

MAY 2020

Overcoming Challenges in Ethiopia's Nutrition Governance

Seife Ayele, Nicholas Nisbett and Elias Asfaw Zegeye

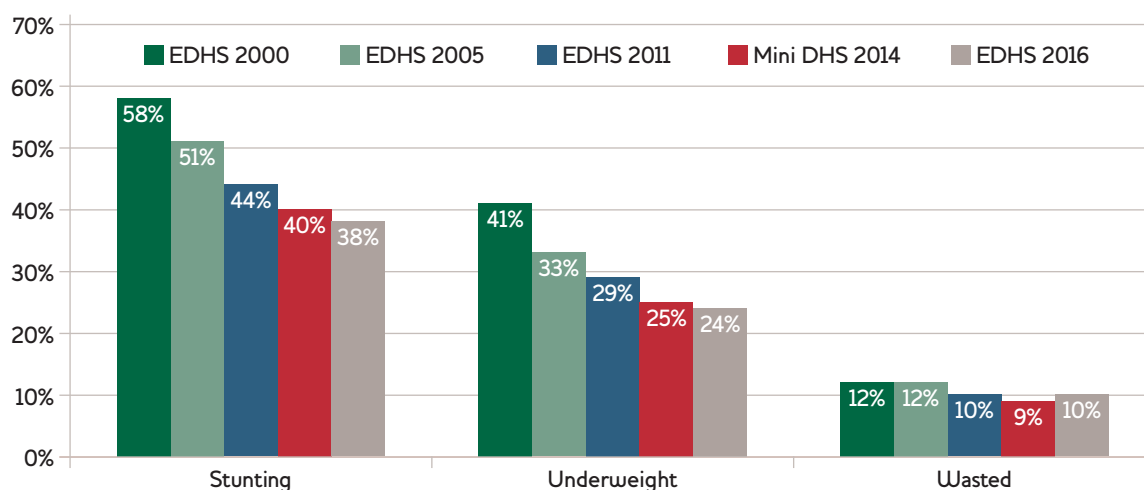
Reducing undernutrition¹ is crucial for Ethiopia's development. Ethiopia has implemented multi-sectoral nutrition programmes for over a decade, with some success. However, challenges remain in coordination and implementation of these programmes. Based on an in-depth study of the political economy challenges facing the country's nutrition governance structure, this policy briefing explores why nutrition governance has been ineffective. It makes recommendations for governance improvements that will accelerate Ethiopia's reduction in undernutrition, including the establishment of an independent and well-equipped nutrition governance agency.

Inadequate consumption of nutritious food constrains the physical and mental development of millions of individuals in Ethiopia. It adversely affects health and wellbeing, disrupts children's education and limits people's productivity. At a national level, undernutrition costs Ethiopia as much as 55.5 billion birr – or 16.5 per cent of its gross domestic product (GDP) – each year. Ethiopia's undernutrition rates rank among the highest in sub-Saharan Africa – and the world.

Reducing undernutrition is crucial for Ethiopia's social and economic development. Over the past 15 years Ethiopia has demonstrated robust

economic growth, with its economy continuing to grow at a respectable rate of 7.9 per cent in 2019. A series of Ethiopian Demographic and Health Surveys (EDHS) show significant progress achieved in reducing undernutrition (see Figure 1). For example, from 2000 to 2016 the proportion of children under the age of five (under-fives) who were underweight decreased from 41 per cent to 24 per cent, with stunting in this age group falling from 58 per cent to 38 per cent over the same time period. In addition, the percentage of women with anaemia reduced from 27 per cent in 2005 to 23 per cent in 2016.

Figure 1 Nutrition trends among Ethiopian children under the age of five, 2000–2016



Source: Authors' own, based on EDHS data.

¹ This briefing focuses on child undernutrition, including chronic (child stunting) and acute (child wasting) forms, as well as micronutrient deficiencies.

Overview of Ethiopia's nutrition governance structures

The Ethiopian government has recognised the complex causes and consequences of undernutrition. The government's high-level commitment to reduce undernutrition has manifested in a number of ways, including the design of a national nutrition strategy and programme since 2008. Ethiopia's second national nutrition programme (2016–20) aims to end hunger by 2030 and the 2015 Seqota Declaration pledges to end stunting in children under the age of two by 2030 (reducing from 38 per cent in 2016).

The institutional landscape for nutrition policy and practice has also been changing over the last decade, with a multi-sectoral nutrition governance structure aiming to provide oversight and coordinate programme design and implementation. As a result, a National Nutrition Coordination Body (NNCB) was set up in 2008. The NNCB – comprising state and non-state actors – is under the auspices of the federal Ministry of Health and currently chaired by the Deputy Prime Minister. It is supported by a number of technical committees, including a National Nutrition Technical Committee (NNTC). Regional and sub-regional nutrition governance structures have also been set up to mirror the national structure.

Despite these improvements, undernutrition remains high. For example, in 2016 the prevalence of stunting among under-fives was 38 per cent, and the prevalence of wasting was 10 per cent. Such staggeringly high undernutrition rates and associated costs stand as major barriers to Ethiopia achieving its ambitious goal of lower middle-income country status by 2025, as well as meeting its many international commitments such as the Sustainable Development Goals (SDGs) – including Goal 1 (no poverty) and Goal 2 (zero hunger) – by 2030.

Key findings

The study found that the Ethiopian government created an enabling environment for mobilising and sustaining action to reduce undernutrition. Going beyond the norms of government structures, Ethiopia's nutrition governance structure engaged bilateral and multilateral donors, CSOs, private sector actors and academia. Nutrition policy and

programme design also drew on relevant knowledge and evidence within and outside of Ethiopia. Over the past decade, the policy narrative shifted in Ethiopia from the historically dominant 'food security' to 'food and nutrition security'. The former ad hoc and reactive responses to droughts and famines had given way to an understanding of the complexity of undernutrition, its causes and consequences.

However, while there were positive developments to reduce undernutrition, Ethiopia's efforts have been ineffective in four critical areas:

1. Ineffective multi-sectoral nutrition coordination

Coordination under the federal Ministry of Health – and regional bureaux of health – has not been working, due to:

- **Lack of accountability** – Nutrition leaders, partners and implementers jointly develop action plans at federal and regional levels. However, there is no mechanism to make implementers accountable for their actions, inactions and outcomes. The Minister of Health (nationally) along with heads of health bureaux (regionally) leads on coordination, but is at the same level of political hierarchy as other members of the coordination committees. This means leaders do not have power to hold implementers accountable.
- **Lack of ownership** – Many members of the national and regional nutrition coordination bodies still regard nutrition as supplementary to their other activities, or the responsibility of the health ministry or bureaux. As a result, members often fail to proactively drive programme implementation.
- **Perception of bias** – Nutrition coordination units at both the federal Ministry of Health and the regional bureaux of health are perceived as biased in favour of their own interventions, which tend to focus on technical health solutions rather than developmental nutrition approaches (such as producing and consuming nutritious food). This means some committee members either show resentment or withhold their effective participation.

About the research

This study explored the major political economy challenges that Ethiopia faces in nutrition policy and programme design, coordination and implementation. Supported by Irish Aid, the research considered the root causes of governance problems and how these may be addressed.

The methodology included reviewing and synthesising information from academic literature on nutrition in Ethiopia. The study also drew on empirical data generated from 42 interviews conducted during 2018–19 with individuals working on nutrition governance at both federal and regional level, including members of the NNCB and NNTC, and representatives of donors, civil society organisations (CSOs) and the private sector. The researchers also conducted a deep-dive study of two interventions, the Sustainable Undernutrition Reduction in Ethiopia programme and the national food fortification programme.

- **Narrow perspectives and limited resources** – The secretariats of nutrition coordination structures at both federal and regional levels sit within the ministry or bureaux of health. These teams tend to take a health-focused approach and lack a multi-sectoral perspective, hindering the creation of vertical and horizontal synergies between different sectors and actors. In addition, the secretariats of the coordinating units are insufficiently equipped in terms of staff and budget to effectively coordinate complex activities.

2. Low policy priority of multi-sectoral nutrition programme implementation

Many nutrition programmes planned for 2016–20 – including flagship initiatives – started slowly, and a few had failed to start at all by 2018. The slow process of drawing up and implementing plans, and inadequate capacity to deliver nutrition initiatives, meant that nutrition programmes were given low priority. With a few exceptions, mainstreaming nutrition among all relevant ministries and bureaux has not been completed; by 2018 more than half of the ministries did not have case teams to lead on nutrition.

Nutrition programme implementation has not been backed up by sufficient number and quality of personnel and financial resources. While growing, the level of budget allocated to nutrition is also limited and overly dependent on donor funding. Finally, as undernutrition is a silent problem (with many families suffering from undernutrition being unaware of the issue) those affected lack agency to push for nutrition programmes to be implemented as a priority. Consequently, other competing priorities often prevail over the nutrition agenda, which is then postponed to another time – which never comes.

Following persistent calls, the national nutrition policy was developed and adopted in 2019. However, to date it has not been implemented to address multi-sectoral governance and accountability issues.

3. Low investment in nutrition programmes

Ethiopia is overburdened by the high cost of undernutrition. Despite this, key government institutions – including the Ministry of Finance – are barely monitoring nutrition targets or providing investment incentives towards reducing undernutrition. However, it is clear that without adequate and sustained investment in good nutrition, Ethiopia's commitment to international targets – including those under the SDGs – will not be realised.

4. Lack of consensus on internal and external framing of food and nutrition security

Not all of Ethiopia's nutrition actors have reached a consensus on the causes of, and solutions to, undernutrition. This is due to:

- **An uninformed narrative about nutrition** – Over the past five years, 'food and nutrition security' has become an official development narrative of Ethiopia and has been embedded into Ethiopia's Growth and Transformation Plan II (covering 2015–20). However, this study found that among bureaucrats in a number of government organisations there exists a view that nutrition is about

preparing food (such as cooking *wot* – a sauce to eat *injera* with) rather than its nutritional content. This perspective reflects the poor understanding and awareness of the causes and consequences of undernutrition.

- **Conflicting perspectives among programme donors**

– A divergence in perspective prevails among some donors who actively participate in nutrition programme development and implementation. Some prioritise health-specific interventions, while others advocate for broadening dietary options to reduce undernutrition.

While a lack of awareness about undernutrition and conflicting perspectives are not openly visible, they nonetheless persist and adversely affect programme design, coordination and implementation. Despite this, nutrition programme coordinators have not established clear lines of communication with core donors and stakeholders. This means some donors continuously revise their positions and sometimes struggle to decide when and where to allocate funding – reducing funding flows for implementation.

Policy recommendations

To reduce Ethiopia's high undernutrition rates, the current challenges in the country's nutrition governance structures must be urgently overcome. Nutrition actors in Ethiopia, including relevant government policymakers, donors, CSOs and the private sector should consider the following recommendations.

1. Create and empower an independent multi-sectoral nutrition coordination agency to translate nutrition strategy and programmes into action and outcomes.

Federal and regional governments should:

- Urgently implement the new national nutrition policy and create an independent multi-sectoral nutrition coordination agency at the federal, regional and sub-regional levels.
- Equip these new coordination bodies with the resources they need to be effective – a diverse team who bring multi-disciplinary perspectives and sufficient budget for coordination.
- Establish data/information frameworks to monitor progress and ensure accountability.

2. Prioritise implementation of nutrition programmes alongside other competing policy priorities.

All relevant ministries and regional bureaux – working with stakeholders such as CSOs – should:

- Strengthen and/or create well-functioning nutrition case teams and allocate requisite budgets, office premises, etc. at the federal, regional and grass-roots levels.
- Ensure that nutrition indicators are built into national, sectoral and regional plans and that individuals' nutrition developments are regularly monitored.
- Increase and improve training opportunities for staff at higher education institutions to create a sustainable pipeline of skilled professionals to implement programmes.

- Improve general awareness and education about nutrition by working with media and other communications platforms.
- 3. Increase funding for nutrition programme implementation and capacity development.** The federal Ministry of Finance and its development partners should:
- Ensure nutrition programmes have sufficient resources.
 - Closely monitor nutrition activities and progress towards national and international nutrition targets, such as the SDGs.
 - Provide investment incentives – including to the private sector – to ensure programme investment is adequate and sustained.

4. Align different perspectives and policies on nutrition.

Donors and nutrition governance bodies should:

- Establish facts – based on up-to-date data that is disaggregated by gender and other relevant factors – on the drivers of undernutrition so that all relevant actors have consistent information.

- Build consensus on reducing undernutrition, aligning priorities to focus on the most impactful interventions.
- Improve coordination of donor-supported programmes between federal and regional state actors.
- Identify and support nutrition leaders at all levels through:
 - Organising domestic and international educational retreats and visits; and
 - Developing a virtual platform where leaders can find up-to-date information about nutrition.

5. Ensure nutrition programmes and projects start and finish on time.

Implementing ministries and regional bureaux should:

- Strengthen and train programme leaders so they are empowered to start and complete pilot programme implementation on time, and scale-up successful programmes.

Further reading

Ayele, S.; Zegeye, E.A. and Nisbett, N. (2020) *Multi-Sectoral Nutrition Policy and Programme Design, Coordination and Implementation in Ethiopia*, Brighton: IDS

Federal Democratic Republic of Ethiopia (2016) *National Nutrition Program II: 2016–2020*, Addis Ababa: Federal Democratic Republic of Ethiopia

Federal Democratic Republic of Ethiopia (2013) *The Cost of Hunger in Ethiopia: Implications for the Growth and Transformation of Ethiopia – The Social and Economic Impacts of Child Undernutrition in Ethiopia*, Addis Ababa: Federal Democratic Republic of Ethiopia

Nisbett, N.; Gillespie, S.; Haddad, L. and Harris, J. (2014) ‘Why Worry about the Politics of Childhood Undernutrition?’, *World Development* 64: 420–33



Led by IFPRI

This policy briefing was written by **Seife Ayele**, **Nicholas Nisbett** and **Elias Asfaw Zegeye** and edited by **Sarah Nelson**. It was produced as part of the Programme Partnership between Irish Aid and IDS on Social Protection and Food Security and Nutrition.

The strategic partnership between Irish Aid and Institute of Development Studies focuses on social protection, food security and nutrition. The collaboration brings together research and capacity development with policy, programmatic and influencing know-how to support action that more effectively reduces poverty and injustice. The aim of the partnership is to combine cutting edge evidence and learning to support implementation of Ireland’s policy for international development, A Better World.

This paper has been produced thanks to funding by Irish Aid from the Government of Ireland.

Nicholas Nisbett’s work was part funded by the CGIAR Research Program on Agriculture for Nutrition and Health (A4NH).

The opinions expressed here belong to the authors, and do not necessarily reflect those of Irish Aid, A4NH or CGIAR.

© Institute of Development Studies 2020

This is an Open Access paper distributed under the terms of the Creative Commons Attribution Non Commercial 4.0 International licence (CC BY-NC), which permits use, distribution and reproduction in any medium, provided the original authors and source are credited, any modifications or adaptations are indicated, and the work is not used for commercial purposes. <http://creativecommons.org/licenses/by-nc/4.0/legalcode>

ISBN: 978-1-78118-631-2

IDS is a charitable company limited by guarantee and registered in England (No 877338).

Institute of Development Studies, Brighton BN1 9RE UK

T +44 (0) 1273 606261 E ids@ids.ac.uk W www.ids.ac.uk twitter.com/IDS_UK facebook.com/idsuk

Irish Aid

T +353 (1) 408 2000 W www.irishaid.ie [@Irish_Aid](https://twitter.com/Irish_Aid)