

Cross-Sectoral Co-ordination and Agriculture-Nutrition Linkages in Ethiopia



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A key issue in promoting improved nutritional outcomes is the institutional structure which supports or constrains multi-sectoral collaboration. There is widespread recognition that such collaboration is important, given the multiple causes of under-nutrition (Benson 2011). However, Government bureaucracies are not always well organised to facilitate such collaboration, and there is still a tendency to give the nutrition mandate to a single sector – usually the health sector – as a result of which other important sectors tend to give nutrition only secondary attention. There can be a number of constraints which hinder effective implementation even of well-formulated plans. One relevant issue is the role of front-line workers who can have a significant influence on whether policy is effectively implemented or not.

This brief is based on exploratory research in Tigray Region and East Hararghe Zone. The research focused on issues influencing implementation of agriculture-nutrition actions, particularly at lower levels. Findings from the research can inform on-going development of institutional structures and arrangements to implement nutrition-sensitive components of Ethiopia's National Nutrition Strategy.

Key issues in multi-sectoral collaboration

Effective nutrition interventions require a multi-sectoral approach, but such approaches are inherently complex and there is a “...lack of clear evidence-based guidance on how to do [it]” (Webb et al 2013). Pelletier et al (2012) studied nutrition policy formulation and implementation in five countries. In relation to multi-sectoral approaches, they found limited trained staff and infrastructure, weaknesses in horizontal and vertical co-ordination, and limited performance capacity and workload capacity.

Even where a multi-sectoral strategy exists, as in Ethiopia, it may be hard to implement: Carroll et al (2007) refer to implementation fidelity – the extent to which programmes are implemented as intended. They recognise four types of moderators which might cause programmes to deviate from intended paths: intervention complexity, facilitation strategies, quality of delivery, and participant responsiveness. An important aspect of quality of delivery is the capacity and commitment of frontline workers, who are the most immediate point of contact with communities. If these workers are poorly trained, have limited resources, and lack motivation or co-ordination, then even the most well-designed strategy is likely to fall short of its aims.

Three broad areas can be highlighted which appear relevant to the effectiveness of implementation: institutional or organisational arrangements; the awareness, attitudes and commitment of personnel; and resources.

In relation to institutional arrangements, there are different ways of working multi-sectorally. Garrett, Kadiyala and Kohli (2014) present a continuum of degrees of multi-sectoral collaboration, distinguishing between line functioning, networking, cooperation/coordination, collaboration, and integration. In assessing the extent of collaboration and how effective it is, it is important to make assessments at different levels, particularly those levels – usually lower administrative levels – where implementation takes place.

Figure 1 shows the continuum of sectoral involvement and adds a third dimension representing the administrative level at which collaboration does or does not occur.

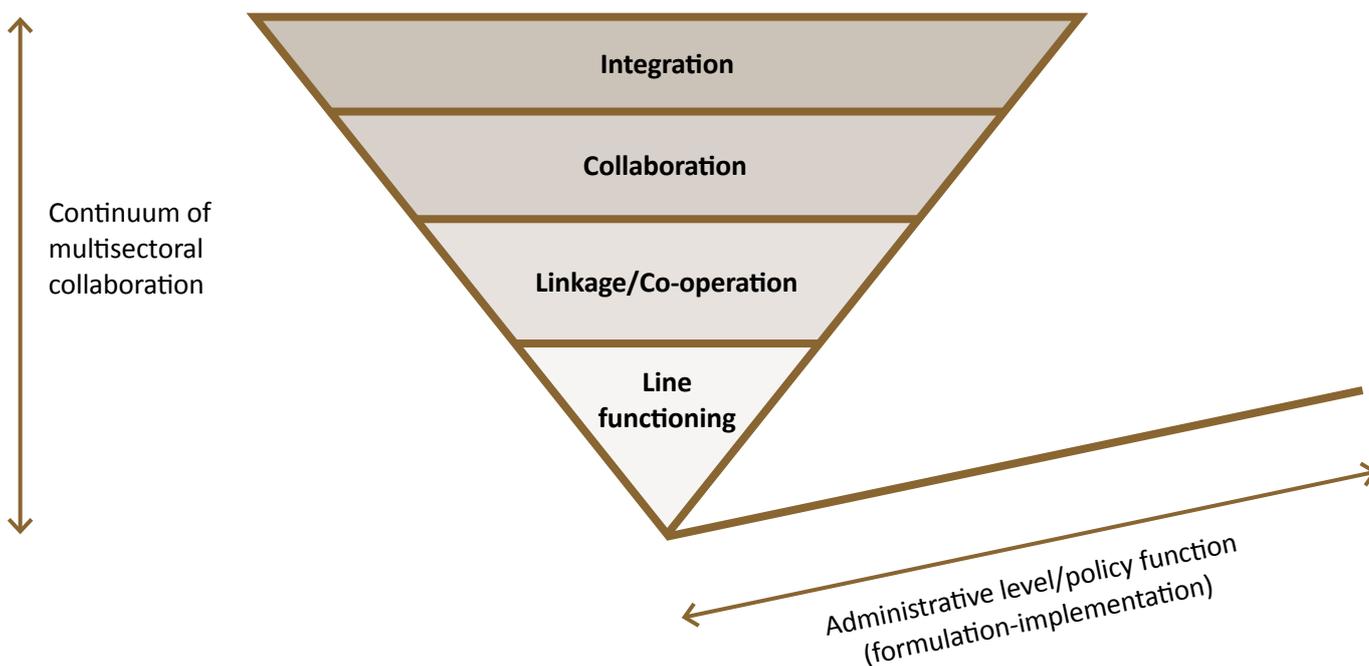


Figure 1. Continuum of multi-sectoral collaboration at different administrative levels

(adapted from Harris and Drimie (2012); Garrett, Kadiyala and Kohli (2014)).

Methods

This research used qualitative approaches to elicit views of respondents - mostly Government staff - working at different administrative levels in sectors relevant to addressing nutrition. Five broad areas were addressed: understandings of the nature of under-nutrition and its causes in their area; institutional responsibilities for nutrition; activities of institutions/organisations in addressing nutrition; extent of cross-sectoral collaboration; constraints to effective action. In both areas, three woredas were selected, and within each woreda, four kebeles selected: selection was primarily based on high levels of food insecurity. Respondents were from Bureaus of Agriculture and Health at all levels, and from the Bureaus of Women's Affairs and Water, Mining and Energy at higher levels (woreda and above).

Understandings of the causes of under-nutrition

Responses on causes of under-nutrition fall into two broad categories: structural factors and attitudinal factors. Structural factors include overall poverty, small landholding size, conflict, and drought: the latter was particularly referred to in Tigray, and the other causes in East Haraghe. Attitudinal factors include a number of references made in both areas to "lack of knowledge", "lack of awareness", "attitude problems", and "the culture."

Behind some of these broader statements were some more specific observations, particularly in East Hararghe. There is a widespread view that "people don't give much value for nutritious foods": households still rely on sorghum as the sole staple crop, and otherwise prefer to grow cash crops, including khat. A number of respondents referred to women having limited time to care for children because they are engaged in khat trading. Some respondents in both areas also referred to problems of poor water quality, poor sanitation and disease.

Who addresses nutrition, and what do they do?

In both areas, the health sector is regarded as the lead sector in addressing nutrition. Most respondents also mentioned key sectors that are or should be involved: particularly agriculture, the Disaster Prevention and Preparedness Office, women's affairs, and water. Some NGOs and UN agencies were also mentioned. The health sector implements nutrition-related activities through two major programmes, community-based nutrition, and therapeutic feeding. The former is a preventive programme, while the latter is targeted to malnourished people.

The agriculture sector is clearly an important sector in nutrition, but its main focus continues to be on increasing productivity to achieve food security – which is taken to mean having enough cereals to meet immediate household needs. The Bureau of Women’s Affairs should be a key actor in implementing nutrition-related activities, but actual involvement appears to be relatively limited in both areas, and most respondents in the Bureau did not view women’s nutrition as a top priority.

Does multi-sectoral collaboration happen in practice?

In East Hararghe, respondents were very clear that collaboration primarily happens to tackle food crises; whereas in Tigray the majority view was that collaboration took place both to deal with emergencies and for long-term development. In both areas, structures were established in 2013 to plan for the implementation of the National Nutrition Strategy: all key sectors are included in Regional/Zonal structures. However, by late 2014 in Tigray, although a Regional Nutrition Board and Technical Committee were set up, the implementation plan had still not been approved; in East Hararghe a Task Force had been set up, but its role was more focussed on information sharing and co-ordination during food crises.

In terms of the continuum of multi-sectoral collaboration, agencies in Tigray engage in a structured way in networking and co-operation/co-ordination in relation to both short-term and longer-term activities; while in East Hararghe co-operation/co-ordination takes place around emergencies. Many respondents in East Hararghe stated that Development Agents focus on increasing productivity rather than on nutrition security.

In Tigray, collaboration tended to be associated with regular holding of meetings, the existence of a cross-sectoral committee or team charter to guide activities, and continuous follow-up and evaluation. These are indirect indicators of collaboration which do not guarantee improved nutritional outcomes.

Constraints to Collaboration

Constraints to collaboration fall into three categories: institutional/organisational, attitudinal/awareness, and resources.

In East Hararghe Zone the lack of cross-sectoral collaboration was noted by most respondents. Nutrition is still seen as the responsibility of the health sector, while the responsibility of the agriculture sector is still primarily to increase productivity. This view was also expressed in Tigray, although to a lesser extent.

There is also widespread lack of awareness of key issues in nutrition, and limited sensitisation efforts to enhance knowledge of nutrition in other sectors. Many Development Agents continue to equate nutrition security with food security. Also, farmers were perceived to lack knowledge on nutrition, but many Health Extension Workers and Development Agents felt they lacked communication skills to change attitudes.

There are also resource constraints. Budgets are limited: there do not appear to be additional budget allocations for nutrition, except to employ additional Home Economists in the agriculture sector (one in each Region/Zone and woreda). There are also human resource constraints: most staff have limited knowledge on nutrition, and there is no common training to enhance knowledge and skills. There are also other constraints such as high staff turnover, and lack of transport.

Conclusions and Recommendations

The research found some evidence that implementation of the 2013 National Nutrition Programme is starting to develop, and has elements of a multi-sectoral approach. There are still constraints to effective implementation however. The following are recommendations to improve implementation.

- Invest more in developing a shared understanding of the multiple causes of under-nutrition, to achieve greater “buy-in” by relevant personnel. This is likely to take time and many multi-sectoral interactions, such as stakeholder dialogues and workshops. Shared understanding should lead to shared ownership of the nutrition challenge.
- Develop systems and structures that are dynamic rather than highly bureaucratic, in order to encourage lateral as well as top-down leadership.
- Develop greater understanding of the constraints faced by households. These constraints - generally related to lack of income - largely explain why households sell nutritious foods rather than consuming them: it is not just lack of awareness.
- Use strong gendered approaches. Women are central to their own and their children’s nutrition. Applying a gendered approach would help deepen understanding of issues related to nutrition and ensure that the overall approach is not based solely on technical solutions.
- Provide more resources, for capacity building, transport, and possibly additional staff.
- Promote results-based approaches where implementation is measured in terms of improved nutritional outcomes. Incentive systems may be needed that promote multi-sectoral collaboration.

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