program (NNP I)

The Government of Ethiopia designed and implemented the first NNP in 2008–2013. The NNP I focused on integration and coordination of nutrition-specific interventions that address the immediate causes of suboptimum growth and development and the potential effects of nutrition-sensitive interventions that address the underlying determinants of malnutrition. The program also worked on creating an enabling environment through which nutrition interventions are governed and supported by evidence-enhanced decision-making. The main achievements celebrated, the challenges posed in the interventions, and NNP II focus areas are highlighted in the preceding sessions.

Malnutrition has been encouragingly decreasing in the last two decades. The efforts made through food security and scaling up of nutrition programs have made tremendous contributions in reducing malnutrition. However, millions of Ethiopians are still under chronic and acute malnutrition that ranks among the top, both in sub-Saharan Africa and the world. Although the progress and achievements observed so far can be celebrated, the deep-rooted causes of malnutrition in the country call for high-impact, integrated, and coordinated interventions to end hunger.

The Government of Ethiopia has demonstrated policy commitment to nutrition by developing a stand-alone National Nutrition Strategy (NNS) and a five-year National Nutrition Program (NNP) with its relevant guidelines. Nutrition indicators were incorporated into the government's five-year Growth and Transformation Plan (GTP). Moreover, the government succeeded in establishing an implementation platform—the National Nutrition Coordination Body (NNCB) and National Nutrition Technical Committee (NNTC)—through which nutrition interventions are mainstreamed into sectors, integrated, and coordinated to bring about the changes sought. Sectoral strategies and programs created a good opportunity to mainstream nutrition into responsible sectors or legal frameworks to enforce some key nutrition interventions such as a Nutrition-Sensitive Agriculture Plan, National Food Security Strategy, the National Health Sector Transformation Plan, National Food Fortification, and the National School Health and Nutrition strategy.

However, the multisectoral coordination and integration of nutrition program implementation were not strategic to bring about sought-after changes to the long-lasting public health problem, mainly because of a lack of commitment and suitable governance structure that can influence implementing sectors.



## 2.3 NNP II Strategic Objectives

The NNP II has five major strategic objectives (SO). Each SO has at least two expected outputs and a number of proposed initiatives by sector and responsible institution. Strategic Objectives 1–3 are primarily nutrition specific (including health), whereas SO4 and SO5 are to do with nutrition sensitivity and are implemented multisectorally.

**Table 3. An overview of NNP II**

Strategic objective	Expected result	Responsible sector
Strategic Objective 1: Improve nutritional status of women (15–49 years) and adolescent girls (10–19 years)	<ul style="list-style-type: none"> <li>Nutritional status of adolescents improved</li> <li>Nutritional status of women of reproductive age improved</li> </ul>	Primarily Ministry of Health structures and health facilities at all levels
Strategic Objective 2: Improve the nutritional status of children from birth up to 10 years	<ul style="list-style-type: none"> <li>Improved nutritional status of infants and young children 0–23 months</li> <li>Improved nutritional status of children 24–59 months</li> <li>Improved nutritional status of children 6–10 years</li> </ul>	
Strategic Objective 3: Improve the delivery of nutrition services for communicable and non-communicable/lifestyle-related diseases	<ul style="list-style-type: none"> <li>Improved nutrition service delivery for communicable and non-communicable diseases</li> <li>Healthy lifestyle and nutrition promoted</li> </ul>	
Strategic Objective 4: Strengthen implementation of nutrition-sensitive interventions across sectors	<ul style="list-style-type: none"> <li>Strengthened implementation of nutrition-sensitive interventions in agriculture, natural resources, livestock, fisheries, environment, forestry, climate change, and disaster risk management sectors</li> <li>Strengthened implementation of nutrition-sensitive interventions in the education sector</li> <li>Strengthened implementation of nutrition-sensitive interventions in the water, irrigation, and electricity sector</li> <li>Strengthened implementation of nutrition-sensitive interventions in the industry and trade sectors</li> <li>Strengthened, improved nutrition in the social protection sector</li> <li>Strengthened nutrition-sensitive interventions in disaster risk management sector</li> <li>Quality and safety of nutrition services and supplies ensured</li> <li>Improved nutrition supply management</li> </ul>	Multisectoral institutions (MoANR, MoLF, MOT, MOI, and others)
Strategic Objective 5: Improve multisectoral nutrition coordination and capacity to implement NNP	<ul style="list-style-type: none"> <li>Improved community-level nutrition implementation capacity</li> <li>Improved nutrition workforce capacity</li> <li>Improved NNP implementing institutions' implementation capacity and multisectoral coordination</li> <li>Strengthened system capacity for improved NNP implementation</li> <li>Improved capacity to conduct nutrition monitoring, evaluation, and research</li> <li>Improved capacity of the regulatory body</li> <li>Improved capacity of media</li> </ul>	Multisectoral institutions (MoANR, MoLF, MOT, MOI, and others)

Source: Summarized from NNP II draft document (FDRE, 2015)

# CHAPTER THREE

## MULTISECTORAL APPROACH TO NUTRITION SECURITY

### 3.1 Introduction

This chapter corresponds to the Strategic Objective 4 of the NNP II. Nutrition sensitivity is a concept that describes the degree to which an indirect intervention positively affects nutrition outcomes. Indirect or longer-route interventions include actions within sectors such as agriculture, social protection, and water and sanitation. Acceleration of progress in nutrition will require effective, large-scale multisectoral programs that address key underlying determinants of nutrition and enhance the coverage and effectiveness of nutrition-specific interventions (Ruel and Alderman, 2013). Evidence indicates that the forces that prevent healthy growth and development in such a profound way, such as hunger, disease, poverty, disempowerment, and unhealthy environments, are powerful and multisectoral. Nutrition-sensitive programs can help scale up interventions and create a stimulating environment for ending hunger.

All sectors, by working together multisectorally, are expected to contribute to achievement of the following targets by 2020:

- Increase mean number of days of consumption of meat from 1.2 days to 3 days per week
- Increase national food consumption score from 26% to 40%
- Increase proportion of households consuming diversified food by 40%

### 3.2 Roles and Responsibilities of Sectors

The Federal Government reviews and revises the powers and duties of the Executive Organs from time to time, based on economic and social development and the changing priorities and capacities of institutions to manage the economy. The multisectoral nutrition initiatives proposed in NNP II take into account these mandates and are designed to be complementary.



**The most recent revisions of the Powers and Duties of the Executive Organs featured in this Guideline are outlined in Proclamation No. 916/2015.**

The revised NNP provides sectors with a list of activities they should consider in developing nutrition-specific and nutrition-sensitive plans. The first three strategic objectives are within the mandates of the health sector. This section presents activities and results to meet Strategic Objective 4 of the NNP, which aims “to strengthen implementation of nutrition-sensitive intervention across sectors.”

Incorporating listed activities into sectoral plans as far as local contexts allow, setting output indicators against these activities independently, and timely recording and reporting of achievements to multisectoral nutrition coordination bodies is in line with the principle of multisectoral nutrition intervention that encourages sectors to “think multisectorally and act sectorally” to achieve the shared goal of reducing malnutrition.

The NNP has provided targets that must be achieved by 2020 and the associated initiatives for each strategic objective. The following are sector-specific result areas and initiatives for the respective nutrition-sensitive implementing sectors.

### **3.2.1 Signatories to the NNP II**

#### **3.2.1.1 Office of Deputy Prime Minister**

As the Executive Organs of the Federal Democratic Republic of Ethiopia (FDRE), the office of Deputy prime Minister is responsible to monitor the implementation of the NNP by the NNCB. In order to execute the ambitious NNP II and Seqota Declaration commitments, the NNCB should be empowered to influence all relevant sectors. The coordination body shall have action plans, monitoring and evaluation guidelines with concrete targets and sufficient resource to carry out its function which will be monitored quarterly by the DPM.

#### **3.2.1.2. Ministry of Health**

As one of the Executive Organs of the Federal Democratic Republic of Ethiopia (FDRE), the Ministry of Health is responsible for nutrition specific interventions. Accordingly, the MoH is primarily responsible for nutrition specific interventions delivered through its network of health facilities. The NNP is also one of the key instruments for fulfilling its mandates. It has coordinated the development of the NNP and will continue to work with implementing partners (both signatories and non-signatories) presented below for its successful implementation.

#### **3.2.1.2 The Ministry of Agriculture and Natural Resources**

As one of the Executive Organs of the Federal Democratic Republic of Ethiopia (FDRE), the MoANR has the mandate to, among others: promote the extension, training, and technologies that improve the production and productivity of crops; establish a system to ensure that any crop supplied to the market maintains its quality and standards; expand horticulture development; expand small-scale irrigation; and coordinate activities relating to food security and job creation.

A new State Minister for Rural Job Creation and Food Security has been created, and the Food Security Directorate (formerly under DRMFS) continues to be responsible for implementing the Productive Safety Net Program (PSNP)—a program that transfers food or cash to chronically food-insecure households to prevent asset depletion; avails credit facilities for farm and off-farm activities; and builds community asset through public works.

The roles and responsibilities assigned to the MoANR under NNP II are complementary to the powers and duties assigned by the Federal Government. Accordingly, the Ministry will take a number of initiatives and activities, most of which are ongoing. The NNP encourages the strengthening of systems, better targeting, and coordination among sectors. The activities are summarized as follows (the initiatives are in boxes).

*Update relevant (nutrition-sensitive) agriculture sector policies/strategies/guidelines and program implementation manuals (PIM) to make sure that they contribute to nutrition and ensure its implementation.*

- Develop nutrition-sensitive agriculture strategy (NSS) and an implementation manual and disseminate to all levels.
- Promote and monitor implementation of PSNP/Nutrition, AGP2/Nutrition, and drought resilience sustainable livelihood programs, etc.
- Develop food and nutrition policy.
- Strengthen advocacy and sensitization on nutrition-sensitive agriculture at all levels.
- Establish joint agriculture sector nutrition linkage forum among the three ministries.
- Establish and strengthen nutrition directorate in Ministry of Livestock and Fisheries and Ministry of Agriculture and Natural Resources.

*Improve intra-sectoral nutrition coordination across agriculture and natural resources, livestock and fisheries, and the Disaster Risk Management Coordination Commission (DRMCC) at all levels.*

- Establish joint agriculture sector nutrition linkage forum among the three sectors.
- Establish and strengthen nutrition directorate in Ministry of Livestock and Fisheries and Ministry of Agriculture and Natural Resources.

*Increase year-round availability, access, and consumption of fruits and vegetables, nutrient-dense cereals, and pulses.*

- Ensure access to quality fruit and vegetable seeds and other agriculture inputs.
- Support the establishment of community fruit and vegetable nursery sites and demonstration sites at FTCs.
- Promote homesteads and school gardening.
- Promote and support urban agriculture
- Promote and support community-level production of fruits and vegetables.
- Promote production and consumption of bio-fortified vegetables (Orange Fleshed Sweet Potato, iron-rich beans, etc.).
- Improve post-harvest handling and storage.
- Improve post-harvest food processing and ensure safety.
- Improve market linkage for fruit and vegetable produce.
- Promote production and consumption of nutrient-dense pulses.
- Promote production of local complementary foods.

*Promote appropriate technologies for post-harvest food processing, handling, preservation, and preparation for food diversification to ensure nutritious food utilization*

- Identify and scale up best practices in the food processing, preservation and preparation of crops, fruits, vegetables, dairy products, and fish.
- Improve food handling, storage, and transportation of crops, fruits, and vegetables.

*Strengthen the capacity of the agriculture sectors to integrate nutrition-sensitive interventions into agriculture programs such as PSNP and AGP.*

- Ensure asset transfers or asset-building interventions properly targeted at women and vulnerable households.
- Ensure vulnerable households with a malnourished child are adequately targeted in transfer and

safety net initiatives.

- Improve the nutritional value of the food basket with the addition of pulses or the equivalent cash value.
- Enhance the implementation of nutrition-sensitive public works.
- Introduce soft conditionality related to attendance at BCC events or uptake of other services, in order to increase health-seeking behavior.

***Enhance agricultural research and adoption of technology for increased household access to safe, nutritious food.***

- Support development of improved breeds of dairy cattle, small ruminants, and poultry, and increase access to farmers.
- Support development of bio-fortified crops and vegetables and increase access to farmers.
- Establish bio-fortification center and capacity at EIAR.
- Identify and scale up selected best practices on preservation, storage, and processing of fruit and vegetables, dairy products, fish, and animal products at farm and household level.
- Promote women's labor and time-saving technologies.
- Support research and production of micronutrient-enhanced fertilizers, e.g., zinc-fortified fertilizer.

***Improve natural resources base to improve food availability.***

- Rehabilitate/improve small-scale irrigation systems and livestock water points in priority areas for better nutrition outcomes.

***Improve nutrition-sensitive agriculture (NSA) knowledge and practice of farmers using Behavioral Change Communication (BCC).***

- Improve household dietary diversity knowledge and practice of farmers.
- Establish appropriate nutrition behavior change communication strategies relevant for NSA.
- Use local media to address food taboos and cultural constraints.
- Integrate SBCC relevant for NSA in all farmers and DAs training manuals.



***Nutrition-Sensitive Agriculture Strategy: The MoANR has developed a nutrition-sensitive strategy that is in line with the provisions in the NNP II and in this Guideline. The strategy has six Strategic Objectives (SO):***

- SO1 Make all agriculture policy and strategy documents nutrition sensitive.
- SO2 Put in place nutrition-sensitive institutional arrangements and build the capacity of concerned organs within the Ministry.
- SO3 Build the resilience of households and communities in moisture-deficit and climate change-affected areas.
- SO4 Improve the supply and adequacy of nutrient-dense and healthy food.
- SO5 Address gender and nutrition in agriculture
- SO6 Strengthen partnerships.

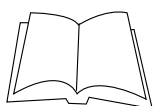
*The remaining steps are for the Ministry to develop an implementation manual and disseminate it to all levels.*

***Source: Draft Nutrition-Sensitive Agriculture Strategy, Ministry of Agriculture, 2015 (Amharic)***

### 3.2.1.3 The Ministry of Livestock and Fisheries

As per the Proclamation No. 916/2015, the mandates of the Ministry of Livestock and Fisheries (MoLF) include, but are not limited to: promoting extension, training, and technology that improve the productivity of livestock and fish farming; establishing systems that ensure the quality standard of livestock or livestock products supplied to the market; developing a system that ensures integration and coordination of stakeholders engaged in livestock and fisheries research; and providing technical support for the development of modern fishery production systems and for the creation of market linkages.

The creation of the Ministry is testimony to Government's commitment to developing the relatively neglected livestock and fishery sector. From a nutritional point of view, the explicit recognition of fish production and consumption is particularly significant, given the importance of fish in the diet and the low level of fish consumption in Ethiopia. If the limited potential of the sector is exploited sustainably, there is some evidence that it can be a means of livelihood for many households.



*The Food and Agriculture Organization states that Ethiopia has an estimated fish production potential of 51,481 tons. However, national per capita fish consumption is a mere 0.20 kg, consumed mainly in areas surrounding the Great Rift Valley, south of Addis Ababa, which contains a system of small-to medium-sized lakes.*

**Source:** <http://www.fao.org/fishery/facp/ETH/en> (accessed 04/16/2016).

It is worth noting that at the time of drafting the NNP II, the livestock sector was headed by one of the State Ministers in MoANR and therefore, livestock-related initiatives and proposed interventions were within the MoANR as described above. Article 41 (5) of Proclamation No. 916/2015 states that the rights and obligations of the MoANR pertaining to livestock and fish resource development are transferred to the MoLF. Therefore, the two ministries will need to continue to work closely to meet the nutrition targets set in the NNP II. Initiatives and proposed interventions that are directly livestock related are presented below.

#### ***Increase year-round availability, access, and consumption of animal source foods.***

- Increase production and household consumption of meat, milk, and eggs.
- Promote rearing of improved breeds of dairy cattle, small ruminants, and poultry.
- Support the establishment of milk collection centers and improved milk processing technologies at household level.
- Promote confined/caged poultry production systems.
- Increase production and consumption of fish.
- Promote appropriate technologies that increase fish production and utilization and reduce post-harvest loss in fisheries and aquaculture.
- Promote small-scale beekeeping by women and other vulnerable groups.
- Improve farmers' access to safe fodders.
- Support/establish agro-business centers to promote production and consumption of poultry, fisheries, small ruminants, and cattle.
- Strengthen linkages with local markets and ensure that smallholder farmers and pastoralists have consistent access to input and produce markets and income streams.

***Strengthen the capacity of the livestock sector to integrate nutrition-sensitive interventions into livestock programs (AGP, Livestock Master Plan, and other newly developed livestock programs/projects).***

- Ensure asset transfers or asset-building interventions are nutrition sensitive and properly targeted to women and vulnerable households.
- Ensure vulnerable households with a malnourished child are adequately targeted in transfer and safety net initiatives.
- Where circumstances allow, improve the nutritional value of the food basket, with the addition of livestock and fish products.
- Enhance the implementation of nutrition-sensitive public works.
- Introduce soft conditionality related to attendance at BCC events or uptake of other services, in order to increase health-seeking behavior.

As noted above, a number of other activities in research, extension, markets, and ensuring the quality of products are similar to those listed under the MoANR. This requires strong collaboration between agriculture, natural resources, and livestock and fisheries project/program implementers, both by Government and development partners. Such collaboration could be facilitated if the two ministries adopt the Nutrition-Sensitive Agriculture Strategy as a common document.

### **3.2.1.4 The Ministry of Education**

As a Federal Executive Organ, the Ministry of Education (MoE) is responsible for ensuring access to quality education at all levels. The Ministry is also responsible for guiding academic and training institutions that produce the nutrition work force at all levels (e.g., diploma, degree, graduate, and postgraduate levels).

Education in all its forms (formal and informal) is widely recognized as a key entry point for nutrition education. Accordingly, as part of the multisectoral approach, the MoE is expected to contribute to the following targets:

- Increase the proportion of primary schools with homegrown school feeding programs to 25 percent.
- Increase the proportion of schools that provide biannual deworming to 60 percent.

In order to meet these targets, the Ministry is required to take initiatives and under each initiative, a number of activities are proposed. Many of these activities are ongoing. The NNP encourages the strengthening of systems, better targeting, and coordination among sectors. The activities are summarized as follows (the initiatives are in the boxes).

***Promote and scale up school feeding programs.***

- Develop a school feeding implementation strategy.
- Develop a training manual and build capacity of education personnel (experts, leaders, teachers, PTAs, students, and other school communities) at each level (region, zone, woreda, and kebele).
- Support and promote gender-responsive school feeding in different modalities.
- In collaboration with the agriculture sector, encourage schools to promote and transfer sustainable and replicable school gardening models at community level and link with school feeding and WASH programs.
- With community participation, provide menu-based locally produced food to school children.

***Promote school health and nutrition (SHN) interventions through collaboration with other sectors.***

- Establish organizational structure at different levels for implementation of SHN strategy.
- Establish and strengthen school health and nutrition clubs.
- Celebrate nutrition day in educational institutions.
- Improve gender-sensitive water, hygiene, and sanitation facilities in schools.
- Promote appropriate nutritional practices through different media (eg., use of iodized salt, etc.).
- Implement nutrition services (deworming, targeted micronutrient supplementations).
- Promote girls' education to address nutrition issues/women development groups.

***Improve nutrition workforce capacity.***

- Incorporate gender-responsive nutrition curricula into schools, teacher colleges, TVETs, and higher learning institutions and non-formal education (such as in functional adult literacy programs).
- Encourage and support higher institutions to produce more nutrition professionals.
- Train members of the SHN organizational structure at different levels.
- Develop and institutionalize harmonized nutrition specialty programs at universities (applied nutrition, clinical nutrition, dietetics, public health nutrition, etc.).
- Strengthen nutrition laboratories of universities to perform operational research.
- Engage in mega-research projects on nutrition (PhD, Masters, BSc students will conduct their thesis on these projects).
- Support nutrition students for their community attachment.
- Establish and strengthen academic centers of excellence for nutrition.

### **3.2.1.5 The Ministry of Industry**

By definition, the mandates of the Ministry of Industry (MOI) focus on the promotion and facilitation of the growth and development of the industrial and manufacturing sector. To this end, it formulates policies, strategies, and action plans to accelerate industrial development and establish systems of capacity building and research to maintain the quality standards of industrial products.

In the NNP II, the MOI is responsible for providing all-round support to the food manufacturing industries and accelerating technology transfer to contribute to the reduction of micronutrient deficiencies in Ethiopia through fortification of wheat, salt, edible oil, and other food vehicles produced by the domestic industries and/or imported into the country. More specifically, the industry sector will implement the following initiatives and activities.

***Strengthen the capacity of the industry sector to support the production and distribution of fortified foods.***

- Provide training for implementing institutional staff on the national food fortification program.
- Establish and equip quality control laboratories at the Food Beverage and Pharmaceuticals Industry Development Institute.

***Establish organizational structure at the different levels of the Ministry of Industry for implementation and coordination of the national food fortification program.***

- Establish a dedicated food fortification directorate at the MOI and at the Food Beverage and Pharmaceuticals Industry Development Institute.
- Strengthen the national Food Fortification Steering Committee and establish necessary sub-working groups.



***Build industry capacity to the international standard to produce quality and safe fortified food (edible oil, flour, salt, etc.).***

- Conduct industry mapping to identify and support small- and large-scale wheat flour and edible oil industries to produce fortified food products.
- Select appropriate food fortification technologies.
- Develop appropriate social mobilization and marketing strategy for food fortification.
- Assist in availing industry inputs (equipment, raw materials, and premix).
- Establish linkage with universities and vocational training centers for research and skill transfer.
- Ensure quality and safety of locally produced food items.

***Conduct awareness-creation events for the private sector on nutrition-related requirements and standards of locally manufactured food items.***

- Provide training on food fortification for food industries including Quality Control/Quality Assurance.
- Provide training for selected laboratories on standardized testing methodologies (private and public institutions).
- Strengthen the capacity of public and private food control laboratories.
- Formulate strategies and action plans that assist the food manufacturers to produce safe and nutritious food.

### **3.2.1.6 The Ministry of Trade**

As an Executive Organ, one of the key mandates of the Ministry of Trade (MOT) is to regulate and enforce compliance of imported food and food items to gain a certificate of conformity at the ports of entry. Hence, the Ministry ensures the quality and safety of products. As a stakeholder in the multisectoral approach to nutrition, the Ministry will implement the following initiatives and activities.

***Strengthen the capacity of the trade sector in the regulation of imported food items.***

- Capacitate the trade sector at federal, regional, zonal, and woreda trade bureaus on the inspection and regulation of imported food items.
- Develop a guiding manual for inspection and regulation of food items.
- Capacitate trade practice and consumer protection authority staff for promoting utilization of fortified foods.

***Ensure that the quality and safety of imported food items are as per the national standard.***

- Conduct regular market surveillance to ensure quality and safety of fortified products.
- Conduct regular inspection and monitoring of food processing factories.
- Strengthen the collaboration between MOI and regulatory sectors to support and facilitate importation of products for food fortification.
- Develop an appropriate marketing strategy for fortified foods.

#### **Other trade-related initiatives for MOT are:**

- Conduct awareness-creation events for the private sector on nutrition-related requirements and standards for imported food items.
- Conduct awareness-creation events for public/consumers on the benefits of fortified food.
- Support importation of fortified food (edible oil, salt, etc.).

### 3.2.1.7 The Ministry of Labour and Social Affairs

As defined in Proclamation No 916/2015, MoLSA has two major roles: (i) maintaining industrial peace, setting employment standards, and ensuring workers' rights; and (ii) strengthening the social protection system to improve the social and economic wellbeing of citizens in general and the most vulnerable groups in particular. To this end, the Ministry has developed the National Social Protection Policy and Strategy with the following vision and focus areas.



*Vision—to see all Ethiopians enjoy social and economic wellbeing, security, and social justice. The policy identified five integrated focus areas as strategic directions. These are:*

- **Productive safety nets:** Poor and vulnerable households will receive transfers in the form of cash or food, which will enable them to increase their consumption of food, access essential services, and make productive investments.
- **Livelihoods and employment support:** Poor households will be supported with demand-led technical and financial support and/or information on employment opportunities, to enable them to improve their on- and off-farm livelihood activities.
- **Social insurance:** Expansion of mandatory insurance for formal sector workers and innovative insurance products for the rural poor and urban informal workers will enable people to better manage the risks they face.
- **Access to health, education, and other social services:** Health fee waivers, subsidized health insurance, specialized services for people with disabilities (PwDs) and for pregnant and lactating women, and school feeding, together with support from an expanded social work system, will improve access to services for the most vulnerable.
- **Addressing violence, abuse, and exploitation:** A range of interventions both to prevent and to respond to violence, abuse, and exploitation will protect and empower some of the most disempowered and marginalized members of society.

**Source: FDRE (2014) National Social Protection Policy, Addis Ababa.**

The NNP II mandates for the social protection sector are complementary to these focus areas as presented below.

*Promote the implementation of gender-sensitive social safety net programs and other social protection instruments in urban settings to protect vulnerable groups from food insecurity and undernutrition.*

- Ensure that vulnerable households affected by malnutrition and/or nutrition emergencies are adequately targeted through safety net initiatives.
- Ensure that pregnant and lactating women are eligible for conditional support—to exclude their involvement in physical labor (cash for work).
- Ensure PSNP beneficiaries with children aged below two years also receive AMIYCN (Adolescent, Maternal, Infant, and Young Child Nutrition) messaging. Engage both males and females in complementary food cooking demonstrations for skill transfer at the household level.
- Appropriately integrate nutrition practices with social safety net programs to improve the nutritional status of women and children.

*Promote the provision of credits, grants, microfinance services, and other income-generating initiatives to support vulnerable groups, with primary focus on unemployed women and female-headed households, to increase access to nutritious foods.*

- Improve the access of women's self-help groups to grants and credits.
- Promote appropriate nutrition and AMIYCN practices through women's self-help groups.

*Increase access to basic nutrition services for all vulnerable groups*

- Employ fee-waiver schemes for management of acute malnutrition.
- Expand basic preventative and curative nutrition services to pastoralist and other vulnerable areas.
- Improve nutritional services for the poor, the elderly, and persons with disabilities.

### 3.2.1.8 The Disaster Risk Management Coordination Commission

Disaster risk management provides a framework that enables communities to withstand impacts of hazards and related disasters and contributes to a reduction of the risks of malnutrition caused by a disaster. The Disaster Risk Management Coordination Commission (DRMCC), formerly within the agriculture sector, is reconstituted to address drought and other shocks that the country is increasingly facing. It is guided by the DRM Policy and Investment Framework and is accountable to the Prime Minister Office.

Under the NNP II, the Commission will take the following initiatives that reduce the risk of malnutrition as a result of drought and other shocks in collaboration with other sectors, the health early warning system in particular.

*Strengthen and scale up early warning systems for food and nutrition information, from the community to the national level.*

- Support the monitoring and evaluation system's capacity to ensure credible and timely data collection and analysis.

*Facilitate community participatory risk assessments and preparedness planning to support nutrition emergency response and recovery programs.*

- Develop, promote, and implement in a timely fashion a comprehensive package of nutrition services and food items for emergencies and recovery periods.
- Ensure early detection and management of acute malnutrition (severe and moderate).
- Integrate management of infant and young child feeding in emergency response interventions.
- Undertake Vitamin A supplementation and measles vaccination.
- Establish and strengthen supplementary and therapeutic feeding based on assessments.
- Ensure provision of adequate and appropriate information during emergencies.
- Ensure access to safe water, sanitation, and hygiene during emergencies.

*Ensure the capacity for coordinated emergency preparedness and response.*

- Facilitate the collection of reliable, quality and timely data related to the emergency.
- Ensure the capacity for mapping of the affected areas.
- Develop evidence-based Emergency Preparedness and Response Plans (EPRPs).
- Strengthen the capacity for coordination of emergency nutrition response.

### 3.2.1.9 The Ministry of Water, Irrigation and Electricity

As per the Proclamation No. 916/2015, among the mandates of the Ministry are prescribing quality standards for water to be used for various purposes and supporting the expansion of potable water supply coverage.

It is widely recognized that undernutrition is not just a lack of food. Three factors are important for adequate nutrition: access to food; maternal and childcare practices; and access to water, sanitation, and hygiene (WASH) to prevent diarrhea. The Government of Ethiopia has given due emphasis to WASH as reflected in the second Growth and Transformation Plan (GTP II).



**GTP II:** The major WASH-related objectives are to expand sustainable potable water supply and improve sewerage systems; to improve potable water supply services and expand accessibility; to establish and improve urban sewerage systems; to assess the quantity and quality of the country's water resources and their contribution to the development of the economy; and to mitigate flood and runoff impacts. During the GTP II period, capacity development as well as coordination efforts will be undertaken with all executive agencies and relevant stakeholders. Effort will be made to ensure dependable and sustainable water supply based on demand, supply, and efficiency. Measures will be taken to take care of the existing water schemes and ensure economic use of water. WASH committees will be encouraged to maintain and rehabilitate water supply schemes. Awareness trainings on national water resources frameworks will be provided to planners and policy makers, including administrators.

**Source: Planning Commission, GTP II, pp. 25–26.**

In 2103, the Government also launched the Sector Wide Approach (SWAP) to Water, Sanitation, and Hygiene (WASH), which is termed the ONE WASH program. It brings together four ministries—Water Resources, Health, Education, and Finance and Economic Development. This program aims to modernize the way water and sanitation services are delivered to the people of Ethiopia; improve the health situation, decrease the drop-out rates of children in schools, and make financing for Water, Sanitation, and Hygiene (WASH) more effective.

Institutionally, the National WASH Steering Committee, chaired by the Ministry of Water, Irrigation and Electricity, has the responsibility of overseeing the progress made under the “Universal Access for All” and the ambitious goal of ensuring universality, equality, and affordability of WASH as per the Sustainable Development Goals (SDGs).

The NNP II provisions build on this WASH momentum. The main initiatives include the following:

- Ensure access to clean and safe water (urban, rural, pastoralist).
- Promote the use of household water treatment practices.
- Promote safe and hygienic preparation and handling of food.
- Promote hand washing with soap/ash and water.
- Promote a safe and clean household environment (in relation to poultry and small ruminants and household waste management).
- Promote construction and utilization of household and community latrines.
- Provide the water supply for sewerage facilities.
- Address extension system-supporting programs at kebele level, which work on community

drinking water and self-supply.

- Prepare and implement a water safety plan for a sustainable rural/urban drinking water quality monitoring system.
- Strengthen the coordination of water, sanitation, and hygiene activities through the ONE WASH program.

### **3.2.1.10. The Ministry of Finance and Economic Cooperation**

The Ministry of Finance and Economic Cooperation (MoFEC) has the mandate, among others, to prepare the Federal Government budget; make disbursements in accordance with the approved budget and evaluate the performance of the budget; and mobilize, negotiate, and sign foreign development assistance and loans.

Although MoFEC does not have specific nutrition initiatives or activities to implement, under Result 5.3 of the NNP II, it is required to establish a Nutrition Case Team along with other similar ministries, such as the Ministry of Trade, Ministry of Women and Children Affairs, Ministry of Labor and Social Affairs, and Ministry of Water, Irrigation and Electricity. The Case Team will play a vital role in mobilizing resources for nutrition and making sure public resources allocated for nutrition are properly utilized. The Ministry, through its offices at all levels, serves as a member of the various committees established at federal, regional, and woreda levels.

### **3.2.1.11. The Ministry of Women and Children Affairs**

The Ministry of Women and Children Affairs (MoWCA) is responsible for two of the main targets for nutrition interventions—women and children. As an Executive Organ, its responsibilities include, but are not limited to: collecting, compiling, and disseminating information on the situation of women and children; and follow-up on the preparation of policies, legislations, development programs, and projects to ensure due consideration is given to women and children.

One of these Government programs is the NNP II, which the Ministry is mandated to follow up. More specifically, under Result 5.2, NNP II seeks to strengthen the capacity of women-based structures and associations at all levels to promote optimal adolescent, maternal, infant, and young child nutrition (AMIYCN) and caring practices. This entails:

- Providing training for staff of MoWCA and staff of gender directorates from all NNP-implementing sectors on optimal AMIYC nutrition and caring practices at the federal level
- Providing training for members of regional, zonal, and woreda MoWCA offices on optimal AMIYC nutrition and caring practices
- Providing training for members of women-based structures and associations at all levels on optimal AMIYC feeding practices.

Similarly, under Result 5.3, the NNP requires that the MoWCA establish a Nutrition Case Team to effectively engage in the NNP II implementation process.

### **3.2.1.12. The Ministry of Environment, Forest Development and Climate Change**

Ethiopia's economy and ecological system are fragile and vulnerable to climate change. Environmental challenges in Ethiopia include climate change, soil degradation, deforestation, loss of biodiversity and ecosystem services, and pollution of land, air, and water. Ethiopia's economy is also highly dependent on

natural resources. The key poverty-environment linkages in Ethiopia are related to: environmental health concerns related to malnutrition; polluted water and indoor air pollution; vulnerability to natural disasters and climate change; lack of secure tenure to land and other natural resources; and unreliable access to food and water. Sensitizing and integrating the environmental protection and forestry development programs and strategies with food and nutrition security ones could help the country to achieve sustainable development. The Ministry is therefore responsible for spearheading the implementation of the Environment Policy and related strategies such as the Climate Resilient Green Economy Strategy.

With respect to NNP II, the Ministry is expected to develop and update nutrition-sensitive forestry development programs and promote and scale up nutritious forestry development initiatives. Given the impact of climate change on the nutritional status of the most vulnerable, the Ministry is also expected to take mitigation as well as adaptive measures that reduce the impact of climate change on the nutritional status of citizens in general and women and children in particular.



According to the FAO, climate change directly affects the food and nutrition security of millions of people, undermining current efforts to address undernutrition and hitting the poorest the hardest, especially women and children. It impacts people's livelihoods and lifestyles through different pathways. Farmers, pastoralists, forest dwellers, and fisher folk are already facing more challenges in producing and gathering food due to changing weather patterns, such as erratic rains. In the short term, the impacts can be linked to extreme weather events, which contribute to casualties, household food insecurity, disease and handicaps, increased population dislocation, and insecurity. In the longer term, climate change affects natural resources and therefore food availability and access, but also environmental health and access to health care. In the most affected areas, these long-term impacts eventually can lead to transitory or permanent migration, which often leaves female-headed households behind. Climate change is therefore seen as a significant "hunger-risk multiplier." In fact, some forecasts anticipate 24 million additional malnourished children by 2050—almost half of them in sub-Saharan Africa. Poor health and undernutrition in turn further undermine people's resilience to climatic shocks and their ability to adapt.

*Climate change will exacerbate the crisis of undernutrition through three main causal pathways:*

- Impacts on household access to sufficient, safe, and adequate food
- Impacts on care and feeding practices
- Impacts on environmental health and access to health services

In response to this challenge, the Rome Declaration on Nutrition and Framework of Action adopted by the 2nd International Conference on Nutrition (November 2014) recognized "the need to address the impacts of climate change and other environmental factors on food security and nutrition, in particular on the quantity, quality, and diversity of food produced, taking appropriate action to tackle negative effects" and recommended to "establish and strengthen institutions, policies, programs and services to enhance the resilience of the food supply in crisis-prone areas, including areas affected by climate change."

**Source:** <http://www.fao.org/fsnforum/forum/discussions/climate-change-and-fsn> (accessed 04/21/16).

### 3.2.1.13. The Ministry of Youth and Sport

As an Executive Organ, the responsibilities of the Ministry include, but are not limited to, collecting, compiling, and disseminating information on the situation of youth; and follow-up on the preparation of policies, legislations, development programs, and projects to ensure due consideration is given to youth.

Together with women and children, youth is another important target group from a nutrition point of view. If they are to develop into a productive labor force and compete in the world of sport, the youth need to adopt a lifestyle that is nutrition sensitive.

The NNP requires that implementing sectors put in place a nutrition directorate and/or case team staffed with appropriate nutrition workforce who will be responsible for coordinating nutrition within their respective sectors. The Ministry of Youth and Sport is expected to have at least a nutrition focal person who will facilitate engagement in the NNP implementation.

### 3.2.1.14. Government Communication Affairs Office

Government Communication Affairs Office was established by the Council of Ministers Regulation No. 158/2008 with a mission to provide leadership in the Government information communication system and ensure efficient and effective flow of information between the government and the public, as well as within Government organs.

The Office is signatory to NNP II because of the vital role it can play in the dissemination of nutrition messages to the general public, as well as to other stakeholders. Accordingly, nutrition communication under NNP II has the following objectives:

- Enforce the implementation of nutrition-related policy and legislation.
- Engage multisectoral nutrition coordinating bodies and technical communities in policy dialogues and dissemination.
- Ensure understanding of nutrition-related policy and legislation in the country among implementers.
- Ensure ownership of the nutrition agenda by the media.

The specific activities to be accomplished are to:

- Conduct advocacy and public dialogues for nutrition-related policy, strategies, programs, and legislations, including extension of maternity leave to six months and code of marketing for breast milk substitute.
- Engage the media to promote nutrition policy and practice among the public and policy makers.
- Identify and engage nutrition champions for nutrition-related policy message delivery and implementation.
- Engage stakeholders for policy awareness, implementation, and influencing nutrition actions through dialogues.
- Promote utilization of nutrition evidence for policy input and dialogue.
- Promote healthy feeding and lifestyles.
- Identify appropriate channels and influential actors to reach, inform, influence, capacitate, and motivate decision makers.
- Engage policy makers to enforce policies around prevention of non-communicable and lifestyle-related diseases.
- Sensitize and involve the private sector on implementation of the NNP objectives.
- Develop a nutrition communication strategy.

- Develop a nutrition communication toolkit to help policy implementation and public dialogue.
- Conduct media monitoring to study nutrition media coverage, quality, and impact.

## 3.2.2 Non-signatories

### 3.2.2.1 Food, Medicine and Health Care Administration and Control Authority (FMHACA)

Food, Medicine and Health Care Administration and Control Authority (FMHACA) has a mandate to promote and protect the public health by ensuring safety and quality of products and health service through registration, licensing, and inspection of health professionals. In the National Nutrition Program implementation, the authority may have a significant role in setting standards, legislation, and manuals and providing certificates of competency for manufacturers, importers, and exporters. FMHACA ensures the quality and safety of food products.

It will incorporate the following initiatives into its regular plan and design activities that are in line with the NNP goals and objectives. The initiatives are:

- Develop/revise appropriate directives, standards, legislation, and manuals to control the quality and safety of food products.
- Issue a certificate of competence for manufacturers, importers, exporters, distributors, and quality control laboratories.
- Enforce and regularly regulate manufactures, importers, and distributors of products and supplies.
- Ensure the quality and safety of: infant formula and special nutritional products and food supplements through laboratory analysis; complementary foods; therapeutic and supplementary foods; special food products for vulnerable groups through laboratory analysis; and fortified foods, food fortificants/premixes through laboratory analysis.
- Register and issue market authorization for nutritious food products.
- Ensure that the quality and safety of the public water supply is up to standard.
- Ensure that the quality and safety of the food products used for school feeding programs is up to standard.
- Conduct regular capacity need assessments and build the capacity of experts involved in inspection and regulatory activities.
- Strengthen and equip regulatory laboratories at federal, branch, and regional levels.

### 3.2.2.2 The Pharmaceuticals Fund and Supply Agency (PFSA)

The Pharmaceuticals Fund and Supply Agency (PFSA) enables public health institutions to supply quality-assured essential nutrition products at affordable prices in a sustainable manner. It plays a complementary role in developmental efforts for health service expansion and strengthening by ensuring enhanced and sustainable supply of nutrition products.

***Ensure timely access to nutrition supplies.***

- Conduct timely forecasting and procurement by involving all stakeholders.
- Conduct proper warehousing and distribution through PFSA.
- Conduct periodic follow-up and monitoring of consumption of supplies in order to take appropriate and timely action.



*Coordinate all partners procuring, distributing, and using nutrition supplies through an integrated logistics management information system.*

- Put in place a coordinated information-sharing mechanism showing stock on hand, quantity distributed, stock on pipeline (stock in transit).
- The FMOH will develop a distribution plan on a quarterly basis, or at least every six months, and share it with all stakeholders.
- All stakeholders should follow up on the stock status of nutrition supplies at all levels.
- Nutrition commodity security issues should be an agenda item in nutrition technical working group meetings.

*Build the capacity of regional, zonal, and woreda health offices and health facilities in the management of nutrition supplies.*

### 3.2.2.3 Development Partners and NGOs/CSOs

A number of development partners and non-government/civil society organizations are working with the Government at all levels to improve the nutritional status of the people of Ethiopia. Examples of major collaboration platforms are:

- The Sekota Declaration
- ONE WASH program
- Universal Access Plan
- NNP II

Under NNP II they will continue to collaborate and align their existing and new programs with Government nutrition goals as stated in NNP II. They will serve as technical and steering committee members at federal and regional levels (see Chapter 4).

### 3.2.2.4 The Private Sector

The private sector plays a critical role in the nutritional status of the nation as the major importer, producer, distributor, blender, and fortifier of food. The Ministry of Trade, Ministry of Industry, and the Government communication offices are important sources of information and capacity building for the private sector as stipulated in NNP II and this Guideline.



*See NNP II document Result 4.4 (Industry), Result 4.5 (Trade) and Nutrition Communication; and Section 3 2.1.4 and 3.2.1.5 of this Guideline.*

### 3.2.2.5 Academic and Training Institutes

The academic and training institutes play a vital role in producing the nutrition workforce at all levels of certification (e.g. diploma, degree, graduate, and postgraduate levels). They work with the Ministry of Education as the prime Executive Organ for the education sector (see Section 3.2.1.3 of this Guideline). Higher education and research institutions will contribute to the monitoring, evaluation, and research component of NNP II. They also serve as members of coordinating and technical committees in their operational areas (see Chapter 4 and 5 of this Guideline).

### 3.3. Sectoral Integration Process of Nutrition Programs

The sectors and stakeholders presented in the previous section are accountable for the implementing and monitoring of nutrition activities in the NNP II. Integration of nutrition interventions can be within sectors or across sectors. Intra-sector integration is to harmonize nutrition programs that are either project based or implemented in different departments or directorates within the same sector. Inter-sectoral integration is harmonizing nutrition interventions such as nutrition-specific and nutrition-sensitive interventions implemented by different sectors so they complement each other and have an impact on the ultimate nutritionally vulnerable groups or individuals.

Each sector is required to ensure the following as a commitment to integration of nutrition services in to their sector and across sectors.

- i) **Review sector goals and objectives with a nutrition lens:** This demand to technically review the sector's goals and objectives is to ensure that they include nutrition-specific or -sensitive interventions. Based on the review, the sectors are expected to endorse concrete strategies and implementation guidelines.
- ii) **Define sector's role and responsibility with respect to nutrition:** In the National Nutrition Program (NNP), sectors' roles and responsibilities are indicated (summarized in Section 3.2). Nutrition-specific and nutrition-sensitive interventions should be clearly assimilated in to the ongoing sector program. For example, increasing production and productivity in agriculture can increase overall food availability. The nutrition impact will be greater and more direct if the intervention is a concrete one aimed at the most nutritionally vulnerable groups, such as direct PSNP support to PLW or to a household with a SAM child. Priority should be given to targeting of nutritionally vulnerable households in AGP or other packages.
- iii) **Clarify strategies and modalities for implementation:** Once the role and responsibilities of each sector in light of nutrition are defined, strategies and modalities for implementation should be made clear. The strategies and defined modalities should clearly show how the nutritionally vulnerable individuals or groups are addressed through intra- and inter-sectoral integration of nutrition interventions at all levels of the sector (central to kebele level). There are two ways of approaching the integration of NNP into sectoral programs and projects:
  - (a) **Review existing programs:** Each sector has programs, projects, or activities that contribute to nutrition directly or indirectly. The sectors should review their existing programs vis-a-vis those in the NNP to identify which ones are nutrition sensitive and which ones need some adjustment and to identify potential entry points to incorporate the nutrition activities in the NNP.
  - (b) **Look for opportunity:** The sector should ensure nutrition is considered during design and review or design of the next phase of existing programs or new programs. The focal persons should join existing steering committee or working groups to identify opportunities to incorporate nutrition. The involvement is crucial to ensure nutrition is addressed before any final decision is made. With the development of nutrition sensitive agriculture strategy, the agriculture sector can be an example of a sector

that is becoming increasingly sensitive to nutrition concerns. Additional examples within this sector are PSNP IV and AGP II which are more nutrition-sensitive than their predecessors (see Box 2 and for examples).

- iv) **Create common understanding within sectors and across sectors:** The NNP clearly articulates the roles and responsibility of each sector. However, it is not enough to ensure a shared responsibility at all levels and in different directorates. The sectors' role in discharging their responsibility in the multisectoral NNP implementation needs to be disseminated and advocated from the top management to the technical people to ensure that there is a common understanding at all levels.
- v) **Establish institutional structure and capacity for nutrition program implementation:** Strategies and plans can only be changed into meaningful impacts when sectors are clear on what institutional structures they set and their capacity to implement the plans. Sectors can assign a focal person, a unit, or a directorate, based on the level of the assignment, and continually build the capacity for implementation.

In addition, sectors can establish sector-specific technical working groups composed of expertise from each directorate/agency under the sector if nutrition is implemented by more than one directorate/agency and, if necessary, can use partners working on similar initiatives. For example, the Ministry of Education can establish technical working groups from the respective directorates inside the Ministry and other sectors and partners in its promotion of school health and nutrition and school feeding.

The sectors should identify their needs and prepare a plan and a list of resource requirements needed to build the capacity of staff at each level (federal to grassroots level). Specific tasks include, but are not limited to: conduct need assessments; identify gaps; develop a strategy for capacity building; mobilize resources; and implement a capacity-building plan.

- vi) **Develop a sector-specific nutrition plan:** Each sector is expected to incorporate its nutrition plan in its yearly and multiyear overall plan. Each sector should share its annual nutrition plan with NNP coordination bodies, namely the NNCB and the NNTC or similar structures at all levels. This will create common understanding on which sector is doing what so that bi-sectoral or multisectoral integration of nutrition can be designed, depending on the context.

- vii) **Practical examples of making existing programs nutrition sensitive**

- a) **The Productive Safety Net Program**

## Box 2: Nutrition sensitivity of the Productive Safety Net Program



The Productive Safety Net Program (PSNP) has been implemented since 2005 and presently is in its fourth phase (2016–2020). The program’s goal is “resilience to shocks and livelihoods enhanced, and food security and nutrition improved, for rural households vulnerable to food insecurity.” The program’s contribution to this goal will be regularly-measured specific nutrition indicators, including percentage of children aged 6–23 months who receive the minimum acceptable diet and household dietary diversity.

The recommended list of public works include: (i) promotion of legume systems for improved land productivity and soil fertility restoration; (ii) promotion of nutrient-rich foods like groundnuts, oil seeds, and vegetables in irrigated areas; (iii) Behavioral Change Communication (BCC) using Entertainment Education for increased consumption of nutrient-rich foods by pregnant and lactating women and children under two years; and (iv) establishment of self-support groups among PSNP public works participants to take care of young children during public work time. The Program has also acknowledged the effect of malnutrition among women and people living with pregnant or lactating women in particular. The Program promotes coordination mechanisms between woreda-level food security and health offices to improve nutrition. For example, it requires that the Food Security Desk inform the Woreda Health Office of the PSNP public works schedule and payment schedules; the two offices coordinate to identify livelihood activities that promote good nutrition, and the Woreda Health Office supports implementation of health-related public work projects.

**Source: extract from PSNP IV Program Implementation Manual (December 2014)**

## b) Global examples of multisectoral nutrition interventions

**Table 4: Key indicators of nutrition sensitivity**

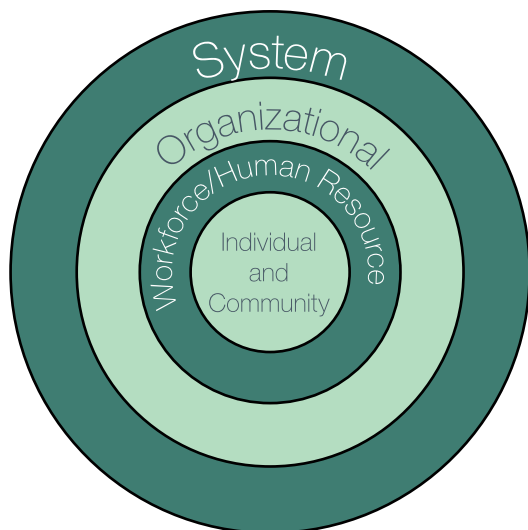
Key indicators	Agriculture	Social protection	Water, sanitation, and hygiene	Health systems	Education
Target groups	Producer families and women farmers	Women and girls Children during first 1,000 days	Children under two years of age and pregnant and lactating women	Children during first 1,000 days	Adolescent girls
Types of interventions	Behavior change related to specific nutrition practices Crop choices: factor in nutritional value of crops Breeding choices: factor in nutrient content (as in bio fortification) Postharvest choices: factor in nutrition in storage, processing, and preservation Food safety practices: minimize contamination (such as by aflatoxins and E. coli)	Conditional cash transfers School meals and conditional take-home rations (girls' attendance at school) Food supplements: nutritional supplements (protein and energy), micronutrient powders, fortified foods	Prevention of feces ingestion Safe feces disposal Total sanitation programs to focus on minimizing open defecation Proper storage and handling of complementary foods Water treatment kits	As many nutrition-specific interventions as possible embedded within health systems Peer counseling and facility-based promotion for the uptake of exclusive breastfeeding Improved position of nutrition within health curricula and health professional training	Family planning School meals and take-home rations Separate toilets for girls in schools Instruction on childcare skills in schools
Delivery channels	Agricultural extension and rural advisory services Farmer field schools Distribution centers for technologies and inputs Microcredit and insurance mechanisms Market-based approaches	Food for work/ cash/voucher (asset programs) Schools Health clinic services	Water, sanitation, and hygiene programs Agricultural extension for food safety Social and behavior-change communication community campaigns Community management of acute malnutrition programs	Community health workers Social and behavior-change communication community campaigns	Formal education (primary, secondary, and beyond) Literacy workshops Media campaigns Community-based education
Impacts to aim for	Improvements in dietary diversity and household diet quality	Improved dietary diversity and potentially nutrition status of children under two years old, women of reproductive age, pregnant and lactating women	Potentially, improved nutrition status of children under two years old	Potentially, improved nutrition status of pregnant women and children under two years old	Potentially, birth outcomes: reduction in small-for-gestational-age and preterm births
Considerations	Women's time and energy are scarce resources. Women's increased control may lead to recriminations against them.	Ensure safety nets do not negate nutritional objectives, such as by inadvertently promoting obesity.	Social norms need to be understood, respected, and taken into account.	Screen for early risk factors of obesity and non-communicable diseases.	Adopt school-based interdisciplinary interventions to decrease overweight and obesity risk (including physical activity and healthy eating).
What all sectors can do to strengthen nutrition outcomes	Make the case to other sectors that they can further their own sectoral goals by using a nutrition lens; include nutrition goals, indicators, and targets. Work with partners to use the nutrition lens to develop specific nutrition-enhancing practices and actions within their interventions. Work in high-malnutrition areas; engage women in design and implementation; focus on key stages in life cycle; incorporate nutrition-specific interventions within broader platforms.				

Source: Global nutrition report (2014)

## 3.4 Capacity Building for Nutrition

Nutrition Capacity building initiatives are particularly urgent for sectors that are coming on board as part of the multisectoral coordination. These initiatives should address four dimension of nutrition capacity: (i) system; (ii) organizational capacity; (iii) work force/human resources; and (iv) individual and community capacity, as indicated in the diagram below.

**Figure 2. Dimensions of nutrition capacity building.**



### (i) System capacity building for nutrition

Though nutrition is being coordinated and implemented by the different NNP implementing sectors in the country, there is no career structure and post created for the nutrition work force. Hence, strengthening the implementation capacity of the different sectoral ministries with particular focus on the nutrition workforce members and their career path is required to meet the objectives stated in the NNP. System capacity for nutrition includes:

- Strengthening leadership and governance in nutrition programming
- Creating a career path and post for the nutrition work force
- Strengthening the nutrition workforce management capacity
- Improve resource mobilization and management capacity
- Strengthening supply chain management for nutrition
- Improving the nutrition information system

### (ii) Organizational capacity for nutrition

**Coordination capacity:** To fulfill its direct NNP implementation and national nutrition coordination role, the FMOH will establish a dedicated, well-staffed directorate for nutrition. Similarly, nutrition directorates will be established in MoANR, MOLF, MOI, and MoE.

**Supply and logistic capacity:** Supply and logistics are key inputs for effective implementation of nutrition-sensitive and nutrition-specific interventions. NNP implementing sector ministries will conduct need assessments and shall put in place their supply and logistics plans. Each ministry will review the current supply and logistics management plan, and appropriate measures will be taken to attain the plan and improve its effectiveness. The supply and logistics needed for delivery of the National Nutrition Program

include but are not limited to:

- Supplements and therapeutic products
- Training manuals
- SBCC print and electronic materials
- Agricultural inputs
- Food processing materials and inputs
- Food safety and quality control laboratory materials
- Supplies for hygiene and sanitation, water purifiers, etc.

Nutrition information system capacity development: Nutrition information system capacity involves strengthening the capacity of institutes in nutrition program monitoring, evaluation, and research-related activities. A multisectoral nutrition information platform should be established at the national level to monitor the implementation of NNP across sectors. All NNP-implementing sectors need to make sure that nutrition-related information is regularly shared and monitored; and information should also be captured and utilized at the local data collection sites.

### **(iii) Nutrition work force capacity building**

For effective and efficient implementation of the NNP, all NNP implementing sectors should have an adequate number and mix of competent nutrition cadres or technical persons placed at all levels of service delivery and management. The major strategies for availing of human resources are through pre-service and in-service trainings. During the NNP implementation period, capacity development will be given to the following nutrition work force components.

- At national level, NNP implementing sectors will have a nutrition directorate and/or case team staffed with appropriate nutrition workforce members who will be responsible for coordinating nutrition within their respective sectors. The number of staff will be determined by the specific ministries, based on their scope of work.
- NNP-implementing sectors will work with Ministry of Education and regional governments to integrate nutrition into universities and regional colleges/TVETs to provide nutrition pre-service trainings.
- Training institutions will be supported with curriculum development and revision, provision of educational materials, and technical assistance for critical skills that are not adequately available.
- Competency-based in-service trainings will be provided to staff working in NNP-implementing sectors. The trainings will be focused and will enable workers to plan, implement, and monitor multisectoral nutrition interventions.
- Health facilities at different levels will be staffed with appropriate nutrition professionals.
- Job aids, training materials, and community teaching materials will be prepared in local languages.
- Media professionals will be provided with continuing nutrition training.

### **iv) Individual and community nutrition capacity development**

Nutrition programs aim to achieve optimal nutrition knowledge, behavior, and practices among the target communities and individuals, which results in better nutrition outcomes. In order to achieve this objective, the community's nutrition capacity development is of paramount importance. The community capacity development will improve the community's response to challenges affecting their nutritional status and will enhance community participation and management of community resources to achieve better nutritional outcomes for the whole community. Therefore, the following will be the focus areas in building the capacity of communities and individuals for effective implementation of NNP.

- The community-level development groups (i.e., health and agricultural development army, etc.) will be the key entry points for community-level nutrition work. The community development groups will receive continuing support from the health and agricultural extension workers.
- Existing community/social structures such as “idir,” (traditional burial society) women and youth associations, and faith-based organizations will also be channels for delivering community and individual nutrition capacity development activities.
- The community structures will be provided with relevant nutrition information and be motivated to deliver key preventative nutrition messages and practices and facilitate nutrition-sensitive community development interventions.
- Improve the community’s access to labor- and resource-saving technologies, and community-level centers of excellence for wider experience sharing will be established. Community-level structures and centers such as farmers training centers (FTCs), schools, and health posts will be equipped with appropriate nutrition learning materials

**Table 5. Different levels of nutrition workforce requirements**

Level/organization	Required profession	Description	Remark
Federal ministries and regional-level sector bureaus	Nutritionists, public health nutritionists, food technologists, other professionals with adequate nutrition training	Knowledge and skill of nutrition science and disease, nutrition advocacy, management	Health and other sectors
Woreda-level sector offices	Basic nutritional sciences, others professionals with adequate nutrition training	Basic knowledge of food and nutrition	
Hospitals	Nutritionists and dieticians	Knowledge and skill in nutrition science and disease	
Health centers, health posts	Nutritionists	Health professionals with training in nutrition	
Schools	Nutritionists, teachers trained on nutrition counselling	Teachers with adequate nutrition knowledge	Health and education sectors
Community	Development army trained on nutrition counselling	Teachers, health and agriculture professionals with adequate nutrition knowledge	
Universities, health and agriculture colleges, TVETs	Nutritionists, food technologists, dieticians, and public health nutritionists	Basic knowledge, skills, and practice in nutritional sciences and research	Based on the type of the training
<b>Multisectoral institutions at all levels need familiarization with the NNP II to meet two objectives: (i) build common vision and clarify roles and responsibilities; and (ii) be familiar with the tools for monitoring the effectiveness of the coordination.</b>			



# CHAPTER FOUR

## MULTISECTORAL COORDINATION AND PLANNING

### 4.1 Introduction

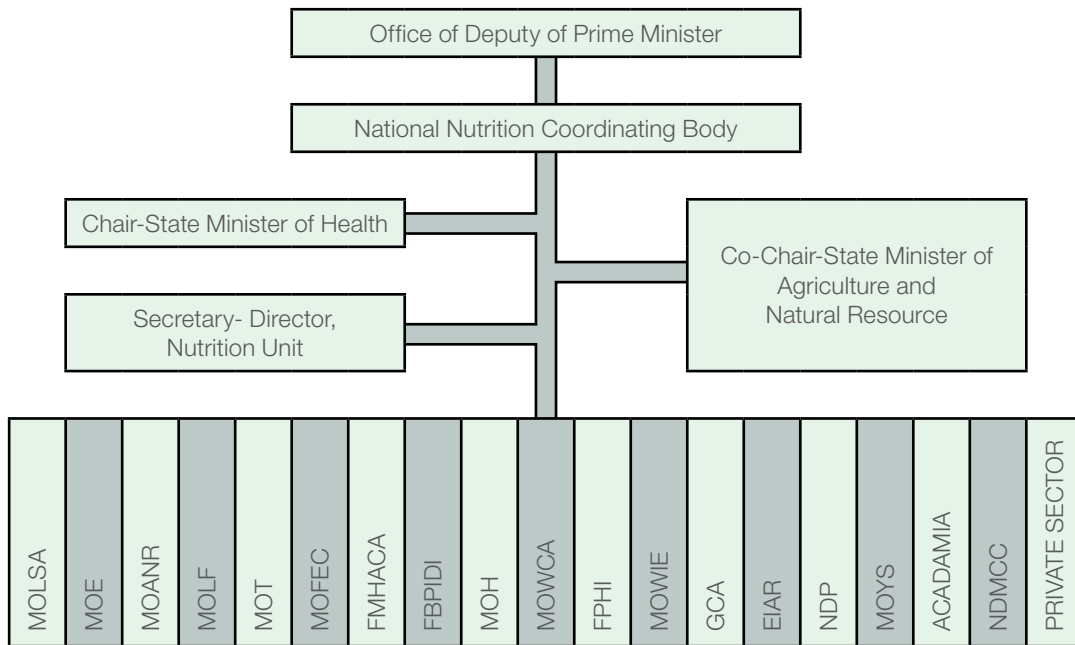
This chapter corresponds to Strategic Objective 5 of the NNP II. Coordination is often easier said than done. As discussed in Chapter 1, there are a number of principles that sectors should adhere to. This chapter provides specific guidelines for implementation of coordination at different levels and the functions of coordination mechanisms. In order to ensure effective coordination, there shall be common structures established to represent all the categories of stakeholders implementing and supporting nutrition programs.

### 4.2 Nutrition Coordination Mechanisms at Federal, Regional, and Woreda Level

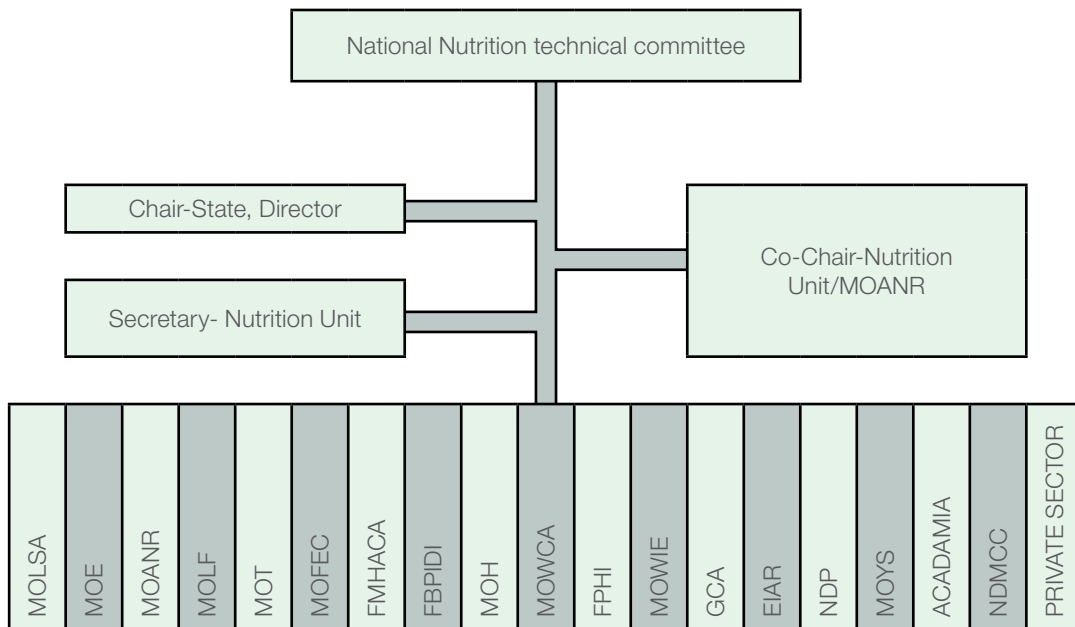
There are two nutrition coordination committees at three levels. The National Nutrition Coordination Body (NNCB) is the higher-level NNP decision-making body. The NNCB is composed of signatory government sectors as well as non-signatory development partners, civil society organizations, academia, and the private sector.

The Government sector ministries are represented by the respective State Ministers, and Government agencies and authorities (e.g., EPHI and FMHACA) are represented by Heads. Representatives from academia, civil society organizations (CSOs), nutrition development partners, and private sector can be rotated periodically and will be based on the assignment of the responsible organization or assignment by the NNCB. The NNCB provides policy/strategic decisions related to NNP, allocates and approves the budget for the implementation of NNP, monitors the implementation of NNP with key indicators, and provides guidance.

The woreda and regional coordination arrangement follows this national-level arrangement in the composition of members and its structure. But at regional and woreda level, the president of the region and woreda administrators take the chair positions, respectively.



**Fig.3 National Nutrition Coordination Body (NNCB)**



**Fig.4 National Nutrition Technical committee (NNTC)**

## 4.3 Role and Responsibilities of the Nutrition Coordination Body

The National Nutrition Coordination Body (NNCB) is composed of the higher officials/sector office heads from the NNP-implementing sectors and representatives of the donor, UN agencies, CSOs, and academia. Table 3 below describes the composition and the role and responsibilities of the NNCB at national level.

**Table 6. TOR for National Nutrition Coordination Body (NNCB)**

Composition	MOH, MOANR, MOE, MOLSA, MOWCA, MOFEC, MOI, MOT, EPHI, FMHACA, a representatives of donors, a representative of UN agencies, academia, and CSO and NDPs
Chair and co-chairs	Chairman: State Minister of FMOH. Co-Chairs: MOANR and MOE
Role and responsibilities	<ul style="list-style-type: none"> <li>• Serve as an advisory body to the government on national nutrition issues.</li> <li>• Provide vision and general leadership to nutrition in the country and at international forums/agendas.</li> <li>• Act as an advocate on national nutrition matters and build partnership among different stakeholders.</li> <li>• Lead and facilitate the coordination of multisectoral stakeholders, including relevant government sectors, donors and nutrition development partners, academia, and private sector at the national level for effective implementation of the National Nutrition Strategy and Program.</li> <li>• Regularly review the effectiveness of multisectoral coordination for nutrition, and update accordingly.</li> <li>• Facilitate policy and guideline development that are relevant for NNP implementation.</li> <li>• Develop strategy for mainstreaming the National Nutrition Strategy and Program into government policies, strategies, and national plans; and into the relevant sectors' plans and programs.</li> <li>• Mobilize resources and track resource utilization to support the National Nutrition Program.</li> <li>• Facilitate and support the development of the implementation capacities of the sectors.</li> <li>• Update the National Nutrition Program based on changing needs of Ethiopia.</li> <li>• Review performance of the National Nutrition Program and give feedback.</li> <li>• Review and approve annual national multisectoral nutrition plan.</li> <li>• Prepare biannual and annual reports.</li> </ul>
Frequency of meeting	NNCB meets biannually.

## 4.4 Role and Responsibilities of Nutrition Technical Committee

In addition to the NNCB, which mainly deals with policy, resource decisions, and overseeing the nutrition program implementation, there will also be a Multisectoral Nutrition Technical Committee (NTC) that operates under the auspices of the NCB. This committee will be established from the technical personnel from the member organizations of the NCB. The committee is responsible for handling the technical work related to the implementation of NNP as shown in Table 4. The same TOR may be adapted for regional and woreda committees.

**Table 7: Summary of terms of reference for National Nutrition Technical Committee (NNTC)**

Composition	Directors of directorate where nutrition program is housed in each NNP-implementing sector: MOH, MOANR, MOE, MOLSA, MOWCYA, MOFEC, MOI, MOT, EPHI, FMHACA; a technical representative of donors; a representative of UN agencies, academia, and CSOs and NDPs
	Head of Maternal Child Health department or nutrition coordinators at regional and woreda level and nutrition-related technical personnel from the above sector ministries, development partners working in the region/woreda
Chair and co-chairs	Chairman: MOH. Co-Chairs: MOANR (the new arrangement) and MOE
Role and responsibilities	<ul style="list-style-type: none"> <li>• Provide technical advisory support to the NNCB.</li> <li>• Facilitate inter- and multisectoral coordination of nutrition.</li> <li>• Facilitate the implementation of nutrition strategy and program.</li> <li>• Facilitate the coordination of multisectoral stakeholders, including relevant government sectors, partners, academia, and private sector at national level for effective implementation of the National Nutrition Strategy and program.</li> <li>• Coordinate, supervise, monitor, and evaluate the implementation of NNP in the different sectors, development partners, and NGOs with regard to the coordination effort.</li> <li>• Identify the need for the development/revision of nutrition policies, strategies, programs, and initiatives that are relevant for NNP implementation.</li> <li>• Prepare multisectoral nutrition coordination guidelines and detailed plan of action to put the NNP into practice.</li> <li>• Support the development of strategy for mainstreaming the National Nutrition Strategy and Program into the government policies, strategies, and national plans; and into the relevant sectors' plans and programs.</li> <li>• Identify intra- and inter-country experiences, lessons, and best practices for effective implementation of NNP.</li> <li>• Monitor, evaluate, and regularly review the effectiveness of multisectoral coordination for nutrition and update accordingly.</li> <li>• Facilitate resource mobilization and track resource utilization to support NNP implementation.</li> <li>• Strengthen the Nutrition Technical Working Group (NTWG) or any other existing nutrition technical working group or committee to address specific issues on nutrition and establish nutrition sub-groups as need arises.</li> <li>• Report to NNCB on progress and bottlenecks to the regular NNTC meetings, progress on nutrition priorities, emerging concerns, and recommendations suggested for high-level decisions/actions.</li> <li>• Prepare quarterly, biannual, and annual reports to the NNCB.</li> </ul>
Frequency of meeting	NNTC meets quarterly.

## 4.5 Nutrition Coordination at Kebele Level

Program coordination and integration exists at kebele level. The members of the kebele cabinet are the kebele chairman, Health Extension Worker (HEW), agriculture development agents, the school principal, and the head of the MOWCYA. The cabinets are in charge of creating a kebele-level development plan, where, in concrete terms, vulnerable households and individuals are targeted at this level. The most vulnerable households and individuals for nutrition share common causal factors. The most common nutrition programs are practically implemented at this level. The nutrition-specific interventions (such as ENA, CGMP, CMAM, routine micronutrient supplementation, etc.) and nutrition sensitive-programs (such as PSNP, WASH, SHN, etc.) are all implemented at this level, most likely addressing common target households.

For example, the Kebele Food Security Taskforces, which are composed of the various sectors (both nutrition specific and nutrition sensitive), are well positioned to coordinate nutrition at this level, provided they get adequate capacity-building support from the woreda and beyond. Strengthening nutrition coordination at this level means, therefore, strengthening the existing platforms and helping them understand that the multisectoral approach is a proven approach to nutrition security. This requires integrated interventions at household level. Nutrition-vulnerable households can be commonly targeted by nutrition-specific and nutrition-sensitive programs available at the kebele level.



*Is there a need for both a nutrition coordination body and a nutrition technical committee at kebele level?*

There is no need for a separate coordination body and technical committee at kebele level, because the same people are likely to be on both committees. Moreover, the kebele-level cabinet is in charge of both the technical activities and decision-making, mainly in targeting. Therefore, nutrition technical committees at kebele level (KNTC), which can be merged into an existing committee with similar functions (such as a food security committee), will have the following role and responsibilities in light of nutrition program implementation (Table 5).

**Table 8. TOR for nutrition technical coordination at kebele level**

Composition	Kebele chairman, kebele manager, HEWs, DAs, school principal, and head of the MWCA
Chair and co-chairs	Chairman: Kebele chairman. Co-Chairs: Agriculture DA, school principal, secretary, kebele manager
Role and responsibilities	<ul style="list-style-type: none"> <li>• Identify nutrition-sensitive and nutrition-specific interventions implemented at the kebele level (CMAM, GMP, PSNP, WASH, and dietary/diversification, income-generating activities (IGA), livestock promotion, poultry promotion, and beekeeping, dairy.</li> <li>• Identify individual targets for direct nutrition program support such as PLW and SAM children, etc.</li> <li>• Identify households to target for nutrition-sensitive support.</li> <li>• Develop and provide support of minimum essential package (nutrition specific and nutrition sensitive) to address common target households.</li> <li>• Use common database and identified common HHs as targets for essential package of nutrition-specific and nutrition-sensitive intervention from major sectors implementing at community and household level.</li> <li>• Conduct regular joint monitoring of the support and the progress.</li> <li>• Compile report.</li> <li>• Document lessons learnt.</li> </ul>
Frequency of meeting	KNTC meet monthly, but may hold emergency meetings depending on the current nutrition needs of the kebele.

## 4.6 Multisectoral Nutrition Program Planning

Generally speaking, there are two approaches to planning, bottom up and top down. Both these approaches have their own merits and importance. The top-down planning allows good planning in line with global and national development targets. It generates local-level targets to allow achievement of national- and global-level goals already set by the GTP or MDGs. Without due consideration of local reality, it is impossible to achieve any target at all. Therefore bottom-up planning allows understanding the perceived needs and priorities of communities and woredas. It also allows for the uniqueness of one community from the other, and hence identifies the various potential bottlenecks to achievement of development goals.

Good planning is a combination of both top-down and bottom-up planning, where there is meaningful participation of all the stakeholders and actors in the realization of the goals, including participation by the community. When an appropriate bottom-up planning process is involved, the emphasis in certain aspects of nutrition programming could be heavier in some woredas than in others. For example, woredas in the high-HIV risk corridor of Addis Ababa Djibouti Road will be planning on nutrition care for HIV-positive persons much more attentively than woredas with much less HIV risk and prevalence. On the other hand, the top-down process allows for ensuring that the global and country commitment for better nutrition is incorporated in the woreda- and community-level plans and that indicators are tracked properly. Hence, a good nutrition planner combines top-down and bottom-up planning approaches to ensure the highest level of meaningful results.

The starting point for better nutrition planning is to begin with the target, result areas, and initiatives for each strategic objective stated for each sector in Section 3.2. Once the national-level targets and priorities for a sector are reviewed and noted, a process of translating these expectations and ambitions with local reality in mind starts. A good situation analysis of the region or woreda of interest is needed to understand to what extent the problems reflected at national level are significant problems at the regional, woreda, and kebele level.

Therefore, a concrete plan of action for multisectoral linkages among the sectors will be drawn up when the role and responsibilities of each implementation sector are clearly defined and their concrete contributions in coordination are well articulated at all levels, from kebele to the national level.

Once sectors have developed their nutrition-sensitive or nutrition-specific plan, the following steps of coordination planning will be employed at all levels.

- I. Sector-specific plan will be prepared and summarized in a template as provide in Table 6 and submitted to NTC for the purpose of understanding of the sectors' nutrition plan by others and facilitate coordination and integration of efforts. Technical plan and coordination plan will also be produced as shown in the tables below).
- II. NTC will compile and prepare annual/quarterly NNP draft plan using Table 6 and Table 7.
- III. The draft plan will be discussed at different technical coordination forums based on the level of the coordination; for example, National/Regional/Woreda Nutrition Technical Working Group (NTWG), Nutrition Development Partners Forum (NDPF), School Health and Nutrition (SHN Working Groups), Multiagency Nutrition Task Forces (MANTF), etc.
- IV. The draft plan will be shared with regional counterparts of nutrition coordination bodies and committees for comment.

- V. The NNTC planning group will compile and prepare a final draft plan incorporating all comments from regional RNCB and RNTC and nutrition technical groups and forums.
- VI. The draft plan will be presented to NNCB for approval (comments from NNCB will be incorporated and a final plan will be approved).

Table 10 is a summary of the nutrition-sensitive technical plan adopted from the national-level PSNP document, which can be adapted for different sectors and levels of the coordination.

**Table 9: Sector-specific nutrition plan summary template for submission to NTC (PSNP as example)**

	PSNP
<b>Brief summary description</b>	The NNP placed a renewed focus on the 1,000 days from conception to two years of age of the child and worked in conjunction with HEP. The PSNP can contribute to the NNP by integrating this nutrition sensitivity to the health and nutrition intervention.
<b>Objective</b>	Improve nutrition status of women and children through ensuring safety net support to HHs with malnourished children and PLW.
<b>Population of interest (target groups)</b>	Children under five and PLW.
<b>Criteria</b>	Children with SAM, and PLWs.
<b>Total beneficiaries</b>	_____ Children under five and _____ PLW.
<b>Strategies</b>	<ul style="list-style-type: none"> <li>• Using HEP, identify vulnerable households with malnourished children and PLW with direct transfer.</li> <li>• Introduce soft conditionalities related to attendance at BCC events or uptake of other services in order to increase health-seeking behavior.</li> </ul>
<b>Linkage (intra- and inter-sector)</b>	Targeting beneficiaries and monitoring is done with HEP.
<b>Activities</b>	<ul style="list-style-type: none"> <li>• Conduct training of DAs on NNP.</li> <li>• Using HEP, identify vulnerable HHs with malnourished children and HHs with PLW.</li> <li>• Update registry regularly upon consultation with HEWs.</li> <li>• Attend the nutrition coordination meeting.</li> </ul>
<b>Indicator(s)</b>	<ul style="list-style-type: none"> <li>• Number of DA trained on NNP.</li> <li>• Number of households with SAM children supported by PSNP.</li> <li>• Number of coordination meetings attended by the office staff.</li> </ul>
<b>Resources</b>	<ul style="list-style-type: none"> <li>• PSNP resources.</li> </ul>

**Table 10. Multisectoral NNP coordination planning template**

Planning level: \_\_\_\_\_ (Federal, regional, woreda)

SN.	Activity		Measurement	Target	Budget needed	Remark
	Category	Specific activity				
1	Nutrition coordination body meetings					
2	Nutrition technical committee meetings					
3	Sector-specific NNP-related plan development					
4	Sector-specific plan presented and reviewed by coordination bodies					
5	Sectors assigned nutrition focal person					
6	Capacity building					
7	Advocacy and social mobilization					
8	Policy and strategy					
9	Monitoring and Evaluation					

Planning year: \_\_\_\_\_



# CHAPTER FIVE

## TOOLS FOR MONITORING MULTISECTORAL COORDINATION

### 5.1 Introduction

This chapter corresponds to Chapter 6 of the NNP II but with a limited scope. Here the focus is on monitoring the effectiveness of multisectoral approach. This chapter does not deal with the evaluation and research aspects. Sectors are advised to refer to Chapter 6 and Annex 1 in the NNP II main document to learn about and participate in the NNP II evaluation and research process.

### 5.2 Assessing Effectiveness of the Multisectoral Approach

It is well and good to agree and subscribe to a multisectoral approach, but if the process is not monitored, it is difficult to determine how effective and fruitful the approach is. This chapter introduces two basic tools—a scorecard for monitoring multisectoral program implementation and a simple table to check if the stakeholders have adhered to the multisectoral principles introduced in Chapter 1 of this Guideline.

#### 5.2.1 Scorecard for multisectoral nutrition program implementation monitoring

The scorecard is a management tool that originated in and is extensively used in business and industry environments. More recently, it has been adapted for use in government and in nonprofit organizations worldwide. Its main benefit is to align business activities to the vision and strategy of the organization, improve internal and external communications, and monitor organization performance against strategic goals.

The health sector in Ethiopia is one of the first public sector institutions to implement the scorecard tool. The improvements seen in the health sector over the last decade are largely attributed to this and other management tools.



*For a case study of the use of scorecards in the Ethiopia's Health Sector, see [http://www.theinstitutepress.com/uploads/7/0/0/1/7001740/ethiopia\\_health\\_sector\\_case\\_study\\_-\\_cr11-august\\_2013.pdf](http://www.theinstitutepress.com/uploads/7/0/0/1/7001740/ethiopia_health_sector_case_study_-_cr11-august_2013.pdf).*

For the purpose of this Guideline, a scorecard has been developed to monitor the implementation of multisectoral nutrition-sensitive programs under NNP II at all levels of administration—kebele/ community, woreda, regional, and federal. Each level is designated core nutrition indicators and expected performance levels in percentages or quantity. The indicators are a combination of nutrition-specific, nutrition-sensitive, and coordination-related indicators. At regional and federal levels, the indicators are divided into two broad categories—coordination and program indicators.

The scorecard is completed every quarter against national performance standards or targets. A color code may be used to facilitate visually inspection of performance levels.

- Green = good/promising performance
- Yellow = moderate with warning
- Red = below performance/danger

Analysis can be done using the conventional charts (e.g., bar chart, spider web) to show improvements or deterioration from quarter to quarter.

**Table 11. Scorecard for multisectoral nutrition program implementation monitoring**

**1. KEBELE/COMMUNITY LEVEL**

Core nutrition indicator	Annual plan	Performance level	Q1	Q2	Q3	Q4	Status	Remark/ responsible sector
Percent of children who attended nutritional screening		< 50%						
		50–79%						
		> 80%						
Percent of children who attended nutritional growth monitoring		< 49%						
		50–79%						
		> 80%						
Percent of malnourished children treated		< 49%						
		50–79%						
		> 80%						
Proportion of mothers who attended cooking demonstration	9	< 50						From health sector/ women structure/ (achieved/planned)100
		50%–79%						
		> 80%						
Percent of households with malnourished child (SAM and Moderate Acute Malnutrition)	N	< 49%						Malnourished cases should decline
		50%–79%						
		> 80%						
Percent of households with backyard gardening with perennial vegetables	20	< 49%						
		50%–79%						
		> 80%						
Present of households with poultry		<80%						
		80-90%						
		>90%						
Number of experience-sharing visits by farmers to best performing HHs/ groups (gardening/poultry)		0						
		1						
		2						
Proportion of schools with vegetable garden		<80						
		80-90						
		>90						
Percent of PLW among PSNP client engaged in BCC session		< 49%						
		50%–79%						
		> 80%						

Percent of HHs with latrine equipped with hand washing facility		< 49%						
		50%–79%						
		> 80%						
Number of nutrition-sensitive public works conducted	N	<10						Latrine construction, seedling sites established (based on local plan)
		10-20						
		> 20						
Percent of PSNP HHs with pregnant women attending antenatal care		< 49%						
		50%–79%						
		> 80%						

## 2. WOREDA LEVEL

Core nutrition indicator	Annual plan	Performance level	Q1	Q2	Q3	Q4	Remark/ responsible sector
Percent of sector ministries with nutrition unit/focal person	9	< 49%					
		50%–79%					
		> 80%					
Percent of sector ministries with nutrition plan	N	< 49%					
		50%–79%					
		> 80%					
Number of nutrition advocacy sessions/year	20	0					
		1					
		2					
Number of coordination meetings conducted		1					
		2					
		> 3					
Percent of sector plans reviewed and feedback provided		< 49%					
		50%–79%					
		> 80%					
Percent of sector ministries with budget allocated for nutrition		< 49%					
		50%–79%					
		> 80%					
Proportion of food insecure women groups with IGA		<50%					
		50%–79%					
		> 80%					
Percent of kebeles supplied with improved vegetable seed and seedlings		< 49%					
		50%–79%					
		> 80%					
Percent of schools with potable water supply		< 49%					
		50%–79%					
		> 80%					
Proportion of malnourished children		>9					
		5-9%					
		<5%					
Percent of low birth weight		< 49%					
		50%–79%					
		> 80%					
Number of nutrition-sensitive public works conducted		<10					
		10-20					
		>20					
Percent of PSNP HHs with pregnant women attending antenatal care		< 49%					
		50%–79%					
		> 80%					

Number of groups established and supported for poultry production and distribution	0						
	1						
	2						
Number of fruit seedling centers established and supported	0						
	1						
	2						
Number of nutrition best practices documented and scaled up	0						
	1						
	2						
Percent of health institutions with functional water facility	< 49%						
	50%–79%						
	> 80%						
Percent of schools with functional water facility	< 49%						
	50%–79%						
	> 80%						
Number of small-scale irrigation schemes developed	0						
	1						
	2						

### 3. REGION LEVEL (coordination)

Core nutrition indicator	Annual plan	Performance level	Q1	Q2	Q3	Q4	Remark
Percent of sector ministries with nutrition unit/focal person	9	< 49%					
		50%–79%					
		> 80%					
Percent of sector ministries with nutrition plan		< 49%					
		50%–79%					
		> 80%					
Number of nutrition advocacy sessions/year	20	None					
		1					
		> 1					
Number coordination meetings conducted		None					
		1					
		> 1					
Percent of sector plans reviewed and feedback provided		<49%					
		50%–79%					
		> 80%					
Percent of sector ministries with budget allocated for nutrition		> 80%					
		50%–79%					
		> 80%					

#### 4. REGION LEVEL (Program implementation)

Core nutrition indicator	Annual plan	Performance level	Q1	Q2	Q3	Q4	Remark
Percent of low birth weight	9	< 49%					
		50%–79%					
		> 80%					
proportion of malnourished children		>9					
		5-9					
		<5					
Percent of food fortification-related standards and regulations prepared and endorsed	20	< 49%					
		50%–79%					
		> 80%					
Percent of primary schools implementing health and nutrition packages		<50%					
		50-80%					
		>80					
Percent of eligible schools that undertook biannual deworming program		< 49%					
		50%–79%					
		> 80%					
Percent of school-going adolescents receiving iron folate		< 49%					
		50%–79%					
		> 80%					
Percent of PSNP HHs with pregnant women attending antenatal care		< 49%					
		50%–79%					
		> 80%					
Number of poultry hatching centers established		0					
		1					
		2					
Number of fruits seedling centers established		10					
		11-20					
		>20					

#### 5. FEDERAL LEVEL (coordination)

Core nutrition indicator	Annual plan	Performance level	Q1	Q2	Q3	Q4	Remark
Percent of sector ministries with nutrition unit/focal person	9	< 49%					
		50%–79%					
		> 80%					
Percent of sector ministries with nutrition plan		< 49%					
		50%–79%					
		> 80%					
Number of nutrition advocacy sessions/year	20	None					
		1					
		> 1					
Number of coordination meetings conducted		None					
		1					
		> 1					
Percent of sector plans reviewed and feedback provided		< 49%					
		50%–79%					
		> 80%					
Percent of sector ministries with budget allocated for nutrition		> 80%					
		50%–79%					
		> 80%					

**6 (a) FEDERAL LEVEL (program)**

Core nutrition indicator	Annual plan	Performance level	Q1	Q2	Q3	Q4	Remark
Percent of low birth weight	9	< 49%					
		50%–79%					
		> 80%					
proportion malnourished children		5					
		5-9					
		>9					
Percent of food fortification-related standards and regulations prepared and endorsed	20	< 49%					
		50%–79%					
		> 80%					
Proportion of primary schools that implemented health and nutrition packages		50					
		50-80					
		>80					
Percent of eligible schools that undertook biannual deworming program		< 49%					
		50%–79%					
		> 80%					
Percent of school-going adolescents receiving iron folate		< 49%					
		50%–79%					
		> 80%					
Percent of PSNP HHs with pregnant women attending antenatal care		< 49%					
		50%–79%					
		> 80%					
Number of poultry hatching centers established		<10					
		11-20					
		>20					
Number of fruit seedling centers established		<10					
		11-20					
		>20					

## 6 (b) FEDERAL LEVEL (operational)

Core nutrition indicator	Annual plan	Performance level	Q1	Q2	Q3	Q4	Remark
Percent of health institutions with functional water facility		< 70%					
		70%–90%					
		> 90%					
Percent of schools with functional water facility		< 70%					
		70%–90%					
		> 90%					
Proportion of with small-scale irrigation schemes developed		<50%					
		50-80%					
		>80%					
Percent of quality of imported foods controlling mechanism developed		< 49%					
		50%–79%					
		> 80%					
Percent of food industries licensed after physical, chemical, nutritional, and hygienic parameters checked		< 49%					
		50%–79%					
		> 80%					
Percent of food industries that have undergone conformity assessment		< 49%					
		50%–79%					
		> 80%					
Percent of nutrition messages transmitted in government media		< 49%					
		50%–79%					
		> 80%					

## 5.2.2 An additional tool for assessing the effectiveness of multisectoral coordination

In Chapter 1, five principles were introduced to ensure strong multisectoral coordination. Each of the five principles has indicators used to assess effectiveness and change over time of the multisectoral coordination. For example, the first principle, “common vision,” has five indicators. Each indicator for this principle is assigned a maximum score of 2, which adds up to 10. During the assessment, evaluators give each indicator a score of between 0 and 2. The second principle has four indicators, and the assigned weight varies by indicator. It should be noted that the weights are arbitrary and could change depending on circumstances.

**Table 12. Checklist for assessing effectiveness of multisectoral collaboration**

1. Common vision and Effective Communication		Max score	Baseline (start of collaboration)	Midline	End line
1.1	Have multisectoral partners developed/adopted a common vision through MoUs or other implementation agreements?	2			
1.2	Have efforts been made to familiarize partners with the NNP objectives, indicators, reports, and other milestones?	2			
1.3	Is there a high frequency of communication between sectors using available means of communication (e.g., email, phone, periodic meetings, ad hoc meetings, working groups)?	2			
1.4	Have members participated in Steering and Technical Committee meetings on a regular basis as per MoU?	2			
1.5	Do Steering and Technical Committee meetings occur as planned?	2			
Total		10			
2. Defined Roles/Responsibilities and Continuity of Relationships					
2.1	Do sectors have clearly defined joint-implementation roles and responsibilities through MoUs (or other agreed documents)?	3			
2.2	Do sectors prepare implementation work plans jointly at federal/regional/woreda levels?	3			
2.3	Have sectors received practical, advisory, financial support?	2			
2.4	Have transition and handovers of tasks occurred smoothly and as specified in the MoU?	2			
Total		10			
3. Accountability and Joint Decision-making					
3.1	Are accountability mechanisms clear to all sectors as laid out in the MoU?	2			
3.2	Are mechanisms to monitor accountability during Steering and/or Technical Committee meetings put in place?	2			
3.3	Are working groups established to improve accountability and effectiveness?	2			
3.4	Are decision-making processes participatory and consultative?	2			
3.5	Have partners received fast response for decisions requiring multi-level involvement (federal, regional, zonal, woreda)?	2			
Total		10			
4. Supportive Environment and Feedback Mechanisms					
4.1	Are Steering and Technical Committee meetings supportive (e.g., little or no pressure/tension)?	4			
4.2	Are meetings conducted in an environment of mutual trust and respect, and do they facilitate discussion of different points of view?	3			
4.3	Are minutes of Steering Committee Technical Committee meetings kept?	3			
Total		10			
5. Innovation and Knowledge-share					
5.1	Are there mechanisms for information and knowledge sharing?	3			
5.2	Are participants in joint knowledge-share forums chosen through a transparent process and need based?	3			
5.3	Are there institutions that promote innovation?	2			
5.4	Are new technologies and best practices shared?	2			
Total		10			

Source: AKLDP/USAID, 2016



It is recommended that three assessments are made—baseline, midline, and end line. The data can be analyzed using spider web, with each ring in the web representing the baseline, midline, and end line situation. A shift outward is an indication of improved multisectoral coordination compared to the baseline. A shift inward is an indication of weakened/deteriorating multisectoral coordination. Example 5 is an illustration of these scenarios.

Example 5: An assessment of NNP II multisectoral coordination- A hypothetical example

This example is based on a draft report of the review of USAID Feed the Future collaboration with Government of Ethiopia Agriculture Growth Program.

The sub-criteria (1.1–1.5) are scored as shown in the example below and aggregated for the principal criteria (i.e., common vision). This is done for all the principal criteria in Table 9. Those data are then translated into a spider web using a simple Excel program (see Figure 5). The hypothetical example shows an improvement of multisectoral coordination over time.

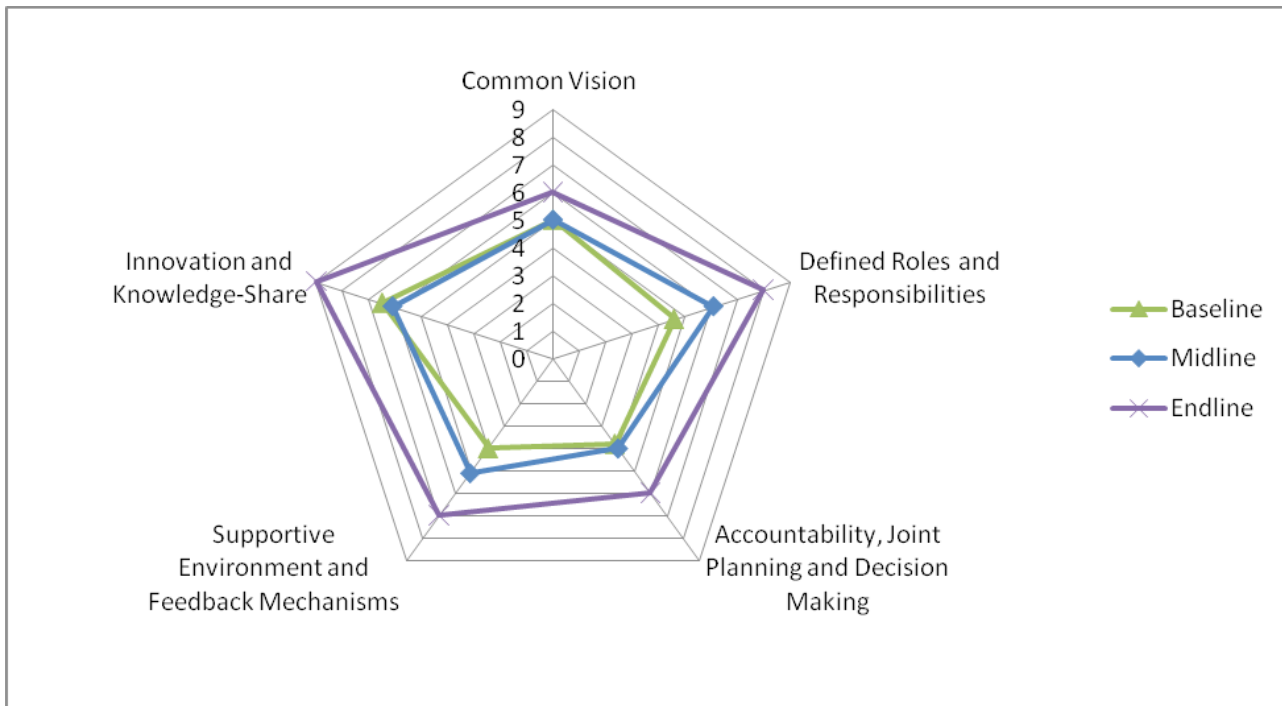
**Table 13. Scoring collaboration criteria I**

1. Common Vision and Effective Communication	Max score	Baseline (start of collaboration)	Midline	End line
1.1 Have multisectoral partners developed/adopted a common vision through MoUs or other implementation agreements?	2	1	1	1.5
1.2 Have efforts been made to familiarize partners with the NNP objectives, indicators, reports, and other milestones?	2	1	1	1.5
1.3 Is there a high frequency of communication between sectors using available means of communication (e.g., email, phone, periodic meetings, ad hoc meetings, working groups)?	2	1	1	1.25
1.4 Have members participated in Steering and Technical Committee meetings on a regular basis as per MoU?	2	1	1	1
1.5 Do Steering and Technical Committee meetings occur as planned?	2	1	1	0.75
Total	10	5	5	6

**Table 14. Scoring collaboration criteria II**

Principal criteria	Baseline	Midline	End line
1. Common Vision and Effective Communication	5	5	6
2. Defined Roles and Responsibilities	4.6	6.1	8
3. Accountability, Joint Planning, and Decision-Making	3.8	4	6
4. Supportive Environment and Feedback Mechanisms	4	5.1	7
5. Innovation and Knowledge-Share	6.5	6.1	9

Figure 5. An assessment of NNP II multisectoral coordination—a hypothetical example



# GLOSSARY OF KEY TERMS USED IN THE GUIDELINE



These terms are compiled from various sources, including FIVIMS/FAO (2002); HTF (2003), cited in Todd Benson, 2008 and UN Standing Committee on Nutrition 2013.

**Food security:** Access to sufficient and quality food at all times to lead a healthy and productive life.

Food and nutrition security: Food and nutrition security exists when all people at all times have physical, social, and economic access to food, which is consumed in sufficient quantity and quality to meet their dietary needs and food preferences, and is supported by an environment of adequate sanitation, health services, and care, allowing for a healthy and active life.

**Hunger:** People experience the sensation of hunger when they lack the basic food intake necessary to provide them with the energy and nutrients for active lives. Hunger principally refers to inadequate consumption of the macronutrients, carbohydrates in particular, and, when involuntary, is an outcome of food insecurity. All involuntarily hungry people are food insecure, but not all food-insecure people are hungry.

**Malnutrition:** Malnutrition is a physical condition or process that results from the interaction of improper diet and illness. It is commonly reflected in excess morbidity and mortality in adults and children alike. Undernutrition and over nutrition are two forms of malnutrition.

**Nutrition-specific interventions:** These are interventions that directly address inadequate dietary intake or disease—the immediate causes of malnutrition. Nutrition-specific interventions are those identified in The Lancet series on maternal and child undernutrition (2008), including micronutrient supplementation, deworming, treatment of severe acute malnutrition and breastfeeding promotion, which directly addresses dietary intake and disease for infants.

**Nutrition-sensitive interventions:** Interventions or development efforts that, within the context of sector-specific objectives, also aim to improve the underlying determinants of nutrition (adequate food access, healthy environments, adequate health services, and care practices), or aim at least to avoid harm to the underlying or immediate causes, especially among the most nutritionally vulnerable populations and individuals.

**Nutritional status:** The physiological condition of an individual that results from the balance between nutrient requirements and intake and the ability of the body to use these nutrients.

**Over nutrition:** Over nutrition is malnutrition caused by an excess of certain nutrients (such as saturated fats and added sugars) in combination with low levels of physical activity that may result in obesity, heart disease, and other circulatory disorders, diabetes, and similar diseases. Although most individuals suffering from over nutrition are food secure, they do not enjoy nutrition security. Most malnourished individuals in developing countries are undernourished, but problems of over nutrition are also present and increasing.

**Undernutrition:** Undernutrition is malnutrition caused by inadequate food intake or poor absorption or biological use of nutrients consumed because of illness, disease, or nutrient imbalance. In addition to an absolute deficit in food intake, undernutrition can result from imbalanced diets in which sufficient macronutrients are consumed (carbohydrates, fat, protein) but insufficient vitamins and minerals (in particular, the micronutrients iron, iodine, zinc, and Vitamin A), resulting in various physiological disorders and increased susceptibility to disease. Although most individuals suffering from undernutrition are food insecure, an individual or household can be food secure but undernourished. For example, an individual who is food secure but suffers from frequent and severe bouts of diarrhea is not able to use the food for growth and development and is experiencing undernutrition.

**Vulnerability:** The presence of factors that place people at risk of becoming food insecure or malnourished, whether from loss of access to food, improper nutritional care, or an inability to physiologically utilize available food because of infection or other disease.

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