



February 2022

# Baseline Inception Report

## Ethiopia

Consolidated report of the country baseline study, Theory of Change validation and results framework by Right2Grow partners.

# Contents

## Preface & About Right2Grow

1. Baseline study report
2. Capacity & learning assessment report
3. Theory of Change validation document
4. Results framework

# Preface

We proudly present this baseline inception report for Ethiopia which we conducted for the Power of Voices Strategic Partnership Right2Grow. The five-year Right2Grow programme strengthens Civil Society Organisations (CSOs) to amplify the voices of communities to improve access to WASH and nutrition services in Bangladesh, Burkina Faso, Ethiopia, Mali, South Sudan and Uganda, so that every child can reach its full potential.

“By strengthening civil society, we believe that local communities can get to zero under- nutrition and zero people without access to basic WASH.”

We would like to thank all international and national partners for their contributions to this report. It has been a challenging process in times of the global COVID-19 pandemic to coordinate the research and to collect, organise and analyse the data and jointly reflect on the results. This process was largely driven and owned by the country consortium, with support from a team of experts from our global partners. Importantly, the selection, hiring and general coordination of the external consultant was done nationally to ensure local ownership.

## Reading guide

The baseline inception report of Right2Grow Ethiopia consists of the following sections:

1. Baseline study report

This is the baseline study conducted by an external national consultant who also is the author of this report. It analyses the data collected in Ethiopia on a selection of the basket indicators as provided by the Ministry of Foreign Affairs (SCS-indicators), complemented with several other indicators formulated by the Right2Grow consortium. It also includes the country specific political and economic context information. Although the external consultant is the author of the report, the data collection for the baseline also involved Right2Grow partners, in some cases supported by local enumerators.

2. Capacity & learning assessment report

This assessment at country level was conducted by the Right2Grow global mutual capacity development & linking and learning teams. The report is the foundation for validation and prioritization dialogues with partners about their agendas for capacity strengthening, including technical skills and organizational development, and linking and learning in 2022 and beyond. These dialogues provide the capacity milestones for monitoring and evaluation at midterm and the end of the programme (SCS-indicator 5).

3. Theory of Change validation document

This is an assessment of the original country level Theory of Change in which the country consortium validated the different outcomes and pathways that are presented to lead to the envisioned impact of Right2Grow in Ethiopia.

4. Results framework

This is the overview of the indicators of Right2Grow with the baseline values, and preliminary targets for the SCS-indicators. The establishment of baseline values and targets in this framework is based on the baseline study report combined with the results of validation and planning activities jointly conducted by all consortium partners. Please note that this framework only includes the basket indicators from the Ministry of Foreign Affairs (SCS indicators), while a more elaborated country level framework with intermediate results and outputs has been developed for internal monitoring & evaluation purposes.

## Validation of targets

It is important to note that the targets set in the results framework are preliminary. Although these targets are much clearer and more concrete than those of the first proposal, there is still need for further validation. First, there may be changes proposed by other stakeholders like CBOs and local government actors. Although the process of baseline reflection and target setting has been very inclusive – with all the international and national consortium partners – we could not engage all the external stakeholders yet.

Second, in the first months of 2022 Right2Grow will consult the Dutch Embassy in country about the baseline results and targets. Although the overall TOC is in line with their – last - multi-annual strategic plan, realignment may be needed, and the embassy's input to the targets will be valuable. Overall buy-in of all stakeholders will be essential because future decisions on certain aspects of activity planning and consequently budget allocations will be based on these targets among other things. Changes in targets, if any, shall be shared with the Ministry for approval, with the submissions of the 2021 annual report by May 1st 2022.

## About Right2Grow

In Ethiopia the Right2Grow consortium consists of the following partners:

- World Vision (lead partner)
- Gurage Development and Cultural Association (GDCA)
- Mothers and Children Multisectoral Development Organization (MCMDO)
- Organisation for Rehabilitation & Development in Amhara (ORDA)
- Max Foundation
- CEGAA
- Action Against Hunger
- The Hunger Project

More information:

- About Right2Grow in Bangladesh: <https://right2grow.org/en/where-we-work/ethiopia/>
- Country contact: Debelle Jebessa – Ethiopia consortium coordinator (Debelle\_Jebessa@wvi.org)
- Our global website: [www.right2grow.org](http://www.right2grow.org)
- Global contact: Jouwert van Geene – global partnership facilitator ([jouwert@right2grow.org](mailto:jouwert@right2grow.org))

### Strengthening local voices

Right2Grow believes that sustainable progress can only be achieved by working with local communities, especially women and other marginalised groups. Therefore, we invest in communities, community-based organisations, and civil society organisations to collect their own data and stories on nutrition and WASH. We help them hold their nearest relevant government officials to account for what is needed, planned, and (often not) delivered. We help build those stories into strong evidence to convince national and international leaders and officials to make better choices.

Visit [www.right2grow.org](http://www.right2grow.org) for partner stories

### Strengthening partnerships

Right2Grow strengthens partnerships between local communities and their governments to make a joint analysis of what is needed. They can then support local solutions for better nutrition and WASH. Additionally, Right2Grow links civil society organisations, the private sector, and all levels of government to bridge the gaps between them. Building on meaningful community involvement and ownership, we can scale up these solutions with an integrated and multisectoral approach.

Visit [www.right2grow.org](http://www.right2grow.org) for news and publications

# BASELINE SURVEY OF THE RIGHT2GROW ETHIOPIA PROJECT

Submitted to  
Right2Grow Consortium, Ethiopia

**Deep Dive Research and Consulting PLC**  
February, 2022



# **TABLE OF CONTENTS**

<b><u>1. BACKGROUND OBJECTIVES AND METHODS OF THE BASELINE SURVEY.....</u></b>	<b><u>13</u></b>
<b><u>1.1. BACKGROUND .....</u></b>	<b><u>13</u></b>
<b><u>1.2. OBJECTIVES AND METHODS .....</u></b>	<b><u>15</u></b>
<b><u>2. FINDINGS AND RECOMMENDATIONS FOR RIGHT TO GROW PROGRAMING</u></b>	<b><u>18</u></b>
<b><u>2.1. COMMUNITY CAPACITY GAP ASSESSMENT .....</u></b>	<b><u>18</u></b>
2.1.1. Findings of the Community Capacity Gap Assessment.....	18
2.1.2. Recommendations for R2G Programming.....	31
<b><u>2.2. POLICY AND STRATEGY REVIEW AND ANALYSIS .....</u></b>	<b><u>32</u></b>
2.2.1. Findings of the Policy and Strategy Review and Analysis .....	32
2.2.2. Recommendations for R2G Programming .....	45
<b><u>2.3. BARRIER ANALYSIS ON COMMUNITY NUTRITION AND WASH PRACTICES AND SERVICE UTILIZATION .....</u></b>	<b><u>46</u></b>
2.3.1. Findings of the Barrier Analysis on Community Nutrition and WASH practices and Service Utilization .....	46
2.3.2. Recommendations for R2G Programing .....	81
<b><u>2.4. SCOPING STUDY ON DONOR AND INTERNATIONAL ACTORS' COLLABORATION INITIATIVES AND HUMANITARIAN AND DEVELOPMENT LANDSCAPE ANALYSIS .....</u></b>	<b><u>83</u></b>
2.4.1. Findings of the Scoping Study.....	83
2.4.2. Recommendations for R2G Programming.....	93
<b><u>2.5. STAKEHOLDER MAPPING AND ANALYSIS .....</u></b>	<b><u>93</u></b>
2.5.1. Findings of the Stakeholder Mapping and Analysis Study.....	93
2.5.2. Recommendations for R2G Programming .....	102
<b><u>2.6. PRIVATE SECTOR LANDSCAPE ANALYSIS .....</u></b>	<b><u>103</u></b>
2.6.1. Findings of Private Sector Landscape Analysis .....	103
2.6.2. Recommendations for R2G Programing .....	120
<b><u>2.7. COORDINAITON GAP ANALYSIS .....</u></b>	<b><u>121</u></b>
2.7.1. Findings of the Coordination Gap Analysis .....	121
2.7.2. Recommendations for R2G Programming.....	138
<b><u>ANNEX 1: DEFINITION OF KEY TERMS AND PHRASES .....</u></b>	<b><u>140</u></b>
<b><u>ANNEX 2: METHODS .....</u></b>	<b><u>142</u></b>

## ACRONYMS

<b>AGP</b>	<b><i>Agricultural Growth Program</i></b>
<b>APHI</b>	<b><i>Amhara Public Health Institute</i></b>
<b>ATA</b>	<b><i>Agricultural Transformation Agency</i></b>
<b>CCRDA</b>	<b><i>Consortium of Christian Relief and Development Associations</i></b>
<b>CIFF</b>	<b><i>Children's Investment Fund Foundation</i></b>
<b>CORHA</b>	<b><i>Consortium of Reproductive Health Association</i></b>
<b>CSO</b>	<b><i>Civil Society Organizations</i></b>
<b>CWA</b>	<b><i>Consolidated WASH Account</i></b>
<b>DFID</b>	<b><i>Department for International Development</i></b>
<b>DPG</b>	<b><i>Development Partners Group</i></b>
<b>DRM-ATF</b>	<b><i>Disaster Risk Management- Agriculture Task Force</i></b>
<b>ECSC-SUN</b>	<b><i>Ethiopian Civil Society Coalition for Scaling up Nutrition</i></b>
<b>EHCT</b>	<b><i>Ethiopia Humanitarian Country Team</i></b>
<b>EIAR</b>	<b><i>Ethiopia Institute of Agricultural Research</i></b>
<b>ENCU</b>	<b><i>Emergency Nutrition Coordination Unit</i></b>
<b>EOTC</b>	<b><i>Ethiopian Orthodox Tewahido Church</i></b>
<b>EPHI</b>	<b><i>Ethiopian Public Health Institute</i></b>
<b>EU</b>	<b><i>European Union</i></b>
<b>FAO</b>	<b><i>Food and Agricultural Organization</i></b>
<b>FGD</b>	<b><i>Focus Group Discussion</i></b>
<b>FNP</b>	<b><i>Food and Nutrition Policy</i></b>
<b>FONSE</b>	<b><i>Food and Nutrition Society of Ethiopia</i></b>
<b>GAC</b>	<b><i>Global Affair Canada</i></b>
<b>GAIN</b>	<b><i>Global Alliance for Improved Nutrition</i></b>
<b>GDCA</b>	<b><i>Guraghe Development and Cultural Association</i></b>
<b>GoE</b>	<b><i>Government of Ethiopia</i></b>
<b>GTN</b>	<b><i>Growth Through Nutrition</i></b>
<b>HAD</b>	<b><i>Health Development Army</i></b>
<b>HF</b>	<b><i>Health Facility</i></b>
<b>HPN</b>	<b><i>Health Population and Nutrition</i></b>
<b>IFPRI</b>	<b><i>International Food Policy Research Institute</i></b>
<b>KII</b>	<b><i>Key Informant Interview</i></b>
<b>MANTF</b>	<b><i>Multi-Agency Nutrition Task Force</i></b>
<b>MCMDO</b>	<b><i>Mothers and Children Multisectoral Development Organization</i></b>
<b>MoA</b>	<b><i>Ministry of Agriculture</i></b>
<b>MoH</b>	<b><i>Ministry of Health</i></b>
<b>MoLSA</b>	<b><i>Ministry of Labour and Social Affairs</i></b>
<b>MoU</b>	<b><i>Memorandum of Understanding</i></b>
<b>MoWCA</b>	<b><i>Ministry of Women and Child Affairs</i></b>
<b>MQSUN</b>	<b><i>Maximizing the Quality of Scaling Up Nutrition Plus</i></b>
<b>NARC</b>	<b><i>National Agriculture Research Council</i></b>
<b>NDPF</b>	<b><i>Nutrition Development Partners Forum</i></b>
<b>NDPF</b>	<b><i>Nutrition Development Partners Forum</i></b>

<b>NDRMC</b>	<b>National Disaster Risk Management Commission</b>
<b>NDRMC</b>	<b>National Disaster Risk Management Commission</b>
<b>NFNC</b>	<b>National Food and Nutrition Council</b>
<b>NFNS</b>	<b>National Food and Nutrition Secretariat</b>
<b>NI</b>	<b>Nutrition International</b>
<b>NIPN</b>	<b>National Information Platforms for Nutrition</b>
<b>NNP</b>	<b>National Nutrition Program</b>
<b>NSA</b>	<b>Nutrition Sensitive Agriculture</b>
<b>NWCO</b>	<b>National WASH Coordination Office</b>
<b>NWSC</b>	<b>National WASH Steering Committee</b>
<b>NWTT</b>	<b>National WASH Technical Team</b>
<b>ORDA</b>	<b>Organization for Rehabilitation and Development of Amhara</b>
<b>OWNP</b>	<b>One WASH National Program</b>
<b>PDU</b>	<b>Program Delivery Unit</b>
<b>PSNP</b>	<b>Productive Safety Net Program</b>
<b>R2G</b>	<b>Right2Grow</b>
<b>RAB ,</b>	<b>Regional Agriculture Bureau</b>
<b>REB</b>	<b>Regional Education Bureau</b>
<b>RED&amp;FS</b>	<b>Rural Economic Development and Food Security Sector Working Group</b>
<b>RFB</b>	<b>Regional Finance Bureau</b>
<b>RFNC</b>	<b>Regional Food and Nutrition Council</b>
<b>RFNS</b>	<b>Regional Food and Nutrition Secretariat</b>
<b>RHB</b>	<b>Regional Health Bureau</b>
<b>RNCB</b>	<b>Regional Nutrition Coordinating Body</b>
<b>RNTC</b>	<b>Regional Nutrition Technical Committee</b>
<b>RWB</b>	<b>Regional Water Bureau</b>
<b>RWSC</b>	<b>Regional WASH Steering Committee</b>
<b>RWTT</b>	<b>Regional WASH Technical Team</b>
<b>SAG</b>	<b>Strategic Advisory Group</b>
<b>SBCC</b>	<b>Social Behaviour Change Communication</b>
<b>SCI/GTN</b>	<b>Save the Children International/Growth Through Nutrition</b>
<b>SD</b>	<b>Seqota Declaration</b>
<b>SHN</b>	<b>School Health and Nutrition</b>
<b>SNNP</b>	<b>Southern Nations and Nationalities of Peoples</b>
<b>ToR</b>	<b>Terms of Reference</b>
<b>UNICEF</b>	<b>United Nations Children's Fund</b>
<b>UNOCHA</b>	<b>United Nations Office for Coordination of Humanitarian Affairs</b>
<b>USAID</b>	<b>United States Agency for International Development</b>
<b>WASCO</b>	<b>Water , Sanitation and Hygiene Committees</b>
<b>WASH</b>	<b>Water Sanitation and Hygiene</b>
<b>WFP</b>	<b>World Food Program</b>
<b>WSF</b>	<b>Water and Sanitation Forum</b>
<b>ZNCB</b>	<b>Zonal Nutrition Coordination Body</b>
<b>ZNTC</b>	<b>Zonal Nutrition Technical Committee</b>



## EXECUTIVE SUMMARY

### Background and Objectives of the Baseline Survey

Right2Grow (R2G) is a five year project with US\$ 4.7M funding from the Dutch Government. In Ethiopia, the project is being implemented by the R2G Ethiopia partnership which includes Action Against Hunger, the Center for Economic Government and Accountability Africa (CEGAA), Max Foundation, The Hunger Project, and World Vision. The ultimate outcome of the R2G project is to enable Ethiopian decision makers jointly and effectively address undernutrition in a multi-sectoral, gender sensitive and inclusive way. The project is implemented in 21 woredas of Amhara, Oromia and SNNP regional states.

The R2G Ethiopia partnership recently conducted a baseline survey in order to provide a reference for the project's qualitative and quantitative indicators and document benchmark for midterm and/or end line evaluation of the project. The baseline survey was also intended to understand the context, current situation and gaps to refine project activities and design tailored advocacy messages.

### Methods

The baseline survey was conducted at national level as well as at regional, zonal, woreda and community levels in the three R2G implementation regions i.e. Amhara, Oromia and SNNP. A total of eleven zones and 21 R2G implementation woredas were covered. The field data collection was carried out from November to January, 2022. A mix of participatory methods including desk review, Key Informant Interviews (KIIs), stakeholder consultative workshops (power mapping, SWOT analysis, etc.), Focused Group Discussions (FGDs), community consultative meetings, health facility observation and mapping exercises were employed to collect data. The main data sources include government actors at federal, regional, zonal, woreda, kebele and health facility levels; nutrition and WASH partners (INGOs, UN agencies, etc.) operating at federal, regional, zonal and woreda levels; private sectors engaged in nutrition and WASH products/services at regional, woreda and kebele levels and community members and leaders at kebele level.

### Main Findings

The baseline survey was undertaken as a package of seven separate studies. The main findings from each study are presented as follows

### Policy and Strategy Review and Analysis

The policy review showed that the national food security strategy and social protection policy lack clear objectives, interventions and indicators contributing to nutrition and WASH related outcomes. On the other hand, the design of the PSNP offers enormous opportunities to intensify and scale up implementation of nutrition and WASH sensitive approaches that contribute to achievement of the National Food and Nutrition Policy/Strategy goals as well as the Seqota Declaration commitment of achieving zero stunting by 2030. The design of PSNP 5 has given more priority for nutrition sensitive interventions as compared to the previous phases of the PSNP in that it has allocated earmarked budget for nutrition sensitive activities. The main gaps and challenges in implementation of national nutrition and WASH related policies and strategies include weak multisectoral coordination, monitoring, reporting and accountability; inadequate nutrition human resource across implementing sector bureaus and offices; high turn over of staff and sector managers; budget and resource constraints; low awareness and attention to existing policies and strategies by implementing sector heads and staff at woreda and community levels; food insecurity and recurrent conflict and political instability. These have been inherent challenges impeding effective implementation of the NNP, and continued to challenge implementation of the current Food and Nutrition Policy/Strategy.

The leadership vacuum currently created due to slow transition of power for leadership of the multisectoral coordination mechanism, following completion of the NNP II implementation period in 2020 affected the momentum with existing efforts to strengthen and sustain multisectoral coordination, monitoring and accountability for nutrition. Furthermore, there is weak inter sectoral linkage and integration of nutrition and WASH programs within a single government sector office. WASH awareness and behavior promotion activities are clearly integrated in routine operations of HDAs and being implemented at community level. However, there is no collaboration between HDAs and WASHCOs. WASHCOs are not engaged in supporting implementation of sanitation and nutrition promotion efforts at community level. There is generally a

major gap in involving vulnerable community groups including Persons with Disabilities (PwDs) in planning and reviewing nutrition and WASH related activities implemented on the ground. Water schemes and sanitation facilities constructed are hardly accessible to women and men with disabilities, elders, and pregnant mothers.

### **Scoping study on existing donors and international development actor' collaboration initiatives, and humanitarian and development land scape analysis.**

The scoping study showed that key donors and international actors in Ethiopia have shared understanding of the new way of working principles including the need to adopt the Humanitarian Development Nexus (HDN). However, actors and stakeholders have varying and low level of understanding on how the HDN can be materialized on the ground. As a result, its implementation is at infancy stage. Interventions that integrated both humanitarian and resilience building initiatives have been practiced by several actors, while the HDN in the interventions has not been properly planned, explained and measured. There are enabling conditions and interest among donors, international actors and the government to adopt the HDN concept in nutrition and WASH program design and implementation. However, the existing interest has not been translated to reality on the ground at a meaningful and observable level.

The study revealed weak intersectoral coordination between humanitarian and development actors engaged in nutrition and WASH interventions in Ethiopia. Humanitarian and development coordination platforms are often separate, with humanitarian actors participating in Nutrition and WASH Cluster meetings with in the EHCT and development partners participating in sector working groups. Donor priorities and funding modalities are critical factors for coordination along the humanitarian development nexus. Some donors have rigid and separate mechanisms for development and humanitarian funding, where different authorization procedures and management styles are followed. Such practices undermine opportunities for coordination and collaboration along the humanitarian development nexus. Furthermore, some donors and implementing partners have rigid targeting criteria for longer-term malnutrition prevention programming. This makes it challenging to join up emergency and development programs.

Various challenges and barriers were identified for inter-sectoral integration, funding and joint programming along the humanitarian development nexus in Ethiopia. Humanitarian and development actors and stakeholders varying and low understanding on how HDN works in practice, lack of clearly defined Collective Outcomes (COs) and joint strategic plans, limited inclusive space to forge commitment for HDN and organizational differences among donors and humanitarian actors on how humanitarian and development funding processes are aligned with in their programming are some of the main constraints to forge the HDN in Ethiopia.

### **Gap analysis on coordination among Gov't sectors and CSOs**

The coordination gap analysis showed that the national government led nutrition coordination platforms have generally been ineffective in achieving their sole mandate to institutionalize integration of nutrition into the various sectors to accelerate the reduction of malnutrition. The majority of nutrition and WASH coordination platforms operating at national level are led by either government sector actors or UN agencies, and members are predominantly government sector offices, UN agencies and bilateral donors, with limited room for indigenous NGOs and CSOs. Nationally, as well as across the three R2G regions, the government sectors, particularly the health sector followed by water sector and agriculture sector, are the main actors leading nutrition and WASH coordination platforms at regional level.

The study indicated that the main government led multisectoral nutrition and WASH coordination platforms existing at national level are also available at regional levels. All the three R2G implementing regions have established a Regional Nutrition Coordinating Body (RNCB) and Regional Nutrition Technical Committees (RNTC). Very few CSO led WASH and nutrition coordination platforms are available in the country. No CSO led coordination platform was identified in the study zones and woredas. CSO representation in government led coordination platforms at national, regional and sub regional levels is generally low. Furthermore, the role of CSOs in using government coordination platforms for advocacy to influence government actors on nutrition and WASH policy and programming is generally limited.

The majority of NNP signatory sectors at regional and sub regional levels have structural and human resource gaps to mainstream nutrition effectively in to their sector responsibilities and mandates. Unavailability of clear nutrition structure and adequate human resource designated for nutrition activities hampered effectiveness of coordination platforms. While the NNPI and NNPII created many structures to support multisector nutrition programming, some governance processes for multisector actions such as multisectoral joint monitoring and accountability systems have not been well developed, particularly at sub-national levels. Lack of standard and functional system for monitoring, evaluation and accountability from regional to zonal to woreda and kebele levels affected functionality and effectiveness of the multisectoral coordination platforms. In the majority of regional and sub regional nutrition and WASH coordination platforms, coordination meetings are not undertaken regularly.

### **Stakeholder Mapping and Analysis**

MoH and MoA are among the key veto players in national nutrition and WASH sensitive policy and governance in the country. MoE is also a key government actor with policy influence regarding to school WASH and nutrition interventions. These actors also have high interest in supporting nutrition and WASH sensitive programs and interventions at national level. Establishment of the National Food and Nutrition Council (FNC) is a great opportunity for R2G policy and programming initiatives. When operational, this governance structure will be one of the most influential actors with high interest in nutrition and WASH sensitive policy design, programming, multi sectoral coordination and implementation at all levels. The Development Partners Group (DPG) Health Population and Nutrition (HPN) sector working group where the Nutrition Development Partners Forum (NDPF) is based, involves CCRDA as an umbrella organization representing CSOs. Given the high interest and influence of this donor group on nutrition and WASH sensitive policies and programming at national level, R2G consortium needs to consider designing an engagement strategy with the group. UN agencies such as UNICEF, WFP and FAO and international actors and implementors such as Save the Children / GTN and CSO led platforms such as ECSC-SUN could be key allies for R2G national level efforts to influence nutrition and WASH sensitive policy and programming.

The role and engagement of the private sector in nutrition and WASH sensitive interventions is generally low. The existing private sector stakeholders engaged in nutrition and WASH related businesses have not been properly mapped and adequately engaged by key government sector offices, such as the health, agriculture and water sector offices. Private sector actors across the three regions also lack representation in existing nutrition and WASH coordination platforms at national, regional and sub regional levels. CSOs particularly indigenous NGOs, FBOs and CBOs generally have low level of influence on nutrition and WASH sensitive programs and interventions at all levels.

### **Landscape analysis for service providers and local private sector engaged on WASH and Nutrition sensitive and specific intervention**

The landscape analysis showed that there is a major challenge to find well-prepared and updated data of private sectors that provide both WASH and nutrition service/products, making it difficult for mapping and planning to strengthen public private partnership. Some of the woredas do not even have an updated data base of the private entities. The supports, particularly technical, capacity building and financial support, provided by government offices and partners are inconsistent and showed a decreasing trend after a private business starts operation. Multi-sectoral nutrition and WASH collaboration platforms at all levels do not involve the private sector as key stakeholders. SWOT analysis of the private sectors indicated that they involve least in promoting their products despite the fact that most were trained in entrepreneurship. Instead, product and service promotions are carried out by government structures especially health extension workers and development armies at kebele level. Even when demand for products is created, most of the private sectors face difficulty to transport and avail their products to the nearby market. Skill gaps in financial and product management, marketing and redirecting loans to unintended purposes were also the main gaps identified. Microfinance institutions complex and rigid loan system especially in second and subsequent rounds was also identified as a key challenge.

## **Barrier Analysis on Community Nutrition and Sanitation and Potable Water Use Sanitation and Hygiene Practices and WASH and Sanitation Services.**

The barrier analysis study indicated that most of the existing WASH services and facilities – including in communities, schools and health facilities are not intentionally designed to meet the needs of women and girls. Furthermore, low level of participation and leadership of women and girls in the design, construction and monitoring of WASH facilities was found in most of the target study Woredas. The main nutrition services provided by public institutions include community awareness creation on optimal nutrition practices, nutrition counseling, trainings and cooking demonstration sessions. Nevertheless, nutrition related services provided at most HFs assessed appear to have overlooked the needs and challenges of persons with disabilities (PwDs). The health facility assessment revealed that 100% of the Health Posts (HPs) and Health Centers (HCs) observed in selected target study woredas did not have PwDs inclusive nutrition service delivery standards. Furthermore, 100% of the HPs and 75% of the HCs did not provide nutrition education, counseling & support services tailored to PwDs. 100% of the HCs and HPs did not have guidelines on nutrition service provision tailored for PwDs and their constructions were not specially designed considering service provision to PwDs.

### **Community Capacity Gap Assessment**

The community capacity gap assessment showed that the majority of the households in the target study Woredas did not have access to improved sanitation facilities: latrines were not properly constructed and insecure. Most of the public institutions assessed such as schools and health facilities did not have access to sanitation facilities. Water schemes and sanitation facilities at community level and in most of the public institutions (health facilities, schools, private and public sector offices and public gathering stations) were not WASH inclusive. The community capacity gap assessment revealed good understanding among majority of government sector offices at Woreda level about the central role of integrating WASH and nutrition strategies and interventions, although the level of understating was not uniform across the target study Woredas. However, the study could not identify any practical efforts and interventions by the government sector offices to ensure integration of WASH and nutrition interventions on the ground. The main reasons identified include lack of understanding about the importance of integrating among some government sectors, low attention given to WASH and nutrition programs in some woredas and absence of joint coordination platforms in some Woredas. Some of the main Challenges contributing to inaccessibility and low quality of community WASH and nutrition services include lack of good governance, institutional/organizational constraints, environmental barriers and community capacity gaps to plan and implement community led and result based integrated WASH and Nutrition interventions.

# I. BACKGROUND OBJECTIVES AND METHODS OF THE BASELINE SURVEY

## I.1. BACKGROUND

All countries in the world have ratified the 1989 Convention on the Rights of the Child, and have therefore committed themselves to upholding children's right to the highest attainable standard of health, including adequate nutritious food and the benefits of breastfeeding. The rights to food and to health are spelt out in General Comments 12 and 14 to the International Covenant on Economic, Social and Cultural Rights (CESCR, 1999, 2000). These rights, like any other human right, place three types of obligation on governments: respect existing practices whereby people enjoy their rights to food and health for good nutrition; protect individuals or groups from being deprived of access to adequate food (e.g., by enacting food safety legislation or national codes of marketing of breast-milk substitutes); and fulfil as necessary the rights to food and health by promotion, facilitation, or provision. "Promotion" entails creating, maintaining, and restoring the health of a population; for example, by disseminating appropriate information on healthy lifestyles and nutrition. "Facilitation" entails proactively strengthening people's access to and use of resources, to ensure their livelihood, including food security and healthy behavior. "Provision" implies that, when people are unable to enjoy their right to food or to health for reasons beyond their control, such as in natural or other disasters, the government has an obligation to provide, for example, food or medical care<sup>1</sup>.

National policies represent a commitment to act. To be effective, they should address the causes of all forms of malnutrition in the particular country. The United Nations Children's Fund (UNICEF) conceptual framework is often used in identifying and analyzing the causes of malnutrition (UNICEF, 1990). The framework states that the underlying causes of malnutrition at household or community level are household food insecurity; inadequate care for women and children; and an unhealthy environment, including poor sanitation and hygiene and lack of services for health. Thus, nutrition policies are by nature intersectoral. Therefore, the health sector and government must have the necessary capacities and institutional support to work with other sectors that have different interests to negotiate different goals, and to agree on areas of responsibility, and hence accountability. Lack of such support creates barriers to effective implementation of nutrition activities in countries<sup>2</sup>.

The 2030 Agenda and the Sustainable Development Goals (SDGs) approved by the United Nations General Assembly in September 2015 call for transformational change, which can only be achieved by comprehensive and coherent shifts in actions, programmes and policies addressing both underlying and immediate causes of malnutrition. This agenda puts people, their health, well-being, dignity and rights at the center of the strategy, while also prioritizing sustainable management of natural resources.<sup>3</sup>

Growing evidence shows that investing in nutrition security contributes to building peace, stability, and human capital. Ensuring nutrition security for all is a crucial yet complex feat, which requires various sectors and multiple actors to work together. Collaboration needs to be done through an integrated approach aimed at improving access to healthier diets, nutrition services, water, sanitation, hygiene education, health, and social-protection services<sup>4</sup>.

Ethiopia has made a high-level commitment to reduce undernutrition, which has been manifested in many ways including the design and launch of the first National Nutrition Strategy in 2008, the second National Nutrition Program (NNP II) in 2016 and the Seqota Declaration (SD), a commitment launched in 2015 to end stunting by the year 2030<sup>5</sup>. The

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1 World Health Organization. 2013. Global Nutrition Policy Review: What does it take to scale up nutrition Action?

2 World Health Organization. 2013. Global Nutrition Policy Review: What does it take to scale up nutrition Action?

3 United Nations System Standing Committee on Nutrition. 2017. Discussion Paper: By 2030, end all forms of malnutrition and leave no one behind

4 Global Nutrition Cluster/Scaling Up Nutrition. 2021. *Lessons Learned and Recommendations from the Humanitarian-Development Nexus for Nutrition case studies*, Global Report, 2021

5 FDRE (2018b) Seqota Declaration Innovation Phase Investment Plan 2017–2020, Addis Ababa: Federal Democratic Republic of Ethiopia

institutional landscape for nutrition policy and practice has also been changing in the past few years, particularly with the adoption of the national Food and Nutrition Policy (FNP) and strategy in 2019.

Since the launch of the first National Nutrition Strategy in 2008, the government has recognized the value of a multi-sectoral approach to nutrition policy, and program design and implementation. As a result, it took practical actions to set up multi-sectoral governance and coordination platforms which involve core government sector offices and other actors including the donor organizations, CSOs, and the private sector. This move by the government showed political leaders' recognition that nutrition affects, and is affected by diverse factors that interact in many ways. However, the country still continues to face key challenges related to poor program coordination and implementation, both of which have significantly hampered the translation of nutrition strategy and programs into action and outcomes<sup>6</sup>.

Following the endorsement of NNP, the initiation of Seqota Declaration and the revision of civil society proclamation, there are coordination platforms and mechanisms established to improve the nutrition and WASH programs at national, regional and sub regional levels in Ethiopia. For instance, the government led coordination platforms such as the Nutrition Coordination Body and Technical Working Groups and CSO led coordination platforms such as ECSC-SUN have been established and operational. In addition, other emergency cluster coordination platforms such as the Emergency Nutrition Coordination Unit (ENCU) and WASH and Health clusters have been operational at national and regional levels.

Currently, there is a global push on the international humanitarian and development actors and host countries to practice the humanitarian development nexus concept benefiting vulnerable groups from development interventions and effectively use the limited resources. Donors and international development actors need to be coordinated and collaborated to address the underlying determinants of undernutrition.

The nexus approach seeks to forge operational and policy alignment between humanitarian and development actors and enable them to work towards shared goals<sup>7</sup>. In this context, the concept of the HDN is particularly relevant for nutrition as a sector in which outcomes are heavily dependent on multisectoral and multidimensional interventions. The HDN calls for increased flexibility by all stakeholders to look beyond the traditional mandates and roles of humanitarian and development actors.

Lessons learnt from implementation of the various nutrition and WASH strategies, programs and plans in the last decade demonstrate the need to bring key stakeholders together to set priorities, build on successes, and synthesize shareable lessons in order to accelerate progress in achieving nutrition outcomes at all levels. The Government of Ethiopia (GoE) is the prime actor and driving force in the country's fight to end hunger and undernutrition, through setting the policy agenda and overseeing its implementation. Additionally, there are numerous local, national, regional, and global stakeholders working to complement the governments effort to address nutrition and WASH challenges in the country.

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6 Seife Ayele, Elias Asfaw Zegeye and Nicholas Nisbett. 2020. Multi-Sectoral Nutrition Policy and Programme Design, Coordination and Implementation in Ethiopia, Institute of Development Studies 2020

7 UNICEF. 2020. Technical Note: The Humanitarian-Development Nexus: The Future Of Protection In The Elimination Of Female Genital Mutilation



## I.2. OBJECTIVES AND METHODS

The baseline study was undertaken as a package of seven separate studies. The table below summarizes the main objectives and methods employed to undertake each of the seven studies.

Study/task	Objectives	Methods
Community Capacity Gap Assessment	<ol style="list-style-type: none"> <li>1. To understand the statuses of WASH and nutrition practices and the integration of the two in the target study Woredas/community;</li> <li>2. To identify the major WASH and nutrition related challenges of communities in the target study Woredas;</li> <li>3. To explore causes and effects of the challenges to poor community WASH and Nutrition practices;</li> <li>4. To identify key intervention areas which enhance community capacity to plan and implement community led and result based integrated WASH and nutrition interventions in the target study Woredas; and</li> <li>5. To identify existing opportunities, entry points and platforms for learning, lobby and advocacy of international actors and donors to enhance community of better WASH and Nutrition practices in the target study Woredas.</li> </ol>	<p>A total of 21 R2G target Woredas across the three regions were covered.</p> <p>Community consultative meetings were conducted with a total of 449 community members and leaders. Key Informant Interviews were conducted with 63 key informants.</p>
Policy and Strategy Review and Analysis	<p>To identify and review the existing national policies and legal frameworks of Nutrition, WASH, and other relevant policy and strategy documents was related documents to assess policy implementation carried out. At regional and woreda level, Key gaps, existing challenges, and potential opportunities.</p> <p>To assess the extent to which the existing national policies are jointly and effectively addressing under nutrition and WASH related issues in an integrated, multi-sectoral, gender sensitive and inclusive way.</p> <p>To analyze the review results and provide practical and applicable recommendations on how to improve existing policy implementation gaps and challenges to address undernutrition and lack of better WASH services.</p>	<p>At national level, desk review and analysis of relevant policy and strategy documents was carried out. At regional and woreda level, Key Informant Interviews were carried out in eleven purposively selected R2G implementation woredas in Amhara, Oromia and SNNP regions.</p> <p>FGDs were conducted at kebele/community level with groups of HDAs and WASHCOs to gather pertinent information on implementation status of nutrition and WASH related policies, strategies and plans at grassroots community level.</p>
Barrier Analysis on Community Nutrition and WASH practices and Service Utilization	<ol style="list-style-type: none"> <li>4. To identify existing barriers and enablers to access good nutrition and WASH services to improve nutrition and WASH outcomes</li> <li>5. To identify context specific behavioral determinants and address identified barriers to create community demand to adopt good practice and behavior of Nutrition and WASH behaviors.</li> <li>6. To design culturally appropriate and effective action plan to improve communities demand</li> <li>7. To design effective action plan to enhance capacity of service providers to provide effective nutrition and WASH services.</li> </ol>	<p>All the 21 R2G target woredas were covered.</p> <p>In total, 2430 samples of the priority group were covered with the barrier analysis across the three regions. Furthermore, a total of 62 KIIs and 17 FGDs were undertaken in the three study regions.</p>

<p>Scoping Study on Donor and International Actors' Collaboration Initiatives and Humanitarian and Development Landscape Analysis</p>	<p>To identify donors and international actors engaged in nutrition and WASH focused development - humanitarian nexus interventions</p> <p>To understand how the donors' and international actors' strategies and funding schemes are conducive and contributing towards coordination and collaboration along the humanitarian-development nexus to address the underlying determinants of undernutrition.</p> <p>To identify areas of improvement for better coordination, alignment of funding and planning, and joint programming to address undernutrition and design appropriate lobby and advocacy strategies and interventions.</p> <p>To identify opportunities, entry points and platforms for learning, lobby and advocacy of international actors and donors for better coordination, alignment of funding and planning, and joint programming.</p>	<p>The scoping study was conducted at national level and in Amhara, Oromia and SNNP regions. Desk review was carried out to gather information pertinent to the scoping study objectives. Key Informant Interviews were conducted with a small sample of representatives of donors and international actors' supporting WASH and nutrition interventions at national and regional level. A total of twelve KIs were conducted at national and regional levels.</p>
<p>Stakeholder Mapping and Analysis</p>	<p>5. To deepen understanding of Right2Grow consortium partners of the stakeholders who influence nutrition and WASH sensitive interventions at Regional and Woreda Levels.</p> <p>6. To analyze the interests, influence, and positions of identified stakeholders.</p> <p>7. To map existing priorities and programs of donors, governments, the private sector, and civil society to highlight opportunities to build on existing initiatives.</p>	<p>The study was carried out at national level and in Amhara, Oromia and SNNP regions. Desk review was undertaken to extract and analyze secondary data from existing policy and strategy documents and publications and reports with data on nutrition and WASH stakeholders at national as well as R2G implementation regions.</p> <p>Stakeholder consultation KIs were conducted with representatives of prioritized stakeholders in Amhara, Oromia and SNNP regions. Stakeholder power mapping workshops were conducted with a group of nutrition and WASH stakeholders at zonal level in nine R2G implementation zones in the three regions</p>
<p>Private Sector Landscape Analysis</p>	<p>1. To identify the existing public and private WASH and Nutrition service providers and/ or producers in selected sites.</p> <p>2. To identify their service provision and product service providers along with their respective business models, practices, inputs (goods), enablers, products and services were identified at hindrance, and available capacity that could contribute to address or invest in basic WASH and Nutrition services at their locality.</p> <p>3. To identify and list the types of the WASH and Nutrition services and or products provided/produced by the public and private sectors in all settings/levels in term of local knowledge, innovative way and adapted feasible technology and inputs.</p>	<p>Desk Review, Key Informant Interviews and A analysis methods were used. Furthermore, private WASH and Nutrition service providers along with their respective products and services were identified at Woreda level and mapped using a mapping tool.</p>



4. To identify whether they get institutional supports and where/who was their potential supporter for their improvement and capacity building.
5. To identify their strength, area of improvement (weakness), opportunities, and threats both structurally, functionally, and systemic those are essential to initiate, maintain and sustain the WASH and Nutrition service delivery and production.

#### Coordination Gap Analysis

1. What coordination platforms are there in Government sectors and CSOs to improve the WASH and Nutrition programs at national, regional, zonal, and Woreda levels?
2. What are the strengths, weakness (gaps), opportunities and constraints associated with coordination platforms to establish, function, and being accountable for better nutrition outcomes?
3. What is the level of representation and role of CSOs in government led coordination platforms?
4. Is there any plan or strategy to adopt new or restructuring initiatives for WASH and Nutrition Coordination?
5. How can the coordination mechanism work differently to address the rights and the needs of the community for better WASH and Nutrition services?

The gap analysis study was conducted at national, regional, zonal and woreda levels.

Desk Review and SWOT Analysis interviews and workshops were conducted. A total of 15 regional level KIIs were conducted across the three regions. Furthermore, a total of 3 zonal level SWOT FGDs and a total of 20 woreda level SWOT FGDs were conducted across the ten study woredas.

## 2. FINDINGS AND RECOMMENDATIONS FOR RIGHT TO GROW PROGRAMING

### 2.1. COMMUNITY CAPACITY GAP ASSESSMENT

#### 2.1.1. Findings of the Community Capacity Gap Assessment

##### 2.1.1.1. Current Status of WASH and Nutrition Services/ Practices of the target communities

**Access to water sources:** Analysis of data shows in all the target study Woredas there was limited access to water from improved sources. The evidence from the study shows that the average water coverage from all sources (improved and unimproved) ranges from 33% to 71%, while the average coverage from improved sources ranges from 7% to 12% in the target study Woredas. Many informants from most of the target study Woredas reported that there were some kebeles within a target study Woreda completely did not have access to water from improved sources. The major sources of water for the majority the population in the target study Woredas were from unimproved sources such as from unprotected hand dug well, unprotected springs and surface water (e.g. rivers& ponds) as reported from many informants from most of the target study Woredas.

Moreover, the evidence from the study shows that most of the public institutions in the target study Woredas including schools, health facilities, government sector offices did have access to water from improved sources. Informants indicated that water was not usually available even in those few institutions reported having access from improved sources sometimes that lasts for many months due to frequent breakage of the water source/facility. By then it was not easy for most the institutions to provide timely solution due to budget constraint and at times due to lack of human and technical capacity as well as lengthy procurement process to purchase labor and spare parts even some institutions wanted to spend the small budget they had to repair the wrecked water facilities.

**Access to Sanitation facilities:** Analysis of qualitative data shows that the majority of the households in the target study Woredas did not have access to improved sanitation facilities. Although there are some households have latrines in some of the kebeles in the target Woredas, most of the latrines were not properly constructed, insecure, and unappealing type, as the result these latrines are not usually preferred by some people for all time use.

The baseline also shows that most of the public institutions in the target study Woredas did have access to improved sanitation facilities. As most of the informants demonstrated across the target study Woredas, most of the public institutions such as schools and health facilities did not have access to sanitation facilities. The evidence from many informants exhibited that access to improved latrine (safe and adequate sanitation) facility was not only scarcely available most of the schools and health facilities in the target study Woredas, but also in most of the government sector offices including in those of WASH program implementing government sector offices in most of the target study Woredas.

##### 2.1.1.2. Indigenous knowledge and skills on WASH and nutrition practices

The baseline figured out very few indigenous knowledge and skills as well as norms which perhaps negatively or positively affect WASH and nutrition behaviors and practices. Regarding WASH related, for example, there a good practice of concocting slabs from rocks and a culture of cleaning once own compound in Shashego Woreda, of SNNP region. Berries of *Phytolacca dodencadra*, which is locally called “Endod” used as a deterrent to wash clothes, ash as a substitute for soap to wash hands, and sand purification is practiced to make drinking water safe in Abaya Woreda, Oromia region. There is also an abysmal proverb saying ” የእናትና የውሃ መጥፎ የለውም” (translation: *mother and water have nothing that is bad*), which could encourage people to use any water available including for drinking whether it’s from improved or unproved sources in Bedeno Woreda, Oromia region.

Moreover, in this Woreda defecating at one site is not considered as correct practice, as the result people although have a latrine at their home more likely prefer to defecate in an open area, for the reason repeatedly not using their own latrine.

Regarding nutrition practice, there is a good exercise on feeding nutritious foods such as butter and meat for lactating mothers in Geta Woreda, Amhara region. Another positive practice on child feeding from Shashego Woreda, SNNP region is that communities give special attention for a malnourished child by feeding a child food from variety food groups. In both Anded and Machakel Woredas of Amhara region there is a good development in using religious leaders/institutions and elders to promote optimal feeding practices. In Abaya Woreda, Oromia region, priority is given for a child than an adult whenever insufficient food is available at home, with the understanding the child more prone and easily affected due to lack of inadequate feeding. There is also a proverb reported from Bedeno Woreda, Oromia region, which is says “ሰው የሚበላውን ይመስላል” (translated: *people look like the food they eat*), which is also a widely known proverb in many places in Ethiopia could be useful to awake people or as a reminder for some people to devour good and enough food. Perhaps, can also be used as a proxy pointer of unhealthy or health feeding practice of people. In Habru Woreda, Oromia region, feeding breast milk for a child for long time (not specified for how long) is perceived making a child very strong.

### **2.1.1.3. Integration of WASH and Nutrition interventions/services**

Analysis of qualitative data shows that there was good understanding among some of the government sectors (sector offices of health, water and agriculture) at Woreda level about the central role of integrating WASH and nutrition strategies /interventions, although the level of understating was not uniform among the sectors across the target study Woredas.

Sectoral integration for WASH and nutrition interventions also differs from region to region. Some study Woredas reported that the health, water, agriculture, education, and women and child affairs sectors were the main government sector offices are integrated at Woreda level. In some other target Woredas, DRR and cooperatives are included in addition to those mentioned sectors before. Some other Woredas also reported that the sectors such as agriculture, animal and fish development, crop production and NGO are included in addition health, water and education sectors as well.

Likewise, at kebele level, Agriculture Extension Workers (AEWs), Health Extension Workers (HEWs), Development Armies (DAs), WASHCos, school principals, and kebele administration the stakeholders, as reported, have been working in coordination on WASH and Nutrition interventions/services at community level in most of the target study Woredas.

The evidence from many of the interviews made in most of the target study Woredas shows that, albeit good understanding among some of the government sectors about the central role of integrating WASH and nutrition interventions, there was no actual work in place in most of the target study Woredas. In some target study Woredas there are some initiatives in place, however, these were not either loosely or inconsistently progressing as reported.

Several reasons mentioned why the integration of WASH and nutrition was not practical in most of the target study Woredas, and/or loosely exercised among few of them which had already started some kind of initiative towards it.

One of the reasons reported was poor attention given to WASH and nutrition related interventions/services among higher level heads of government sectors at zonal and Woreda level. As was also mentioned elsewhere in this report, some of the key heads of sector offices responsible to make the integration be established at different levels lacked the commitment of implementing the government policies and strategies. In most of target Woredas, for example, working platforms for the integration was not established at all. In some other Woredas, even though there was a working task force established at Woreda level, there was no any implementation guiding

principles / mechanisms /working procedures put in place as to how the task force coordinates sectors and work in harmony. The guiding principle, when and how at what time members of the taskforce representing their sectors should meet, and roles and responsibilities of each of the sectors were not clearly defined. Although such challenges were reported to the higher level heads to which each taskforce member is represented, the heads gave a deaf ear to it.

The second reason was related to imposing of all tasks to one sector among those some target woredas which already started the initiative. In some target Woredas, although, there are working platforms and taskforces are being established, and some activities have been put in place in few of these areas. Nevertheless, such activities did not sustain as required. The major reason reported was due to the weak coordination among sectors and weak participation of members of the taskforce representing sectors. As reported, for example, the whole work of the task force was left aside just for one sector to undertake mostly given to the health sector in some Woredas. As the result, already established initiative's has become dysfunctional as the high workload imposed to one sector makes it the work cumbersome and impossible to progress with.

The other reason reported was related to the lack of understanding about the importance of integrating WASH and nutrition interventions/activities among government sector offices. Analysis of key informant data shows that there was some technical staff at different levels of the government structure who did not clearly understand about the importance of integrating WASH and Nutrition. Moreover, it was not clear for many of them which sectors are relevant for the integration and at which levels of the government structure integration shall be established and how this integration can happen. Many informants reported that the lacks of such understanding was not only mirrored among the experts, and lower level technical staff but also among heads of Woreda government sector offices of some target Woredas. Furthermore, shortage of budget and absence of official structures in some sectors at Woreda level were also reported as challenges to implement integrated programs of WASH and nutrition at Woreda level.

#### **2.1.1.4. WASH related Challenges to poor Community WASH Practices**

The major challenges to having access to water from improved sources in most of the target study Woredas reported were related to political/leadership, institutional and environmental related barriers.

**Political/ Leadership** related such as lack of political commitment and limited attention given by local administrators to allocate sufficient budget to develop community based water supply sources the major barrier to improve the water converge in most of the target woreds. Many informants reported that there is not budget for water development activity allocated from the government side in almost all target study woreds. Water development activities in most of target Woredas are usually developed by some finance secured donors, and NGOs.

**Institutional/organizational** related barriers such as lack of water supply equipment's and operational and maintenance tools as well as shortage of water pipes to expand distribution at some Woreda water sector offices were reported as the main barriers to access to water form improved sources in most of the target study Woredas. Limited knowledge and technical skill of WASHCO members to properly manage community water schemes and provide simple but urgent O & M of faulty water points; and lack of private business enterprise engaged in supply of spare parts affected most of the target study Woredas to have access to water from improved sources.

**Environmental related barriers;** Evidence from analysis of baseline data shows that there are natural or built environment or physical barriers that makes it totally impossible to get safe, quality and ample water from improved sources in some target study Woredas. Total absence seasonal ground water and unavailability of ground water especially in mountainous areas and sporadic/scattered settlement of communities were reported the major barrier some communities to have access to water from improved sources. Moreover, poor quality water due to salinity and high fluoride content making it unsuitable for human consumption, weak and collapsing

soils especially in hilly and flat areas often cause erosion leading to flooding and water logging, which made it nearly impossible to construct & dig water sources are reported as the major barriers to have access to water for communities living those specific places of target study Woredas.

#### 2.1.1.5. Barriers to gender sensitive and inclusive WASH services

**Barriers to gender sensitive and inclusive water supply services :** Analysis of qualitative data shows that WASH program implementing government sectors in almost all the target study Woredas are yet not sure about the right approach to inclusive WASH interventions. Many informants disclosed that water schemes and sanitation facilities be it based at community level and in most of the institutions (health, schools, private and public sector offices and public gathering stations) are not WASH inclusive. In most of the public institutions, the water facilities already constructed are not easily accessible to PWD. Moreover, at community level, almost all point water schemes/sources are not easily accessible to PWD. The evidence from the baseline shows that some point water sources are located as far as 10 km from the community residence area, and few others even more, which makes it difficult for PWD and children to have access to water from these sources.

**Barriers to gender sensitive and inclusive Sanitation services** in general, the evidence the baseline shows that equity and inclusion in WASH still remains a challenge as universally accepted infrastructure design are still lacking in most of the health facilities and schools in the target study Woredas. In many places PWD are not considered at design stage. At Woreda level, the existing sanitation facilities in most of the government sector offices are gender insensitive and disability inconclusive.

#### 2.1.1.6. Community Capacity Gaps to plan and implement community led and result based integrated WASH and nutrition interventions

As there are rarely enough resources to address all capacity gaps, identifying priority community capacity gap areas in each region is a good way forward. Thus, further analysis was made to figure-out the first three priority community capacity gap (capacity domains) in each study region. Table 3, reports the first three priority domain areas identified in the order of importance need to be improved in each of the three regions and overall. Moreover, the first three priority community capacity gaps identified in each study Woreda in the regions are reported in Annex 1, Table 9.

Overall, shared vision, followed by participation and leadership are the major community capacity gap areas identified need to be improved. Regionally, in both Amhara and Oromia region, shared vision is identified as the first priority area which needs improvement, while in SNNP, resource, knowledge & skills capacity gap area is identified as the first priority area needs improvement. In both Amhara and SNNP region, participation and leadership are identified as the second and third priority capacity domain areas need improvement, respectively.

TABLE 1: THE FIRST THREE PRIORITY DOMAIN AREAS IDENTIFIED IN THE ORDER OF IMPORTANCE NEED TO BE IMPROVED IN THREE REGIONS

Gap	Capacity Domain Gaps Identified by Region and Overall			
priority Area	Amhara	Oromia	SNNP	Overall
1st	Shared Vision (81%)	Shared Vision (67%)	Resources, knowledge & skills (92%)	Shared Vision (73%)
2nd	Participation (73%)	Communication (50%)	Participation (91%)	Participation (71%)
3rd	Leadership (53%)	Resources, knowledge & skills (38%)	Leadership (59%)	Leadership (50%)

### 2.1.1.7. Key gaps identified and actions proposed to improve/capacitate each domain areas:

As reported in Table 3, overall result indicates that the three community capacity gaps (Shared vision, Participation and Leadership) are critical areas, in the order of importance R2G project shall address in order establish community capacity to plan and implement community led and result based integrated WASH and nutrition interventions. The key gaps identified in each of these priority community capacity domain areas and actions proposed to improve the gaps are presented below:

#### I. Shared Vision (priority community capacity gap area one):

Overall, **Shared vision** was not complete in the R2G project area. Table 4, reports the key community capacity barriers to shared vision. Results show that there was no common shared vision among different stakeholders including among the leadership, WASH and Nutrition program implementing government sector offices, CBOs, and private sector and the communities as well in the three target regions. The finding shows that WASH and Nutrition service providers and service recipients, had no common interest and organic sense of shared purpose across everything happens in the project target regions. This is because on one hand, service recipients had no vision and did not look forward to achieve something realistic enough they believe it's possible to reach at. The lack of vision among service recipients restricted them to get inspired so that to take actions toward achieving their vision. Moreover, the service providers (government sector offices & other WASH and Nutrition program implementers) did not established an abiding statement about how want to work with the service recipients (people /community), to work effectively together in order to achieve the goal they envisioned. In this regard, visions, may be established by the government sector offices & other WASH and Nutrition program implementers, perhaps, had lacked the sense of feeling of service receipt's (people's/communities) because the vision service providers established was not built upon the needs, experiences, and aspirations of the service recipients (community). This could also limit service recipients (community) not get inspired and motivated to actively take part in making to achieve what was envision by the service providers.

The R2G project's vision (the long term impact) is to see by the end of the project to see all children under five in the project target areas are malnourished, and which will be achieved when each of the stakeholders in each target project area shall share the same vision, and yet lack of shared vision was identified as the first priority community capacity gap, which needs to be addressed.

TABLE I: KEY GAPS IDENTIFIED ON COMMUNITY CAPACITY ON SHRED VISION AND ACTIONS PROPOSED TO ADDRESS GAPS

Priority Community Capacity Domain Area one:			
Shared vision			
Key gaps identified for action		Key actions proposed	
1.	There could be a vision developed but the community did not participate in the vision formulation, and is there is this vision was not widely shared among the community, as the result the community did not accept it	16.	Advocate and promote shared vision to the all WASH and Nutrition program stakeholders & community
2.	There is vision developed but this vision was not adopted based on societal context, because vision formulation was based on from up to bottom, it did not buy ideas from the bottom (community) as a foundation	17.	Build knowledge base of all concerned governmental sectors on the need & importance of integrating WASH and Nutrition services.



- |  |   |
|--|---|
| <p>3. There is vision developed but all stakeholders engaged in the provisions of WASH and Nutrition services are not involved when the vision was adopted.</p> <p>4. There is vision developed but the community did not reach on common understanding for its implementation.</p> <p>5. There is vision developed but the vision was not painted in enough detail so that we can't imagine our community in the future</p> <p>6. There is a vision developed but the vision does not inspire and motivate people to implement as planned</p> <p>7. There is a vision at the individual level but this vision could not be envisioned at the community level/ Even if has vision at individual level but not clearly implemented at community level</p> <p>8. There is a vision developed but this vision was not widely shared throughout our community and the community didn't feel ownership of the vision</p> <p>9. There is a vision developed but the vision did not include a statement about how community members want to work together, may not considered values that need to be shared</p> <p>10. community have no awareness about whether there is a vision or not</p> <p>11. There is no habit of working together in the community</p> <p>12. community has limited information and knowledge about what vision is and how it is materialised</p> <p>13. There is a very limited experience of cascading visions, missions and plans to the local community</p> <p>14. Plans are not well shared to the stakeholders and not well known by the concerned offices</p> <p>15. Visions are developed by each government sector offices not by the community</p> | <p>18. Develop a common shared vision, realistic and achievable, on WASH and Nutrition program based on core values and societal context of the community using participatory approach and involving all WASH and Nutrition stakeholders including public, private, governmental, non-governmental, formal and informal leaders and the citizen (including marginalized and disabled people)</p> <p>19. Cascade and advocate the developed shared vision to all stakeholders and the community, in general from Woreda, kebeles, and up to village/got level.</p> <p>20. Prepare a detailed plan and with roles and responsibilities of each of WASH and Nutrition stakeholders including public, private, governmental, non-governmental, formal and informal leaders and the citizen will do to make realize the shared vision.</p> <p>21. Identify important platforms that all WASH and Nutrition stakeholders including public, private, governmental, non-governmental, formal and informal leaders and the citizen could be connected and work in harmony towards achieving the shared vision</p> <p>22. Follow up, monitor and evaluate the implementation of activities of each stakeholder.</p> <p>23. Provide feedback and give corrective measures (if needed revise the plan) as well as share the good experiences of those who achieved the shared vision they envisioned.</p> |
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## 24. Participation (priority community capacity gap area two):

Participation is identified as the second priority community capacity gap area unavailable, overall in the R2G project areas. The findings show that leaders did not create enabling environments and opportunities for meaningful participation of the community on issues related to the implementation of WASH and Nutrition program/project planning, monitoring and evaluation in the project areas. There were no summit or event organized by leader's primary on WASH and Nutrition agendas in which communities were engaged to voice their needs and interest, and bequeath any important contribution to the community. Overall, there was no strong participant base, diverse network that enables different interests to take collection action of community's

involvement in defining and resolving barriers to WASH and nutrition related services. Lack of community participation thus has become, perhaps a barrier to utilize diverse base of resources and skills available at community level. Diverse base of resources and skills available at community level are instrumental to enhance poor WASH and nutrition related services and practices of the community.

Findings from minutes of the consultative meeting conducted in most of the target study Woredas demonstrated that some segments of the community had too much power and others that had too little in shaping for access to WASH and Nutrition services/practices. These barriers were not recognized by leaders and the leaders have not done any effort to solve them. Furthermore, the active engagement of the hearts and minds of target communities in improving their own health and well-being of their children was not recognized, and decisions on these were made only by those who offer (provide) WASH and Nutrition related services without having been reached on an agreement with service recipients ( entire community ) through participatory approach.

Moreover, analysis of minutes of the consultative meetings demonstrated that the lack of community participation on WASH and nutrition related agendas at different levels was not only derived from leader's inattention but also from other factors derived from community (people's) side. Some community member's preference of attending meetings, community members wish to earn incentives when attending events and/or meetings organized by leader, inconvenient meeting schedule, workload (mainly among women/young girls) and perception of self-efficacy such as perception of self-participation does not matter or the feeling of won't heard by other, and fear & shy to attend (mainly among PWD) organized meetings were reported as barriers for participation. Table 5, reports the key barriers to community participation and suggested strategies to enhance community capacity on participation to improve WASH and Nutrition interventions/services in the target study Woredas.

TABLE 2: KEY GAPS IDENTIFIED ON COMMUNITY CAPACITY PARTICIPATION AND ACTIONS PROPOSED TO ADDRESS GAPS

Priority Community Capacity Domain Area Two:	
Participation	
Key gaps identified for action	Key actions proposed
1. No forums and other mechanisms were put in place for community members to identify WASH and Nutrition related problems	19. Involve all population members like disabled, women, elders, and other minority groups and community opinion leaders (religious leaders Edir leaders, & tribe leaders ) and school community ( school nutrition and WASH clubs) in meetings organized for WASH and Nutrition at different levels
2. Participation mechanisms (platforms) were not readily available for the community to identify and voice WASH and Nutrition-related problems including poor access to safe, latrine access, and planting garden vegetable	20. <b>Coordinate and organize meeting schedules according to the need and convenience place and podium communities.</b>
3. Meetings organized to discuss about WASH and Nutrition related agenda turns out to be or diverted to other discussion issues which irrelevant to agenda was set	21. <b>Provide special meeting places and time convenient for PWD and marginalized people shall prefer to attend to</b>
4. Participation mechanisms are not effective in addressing community issues, problems and concerns	22. <b>Involve all nutrition sensitive and WASH program/project implementing government sectors on meetings will be organized at Woreda and kebeles levels.</b>
	23. <b>Invite model performer Woredas orl and kebeles to tell their story while</b>



- |     |   |     |  |
|-----|---|-----|--|
| 5.  | There are no rules and regulations with regard to community participation, and how decisions are cascaded to the lower level  | 24. | <b>organization meeting/events on issues related to WASH and nutrition</b>   |
| 6.  | Local leaders don't promote participatory approaches and perceive unaccountable for any decisions they made on behalf of the community                                  |     | <b>Provide capacity building for government sector leaders/experts and training facilitates on how to conduct participatory community consultative meetings on WASH and nutrition related issues</b>                 |
| 7.  | People did not participate actively because they fear to speak and express their ideas.   | 25. | Develop community based bylaws or rules or regulations or local norms that govern/enforce all community to participate   |
| 8.  | Communities total refusal to participate in meetings /conferences   | 26. | Adhere to the values, norms and culture of the community while conducting participatory community consultative meetings at all levels.   |
| 9.  | communities feel their voices on WaSH and nutrition related matters will not heard  | 27. | Creating good leader ship and participation of leaders in every activity   |
| 10. | Low attention given by Woreda leaders to the importance of community participation at Woreda level  | 28. | Create awareness of the community on the importance of participation especially in Nutrition and WASH services   |
| 11. | Community members leave issues related WASH and Nutrition services to be decided by others Sense of dependency, waiting for others their problems                       | 29. | Promote and provide community mobilization to participate in WASH/Nutrition project starting from planning to implementation as well as monitoring and evaluation  |
| 12. | People don't want to participate because they don't think they could influence the corrupted decision making process  | 30. | Empower community to directly participate in projects and value their voices.  |
| 13. | Community members participation usually is limited to contribution of labour force to construct WASH facilities but their contribution towards Nutrition is not visible | 31. | Create awareness about the need for participatory planning, implementation, monitoring and evaluation to the government staff and the community development armies and related local                                 |
| 14. | Community participation is perceived as time consuming, and it is believed that everything is the role and responsibility of the government.                            | 32. | Conduct community dialogues to strengthen WaSH and nutrition coordination and technical committees and ensure their engagement at community level  |
| 15. | People neglected participation due to lack of awareness and knowledge   | 33. | Conduct capacity building and awareness raising dialogues at community level regarding representation and participation of vulnerable communities and women in the development agendas related to WaSH and Nutrition |
| 16. | Community members always expect to get some incentives while attend community meeting organized at all levels(Woreda/kebeles/Got)                                       |     |  |
| 17. | People with disability, young girls and women customarily forgotten to be included on meetings organized to make decisions on WASH and nutrition issues                 |     |  |
| 18. | Minority groups of the population are not participating in different meetings because   |     |  |

they assume that they have no place in the community

### 34. Leadership: (Priority Community Capacity gap area Three):

The community capacity assessment finding indicates that leadership as the third priority community capacity gap area identified unavailable, overall. Analysis of minutes of consultative meetings indicated that there are very few high level government sector leaders who are able to mobilize the communities toward to achieving good WASH and nutrition services in some of the target study Woredas. Nevertheless, the majority of leaders (including Woreda administrative counsel and WASH and Nutrition Implementing government sector office leaders) in most of the target study Woredas were not the type of leaders who provide direction in appropriate ways when needed, and recognize the leadership ability of others (formal and informal) leaders and share their leadership role to others when it is most appropriate for quick decisions need to be made on issues related to WASH and nutrition program areas. Leaders of higher level position usually did not create an environment (e.g. organize community consensus building meetings and calls for community collaboration) in which all community voices can be heard and community members to work together to address their own needs. Table 6 reports the key barriers to community leadership and suggested strategies to enhance community leadership capacity to improve WASH and Nutrition interventions/services in the target study Woredas.

TABLE 2 KEY GAPS IDENTIFIED ON COMMUNITY CAPACITY ON LEADERSHIP AND ACTIONS PROPOSED TO ADDRESS GAPS

Priority Community Capacity Domain Area Three:	
Leadership	
Key gaps identified for action	Key actions proposed
Most leaders stand on the side of their village or family and did not treat all people equally or fairly	63. Advocate and promote all leaders at all levels to be role models on WASH and nutrition activities
Most leader did not know about the importance of integrating WASH and nutrition programs, and the technical procedures with which sectors, and at what level sectors could aligned and coordinate	
Many peoples criticize their leaders rather than supporting and provide non-constructive feedback to their leaders	64. Support and advise leaders develop strategic plan, regular monitoring and follow up technical skill on WASH and nutrition interventions
Peoples are not positive to accept their leaders orders and some people see their leader as perfect and others believe all activity are done by leaders	
Many government leaders lack the capacity to provide support and capacitate informal leaders to counsel to their followers on WASH and nutrition	65. Provide capacity building on WASH and nutrition integration for leaders of at all levels ( Woreda to kebeles)
Many formal and informal leaders assume nutrition and WASH tasks are only the responsibility of the health sector	66. Provide training for leaders on strategic leader ship style

Almost all leaders from lower level to core process owners leaders do not appreciate factual and accurate project progress reports but something that does not disparage their leadership position	67. Advocate that leaders shall promote and support women and disables to come to the leadership and play the role of leadership as well
Most leaders are not role models	
Leaders did not support and promote the young to be leaders	68. Lobby and advocate leaders of government sector offices to be selected only by merit
Most leaders stand by the side of their village or favour for their family, or home place	
Many people criticize the negative side of their leaders but does not appreciate the positive side their leaders	69. Promote and support leaders and other stakeholders shall work on the rebuilding of health development army
People think leaders work for their benefit or salary not to serve the community and lack legitimacy and acceptance	
Leaders don't create favourable paths and empower new and innovative leaders to emerge.	70. Motivate and reward leaders who did the best
Leaders give more attention to the political issue than to public services	71. Enabling the service providers to commit their duties
Most leaders are not able identify peoples problems, prioritize emerging problems, and solve problems strategically	72. Advocate and lobby leaders to be committed and accountability for the public and empower them with good leadership skills.
Informal leaders participation on nutrition and WASH weak because they lack knowledge about it	
Few leaders are not interested to serve the people they lead	
Most of the leaders are dictators	
Several leaders are not proactive	73. Provide capacity building focusing on WASH and nutrition to Woreda level WASH and Nutrition technical committee/taskforce
Most of the time PWD and Women are not included in a leading position	
Some leaders spent task payers for their own advantage	
some leaders very well hear the voices and appeals of the community but couldn't give timely and appropriate response or feedback	74. Build the capacity of informal leaders focusing on WASH and Nutrition related issues
Leaders are not willing to transfer their authority to the coming leader smoothly	
Most leaders are not accountable for their community	
Most of the time leaders are not assigned by their merit	
Community have limited trust to some of their leaders	
some leaders lack leadership integrity	
Leaders of one ethnic group usually dominate people of other ethnic group	

#### 2.1.1.8. Decision making processes related to WASH and nutrition and participation of Vulnerable & PWD groups

The evidence of analysis of key informant interview data shows that important decisions on budget planning, allocation and disbursement of WASH and Nutrition related programs/projects at Woreda level often decided by

Woreda Administration councils in which members of the council in most the target study Woredas are male dominated. At kebeles level in some Woredas, however, there is trend that decision on budget for WASH related activities and other community development purposes are decided by a budget committee established at a kebeles level. The committee in most of these kebeles includes representatives from men, women, youth, religious and community leaders, kebeles manger, HEWS and AEWs. At Woreda level, however, there was no significant engagement of community representation in decision making for WASH and nutrition related projects/service in most of the target Woredas of the three regions.

Evidence from many informants also indicated that there was limited perception among the society regarding the importance of involving the vulnerable, and PWD groups in decision making processes on WASH and nutrition related issues. Even though there was perception among few people about the importance of inclusiveness in most of the target Woredas there are structures' in which vulnerable and PWD would be able to participate. Nonexistence of platforms and initiatives to make these groups participate, reported as a major challenge for limited participation of these groups in most of the target study Woredas. Women are not involved in development of agriculture extension, cooperatives, micro-finance services, and yet these areas are fundamental for women to support them achieving good nutrition practices. Moreover, evidences from this baseline show that the participation and engagement of youth, PWD and minorities in planning and decision making of WASH and Nutrition related matters limited in most of the study Woredas.

#### **2.1.1.9. Key issues on WASH and nutrition related services, activities/program implementation to be voiced and tabled to government, donors and private sectors**

The community capacity baseline assessment identified a number of key issues related on WASH and nutrition services, activities/program implementation that need to be voiced and brought to the table to the attention of government sectors, donors and private sectors. The prominent issues emanated from the various informants across the three target regions shall be voiced for the government were mainly related to policy, governance and leadership, service delivery, budget, human resource, supply of WASH and Nutrition related inputs, and products and research, information and management. Table 7, reports the list of key issues that shall be voiced to the government, on these areas.

TABLE 3: KEY ISSUES THAT SHALL BE VOICED TO THE GOVERNMENT SECTORS.

<b>Government sector/Service providers of WASH and Nutrition services</b>	
<b><u>Policy, governance and leadership</u></b>	
1.	Improve political leaders commitment for the implementation WASH and nutrition programs
2.	integrate nutrition sensitive agriculture with different sectors
3.	give focus on WASH and nutrition and allocate budget to conduct awareness creation
4.	Create employment opportunities for the youth
5.	Resources should be addressed equitably
6.	Improve accountability and responsibility of government sector offices implementing/providing nutrition sensitive agriculture activities/ services
7.	Mainstream gender in nutrition sensitive agricultural activities
8.	Put in place functional structure and systems to the grass root level to deliver WASH and nutrition services

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9. Assign skilled nutrition sensitive agriculture human resource at Woreda and community level. In addition create good working environment for the professional workers
  10. Give direction to allocate budget for additional WASH and Nutrition related projects Give attention to women, disables and vulnerable groups
  11. identify, support and engage private sectors WASH and nutrition service providers
  12. Identify, support and engage private sectors providing agricultural inputs and products
  13. Incorporate nutrition activities into the routine agricultural packages both at the regional and Woreda level

#### **Budget , human resource and capacity building**

14. Aallocate enough budget WASH and nutrition
15. Strengthen committees established to support, capacitate, monitor and evaluate WASH and nutrition related activities
16. prioritize nutrition and WASH activities supported by different capacity building training
17. Provide capacity building training for AEWs and development armies

#### **Service delivery**

18. Develop water facilities and inclusive of PWD and women, girls and children at communities and institutions like schools and health facilities
19. work to address shortage of water, public latrine, attention to market linkage, create awareness to promote improved latrine and dietary practice
20. build demonstration sites in HFs; build improved latrines in each government sector and HFs; promote HW facility in households; make water available to government sectors, HFs; provide support to community to work for food security
21. Enhance and expand irrigation system
22. Pay attention to transportation, market linkage and food security issues

#### **Supply of WASH and Nutrition related inputs and products**

23. Facilitate better crop production and give attention to market linkage
24. provide community mobilization on nutrition mostly on diversity
25. Provide crop seeds and other inputs needed with sufficient amount and kind on time
26. Increase attention to nutritious and diversified vegetable production
27. Provide variety of seeds and animal products
28. Provide sustainable and quality WASH and nutrition related service

#### **Research Information and management**

29. Plan, monitor, supervise, support and evaluate WASH and nutrition interventions
  30. Conduct research to determine context specific root problems in relation to WASH and nutrition, and solve identified problems
-

The baseline also identified a number of key topics that need to be voiced and brought to the table to the attention of donors and private sectors on issues related to WASH and nutrition service provision and activities/program implementation areas. Table 8, reports the list of key issues that shall be voiced to the donors and private sectors.

TABLE 4: KEY ISSUES THAT SHALL BE VOICED TO THE DONORS AND PRIVATE SECTORS

<b><i>Issues to be voiced for Donors</i></b>	
31.	Invest in improving water access and building of public and communal latrines, if need jointly with government sectors
32.	Provide awareness to communities and government employees
33.	Provide materials to solve problems related with water supply
34.	Create awareness among private sectors involved in WASH and nutrition services on how they should provide services for the community in affordable price
35.	Provide capacity building training to Woreda and kebele agriculture experts, development armies with regard to WASH and nutrition
36.	Provide improved brood animals and other livestock inputs including agricultural supplies for farmer's so that farmers will increase diversified agricultural produces
37.	Conduct research on improved seeds and gen and species modification to increase the yield of the crop and vegetable
38.	Provision of fertilizers on reasonable cost or for free for farmers
39.	Endorse funds directly project Woredas so minimized corruption
40.	Engage in sustainable development projects rather than on relief or emergency response
41.	Support, facilitate and coordinate private enterprises/providers to get loan to enhance WASH and nutrition service
42.	Participate on education development program to enable those HDAs literate
43.	Provide financial and technical support for private sectors to increase WASH related products and linkage to market
44.	Provide technical and financial support for projects implemented on remote and marginalized areas where access to infrastructure is deprived of. Most NOGs prefer usually prefer to work in the area where there is infrastructure
<b><i>Issues to be voiced Private sector / Service providers</i></b>	
45.	Invest on developing water schemes and sanitation facilities
46.	Engage in expansion of water supply from source to community
47.	Avail WASH and sanitation products at affordable price and for fee for the poorest of the poor
48.	Farmers union: Supply foods based on communities demand and play vital role to reduce cost of food items
49.	Engage on the production and provision of nutrition densely foods rather than market valued foods

#### **2.1.1.10. Sources of fund essential for Operation and Maintenance (O & M) for WASH facilities:**

The major fund for O & M of WASH facilities in most of the target study Woredas are from three sources; From the Woreda administration government counsel, which are distributed to government sector offices at Woreda level, from community contribution and the NGOs working in the target study Woredas.

Many informants reported that the fund allocated to run WASH related program/services from government side was usually very small amount as compared the budget allocated for other development programs/services in most of the target study Woredas. As the result source of fund required for O & M of existing WASH facilities, including for the rehabilitation and development of new WASH infrastructures was sourced from NGOs in some of the target study Woredas where the NGOs are actively working. World Vision Ethiopia, UNICEF and Community-Led Accelerated WASH (COWASH) project which is jointly owned by the Finnish and Ethiopian governments are some to mention in this regard. The funds for the COWASH project are funneled directly to community members through microfinance institutions, which is a model that hasn't been implemented by many other NGOs because of the financial regulations that apply to NGOs and aid agencies. NGOs can't normally disperse funds through a third party.

The other source of which is essential for O & M for WASH facilities was sourced from community contribution. In some target study Woredas, the WASHCOs collect very small amount of money monthly from the communities and this money will be used for O & M of community based water facilities/schemes. However, usually what has been contributed from the community was not as such big enough to cover all costs required for O & M failed WASH facilities in most of the places.

#### **2.1.2. Recommendations for R2G Programming**

##### **Recommendations for effective integration of WASH and Nutrition interventions /programs at Woreda level in the R2G target study Woredas**

1. Advocate and strengthen the integration of WASH and Nutrition across relevant government sectors at Woreda level to improve coordination, increase harmonization and influence appropriate planning and resourcing of relevant WASH and nutrition interventions
2. Provide capacity building for Woreda level higher political leaders as well as government sector office leaders to increase understanding on existing policies, strategies and guidelines and on knowledge of issues related to integration WASH and Nutrition interventions
3. Policy advocacy and lobby that the Woreda Administrator should lead the coordination of integration of WASH and nutrition interventions, to bring together all relevant sectors for joint planning and monitoring, to clarify roles and responsibilities of each sector and sectors to be accountable reporting on the integrated WASH and nutrition actions.
4. Provide capacity building training to WASH and nutrition targeting technical leaders, service providers, communities to ensure they fully comprehend each other's priorities and processes, the requirements of relevant national strategies and why and how to integrate WASH and nutrition interventions at all levels.



## **Recommendations to address community capacity gaps / barriers to access good nutrition services in the R2G target study Woredas**

5. The key strategies /action points recommended to address the three priority community capacity gaps (shared vision, participation, and leadership) identified overall are reported in Table 4, Table 5 and Table 6.

## **Recommendations to improve access to WASH and nutrition services for vulnerable community members and PWDs in R2G target Woredas**

6. Advocacy and lobbying efforts to mobilize resources for better delivery of the issues on increased awareness and thoughtful efforts to design and finance appropriate interventions that address the unique needs of the different categories of people by public and private institutions and government sector offices at all levels, including for community based WASH infrastructures.
7. Carry out well targeted and continuous sensitisation to stimulate action from the right actors to address marginalisation and Inclusive WASH services

## **2.2. POLICY AND STRATEGY REVIEW AND ANALYSIS**

### **2.2.1. Findings of the Policy and Strategy Review and Analysis**

#### **2.2.1.1. Findings from review of selected Food Security , Nutrition and WASH related Policies , Strategies, Programs and Plans**

The main food security and nutrition related policies, strategies and plans reviewed include Ethiopia's Food Security Strategy (FSS) (1996), Productive Safety Net Program 5 (PSNP V) 2020 – 2025<sup>8</sup>, National Social Protection Policy<sup>9</sup>, Seqota Declaration Implementation Plan (2016-2030) and the 2019 national Food and Nutrition Policy (FNP) and Food and Nutrition Strategy (FNS) of Ethiopia. Furthermore, the One WASH National Program (OWNP) Phase II Operational Manual (2019) has been reviewed. Furthermore, a light touch review of the national Nutrition Sensitive Agriculture (NSA) Strategy (2016) and national Policy and Strategy on Disaster Risk Management (2009) was carried out. The review focused on assessing if and how the design of these food security , nutrition and WASH related policies ,strategies and plans addressed key policy elements such as incorporation of nutrition and WASH objectives and indicators, intersectoral linkage and multisectoral coordination, vulnerability issues such as gender, disability and inclusiveness, community and CSO participation, etc. This section presents a brief summary of the desk review findings.

#### **Ethiopia Food Security Strategy (1996):**

**Addressing Nutrition and WASH Objectives and interventions:** The 1996 Food Security Strategy (FSS) of Ethiopia was built on three major pillars, which include increasing the availability of food through increased domestic production, ensuring access to food for food deficit households and strengthening emergency response capabilities. Increasing food entitlements for most vulnerable groups and households is a key focus of the FSS, in which nutrition intervention is prioritized as one of the key components. The strategy states the need to focus on interventions to reduce direct and

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<sup>8</sup> Federal Democratic Republic of Ethiopia (FDRE) Ministry of Agriculture; Food Security Coordination Directorate (FSCD). 2020. Productive Safety Net Program phase 5 (PSNP5) 2020 – 2025; Design Document; December 2020



indirect causes of malnutrition in Ethiopia and clearly addressed the role of food security in improving overall nutrition and health status of mainly children and vulnerable groups. It recognizes that increase in agricultural production, economic growth and employment adds to food availability and increase in income, which ultimately leads to food entitlements, including nutritional wellbeing. However, the strategy lacks clear objectives and indicators related to addressing malnutrition or contributing to nutrition outcomes. The FSS envisages to undertake targeted nutrition and health interventions in order to reduce the serious levels of under nutrition observed in the country. However, the strategy fails to mention any specific nutrition related activity to be directly implemented through integration with food security interventions. The FSS emphasizes the need to increase investments in environmental sanitation-sewerage and water supply through labor based public works programs. However, it lacks a clear strategy on how and by who these activities need to be implemented.

**Intersectoral linkage and multisectoral coordination:** The food security strategy clearly recognizes that, efforts to sustainably reduce poverty, hunger, and malnutrition in Ethiopia, require multisectoral coordination in addition to women empowerment and capacity building actions. Even though the strategy mentions specific nutrition activities that need to be implemented by the health sector to address malnutrition, it does not indicate how integration or coordination will be ensured with the health sector to implement these activities. The strategy also lacks any mention of integration of WASH interventions in food security interventions.

**Addressing vulnerable groups:** The FSS gives high priority to addressing the needs of those with both the highest risks and the most serious consequences of malnutrition, specifically children under five, and pregnant and lactating mothers. It also recognizes that a significant proportion of the poorer households in both rural and urban areas are headed by women, whose reproductive and work burdens are well-known. The need to assist women household heads in finding labor saving ways to prepare food, secure firewood and water, and ensuring that they receive priority in income generation programs, and access to child care initiatives are the key approaches that the strategy recommends to address women's vulnerabilities.

**Promoting community and CSO participation:** Ensuring community participation is a key focus of the FSS. The strategy suggests that targeted nutrition programs to be implemented by the health sector need to be administrated with widespread community outreach and participation. However, the strategy lacks clear approaches to ensure community participation and barely addresses the importance of CSO engagement during its design and implementation.

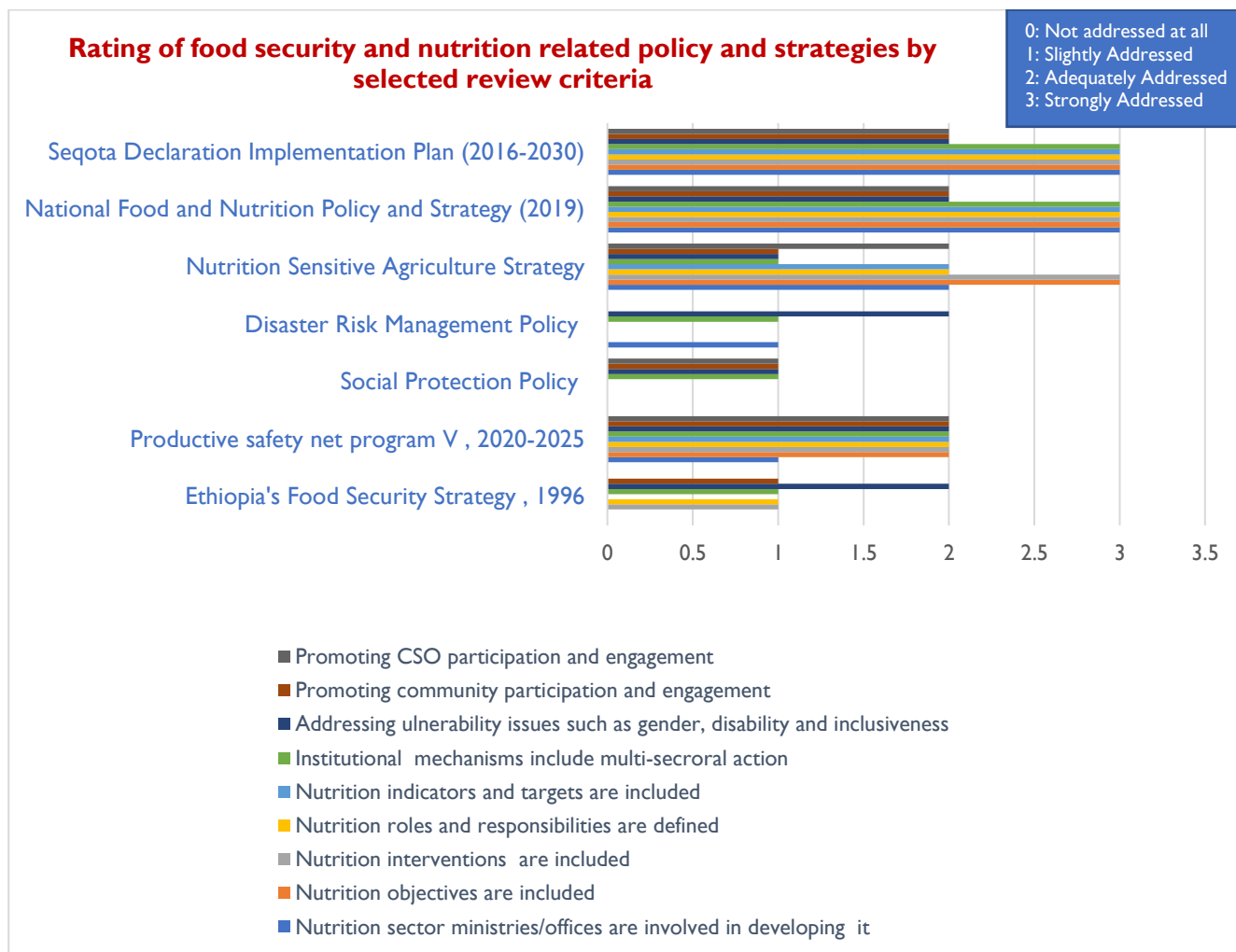


FIGURE 1: RATING OF FOOD SECURITY AND NUTRITION RELATED POLICY AND STRATEGIES BY SELECTED REVIEW CRITERIA

### Productive Safety Net Program phase 5 (PSNP 5) 2020 – 2025<sup>10</sup>

**Addressing nutrition and WASH objectives and interventions:** The overall goal of the PSNP 5 is to meaningfully contribute to poverty reduction in the target PSNP woredas in the country. The PSNP 5 is designed to contribute to the National Food and Nutrition Policy and the Seqota Declaration commitment, through provision of timely, predictable, and adequate transfers to the extreme poor and vulnerable in rural Ethiopia. The program integrates nutrition sensitive approaches and facilitates specific linkages to ongoing health and nutrition interventions. Nutrition sensitivity is embedded as one of the principles of the program. PSNP 5 aims to contribute towards addressing the underlying determinants of child nutrition, and contributing to the country's overall effort of achieving zero stunting by 2030, through mainstreaming relevant nutrition issues across the program outputs.

Social and Behavioral Change Communication (SBCC) is the main delivery approach considered in the PSNP 5 to raise awareness and foster nutrition behavior change among PSNP clients in relation to diversification of diet. PSNP 5 has given more priority for nutrition sensitive interventions as compared to the previous phases of the PSNP. In this program, 3% of the capital budget allocated for public works is planned to be earmarked for nutrition-sensitive activities, such as purchasing materials for cooking demonstrations for nutrient-rich foods. The program also anticipates

<sup>10</sup> Federal Democratic Republic of Ethiopia (FDRE) Ministry of Agriculture; Food Security Coordination Directorate (FSCD). 2020. Productive Safety Net Program phase 5 (PSNP5) 2020 – 2025; Design Document; December 2020

to engage model PSNP clients to work as nutrition champions at kebele levels and this work is included as part of their labor requirement for public works. Furthermore, the program intends to make sure that a portion of the woreda contingency budget is used for temporary inclusion of non- PSNP households with children having acute malnutrition. However, woreda contingency budget has not been allocated due to financing gap. These activities are designed to be implemented only when/if additional funding is secured in the course of the program implementation. This could be an advocacy issue for R2G to influence donors to allocate funding for this initiative in order to improve coverage of the program in non PSNP households.

Livelihood improvement is a key component of the PSNP 5. PSNP livelihoods clients are expected to form a group, receive financial literacy training, and save on a regular basis, either as individuals or in groups, in order to establish relationships with financial institutions and be considered eligible to receive loans. The livelihoods clients will then be supported to choose a livelihood pathway, identify livelihood income generating activities, and develop business plans. PSNP clients receiving the livelihood grant will also be supported to develop business plans. The review showed that this is a great opportunity to encourage loan recipients to prioritize on-farm and off-farm livelihood activities that contribute to nutrition sensitive outcomes. However, the PSNP 5 lacks any direction indicating that priority for financial support is given to business plans that support nutrition sensitive outcomes and, hence contribute to nutrition security. PSNP clients are linked to major social services which include nutrition and WASH services. While the PSNP has given significant focus on nutrition sensitive interventions, attention given to promoting WASH services, products and behaviors is generally inadequate.

**Intersectoral linkage and multisectoral coordination:** The PSNP5 is designed to directly contribute towards 12 of the 17 SDGs, including zero hunger; good health and well-being; gender equality; clean water and sanitation. PSNP 5 focuses on ensuring linkages to social services including health and nutrition services. Thus, the program design has given adequate focus on the need for multi sectoral coordination for effective implementation.

**Addressing Vulnerable Groups:** Gender equity and social inclusion is a key principle embedded in the design of the PSNP 5. The program is designed to respond to the unique needs, interests and capabilities of men and women and persons with disabilities (PWDs) to ensure that they benefit equally from the program. This is expected to be achieved through promoting the participation of both men and women and PWDs in PSNP decision-making structures and responding to women's responsibility for both productive and reproductive work. Furthermore, the program aims to strengthen women's active engagement in the planning process by assigning the responsibility of mobilizing women and women's structures during the planning process to properly reflect women's needs in the PW plans. The engagement of persons with disabilities (PWDs) in program planning processes, and the inclusion of public works that reflect their needs is given a high priority. The review also showed that the PSNP's design is gender sensitive. The program recognizes the important role women play in food security and nutrition decisions in the household. As a result, women participating in the PSNP are allowed to work fewer hours each day, arriving late and leaving early if they need to provide care for children at home. Furthermore, the program calls for provision of day care centers at public works sites, and allows pregnant and nursing women to receive direct support with no work requirement.

**Monitoring and evaluation:** Enhancing resilience to shocks of extreme poor and vulnerable rural households in PSNP woredas is one of the key expected outcomes of PSNP 5. Two of the key indicators outlined under this outcome are critical in measuring the contribution of the PSNP to nutritional wellbeing of the beneficiaries. These indicators are "percentage of children 6-23 months of age in PSNP households who receive a minimum acceptable diet" and "percentage of mothers in PSNP client households who practice proper IYCF". The review identified opportunities for advocacy to ensure that some of the business plans to be supported by the program under its livelihood improvement component integrate nutrition sensitive of-farm or on-farm interventions and indicators.

### **National Social Protection Policy ( SPP) (2012)**

**Addressing nutrition and WASH objectives and interventions:** The National Social Protection Policy envisages providing coverage to broad categories of society that are in need of social protection focusing on the protective, preventive, promotive and transformative actions necessary to fulfil the constitutional requirement of social protection. Social safety

net and livelihood and employment schemes are some of the key focus areas of the policy, which aims to expand predictable social transfers (conditional and non conditional) and protect vulnerable groups from falling in to extreme poverty, food insecurity and malnutrition. The policy also aims to contribute to building human capital of poor individuals and households to stop intergenerational poverty and promote public works program to enhance community assets. However, the policy fails to mention any specific nutrition and WASH related objectives and interventions under its strategic objectives.

**Addressing vulnerable groups, CSO and community participation:** Gender sensitivity and inclusiveness are among the key principles embedded in the design of the SPP. The policy states that social protection actions shall be gender neutral, which may require affirmative action's further to empower women. The policy also encourages gender focused mainstreamed interventions. The policy emphasizes that social protection measures shall be implemented in a manner to address social as well as economic vulnerabilities by protecting citizens against discrimination and exclusion. Promoting CSO participation is one of the key principles embedded in the design of the social protection policy. It states that civil society in general, and beneficiaries in particular, shall be consulted and involved in the design, planning and implementation of social protection interventions.

### **Seqota Declaration (SD) Implementation Plan (2016 – 2030)**

**Addressing nutrition and WASH objectives and interventions:** The Seqota Declaration envisions to end child undernutrition in Ethiopia by 2030, through improving nutrition outcomes in communities and transferring knowledge and technology for better nutrition and health status of the population at large. The SD aims to address malnutrition through priority interventions, which includes innovation, promoting nutrition security in some of the most food insecure areas of the country and leveraging pre-existing policies, strategies, and programs in place to maximize lessons learned and to apply best practices at scale in a targeted approach. The review showed that water and health sector ministries were actively involved in development and implementation of the SD plan, as WASH interventions are considered key for addressing child malnutrition. The SD design has included WASH objectives, as one of its key strategic objectives. Specific WASH sector objectives such as promoting zero open defecation, promoting access to quality latrine, promoting access to handwashing facilities, promoting school WASH are provided emphasis in the design of the SD implementation plan. The SD plan considers promoting access to safe and adequate water supply and access to improved latrine facilities as priority WASH interventions for better nutrition outcomes. Further more, WASH related roles and responsibilities and WASH related indicators are clearly defined in the SD plan. Indicators include, “proportion of HH with access to safe and adequate water supply” and “proportion of HH with access to improved latrine facilities”.

**Intersectoral linkage and multisectoral coordination:** The SD plan aims to strengthen the capacity of sectors in delivering high impact nutrition specific and nutrition smart interventions across multiple sectors including health, agriculture, water, education, and social protection. The plan also focuses on addressing the underlying causes of undernutrition which includes household food insecurity, poor caring practices, lack of access to basic services, including lack of access to safe water supply, health services (including knowledge and training of health workers); and unhealthy living environment. These initiatives call for multi sectoral coordination for effective implementation and achievement of SD outcomes. The SD plan gives high attention for setting up a system for effective and functional multi-sectoral coordination and implementation to address the underlying causes of undernutrition.

**Addressing Vulnerable Groups:** Gender, disability and inclusiveness are given high emphasis in the design of the SD implementation plan. Addressing gender and disability issues in relation to nutrition is assigned as a key responsibility of the social protection sector response to nutrition. The SD recognizes that gender equality and empowerment of women are essential components of human development that influence nutrition across the entire lifecycle, and are critical to achieve nutrition objectives. Ensuring gender equality is considered a key component for achieving the objective of reducing child malnutrition. The plan also gives adequate emphasis to increasing access to nutritious foods among vulnerable groups and reducing gender and social inequalities by targeting the most vulnerable groups.

**Promoting CSO Engagement :** Promoting CSO engagement is outlined as a key strategy for the SD implementation. The plan recognizes that the SD implementation depends on nutrition sensitive interventions operated by CSOs, thus the

importance of integrating these interventions to address undernutrition. The SD plan also recognizes that CSOs have a great role in formulation, implementation, monitoring and evaluation of the plan.

### **Food and Nutrition Policy and Strategy 2020/21-2030/31 (2019)**

**Addressing WASH objectives and interventions:** The WASH sector ministries and offices were actively involved in the design and development of the FNP/S. Furthermore, WASH objectives are included as one of the key objectives of the FNS and strategic action areas have also been clearly outlined.

The strategy gives emphasis to WASH social and behavior change communication interventions targeting school aged children and adolescents. The WASH related roles and responsibilities of sectors are also clearly defined. The FNS outlines clear plans for better integration of WASH in to nutrition programs through provision of safe, adequate and climate resilient water supply and sanitation services on a sustainable basis. Promoting adoption of good hygiene behavior and sanitation practices through awareness raising, eliminating open defecation practices and enhancing environmental sanitation to control WASH related communicable diseases transmission are the priority WASH interventions stipulated in the FNS.

**Intersectoral linkage and multisectoral coordination:** Ensuring availability, accessibility, and utilization of diversified, safe, and nutritious food, ensuring the safety and quality of foods from farm to table, improving post-harvest management of agricultural food products and ensuring optimum nutrition at all stages of life are some of the main objectives of the FNP/S. The strategy states that sectors will benefit and give priority for nutrition and WASH issues in their sectoral strategic plans and assist to develop relevant sector specific guidelines and manuals and detailed activities for implementation. A multisectoral national Food and Nutrition Council (FNC), which is composed of all sectoral ministers, regional presidents, and city administrators, led by the prime minister is expected to administer the policy and strategy implementation. Furthermore, there will be a standalone multi sectoral secretariat office for the FNC with its own organizational structure to serve as a hub for routine activities of the multisectoral coordination. The secretariat coordinates and supports food and nutrition implementing sectors and stakeholders to discharge their duties and responsibilities.

**Addressing vulnerable groups:** Gender sensitiveness and disability inclusiveness are among the key principles embedded in the design of the FNP/S. The FNP/S is designed to address the needs and challenges of vulnerable community members including pregnant and lactating women, children, persons with disabilities.

**Promoting CSO engagement and community participation:** The FNS recognizes the critical role that promoting CSO participation and engagement during formulation, implementation, monitoring and evaluation plays with regard to promoting good practices, construction of infrastructures, monitoring quality of food and nutrition and WASH services and products. The FNS also states that CSOs play a key role in integrating WASH services in to nutrition and food security programs and monitoring the quality of services delivered. The strategy encourages CSOs to collaborate with public and private sectors for implementation selected strategic initiatives. These include, strengthening micronutrient supplementation during emergency, ensuring quality and safety of emergency foods, ensuring availability of animal feed, water, and diseases prevention services in crisis prone areas, and enhancing capacities and livelihood opportunities for communities affected by emergencies as part of social protection schemes. The FNS also promotes community participation and engagement during implementation, monitoring and evaluation of the strategy through self-financing of interventions and beneficiary selection process for food and nutrition security programs.

### **One WASH national Program: Program Operational Manual for the Consolidated WASH Account (CWA), Phase II, 2019**

The One WaSH National Program (OWNP) is the Government's main instrument for achieving the Growth and Transformation Plan's (GTP's) goals for the WaSH sector in a more integrated manner. The broad objective of the OWNP is to improve the health and well-being in rural and urban areas by increasing water supply and sanitation access and the adoption of good hygiene practices in an equitable and sustainable manner. OWNP aims to coordinate WaSH activities and improve efficient use of resources for WaSH service delivery for rural, urban, and pastoral communities, as well as schools, health posts and health centers. Implementation of Phase - I of OWNP was completed in 2015 while phase II implementation, which was commenced in 2005 has continued beyond 2020. The design of Phase II of the

OWNP is based on lessons learnt from implementation of Phase I and aligned with national development goals such as GTP II and the global SDGs. Its approaches are also aligned with the global milestones that form the legacy of today's WASH policies and programs including the Dublin Principles.

**The Value-Added of the OOWNP:** Introducing sector-wide approaches in the WASH sector through One Plan, One Budget and One report is the main value-added of the OOWNP. Rather than having different WASH programs supported by different donors and partners as has been the case in the past, the OOWNP introduced one government-led WASH plan for all partners, implemented using pooled fund contributed by various donors. Another value-added of the OOWNP is its strategic focus to motivating the private sector to take up sanitation marketing as a profitable business and harmonizing and putting in place sanitation marketing implementation modalities using marketing mix and other principles. The program also promotes the need to reducing cost related to operation and maintenance of water supply facilities and construction through 'One Plan, One Budget One Report as inter-sectoral coordination approach.

**Addressing Nutrition Objectives and interventions:** The design of the OOWNP lacks any objective or major intervention that directly contribute to nutrition outcomes. However, light touch activities related to integrating nutrition messaging in WASH SBCC campaigns are outlined in the program design. Ensuring linkage with other national programs is taken as a key implementation modality in the design of the OOWNP. Thus, the program interventions are designed to have a link with health and nutrition sensitive interventions that contribute to reducing stunting. The OOWNP also recognizes that water quality is one of the major constraints compromising expected health and nutrition impacts from improved water supply and sanitation services.

NNP activities are among the list of interventions that the program aims to include in annual consolidated WaSH plan and receive financing from CWA II resources at Woreda level. The primary responsibility of preparing joint annual consolidated WASH plan at Woreda level is given to the Woreda WASH Team (WWT) particularly of Water, health, and education sectors. Where there is more institutional financing, the health and education sector are required to prioritize institutions (such as schools and health facilities) that are targeted by other national programs, such as the National Nutrition Program (NNP) to increase complementarities and impact. Rolling out of new BCC campaigns is planned as part of the demand-side interventions of the ONWP. The plan aims to integrate health and nutrition messaging in the BCC campaigns, which promote a gender-inclusive design, promote links to sanitation and GBV, and address issues of household water quality and safe storage.

Climate Resilient WASH is one of the components of the OOWNP. The program integrates nutrition related criteria for selection of geographic areas that receive financing under this component. These criteria include GAM  $\geq 15\%$  OR GAM  $\geq 10\%$  with aggravating factors, U5 children in TFP cases:  $\geq 40$  for Health Post OR  $\geq 50$  for Health Centre, U5 %Prevalence of MUAC  $< 11$  or bilateral oedema  $> 3\%$  and percentage change of TFP admission within the past quarter  $\geq 50\%$ .

**Inter sectoral linkage and multi sectoral coordination:** The design of the OOWNP is guided by the Memorandum of Understanding (MoU) and WASH Implementation Framework (WIF), signed by the Federal Ministries of Water, Health, Education and Finance. Integration of water, health, education, and finance is one of the guiding principles that govern implementation of the program. This principle aims at integrating safe water use with good sanitation and hygiene practices at the household level, in schools and health facilities (Institutional WASH) through synergy built among the four sectoral offices: water, health, education and finance. This includes coordinated and collaborative planning, implementation, monitoring, reporting and evaluation of program results.

**Addressing vulnerable groups:** Vulnerability issues such as gender, disability and inclusiveness are strongly addressed in the design of the OOWNP, as it strongly promotes development and implementation of gender, disability and age sensitive sanitation and hygiene interventions. One of the intermediate objectives of the program aims to ensure that 60 % of health institutions have gender and disability sensitive complete WASH package<sup>11</sup>. Furthermore, specific activities

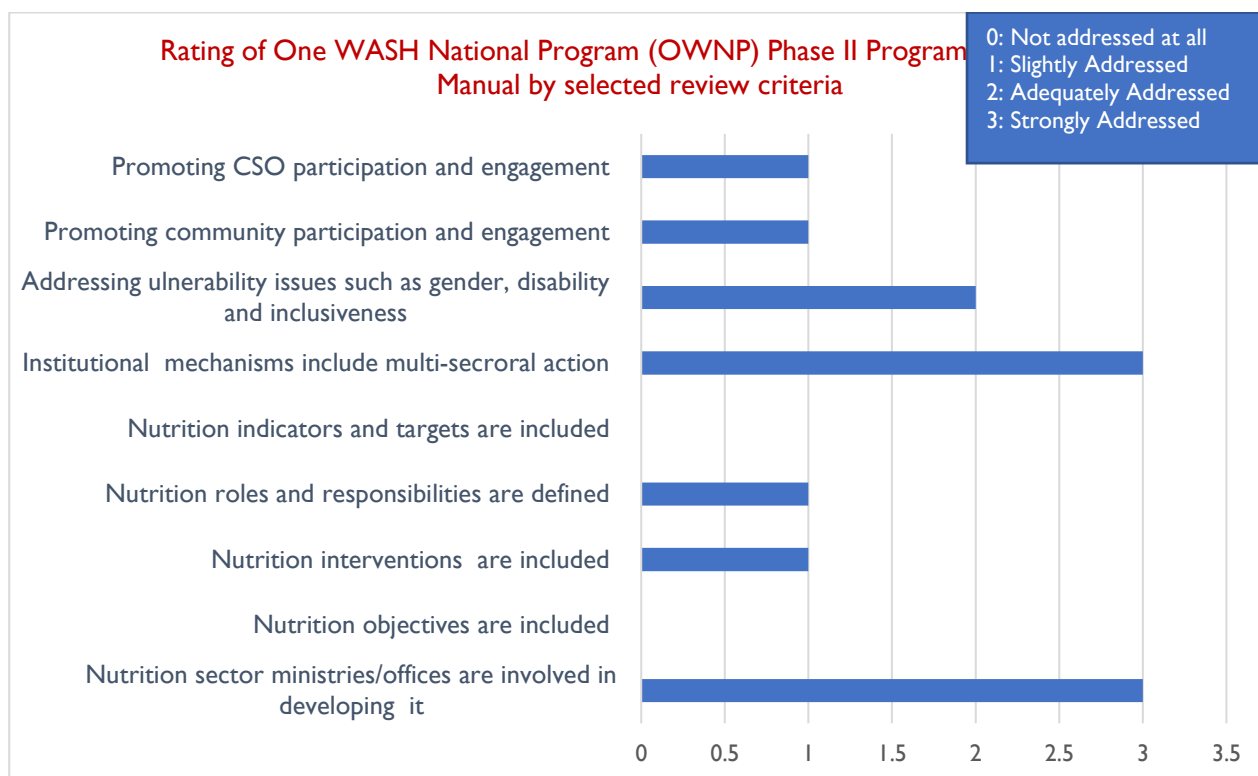
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<sup>11</sup> Complete WaSH Package for schools shall include provision of: (i) water supply, (ii) an improved school sanitation facility, with separate blocks for boys and girls, access for people with limited mobility, and hand washing facility with water and soap; and (iii) dedicated rooms for MHM. Full package for health facilities shall include: (i) water supply facility; (ii) improved sanitation facilities separate for male and female, with at least one toilet dedicated for staff, accessible to



that aim to ensure participation of women and girls in WASH service planning , design and implementation are included in the program design to ensure sustainability of WASH services.

**Promoting CSO, private sector and community participation:** The OWNPN recognizes Civil Society Organizations (CSOs) and the private sector as significant partners playing an essential part in attaining OWNPN target , thus expresses its commitment to ensure increased engagement of Civil Society Organizations (CSOs) and the private sectors. The OWNPN also recognizes the need to consider CSO and community contributions during resource mapping, so that possible resource that could be generated internally through community contribution and other means of mobilization are taken into account in program planning. The Regional WASH Steering Committees are assigned responsibilities to foster relationships with, and elicit support from, civil society organizations and development partners. However, the program lacks specific strategic approaches on how CSO participation and engagement can be ensured in its implementation.



**FIGURE 2: RATING OF ONE WASH NATIONAL PROGRAM PHASE II OPERATIONAL MANUAL BY SELECTED REVIEW CRITERIA**

## 2.2.1.2. Implementation of Existing Nutrition and WASH Policies , Strategies and Plans

### Implementation Status, Challenges and Gaps

Interviews conducted with representatives of health sector bureaus/offices at regional and woreda levels in Amhara, Oromia and SNNP regions indicated that the national Food and Nutrition Policy and Strategy (FNP/S) as well as the other nutrition related strategies, programs and plans are being implemented by key government sector bureaus, under the leadership of the health sector at all levels. However, all key informants from the three regions claimed that

disabled people and separate for female and male, (iii) hand washing facility, with water and soap (iv) health-care waste management facilities for safely treatment and disposal of sharp and infectious waste (incinerator, placenta pit, waste disposal pit).

implementation has not been effective as expected in meeting the national targets of stunting reduction, and in contributing to the goal of achieving zero malnutrition by 2030.

The main identified gaps and challenges in implementation of nutrition policies , strategies and plans across the three regions include weak multisectoral coordination, monitoring, and accountability; inadequate nutrition human resource across implementing sector bureaus and offices; high turn over of staff and sector managers ; budget and resource constraints; low awareness and attention to existing policies and strategies by implementing sector heads and staff at woreda and community levels; food insecurity and recurrent conflict and political instability.

**Weak system for multisectoral coordination, monitoring, reporting and accountability:** Weak multisectoral coordination and low commitment among most multi-sectoral nutrition sensitive program implementing sector bureaus was identified as an inherent gap impeding effective implementation of nutrition related policy, strategies and plans starting from the initiation of the first National Nutrition Program (NNP I). Key informants suggested that , unless key sectors effectively implement their multi sectoral nutrition responsibilities embedded in the FNP/S, implementation can not be effective on the ground. Due to lack of an effective and uniform multi-sectoral system in place to ensure regular performance monitoring , reporting, feedback and accountability, multisectoral coordination efforts have not been effective as expected in supporting implementation of the national nutrition program across the three Regions.

*“...Following the launch of the national FNP/S at regional level, sectors developed a joint plan and submitted to the Ministry of Health for year one implementation. However , we did not follow up to monitor the status of sectors’ implementation of their nutrition plans and whether they stick to their joint plan or not...” (KII, RHB, SNNP)*

The study also revealed that the leadership vacume currently created due to slow transition of power for leadership of the multisectoral coordination mechanism, following completion of the NNP II implementation affected the momentum with existing efforts to strengthen and sustain multisectoral coordination, monitoring and accountability for nutrition. As per the new FNP, the regional FNC led by the regional administrations have the mandate to lead multisectoral coordination for FNP implementation, while the health sector is horizontally structured under the regional administration with equal power with other sectors. However, due to the slow transition of power for leadership of multisectoral coordination role from the RHB to the Regional Administration and delayed establishment of the regional FNC, multisectoral coordination appears to be currently non functional across the three regions.

**Inadequate budget and staff allocated to the nutrition program across all implementing sectors:** Allocation of budget and human resource dedicated to implementation of NNP responsibilities is a commitment that implementing sectors signed for. However, due to sectors failure to translate their commitment in to action, budget and human resource constraint , which was a key bottleneck during NNP implementation, also continued to hamper effective implementation of the current Food and Nutrition Policy and Strategy (FNP/S). RHB and BOA have relatively better staffing and budget for implementation of nutrition activities. However, persistent human resource and budget allocation challenges in other implementing sectors has continued to affect implementation of nutrition policy , strategy and plans. Key informants reported that these challenges have been reported several times to decision makers at higher levels. However, the issue received little attention due to competing priorities of the government in relation to the recent conflict and political situation of the country , thus remains least likely to be addressed any time soon.

*“...Even the RHB doesn’t have adequate nutrition staff. There are only two nutrition staff. Two staff members can not support all zones and woredas and pursue all planned nutrition activities. Human resource gap is affecting the overall nutrition implementation in all sectors including the health sector. At regional level, partners support the health bureau by assigning seconded staff who support nutrition activities. However, the support ceases when projects terminate. Only focal persons are assigned for nutrition interventions at lower (woreda) levels. As a result, nutrition is regarded as a secondary assignment. This seriously affects implementation...” (KII, RHB Representative)*



**Low awareness and attention given to nutrition policy, strategies and plans at woreda and community levels:** Interviews conducted with Woreda Health Office (WHO) staff across the three regions showed that majority of the health sector heads and staff at woreda and kebele levels have awareness and knowledge of the main nutrition related policies, strategies and plans. However, awareness and attention to these nutrition related policies, strategies and plans by heads and key staff of other nutrition sensitive program implementing sector offices at woreda level is generally low.

Key informants across the three regions reported that WHO staff, particularly at community level structures have limited awareness and knowledge of the existence of the Food and Nutrition Policy and Strategy which was recently endorsed at national level. The FNP/S is not officially launched and adequately introduced at woreda and community levels due to budget constraints to cascade the strategies and plans at community level, recent conflict and political instability, low government attention, among others.

Interviews across the three regions also showed that WHO staff leading nutrition interventions have limited awareness and knowledge of the existence of the main WASH policies, strategies and plans as well as key intersectoral activities indicated in the policies and strategies. Similarly, woreda water supply office staff also have limited knowledge on nutrition policies and strategies. This, according to key informants, was mainly due to limited opportunities for trainings, orientations and platforms to introduce existing multisectoral nutrition and WASH policies, strategies and plans at regional and community levels.

*“...Awareness and knowledge of woreda water office staff on the existing food and nutrition related policies, strategies and plans is generally low. We don’t even have copies of these policies and strategies in our office...” (KII, WHO, Oromia Region)*

*“...Awareness is very low because of low political commitment, budget problem, and lack of coordination at woreda level. The woreda water office doesn’t have a structure at kebele level...” (KII, WHO, Amhara Region).*

Key informants from Amhara region also reported that the current conflict/war in the region hampered implementation of all national policies and programs, including nutrition. Furthermore, monotonous agricultural production and feeding practices observed in some food secure areas in the region particularly in West Amhara, due to low awareness on dietary diversification also challenged implementation.

**Low political attention to WASH programs and interventions:** All key informants across the three regions reported that implementation of WASH related policies, strategies and plans has not been adequate and effective as compared to the existing scale of problems associated with water access, hygiene and sanitation. Low government attention to WASH activities, weak coordination among sector offices, security issues and political instability, budget constraints, high cost inflation of WASH hardware materials, inputs and activities were reported as the main challenges that impede effective implementation of national WASH related policies, strategies and plans.

*“...I don’t think that government officials regard WASH activities as important and have sense of ownership. In Ethiopia, the main reason that programs fail to succeed or sustain is lack of political commitment from higher officials, despite experts endeavor to do their best. Higher officials at different levels don’t give adequate attention to WASH implementation because WASH implementation is not considered in their performance measurement...” (KII, SNNPR)*

## **Existing Opportunities for Effective Implementation of Policies, Strategies, Programs and Plans**

The conducive health system and infrastructure on the ground, availability of key partners and stakeholders providing technical and financial support for implementation, expansion/scaling up of the SD program implementation to SNNP and Oromia regions, continuous supply of nutrition professionals from universities, improving community awareness on optimal nutrition and WASH practices were some of the opportunities identified for effective implementation of policies, strategies and plans. Furthermore, improving community awareness on optimal nutrition practices, high community

demand for quality and accessible nutrition and WASH services and interest and support of CBOs and FBOs at woreda and community levels, were identified as potential opportunities.

**Existing health system and infrastructure on the ground:** Existence of strong government system and structure from woreda to kebele level including presence of trained community level development agents such as Health Extension Workers, Agriculture Extension Workers, HDA, WASHCOs at kebele level were prioritized by key informants as opportunities to improve implementation of multisectoral nutrition and WASH policies and strategies at community level. Furthermore, improving community awareness on optimal nutrition practices, high community demand for quality and accessible nutrition and WASH services and interest and support of CBOs and FBOs at woreda and community levels, were some of the potential opportunities identified.

**Availability of partners supporting nutrition implementation:** Government sector representatives reported that several partners are committed to supporting effective implementation of the governments nutrition and WASH related policies, strategies and plans. However, partners need to be mapped clearly and align their plans with coordination platforms at all levels so as to ensure a coordinated approach to implementation.

**Scaling up/expansion of the SD to SNNP and Oromia regions:** Seqota Declaration is embedded as a key component in the national FNS. As a multi sectoral program, the SD interventions are designed to address the various structural factors that impede effective implementation of the national nutrition policy and strategy. Unlike the multisectoral FNP/S which encourages sectors to allocate their own budget for implementation of their nutrition responsibilities, the Seqota Declaration program allocates its own budget to implementing sectors, which facilitates program implementation. Thus, expansion of SD to Oromia and SNNP regions was considered by key informants as an opportunity that can facilitate effective implementation of the FNP/S and other nutrition and WASH related policies, strategies and plans.

**Continuous supply of nutrition professionals:** Various universities in Ethiopia have opened nutrition training programs and continued supplying nutrition professionals to the job market. While this was identified as an opportunity to enhance quality and intensity of implementation of the national FNP/S, the existing lack of nutrition structure in majority of government sectors implementing nutrition interventions is still a challenge to fill the existing nutrition human resource gap.

## **Integration and multi sectoral coordination efforts in implementation of nutrition and WASH policies, strategies and plans.**

The FNP/S is being implemented through a multisectoral effort by the health and other key sectors who take the lead role in implementing nutrition sensitive interventions at all levels. Promulgating the FNP/S has been a major step so far taken by the government, since it was officially launched in 2019. However, delays in making the regional multisectoral coordination mechanisms functional to oversee performance and ensure accountability of sectors at all levels is currently a major challenge for effective multisectoral implementation of the policy/strategy. With regard to ensuring accountability, key informants suggested that nutrition activities should be included in the Balanced Score Card (BSC) that is used for performance evaluation of nutrition implementing sector staff who are responsible for multi sectoral nutrition activities so that they give adequate attention and are committed to improved implementation of nutrition interventions in their respective sector bureaus/offices.

The study also revealed weak inter sectoral linkage and integration of programs within a single government sector office. A case in point identified was the lack of intersectoral linkage between the nutrition case team and the Hygiene and Environmental Health Directorate within the health sector. Even though nutrition and WASH programs require an integrated approach to implementation, this is not happening at the MoH to lower level structures, hence, both programs are implemented in parallel at this time.

*“...We are at the same bureau but we are not working together. It has not been possible to coordinate WASH and nutrition activities of the health bureau. You are the first person who made WASH and*

*nutrition officers meet and discuss both programs together in the same room [they took part in stakeholder analysis exercises together]. Thus, if the results of this baseline study are implemented, it will be a great start to show that both programs can be synergized at national level. We know that integrated implementation of WASH and nutrition programs helps to reduce duplication of budget and efforts...”*  
(KII, RHB Representative).

Key informants at woreda level reported that nutrition and WASH main and technical committees<sup>12</sup> are the main mechanisms facilitating multisectoral coordination and implementation with other sectors at woreda levels. However, these coordination platforms are not functional as expected due to irregularity of multi sectoral meeting schedules, lack of budget to organize multisectoral review meetings and field visits, weak system for performance monitoring , reporting and accountability, high turn over of focal persons participating in coordination platforms and low commitment of higher officials in some implementing sector offices. Key informants in study woredas in Oromia region, stated that multi-sectoral coordination at woreda and community level is active only during emergency.

Generally, the health, water, agriculture, and education sectors are more active and committed in implementation of multi sectoral nutrition and WASH sensitive interventions. Other signatory sectors are also supporting efforts to create community awareness on optimal nutrition and WASH practices. Sectors failure to allocate budget for nutrition and WASH sensitive interventions was identified as a key constraint to ensure effective multisectoral coordination and implementation of national nutrition and WASH related policies, strategies and plans.

HDAs at community level across the three regions, are supporting the HEWs in implementation of multi sectoral activities including awareness creation and community mobilization to promote optimal hygiene and sanitation practices as well as complementary feeding practices. They also encourage community members to engage in production of vegetables and fruits that can contribute to household nutritional wellbeing, particularly for women and children and generate income for women. FGDs conducted with HDA groups across the three regions showed that WASH awareness and behavior promotion activities are clearly integrated in routine operations of HDA and being implemented at community level. Poor access to clean water supply, lack of follow up from sector office leaders, inadequate technical and professional support from experts in sector offices and low commitment of community members to ODF campaigns were some of the major challenges HDAs reported in implementation of WASH related activities.

Unavailability of kebele level structure for the woreda water supply office , except the WASHCos who are mandated to manage constructed water schemes, affected coordinated implementation between the health and water supply offices at community level. FGDs conducted with HDAs and WASHCos at kebele level across the three regions revealed lack of collaboration between HDAs and WASHCOs, partly due to the limited scope of engagement and role WASHCos are assigned by the woreda water supply offices. WASHCos are established mainly to manage constructed water schemes ,through regulating administrative and financial aspects of water supply schemes. Availability of functional WASHCos at community level is a potential opportunity to improve coverage and intensity of sanitation and nutrition behavior promotion and social mobilization activities at community level, through integrating these activities in their routine water scheme management activities. However, due to their limited scope of engagement, they are not engaged in supporting implementation of these efforts at community level.

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12 Main committee refers to the woreda nutrition coordination body and WASH steering committee while technical committees refer to the woreda nutrition technical committee and woreda WASH team.

## CSO and Community participation in implementation of national policies, strategies and plans

Ensuring community participation is considered a key priority in implementation of nutrition and WASH related policy , strategies and plans. Interviewed woreda health and water supply office representatives perceive that implementation can not succeed with out financial support of the target community and results can not sustain and scaled up with out ownership of the community. Various efforts are being made by woreda level sector offices and community level structures to promote community participation. Mobilization to encourage community members make financial , material and labor contribution for implementation of nutrition and WASH related interventions is one of the approaches being followed to promote community participation and ownership of programs and services. Availability of community level structures such as HEW, AEW, HDA, WASHCOs, CBOs, FBOs and coordination platforms such as kebele nutrition committee are key opportunities to promote community participation and engagement in implementation of nutrition and WASH policies, strategies, and plans.

### Existing Efforts in Addressing Malnutrition and WASH related issues in gender sensitive and inclusive ways.

Interviews and discussions conducted with government office staff and community members at various levels showed that several efforts are being made to ensure gender sensitiveness in the design and implementation of nutrition and WASH related policies, strategies and plans. The main food security , nutrition and WASH related interventions have been designed to address women, particularly pregnant and lactating women, and children as priority groups. Furthermore, Women affairs sector is one of the government signatory offices implementing the multi sectoral NNP and a key member of the nutrition multi sectoral coordination platforms. Due to its structural presence from federal to community level , the women affairs sector has an opportunity to ensure that the design and implementation of nutrition and WASH related interventions is gender sensitive. Key informants at woreda level also reported that ensuring accessibility of nutrition services for women , with the ultimate goal of addressing gender inequality , is a key consideration during implementation. WASHCOs also reported that they give priority to pregnant and lactating women to use water points. HDA leaders suggested that community level nutrition and WASH related interventions need to follow a couple based approach targeting both the husband and wife together, for effective implementation and delivery of desired outcomes.

Interviews with government sector staff and community members generally showed that sector offices have major gaps in addressing disability issues in implementation of nutrition and WASH related policy , strategies and plans. All participants at woreda health bureaus reported a major gap in involving vulnerable groups in planning and reviewing of nutrition and WASH related activities implemented on the ground. As a result, their needs and concerns are not considered well. Participants mentioned resource constraint and limited availability of partners supporting interventions that target vulnerable groups, as some of the main constraints to address the needs of persons with disabilities (PWDs) through tailored nutrition and WASH interventions and services. Study participants recognize the need for multi sectoral response to address the needs and challenges of PWDs. However, this has not been achieved so far due to weak coordination among the key sectors including Women and Children affairs offices, health, social affairs offices and agriculture offices, etc. at woreda and community level.

At Kebele levels, HDA groups conduct community sensitization and home visits to encourage caregivers to allow their children with disabilities to have access to health, education and other social services. However, participation of persons with disabilities and other vulnerable groups in community level nutrition and WASH related activities is generally low. Starting from routine malnutrition screening to service distribution, children with disabilities are marginalized from participation and access to nutrition services. HDA leaders mentioned low awareness among both PWDs and the community regarding their rights to participate in community level activities including nutrition and WASH , lack of proper follow-up , monitoring and support from responsible government offices and inconsistency of efforts as some of the constraints. HDA groups and WASHCOs across the three regions also reported that majority

of water schemes and sanitation facilities constructed are hardly accessible to women and men with disabilities , elders, and pregnant mothers.

### 2.2.2. Recommendations for R2G Programming

Policy Advocacy for revision of the national Food Security Strategy to address nutrition and WASH related objectives, interventions and indicators: Household food insecurity is one of the underlying causes of malnutrition at household and community level. Thus, a country's Food Security Strategy is expected to serve as a key policy instrument in facilitating multi sectoral efforts towards sustainable nutrition outcomes and ending malnutrition. However, the existing national food security strategy lacks clear objectives, interventions and indicators contributing to nutrition and WASH related outcomes. Thus, the R2G partners need to consider supporting advocacy efforts for revision of the national food security strategy with the aim of including nutrition and WASH related objectives, interventions and indicators that directly and indirectly contribute to nutrition security.

Lobby and advocacy to influence woreda contingency budget allocation for PSNP 5 program. The design of PSNP 5 earmarked 3% of the capital budget allocated for public works to be used for nutrition sensitive activities. However, woreda contingency budget, a portion of which is to be used for provision of temporary nutritional support to non-PSNP households, is yet to be allocated. R2G partners need to facilitate lobby and advocacy to influence donors and partners to allocate funding for this initiative in order to intensify coverage of the program with nutrition interventions targeting non PSNP households.

Lobby and advocacy to influence the Food and Nutrition Coordination Office (FaNCO) at the FMoA and partners to make adaptations in the PSNP 5 implementation plan to

1. Prioritize livelihood grant provision to business plans with livelihood income generating activities ( of-farm and on-farm) that contribute to improved nutritional outcomes at household and community level.
2. give adequate emphasis to promoting WASH services, products and behaviors, through integrating WASH relevant objectives, interventions and indicators in its design.

Technical assistance and advocacy efforts to speed up establishment of the national Food and Nutrition Council and Secretariat at national and regional levels. In order to fill the leadership vacume currently created due to slow transition of power for leadership of the multisectoral coordination mechanism, R2G partners need to provide technical support and advocacy efforts to influence the government to give adequate attention for accelerated establishment and functionality of the national FNC/S and subsequent structure at regional levels. Advocacy efforts to mobilize donor and partner support to strengthen the FNC and FNS , ones established is also required.

Policy advocacy and technical assistance targeting NNP signatory sector offices at federal and regional levels to ensure that

1. sector ministries/bureaus allocate budget to implement nutrition responsibilities assigned to their sector.
2. A portion of the budget allocated by the sector is used to hire staff who are fully dedicated to implementing nutrition responsibilities assigned to the sector
3. Nutrition responsibilities assigned to the sector are included in the Balanced Score Card (BSC) that is used to evaluate performance of staff assigned to implement nutrition responsibilities, so as to improve accountability.

Organize dissemination and familiarization workshops to launch the national Food and Nutrition Policy and Strategy, particularly at woreda and community levels: R2G partners need to consider supporting the launch and familiarization of FNP/S at woreda levels, where there is very low awareness on the policy. Non health sector staff at woreda level need to be involved in the launch and familiarization workshops. R2G partners need to consider availing and distributing adequate copies of the national FNP/S document at woreda and kebele levels.

Provision of technical assistance and advocacy efforts to influence the health sector ( from federal to woreda levels) to ensure intersectoral linkage and integration of nutrition and WASH programs with in the organization. Lack of intersectoral linkage and integration of nutrition and WASH programs with in the health sector is a key gap. R2G partners need to provide technical assistance and advocacy support to influence the health sector starting from the federal to regional and woreda levels to establish functional system for intersectoral coordination and integration between the nutrition and WASH departments.

Technical support and advocacy to influence woreda level water supply offices to integrate sanitation and nutrition promotion roles in establishment, training and routine activities of WASHCo: R2G needs to consider advocacy efforts to influence water supply sector to revise the ToR for establishing WASHCo and their scope of engagement. Revisions need to be made to ensure that WASHCOs have a broader role to play in the promotion of sanitation and nutrition behaviors at community level, rather than a mere focus on management of water schemes.

Advocacy efforts complemented with provision of technical support to government sector offices and partners (CSOs) at woreda and community levels to follow a couple based approach for nutrition and WASH related awareness and training activities implemented at community level: All nutrition and WASH related interventions targeting women at community level need to follow a couple based approach targeting both the husband and wife together, for effective implementation and delivery of desired outcomes. Guidelines to facilitate operationalization of this approach could be prepared with technical support from R2G partners.

The advocacy capacity of Citizens Voice and Action ( CVAs) task force need to be strengthened to ensure that they represent the interest of the most vulnerable groups, particularly Persons with Disabilities ( PwDs) on different forums. R2G partners need to support development and operationalization of Standard Operating Procedure (SOP) to ensure that nutrition and WASH interventions address the needs of persons with disabilities and other vulnerable groups and involve vulnerable groups in planning and reviewing of nutrition and WASH related activities implemented on the ground. R2G needs to provide technical assistance to strengthen multi sectoral coordination among women affairs, social affairs offices for coordinated response to address the needs of PWDs.

## **2.3. BARRIER ANALYSIS ON COMMUNITY NUTRITION AND WASH PRACTICES AND SERVICE UTILIZATION**

### **2.3.1. Findings of the Barrier Analysis on Community Nutrition and WASH practices and Service Utilization**

#### **2.3.1.1. Social, Economic, Political, Institutional and Social Related Barriers and Enablers to Access to Good nutrition and WASH Services in Amhara, Oromia and SNNP regions.**

##### **Emergent Themes**

Various themes identified around the political, economic, institutional/organizational and social barriers to access WASH and nutrition services in the target study Woredas of the three regions. The barriers identified from each study Woreda in each study region are categorized under two areas: Barriers to access to good nutrition services and barriers to WASH services. These barriers are identified from the analysis of different data sources of the study. Key informants, focus group discussants, behavior determinate (doer/none doer) survey and observation of health facility at selected facilities from the study Woredas . The types of barriers are counted to better spot the overall scale of the barriers under emerging themes. Figure 1, reports the summary of identified barriers to access to nutrition services, while Figure 2, and reports the summary of identified barriers to access to WASH services under the emerging themes by count. The counting was done, if a barrier is reported from one or many data sources in each Woreda, then is counted as “one” barrier, even though the barrier is reported from one or two sources in that woreda. Therefore, maximum count of each barrier is 21 if the barrier is reported from each of the 21 study Woredas.



### 2.3.1.2. Political, Economic, Intuitional and Social related Barriers to Access to Good Nutrition Services in the target study Woredas in Amhara, Oromia and SNNP regions

**Political/policy related barriers:** Across the study regions, lack of political commitment of political leaders and poor engagement of government sectors nutrition task force at Woreda level, and limited focus given by political leaders to nutrition related interventions as compared the focus given to other health programs, and misallocation of separate budget for Woreda level nutrition programs by the Woreda administration counsel were reported as major barrier to access to nutrition services. Besides, poor sectoral collaboration, and coordination among nutrition specific and sensitive government sectors at woreda level and misguided perception of some higher level government sector's representatives considering that nutrition related programs are only the responsibility of the health sector are also reported as barriers to provision of good nutrition services. As reported from many informants, due to lack of commitment from higher political leaders at both zonal and woreda level the government approach called "Multi sectoral approach" a cross-sectoral collaboration which is essential for sustainable, comprehensive advancements in eliminating malnutrition was not exercised as expected in many target study Woredas. Leaders didn't instigate sectoral offices to have active participation on nutrition program, and to give guidance one sector with other sector to closely work, monitor and follow up nutrition related programs. Analysis of KIs data shows that political leader's limited prominence given to nutrition program is also characterized not assigning of the required skilled nutrition human resource and finance for sectors that implement nutrition sensitive programs in most of the target study Woredas. Furthermore, political leader's interference on decision's that need only technical skills such as technical skills of water, nutrition and agriculture experts resolution has hampered the technical experts specially assigned at health and agriculture sector not to deliver services as per the standard requirements as reported from the key informants of some target Woredas. In addition, the evidence from most of informants indicated that, pressure and repeatedly using the logistics and supplies such as vehicles assigned nutrition sensitive sectors (health, water & agriculture sectors) by leaders of Woreda administration counsel, in some target study Woredas, became barriers for sectors to provide the intended services, execute continuous monitoring and follow up of programmatic activities as per their plan.

**Economic related barriers:** Across the target study Woredas of the three regions, economic barriers to access to good nutrition services identified more or less indirectly related to political barriers mentioned above. Budget misallocation, scarcity or insufficiency of finance within the nutrition sensitive sectors in general and shortage of budget to provide adequate nutrition services (including the provision resources and supplies required for nutrition services, hire skilled staff, provide relevant training for technical staff, rehabilitate facility infrastructure to provide basic nutrition related services) in particular were the barriers service providers have to provide good nutrition services to the target communities in the study Woredas. On the other hand, across the study Woredas, inadequate availability and accessibility of food due to household's limited income was a major barrier to practice good nutrition practices at household level. Besides, limited access to market, shortage of agricultural inputs such as fertilizers, improved seeds and improved species of animals those help to increase agricultural production, which also help to improve availability and supply of diversified foods with reasonable prices to households were the barriers reported from the service recipients from most of the target study Woredas.

**Institutional/organizational related barriers:** In most of the target study woredas, poor physical access to health facilities, lack of equipment's/supplies and interruption of supplies of nutrition program, insufficient human resource for nutrition, fast & high staff turnover of trained health workers, inadequate & low coverage and quality of information on nutrition, low commitment and interest of health workers are reported as the main barriers to provision of good nutrition services. Analysis of observation health facility assessment baseline data also shows that there was lack of nutrition staff, shortage of nutrition equipment's and supplies in most of the HCs and HPs observed during this baseline. About 7% and 13% of the HPs and HCs, respectively did not offer nutrition services to the community. One-third (29%) of the HCs did not have a staff in charge of nutrition. Close to half of HPs (48%) and most of the HCs (62%) were observed with shortage of supplementary foods such as pulpy nut. Close to half of the HPs and HCs were observed did not have most of the nutrition related guidelines and job aids (Table 2). The shortage of nutrition human resource in addition to shortage of nutrition supplies, among these observed HCs and HPs was reported as main barrier for the facilities to provide the essential nutrition related services to the community. The study informants from most of the target study Woredas revealed that in addition to shortage of nutrition staff and lack of staff at HFs, for example, absence of HEWs in most the HPs have become a challenge in most kebeles to provide nutrition services for the



community. The evidenced from key informants across the study Woredas also revealed that most of the HEWs were less committed to their work, which was resulted from the burden they have from high workload, bored of working at one area for many years and lack of incentives such carrier promotion. As the result nutrition related services such community mobilization activities, child screening, growth monitoring, and Outpatient Therapeutic Programs (OTP) services were not ideally functional in most of the HPs.

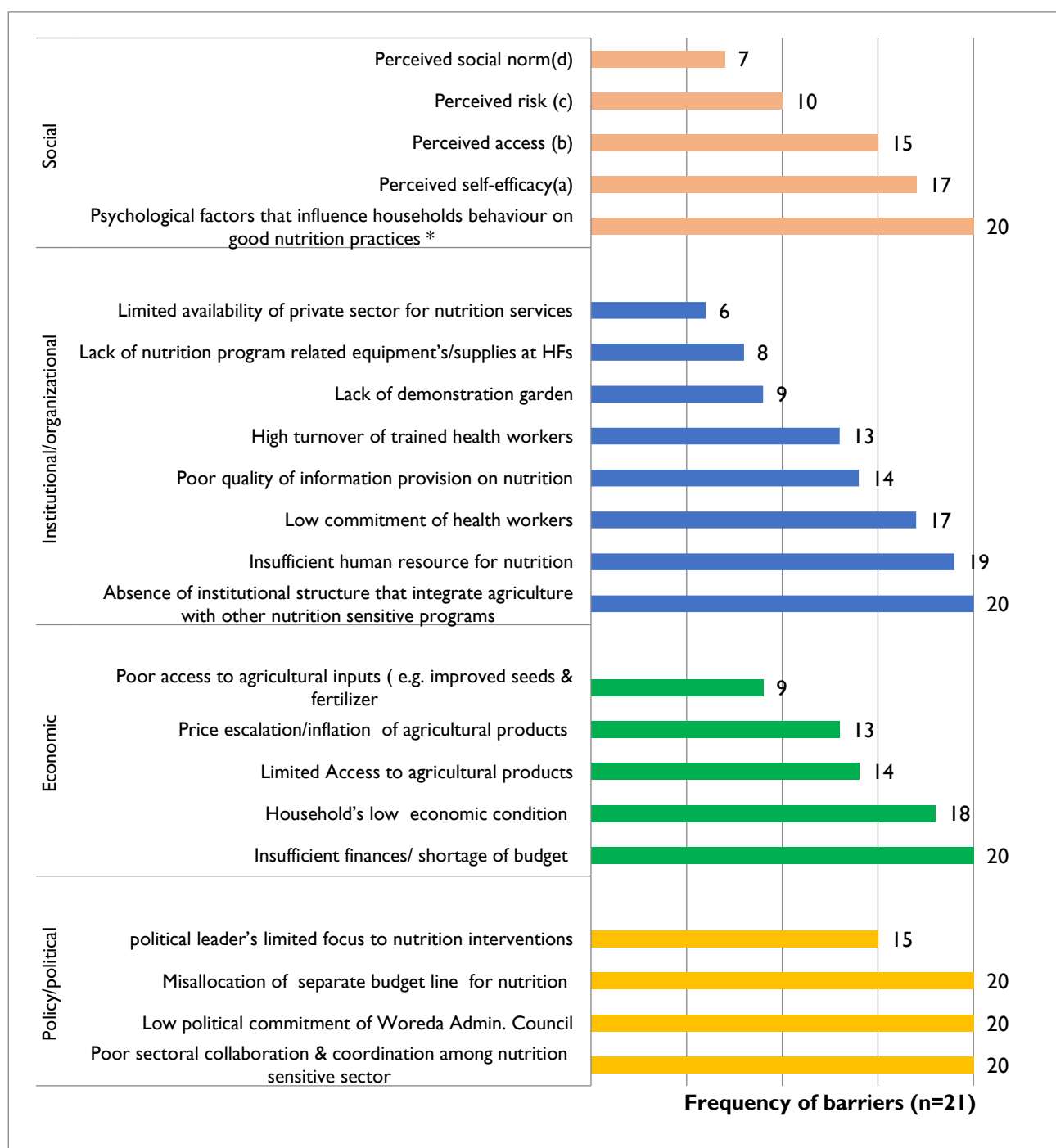
The study also revealed that absence of nutrition-sensitive agriculture plan in the annual plan of agriculture sector and lack of institutional structure within the sector that could integrate and links the different department working in the sector also reported as challenge to implement nutrition sensitive activities through the sector at Woreda level. Moreover, lack of understanding of the concept and importance of nutrition sensitive agriculture and the program itself among some technical staff in the agriculture sector, farm experts, and Agriculture Extension Workers (AEW) in some of the target study Woredas reported as barriers to deliver nutrition sensitive services to the community by the agriculture sector.

**TABLE 3: OBSERVATION: NUTRITION HUMAN RESOURCE AND SUPPLIES AT OF HEALTH FACILITY ITS (HC & HP)**

Observation findings ( at the time of the survey)	Health Post (n=29)	Health Centers (n=16)
Did not offer nutrition services	7%	13%
Without staff in charge of nutrition but provides service	NA	29%
Staff in charge of nutrition services have received any in-service training in nutrition in the past one year	36%	37%
Did not provide therapeutic foods	NA	48%
With shortage of supplementary foods such as pulpy nut	48%	62%
With shortage of supplementary foods such as Vitamin A	5%	4%
With shortage of supplementary foods such as iron-folic acid	14%	14%
Did not refer malnourished children for further management and support	21%	21%
Did not have growth monitoring and promotion guideline	48%	48%
Did not have supplementary feeding program job aids	48%	48%
Did not have infant and young child feeding guidelines	41%	43%
Did not have general nutrition ( e. g food groups, balanced diet ) guidelines	46%	47%

**Social related barriers:** Social related barriers to access to good nutrition services evidenced from this baseline study were mostly related to psychological factors that influence household's behavior on good nutrition practices. Section 3.3 of this report, reports most of social barriers evidenced from analysis of data of the behavior determinant assessment. In this section, to give some highlight, however, lack of awareness on good nutrition practices, poor dietary habits, poor utilization of nutrition services/facilities, lack of access to adequate care resources at the maternal,

household and community levels, lack of awareness with regard to available regular nutritional services provided at health posts and health centers, distance to access to health facilities, lack of support from husbands, high workload, and etc. were the major barriers to access to nutrition services reported from most of the target study Woredas.



**FIGURE 3: TYPES AND COUNT OF SOCIAL, ECONOMIC, POLITICAL, INSTITUTIONAL BARRIERS GOOD NUTRITION PRACTICES AND SERVICES IN THE THREE STUDY REGIONS<sup>13</sup>**

<sup>13</sup> \*with at least reported one of the psychological related barriers

a) lack of knowledge & skill limited household income, Heavy workload & long distance to travel to market

b) limited access to diversified food supplies

### 2.3.1.3. Political, Economic, Institutional and Social related Barriers to Access to WASH Services in Amhara, Oromia and SNNP regions

Analysis of this baseline data evinced several political, economic, institutional, social and environmental related barriers to provision of good WASH services to the targeted communities of the study Woredas of the three study regions.

**Political/policy related barriers:** Across the target study Woredas political/policy related barrier to the provision of WASH services are identified.

Lack of political commitment and leadership, inadequate budget and inequality of budget allocation to WASH interventions/services, unfair selection of WASH project intervention areas/communities, and unresponsiveness to service provision that does not address to needs of community (due to leaders prioritization of personal and political interests and allegiances) the major barriers reported for provision good WASH services in most of the target study woredas.

Moreover, Woreda administration counsel /political leaders limited attention; follow up, monitoring and evaluation provided to WASH projects/interventions as compared given to other development programs have disadvantaged the progress and implementation of WASH related projects/activities within a Woreda. This has become also a major constraint for WASH program implementing sectors get adequate budget from the counsel to maximize coverage and reach of quality WASH services for the community in most of the target study Woredas.

In many target study Woredas, political leader's high turnover have made it difficult to progress with and delay on implementation of already started WASH development projects until further decision is made by upcoming leaders at Woreda level. Delays on the implementation of WASH projects have resulted in deferment to WASH services access in some of the target study Woredas as reported.

Political leader's unnecessary pressure and interference on decisions that require only technical skill, in some study Woredas, have also reported as a barrier for WASH technical experts to execute WASH related projects such as the construction/development community and facility based WASH projects as per the standard and timely.

**Economic related barrier:** Across the study Woredas financial related barriers such as sector/service providers lack of budget, logistics and supplies, as well as low community's economic capacity to raise fund to construct community based WASH facilities and high cost of drilling of underground water sources were the major barriers reported to provide good WASH services from the service providers side.

Moreover, limited household income to purchase improved WASH technologies such as latrine slabs, and increasing price of WASH products and supplies to construct improved WASH facilities were also reported as factors to have access improved WASH services from the service receipts side. In some of the target study Woredas, high budget required developing underground water sources, limited willingness of some WASH private enterprises/companies to take contract and cancellation of contract agreements made between sectors and some private companies to develop deep water sources were also reported as barriers for delay and provision of good WASH services.

**Institutional /organizational related barriers:** Across the target study Woredas various institutional related barriers including lack of clear institutional mandate among the health and water sectors, poor relationship and

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c) Limited perception of risk to child malnutrition

d) Poor husband's & mother in-laws support

intersectional collaboration within or between WASH programs implementing government agencies (including within the public sector, private sector, among civil society actors, and with consumers) were reported.

Furthermore, lack of accountability of Woreda level WASH implementing government sectors, lack of skilled human resource within WASH sectors and mismanagement of resources due to poor Woreda level organizational capacity are reported as barrier to access to WASH services in most of the target study Woredas.

In almost all target study Woredas, the evidence from key informants revealed that there is no plan on WASH for disabilities. Besides, information with regard to good WASH practices is not provided for the disabled people by most of WASH sectors at Woreda level. As evidenced from observation of health facilities, and key informants, disability inclusive WASH services are inaccessible to all Persons with Disabilities (PWD) in most of the target study Woredas. Most of the health facilities, schools and communities in the target Woredas, did not have disability inclusive WASH facilities. As the result the disabled people in these target Woredas are totally disadvantaged to exercise their rights to access to and practice good WASH practices.

**TABLE 4: ACCESS TO WASH SERVICES FOR PWD AT HEALTH FACILITIES**

Observations ( at the time of the survey ) HF's	Health posts (HPs) (n=29)	Health Centers (HCs) (n=16)
Without toilets accessible for people with limited mobility	90%	88%
Without functional hand hygiene facility accessible to people with reduced mobility	100%	100%
without toilets sex-separated or gender-neutral rooms	69%	62%
without menstrual hygiene facilities	97%	94%

Analysis of qualitative data also shows that most of the WASH infrastructures at health facilities in the target study Woredas are poorly constructed. In most of the study Woredas there is a lack of regular and consistent monitoring mechanism of the quality of WASH services including the sanitation facilities be it at health facility or/and community levels, as the result most of the WASH facilities constructed in those areas are of poor standard, hence most people are not willing to utilize them at all.

Unavailability of private sectors that could provide WASH supplies and products in some of the target study Woredas were also reported as a barrier to provision of good WASH service delivery. Unavailability of WASHCos, limited commitment and limited capacity of already established WASHCos to own and manage water supply scheme properly are barrier reported to access community level WASH services in most of the target Woredas.

Besides, low financial contribution, limited participation and unwillingness of the community in some study target Woredas were also reported as barriers to expand and develop new water supply schemes, as well as community based sanitation facilities, as the result access to safe and clean water and sanitation services could not be fully attained in most of target study Woredas. Analysis of the key informant data shows that, in most of the target study Woredas, there is also high community dependency, and the perception of that every WASH related service including household and community based sanitation services should be totally delivered through government sector. This perception (*although this barrier seems to be categorized under social barriers to WASH*) has withered community's interest to take responsibility and safeguarded their own established water and sanitation facilities as evidenced from the study key informants. In most cases, people with such perception, always wait for the government to have access to every WASH services, as the result communities did not take local solutions for local challenges they faced, hence good access to WASH related services are compromised in those areas. In some of the target study Woredas, as per the evidence from the key informants, there is communities' irresponsibility in handling water facilities built by different NGOs and government

agencies. This could have been resulted from community's wrong perception as reported above, and due to a lack of awareness as how to handling the water facilities, as cited by study informants.

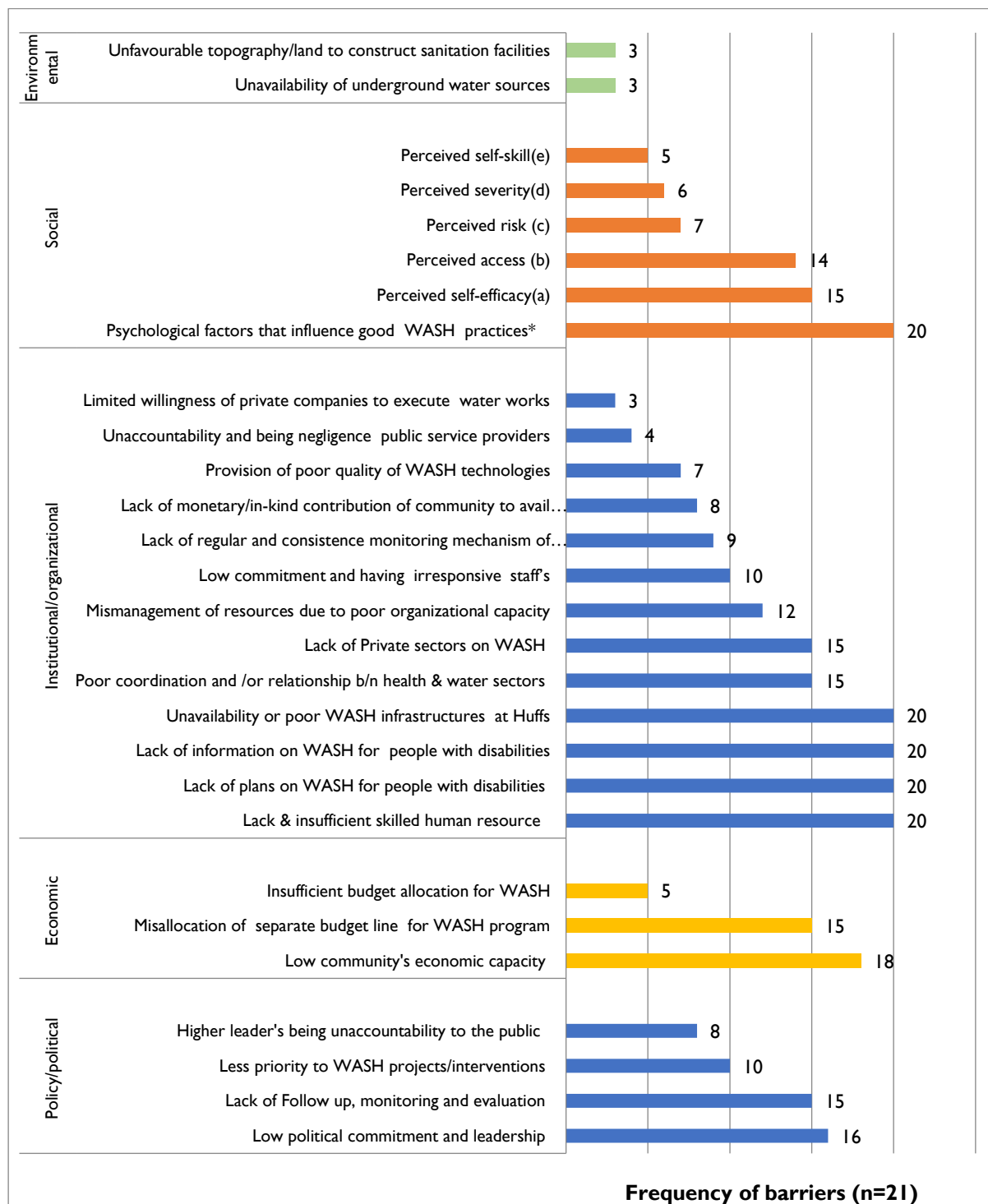
**Social related barriers:** Social related barriers to access to WASH services identified from the analysis of baseline data are mostly related to psychological barriers that influence people's behavior to access to and utilize good WASH services/practices. Section 3.2 of this report, discusses these social related barriers identified from the analysis of behavior determinant assessment.

In this section, only the social related barriers to access to good WASH service identified form analysis of qualitative data are discussed as follows.

Communities lack of awareness and attitude towards positive WASH practices and services, poor engagement and non-responsiveness of communities to construct & maintain WASH facilities (including inattentiveness, lack of ownership of water supply schemes and limited community contribution to develop and sustain water supply schemes) are identified as the major barriers to access to good WASH services in most of the target study Woredas. Moreover, community's lack of devotion to construct improved latrine which resulted from lack of perceived severity and understanding of risk to health consequences resulted from not having latrine are the barriers that limited the targeted communities not to acquire good WASH services.

As evidenced from key informants most people in the target study Woreda still wrongly perceived that construction of traditional pit latrines (which can be easily collapsed by rain and flood) is enough to have it rather than those improved latrines. This is because of the low attitude they have with regard to having latrine and with the understanding to minimize cost that they may incur when they construct improved type of latrines that could last for many years to use it. Poorly constructed latrine which did not grantee privacy and does not enhance once self –esteem ( dignity), identified as one major barrier for many not to use a latrine at all times, as evidenced from the behavior determinant analysis (doer and non-doer analyses).( See Table 20)

**Environmental related barrier:** Analysis of findings from the qualitative data shows that unavailability of underground water sources, shortage of ground water, unfavorable topography/land easily dig pits and land areas that couldn't easily crack and collapse soon after construction is completed are the major environmental related barriers to the provision of good WASH services in some of the target study Woredas. Moreover, scattered settlement of households in some of the target study areas was reported made it difficult to upsurge access to and water demand coverage of communities as per the standard in some of the rural kebeles of the target study Woredas.



**FIGURE 4: TYPES AND COUNT OF SOCIAL, ECONOMIC, POLITICAL, INSTITUTIONAL BARRIERS GOOD WASH PRACTICES AND SERVICES IN THE THREE STUDY REGIONS<sup>14</sup>**

<sup>14</sup> \*with at least reported one of the psychological related barriers to WASH services & practices

a) lack of cleanliness & odor of latrine, presence of flies & unsecured latrine, poorly constructed latrine, lack of access to water, perception not to be blamed after use & difficulty of digging latrine

b) limited access to latrine

#### 2.3.1.4. Behavioral Determinants to Improved Nutrition (Minimum Meal Frequency & Minimum Dietary Diversity among children 6-23 months) Sanitation (latrine use) related services and practices in Amhara, Oromia and SNNP regions

The barrier analysis doer/non doer study was conducted in a total of nine Woredas purposively selected from the three regions, namely Amhara, Oromia and SNNP regions. In each region three Woredas were selected. These are Dembia, Gozamen & Dera Woredas from Amhara region, Girawa, Goro & Habru Woredas from Oromia region and Endegagne, GG Welene & Shashego Woredas from SNNP region. A total of 2430 mothers of children 6-23 months and women in reproductive age in the nine study Woredas were interviewed for all three behaviors of interest. A total of 270 responses from Doers and Non-Doers in each study woreda were analyzed for significance, based on a 10 percentage point difference among responses or statistical significance of 0.05 or less as calculated through the Barrier Analysis Tabulation Excel Sheet.

The determinants found to be significant for each of the three behaviors computed in each study region obtained from compiling a total result from the three study Woredas (Dembia, Gozamen & Dera Woredas for Amhara, Girawa, Goro & Habru Woredas in Oromia and Endegagne, GG Welene & Shashego Woredas in SNNP) in each region are presented below. As further reference, the significant determinant behaviors identified for the three study behaviors in each of the nine study Woredas of the three regions are included in Annex 3.

#### **Behaviors I: Mothers of Children 6-23 months feed at least three cooked meals each day**

Behavioral determinants and questions presented for respondents for this behavior is reported in Annex 2: Table 29. Seven determinants in Amhara and six determinants in each Oromia and SNNP regions were found to be significant for **behavior one**. The key findings under the significant determinants of this behavior in each study region are discussed below.

**Perceived positive Consequence;** The key findings for this behavior in each of the three study regions is presented in Table 4

**In Amhara region:** The findings showed that neither doers nor non-doers group mentioned disadvantages of feeding children at least three meals each day. Doers appear to understand both the health and mental growth benefits of feeding children at least 3 meals a day while non-doers understand the benefits of the practice in terms of facilitating child growth, making the child grow fast.

**In Oromia region:** Doers appear to understand than non-doers the health benefits of feeding children at least 3 meals a day, and feeding three meals for a child does not have a disadvantage. The non-doers perceived that feeding child three meals a day has a disadvantage, which results abdominal distension for the child.

**In SNNP region:** Only the doers appear to understand at least one of the benefits of feeding a child at least 3 meals a day, reported helps the child to grow strong. In this region, the health as well as the long term benefits of feeding a child at least three meals a day were not understood by both doers and non-doers.

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c) Limited perception of risk to diarrheal disease

d) limited perception of seriousness of diarrheal disease

e) lack of knowledge, resource & skills



**TABLE 5: PERCEIVED POSITIVE CONSEQUENCE DETERMINANTS OF STUDY BEHAVIOR ONE AND KEY FINDINGS IN AMHARA, OROMIA AND SNNP REGIONS**

Key findings	
<b>Amhara region</b>	
Doer	<p>4 times more likely to say “helps my child to be healthy” is an advantage of feeding a child at least three meals per day (p=0.000).</p> <p>2.6 times more likely to say “helps my child to be smart/mentally developed/knowledgeable” is an advantage of feeding a child at least three meals per day (p=0.002).</p> <p>3 times more likely to say “helps my child to be strong/energetic” is an advantage of feeding a child at least three meals per day (p=0.000).</p> <p>2.1 times more likely to say “helps my child to be fat” is an advantage is an advantage of feeding a child at least three meals per day (p=0.027).</p>
Non-doer	1.6 times more likely to say “helps my child grow fast” is an advantage of feeding a child at least three meals per day (p=0.022).
<b>Oromia region</b>	
Doer	<p>1.7 times more likely to say “helps my child to be healthy” is an advantage of feeding a child at least three meals per day (p=0.018).</p> <p>2.1 times more likely to say “helps my child to be well-nourished” is an advantage of feeding a child at least three meals per day (p=0.013).</p> <p>8.3 times more likely to say “no disadvantage” for feeding a child at least three meals per day (p=0.000).</p>
Non-Doer	7.2 times more likely to say “abdominal distension” is a disadvantage of feeding a child at least three meals per day (p=0.000).
<b>SNNP region</b>	
Doer	1.7 times more likely to say “helps my child to become strong” is an advantage of feeding a baby at least three meals per day (p=0.023).

**Perceived Self-efficacy;** the key findings for on this behavior in three regions is presented in Table 5.

**In Amhara Region:** Doers indicated that the main factors that facilitate feeding a 6-23 month child at least three cooked meals a day include close access to the market, child feeding knowledge & skill and support from family members in in sharing household chores/duties. On the other hand, availability of local food production enables non-doers to feed a child at least three meals per day. Nonetheless, non-doers indicated that the barriers such as unavailability of ilk(livestock) during the rainy/wet season, lack of income, and lack of knowledge & skill on child feeding inhibiting them to feed their 6-23 months children at least three meals a day.

**In Oromia region:** None-doers reflected that availability of food items at home from own production and food aid/ration, and support of family members in sharing household chores the factors that facilitate to feed their 6-23 month child at least three meals each day. On the other hand, the barriers such as unavailability of ilk(livestock) during

the rainy/wet season and lack of income reported inhibiting them to feed their 6-23 months children at least three meals a day.

**In SNNP region:** Doers reported that availability of some required food items at home from own production/backyard/own farm and knowledge & skill on child feeding are the factors that facilitate to feed their 6-23 month child at least three meals each day. Nevertheless, the barriers such as high workload and lack of enough child's appetite makes it difficult feeding a child at least three meals a day. For non-doers what made it difficult to feed their children at least three meals a day were unavailability of required food items at home from own production and limited source of income to purchase enough food for their children. On the other hand, non-doers reported that parents feeling of responsibility and determination an enabling factor to feed a child at least three meals a day.

**TABLE 6: PERCEIVED SELF-EFFICACY DETERMINANTS OF STUDY BEHAVIOR ONE AND KEY FINDINGS IN AMHARA, OROMIA AND SNNP REGIONS**

Key findings	
<b>Amhara region</b>	
Doers	3.3 times more likely to say that “close access to the food market ” made it easier to feed a baby at least three meals per day (p=0.001)
	2.1 times more likely to say that “Knowledge / skill /education on child feeding received from health workers ” made it easier to feed a baby at least three meals per day (p=0.004)
	3.3 times more likely to say that “support from family members in sharing household chores/duties” made it easier to feed a baby at least three meals per day (p=0.000)
	6.2 times more likely to say that “unavailability of required food varieties in the local market ” made it difficult to feed a baby at least three meals per day (p=0.000)
Non-doers	2.7 times more likely to say that “availability of local food production ” made it easier to feed a baby at least three meals per day (p=0.000)
	23.2 times more likely to say that “unavailability of milk(livestock) during the rainy/wet season ” made it difficult to feed a baby at least three meals per day (p=0.000)
	23.2 times more likely to say that “lack of income/money to buy food” made it difficult to feed a baby at least three meals per day (p=0.000).
	2.7 times more likely to say that “lack of knowledge/skill on how to prepare different food recipes ” made it difficult to feed a baby at least three meals per day (p=0.002)
<b>Oromia</b>	
Non-doer	1.9 times more likely to say that “availability of food items at home from own production ” made it easier to feed a baby at least three meals per day (p=0.027)
	3.8 times more likely to say that “availability of food aid/ration ” made it easier to feed a baby at least three meals per day (p=0.000)
	2.6 times more likely to say that “support of family members in sharing household chores ” made it easier to feed a baby at least three meals per day (p=0.003)
	2.5 times more likely to say that “unavailability of milk(livestock) during the rainy/wet season ” made it difficult to feed a baby at least three meals per day (p=0.033)

	6.8 times more likely to say that “lack of income/money to buy food ” made it difficult to feed a baby at least three meals per day (p=0.000).
<b>SNNP</b>	
Doers	4.7 times more likely to say that “availability of some required food items at home/ own production/backyard/own farm (such as milk, eggs, poultry, vegetables, etc.” made it easier to feed a baby at least three meals per day (p=0.000).)
	5.6 times more likely to say that “Knowledge / skill /education on child feeding received from health workers ” made it easier to feed a baby at least three meals per day (p=0.000)
	2.5 times more likely to say that “high workload ” made it difficult to feed a baby at least three meals per day (p=0.009)
	4.5 times more likely to say that “lack of appetite of the child ” made it difficult to feed a baby at least three meals per day (p=0.000)
Non-doers	4.4 times more likely to say that “parents feeling of responsibility and determination ” made it easier to feed a baby at least three meals per day (p=0.000)
	2.6 times more likely to say that “unavailability of required food items at home from own production ” made it difficult to feed a baby at least three meals per day (p=0.043)
	3.6 times more likely to say that “limited source of income to purchase enough food ” made it difficult to feed a baby at least three meals per day (p=0.000)

**Perceived Social norms:** The key findings for on this behavior in three regions is presented in Table 6

**In Amhara region:** Doers indicated that other family members (sisters/brothers) approve of feeding a child at least three meals each day. And yet, doers reported that religious/clan leaders that disapprove the behavior. Non doer groups than doers, on the other hand, reported that no anyone would disapprove of them feeding their child at least three meals each day.

**In Oromia region:** Non-doers than the doers group reported that health workers approved feeding their child at least three meals a day. On the other hand, doer group than non-doers reported that not any one they knew would disapprove of them feeding their child at least three meals each day.

**In SNNP region:** Only non-doer’s response is found significant on this behavior. Non-doers reported that mother-in-laws are the once who would disapprove feeding a child at least three times a day.

**TABLE 7: PERCEIVED SOCIAL NORM DETERMINANTS OF STUDY BEHAVIOR ONE AND KEY FINDINGS IN AMHARA, OROMIA AND SNNP REGIONS**

Key findings	
<b>Amhara region</b>	
Doers	2.1 times more likely to say “other family members (Sister& brothers)” would approve feeding a child at least three meals per day (p=0.021).
	1.8 times more likely to say “religious/clan leaders” would disapprove feeding a child at least three meals per day (p=0.032).

Non-doers	3.3 times more likely to say “no one they knew ” would disapprove feeding a child at least three meals per day (p=0.000).
<b>Oromia Region</b>	
Doers	2.3 times more likely to say “no one they knew ” would disapprove feeding a child at least three meals per day (p=0.000).
Non-doers	2.2 times more likely to say “health workers” would approve feeding a child at least three meals per day (p=0.024).
<b>SNNP</b>	
Non-doers	12 times more likely to say “mother in-laws ” would disapprove feeding a child at least three meals per day p=0.000

**Perceived Access;** The key findings for on this behavior in three regions is presented in Table 7

**In Amhara region:** More non doers (25%) than doers (4%) indicated that it is very difficult to get three meals each day to give to their child. In the contrary, more doers (71%) than non-doers (44%) reported that it is not at all difficult to get three meals each day to give to their child.

**In Oromia region:** Only doer’s group response was significant for this behavior, in that more doers (47%) than non-doers (7%) reported that it is not at all difficult to get three meals each day to give to their child.

**In SNNP region:** Only Non-doer’s group response was significant for this behavior, in that more non-doers (55%) than non-doers (8%) reported that it is very difficult to get three meals each day to give to their child.

**TABLE 8: PERCEIVED ACCESS DETERMINANTS OF STUDY BEHAVIOR ONE AND KEY FINDINGS IN AMHARA, OROMIA AND SNNP REGIONS**

Key findings	
<b>Amhara</b>	
Doers	2.8 times more likely to say it is “not difficult at all” to get the food need to feed child at least three times each day (p=0.000).
Non-doers	7.8 times more likely to say it is “very difficult” to feed a child at least three meals per day (p=0.000).
<b>Oromia</b>	
Doer	6.5 times more likely to say it is “not difficult at all” to get the food need to feed child at least three times each day (p=0.000).
<b>SNNP</b>	
Non-doers	11.3 times more likely to say it is “very difficult” to get the food need to feed child at least three times each day (p=0.000).

**Perceived Susceptibility/risk;** the key findings for on this behavior in three regions is presented in Table 8.

**In Amhara region:** Only doer's group response was significant for this behavior, in that more doers (44%) than non-doers (33%) reported that it is somewhat likely that their child would become malnourished.

**In Oromia region:** Only non-doer's group response was significant for this behavior, in that more non-doers group (40%) than doers (12%) reported that it is very likely, and more non-doers (48%) than doers (27%) reported it is somewhat likely that their child would become malnourished.

**In SNNP region:** More non-doers' group (76%) than doers (63%) reported that it is not very likely that their child would become malnourished, while more doers group (30%) than non-doers (20%) reported it is somewhat likely that their child would become malnourished.

**TABLE 9: PERCEIVED RISK DETERMINANTS OF STUDY BEHAVIOR ONE AND KEY FINDINGS IN AMHARA, OROMIA AND SNNP REGIONS**

Key findings	
<b>Amhara region</b>	
Doers	1.6 times more likely to say it is "somewhat likely" their child would become malnourished in the coming year (p=0.030).
<b>Oromia region</b>	
Non-Doers	4.4 times more likely to say it is "very likely" their child would become malnourished in the coming year (p=0.000).
	2.3 times more likely to say it is "somewhat likely" their child would become malnourished in the coming year (p=0.000).
<b>SNNP region</b>	
Doers	1.6 times more likely to say it is "somewhat likely" their child would become malnourished in the coming year (p=0.009).
Non-doers	1.8 times more likely to say it is "not very likely" their child would become malnourished in the coming year (p=0.009).

**Policy;** The key findings for on this behavior in three regions is presented in Table 9

**In Amhara region:** More doer group (63%) than non-doers (38%) reported that there are no polices, laws or rules that make it more likely to feed a child at least three meals per day. Divergently, more non-doer group (41%) than doers (16%) reported that there are polices laws or rules that make it more practice the behavior.

**In Oromia region:** More doer group (33%) than non-doers (13%) reported that there are polices, laws or rules that make it more likely to feed a child at least three meals per day. Non-doer group (31%) than doers (16%) reported that there may be polices laws or rules that make it more practice the behavior.

**In SNNP region:** Only non-doer's group response was significant for this behavior, in that more of them (16%) than doers (6%) reported did not know whether there are policies, laws or rules that make it more likely feed a child at least three meals per day.

**TABLE 10: POLICY RELATED BARRIERS TO STUDY BEHAVIOR ONE AND KEY FINDINGS IN AMHARA, OROMIA AND SNNP REGIONS**

Key findings	
<b>Amhara region</b>	
Doers	2.5 times more likely to say there are no policies, laws or rules that make it more likely feed a child at least three meals per day (p=0.000).
Non-doers	3.5 times more likely to say there are policies, laws or rules that make it more likely feed a child at least three meals per day (p=0.000).
<b>Oromia region</b>	
Doers	2.8 times more likely to say “there are” policies, laws or rules that make it more likely feed a child at least three meals per day (p=0.000).
Non-Doers	23 times more likely to say “there may be” policies, laws or rules that make it more likely feed a child at least three meals per day (p=0.002).
<b>SNNP region</b>	
Non-doers	2.7 times more likely to say “I don’t know” whether there are policies, laws or rules that make it more likely feed a child at least three meals per day (p=0.009).

**Culture:** The key findings for on this behavior in three regions is presented in Table 10.

**In Amhara Region:** Only doer’s group response was significant for this behavior, in that more of them ( 61%) than non-doers (7%) reported there are no any cultural rules or taboos against feeding baby at least three meals per day every day.

**In Oromia region:** Only doer’s group response was significant for this behavior, in that more of them ( 93%) than non-doers (63%) reported there are no any cultural rules or taboos against feeding baby at least three meals per day every day.

**In SNNP region:** Neither non-doers nor doers responses was insignificant for this behavior.

Table 11: Cultural Policy barriers to study behavior one and key findings in Amhara, Oromia and SNNP regions

Key findings	
<b>Amhara</b>	
Doers	10.5 times more likely to say there are “no” any cultural rules or taboos against feeding baby at least three meals per day every day (p=0.000).
<b>Oromia</b>	
Doers	6.5 times more likely to say “no” there are any cultural rules or taboos against feeding baby at least three meals per day every day (p=0.000).

### **Overall summary findings for behavior One**

Overall the findings showed that both of the doers and non doers groups mentioned the disadvantages of feeding children at least three meals each day, except in Oromia region that non-doers reported the disadvantage of doing the practice causes abdominal distension to a child. Overall, doers appear to understand the both the health and child growth benefits of feeding children at least 3 meals a day while non doers understand the benefits of the practice in terms of facilitating child growth, making the child energetic. This indicates that non doers appear to lack clear understanding on the long term benefits of the behavior than satisfying the daily food needs of the child.

Overall doers indicated that the main factors that facilitate feeding their 6-23 month child at least three cooked meals a day include availability of food at home from own production, knowledge, skill received from health workers and support from family members in sharing household chores. Doers also reported that factors such as unavailability of required food varieties in the local market, high workload and lack of child's appetite could have make it difficult doing the behavior. Non doers, on the other hand, indicated that barriers such as unavailability of food at home from own production, lack of money or income to purchase food from the market, and lack of knowledge/skill on how to prepare different food recipes are inhibited them to feed their 6-23 month child at least three meals each day. The findings showed that support from family members in sharing work load and husbands support in availing food or money to purchase food from the market are the key facilitators that need to be promoted to improve the behavior. In addition, mothers high work load appeared as a key barrier particularly in the target study Woredas in SNNP region. Thus, this barrier needs to be addressed by promoting support of family members and husbands to share the burden of household chores and the responsibility to avail finance to purchase food from the market. With regard to gaining approval for doing the behavior, doers from Amhara reported that other family members & religious leaders, while the doers from SNNP reported mother-in-laws approve doing the behavior and those from Oromia region reported no one would disapprove doing the behavior. Overall, for doer's access to get the food need to feed child at least three times each day reported was not difficult, while it was very difficult for non-doers.

### **Behaviors 2: Mothers of Children 6-23 months feed them meals each day containing foods from at least four of the seven food groups in Amhara, Oromia and SNNP regions**

Behavioral determinants and questions presented for respondents for this behavior is reported in Annex 2: Table 29. Seven determinants in each of Amhara and Oromia region and six determinants in SNNP region were found to be significant for this behavior,

**Perceived positive Consequence;** *The key findings for on this behavior from three regions is presented in Table 11*

**In Amhara region:** The findings showed that more doers than non-doers understand that giving a child food from at least four of the seven different food groups each day benefits by making a child grow fast and strong. More non-doers than doers perceive that the behavior helps the child grow healthy. While the findings do not indicate a major barrier that needs to be addressed to promote knowledge and understanding on the benefits of practicing this behavior, findings from non-doer mothers indicate the need to enhance knowledge on benefits of the practice on child growth.

**In Oromia Region:** The findings showed that more doers than non-doers understand that giving a child food from at least four of the seven different food groups each day benefits by making a child grow strong. More non-doers than doers perceive that the behavior helps the child grow healthy, and does not have disadvantage.

**In SNNP region:** The findings showed that more doers than non-doers understand that giving a child food from at least four of the seven different food groups each day benefits by making a child grow fast. More non-doers than doers perceive that the behavior helps the child grow healthy, and does not have a disadvantage.



**TABLE 12: PERCEIVED POSITIVE CONSEQUENCE DETERMINANTS OF STUDY BEHAVIOR TWO AND KEY FINDINGS IN AMHARA, OROMIA AND SNNP REGIONS**

Key findings	
<b>Amhara</b>	
Doers	2.4 times more likely to say “helps my child grow fast” is an advantage of feeding a child foods at least from four of the different food groups each day (p=0.000).
	3.4 times more likely to say “helps my child to be strong/energetic” is an advantage of feeding a child foods at least from four of the different food groups each day (p=0.000).
	1.8 times more likely to say “helps my child to be fat” is an advantage of feeding a child foods at least from four of the different food groups each day (p=0.032).
Non-doers	3.1 times more likely to say “helps my child to be healthy” is an advantage of feeding a child foods at least from four of the different food groups each day (p=0.000).
<b>Oromia</b>	
Doers	1.9 times more likely to say “helps my child grow strong” is an advantage of feeding a child foods at least from four of the different food groups each day (p=0.004).
Non-doers	1.8 times more likely to say “helps my child to be healthy ” is an advantage of feeding a child foods at least from four of the different food groups each day (p=0.006).
	5.0 times more likely to say there “no disadvantage” for feeding a child foods at least from four of the different food groups each day (p=0.000).
<b>SNNP</b>	
Doers	2.2 times more likely to say “helps my child grow fast” is an advantage of feeding a child foods at least from four of the different food groups each day (p=0.000).
Non-doers	8.6 times more likely to say there “no disadvantage” for feeding a child foods at least from four of the different food groups each day (p=0.000).
	1.8 times more likely to say “helps my child to be healthy” is an advantage of feeding a child foods at least from four of the different food groups each day (p=0.007).

**Perceived Self-efficacy;** the key findings for on this behavior in three regions is presented in Table 12

**In Amhara region:** The main facilitators that enable doer mothers to feed their baby food from at least four of the seven different food groups each day were mothers knowledge and skills on child feeding and how to prepare diversified food for children they received from health workers. On the other hand, the barriers that non-doer mothers face to practice the behavior include unavailability of food varieties at bot home and at the local market, lack of money or income to purchase food varieties from the market, and long distance to travel to market to purchase food varieties. The finding generally exhibited that household food insecurity as well as limited availability and accessibility of varieties of food sources, both at home and in the local market are the key barriers that need to be addressed to promote dietary diversity practices of children 6-23 months in the project Woredas in the region.

**In Oromia Region:** The main facilitators that enable doer mothers to feed their baby food from at least four of the seven different food groups each day include availability of food varieties at home from own production, availability of aid/ration, and mothers/caregivers being responsible and determined to feed their baby food from at least four of the

seven different food groups each day. On the other hand, lack of enough money /income to purchase varieties of food made it difficult for non-doers mothers to feed a baby food from at least four of the seven different food groups each day. The findings generally demonstrate that household's limited economic capacity was the key barriers that need to be addressed to promote dietary diversity practices of children 6-23 months in the project target Woredas in this region.

**In SNNP region:** More doers than non-doers reported that there was no difficulty feeding a child food from at least four food groups each day. The main facilitators that enable doer mothers to feed their baby food from at least four of the seven different food groups each day include availability of some food varieties at home from own production and availability of milk (livestock) during the rainy season. On the other hand, the barriers that non doer mothers faced to practice the behavior include unavailability of food varieties at home and lack of money or income to purchase food varieties from the market. The findings generally demonstrate that lack of income and household food insecurity were the key barriers that need to be addressed to promote dietary diversity practices of children 6-23 months in the project target Woredas in this region.

**TABLE 13: PERCEIVED SELF-EFFICACY DETERMINANTS OF STUDY BEHAVIOR ONE AND KEY FINDINGS IN AMHARA, OROMIA AND SNNP REGIONS**

Key findings	
<b>Amhara</b>	
Doers	4.5 times more likely to say that “Knowledge / skill /education on child feeding received from health workers ” made it easier of feeding a child foods from at least four food groups each day(p=0.000)
Non-doers	11 times more likely to say that “unavailability of required food varieties at home ” made it difficult of feeding a child foods from at least four food groups each day(p=0.000)
	6.6 times more likely to say that “unavailability of required food varieties at the local market ” made it difficult of feeding a child foods from at least four food groups each day(p=0.000)
	2.8 times more likely to say that “long distance to travel to the market (farness of local market) ” made it difficult of feeding a child foods from at least four food groups each day (p=0.027).
	6.4 times more likely to say that “lack of enough income/money to buy varieties of food ” made it difficult of feeding a child foods from at least four food groups each day(p=0.000)
	2.8 times more likely to say that “lack of Knowledge / skill to prepare diversified food ” made it difficult of feeding a child foods from at least four food groups each day(p=0.002)
<b>Oromia</b>	
Doers	2.8 times more likely to say that “availability of some required food items at home/ own production/backyard/own farm (such as milk, eggs, poultry, vegetables, etc.” made it easier of feeding a child foods from at least four food groups each day (p=0.011)
	3.9 times more likely to say that “availability of aid/food ration ” made it easier of feeding a child foods from at least four food groups each day (p=0.002)
	3.1 times more likely to say that “mothers of being responsible and determination ” made it easier of feeding a child foods from at least four food groups each day (p=0.004)
Non-doers	14.7 times more likely to say that “lack of enough income/money to buy varieties of food ” made it difficult of feeding a child foods from at least four food groups each day(p=0.000)

SNNP	
Doers	2.1 times more likely to say that “availability of some required food items at home/ own production/backyard/own farm (such as milk, eggs, poultry, vegetables, etc.” made it easier of feeding a child foods from at least four food groups each day (p=0.000)
	10.4 times more likely to say that “availability of milk(livestock) during rainy/wet season” made it easier of feeding a child foods from at least four food groups each day (p=0.015)
	11.8 times more likely to say that “no difficulties ” feeding a child foods from at least four food groups each day (p=0.000)
Non-doers	23.2 times more likely to say that “unavailability of required food items at home from own production ” makes it difficult of feeding a child foods from at least four food groups each day (p=0.000)
	3.4 times more likely to say that “lack of enough income/money to purchase varieties of food) ” made it difficult of feeding a child foods from at least four food groups each day (p=0.000)

**Perceived Social norms;** the key findings for on this behavior in three regions is presented in Table 13

**In Amhara region:** Only non-doer’s response is found significant on this behavior. Non-doers reported that there was no anyone they know who would either approve or disapprove feeding a child at least three times a day.

**In Oromia Region:** Overall, doers indicated that health workers, agriculture extension workers, mother and neighbor/peers are the ones who approve of them feeding their baby food from at least four of the seven different food groups each day. Non doers, on the other hand, disclosed that there is no anyone whom they know would disapprove the behavior. The result shows that increasing the involvement of these influential individuals (**trusted individuals**) in nutrition activities may have a positive influence on mother’s practice of giving children food from at least four of the seven different food groups each day in the target project Woredas in this region.

**In SNNP region:** Doers reported that there was no anyone whom they know who disapprove of them feeding their baby food from at least four of the seven different food groups each day. However, doers indicated the ones who approve of them to practice the behavior are health workers and other family members. Non doers, on the other hand, disclosed that husbands, mother-in-laws and fathers were the ones who disapprove of them feeding their baby food from at least four of the seven different food groups each day. The result shows that increasing the involvement of these influential individuals (**trusted individuals**) in nutrition activities may have a positive influence on mother’s practice of giving children food from at least four of the seven different food groups each day, while awareness building on nutrition positive practices for husbands & mother-in-laws may support mother’s practice of giving children food from at least four of the seven different food groups each day in the target project Woredas in this region.

**TABLE 14: PERCEIVED SOCIAL NORM DETERMINANTS OF STUDY BEHAVIOR ONE AND KEY FINDINGS IN AMHARA, OROMIA AND SNNP REGIONS**

Key findings	
<b>Amhara</b>	
Non-doers	14.7 times more likely to say “no one they knew ” would approve of feeding a child foods from at least four food groups each day (p=0.000).
	10.5 times more likely to say “no one they knew ” would disapprove of feeding a child foods from at least four food groups each day (p=0.007).
<b>Oromia</b>	
Doers	1.5 times more likely to say “health workers” would approve of feeding a child foods from at least four food groups each day (p=0.043).
	6.7 times more likely to say “agriculture extension workers” would approve of feeding a child foods from at least four food groups each day (p=0.033).
	5.1 times more likely to say “mothers” would approve of feeding a child foods from at least four food groups each day (p=0.000).
	10.5 times more likely to say “neighbours/peers” would approve of feeding a child foods from at least four food groups each day (p=0.007).
Non-doers	6.5 times more likely to say “none they knew ” would disapprove of feeding a child foods from at least four food groups each day (p=0.000).
<b>SNNP</b>	
Doers	3.3 times more likely to say “health workers” would approve of feeding a child foods from at least four food groups each day (p=0.000).
	2.1 times more likely to say “other family members (sister, brother etc.)” would approve of feeding a child foods from at least four food groups each day (p=0.027).
	11.6 times more likely to say “none of them they knew ” would disapprove of feeding a child foods from at least four food groups each day (p=0.000).
Non-doers	28.2 times more likely to say “husbands” would disapprove of feeding a child foods from at least four food groups each day (p=0.000).
	28.7 times more likely to say “mother in-laws ” would disapprove of feeding a child foods from at least four food groups each day (p=0.000).
	13.4 times more likely to say “fathers ” would disapprove of feeding a child foods from at least four food groups each day (p=0.000).

**Perceived Access:** The key findings for on this behavior in three regions is presented in Table 14

**In Amhara region:** Only non-doer’s group response was significant for this behavior, in that more of them (38%) than doers (13%) reported it’s very difficult at all to get at least four of the seven food groups.

**In Oromia Region:** More doers (28%) than non-doers (10%) indicated that it is not difficult at all to get at least four of the seven food groups. Conversely, more non-doers (59%) than doers (4%) reported that it is very difficult to get at least four of the seven food groups.

**In SNNP region:** More doers (41%) than non-doers (15%) indicated that it is not difficult at all to get at least four of the seven food groups. Conversely, more non-doers (64%) than doers (21%) reported that it is very difficult to get at least four of the seven food groups.

**TABLE 15: PERCEIVED ACCESS DETERMINANTS OF STUDY BEHAVIOR ONE AND KEY FINDINGS IN AMHARA, OROMIA AND SNNP REGIONS**

Key findings	
<b>Amhara</b>	
Non-doers	3.8 More likely to say it is “very difficult” to get at least four of the seven food groups (p=0.000).
<b>Oromia</b>	
Doers	2.8 More likely to say it is “not difficult at all” to get at least four of the seven food groups (p=0.000).
Non-doers	24.4 More likely to say it is “very difficult” to get at least four of the seven food groups (p=0.000).
<b>SNNP</b>	
Doers	3.3 More likely to say it is “not difficult at all” to get at least four of the seven food groups (p=0.000).
Non-doers	4.3 More likely to say it is “very difficult” to get at least four of the seven food groups (p=0.000).

**Perceived susceptibility/risk:** The key findings for on this behavior in three regions are presented in Table 15

**In Amhara region:** Only non-doer’s group response was significant for this behavior, in that more of them (16%) indicated that it is very likely that their child would become malnourished in the coming year compared to doers (1%). The result demonstrate that non doers than doers think that their child is at higher risk of becoming malnourished in the target study Woredas in this region.

**In Oromia Region:** More doers (40%) than non-doers (16%) reported it is not likely at all that their child would become malnourished in the coming year, while more non-doers (43%) than doers (21%) reported that it’s somewhat likely that their child would become malnourished in the coming year. This implies that non doers than doers think that there is a probability that their child will be in peril of becoming malnourished in the target study Woredas in this region.

**In SNNP region:** More doers (44%) than non-doers revealed that it is not likely at all that their child would become malnourished in the coming year compared to non-doers (24%). On the other hand, more non-doers (38%) than the doers (22%) reported that it’s very likely that their child would become malnourished in the coming year. The result demonstrate that non doers than doers think that their child is at higher risk of becoming malnourished in the target study Woredas in this region.

**TABLE 16: PERCEIVED SUSCEPTIBILITY/RISKY DETERMINANTS OF STUDY BEHAVIOR ONE AND KEY FINDINGS IN AMHARA, OROMIA AND SNNP REGIONS**

Key findings	
<b>Amhara</b>	
Non-doers	11 times more likely to say it is “very likely” that their child will become malnourished in the coming year (p=0.000).
<b>Oromia</b>	
Doers	2.9 times more likely to say it is “not likely at all” that their child will become malnourished in the coming year (p=0.000).
Non-doers	2.6 times more likely to say it is “somewhat likely” that their child will become malnourished in the coming year (p=0.004).
<b>SNNP</b>	
Doers	2.1 times more likely to say it is “not likely at all” that their child will become malnourished in the coming year (p=0.003).
Non-doers	2 times more likely to say it is “very likely” that their child will become malnourished in the coming year (p=0.004).

**Policy:** The key findings for on this behavior in three regions are presented in Table 16

Only the doer’s responses from both Amhara and SNNP region and the non-doers response from Oromia were found significant for policy related behavior.

**In Amhara region:** More doers (70%) than non-doers (51%) reported that there are no any supportive policies, laws or rules that make it likely to feed baby food from at least four of the food groups.

**In Oromia Region:** More non-doers (36% ) than non-doers (12%) reported that they don’t know whether or not there are any supportive policies, laws or rules that make it likely to feed baby food from at least four of the food groups.

**In SNNP region:** More doers (89%) than non-doers (71%) reported that there are no any supportive policies, laws or rules that make it likely to feed baby food from at least four of the food groups.

**TABLE 17: POLICY RELATED DETERMINANTS OF STUDY BEHAVIOR ONE AND KEY FINDINGS IN AMHARA, OROMIA AND SNNP REGIONS**

Key findings	
<b>Amhara</b>	
Doers	2.1 times more likely to say “there are “no” polices, laws or rules that make it likely to feed baby foods from at least four of the food groups each day (p=0.001).
<b>Oromia</b>	

Non-doers	3.3 times more likely to say “I don’t know ” whether there are any’ polices, laws or rules that make it likely to feed baby foods from at least four of the food groups each day (p=0.000).
<b>SNNP</b>	
Doers	3.0 times more likely to say “there are no” polices, laws or rules that make it likely to feed baby foods from at least four of the food groups each day (p=0.000).

**Culture:** The key findings for on this behavior in three regions are presented in Table 17

Only the doer’s responses from Amhara and non-doers response from Oromia region were found significant for culture related behavior.

**In Amhara region:** More doers (85%) compared to non-doers (67%) reported that there are no cultural rules or taboos that they know which are against feeding their baby foods from at least four of the food groups.

**In Oromia Region:** More non-doers (13%) compared to doers (4%) reported that they didn’t know whether there are any cultural rules or taboos which are against feeding their baby foods from at least four of the food groups.

**TABLE 18: CULTURE RELATED DETERMINANTS OF STUDY BEHAVIOR ONE AND KEY FINDINGS IN AMHARA, OROMIA AND SNNP REGIONS**

Key findings	
<b>Amhara</b>	
Doers	2.6 times more likely to say “ there are no” any cultural rules or taboos that they knew of against feeding child foods from at least four of the food groups each day (p=0.000).
<b>Oromia</b>	
Non-doers	3.1 times more likely to say “ I don’t know ” whether there are any cultural rules or taboos that they knew of against feeding child foods from at least four of the food groups each day (p=0.009).

### Overall summary findings for behavior Two

Overall doers indicated that the main factors that facilitate feeding their 6-23 month child foods at least from four of the different food groups each day is availability of food at home from own production and knowledge, skill on child feeding practices received from health workers. Lack of money/income, unavailability of required food varieties at home, lack of knowledge & skill to prepare diversified food and long distance travelled to find varieties of food from market are the barriers for non-doers mother to feed tier children foods at least from four of the different food groups. With regard to who approves and disapproves mothers for doing the behavior, overall, non-doers of the practice reported that there is no anyone they know who disapproves for ding the behavior. Nevertheless, health workers, agriculture extension workers, mothers, and other family members the once who approve mothers to feed their children foods at least from four food groups each day. Across the three regions, what made it very difficult to feed their children foods from at least four of the different food groups for the non-doers of the behavior was access to at least four of the seven food groups. Indicative that highlighting the need for activities that improve food security and food access to households in the project target areas. Overall, additional significant determinants were perceived risk of malnutrition, (‘doers’ considered becoming malnourished as “not likely at all at”, while non-doers considered it “very likely”), and policy (doers were more likely to say there are no polices & none doers more likely to say that they did not know).



### Behaviors 3: Mothers/caregivers of children 0-59 months of age defecate in a latrine at all times in Amhara, Oromia and SNNP regions

Behavioral determinants and questions presented for respondents for this behavior is reported in Annex 2: Table 29. Ten determinants in Amhara, nine in Oromia and seven in SNNP regions were found to be significant for this behavior.

**Perceived self-efficacy/skills;** the key findings for on this behavior from three regions is presented in Table 18

**In Amhara region:** More doers (97%) than non-doers (62%) reported **yes** that with their present knowledge, resources, and skills thought could use a latrine every time they want to defecate. More none-doers (13%) than doers (1%) reported **no** that with their present knowledge, resources, and skills thought could use a latrine every time they want to defecate.

**In Oromia Region:** More doers (97%) than non-doers (54%) reported **yes** that with their present knowledge, resources, and skills thought could use a latrine every time they want to defecate. More none-doers (17%) than doers (1%) reported **no** that with their present knowledge, resources, and skills thought could use a latrine every time they want to defecate.

**In SNNP region:** More doers (97%) than non-doers (62%) reported **yes** that with their present knowledge, resources, and skills thought could use a latrine every time they want to defecate. More none-doers (13%) than doers (1%) reported **no** that with their present knowledge, resources, and skills thought could use a latrine every time they want to defecate.

**TABLE 19: PERCEIVED SELF –EFFICACY/SKILLS DETERMINANTS OF STUDY BEHAVIOR THREE AND KEY FINDINGS IN AMHARA, OROMIA AND SNNP REGIONS**

Key findings	
<b>Amhara</b>	
Doers	17.1 times more likely to say that “Yes ” with their present knowledge ,resources, and skills thought could use a latrine every time they want to defecate (p=0.000)
Non-doers	8.3 times more likely to say that “possibly ” with their present knowledge ,resources, and skills thought could use a latrine every time they want to defecate (p=0.000)
	9.2 times more likely to say that “No ” with their present knowledge ,resources, and skills thought could use a latrine every time they want to defecate (p=0.000)
<b>Oromia</b>	
Doers	9.9 times more likely to say that “Yes ” with their present knowledge ,resources, and skills thought could use a latrine every time they want to defecate (p=0.000)
Non-doers	7.7 times more likely to say that “possibly ” with their present knowledge ,resources, and skills thought could use a latrine every time they want to defecate (p=0.000)
	8.3 times more likely to say that “No ” with their present knowledge ,resources, and skills thought could use a latrine every time they want to defecate (p=0.000)
<b>SNNP</b>	
Doers	24.4 times more likely to say that “Yes ” with their present knowledge ,resources, and skills thought could use a latrine every time they want to defecate (p=0.000)

Non-doers	10.1 times more likely to say that “possibly ” with their present knowledge ,resources, and skills thought could use a latrine every time they want to defecate (p=0.000)
	24.4 times more likely to say that “No ” with their present knowledge ,resources, and skills thought could use a latrine every time they want to defecate (p=0.000)

**Perceived positive Consequence:** The key findings for on this behavior from three regions is presented in Table 19

**In Amhara region:** The findings showed that more doers than non-doers understand that using a latrine to defecate every time wanted to defecate advantages to break the transmission of cycle of sanitation related diseases and gives greater dignity and privacy. More non-doers than doers perceive that using a latrine every time needed to defecate has a health benefit. Besides, more non-doers than doers perceived that a latrine is good to use it during the rainy season and at night time because helps no need to go out into the field during night time and gives more convenience to defecate than defecating elsewhere. More non-doers than doers reported that there is no disadvantage of doing the behavior.

**In Oromia Region:** More doers than none-doers perceived that using a latrine every time wanted to defecate gives greater dignity and privacy and advantages to minimizing health risks to the community. On the other hand, more none-doers than doers perceived that doing the behavior does not have a disadvantage, and gives more convenience to defecate every time wanted to defecate.

**In SNNP region:** Both doers and none-doers responses in this region were not found significant for this behavior.

Table 20: Perceived positive consequence determinants of study behavior three and key findings in Amhara, Oromia and SNNP regions

Key findings	
<b>Amhara</b>	
Doers	4.7 times more likely to say that “breaks the transmission of cycle of sanitation related diseases ” is the advantage of using a latrine every time needed to defecate(p=0.000)
	4.7 times more likely to say that “greater dignity & privacy ” is the advantage of using a latrine every time needed to defecate(p=0.000)
Non-doers	2.6 times more likely to say that “health benefit ” is the advantage of using a latrine every time needed to defecate(p=0.000)
	10.3 times more likely to say that “good to use it during the rainy season ” is the advantage of using a latrine every time needed to defecate(p=0.030)
	4.9 times more likely to say that “more convenient to defecate ” is the advantage of using a latrine every time needed to defecate (p=0.017).
	6.7 times more likely to say that “no need to go out into the field at night to defecate ” is the advantage of using a latrine every time needed to defecate (p=0.033).
	1.8 times more likely to say that “no disadvantage ” of using a latrine every time needed to defecate (p=0.045).
<b>Oromia</b>	

Doers	3.5 times more likely to say that “greater dignity & privacy ” is the advantage of using a latrine every time needed to defecate(p=0.013)
	2.1 times more likely to say that “reducing health risk to the community ” is the advantage of using a latrine every time needed to defecate(p=0.013)
Non-doers	4.4 times more likely to say that “more convenient to defecate ” is the advantage of using a latrine every time needed to defecate (p=0.030).
	1.9 times more likely to say that “no disadvantage ” of using a latrine every time needed to defecate (p=0.029).

**Perceived self-efficacy:** The key findings for on this behavior from three regions is presented in Table 20

**In Amhara region:** More doers than none-doers reported that proximity & easy access, odorless and cleanliness of a latrine make it easier to use a latrine every time needed to defecate.

**In Oromia Region:** More doers than none-doers reported that absence of flies around latrine, cleanliness of a latrine and having awareness on how to properly use a latrine make it easier to use a latrine every time needed to defecate. On the other hand, more non-does than doers demonstrated that having secured latrine with doors and superstructure and having access to water make it easy to use a latrine every time wanted to defecate. However, more non-doers than doers cited that a latrine not constructed well, preference of going out to the bush and difficulty to dig a latrine make it difficult to use a latrine every time wanted to defecate.

**In SNNP region:** More doers than none-doers reported that proximity & easy access makes it easier to use a latrine every time needed to defecate. More doers than non-doer reported that nothing makes it difficult to use a latrine every time wanted to defecate, and yet lack of attention and commitment could make it difficult to do the behavior. More non-doers than doers cited that absence of flies around a latrine and awareness gained from health workers made it easier to use a latrine every time wanted to defecate and yet a latrine not constructed well makes it difficult to do the behavior.

**TABLE 21: PERCEIVED SELF-EFFICACY DETERMINANTS OF STUDY BEHAVIOR THREE AND KEY FINDINGS IN AMHARA, OROMIA AND SNNP REGIONS**

Key findings	
<b>Amhara</b>	
Doers	6.1 times more likely to say that “proximity & easy access ” made it easier to use a latrine every time needed to defecate (p=0.006)
	3.4 times more likely to say that “being a latrine is odourless” made it easier to use a latrine every time needed to defecate (p=0.001)
	8.6 times more likely to say that “cleanliness” made it easier to use a latrine every time needed to defecate (p=0.0001)
<b>Oromia</b>	
Doers	3.8 times more likely to say that “absence of flies around latrine” made it easier to use a latrine every time needed to defecate (p=0.017)
	2.9 times more likely to say that “cleanliness” made it easier to use a latrine every time needed to defecate (p=0.000)

	3.5 times more likely to say that “having awareness on how to properly to use it” made it easier to use a latrine every time needed to defecate (p=0.003)
	17.9 times more likely to say that “not difficulties ” to use a latrine every time needed to defecate (p=0.000)
Non-doers	2.2 times more likely to say that “secured latrine with doors & superstructure ” made it easier to use a latrine every time needed to defecate (p=0.021)
	12.8 times more likely to say that “having access to water ” made it easier to use a latrine every time needed to defecate (p=0.001)
	5.4 times more likely to say that “a latrine not well-constructed ” made it difficult to use a latrine every time needed to defecate (p=0.000)
	2.6 times more likely to say that “feeling of being careful to not let blemish after use ” made it difficult to use a latrine every time needed to defecate (p=0.043)
	4.9 times more likely to say that “preference going out to the bush ” made it difficult to use a latrine every time needed to defecate (p=0.017)
	6.7 times more likely to say that “difficult to dig ” made it difficult to use a latrine every time needed to defecate (p=0.033)
<b>SNNP</b>	
Doers	1.5 times more likely to say that “proximity & easy access ” made it easier to use a latrine every time needed to defecate (p=0.042)
	2.8 times more likely to say that “lack of attention and commitment ” made it difficult to use a latrine every time needed to defecate (p=0.000)
	2.8 times more likely to say that “nothing ” made it difficult to use a latrine every time needed to defecate (p=0.000)
Non-doers	11.2 times more likely to say that “absence of flies around latrine” made it easier to use a latrine every time needed to defecate (p=0.000)
	2.3 times more likely to say that “awareness gained from health workers ” made it easier to use a latrine every time needed to defecate (p=0.011)
	4.9 times more likely to say that “a latrine not well-constructed ” made it difficult to use a latrine every time needed to defecate (p=0.000)

**Perceived social norms:** The key findings for on this behavior from three regions is presented in Table 21

**In Amhara region:** More doers than non-doers cited that husbands, other family members, neighbors/peers and health workers are the once that would approve to use a latrine every time needed to defecate. Besides, more doers than non-doers reported that there is no one they know would **disapprove** doing the behavior.

**In Oromia Region:** More non-doers than doers mentioned that neighbors/peers and religious leaders are the once that would approve to use a latrine every time needed to defecate. Besides, more of them than doers reported that there is no one they know would **disapprove** doing the behavior.

**In SNNP region:** More doers than non-doers mentioned that the health workers are the once that would approve to use a latrine every time needed to defecate.

**TABLE 22: PERCEIVED SOCIAL NORMS DETERMINANTS OF STUDY BEHAVIOR THREE AND KEY FINDINGS IN AMHARA, OROMIA AND SNNP REGIONS**

Key findings	
<b>Amhara</b>	
Doers	2.4 times more likely to say “husbands” would approve to use a latrine every time needed to defecate (p=0.000).
	1.9 times more likely to say “other family members (sister, brother)” would approve to use a latrine every time needed to defecate (p=0.043).
	2.0 times more likely to say “neighbours/peers ”would approve to use a latrine every time needed to defecate (p=0.043).
	2.2 times more likely to say “Health workers ”would approve to use a latrine every time needed to defecate (p=0.006).
	4.0 times more likely to say “no one they knew ”would disapprove to use a latrine every time needed to defecate (p=0.006).
<b>Oromia</b>	
Non-doers	6.7 times more likely to say “neighbour/peers ”would approve to use a latrine every time needed to defecate (p=0.033).
	5.4 times more likely to say “religious/community leaders ”would approve to use a latrine every time needed to defecate (p=0.010).
	4.5 times more likely to say “no one they knew ”would disapprove to use a latrine every time needed to defecate (p=0.003).
<b>SNNP</b>	
Doers	1.7 times more likely to say “Health workers ”would approve to use a latrine every time needed to defecate (p=0.002).

**Perceived access:** The key findings for on this behavior from three regions is presented in Table 22

**In Amhara region:** More doers (79%) than non-doers (19%) were more likely to say it’s not difficult at all to access a latrine each time need to defecate. On the other hand, more non-doers (33%) than doers (10%) reported that more likely to say it’s somewhat difficult to do the behavior.

**In Oromia Region:** More doers (71%) than non-doers (6%) were more likely to say it’s not difficult at all to access a latrine each time need to defecate. On the other hand, more non-doers (16%) than doers (8%) reported that more likely to say it’s somewhat difficult to do the behavior.

**In SNNP region:** More one-doers (25%) than doers (7%) are more likely to say it’s very difficult to access a latrine every time needs to defecate.

**TABLE 23: PERCEIVED ACCESS DETERMINANTS OF STUDY BEHAVIOR THREE AND KEY FINDINGS IN AMHARA, OROMIA AND SNNP REGIONS**

Key findings	
<b>Amhara</b>	
Doers	11.3 times more likely to say “not difficult at all” to access a latrine each time needed to defecate (p=0.000).
Non-doers	4.2 times more likely to say “somewhat difficult” to access a latrine each time needed to defecate (p=0.000).
<b>Oromia</b>	
Doers	17.3 times more likely to say “not difficult at all” to access a latrine each time needed to defecate (p=0.000).
Non-doers	2.0 times more likely to say “somewhat difficult” to access a latrine each time needed to defecate (p=0.043).
<b>SNNP</b>	
Non-doers	4.3 times more likely to say “Very difficult” to access a latrine each time needed to defecate (p=0.000).

**Perceived susceptibility/risk:** The key findings for on this behavior from three regions is presented in Table 23

**In Amhara region:** More non-doers ( 59%) are more likely to say than doers (30%) that it’s somewhat likely they themselves and their family members will get a diarrheal disease in the next three months.

**In Oromia Region:** More doers (61%) are more likely to say than non-doers (10%) that it’s not likely at all that they themselves and their family members will get a diarrheal disease in the next three months. On the other hand, more non-doers (70%) are more likely to say than doers (14%) that it’s very likely that they themselves and their family members will get a diarrheal disease in the next three months.

**In SNNP region:** More doers (70%) are more likely to say than non-doers (21%) that it’s not likely at all that they themselves and their family members will get a diarrheal disease in the next three months. On the other hand, more non-doers ( 26%) are more likely to say than doers (5%) that it’s very likely and more non-doers (49%) than doers (25% ) somewhat likely that they themselves and their family members will get a diarrheal disease in the next three months.

**TABLE 24: PERCEIVED SUSCEPTIBILITY/RISK DETERMINANTS OF STUDY BEHAVIOR THREE AND KEY FINDINGS IN AMHARA, OROMIA AND SNNP REGIONS**

Key findings	
<b>Amhara</b>	
Non-doers	3.0 times more likely to say that it’s “somewhat likely” that they themselves and their family members will get a diarrheal disease in the next three months (p=0.000).
<b>Oromia</b>	

Doers	8.5 times more likely to say that it's "not likely at all" that they themselves and their family members will get a diarrheal disease in the next three months (p=0.000).
Non-doers	12.2 times more likely to say that it's "very likely" that themselves and her family members will get a diarrheal disease in the next three months (p=0.000).
<b>SNNP</b>	
Doers	6.4 times more likely to say that it's "not likely at all" that they themselves and their family members will get a diarrheal disease in the next three months (p=0.000).
Non-doers	5.7 times more likely to say that it's "very likely" that they themselves and their family members will get a diarrheal disease in the next three months (p=0.000).  2.6 times more likely to say that it's "somewhat likely" that they themselves and their family members will get a diarrheal disease in the next three months (p=0.000).

**Perceived severity:** The key findings for on this behavior from three regions is presented in Table 24

**In Amhara region:** More doers (58%) than non-doers (46%) demonstrate that it's "very serious problem" if themselves and a family member got a diarrheal disease. On the other, more non-doers (18%) than the doers (10%) revealed that "it's not serious problem" if themselves and a family member got a diarrheal disease.

**In Oromia Region:** More doers (24%) than non-doers (13%) demonstrate that it's "somewhat serious problem" if themselves and a family member got a diarrheal disease. On the other, more non-doers (84%) than the doers (54%) revealed that "it's very serious problem" if themselves and a family member got a diarrheal disease.

**In SNNP region:** More doers (19%) than non-doers (6%) demonstrate that it's "not serious problem" if themselves and a family member got a diarrheal disease.

**TABLE 25: PERCEIVED SEVERITY DETERMINANTS OF STUDY BEHAVIOR THREE AND KEY FINDINGS IN AMHARA, OROMIA AND SNNP REGIONS**

Key findings	
<b>Amhara</b>	
Doers	11.3 times more likely to say that it's "very serious problem" if themselves and a family member got a diarrheal disease (p=0.034).
Non-doers	1.9 times more likely to say that it's "not serious problem" if themselves and a family member got a diarrheal disease (p=0.038).
<b>Oromia</b>	
Doers	6.3 times more likely to say that it's "not serious problem" if themselves and a family member got a diarrheal disease (p=0.000).  1.9 times more likely to say that it's "somewhat serious problem" if themselves and a family member got a diarrheal disease (p=0.014).
Non-doers	3.7 times more likely to say that it's "very serious problem" if themselves and a family member got a diarrheal disease (p=0.000).



SNNP	
Doers	2.9 times more likely to say that it's "not serious problem" if themselves and a family member got a diarrheal disease (p=0.001).

**Action efficacy:** The key findings for on this behavior from three regions is presented in Table 25

**In Amhara region:** More doers (60%) than non-doers (39%) reported that it's not likely at all they themselves and a family member if they use a latrine every time needed to defecate. On the other hand, more non-doers (51%) than doers (29%) reported that it's somewhat likely they themselves and a family member if they use a latrine every time needed to defecate.

**In Oromia Region:** More doers (62%) than non-doers (22%) reported that it's not likely at all they themselves and a family member if they use a latrine every time needed to defecate.

**In SNNP region:** More doers (61%) than non-doers (34%) reported that it's not likely at all they themselves and a family member if they use a latrine every time needed to defecate. On the other hand, more non-doers (15%) than doers (4%) reported that it's somewhat likely they themselves and a family member if they use a latrine every time needed to defecate.

**TABLE 26: ACTION EFFICACY DETERMINANTS OF STUDY BEHAVIOR THREE AND KEY FINDINGS IN AMHARA, OROMIA AND SNNP REGIONS**

Key findings	
Amhara	
Doers	2.2 times more likely to say "not likely at all " themselves and a family member got a diarrheal disease if they use a latrine very time needed to defecate (p=0.000).
Non-doers	2.4 times more likely to say "somewhat likely " themselves and a family member got a diarrheal disease if they use a latrine very time needed to defecate (p=0.000).
Oromia	
Doers	4.6 times more likely to say "not likely at all " themselves and a family member got a diarrheal disease if they use a latrine very time needed to defecate (p=0.000).
SNNP	
Doers	2.7 times more likely to say "not likely at all " themselves and a family member got a diarrheal disease if they use a latrine very time needed to defecate (p=0.000).
Non-doers	4.1 times more likely to say "very likely " themselves and a family member got a diarrheal disease if they use a latrine very time needed to defecate (p=0.001).

**Policy:** The key findings for on this behavior from three regions is presented in Table 26

Only the doer's responses from Amhara and non-doers response from Oromia region were found significant for policy related behavior.

**In Amhara region:** More doers (56%) than non-doers (30%) reported that there are “community laws/regulations in place ” that make it more likely to use a latrine every time need to defecate

**In Oromia Region:** More non-doers (61%) than doers (44%) reported that there are no “community laws/regulations in place ” that make it more likely to use a latrine every time need to defecate

**TABLE 27: POLICY RELATED DETERMINANTS OF STUDY BEHAVIOR THREE AND KEY FINDINGS IN AMHARA, OROMIA AND SNNP REGIONS**

Key findings	
<b>Amhara</b>	
Doers	2.6 times more likely to say there are “community laws/regulations in place ” that make it more likely to use a latrine every time need to defecate” (p=0.000).
<b>Oromia</b>	
Non-doers	1.9 times more likely to say there are “ no community laws/regulations in place ” that make it more likely to use a latrine every time need to defecate” (p=0.004).

**Culture:** The key findings for on this behavior from three regions is presented in Table 27

**In Amhara region:** Only the non-doer’s responses from Amhara response from Oromia region were found significant for policy related behavior. In that more non-doers (9%) than doers (1%) reported don’t know “ whether there are cultural rules/taboos against using a latrine every time need to defecate.

**TABLE 28: CULTURE RELATED DETERMINANTS OF STUDY BEHAVIOR THREE AND KEY FINDINGS IN AMHARA, OROMIA AND SNNP REGIONS**

Key findings	
<b>Amhara</b>	
Non-Doers	5.9 times more likely to say “don’t know ” whether there are cultural rules/taboos against using a latrine every time need to defecate (p=0.005).

#### Overall summary findings for behavior Three

The findings from target study Woredas in three regions indicated the presence of knowledge, resources, and skills are facilitators for using a latrine every time they want to defecate. In both Amhara and Oromia regions the perception on the health benefit, sense of dignity and privacy, and convenience to defecate are enablers for the one making it available and usable a latrine every time one wanted it to defecate. And, in both regions, there notion reflected from non-doers of the behavior using a latrine every time need does not have disadvantage. Moreover, across the three regions, proximity and easy access, cleanliness and odorless a latrine and absence of flies around latrine, having awareness on how to properly to use it and availability of water are enablers for using a latrine every time needed to defecate. On the other hand, what makes difficult for non-doers of the behavior are a latrine not well constructed, the feeling of being careful to not let blemish after use, and preference going out to bush are reported. With regard to persons who approve or disapprove using latrine every time one wanted to defecate, husbands, other family members, neighbors /peers and health workers are the once who approve the behavior. Indeed, non-doers from both Amhara and Oromia regions reported that there was no one they know who disapprove the behavior. Across the three regions, doers of the behavior reported that it was not at difficult to have access to a latrine at all times to defecate, while non-doers of the behavior from both Amhara and Oromia region reported it was somewhat difficult, while those from SNNP region reported it’s very difficult to have access to a latrine at all times to defecate. Doers of the behavior from both Oromia

and SNNP region reported that the absence of likelihood of being they themselves and their family members would be exposed diarrheal disease in the next three months, while those who did not do the behavior from both Amhara and SNNP reported somewhat likely of being exposed, and those from Oromia region reported very likely to get the disease. Doers of the behavior from Amhara region reported that there are 'community laws/regulations in place that abide them to use a latrine at all times, while the non-doers from Oromia region reported that there are not such abiding community laws/regulations in place.

### **2.3.1.5. Public and Private Sector's that Deliver Improved Nutrition and WASH Services and Challenges to Deliver the Services in Amhara, Oromia and SNNP region**

#### **Private sectors/ institutions providing nutrition sensitive related services in the target study Woredas in Amhara, Oromia and SNNP regions.**

The baseline explored the availability of private sector institutions providing nutrition services in the target study Woredas of the three regions. In general such private institutions are scarcely available across the study regions.

**In Amhara region**, there are some privately owned associations in three of the eight target study Woredas which were providing nutrition related services. These are; a) organizations which provide seed, roots and others and One Stop Shop (OSS) private business entities which produce milk, egg, vegetables and fruits at Enemay Woreda; b) wholesalers and suppliers of vegetable products at Debere Elias Woreda; and c) suppliers of vegetable products, seeds and pesticides at Aneded Woreda. Poor market, unfair competition from illegal supplies, unaffordable price of agricultural products for the rural community, and unavailability of improved seeds are the main challenges reported these business entities had faced to effectively and efficiently run their business.

**In Oromia region**, there are about three privately owned associations in three of the six target study Woredas which were providing nutrition related services. These are: a) micro-and- small enterprises organized on irrigation based vegetables and fruits production and for market at Lalo Ashabi Woreda; b) enterprise selling different seeds, animal products, pesticide and crop seeds at Girawa woreda; and c) an association engaged in vegetables production at Goro Woreda. Poor market access to sell their products, shortage of production inputs/supplies, shortage of finance and skilled human resource, scarcity of land, fear of lack of demand for their production, and security issues that deter them to transport agricultural products to the market are main barriers/ challenges that these private sector institutions face for effective/good nutrition service delivery.

**In SNNP**, for example, there are about seven privately owned associations in seven of the eight target study Woredas which were providing nutrition related services. These are: a) an association that produces powder of different grains and cereals in one with recommended proportion and sell for mothers of <5 children, and an individual engaged in milk production at Geta woreda; b) associations engaged in vegetable and poultry production at Abeshege Woreda; c) associations engaged in crops and vegetable production, a food complex that supply flour for bread, individuals engaged in poultry, milk and milk products at Cheha Woreda; d) associations engaged in supply of seeds and chicks, and engaged in crop production in Endegagne Woreda; e) a group of individuals engaged poultry production at Mihur Aklil Woreda; and f) agro-dealers engaged in supply of improved seeds, agro-chemicals, and supply of broods at Shashego Woreda.

The findings from the key informants from this region evinced that, these few currently available private intuitions/associations facing several challenges to effectively and efficiently deliver services. The main challenges, among other reported were shortage of power supply, increasing of cost of production inputs, unavailability or/and shortage production supplies/inputs such as chicken feed & animal forage and improved seeds as well as access to market and inflation.

## **Private sectors/ institutions providing WASH related services in Amhara, Oromia and SNNP regions**

The baseline explored the availability of private sector institutions providing WASH related services in the target study Woredas of the three regions. In general such private institutions were scarcely available across the study regions.

**In Amhara**, private enterprises which provide WASH related services are found only two of the eight target Woredas in the region. These are a) private enterprises that produce toilet slab, liquid soap and water filtration (Too lip) products at Aneded Woreda; and b) private enterprises that produce liquid soap, energy-saving and smokeless stove, sanitary pad and toilet slab, and Sani-marketing producers owned by women group who produce sanitary pad and toilet slab at Dembia Woreda. Key informants reported that private sectors in the two Woredas have challenges in order to deliver effective and good WASH service to their community. Shortage of finance, poor market linkage, low demand of products, lack of transport to conveyance their products to the market, lack of market places, and high cost of production inputs were the main challenges mentioned.

**In Oromia**, for example, about three privately owned business entities/ associations formally known providing WASH related services are found in three of the six target study Woredas. These are a) private sector which provides sanitation marketing services involved in latrine slab and concrete tube production at Goro Woreda; b) although not formally organized, there are private sector institutions (individual traders) which are providing sanitation and hygiene materials and products in Habru Woreda; and c) associations organized that produce toilet slabs at Lalo Ashabi Woreda. Key informants reported that these private sectors in the three Woredas have challenges in order to deliver effective and good WASH service to their community. Financial paucity and increasing cost of raw materials to produce toilet slab and tubes are the challenges reported. Besides, lack of government support to the informal groups/associations for them to transform into formal legal associations, the challenges the private sectors have in order to progress with their business, and receive financial loan to expand their business as evidenced from the key informants.

**In SNNP**, for example, there are very few privately owned business entities/ associations in two of the eight target study Woredas which were providing WASH related services. These are; a) an association working on sanitation marketing and slab production and supplies different latrine technologies for the community in Cheha Woreda; and b) a wholesaler which provides sanitary materials for local private organizations or individuals, three private sector enterprises (involved in slabs and sanitation product production and sanitation marketing activities) and few private construction and water supply material suppliers such as pipe, fittings, faucets etc. As reported by key informants, these private enterprises in the two Woredas are facing many challenges in order to provide good services to the community. Economic fluctuation/inflation of price of raw materials/inputs, demand fluctuation (lack of constant demand for services/products, and waned commitment of sales agents which resulted from poor market and demand of products due to high price of commodities sales agents enquire to compensate high price of production inputs were the main challenges evidenced from the key informants.

### **2.3.1.6. Gender and Inclusiveness of WASH and Nutrition Services provided by service providers in Amhara, Oromia and SNNP regions**

**Gender sensitiveness of WASH services:** Analysis of findings from the baseline shows that most of the existing WASH services and facilities – including in communities, schools and health facilities are not intentionally designed to meet the needs of women and girls.

The level of participation and leadership of women and girls in the design, construction and monitoring of WASH facilities was limited in most of the target study Woredas. The evidence from the baseline shows that in some of the target study woredas, however, women are included as members in water boards, water management committee of water points, and WASHCOs. In some places women are represented as chairpersons of WASHCO and decision-makers of managing WASH facilities and services (repair, maintenance and cleaning, water collection, decision-making on management arrangements and tariffs).

In most of the target study Woredas, however, level of participation and leadership of women and girls in the design, construction and monitoring of WASH facilities is very limited as compared to men's level of participation and leadership on WASH facilities. The level of participation of women and leadership in the water management committee (WASHCos) is reported limited. It's evidenced that women are not sufficiently involved in WASH activities even though it is said they are included or invited to be member of WASHCO but still there is problem of being involved in decision making. In most of the WASHCos leaders are majority males. Female-to-male ratio of persons who participate in community-based WASH committees or other decision-making structures is not always equal in most other target study Woredas. As reported, usually, males much more prevail over females. Evidence from the discussion with women discussants from some study Woredas also uncovered that women and girls were not usually consulted on their knowledge and practices to construct WASH facilities that respond to age, gender, disability and culturally-specific considerations in their communities.

With regard to gender sensitive awareness programs on WASH, there are genders sensitive and inclusive WASH related community mobilization activities which are underway in some of the target study Woredas in the three regions, nevertheless, these activities are not tailored to and directly targeted for women and girls as reported by most of informants.

**Inclusiveness of WASH services:** The evidence from the baseline also shows that the WASH facilities such as water points and communal latrines developed already in most of the target study Woredas of the three regions did not address the needs of women/girls and are not WASH inclusive. Moreover, observation of the health facilities shows that the majority of the health facilities are not gender responsive, accessible and comfortable for PWD. The infrastructure design around clean water and sanitation in most of the target study Woredas is often still developed without the consideration of the needs of people with disabilities despite the existence of knowledge of what is needed in various study Woredas. Of course, the evidence from some informants also indicated that inclusiveness is not considered in WASH services/activities so far due to lack of awareness among some technical staffs, lack inclusive WASH guidelines, unintentionally designing of WASH services and facilities –to meet the needs of women and girls, including those with disabilities are reported as challenges inclusive WASH services at health faculties, schools and at community level in most of the target Woredas.

### **2.3.1.7. Gender sensitiveness and inclusiveness of nutrition services provided by public institutions**

**Gender sensitiveness nutrition services:** The evidence from the baseline study shows that nutrition services provided by the public institutions with regard to awareness creation on nutrition good practices, nutrition counseling, participation on trainings and food demonstration for nutrition related issues are well addressed in most of the target study Woredas. In some of the target study Woredas initiatives that include males support to females on nutrition such as male's engagement in nutrition activities are underway. In most of the study Woredas nutrition services are equally provided without discrimination on gender with the profound understanding that provision of equitable health service including nutrition services is one of the transformation plans of the health sector of the country. Nevertheless, study informants from most of the study Woredas, indicated that more attention and priority was given for breast feeding mothers and for children of age less than two than other nutrition service recipients such as for adolescent girls and none lactating mothers with the understanding that under two children and lactating mothers are mostly affected by under nutrition than the rest of them.

**Inclusiveness of nutrition services:** The evidence from the target study woredas shows that nutrition service providers such as health workers did recognize that people with disabilities are equally entitled to all resources needed to preserve their health and life. Nevertheless, nutrition related services provided at most health facilities seem to overlook the disabled people in most of the target study Woredas, as evidenced from analysis of findings from interviews made with PHCU staff and observation of HFA.

Most of the HFs in the target Woredas is not ready to provide nutrition inclusive services. The findings HFA, for example, indicates that all (100%) of the HPs and HCs observed in some selected target study woredas did not have service delivery standards on nutrition inclusive of PWD, and all (100%) of the HPs and 75% of the HCs observed did

not provide (nutrition education counseling & support) tailored to PWD, and all (100%) of the HCs and HPs assessed did not have guidelines on nutrition service provision tailored for PWD. Moreover, all observed HFs (16 HCs and 29 HPs) during the HFA shows that the facilities are not well constructed considering disables in mind, as the result these HFs were not ready to provide nutrition related services specially designed for disable people.

The other challenge for with regard to non-inclusiveness of nutrition services at HFs were the lack knowledge among health workers and lack of specialized workforce and trained staff at health facilities that are able on how to respond and work with disability-related disorders and to support disabled children's complex needs. Moreover, as evidenced from the qualitative data, awareness activities provided by health workers often fail to consider the special needs of people with disabilities in most of the target woredas.

### **2.3.2. Recommendations for R2G Programing**

#### **Recommendations to address political, economic and institutional related barriers to access to good nutrition services in the R2G target study Woredas**

1. Advocate and lobby political leaders (Woreda Administration counsel ) to allocate sufficient budget (capital budget) for nutrition and WASH programs and projects at woreda level
2. Create dialogue between the political leaders and government sectors implementing nutrition sensitive and WASH programs to can ask for required budget for their program and request for accountability and transparency in budgets and expenditures.
3. Advocate and lobby government sectors to strengthen institutional leadership for nutrition, and WASH to implement national nutrition and WASH policies and plans
4. Advocate , lobby and strengthen nutrition sensitive program and WASH program government sector implementers based at Woreda level to work together, coordinate and collaborate to deliver WASH and Nutrition related services as per policy and strategy set by national government
5. Build awareness, capacity and skills of political leaders, government sector leaders, and nutrition human resource to navigate the national nutrition and WASH policy adoption and implementation
6. Advocate and support social mobilization efforts to bring political leaders, civil society groups, and public attention to nutrition and WASH issues needing attention and to enhance perception on the political, economic and institutional related barriers to access nutrition and WASH services including those identified from this baseline study.
7. Advice and support nutrition sensitive program and WASH program implementing government sectors based at Woreda level to devise local strategies that enhance leadership, and be useful for decision making including on budget and logistics for unmet needs in the nutrition and WASH sector.
8. Inform and lobby regional, zonal and woreda level government sectors to assign sufficient and skilled nutrition and health human resource (Health Workers and Health extension workers) at health facilities and sufficient and skilled water supply technical experts at woreda level water supply sector offices.
9. Support private sector service providers of nutrition and WASH related services technically and financially and lobby for them to towards contributing to the national WASH and nutrition strategic and policy agenda.
10. Capacitate private sector nutrition and WASH service providers through trainings, ( no how to stoke, produce, report, supply nutrition and WASH related services/products to customers) , conferences and seminars; and conduct continuous monitoring and support to make them successful in providing quality WASH and nutrition services

#### **Recommendations to improve social related barriers to access to good nutrition services in the R2G target study Woredas**

The recommendations presented below to improve social related barriers to good nutrition and WASH are identified from the barrier analysis (doer & non-doer analysis) data complied at regional level. In general, the potential



recommendations illustrated, underneath, are recommendations common to all R2G project target regions to address the emerging social relate barriers to access to good nutrition and WASH services<sup>15</sup>.

1. **Potential recommendations to address the barriers to practice Behavior 1:** to improve child meal frequency among children of age 6 to 24 months and Behavior 2: to improve child minimum dietary diversity among children of age 6 to 24 months.
1. **Improve food security and income of households through, among others, through**
  1. Improving the financial capital of poor and vulnerable women communities by facilitating their involvement in local VSLAs (as per the experience in SNNP region) and expanding their access to financial services to ensure better access to and control of household finance.
  2. Introduce new farming technologies, inputs and approaches and promote increased production crop, vegetables and fruits
  3. Expanding livelihood options women to ensure better access to and control over husehold resources including finance and assets.
4. **Enhance knowledge, perceptions and practices of women, men, other family members and communities for improved child nutrition behaviors.**
  5. Enhance knowledge, perception and skills on recommended child nutrition practices including dietary diversity by integrating cooking demonstration activities to practically show mothers how a meal of minimum dietary diversity can be prepared for children from locally available food sources.
  6. Improve involvement and support of husbands for women by sharing household chores and availing food or money to purchase food from the market to ensure nutritional wellbeing of women and children in the family.
  7. Promote emotional and physical support and encouragement of family members for women in the family to improve women dietary diversity practices
  8. Mobilize support of key community influential such as religious leaders, clan leaders, health workers, teachers, community volunteers , grandmothers and others to support promotion of recommended women and child nutrition practices using various community and school level platforms
9. **Potential recommendations to address the barriers to practice Behavior 3: Latrine Use**
  10. Advocate and create dialogue with public, private and individual funding opportunities for the underprivileged (households with limited income, PWD, and women headed households) to get access to household and community based latrines.
  11. Provide training on the engineering skills of latrine construction at the community level based on the contextual soil circumstances help solve access to latrine and use of latrine at all times.
  12. Construct latrines in a manner that is more appealing to women could also further enhance the adoption and use of improved latrines in the study community
  13. Adopt and use latrines taking into account the variability behavioral related motivations for using latrine, and improving/solving the barriers to all time utilization of latrine evidenced in this study.
  14. Finally, the success of strategies to reinforce WASH activities be contingent on the capacity of the individual, household, society, and institutional levels to facilitate and sustain behavior change as was seen in this barrier analysis baseline study, therefore the use of the IBM-WASH approach<sup>16</sup> perhaps will help achieve a better

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<sup>15</sup> if needed to provide context specific recommendations that help to develop culturally appropriate and effective strategies, interventions, messages, and materials to enhance demand for improved Nutrition and WASH services of target communities of each of the study Woredas the BA study conducted, it's important to make further analysis of the BA data collected from each target study Woreda in each region. Annex 3., indicates the three behavior determinants significant results for each study behavior in each of study Woredas from the three study regions.

<sup>16</sup> The IBM-WASH model aims to provide both a conceptual and practical tool for improving understanding and evaluation of the multi-level multi-dimensional factors that influence water, sanitation, and hygiene practices in infrastructure-constrained settings.



understanding of these factors , to mobilize of communities’ to learn about norms, values and practices of latrine and to help address the barriers the study community may have in using a latrine at all times.

### **Recommendations to improve the gender sensitiveness and inclusiveness of nutrition and WASH services in the R2G target study Woredas**

15. Advocate and lobby government sector’s to include gender and disable related activities in sector plan and M&E activities
16. Advocate institutional restructuring to increase capacity for gender mainstreaming and improve the ratio of men to women at all levels including at nutrition sensitive and WASH program implementing government sector offices. Advocate efforts that sector are not be with male-dominated departments.
17. Empower and involve women starting from resource mobilization, until they became leaders and play the role of decision making at WASHCOs.
18. Advocate ensuring female participation in management committees and positions of responsibility to support improved functioning of water committees, water systems, and hygiene promotion.
19. Develop/adopt guidelines on nutrition inclusive service provision standards disseminate to nutrition sensitive implementing public and private sectors
20. Provide capacity building /awareness creation on gender sensitivity and inclusive to all political leader, and higher officials of WASH and nutrition program implementer.
21. Advocate and lobby to strengthen sectoral integration and collaboration of public sectors (government sector’s) to make or improve existing intuitions (health facilities, schools) WASH facilities to be friendly for people with disability, and gender inclusive.
22. Advocate and lobby private sector, public sectors, and NGOs to consider gender and inclusiveness in the constructions of newly WASH and nutrition institutions in the target Woredas.
23. Engage and provide platform for women and disables to describe their opinion and needs on WASH and Nutrition related services and to make them participate in problem identification, decision making and planning.
24. Build the capacity of nutrition service providers (health workers and agriculture extension workers) on feeding care for children with developmental disabilities.
25. Advocate and support that nutrition services provided at health facilities to include disability and provide disability-specific services, and programmers.
26. Advocate mainstreaming equity and inclusion in the WASH sector, and support the designing, testing and implementation of technologies that address the needs PWD.

## **2.4. SCOPING STUDY ON DONOR AND INTERNATIONAL ACTORS’ COLLABORATION INITIATIVES AND HUMANITARIAN AND DEVELOPMENT LANDSCAPE ANALYSIS**

### **2.4.1. Findings of the Scoping Study**

#### **2.4.1.1. The Evolving architecture and current status of Humanitarian Development Nexus (HDN) adoption in Ethiopia**

The scoping study showed that the Humanitarian Development Nexus architecture in Ethiopia has evolved quite rapidly over the past few years. Key actors and stakeholders have shared understanding of the new way of working principles due to advocacy efforts by various actors including the UN Resident and Humanitarian coordinators in 2017 and 2018. In the last five years, in particular, major milestones that contributed to shared understanding of the new way of working principles and increased commitment for HDN among humanitarian and international actors have been observed in Ethiopia.

The introduction of the first Humanitarian and Disaster Resilience Plan (HDRP) in 2018 reflected the need to move away from cyclical humanitarian responses towards a more resilience-focused agenda encompassing preparedness and system building and strengthening<sup>17</sup>. Furthermore, Ethiopia's Humanitarian Response Plan (HRP) recognized the need to establish linkage with development nutrition programming, particularly the linkages between wasting and stunting. For instance, the 2019 HRP outlines two strategies for linking development efforts and humanitarian response, which are (a) building resilient health systems to respond to crisis while maintaining routine health and nutrition services; and (b) strengthening community resilience, incorporating nutrition preventive actions and activities to enable households access and utilize more diverse nutritious diet. The 2019 HRP also emphasized the need to better integration between the climate resilient investments made by the OWNP and the humanitarian response in WASH, in particular in areas such as the provision of durable solutions for displaced populations, where both humanitarian and development funds need to be combined to provide first emergency response (humanitarian) and long-term recovery (development)<sup>18</sup>.

**TABLE 29: EXAMPLES OF RECENT MILESTONES IN THE HUMANITARIAN DEVELOPMENT NEXUS PROCESS IN ETHIOPIA**

Key Milestones	Description
Deployment of Humanitarian Development Advisor (2017)	As part of the UN support of the HDN agenda in Ethiopia, a humanitarian- development adviser was deployed to the UN Resident Coordinator Office (RCO) in 2017 which provides strategic coordination support to the UN Country Team (UNCT) in Ethiopia.
The Nexus Group	An ad hoc think tank comprising DFID, the European Union (EU) / European Civil Protection and Humanitarian Aid Operations (ECHO), Irish Aid, OCHA, Save the Children, Joint United Nations Programme on HIV/AIDS, UNDP, UNHCR, UNICEF, WB and World Food Program (WFP)—was formed and generated evidence to feed into the collective analysis and planning by government and by humanitarian and development partners. This group prepared several discussion papers to generate common thinking, including identifying concrete areas for acceleration of development resources to address acute needs, but was eventually abandoned due to a lack of commitment from members <sup>19</sup> .
Development of the first Humanitarian Disaster Resilience Plan (HDRP) (2018)	Following consecutive discussions and consultations with UN joint missions, donors and other humanitarian actors, the GoE developed the first HDRP in 2018. The plan lays out the basis for a three-pillared model that will allow for further planning and development investments, in line with a disaster risk management approach. However, Pillar 1 which focused on prevention and mitigation through humanitarian and development funding and Pillar 3 which emphasized national system strengthening and funding, were poorly funded. <sup>20</sup>
Ethiopia Durable Solutions Initiative(2009)	In 2009, the United Nations developed and launched a Durable Solutions Initiative (DSI) for IDPs which intends to link humanitarian and development interventions for longer-term sustainable gains in Ethiopia. For the period 2020-2025, humanitarian, development and financing partners have started discussions on developing a joined-up strategy focusing on reaching 2 to 3 specific collective outcomes related to enhancing durable solutions for IDPs and IDP returnees, as well as enabling basic service delivery and livelihood support in disaster-prone areas. In order to leverage comparative advantages and achieve timely impact, it will focus on systems strengthening and a set of prioritized geographic areas <sup>21</sup> . The durable solutions strategy was developed to provide an agreed results umbrella for specific programmatic pillars related to durable solutions and resilience strengthening within key Government, development and humanitarian response frameworks implemented as of 2020, including the Government's Third Growth and Transformation Plan (GTP3), the new UN Development Assistance Framework (UNDAF) 2020-2024, the Productive Safety Net Programme (PSNP), and a multi-year Humanitarian Response Plan (HRP) 2020-2023/4. In order to support this process, in the 2019 HRP, humanitarian partners have made efforts to consistently highlight existing linkages with developmental approaches, as well as areas for which development partners should enhance programmatic and funding support in order to decrease reliance on short-term humanitarian response patterns and increase longer-term impact <sup>22</sup> .

17 HRD (2019). HRD Relief Food Beneficiary Analysis (2013 - 2018).

18 National Disaster Risk Management Commission . 2019. Ethiopia Humanitarian Response Plan

19 UN (2018). EHCT Retreat: Notes for discussion on opportunity to improve the humanitarian- development nexus for nutrition.

20 RCO (2019). Multi-year Resilience Strategy for Ethiopia. August 2019. Resident Coordinator Office.

21 Government of Ethiopia and United Nations.2019. Ethiopia Durable Solutions Initiative

22 National Disaster Risk Management Commission . 2019. Ethiopia Humanitarian Response Plan

Development of Ethiopia Humanitarian Response Plan(2019)	The 2019 HRP recognized that the continued humanitarian response in Ethiopia was not only increasingly unaffordable, but it has not addressed root causes of vulnerabilities and runs the risk of creating aid dependency patterns in affected populations. Thus, government policies as well as most humanitarian and development frameworks aim at supporting a paradigm shift towards reducing risk and vulnerability, and building resilience of particularly drought-affected communities. As part of the 2018 HDRP, some activities aiming at prevention (Pillar 1) and recovery and system strengthening (Pillar 3) were implemented, particularly in the agriculture, nutrition, education and WASH sectors. However, overall funding to these areas of the HDRP was limited.
Development of Multi-Year Resilience Strategy (2020)	The development of the Multi-Year Resilience Strategy by UN partners in conjunction with the GoE reflects a clear effort to come at the problem from the opposite direction (i.e., scale up development and longer-term programming in highly vulnerable areas—often categorized as Priority 1 hotspots), with a view to shrinking humanitarianism. The Multi-Year Resilience Strategy was designed to be implemented from 2020-2025 to improve outcomes for 12 drought-prone zones in Ethiopia's north-east that have received multi-year assistance for both chronic poverty and food insecurity. <sup>23</sup>
2020 Ethiopia Humanitarian Response Plan (2020)	The 2020 HRP recognizes the need to draw a clear correlation between the MYRS and the HRP, as the Government and international community embark on a Multi-Year Resilience Strategy (MYRS), to be implemented from 2020 to 2025 with the objective to 'right-size' humanitarian and development assistance to meet the needs of dryland communities and achieve improved resilience outcomes <sup>24</sup> .

The scoping study showed that the humanitarian nutrition programming in Ethiopia is largely treatment focused, with Infant and Young Child Feeding (IYCF) support linked as the main form of prevention. Whilst there is consensus on the need for resilience building by including programs which prevent malnutrition, there is a lack of clarity among humanitarian actors about how to prevent malnutrition and how to measure success.

The study also showed that there are enabling conditions and interest among donors, international actors and the government to adopt the HDN concept in nutrition and WASH program design and implementation. However, the existing interest has not been translated to reality on the ground at a meaningful and observable level. A key informant from a federal government office described the current status of HDN as 'an initiative that is being advocated for' but has not been adequately materialized on the ground.

*"...The nexus agenda has been planned for a number of times but it was not materialized to the expected level. The nexus agenda is still at an 'initiative' or 'advocacy' level. For instance, I was discussing about this issues very recently with FAO , particularly on ways to materialize the humanitarian development nexus in nutrition programs. In short, I can say that the nexus agenda is not touched yet because the humanitarian interventions override development efforts as most resources are channeled to the humanitarian support. In other words, the nexus is very weak or it can be said that it is not materialized yet..." ( KII, NDRMC Representative)*

Key informants from the donor s and international actors group also described that the humanitarian development nexus may be practiced here and there without being consolidated as one program or intervention.

*"... The nexus agenda has been raised in UNICEF's meetings and other discussion forums. However, it is not clearly designed as a program or separately treated so far. What we know is that HDN is already implemented here and there. However, questions such as how development versus humanitarian programs are linked and framed so as to cascade to lower structures, are not clearly answered..." ..."*  
(KII, UNICEF Representative, SNNPR Field Office)

<sup>23</sup> National Disaster Risk Management Commission.2020. Ethiopia Humanitarian Response Plan 2020

<sup>24</sup> National Disaster Risk Management Commission.2020. Ethiopia Humanitarian Response Plan 2020

“... Even though some development activities/programs such as school feeding are funded by humanitarian donors, the humanitarian development nexus in such initiatives is not clearly indicated. No clear directions are given on how the HDN works in such initiatives...” (KII, WFP Representative, SNNP Region)

Large scale of emergency need, shortage of funds and unavailability of platforms to advance the HDN agenda were some of the main reasons identified for low level of HDN implementation in Ethiopia. The wide scale of emergency need in the country, especially in the last few years, pushed donors and international actors to focus on saving lives, and supporting long term development programs became secondary. Key informants from the donor group stated that the increased drivers of humanitarian crisis in the country made humanitarian update the top agenda item in development partner groups’ regular meetings.

The study revealed that donors and the government actors are the potential game changers to advance the HDN Agenda in Ethiopia. If donors and key government sector offices have joint commitment to materializing the HDN agenda in humanitarian and development programs, they can make HDN adoption a key requirement for implementing actors to apply for humanitarian funding, and their proposals could be evaluated accordingly. According to key informants, this approach would inevitably encourage implementing actors to design their project proposals accordingly.

OCHA was identified as one of the key UN agencies with the potential to initiate and advance the HDN agenda and implementation among donors and partners involved in humanitarian nutrition and WASH interventions in Ethiopia. Key informants stressed that OCHA has the opportunity to set HDN as part of the application requirement for humanitarian actors who apply for the Ethiopian Humanitarian Fund (EHF), which may help in getting the HDN agenda on the ground. Furthermore, MoFEC and BoFEC have the opportunity to request or encourage international actors or CSOs submitting their proposal for a humanitarian intervention to include development interventions as well before they approved for implementation in a specific intervention area. Thus, engaging MoFEC and regional level finance bureaus in all efforts to advance the SDN agenda was identified as a key opportunity to materialize the nexus.

#### **2.4.1.2. Donors and international actors engaged in nutrition and WASH focused development-humanitarian nexus interventions and level of coordination**

The HDN remains a concept that humanitarian and development actors and stakeholders in Ethiopia have varying levels of understanding about. Its implementation is also at infancy stage. However, there are few examples of programs where both humanitarian and development objectives in the nutrition and/or WASH sector are met as both development and resilience-building activities are implemented in emergency-prone areas in Ethiopia. Some of the key donors and international actors engaged in supporting similar interventions in Ethiopia are highlighted below.

**TABLE 30: EXAMPLES OF DONOR SUPPORTED NUTRITION AND WASH HDN PRACTICES IN ETHIOPIA**

<i>Donor/international actor</i>	<i>Nutrition and WASH HDN support /interventions</i>
United States Agency for International Development (USAID)	<p><b>Development Food Security Assistance Program (DFSA):</b> In partnership with Catholic Relief Services (CRS), Food for the Hungry, Relief Society of Tigray, and World Vision, USAID’s Office of Food for Peace (FFP) conducts long-term development interventions through the Government of Ethiopia-led Productive Safety Net Program (PSNP), which aims to reduce chronic food insecurity. FFP activities help address the basic needs of vulnerable Ethiopians through regular transfers of in-kind food and cash resources, while supporting the creation of assets—including beehives and water catchments—that generate economic benefit for the participating community.</p> <p>With Development Food Security Assistance Program (DFSA) 2016-2021 support, CRS Ethiopia works to address the underlying causes of chronic food insecurity through community asset building, health, nutrition and water, sanitation, and hygiene (WASH) interventions and through cross-cutting initiatives including gender, capacity building and disability inclusion.</p> <p><b>USAID Office of U.S. Foreign Disaster Assistance:</b> With funding from USAID/OFDA, GOAL Ethiopia is supporting emergency nutrition and WASH interventions for displaced and drought-affected populations in Somali. GOAL Ethiopia conducts community-based management of acute malnutrition in the region, including treatment of children experiencing severe acute malnutrition, targeted supplementary feeding programs to treat children and pregnant and lactating women facing MAM; and</p>

United Nations Children's Fund (UNICEF)	<p>community mobilization, education, and training on infant and young children feeding practices and improving WASH conditions training health staff on safe hygiene practices, constructing latrines, and improving access to safe drinking water.</p> <p>With support from USAID OFDA funding, IRC operates a multi-year implementation model for nutrition and WASH emergencies known as the Rapid Response Mechanism (RRM) working with local partners to increase access to safe drinking water and improve WASH conditions by supporting water trucking; promoting safe hygiene and sanitation practices at the community level; enhancing community capacity to manage water sources and distributing emergency relief commodities and water treatment chemicals.</p> <p><b>Comprehensive Integrated Nutrition Services' (CINUS) Program:</b> CINUS is a UNICEF supported FMOH flagship nutrition development programme implemented in highly food insecure woredas in 8 regions. The program integrated activities such as health system capacity building support and improved community awareness for better child care and nutrition practices in woredas with some of the highest levels of acute malnutrition. CINUS is a preventive multisectoral programme covering the whole life cycle, including WASH, health, education and agriculture activities, which aims to improve complementary feeding and increase WASH and health systems' capacity to deliver nutrition-specific interventions. UNICEF is the lead agency of the Nutrition Cluster with in the EHCT and supports the ENCU within the NDRMC. It is also part of the Hotspot Technical Working Group (HTWG).</p>
World Food Program (WFP)	<p>WFP supports nutrition sensitive approaches in its portfolio of activities including emergency food relief, but also development activities such as school feeding, climate change, and social protection. Linking development and humanitarian efforts within the PSNP platform, WFP provides fortified foods to PSNP beneficiary households with PLW/G or a young child showing signs of malnutrition , fresh food vouchers to diversity household diets, crop insurance and livestock insurance. WFP also supports Social and Behaviour Change Communication (SBCC) activities which complement direct food assistance with the aim of improving knowledge and awareness on nutritional choices and the positive impact of good nutrition on health and personal development; and to improve cooking skills of mothers and caretakers of children.</p>
The World Bank	<p><b>Promoting young women's livelihood and nutrition project:</b> With funding from the World Bank, Concern International implemented the project in Tigray region. The major activities include supporting iron-folate supplementation, life skill trainings, income generation activities, school nutrition, and prevention of early pregnancies as well as a livelihood component with seed and small livestock provision and trainings.</p>
The power of Nutrition (Eleanor Crook Foundation, The END Fund and Rotary International)	<p>UNICEF and Action Against Hunger will be implementing the Power of Nutrition Program , a new five year multisectoral program that incorporates several components, including the prevention and treatment of wasting, promoting infant and young child feeding practices, and integrating deworming and Multiple Micronutrient Supplementation (MMS) into routine services for effective, sustainable approaches to improve women and children's overall health and life opportunities. The programme is expected to address the many drivers of short- and long-term malnutrition by combining multiple interventions in a holistic approach to strengthen systems and scale the coverage of high-impact health and nutrition services.</p>
European Union (EU)	<p>Resilience Building and Creation of Economic Opportunities in Ethiopia – RESET Plus. Implemented by a consortium of international actors such as CARE Ethiopia, AAH, in collaboration with local actors , RESET Plus undertakes both emergency response and resilience building interventions targeted to the poorest households through provision of health and nutrition, WASH, livelihoods and food-security activities with the key objective of reducing the risk from drought. RESET II takes a multisectoral approach incorporating WASH alongside food security and livelihoods, health and nutrition, and maternal mental health and care practices.</p>

## Level of Coordination among donors and international actors

The scoping study revealed weak intersectoral coordination between humanitarian and development actors engaged in nutrition and WASH interventions in Ethiopia. Lack of coordination between humanitarian and development donors, government offices, and implementers has long been cited as one of the key challenges to coherent relief and development programming. Humanitarian and development coordination platforms are often separate, with humanitarian actors participating in Nutrition and WASH Cluster meetings with in the EHCT and development partners participating in sector working groups,<sup>25</sup> particularly with in the Development Partners Group (DPG).

25 USAID. 2021. Technical Brief 8: Humanitarian – Development Coherence In WASH or WRM Programs



Nutrition and WASH interventions in Ethiopia are often implemented in similar locations and through the same structures and services by both humanitarian and development programmes. While this creates opportunities to collaborate, the co-location of development and humanitarian programmes is not by itself enough to ensure identification of common objectives and the development of complementary intervention modalities.

Despite existing gaps in coordination among the key humanitarian clusters, few good practices have been identified. For instance, SWAN which is a pilot consortium response program for multi sectoral integrated response in the WASH, Health and Emergency Shelter/Non Food Item (ES/NFI) Clusters. SWAN is implemented by Save the Children, World Vision, Action Against Hunger and Norwegian Refugee Council. The program is designed to facilitate timely and coordinated multi-sectoral (joint) response in ES/NFI, WASH and Health across the country based on geographic coverage and implementation capacity of the consortium members. Another example of multi-sectoral coordination within the humanitarian sector is establishment of the Health, WASH and Nutrition Technical Working Group (HWN TWG) by the three humanitarian clusters within the EHCT, which were operating parallelly. The multisectoral TWG was established to further boost joint response by implementing a minimum multi-sectoral response package.

#### 2.4.1.3. Donors' and international actors' strategies and funding schemes

Ethiopia is one of the largest recipients of international assistance from major humanitarian donors. Humanitarian assistance is largely channeled through pooled funds like the EHF or directly to implementing partners by donors such as the USAID/OFDA, ECHO and DFID. The Ethiopia Humanitarian Fund (EHF), the Central Emergency Response Fund (CERF) and Bilateral donors are the three main sources of external funding options and mechanisms for the health and nutrition sectors in Ethiopia.

##### The Ethiopian Humanitarian Fund (EHF):

**Funding Mechanism:** EHF is the primary mechanism for emergency funding and constitutes a multi-donor Country-Based Pooled Fund (CBPF) that focuses on critical life-saving and often underfunded sectors including nutrition, water and sanitation, and health. EHF is managed by OCHA under the leadership of the humanitarian coordinator with strategic support from the Advisory Board (AB). An OCHA-led Humanitarian Financing Unit (HFU) acts as the EHF's secretariat. EHF advisory board is chaired by the UN Humanitarian Coordinator and its members include representatives of World Vision, Oxfam GB, UNICEF, WFP, DFID, Ireland, OFDA, Sweden, UNOCHA and MCMDO, a local NGO. Humanitarian funds received through the EHF are generally for 6-month durations. Once donors provide money into the EHF, all contributions become part of the pool. Thus, there is no earmarking of funds and donors are unable to specify a sector, region or priority. Inter-cluster allocations are determined by the Humanitarian Coordinator (HC) through a consultative process, based on identified humanitarian needs and priorities outlined in the HRP.

*Multisectoral focus, gender sensitiveness and inclusiveness of the EHF: Addressing underfunded priorities that ensure inclusiveness is one of the focus areas of the EHF. Support for women and girls and programs targeting disabled people were two of the four priority areas that are often underfunded and lack the desirable and appropriate consideration in the allocation of humanitarian funding. As a result, in 2020, the EHF focused on addressing women and girls needs and inclusion of people with disabilities to address the needs of an often marginalized group and facilitate their access to humanitarian response and social services.<sup>26</sup> The EHF is multisectoral in its funding allocation as the health, nutrition and WASH sectors/clusters are represented and a wide range of UN agencies, INGOs and NNGOs benefit from the fund. However, participation of local NGOs in the EHF mechanisms is limited.*

*“...The funding schemes are mostly multi-sectoral. For example, OCHA considers integration of nutrition and WASH interventions to any emergency program as a requirement to release the Ethiopian Humanitarian Fund (EHF). This is because nutrition and WASH are the two major focus areas within the*

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<sup>26</sup> United Nations Office for the Coordination of Humanitarian Affairs (OCHA) Ethiopia, 2021. Ethiopia Humanitarian Fund 2020 Annual Report.

*EHCT. Integrating protection activities, which includes child protection and GBV prevention etc. is also one of the priority areas for EHF at this time.....” (KII, NDRMC Representative)*

### **The Central Emergency Response Fund (CERF)**

**Funding Mechanism:** CERF is the UN’s global emergency response fund, responsible for the provision of quick humanitarian response to deliver life-saving assistance in time of crises. CERF provides rapid initial funding for life-saving actions at the onset of emergencies and for poorly funded, essential humanitarian operations in protracted crises.

**Multisectoral focus, gender sensitiveness and inclusiveness of the CERF :** The study showed that CERF funding is not multisectoral. The fund lacks clear targeting and priority for nutrition and WASH interventions in its allocation and implementation, except some life saving and basic health services provision. CERF funding is allocated to UN agencies, including the International Organisation of Migration (IOM) only while NGOs are unable to receive funding. All projects must be completed within six months of the date that CERF disburses funds. With regard to gender responsiveness of CERF grants, UNFPA and its implementing partners have been providing psychosocial support services for GBV survivors and supporting GBV survivors to get referral services.<sup>27</sup>

### **USAID Office of U.S. Foreign Disaster Assistance**

**Funding Mechanism:** While USAID is one of the largest donors in Ethiopia, largely as a result of the sizeable provision of emergency food supplies, OFDA is the main funding mechanism for the health and nutrition sector in Ethiopia. Decisions for allocation of OFDA funding are largely delegated to country-level representatives, in consultation with regional technical experts and shaped by various tiers of strategic priorities and their assessment of priority acute needs. Typically, OFDA funds emergency programmes for up to one year at a time. However, OFDA also operates some multi-year programmes to respond to chronic complex emergencies and build resilience such as the International Rescue Committee (IRC) multi-year implementation model for nutrition and WASH emergencies known as the Rapid Response Mechanism (RRM).

**Multisectoral focus, gender sensitiveness and inclusiveness of the EHF :** OFDA’s one year grants allow better opportunities for implementing partners to ensure project effectiveness as compared to the short term six month duration projects. Furthermore, several international actors as well as national NGOs participate in OFDA funding.

### **Other Funding Mechanisms for nutrition and WASH sectors**

**Official Development Assistance (ODA):** ODA to Ethiopia from Organization for Economic Co-operation and Development (OECD) countries is largely allocated through pooled-funding arrangements to national programmes such as the PSNP, One WASH, and the Agricultural Growth Programme. ODA has focused on four sectors: health, humanitarian, agriculture and food security and social protection.

**European Development Fund (EDF) and ECHO:** Funding from the European Union follows two main channels. Funding channeled through the European Development Fund (EDF) focuses on integrating nutrition services, supporting agricultural growth as well as supporting the PSNP whereas funding channeled through ECHO focuses on lifesaving interventions (food aid), including the detection and treatment of malnourished children.

## **2.4.1.4. Role of funding Schemes in promoting Coordination and collaboration**

The scoping study revealed that funding schemes and financing arrangements of donors and international actors are crucial elements in determining the level of coordination and collaboration of actors along the humanitarian development nexus. Some donors have completely separate funding streams which allow limited or no opportunities for coordination among the various humanitarian and development actors and stakeholders. For instance, some donors

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<sup>27</sup> Catherine Sozi.2019. Ethiopia Residence/Humanitarian Coordinator Report on the Use of Cerf Funds



such as USAID / OFDA and ECHO have clearly demarcated structures and processes for humanitarian and development funding. On the other hand, other donors may have a single, shared nutrition and/or WASH sector strategy accompanied by flexible funding schemes, describing each stakeholders' role in responding to or mitigating the impacts of shocks on nutrition and WASH services. For instance, DFID and Irish Aid have a more holistic programming and funding strategy that is more HDN-oriented.

Key informants also stated that strategies and financing schemes of humanitarian and development arms of some donors and international actors lack synergy.

*“...strategies and funding mechanisms of some of the DPG members such as USAID and EU, treat the humanitarian and the development wing as autonomous. Thus, their funding mechanisms also follow a separate system. This was once mentioned during one of the DPG meetings as a major issue in realizing the humanitarian development nexus...” ( KII, DPG Secretariat)*

The study indicated that lack of coordination within the humanitarian sector among donors and their funding channels and mechanisms including the EHF and CERF has affected progress in adopting HDN practices. Due to limited coordination, it has been difficult to ensure that bilateral donors funding allocations are aligned with other donors and duplication is avoided.

Donor priorities and funding modalities are critical factors for coordination along the humanitarian development nexus. Some donors have rigid and separate mechanisms for development and humanitarian funding, where different authorization procedures and management styles are followed. Such practices undermine opportunities for coordination and collaboration along the humanitarian development nexus. Furthermore, some donors and implementing partners have rigid targeting criteria for longer-term malnutrition prevention programming. This makes it challenging to join up emergency and development programmes. The majority of humanitarian response implementing partner organizations in Ethiopia largely depend on humanitarian pooled funding, find it difficult to integrate longer term malnutrition prevention activities due to lack of additional funding sources.

#### **2.4.1.5. Challenges and barriers for inter-sectoral integration, funding and planning alignment and joint programming**

The scoping study identified the following main challenges and barriers for inter-sectoral integration, funding and joint programming along the humanitarian development nexus

**Humanitarian and development actors and stakeholders have varying and low understanding on how HDN for Nutrition and WASH works in practice:** Actors and stakeholders lack of clear articulations on how HDN practically works for Nutrition and WASH programs is one of the main reasons identified for limited coordination among actors in the context of HDN in Ethiopia. The scoping study showed that humanitarian and development actors and stakeholders have varying levels of understanding of the concept of HDN. Some actors still have difficulties in clearly articulating how the HDN is translated in to practice and how it is relevant to the fight against malnutrition. Thus, there is a need to ensure clarity on the objectives and the potential benefits of HDN in terms of nutrition outcomes before committing limited resources, for which there are competing demands.

**Lack of clearly defined Collective Outcomes (COs) and joint strategic plans:** Lack of collective outcomes and joint strategic plans for HDN contributes to weak coordination between humanitarian and development actors in the nutrition and WASH sector in Ethiopia. Engaging in a HDN approach requires a shared understanding of how this will lead to improved nutrition outcomes, what the areas of convergence and alignment are, and what it entails for each stakeholder in terms of roles, responsibilities, and principles of engagement. However, a joint steering group review of progress on Collective Outcomes (COs) in Ethiopia concluded that there has been a loss of momentum and lack of a common analytical process to define COs for

humanitarian and development activities.<sup>28</sup> Lack of shared outcomes hindered the development of a comprehensive multisectoral approach that would address both malnutrition and its underlying causes through an efficient balance of nutrition-specific and nutrition-sensitive interventions. In addition, due to unavailability of joint strategic plans for HDN, humanitarian and development actors are not systematically collaborating towards common goals and within common action plans, other than exchanging information. Donors and implementing partners may also have different targeting criteria for longer-term prevention programming so that it is not easy to join up emergency and development programmes.

**Limited inclusive space to forge commitment for HDN:** The scoping study also showed that humanitarian and development actors in Ethiopia lack inclusive spaces and platforms for identifying shared objectives and developing joint initiatives and activities. Furthermore, lack of funding for joint cluster activities within the EHCT also contributed to poor coordination among key actors for nutrition and/or WASH and other sectors. Due to the different sectoral priorities within the cluster system, ensuring effective multisectoral response with short-term humanitarian funding had been difficult.

**Organizational differences among donors and humanitarian actors on how humanitarian and development processes are aligned with in their programming.** The study indicated that significant differences exist between donors in the extent to which humanitarian and development processes are aligned within organizations. Furthermore, some donors and implementing partners have rigid targeting criteria for longer-term malnutrition prevention programming, making it difficult to join up emergency and development programmes.

**Short-term funding practices for emergency programs has been a key constraint for integration of development nutrition and WASH interventions in to humanitarian programs.** Most of the international humanitarian actors and local implementors are operating through a short-term emergency funding mechanisms which usually involves a 6-12 months window of funding. The short time line only allow integration of CMAM and IYCF promotion activities in to their humanitarian response activities. As a result, these actors fail to use their funding for more sustainable activities that contribute to preventing malnutrition, such as through strengthening capacity and effectiveness of government health systems, integrating short-term emergency activities with development programmes and implementing multisectoral programming.<sup>29</sup> Furthermore, effective multisectoral response with short-term humanitarian funding is difficult due to the different sectoral priorities within the cluster system.

**Lack of funding for joint cluster activities:** The majority of humanitarian response implementing partner organizations in Ethiopia largely depend on humanitarian pooled funding, thus find it difficult to integrate longer term malnutrition prevention activities due to lack of additional funding sources. Effective multisectoral response with short-term humanitarian funding is difficult due to the different sectoral priorities within the cluster system.

#### **2.4.1.6. Existing opportunities, entry points and platforms to lobby and Advocate Donors and International Actors.**

The following opportunities, entry points and platforms are identified for learning, lobby and advocacy efforts of the R2G consortium.

- I. **Existing multisectoral nutrition policy, strategies and plans offer opportunities to strengthen the HDN for nutrition but are currently under-utilized due to resource and capacity constraints for implementation.** These multisectoral plans offer a framework to strengthen the HDN for nutrition by balancing short- and long-term actions and often incorporate programming across WASH, health, education

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<sup>28</sup> United Nations. 2018. ETHIOPIA Joint Steering Committee Progress Review, Summary Report

<sup>29</sup> Maximizing the Quality of Scaling Up Nutrition Plus (MQSUN).2020.Strengthening the Humanitarian- Development Nexus for Nutrition in Ethiopia: An analysis of nutrition programming and the enabling environment

and social-protection sectors, alongside cross-cutting issues such as environmental awareness and gender. Understanding that these multisectoral plans can only be fully implemented if integration and coordination is created with the humanitarian and development actors, creates an opportunity for advocacy to promote integration and coordination within humanitarian and development programming by key donors and actors at national level.

2. ***The institutional architecture in Ethiopia has been evolving to support a stronger humanitarian-development nexus.*** A Multi-Year Resilience Strategy has been developed in 2020. Furthermore, the Humanitarian Requirements Document (HRD) which served as a key strategy and planning document for humanitarian response until 2017 was changed to the Humanitarian and Disaster Resilience Plan (HDRP) since 2018 to ensure that the humanitarian plan also integrates resilience building activities and programming. The 2018 HDRP clearly mentions emphasis to be given to integrating additional nutrition specific and nutrition sensitive interventions such as GMP, vitamin A provision, deworming, outreach services, etc. in addition to CMAM and IYCF activities which were commonly emphasized for integration in the previous HRDs. Thus, the evolving policy framework within the humanitarian sector itself is supportive of the need for transformation by including resilience building and development interventions with humanitarian interventions.
3. ***A need for Collective Action framework:*** There is general acceptance on the part of key stakeholders that humanitarian and development actors need to work more closely to joint priorities and outcomes. In the past few years, several mechanisms for joined-up analysis and a regular humanitarian-development dialogue, including with donors, have been set up to feed into collective planning. However, a platform is needed to integrate existing opportunities into joint priorities. Sustained advocacy is required to mobilize resource and engage technical assistance for development of a shared framework for collective action among humanitarian and development actors and donors. The Ethiopia Humanitarian Country Team (EHCT) has a potential to serve as a platform to coordinate around collective outcomes, in support of government priorities. The EHCT can be used as an entry point for sustained advocacy to ensure functional HDN framework and practice for Nutrition and /or WASH and other sector programming.
4. ***Availability of key platforms for learning and advocacy.*** The following coordination platforms provide opportunities and entry points for R2G lobby and advocacy efforts to advance the HDN agenda and facilitate dialogue on the need for intersectoral coordination and alignment of funding and joint programming for nutrition and WASH interventions.
  1. ***The Health, Population and Nutrition (HPN) Partners Group:*** HPN is a sector working group within the Development Partners Group (DPG). The HPN partners group comprises multilateral and bilateral partners who provide development as well as humanitarian assistance to Ethiopia. The HPN is mandated to serve as a platform to coordinate and harmonize partners' effective support to Ethiopia's health sector in line with government priorities. It also serves as a forum to exchange information among donor partners around health sector priorities, foster inclusiveness and representation through engaging CSOs and advocate with partners to provide additional support to implement national strategies in a harmonized and aligned manner. The HPN also aims to encourage donors to advocate for effective utilization of SDG Performance Fund (SDG-PF) and help translate the International Humanitarian Partnership (IHP) principles of one plan, one budget and one report in health sector development.
  2. ***Multi-Agency Task Force ( MATF):*** The MATF is convened by the NDRMC and members are drawn from donors, nutrition implementing partners and government actors. The task force meets weekly to discuss humanitarian nutrition response interventions. The majority of donors supporting humanitarian programs take part in the task force meetings. A key informant from the NDRMC office also expressed strong appetite and commitment from the NDRMC side in realizing the humanitarian development nexus.

3. **The humanitarian resilience donor group :** Key informants from UN agencies stated that a humanitarian resilience donor group has been created in 2018. The group bring together partner agencies both from the development and humanitarian sectors with the aim to improve synergy particularly in health, education and WASH sectors.

## 2.4.2. Recommendations for R2G Programming

Based on the main findings of the scoping study, the following issues are prioritized for R2G lobby and advocacy efforts to promote intersectoral integration and coordination for nutrition and WASH along the humanitarian development nexus

1. **Enhanced donor and government commitment to advance and materialize the HDN agenda:** Donors and government actors are the potential game changers to advance the HDN Agenda in Ethiopia. Advocacy efforts are required to encourage key donors and government sector offices to materialize the HDN agenda in humanitarian and development programs. These actors have the potential to make HDN adoption a key requirement for implementing actors to apply for humanitarian funding, and their proposals evaluated accordingly. In this regard, the potential that UNOCHA and government actors such as NDRRC and MoFEC have to influence donors, international actors and CSOs to include development interventions with in humanitarian programs needs to be mobilized.
2. **Shared understanding on materializing the HDN agenda:** Advocacy and capacity building efforts are required to develop shared understanding on how the concept of the Humanitarian-Development Nexus is translated in to action in nutrition and WASH programming. Developing a national humanitarian and development nexus guideline and providing training for government and key actors at national and sub national levels to practice the HDN in nutrition and WASH programming could ensure shared understanding and promote coordination and joint planning among actors.
3. **Inclusive space for humanitarian and development partners involved in nutrition and/or WASH programing.** Coordinated advocacy is required to encourage the government and key donors to establish platforms to facilitate meaningful and sustained involvement of humanitarian actors to fund and support implementation of national multisectoral plans of action for nutrition and WASH in Ethiopia. Advocacy is also required to ensure establishment of platforms that allow CSOs working in emergency and development nutrition programs share information and work collaboratively.
4. **Enhancing increased use of government systems :** Advocacy is required to influence donors that money would be better utilized with greater impact if it was on government system. This would help the government to have greater control over how funds are allocated by using a government managed pooled fund, and ensure a better distribution of resources in response. The HPN with in the Development Partners Group (DPG) could be a key partner in advocating for this agenda, due to its interest to translate the International Humanitarian Partnership (IHP) principles of one plan, one budget and one report in health sector development.

## 5. 2.5. STAKEHOLDER MAPPING AND ANALYSIS

### 2.5.1. Findings of the Stakeholder Mapping and Analysis Study

The stakeholder mapping and analysis study identified key actors and stakeholders who have direct or indirect interest in nutrition and WASH sensitive policy and interventions at national as well as R2G implementation regions. Furthermore, analysis of legitimate power of key government actors as well as capabilities and level of influence of key actors and stakeholders influencing nutrition and WASH sensitive policy and programming was carried out. This section presents the main findings of the desk review and power mapping and analysis exercises undertaken at national and R2G regional levels, respectively, to understand the key stakeholders, their interests and influence on nutrition and WASH sensitive policy and interventions.

## 2.5.1.1. Interest and Influence of Key Actors and Stakeholders influencing Nutrition and WASH Sensitive Interventions at national level

### Interest of main Nutrition and WASH Sensitive Actors and stakeholders at national level

Analysis of the desk review data revealed the main government actors with high interest in nutrition and WASH sensitive policy and program decisions at national level. Furthermore, potential stakeholders who have interest in supporting or influencing nutrition and WASH sensitive policy and interventions have also been identified and prioritized based on review of secondary data.

**Key Nutrition and WASH Sensitive Actors:** Among key government actors, Ministry of Health (MoH), Ministry of Agriculture (MoA) and Ministry of Education (MoE) have high interest in national nutrition and WASH sensitive policy, multisectoral coordination and implementation at national level. MoH is currently leading the multi sectoral NNP which emphasizes adoption of nutrition and WASH sensitive interventions by key government implementing sectors. MoH is also interested in promoting all aspects of health care, hygiene, environmental health, rural sanitation and WASH in HFs. MoA has high interest in nutrition sensitive agriculture policy and interventions due to its key policy and leadership role in developing and spearheading the national NSA strategy and structurally mainstreaming nutrition into its sectoral activities. MoA also established a Food and Nutrition Case Team at federal level to strengthen nutrition linkages in various large scale agriculture programs/projects such as PSNP IV, AGP II, drought resilience sustainable livelihood program etc. MoE is also a key government actor with high interest in nutrition and WASH sensitive policy and programming due to its leadership role in implementation of the national School WASH and Nutrition strategy, school feeding program and promotion of nutrition education for in-school adolescents.

Another high interest actor in the making is the national Food and Nutrition Council (FNC), a new supra-ministerial structure under establishment in order to further the NNP and the Seqota Declaration agenda in addition to its leadership role in the national Food and Nutrition Policy (FNP) implementation. As nutrition sensitive programming and implementation is the core foundation of the NFNP, the NFNC will have high interest in facilitating nutrition sensitive policy adoption, multisectoral coordination and implementation at national level.

Among donor partners, the Nutrition Development Partners Forum (NDPF) which brings together multilateral and bilateral donors and organizations to share advice and agree on nutrition policy and program priorities and pass on its positions to the MoH is identified as a key actor with high interest in nutrition and WASH sensitive policy and programming. The NDPF is a sub group of the Health Population and Nutrition (HPN) donor group with in Development Partners Group (DPG). It closely supports the MoH in development of multi sectoral nutrition programs and strategies. It also supported MoA in development of the National NSA strategy. Furthermore, key UN agencies with high interest in nutrition sensitive policy and programming such as UNICEF, FAO and WFP are members of the NDPF. Donors such as Big Win, Children's Investment Fund Foundation (CIFF), Irish Aid, Global Affairs Canada (GAC), USAID, DFID and the World Bank have also been key development actors with high interest in nutrition and WASH sensitive policy and programming in the country. These partners are key supporters of the Seqota Declaration (SD) program, which is a multi sectoral nutrition and WASH sensitive program implemented in Amhara and Tigray regions and being scaled up to other regions in Ethiopia. Irish Aid provides technical and financial support for NSA program implementation, monitoring, evaluation and research activities.

Among international actors and implementers, Save the Children is a key nongovernmental actor leading the implementation of USAID's multisectoral Growth through Nutrition (GTN) project which delivers both nutrition-sensitive and nutrition-specific livelihoods and agriculture activities. The project also delivers social and Behaviour change communication (SBCC) on nutrition, WASH, and agriculture-related behaviors; improved nutrition service delivery; access to WASH products and services; and multi-sectoral coordination and capacity building to implement the National Nutrition Program and One WASH National Program.

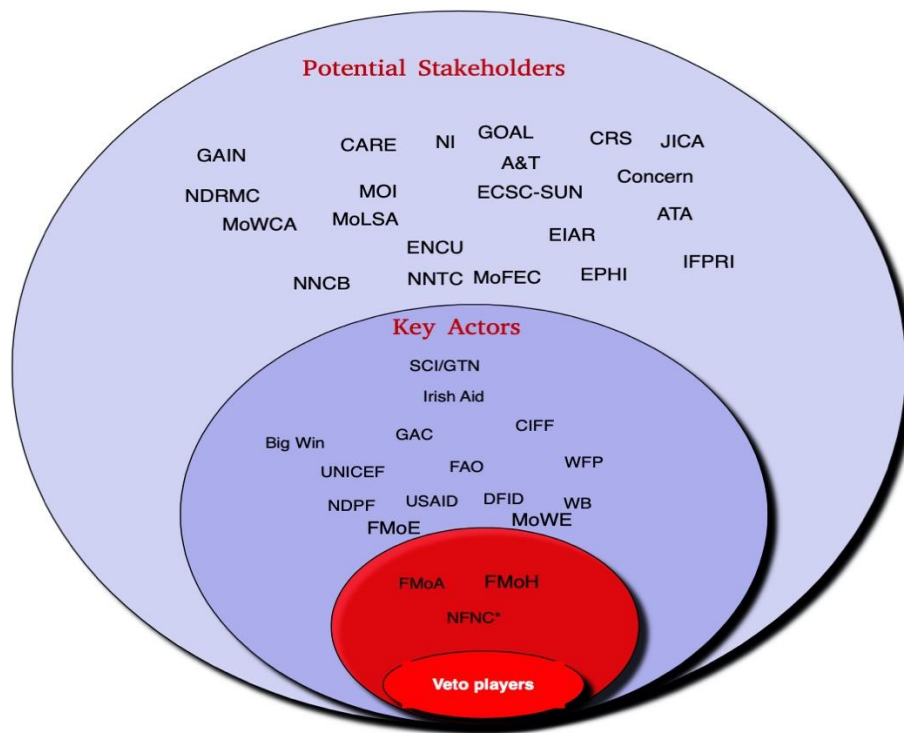


FIGURE 5: KEY NUTRITION AND WASH SENSITIVE ACTORS AND POTENTIAL STAKEHOLDERS AT NATIONAL LEVEL

**Potential Nutrition and WASH Sensitive Stakeholders:** Government sector offices such as the Ministry of Water and Energy (MoWE), Ministry of Labor and Social Affairs (MoLSA), Ministry of Industry (MoI) and Ministry of Women and Child Affairs (MoWCA) have been increasingly involved in nutrition and WASH sensitive policy development and implementation in the last few years, despite the potential that they can do more. MoWE has interest integrating water supply and urban sanitation interventions in multi sectoral policies and programs that it is currently coordinating or involved in. MoLSA leads projects on integrated nutrition and social cash transfers under the PSNP program. MoI was one of the ministries that developed the National Food Fortification Program Plan of Action in 2017. MoWCA is one of the NNP signatory sector with a potential to play a key role in mainstreaming nutrition sensitive interventions in its women empowerment initiatives.

The desk review also showed that EPHI, EIAR and ATA are among government agencies with interest in nutrition sensitive interventions due to their involvement in research, monitoring and evaluation of health and agriculture programs that integrate nutrition interventions. EPHI Food Science and Nutrition Research Directorate is currently leading the NNP II multisectoral Monitoring and Evaluation (M&E) steering committee. IFPRI has interest in nutrition sensitive program research, monitoring and evaluation due to its active role in progress evaluation of integration of nutrition in Productive Safety Net Program (PSNP). Government led coordination platforms such as the National Nutrition Coordination Body (NNCB) and the National Nutrition Technical Committee (NNTC) have interest in nutrition and WASH sensitive policy, multi sectoral coordination and programming due to their mandate in leading multisectoral nutrition coordination for effective implementation of the NNP.

International actors such as Concern Worldwide, GOAL, CRS, CARE, GAIN, Alive & Thrive, SNV are also identified as potential stakeholders with interest in nutrition and WASH sensitive programming as they are engaged in supporting multisectoral nutrition coordination and implementation of nutrition and WASH sensitive livelihoods, food security and women empowerment programs in various regions of Ethiopia. Among CSO led coordination platforms, ECSC\_SUN network has interest in strengthening multisector nutrition design, implementation, monitoring, and evaluation.



## Influence of main Nutrition Sensitive Actors at national level

Analysis of legitimate power of key government actors showed that MoH and MoA are veto players in national nutrition and WASH sensitive policy and governance in the country. MoH is currently the central government body leading the multisectoral nutrition policy processes and setting the implementation programs and plans, such as the NNP, that other actors are implementing in the country. Almost all nutrition specific and nutrition sensitive activities have to receive approval of the MoH and its sub national level structures for implementation. The other veto player, MoA, is also a key policy and governance lead in developing and spearheading the national NSA Strategy, with major influence on the design and implementation of various agriculture programs/projects such as PSNP IV, AGP II, which integrate nutrition sensitive activities. The national FNC, which is expected to be situated at the prime minister's or deputy prime minister's office, will also have high influence on multi sectoral nutrition coordination and implementation as well as in ensuring accountability.

Among government research institutes, EPHI, EIAR and ATA have multiple nutrition partners in the country. In particular, the EPHI Food Science and Nutrition Research Directorate is a key player in monitoring, evaluation and quality assurance of nutrition interventions in Ethiopia. The directorate is currently serving as chair/lead of NNP II M&E Steering Committee and hosting the National Information Platforms for Nutrition (NIPN). The EPHI has strong partnership with government actors such as MoH and DRMC as well as UN agencies such as UNICEF and WFP.

Government led coordination platforms such as the National Nutrition Coordination Body (NNCB) and the National Nutrition Technical Committee (NNTC) are the main NNP governance structures with a mandate to lead multisectoral nutrition coordination for effective implementation of the NNP. These coordination platforms have a huge potential to influence nutrition policy and programming, even though they have not been functional and effective to the level expected. The Emergency Nutrition Coordination Unit (ENCU) is also a potential platform that can influence key emergency nutrition donors and implementers in the country.

Among donor partners, the NDPF could be a powerful advocacy platform for R2G consortium to engage with given that the platform is made up of highly influential actors, often with direct influence on the MoH and MoA with high access to funding for nutrition sensitive programming. Furthermore, key UN agencies such as UNICEF, FAO and WFP play an instrumental role in providing technical assistance and advise to key government sectors including MoH and MoA on matters related to nutrition sensitive policy development and implementation. UNICEF has strong partnership with multiple government stakeholders such as MoH, DRMC, MoA and MoE as well as with UN agencies. UNICEF also supports MoLSA in implementation of Integrated Nutrition and Social Cash Transfer project. WFP and FAO have multiple networks with major donors and implementers engaged in both development and humanitarian nutrition sensitive interventions in the country. These agencies provide financial and technical support both in nutrition specific and nutrition sensitive interventions mainly focusing in their mandate areas. WFP has a strong partnership with key NNP signatory sectors such as MoH, MoA, MoE and DRMC as well as main nutrition donors, and implementers. FAO has a strong partnership with key NNP signatory sectors such as MoH, MoA, DRMC, MoLSA and MoA as well as other government stakeholders such as EIAR, EPHI and ATA.

Among international actors and implementers, Save the Children / GTN influences key sectors such as MoH and MoA through provision of technical assistance and program implementation support focusing on both nutrition specific and nutrition sensitive interventions. Other international actors such as Concern Worldwide, GOAL, CRS, CARE, GAIN and Alive & Thrive have strong linkage with the MoH and other NGOs working on maternal and child nutrition initiatives across various regions of Ethiopia.



## **2.5.1.2. Interest and influence of key Actors and Stakeholders influencing Nutrition and WASH Sensitive Interventions in R2G Regions**

### **Regional Level**

#### **Interest of Key Nutrition and WASH Sensitive Actors and Potential Stakeholders**

The power mapping and analysis exercises conducted at regional level showed that the key government actors with high interest in leading adoption, multisectoral coordination and implementation of nutrition and WASH sensitive policy and programming efforts were largely similar across the three regions, with few variations. The RHB, REB, RAB and RWB were identified as key actors with high interest in nutrition and WASH sensitive policy and implementation at regional level across the three regions. RHB is currently a designated chair of the multisectoral nutrition coordination and governance structures and implementation of the hygiene and sanitation interventions at regional level. REB is a designated co-chair of the NNP nutrition multisectoral coordination platform as well as a lead sector for school WASH and nutrition strategy implementation and monitoring at regional level. RAB is a designated co-chair of the NNCB and lead sector for multisectoral coordination, implementation and monitoring of the NSA strategy. RWB chairs the Regional WASH steering Committee (RWSC) and Technical Teams, the key multi sectoral coordination platforms involving sectors such as REB, RHB, RFB and partners for WASH policy, programming and implementation at regional level.

The power mapping exercises also helped in identifying key government actors with high influence in one R2G region but not in others. The Seqota Declaration PDU was identified as a key actor in Amhara region with high interest in improving functionality of the multisectoral nutrition coordination and governance platform to achieve the SD goals of ending stunting by 2030. Furthermore, a renowned social entrepreneur and child nutrition advocate, Frealem Shibabaw was also identified as a key advocate of school meal initiative at national as well as regional levels with influence on key sectors, particularly education sector, health sector as well as the regional and federal government. Power mapping workshop participants in SNNP region identified the regional government (regional council) as having interest in nutrition and WASH sensitive interventions given the recent progress and future prospect in establishing the Regional FNC which is expected to be chaired by the regional president.

The key UN agencies and international actors with interest in supporting nutrition sensitive programming at regional level were similar across the three regions. UN agencies such as UNICEF, WFP and FAO and international actors such as SCI-GTN, Alive and Thrive, Transform PHC and Transform WASH partners (PSI, IRC, PI, SNV) were identified as key actors supporting nutrition and WASH sensitive programming at regional level. In SNNP, the Global Fund was identified as a key donor supporting nutrition sensitive health programs, particularly HIV/AIDS and TB. Furthermore, UNOCHA was identified as key UN agency leading multi sectoral emergency nutrition and WASH response efforts, even though its influence on nutrition sensitive policy and programming is low due to the short duration of emergency response interventions. In Oromia, CARE was identified as an additional key influencing actor supporting nutrition and WASH sensitive livelihoods, food security and resilience and women empowerment programs.

## Influence of Key Nutrition and WASH Sensitive Actors and Potential Stakeholders

**Powerful Actors:** Regional level power mapping and analysis interviews were undertaken with selected representatives of regional bureaus of Health, Water and Agriculture as well as representatives of international actors supporting nutrition and WASH programs in Amhara, Oromia and SNNP Regions. The results showed that the RHB is currently the most powerful actor with regard to nutrition and WASH sensitive policy, governance and program leadership across the three R2G Regions. Respondents put RHB at the center of the power map indicating that it is a powerful and influential sector with high level technical influence as lead of the multisectoral nutrition coordination platforms that involve signatory as well as non signatory CSO partners engaged in nutrition and WASH sensitive interventions. RHB particularly has high influence on some sectors such as Women and Children Bureau, BoLSA, BoFEC, Trade and Industry, FMHACA, DRMC and RWB as most of these sectors are reporting their performance of NNP responsibilities to the RHB, as compared to other signatory sectors. However, power mapping participants in SNNP region also placed the regional administration (regional council) led by the regional president as equally powerful as the RHB. The regional administration was identified as equally powerful with the RHB because, according to the power mapping participants, the regional NNP implementing sectors are also accountable to it. Furthermore, participants stated that the regional president will be the most powerful entity, once the RFNC is established soon as the council will be chaired by the regional president at regional level.

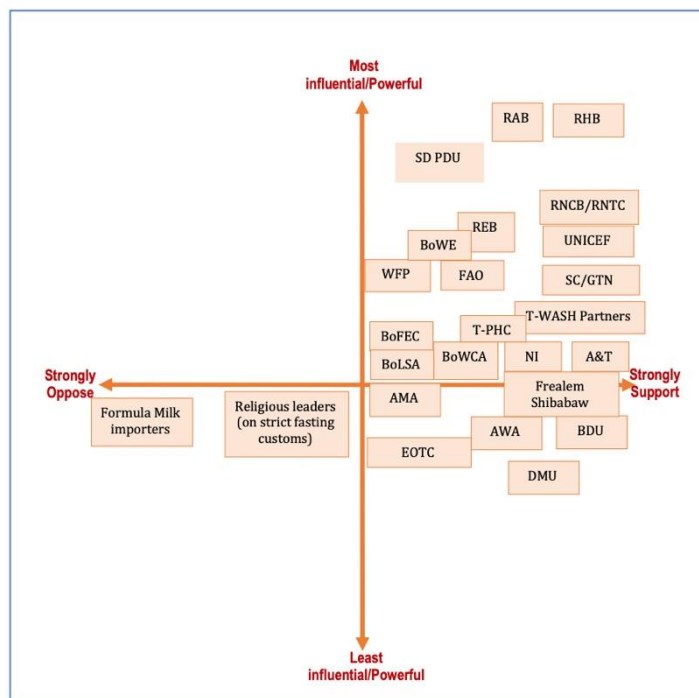


Figure 6: Influence map of key actors and stakeholders in Amhara region

Other powerful actors placed at the center next to the RHB include the RAB, RWB and BoFEC. The RAB is co-chair of the NNP coordination platforms with influence over REB with regard to school gardening interventions, and BoLSA in joint PSNP initiatives. Furthermore, RAB was sited as the most powerful sector with regard to leading implementation of nutrition sensitive agriculture strategy at regional level. RWB influences REB over making school WASH facilities/services accessible. BoFEC has high influence on government sectors and partners since it manages nutrition related budgets, funds and oversee overall finances allocated to all sectors. BoFEC also has a potential to influence the geographic area where a nutrition partner or CSO is to engage at regional level as implementing partners are expected to sign MOU with regional finance bureaus unless they do so at federal level. In addition to these actors, the Seqota Declaration Regional Program Delivery Unit (PDU) was placed next to the RHB as powerful actor in Amhara region. The RPDU has influence over the six key NNP signatory sectors currently implementing SD due to its political back up rendered by the regional president who chairs the SD coordination platform at regional level.

**Influencing Actors:** Among UN agencies and partner organizations, respondents across the three regions placed UNICEF, FAO, WFP, SCI/GTN, Transform PHC and Transform WASH partners as having direct influence on the RHB.

SCI/GTN was placed as one of the most influential partners for its strong influence and support for nutrition sensitive program implementation and improved multi sectoral coordination across the three regions. SCI/GTN has high influence particularly over RHB, RAB, RWB and BoFEC. SCI/GTN also influences Livestock Agency through its poultry supply improvement initiatives, RWB through its WASH program technical support, REB through school health and nutrition program technical and financial support and BOA through supporting NSA coordination and implementation.

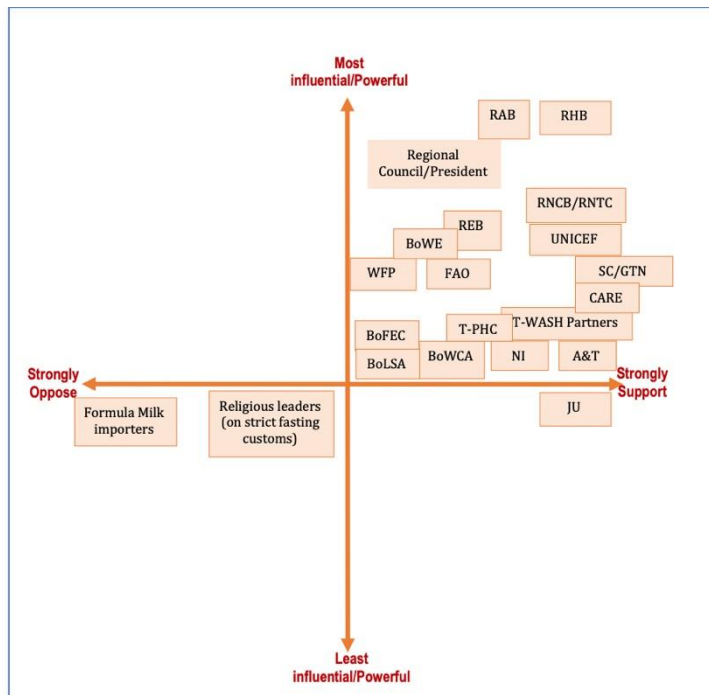


Figure 7: Influence map of key actors and stakeholders in Oromia region

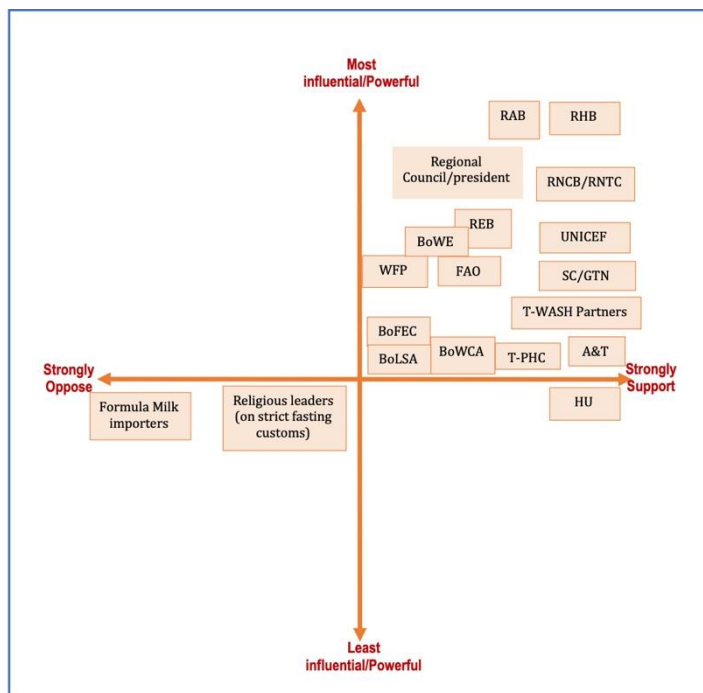


Figure 8: influence map of key actors and stakeholders in snnp region

UNICEF , with its long term financial and technical support to nutrition and WASH programs influences the RHB, RWB and REB. WFP , through direct financial support, influences nutrition sensitive policy and program implementation initiatives of the RAB, as well as emergency nutrition programming in the region. UNICEF , as co-chair of the Emergency Health and Nutrition Coordination Platform influences programming of the platform members which include SCI, PI, ACF, Concern Worldwide, FHA, and Transform PHC etc. Alive & Thrive also has high influence on the RHB through its system strengthening support to improve multisectoral coordination for nutrition. Other nutrition stakeholders such as Nutrition International (NI), Concern Worldwide, were identified as key stakeholders but with limited influence as their involvement in government policy and coordination platforms is minimal.

**Targets:-** RHB, SD coordination office (RPDU), RAB, REB, RWB and BoFEC were identified as potential targets for regional level advocacy to influence nutrition and WASH sensitive policy , programming and implementation in Amhara Region. Similarly, RHB, Regional Administration (regional council), RAB, REB , RWB and BoFEC were identified as targets by power mapping participants in SNNP Region. All actors identified in SNNP region as targets, except the regional administration, were identified as targets in Oromia Region. These actors have vested power to design and oversee nutrition and WASH sensitive policies, programs and implementation action plans, and also lead multisectoral coordination of nutrition and WASH sensitive programs implemented by other sectors and partners. Furthermore, the Regional WASH steering Committee (RWSC) and Technical Teams are key coordination platforms and actors that need to be targeted for WASH and WASH sensitive policy and programing at regional level. When established, the RFNC would also be a primary target to influence nutrition and WASH sensitive policy, program and implementation at regional levels.

**Allies:-** BoLSA, FMHACA and BoWCA were identified as potential government allies for regional level advocacy efforts to promote nutrition sensitive policy and programing across the three regions. Furthermore, international actors such as SCI/GTN, Transform PHC, Transform WASH, A&T ; UN agencies such as UNICEF, FAO and WFP were identified as potential allies for R2G advocacy efforts at regional levels. In addition, academic and research institutions such as APHI and BDU and CSOs such as EOTC and Amhara Women Association (AWA) were identified as potential allies in Amhara Region. While EOTC has been playing a role in supporting nutrition programs by mobilizing the clergy to provide community awareness on maternal and child nutrition, some religious leaders may disagree with nutrition education efforts and messages that promote animal source food consumption by vulnerable women and children during fasting seasons. Finally, media platforms such as Amhara Mass media Agency (AMA) could play a key influencing role through dissemination of advocacy messages and nutrition education targeting policy makers and the community, respectively.

**Constituents:-** Community members that benefit directly from R2Gs efforts to influence nutrition and WASH sensitive policy and programing include pregnant and lactating women, children under five years , adolescent women and girls, underserved youth, persons with disabilities. Furthermore, other constituents identified include; universities running human nutrition programs , with interest to collaborate with R2G in research and technical support provision; women associations and youth associations, private enterprises engaged in market oriented agricultural production, industries engaged in food fortification initiatives were identified as constituencies.

**Private Sector Stakeholders:** The study showed that existing private sector stakeholders engaged in nutrition and WASH related businesses have not been properly mapped and adequately engaged by key government sector offices , such as the health , agriculture and water sector offices. Private sector actors across the three regions lack representation in existing nutrition and WASH coordination platforms at regional and sub regional levels.

## Zonal and Woreda Levels

### Interest of Key Nutrition and WASH Sensitive Actors and Potential Stakeholders

The zonal/ woreda administration, the zonal/woreda health offices , the woreda agriculture offices, woreda water offices and woreda education office were identified as key government actors with high interest in nutrition and WASH sensitive policy adoption, coordination, programing and implementation in R2G implementation zones and woredas across the three regions. However, the key non government actors influencing nutrition and WASH sensitive program implementation vary across the study zones and woredas.

1. **R2G Zones in Amhara Region:** In East Gojjam zone of Amhara region, non government actors such as SCI/GTN and ORDA were identified as high interest actors with strong presence and influence on key NNP implementing sectors. SCI/GTN provides strong technical support to the zonal and woreda health offices and agriculture offices to enhance multi sectoral nutrition coordination and implementation. ORDA, as an indigenous organization implementing multiple nutrition sensitive agriculture and food security programs, also has interest and influence on key government sectors at woreda level. NI and PATH were also identified as stakeholders with interest to support nutrition sensitive policy and programing efforts. Transform WASH supports WASH programming , multi sectoral coordination and implementation in East Gojjam Zone. UNICEF and Transform PHC were identified as key international actors with interest in supporting nutrition and WASH sensitive programs in North Gondar Zone. In South Gondar zone , UNICEF, CARE and SNV were identified as key international actors with interest in supporting nutrition and WASH sensitive programs. Idirs, HAD groups, WASHCOs, Women associations and youth associations were identified as potential stakeholders with interest to support nutrition and WASH sensitive interventions at kebele and community levels across the three R2G zones in amhara region.
2. **R2G Zones in Oromia Region:** In East Hararghe Zone, international actors such as CARE Ethiopia, SCI and CARRITAS were identified as key actors with interest and influence to promote nutrition and WASH sensitive programing and implementation at zonal and woreda levels . Furthermore, stakeholders such as clan leaders and religious leaders, business owners and community structures like Afosha leaders were identified as potential stakeholders in East Hararghe Zone of Oromia region. In West Guji Zone, GOAL Ethiopia, WETLAND and PIN which implement different WASH and nutrition activities were identified as key actors. UNICEF , SCI/GTN , GOAL and Pharm Africa were identified as key actors with interest in nutrition and WASH sensitive interventions in Bale zone. SCI/GTN, UNICEF, NI, Transform PHC and PSI were identified by workshop participants as actors with high interest in supporting nutrition and WASH sensitive program implementation in West Wellega Zone. The findings generally showed that UNICEF and SCI/GTN are among the key actors with interest in nutrition and WASH sensitive interventions across majority of R2G implementation zones and woredas.

3. **R2G Zones in SNNP Region:** In Guraghe zone of SNNPR, UNICEF ,SCI/GTN, FAO, AGP, Concern World Wide , CRS and SNV were identified as international actors with interest in supporting nutrition and WASH sensitive interventions. Among CSOs , Guraghe Development and Cultural Association (GCDA) was identified as a potential ally. Kalehiwot church was identified as potential stakeholder in Guraghe Zone . Power mapping participants in Hadiya Zone prioritized international actors such as SCI/GTN,UNICEF, Transform PHC, Transform WASH, SMART Ethiopia , Nutrition international and Orbis international as key actors with interest to support nutrition and WASH sensitive interventions at zonal and woreda levels. FBOs such as Bole Baptist Church( BBC) , Catholic Church and Mekaneyesus church which can support community nutrition and WASH education; School WASH clubs, school nutrition clubs, sanitary marketing cooperatives who can influence WASH behavior and service delivery by producing sanitary materials for market were identified as potential stakeholders by power mapping workshop participants in Hadiya zone.

## Influence of Key Nutrition and WASH Sensitive Actors and Potential Stakeholders

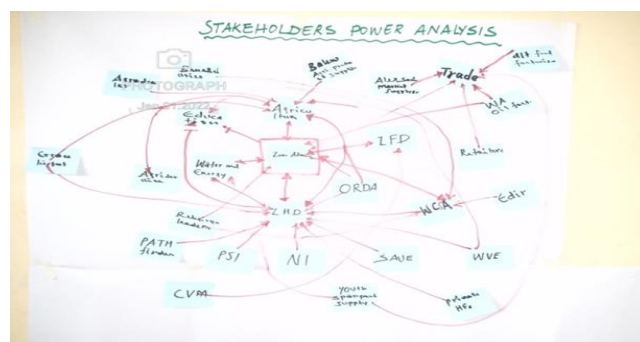
**Powerful Actors (Targets):** The zonal /woreda administration and zonal/woreda health offices were the two most powerful actors identified across all R2G zones in the three regions. Other powerful actors placed at the center ,next to the zonal /woreda administration and the zonal/woreda health office include zonal/woreda agriculture offices, zonal/woreda water offices and zonal/woreda education office. However, there were slight variations in workshop participants responses across the R2G zones with regard to the most powerful actors influencing nutrition and WASH sensitive interventions at zona and woreda levels.

1. **R2G Zones in Amhara Region:** Power mapping participants in East Gojjam zone prioritized the Zonal/woreda administration as the most powerful actor. Zonal/woreda health office, Zonal/woreda water office, Zonal/woreda education office and zonal/woreda agriculture offices were placed as powerful actors next to the zonal/woreda administration. However, in North Gondar and South Gondar Zones, the zonal/woreda health office was prioritized by participants as the most powerful actor while other powerful actors identified were similar with East Gojjam Zone.
2. **R2G Zones in Oromia Region :** In East Hararghe and west Wellega zones, Zonal/woreda health offices followed by zonal/woreda administration office were identified as the most powerful actors at zonal and woreda levels. Furthermore, other government actors such as zonal/woreda water office ,zonal/woreda agriculture office, zonal/woreda education office , zonal/woreda cooperative office and zonal/woreda finance and economic development office were identified as powerful actors who influence and also influenced by the health office and administration offices.

Figure 10: an example of power map produced in east gojjam zone, Amhara region



Figure 9: example of power map produced in east hararghe zone, Oromia region





3. **R2G Zones in SNNP Region:** In Guraghe Zone, the Zonal Administration office was put at the center of the power map as the most powerful entity. Participants claimed that the health sector which has been leading nutrition policy ,strategies and multi sectoral coordination has been unable to meet national targets to reduce malnutrition/stunting , mainly because the health sector couldn't effectively influence parallel sectors that are members of the multisectoral platform. Participants also stressed the need for political backup in nutrition and WASH multisectoral governance , as budget issues and decision-making are presented to the council by the political leadership, such as zonal and woreda administrators. However, in Hadiya zone, power mapping workshop participants identified the zonal/woreda health office as the most powerful actor due to its legitimate power and influence on other sectors as well as partners implementing nutrition and WASH programs at woreda levels. The zonal and woreda administration offices were also identified as powerful and influential on health and water offices.



Figure 11: Example of Power map produced in Guraghe Zone, SNNP Region

## Influencing Actors (Allies)

Among government sector offices, Women Affairs offices and Social Affairs Offices were identified as key influencers and potential allies for R2G advocacy and influencing efforts to promote nutrition and WASH sensitive interventions. Among partner organizations, SCI, Transform PHC, PSI and NI were identified as having direct influence over the zonal/woreda health offices and zonal/woreda administration in East Gojjam Zone. UNICEF, Transform PHC and SNV have high influence over the zonal/woreda health offices in North and South Gondar zones. SCI and CARE Ethiopia in East Hararghe zone ; GOAL Ethiopia in West Gujji Zone; UNICEF, SCI/GTN, Transform PHC and NI in West Wellega zone; and SCI and GOAL in Bale zone were identified as key actors with a potential to influence zonal/woreda health offices and zonal/woreda administration offices. UNICEF, FAO, Save the children , Concern Worldwide and CRS in Guraghe zone and NI , Transform WASH and Transform PHC in Hadiya zone were also identified as key influencers of the zonal/woreda health offices.

## 2.5.2. Recommendations for R2G Programming

Some of the main implications of the study findings for R2G programming are outlined below

1. MoH and MoA are among the key veto players in national nutrition and WASH sensitive policy and governance in the country. MoE is also a key government actor with policy influence regarding to school WASH and nutrition interventions. These actors also have high interest in supporting nutrition and WASH sensitive programs and interventions at national level. R2G national level advocacy efforts to influence nutrition and WASH sensitive policy , programming and implementation need to target these key government actors.
2. Establishment of the National FNC/FNS is a great opportunity for R2G policy and programing initiatives. When operational , these governance structure will be one of the most influential actor with high interest in nutrition and WASH sensitive policy design, programing , multi sectoral coordination and implementation at all levels. The R2G consortium needs to design an engagement strategy to influence the NFNC and NFNS to promote nutrition and WASH sensitive policy formulation, adoption and programming at national level. It would also be an opportunity for R2G consortium to start engagement with the government in supporting establishment and operationalization of the NFNC/NFNS and the respective structures at regional level.
3. The Development Partners Group (DPG) Health Population and Nutrition (HPN) sector working group where the Nutrition Development Partners Forum (NDPF) is based, involves CCRDA as an umbrella organizations representing

CSOs. Given the high interest and influence of this donor group on nutrition and WASH sensitive policies and programming at national level, R2G consortium needs to consider designing an engagement strategy with the group. Engaging CCRDA in high level advocacy and policy initiatives could be a potential entry point to navigate the nutrition and WASH sensitive agenda in to the NDPF .

4. UN agencies such as UNICEF, WFP and FAO and international actors and implementors such as Save the Children / GTN and CSO led platforms such as ECSC-SUN could be key allies for R2G national level efforts to influence nutrition and WASH sensitive policy and programming.
5. Nutrition and WASH multi sectoral coordination platforms at national and regional levels , such as National and Regional Nutrition Coordination Bodies and Technical Committee , National and Regional WASH Steering Committee and Technical Teams, are potential entry points that can support R2G efforts to promote nutrition and WASH sensitive interventions. However, a concerted effort is required to improve their functionality.
6. The role and engagement of the private sector in nutrition and WASH sensitive interventions is generally low. The existing private sector stakeholders engaged in nutrition and WASH related businesses have not been properly mapped and adequately engaged by key government sector offices , such as the health , agriculture and water sector offices. Private sector actors across the three regions also lack representation in existing nutrition and WASH coordination platforms at national, regional and sub regional levels. This implies the need for R2G efforts to support the key sector offices in mapping of potential private sector actors , facilitate opportunities for their linkage with the relevant government sector offices and ensure their engagement in regional and sub regional level nutrition and WASH coordination platforms.
7. CSOs particularly indigenous NGOs , FBOs and CBOs generally have low level of influence on nutrition and WASH sensitive programs and interventions at all levels. R2G needs to consider enhancing the institutional capacity and engagement of potential local NGOs, FBOs ,CBOs in its implementation regions in order to ensure local ownership and sustainability of nutrition and WASH sensitive programs and services.

## 2.6. PRIVATE SECTOR LANDSCAPE ANALYSIS

### 2.6.1. Findings of Private Sector Landscape Analysis

#### 2.6.1.1. Findings of landscape analysis for public and private service providers engaged on WASH and Nutrition sensitive and specific intervention in Amhara region

##### Private WASH Service Providers/ Producers in Amhara Region

Interviews conducted with representatives of government sector offices in Amhara Region showed that the health sector is the main actor in WASH business or Sanitation Marketing with a mandate to coordinate with other sectors, namely; TVET, Job Creation Agency, CSOs, etc. to establish, train and provide technical support when producers start the business. Woreda sector offices, i.e., health, water and cooperative offices do believe that private entities play high role in WASH interventions especially in sanitation marketing such as producing liquid soap, sanitary pads and slabs and provide to the market. Most government sectors stated that they have records as how many private firms/associations or individuals are engaged in WASH business though some reported they don't have data base/documentation. A TVET officer in Ambesame, town, Dera woreda, South Gondar zone stated:

*“No organized data bases that would enable us to identify what services are provided by these private service providers” and a respondent from health office added from the same woreda “...although there is no organized data base for hygiene and nutrition services, there are a variety of enterprises who provide services and products such as dairy products, hand wash basins, liquid soap, toilet slab and sanitary pads/modes for the community”*



## **Type of service provided//product produced**

In Amhara region, WASH Service Providers and/or producers produce and supply liquid Soap, sanitary pads for Menstrual Hygiene Management (MHM), and concrete slabs that the community in most of the kebeles in the woreda buys and uses, people coming out of the woreda also have access to purchase the products when there are bazars, festivals and other public occasions.

## **Product business model**

The main business models employed in WASH are: utility strengthening, solid waste management, faecal sludge management, public toilets, sanitation marketing, and MHM products. Solid waste management, sanitation marketing on slabs, liquid soap and sanitary products are commonly practiced at rural areas. As a business model, sanitation marketing is the establishment or support of the private sector to take up sanitation as a business and involvement and commitment of local authorities to support the need for improved sanitation technologies.

The national sanitation marketing guideline evaluates WASH business based on profitability and other criteria that support the business model used by WASH private entities and it has to be noted that any business model designed should be assessed for their potential commercial viability, feasibility, profitability, affordability and replicability. It supports and promotes the potential profitability of WASH sector among private sectors to improve their interest for engagement in the business<sup>30</sup>.

In Amhara region; private entities follow a for-profit business model and uses displaying as a means of promoting products and selling on market-days. And, if woredas organizes bazars which is arranged seldom, the private businesses use it as a good chance of advocating and selling their products especially to people coming out of the woredas. The other product-promotion scheme is travelling to adjacent kebeles in the woreda and door-to-door selling by telling users that the products have been produced following the utmost quality standard and price is set reasonably or with affordable cost considering economic status of the local community. Others use entrepreneurship as a business model by which they could develop, organize and run their business along with any of the uncertainties and risks to make profit.

Respondents representing government sectors explained on their behalf that the private entities follow profit based business model for they are established as private institutions and should make profit to sustain the business but it is not to mean that their products are too expensive, rather; with reasonable and affordable price to the community. The private entities promote usually on market days and there is limited promotion out of their bases where they produce the WASH products. According to response from the RHB, it was indicated that youth are organized and supported to produce WASH products, then; they sell with low price and follow a for-profit business model.

## **Opportunities and Challenges**

The assessment report of demand creation of sanitation products and services conducted by USAID Transform: WASH revealed that private sector actors (slab manufacturers, retailers, sales agents) and public sector (WHOs and HEWs) play important and different roles in sanitation demand creation and The private sector can often be as, or more, effective in creating demand than the public sector. Sales agents play a crucial role in connecting potential customers with sanitation product and service providers<sup>31</sup>

It is also reflected from respondents in this assessment that relatively a good opportunity is there for the WASH products produced and supplied by private WASH businesses get demand through time. As people become aware of the products, they demand to use liquid soap, sanitary pads and slabs.

One of the hindering factors was assessed to be shortage of raw materials/inputs to produce liquid soap and lack of containers usually empty plastic bottles to pack and sell due to space unavailability to buy and store in bulk amounts,

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30 National sanitation guideline and WASH field note

31 An assessment of demand creation of sanitation products and services

Moreover; government and World Vision Ethiopia, unlike the beginning time, couldn't extend their support continually for unexplained reason to the producers. The producers also faces shortage of transport means to sell their products to other areas in and out of the woreda. Examining the current available capacity to produce more WASH products, It has been explained that:

*“When we started the business we were ten in number, five Females and five males but now we are only five remaining; others withdrew from the group because of different reasons mainly, they expected profit but till to date we don't share any profit, rather; we only work and deposit the money, so we have 25, 000 birr capital belong to the producer or private entity”, WASH producer in Wes Dembia woreda, West Gondar and a respondent from health office stated “health office support established groups in kind (WASH product) and in technical, as an example; we bought and distributed 1000 slabs to use as startup capital and if we exchange to money it estimates to be 100, 000. Birr”*

As challenges or hindering factors; one of the respondent from sectors' side stated that the key challenges private WASH producers face is lack of government support, lack of strong monitoring and evaluation system, especially lack of water supply because of procurement process, lack of transport to trade in other areas, lack of credit services, lack of selling space and shortage of raw materials etc. In addition to the hindering factors listed above, it was sincerely worried that members of some groups have additional works other than the WASH business we are dealing with and when they are not paid currently, they plan to leave the business and start their own individual business.

Respondents reported that WASH business is profitable as long as it is supported better by the government personnel that if they promote the products in different public meetings and workshops and if the municipal office arrange selling places, the business sustains to exist profitably.

### ***Institutional support***

This assessment showed that WASH businesses get continual support from the health centers, mainly; the institution covers costs of water, electric and guards , besides; health centers availed working space as reported in one of the woreda. At the business start-up, World Vision Ethiopia supported the private producers in terms of capacity building to staffs, and administration and municipal offices of the woreda supported in availing working spaces.

On the other way, respondents from government sectors stated that World Vision Ethiopia supported WASH producers in terms of establishing the groups, training them and provided starting raw materials to produce the WASH products and follow-up after they started producing the products. However; since last year, no technical and physical support is given from government and partners and as a result, the private sector are trying to exist to the best just by work for survival.

However; response from RHB stated that the sector encourages the private sectors to engage in WASH programs in order to sustain the program. It provides technical as for example, when they prepare project, staffs suggest or show them what to be done in line with country policy. Then, they provide short term trainings when they get into the project. All government sector respondents agreed that private WASH entities should be closely supervised and encouraged to innovate and share new ideas/systems, besides; government sectors and partners should support private sectors based on memorandum of understanding or terms of reference that clearly indicate roles and responsibilities of actors. It was also stated that nutrition and WASH programs should be given equal emphasis and should be worked out in sectoral integration approach, i.e., WASH and nutrition business should be more promoted so that private service providers/producers get ample market opportunities to sell their products.

### ***Strengths, area of improvement (weakness), opportunities, and threats of Private WASH service providers and/ or producers***

A SWOT analysis was undertaken for WASH product producers, as a strength; results of the analysis showed that staffs of the associations have more capacity to produce WASH products with good time management skill and entrepreneurial skills. As weakness that should be improved for better performance of the associations, insufficient raw material supply mainly, chemicals, cement, budget limitation to expand size of production, lack of work motivation among some staffs and lack of rural community awareness about the WASH products that hinders to buy and use as required level. The

opportunities are listed as: urban communities have good awareness for use their product, WVE support during the start-up of the production based on which the association is building its capacity to produce more WASH products. Most of the associations also own ample land for production and storing its raw materials, packaging and final products. Besides; the health centers provide free water and electric power supply in some of the woredas. As threats; the following limiting factors were identified: most associations incur high cost to transport and promote their products in other big cities and woredas, there is high turnover of members of the associations, current security situation of the region negatively affects marketing of the products and despite the promising demand for the products, input costs of cement, sand etc. became unaffordable to produce slab.

### Private Nutrition Service Providers/ Producers in Amhara Region

The private sector is involved in all segments of the food system, which encompasses agricultural production, harvesting, processing and packaging, food transformation, marketing and consumer access. It also plays a major role in influencing both the food environment and consumer preferences. In each, businesses can have both positive and negative effect on improving diet quality. A recent Global Panel Policy Brief examines the private sector's dominant role in shaping diets and provisioning consumer choice in food transformation and food retail. Its purpose is to stimulate governments and stakeholders to build strategies to incentivize the private sector to influence food systems to improve the food environment and enable better dietary choices.

As a first step, policymakers will need a much deeper understanding of private sector capacities and a strategy for nudging enterprises across the food system toward a greater level of nutrition sensitivity. They will also need to provide the incentives that motivate the private sector to prioritize nutritional outcomes associated with investments in local and global food systems. In addition, policymakers must enact appropriate laws and regulations that protect consumers<sup>32</sup>.

Since the number of nutrition service providers/producers in specific woredas is few or limited, sector officers and experts could list them by name, business type and current operation status. Example; a respondent from a cooperative office stated:

*"...yes we have organized database which indicates their residence by kebele and services they provide to the community in our woreda. We have 3 cooperative unions that deliver milk and milk products to the community, among them; two of them are in good position to deliver adequate milk and milk products..."*

However; response of the regional health bureau indicates that there is no aggregated data at bureau level especially the nutrition sensitive components. On the other hand; he explained that nutrition sensitive programs are recorded in DHIS (District Health Information System) with eight indicators.

### Type of service/product provided

A number of nutrition services and products are provided by the private sector in Amhara region, example; fish for local consumption and export, Vegetables/fruits, chicken/poultry, milk and milk products such as yogurt, cheese and butter. However; there hasn't been food processing (food fortification practices) reported in the region.

### Product Business model

An interview at national level indicated that GAIN, an international NGO, is supporting private sector on food fortification, marketing, commercialization, distribution, business development in dairy and supplementary foods using the SUN Business Network under the SUN movement, a nutrition program co-funded by GAIN and WFP. According to GAIN, there are social enterprises that are not for profit, example; Eskinder is social enterprise, engaged in school feeding program. Besides, some use innovation (food fortification),

However; interviews of all private entities unanimously indicated that their business model is profit making with some sorts of promotion of their respective products mostly, travelling and selling in other areas out of the woreda, delivering

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32 Policy brief on engagement between public and private sectors for nutrition

quality products that are attached to the minds of customers in the future. Two of the private nutrition producers followed what they call Balanced Profit Business Model, a profit making scheme/arrangement in which optimum profit is set by law for private associations or enterprises that are organized to operate in selected businesses with the interest of the government or public for poultry prices in particular. Such optimum prices are believed to be affordable to the general community and serve as a means of promotion for the private sector. One of the private milk processing company, Enbuli milk development private cooperative PLC, uses posting its name on billboard as a means of promoting and advertising its products.

On the other hand; sectors interviewed agreed that the private nutrition service providers and/or product producers work for profit and produce quality products that meet the need of the consumers which has spillover effect on advocating to the public as quality energizes buyers' demand.

### **Opportunities and Challenges;**

Regional responses show that nutrition has got policy and strategy by this time and government is encouraging the private sectors to involve in nutrition sensitive and specific activities. Besides, the structures in most government sectors are supportive in most sectors they are set to distribute their products to the grass root level.

One of the good opportunities stated by a private cooperative PLC was that the entity is located along the main road to which enables it to have more customers who hear and buy its products and being located on main road can have the potential to have product access to larger communities. This entity has good access to raw milk that there is continuous supply by farmers, this makes uninterruptedly product supply. On the other hand, one of the private firms used to have an opportunity to export fish to The Sudan before but ceased due to boarder security problem several months ago.

There is awareness improvement on feeding habits of communities that increases demand for nutrition products and associations or food enterprises or individual producers sell in balanced profit business model which enhance affording ability of users. Moreover; water sector intensified its irrigation projects to kebeles with which these business entities cultivate nutrition sensitive vegetables, fruits and cereals. Business firms located around Lake Tana have huge potential to produce fish, and this is one of the government priorities even to rear fish using individual ponds. It becomes a good opportunity for private producers to advocate their products that the government promulgated "Nutrition Week" facilitated by HEWs to feed children based on the nutrition program recommendations aimed to reduce under-five undernutrition and stunting in the long run. This increases public awareness about the products and services to a better level and enhance access to communities.

Answers from government sectors also stated that lack of access to loan, lack of land for expansion of the businesses, traditional fish trapping without protective equipment for the fishermen were enlisted as top challenges. Fish providers reported that they have cold chain problems of the product to keep it safe and healthy for long time due to lack of new and standard refrigerators. The same group of private entities stated that the main source of fish is Lake Tana but it is disappointing that it is being invaded by "emboch arem", which is highly threatening the lake's future as a result of which no fish will ever exist.

Moreover; many challenges were listed out to initiate, maintain and sustain business firms engaged in nutrition sensitive businesses, among them; animal foods are reported to be either scarcely available or price became inflated especially for poultry and its was stated that

***"There is high cost or unable to find fodder especially for poultry production. Example; last year poultry fodder was 700 birr per 50 kg but this year cost increased to 3000 birr per 50 kg."***

On the other hand, members of the business group focus on interim share of profit against the SOPs set ahead. As a result of not maintaining the SOPs or unable to take their dividends as they wish, such members become uninterested and uncommitted to work with the group. Maturity of the loans before the entities become self-sustaining in terms of allocating enough capital was assessed to be the most challenging. Related to this, loan enterprises, AMCSI (Amhara Credit and Saving Institute) takes the lion's share of the services, has complicated loaning system with high interest rate. Consequently; business firms fail to repay their loan which induce financial crisis for both parties. Some businesses produce

and supply low quality products which spoil names of similar entities and strongly deter consumers to sense and use products produced by other producers. This impacts the overall nutrition sensitive intervention and difficult to maintain firms/entities in the business pool.

Regional level response indicated that are few number of private sectors that provide nutrition/foods services to the community at regional level. Second, advocacy should be made to the society through social media. And there should be market linkage/chain value for the private sectors. Example; there is abundant fish resource in the region, but it is not utilized well due to lack of market chain.

### ***Institutional supports***

Private nutrition service providers/producers get technical supports from government sectors mainly; agriculture office, SMEs. Besides; partners such as Feed the Future, CIDA, WVE and SNV extend their supports in terms of supplying processing materials, capacity building and motivating to produce in good quality and quantity of the nutrition products. On the other hand, University of Gondar has been providing livestock trainings for 6 months consecutively for one of the private entities, However; it was reported that the supports are no longer being given as before or is in decreasing trend may be due the war in Amhara region that it grasped the attention of the government entirely.

Government sector representatives reported TVETs (Technical and Vocational Education Trainings), agriculture and health offices, livestock and fish and polytechnic colleges are the government sectors that give technical and entrepreneurial support to the private sectors, besides; they provide induction trainings and follow-up, capacity building supports. AGP II, a government led program, has been supporting private sectors in terms of providing different capacity building trainings, better-yield mixed seeds and vegetable and other need based requests to the privates.

All private nutrition producers asked better government and partner supports in terms of better loan and land access for possible business expansion and quality production. They also need supports in materials supply mainly refrigerator for better cold chain of perishable products, i.e., fish and milk/milk products. One of them stated that to sustain their business, market linkage should be established for the producers so as to maintain getting raw materials/inputs and selling products will not face seasonal fluctuations, and to make this effective, the business itself should be digitalized, that means; business related data and activities should be computerized and documented in better ways. The fishing firms suggested replacing traditional fish harvesting methods by modern to meet high demand of institutions like hotels, restaurants etc. and export in better quality and amount.

Sector offices reiterated that government and its allies should encourage innovative nutrition sensitive production and service delivery methods. Promotion of products out of the working woreda is costly, hence; private producers are forced to station in their woreda. Private producers should be encouraged to increase saving or help them to have saving schemes nearby so as to increase their capital. Seqota Declaration, a government led nutrition program should strongly involve private service providers/producers and consider them while implementing nutrition interventions. Private producers also need to access better-yield animal species to address demand of users and increase income, they also need to get access uncomplicated and unconditional access to loan services. Market linkage is another concern for the sectors; one of them stated; *“during fasting time eggs should be transferred to non-fasting areas (to Muslim communities)”*

### ***Strengths, areas of improvement (weakness), opportunities, and threats of Private Nutrition service providers and/ or producers***

SWOT analysis was undertaken for nutrition service providers/producers: As strengths, milk producers have constant supply of milk and milk products with affordable and minimal price to the community and there is strong commitment of leaders and members of the private associations/PLCs to make the business profitable. Poultry producers allocated budget to build standard shelter the chicken, it sells its products with affordable price and tries to create market linkages using its own networks. As weakness; some milk producers started animal breeding but cannot be counted as a constant income source, since they work with limited workforce as some members resigned and poultry farms have done very little advocacy to attract more customers and one of them reported that it hasn't generator as a power back up since it is required to maintain warm environment for chicken. The threats are like difficulty of getting necessary material in the nearby market, getting adequate and appropriate land access, getting improved species of cow milk for better milk yield,

poor market linkage especially if competitors come with better milk processing capacity, besides; increase price of chicken and absence of support from government sectors were listed out as threats to the poultry farms

The agricultural product suppliers have strengths mainly; selling agricultural products, usually cereals at affordable prices to the community, they created market linkage with other companies in other areas and they created job opportunities especially for youth who load and unload freights but promote little. One of them stated its weakness as: “We don’t promote our products and had we done the opposite, we could generate more income”. The good opportunity for this private entity is its location; it is found on main road and the threat is poor quality of cereals from source will keep its customers at distant from buying and critical shortage or high price of animal food can prevent milk producers from their business.

## **2.6.1.2. Findings of landscape analysis for public and private service providers engaged on WASH and Nutrition sensitive and specific intervention in Oromia Region**

### **Private WASH Service Providers/ Producers in Oromia Region**

Majority of government offices at woreda level reported that they have data bases and documentation for private WASH business entities and could list them by name and type of their business. Example; a respondent from IMX/MS office of Habro woreda, West Hararge zone stated:

*“Yes: there is a database, list and status of WASH service providers. In collaboration with World Vision Ethiopia Habro AP (Area Program), two private WASH businesses were formally established, namely; liquid soap production and Dry Waste disposal and Management”*

Related to data base and documentation, one of the woreda reported that it is customarily important to keep any vouchers issued or received for WASH materials by external bodies to as evidences and plan where to take and evaluate how they were utilized by whom.

*“...world vision donated hygiene materials having a price about 750,000 ETB last year and we received and issued good receiving voucher, then; we issued dispatching vouchers and distributed for health center and farmers in our area...”*

It is interesting also to note that cooperative offices are more concerned to establish, prepare data base of private cooperative organizations in their respective woredas. The main reason sectors could have the data base and documentation of the private entities in woredas is attributed to multi-sectoral engagement, i.e., there is shared responsibility among sectors, example; health has the responsibility to train and follow-up and SMC/IMX has a mandate to plan and initiate organizing/establishing of private WASH business groups usually based on results of employment assessment. Other sectors such as water office, TVET play roles in providing capacity building for the privates.

Respondent from regional health bureau reported that it has 9 nutrition sensitive indicators by which it evaluates its performance but it has no database or mapping of private entities that involve in WASH sector in the region.

### **Type of service provided**

In Oromia region, we see two types of WASH businesses from reports of woreda sector offices and private, namely; WASH service providers called dry waste collection and ask payment for the service, secondly; there are also WASH product producers commonly, concrete slab, sanitary pads and liquid soap that sell and get profits.

### **Product business model**

According to government sectors, private WASH businesses employ for-profit business model and employing successive (little by little) payment modality in one of the woreda. For-profit business model is the dominant model based on the fact that these businesses have triple objectives to achieve. First, it is to improve household practice of WASH programs by using better sanitation materials, secondly; it is believed that WASH business can create employment opportunity for unemployed youth in particular, means of income and lastly, for better demand and sustainable WASH programs, it is



mandatory to introduce sanitation marketing. If the concept of marketing is introduced, inevitably; supply chain with profit purpose and demand become intrigued more. Private WASH product suppliers sell at comparatively lower prices and advocate during different occasions;

They promote their products to markets by demonstration, announcing on different meeting and programs held at woreda level. On the other hand; there are people trained on sanitation promotion by World Vision who support promoting sanitation products to people and help the community on transferring experience to other.

### **Opportunities and Challenges**

Government WASH programs and strategies like the sanitation marketing are the opportunities to involve private sectors in WASH business. Private sectors explained that WASH interventions implemented by different actors created good community and awareness that improved demand for WASH products. Similarly; food and drink establishments showed high demand of WASH services mainly; waste collection in particular. To some extent, the waste collecting associations also convert dry wastes to natural fertilizers and sell to farmers and get additional income. World Vision also mentioned repeatedly for its financial and technical supports that created great opportunities for the private sectors to start WASH businesses.

Many challenges were listed with regards to the WASH business including: slow and complex loan process of microfinance institutions, low attention of government sectors to support unlike the beginning of the businesses (supports become infrequent), critical shortage of personal protecting equipment for waste collectors and they are exposed to skin and respiratory diseases, price inflation of inputs makes products unaffordable to customers, lack of finance to expand WASH business. In one of the woreda, a waste collecting association reported that absence of technology hindered them to produce charcoal from dry waste which can be a good source of income.

### **Institutional supports**

In one of the woredas, it was reported that the municipality provided a dump truck for transporting dry waste from where it is generated to final disposal. This municipality supports the association and fulfills what it needs with close consultations. Some TVETs also supports WASH businesses in terms of supportive supervision and on-the-job trainings. Seldom; currently, health, water and partners pay visits to the private sectors and provide technical supports.

Respondents from private entities said that the challenges mentioned above should be solved, more importantly; close supports both technical and financial are needed all the time. More innovation and technologies should be introduced in the WASH sector so that private organizations can get advantage of employing them. Moreover; private WASH entities should take part in government/partner led coordination platforms to speak out what they face in sanitation marketing.

### **Strengths, area of improvement (weakness), opportunities, and threats of Private WASH service providers and/ or producers**

The main WASH services/products provided by private entities are: cylinder, slab for latrine, energy saving stoves, selling and installing toilet fittings, liquid soaps, dry waste collection and disposal, promotion of WASH materials to the community, etc.

The major strengths of the private WASH service/product providers were assessed to be constructing, concrete slab in particular, in good quality and selling in relatively low price that triggers users demand and they avail products in short time after requisition. Most of the private are registered by trade and industry office and licensed and their competency is assessed before renewal of the license. The dry waste collection and disposal service providers are highly organized, motivated, skillful youth and led by university graduates.

On the weakness side, many issues were raised, among them; existing WASH service/product providers are not seen to expand or scale up their businesses with new and innovative approach, rather; they are limited to produce the volume of production similar to the starting time. Due to internal and external factors, there is disruption of service and production that makes customers complain frequently. Some private entities don't have plan against time; i.e., they don't plan how



much they are going to produce and earn income per certain time (monthly, quarterly etc.) and it was observed uncertainty of repaying loan which affects increasing sales volume and project expansion.

The threats that were repeatedly reported by private entities: high inflation on cement which is the main input to construct concrete slab and that of chemical, the main element of liquid soap are threatening productions and privates will be highly affected. On the other hand; it is difficult for the community to transport WASH products to remote areas by traditional means, as a result of which, they may not buy and take. Finally; there are times that WASH programs becomes temporary focus of the government; i.e., when community faces outbreak in some areas, for instance, many sectors and partners exert extra efforts on WASH and businesses are stimulated but in other times, little support/attention is given whereby the business is uninspired

## Private Nutrition Service Providers/ Producers in Oromia Region

### Type of service/product

Woreda government sectors reported that private businesses provide different nutrition sensitive services and products such as supply of cereals and legumes, fattening livestock, varieties of best seed to the market from where consumers can have access and buy what they want. They also provide child supplementary foods, milk and milk products, vegetables and fruits, best breed chicken (poultry) etc.

### Product Business model

Private nutrition service/product providers consistently agreed that they are engaged in nutrition sensitive business using for-profit business model but in affordable price, that is less than the market price. They use different promoting strategies to aware and attract customers, mainly; posting items with their respective prices at their gates or public areas so that the community can compare prices with the market. Some also promote their products during market days, example; a respondent from East Hararge, Girawa woreda said:

*“We promote our products using loudspeaker by announcing during the market days in the town about the services and we announce through the kebele chairman....”*

It has also been reported that some private entities conduct need assessment from kebeles' administration before commencing the nutrition related business, then transport by themselves and deliver to the community which they use as a means of promoting their products.

*...first we collect need from KA through our volunteers (agents) from the kebele. Then based on the need collected from each kebele we transport the chickens to the needy community directly to the kebele and or assigned cluster on assigned dates....”*stated by private poultry supplier in Habro woreda, West Hararge.

On the other hand; government sectors reported in one of the woreda, Ethio-chicken, a partner, supplies best breed chicken to private entities free and set price of elder chicken to be sold to the community which is of course in consultation with livestock and fishery office.

*“Ethio-chicken supplies chicken to private sectors and when they grow and get prepared for market, we work on its importance and price promotion. We set price of each chicken with agriculture office and veterinary office”* said a MSC/IMX officer in Lalo Asabi woreda, West Wollega zone

In other woreda as well, it was explained that price of chicken is fixed by the consensus between government sectors mainly agriculture office and the supplier; for instance, the price of one chicken is set by the signing agreement between agriculture office and nutrition service providers.

However; in other woredas, private entities that produce nutrition sensitive products such as vegetables, chicken, egg, milk and milk products, cereals, legumes, complementary foods follow for-profit business model with lower price compared to the market price.

## Opportunities and Challenges

Most private nutrition service/product suppliers reiterated that there is public demand increase for improved agricultural products especially for poultry, milk and vegetables/fruits, also; they considered government and its allies supports as a good opportunity to start and sustain such businesses. Government implements supportive policy that involves the private sector to engage in these businesses and they get technical and technology supports from higher institutions such as Haremaya University and partners, namely WFP, WVE, Care Ethiopia, Action Against Hunger etc. some of agricultural producers, example; vegetable producers have their own land to multiply best seeds which saves cost and enable them to sell seedlings to the community. Milk producers stated road/transport access and high product acceptance by the community and establishments such as hotels, restaurants, cafes become good opportunities to increase their product and sales volume.

*“The opportunities for this works are we have genuine customers from the town such as hotels, cafes and restaurant that highly benefited from our services and there is high demand of our product”* a milk business man reported in Habro woreda, West Hararge.

It was noted in one of the woreda that WFP implements school feeding program in collaboration with the government and it is a good market opportunity for raw food suppliers to sell to the organization consistently as it focuses to buy food items from local cooperatives/unions and this has two advantages; it creates market opportunities and students can access locally available and culturally suitable foods.

Government sectors on their behalf reported that community demand increases from time to time for nutrition sensitive agricultural products; a health office staff from Habro woreda, stated:

*“...because our community’s demand is high and increasing from time to time to use these products, especially fruits, milk, chickens, leguminous plant products vegetables...”*

Besides; conducive policy of the government enhances nutrition focused interventions in which the private sectors can play crucial roles. Example; TVETs provide trainings, in collaboration with partners, health and agriculture offices give technical support, microfinance institutions give loan etc. which all encourages producers to supply products continuously. In cash crop areas such as Hararge and Wolega, communities are able to buy these products and feed their children without the problem of lack of money which is a challenge in other areas. Moreover; sector responses indicated that in many woredas, youth unemployment is widely faced and this is a good opportunity to get organized and engage in nutrition sensitive activities; an IMX officer in Habro woreda, West Hararge said:

*“...many youth are eager to work and to change their life as they are skilled man power with fresh labor and some of them are university graduates....”*

The main challenge reported by many of the respondents is political instability in the region which happens unexpectedly and roads are closed, as a result; no human and logistic movement is possible that affects producers to a large extent. Lack of finance or complicated and bureaucratic loan process from Oromia microfinance institution, lack of enough and persistent support from government sectors, cattle diseases and absence of treatment, shortage of animal foods due to drought, lack of budget to expand business were listed out as challenges that hinder business organizations from supplying products constantly to consumers.

## Institutional supports

Woreda sector offices reported that there are various supports provided to private sectors; women and youth are the focus to start nutrition sensitive businesses and they are given awareness creation supports at the start. Then; Job Creation Opportunity office organizes them and licensed as a legal entity by trade and industry office. TVETs provide induction trainings mainly on entrepreneurship and other partners train them on technical component of the business field they are going to engage. Microfinance institutions also provide loan services based on agreed platforms with the private sectors. There could be in-kind like best seeds, equipment and in-cash grants by some partners as start-up or part of business expansion in some woredas to selected privates.

On the other hand, reports show that some sectors and partners don't pursue their roles appropriately in terms of providing technical supports continuously as per plan set out ahead, as a respondent stated in Bedeno woreda health office, East Hararge zone:

*"...sometimes we made some supervision with woreda trade and market office for private traders registered legally but it not regular and significant..."*

From the above quote, it is noted that most supports are provided to legally registered producers mainly associations and unions organized by woreda offices. There is limited effort to encourage individual entities or less attention is given to bring these producers to be legally registered and get the supports.

Private entities on their behalf reported that government sectors help private nutrition service or product providers from the beginning despite supports are not said to be consistent all the time. Cooperative offices facilitate the establishment of private cooperatives and support them to get working area and shelter free from tax and other payments from municipalities; it also facilitates trainings, animal vaccination for poultry in collaboration with agriculture office.

However; sectors' supports were assessed to be very low or absent in some woredas as reported by a member of private cooperative in Gelemso town, West Hararge

*"We have no support from any government office, we have practiced these activities for some years, it is only today (in your interview) we participated in such types of interview or discussion leave alone a support the government sectors don't know our existence, there of our main challenge or gap is luck of support from government sectors."*

From the challenges explained above, it was recommended by sector offices that supports, trainings and technical supports, in particular should be continued. More importantly; nutrition platforms mainly; woreda nutrition multi-sectoral coordination should be more active and monitor sectors' performances and evaluate whether they are accomplishing their respective roles or not. The private sector should work hard to adopt new and innovative production methods for better yield. Sectors should strongly consider gender and inclusiveness when they organize people who will be working in nutrition sensitive activities

### **Strengths, area of improvement (weakness), opportunities, and threats of Private Nutrition service providers and/ or producers**

The common products/services provided by private business owners are poultry production and distribution to the community, production and supply of vegetables and fruits, fresh milk collection/processing and distribution, collection of cereals and legumes and distribution, supply of food for poultry and cattle (fodder), cattle fattening, child supplementary foods production and distribution, etc.

The strengths of the private service/product providers were listed out as: most private entities do cost – benefit analysis though some are not doing it regularly. Due to this practice, most of them remained in the business despite the current inflation. Milk producers were assessed to be honestly working that they don't adulterate their product and got high trust from their customers.

On the weakness side; milk and poultry producers are unable to identify improved species/breeds (mixed breeds) that can give more products because such animal breeds are of different types that come out of continuous experiments. Besides; even for existing products, private producers don't promote well that makes poor market linkage. On the other side, vegetable and fruits producers depend on rainy season to cultivate though they have irrigation access and could produce two to three times a year. All these weakness make the private sectors to supply their products inconsistently against the demand from the community and other organizations. It is observed also that some privates have less saving trend which weakens possibility of sustainability or expansion of their businesses. This may be attributed to irregular or absence of meeting by members of the associations/unions and unable to decide over how much to save timely. Moreover; private service/product providers don't label and brand their nutrition sensitive products due to which it is impossible to advocate well to the community and it becomes difficult to differentiate products provided by different suppliers

Many threats were listed out by the private sectors, among them; price escalation of agricultural inputs such as breeds and animal foods, recurrent animal disease/outbreak due to climate change, high tax rate of the government, inconsistent best seed supply for both livestock and vegetables/fruits, inconsistent supply of poultry vaccination/treatment. Besides; for different reasons, members of some associations sign out their membership early which threatens fate of that private entity.

### **2.6.1.3. Findings of landscape analysis for public and private service providers engaged on WASH and Nutrition sensitive and specific intervention in SNNP Region**

#### **Private WASH Service Providers/ Producers in SNNP Region**

Woreda sector offices are said to be mandated to set up associations which will be engaged in WASH business, train and follow-up, hence; they have the data and document. They also know which private entity is engaged in what kind of business as a respondent from water office stated:

*“Yes, we have a database and some of the individuals who are engaged in WASH business and we know who produces slabs and liquid soap in the our communities”*

But in the other woreda, a respondent said:

*“There is no recent updated database or mapping conducted on these private sectors. But we have data even though it is not recent one. In this first quarter we don’t take any data about the services and product provided by them. We had ancient data which were taken before July 2021(July 2013 Ethiopian Calendars)”*

The sectors mainly cooperative are tasked to make employment assessment and organize establishment of private cooperatives and unions. Health offices and TVETs have the responsibility to train the private sectors and make continuous follow-up, on the other hand; microfinance institutions finance or provide loan services. The cooperative sector is more concerned to assess functionality of the WASH business.

Response of the regional health bureau indicated that it has no compiled data base for private WASH entities at regional level. Rather; woredas are responsible to record and document data base. In this regard, we realized that woredas don’t report data of private organizations that are working in WASH business and this could be the main reason that bureau has no recent data of all woredas.

However, there is no list of WASH private service/product providers in RHB due to recent regional fragmentations.

#### **Type of service/product**

Private WASH producers produce and supply different products to the market. Among WASH products; concrete slab, Satopan, Dukka, roto (water reservoir), hand wash basin, seal Africa, Turkish, shower tree and plastic conduits. Some private entities also provide WASH services mainly building toilets to individual households based on request.

#### **Product business model**

In SNNP, private WASH material producers and service providers follow for profit business model with reasonable and affordable price and fixed price business model in one of the woreda just set based on prices of inputs by Small and Micro Enterprises of the woreda. Hence profit making business model is overwhelmingly practiced in private WASH sector and one of the sectors said:

*“Private businesses will not be interested to provide their services/products if their business model is other than profit based business model”*

Some privates use local agents at kebele level to be easily accessed by the community nearby and sell products by the same price with their shops. Some also advocate their products during market days to the general public and health extension workers integrate information about the products in their WASH interventions during household visits which are a means to advocate and make people aware about the products. Health extension workers implement improved

latrine program and teach the community at the same time which potentially use these products to be supplied by private producers. Improved latrine or termed as Ventilated Improved Latrine (VIP) should fulfill at least having cleanable slab made from concrete or plastic (satopan), and should have hand washing station nearby, hence; these materials are to be produced and supplied by private sectors.

Here is also the way how RHB sets regulations on WASH business, respondent said: “RHB trains producers before they commence production on how to produce and fix price, marketing strategies, loan access etc. Price is to be set depending on price of inputs in a specific area, example; price of sand is different in lowland and highland areas and this has to be considered. Thus, price of slab is from 450 to 1000 birr keeping a ceiling profit of 19%. As promotion strategy, HEWs compare impacts of slab on acute disease burden in households that use and don’t use the product. Some producers also cover transport costs as incentive for users and make tour (door to door selling) as marketing strategy. Creating awareness and change attitude of community members is facilitated by HEWs which is the main gateway to increase demand”.

### Opportunities and challenges

Interviews of private sectors narrated that private WASH entities get direct supply of plastic material called Senay which is to be built on concrete slab (a modification to concrete slab) by PSI and its agents. The organizations ship the materials up to the shops whereby the privates don’t incur transport cost. The health structure up to kebele level mainly; the health development army advocates importance of WASH products to the community which in turn creates demand. One private WASH producer stated:

*“...The other good opportunity is that woreda health office advertises or advocates up to kebele by their structure like health development armies and they give trainings on the use of these materials and as well their importance’s for the community...”*

On the other hand; government sectors expressed that WASH business is promising and profitable since community’s awareness is seen growing from time to time. One of them stated that:

*“...I do believe that if private sectors want to engage in providing WASH service and product to our community, there is untapped and good market condition with no competition, government policies and will get our administration support and attention...”*

Price inflation was the great challenge to produce and provide WASH products, example; costs of cement, sand and reinforcing bar became sky-rocketed that makes production of concrete slabs too difficult and it affects the capacity of the business entities negatively. As we learn from one response of the private entity, it was forced to stop production due to price inflation of inputs;

*“...that means there is cost imbalance between our organization and the economic capacity of the community to buy the materials. As result, we have stopped the production of these sanitary materials at this season; this is the major and first challenge to our organization...”*

Another challenge was sought to be transporting concrete slab to the community from area of production that kebeles are far and dispersed with different types of topography. This make to deliver the products difficult at required time and sometimes; private WASH entities are forced to relocate temporarily and produce slabs nearby kebeles that request the product as explained by one of them:

*“...we have been requested to produce 280 concrete slabs around Hossana, Hadiya zone Capital city around 75km from shashogo Woreda center bonosha. We ought to go and make the material in to Hossana to solve transport problem.”*

Other impeding factors were listed as problem of consistent of water supply to produce concrete slabs as it takes water intensively throughout all phases of production and note that cement has high hygroscopic nature. Also, lack of stores for WASH products and problem of getting extra land for project expansion were among the challenges. It is also important to note that some community members buy WASH products but not use them effectively all the time solely due to low awareness about importance of the products.

Government sectors rehearsed, on the other hand that they see poor financial management in private sectors and low technical capability of newly recruited staffs. These problems are more attributed poor supports from government sectors which emanates from the fact that there is an overlooking thought about the roles of private sectors in WASH programs.

*“...there is lack of awareness of implementing government bodies how important role the private sector can play in mitigating the WASH problems that our community is facing, it is believed that private sectors might lack commitment in WASH related services/activities...” stated by water office in Abeshenge woreda, Gurage zone.*

They also stated that there is a non-consistent support to private sectors which threatens continuous growth in terms of technical and size of production, besides; some private entities use the land they get free to unintended purposes. Getting loan timely just after private sectors completed all preconditions is another challenge:

*“After we formed the enterprises, they are challenged in the process of credit access. It takes too long time to get credit from the creditor. Seasonally; they don’t get credit, therefore; production seasons would be passed due to lack of finance” stated by MSC/IMX woreda officer, Shashego woreda, Hadya zone. RHB staff supported the negative influence of inflation on inputs to construct concrete slab and interest rate isn’t subsidized for this product, he put: “...but most complain on high interest rate (inseparable interest rate) by microfinance institutions. As a public good, slab production isn’t subsidized and interest rate isn’t treated differently – it is high which emaciates/decrease their financial capacity to increase production in better/larger scale and invest further. Low demand or unable to pay timely by community members other than central zones affects financial capability of produces”.*

### **Institutional supports**

Private WASH business entities get supports from government and partners despite it is not consistent. Woreda health offices support in terms of providing technical advises and creating community demand using their structures up to kebeles level. Woreda water offices give technical supports on designing of WASH products mainly concrete slabs and how to install satopan (plastic material) to the concrete slabs. It also advertises WASH products to kebele level platforms like WASHCOs and WDAs. Transform: WASH led by Population Service International (PSI) was the main actor to establish private WASH sectors; the partner provided trainings and advocated the new WASH product called satopan-installed slab named by SENAY. Woreda WASH Team (WWT) also facilitated the incubation/production and display of products and advocates effectively in all kebeles of the woreda using their structure. World vision Ethiopia also played vital role in building/constructing incubation/production site which is stated as the major support.

Responses from government sectors indicate that they are coordinated with partners to capacitate private WASH producers in that municipalities provide land for incubation or production site, partners, mainly World Vision Ethiopia takes the role of construction of the production site, WWT that contains water, health, education, women and children and finance offices plays pivotal roles in community awareness and creating demand.

Private sectors stated that to improve utilization of WASH products, it was recommended that trainings should be given to influential persons or role models in kebeles/towns. It was also reflected that there should be a system private sectors will get construction materials in subsidized prices so that they continue in the business. For transporting WASH products too; an arrangement should be sought by government/partners so that producers and consumers stay connected.

Government sector officers suggested on their part that many more incubation centers are required to strengthen WASH business and private sectors need to have training and capacity building to update their staffs on technologies of production. They should also establish marketing departments and to improve marketing skills and more advocacy is required to effectively arouse seeking of their products

Strengths, area of improvement (weakness), opportunities, and threats of Private WASH service providers and/ or producers

The private sectors follow for-profit business model with affordable cost to the community. The major strengths of the WASH service providers are reported to be good capacity to produce and deliver quality product in affordable prices despite the fact that price of construction material is increasing over time. To produce quality products, members of the



private entities developed good capacity through the trainings and technical supports that have been given by government and partners.

As weaknesses that should be improved in the future; they mentioned that customers usually complain about transporting concrete slabs from where they are constructed to their home and private entities don't have the capacity to transport and deliver by themselves. Similarly; if customers can buy and transport the products, they face lack of technicians who install satopan in to the concrete slab, due to this problem, many households wish to buy WASH products but fear this challenge. Some private entities have land and financial problems to expand their business mainly due to unable to repay their loans on time and take another loan round

There were many opportunities to WASH businesses mainly WASH becomes the concern and focus of the government and partners that support producers in different areas such as organizing associations, capacity building/training, follow up, financing etc. and introduction of technology products mainly satopan, rural shower, hand washing facilities relatively increased demand of communities as they are easy to use, affordable and environmentally friendly. Supply chain of these technology products which is supported by partners, sales agents at woreda/kebeles level helped communities to have easy access and health extension workers are the main actors in promoting products and creating demand for the achievement of improved WASH interventions whereby more households become models. We know that model households are assessed against using WASH facilities such as improved latrines having at least concrete slab and ventilation.

The major threat of the WASH business was assessed to be price inflation of construction materials from time to time. There becomes a threat to a private WASH business entity to buy inputs with high prices and sell products in determined or affordable prices which potentially leads to become unprofitable. Supply of technology products mainly satopan has been facilitated by Transform: WASH led by PSI Ethiopia and there are no government/partners that took over this role and it becomes a challenge, besides; microfinance institutions have no/rare platforms to give loan to trade technology products like satopan for private business firms.

### **Private Nutrition Service Providers/ Producers in SNNP Region**

Government sectors that implements nutrition programs have data base of the nutrition service providers in their respective woredas. Agriculture, health and cooperative offices are more concerned with establishing, training and supervising of the private entities and record that which private does what type of nutrition business. An agriculture staff from shahego woreda in Hadya zone said:

*"We have recent database on the private entities, which are involved in the provision of nutrition services. We have got this data from the weekly report provided by our farm expert working in those Kebeles."*

Similarly; livestock and fish office is more engaged in providing technical supports to private nutrition service providers/producers and compile data on the number and types of the animal/fish businesses and an officer from Abeshege woreda, Guraghe zone enlisted the entities as:

*"Yes, we have a database and some of the individuals are Zeynu and Nesru who are engaged in eggs and chicken supply, Desalegn and Fentale Kebede who produce sheep and goats, and Jujeba Kebede known for their milk production in our communities."*

However; response from RHB/BOA indicates that neither of the bureaus have no well compiled data of private entities that are engaged in nutrition sensitive activities.

### **Type of service provided**

In SNNPR, most service providers/producers that supply nutrition sensitive products like egg, chicken, milk (milk and milk products), meat, vegetables (potatoes, red onions etc.), fruits, cereals. From the national nutrition program, it is clearly indicated that these types of food are the main focus of nutrition sensitive agriculture.



## Product Business model

Both private nutrition service providers and sectors agreed that profit making is the main business model (for-profit business model) whereby price is determined by supply and demand of the products in the market, it is market driven business in advice of woreda livestock and fishery office to some extent. Unless they make profit, the business is unlikely to be sustainable. A member of the cooperative private entity from Shashego woreda, Hadya zone stated:

*“....currently we receive or purchase one-day chicken breed by 70/ 75 birr then after 45 days, we sell them for 120/125 birr by the advice of Animals and fishery resource office....”*

## Opportunities and Challenges

Nutrition sensitive agriculture is one of the agenda of the NNP and Seqota Declaration which attracts attentions of political leaders and their commitment, besides; microfinance institutions offered credit services to start and expand nutrition services and products. Health and agriculture sectors have made extensive SBCC interventions that improved community awareness on demanding and feeding practice for children and women which make good opportunities for producers to produce more products sustainably. Communities can have access to small chicken of more 45 days of age supplied by private breeders so that households can buy and produce egg at home. At woreda level, multi-sectoral collaboration team discusses about nutrition interventions including involvement of the private sectors and related businesses, a woreda nutrition officer, Shashego woreda, Hadya zone explained:

*“....with regards to nutrition the multi-sectorial integration; the accessibility of health facility Health center/Health post catchment; Health extension program existence/HDA; Trained health professional; availability of NNP etc. are the opportunities”*

On the other hand; many challenges/hindering factors were enlisted, among them; lack of standardized incubation/breeding center for livestock mainly chicken which needs extra caution, cleanliness, treatment etc. that could be learning hub for business men and women. Private livestock and fish suppliers are not seen to recruit professionals/veterinary experts who can move the organizations forward and expand in scale. On the agriculture side, lack of supply of best seeds or unavailable at local markets that best suits with ecologies of woredas and expensive transport from other areas, ongoing price inflation of petroleum highly affects farmers who cultivate nutrition sensitive products like fruits and vegetables using motor-pumped irrigation. From the community side, there becomes low income and purchasing ability during dry season of the year when tradable commodities become scarce that makes nutrition related business unsustainable, i.e., input prices such as for best seeds and fertilizers keep increasing from time to time yet purchasing power of consumers becomes less in dry seasons. Water access becomes threatening for the poultry business that means, water is used intensively to feed chicken and keep their rooms clean every time and if lack of water sustains for some period, all can die at a time as they are too sensitive. These nutrition sensitive products, both obtained from agriculture and livestock can be affected by natural disasters, example; if drought/flood occurs, poultry and yard vegetables will be all damaged/swept out. Finally; private nutrition service providers/producers complained that government sectors don't have competition program to select best performing entities and recognize/awards accordingly that could have motivated them to work more and expand their business.

## Institutional supports

Both government sectors and partners provide technical and financial supports to nutrition service providers/producers. For example; Omo microfinance is the main financing institution to start and sustain such business as described by Ras Agez poultry, Shashego woreda, Hadya zone:

*“Economically; we start by taking 60,000 credits from Omo microfinance. After 1 year, we repay loan and we retake credit again 100,000 birr loan. Therefore, our current revolving budget is 100,000 birr. At the beginning, there was great problem of supplementary materials like water drinking and food for our poultry. Currently we fulfill the materials after experience sharing from other poultry producing companies”*

On the other hand; agriculture office provides technical supports to farmers through its farm expert at kebele level, water office teaches about irrigation systems and health sectors give technical support mainly training and cooking demonstrations, nutrition sensitive activities at kebele level.

Private nutrition product suppliers were assessed to be not well included in nutrition programs implemented by government and its partners. Thus; it suggested that private sectors should be included in nutrition programs and platforms for best coordination and achieve national nutritional goals. Private entities should also hire experienced professionals who have close expertise to invent or adopt better product business models. Concerned sectors especially trade and industry office should organize trainings on marketing of nutrition products so that they create linkage with customers all the time, also; more price subsidy is required to buy water pumps and fuel for irrigation of vegetables that ensure sustainable supply throughout the year.

### **Strengths, area of improvement (weakness), opportunities, and threats of Private WASH and Nutrition service providers and/ or producers**

SWOT analysis was undertaken with Poultry, vegetables, milk and milk products, fruits & vegetables producers etc. in SNNP.

Strengths of the private entities were reported to be having close work relationship with livestock and fish offices and agriculture of the government that give frequent technical supports. As a result, producers have built their capacity and have trained staffs in breeding and growing of poultry which needs skilled manpower regardless of the gaps observed. Poultry farms supply best breed chicken to the community by which it can fulfill protein intake gap for children and PLW (Pregnant and Lactating Women). A respondent from agriculture office in Shashego woreda, Hadya zone stated:

*“As compared to private entities engaged in WASH product and services; those private entities involved in the provision of Nutrition product and services have some technical and financial capacity. Since they are observed and supported by farm experts...”*

The things to be improved for better production of nutrition sensitive business are: turnover of trained/skilled manpower and poor project/financial management of the businesses as described by a respondent from Ras Agez poultry firm:

*“The other weakness that we faced our organization is that, poor management system. As result, we have faced disagreements, for example; some members of our organization don't not submit the money that chickens sold by the time.”*

From the SWOT analysis, the opportunities were: there are supporting policies on private sector/entrepreneurship and Food and Nutrition that created enabling environments from both demand and supply side, i.e., the Food and Nutrition policy facilitate establishment of working groups that supply nutrition sensitive and creates public awareness (SBCC) whereas the private investment policy supports the supply side. Public awareness creation about using nutrition sensitive interventions enhances community's demand [need and purchasing power] which ultimately address the determinants related to undernutrition and that is the reason, many women are engaged in rearing chicken and feed their children with egg at household level.

Threats of the nutrition business were listed out that poultry is a farm which seeks extra caring and treatment all the time. Poultry farm owners fear that if there is infection/disease due to absence of treatment, all will die at a time and the business will automatically collapse. Moreover; poultry shed/house must to be warm by electric power based on the weather condition of an area that keeps chicken at optimum temperature but this is highly threatened by frequent power interruption even it can stay off for extra days. On the other hand, cost of water pumps, fuel are increasing alarmingly that affect production of vegetables and fruits during dry season because farmers may not be able to buy these inputs and produce such products to either to consume at home or failed to avail or forced supply with higher prices to the market exceeding the ability to buy for others. Finally; the general inflation called galloping inflation type, negatively affects both supply and demand of nutrition sensitive products, example; if a poultry farm faces high prices of food for chickens, it will be transferred to customers to pay high prices for eggs/chicken.

## 2.6.2. Recommendations for R2G Programing

The following recommendations are forwarded in light of the main findings of the landscape analysis.

1. Regional government sector offices lack a well organized or updated data base or list of private service providers/producers engaged in WASH and nutrition service provision/production. Thus, regional bureaus and woreda offices need to be provided technical assistance to map the private sectors and prepare a comprehensive database that is updated timely. The database needs to capture information (such as type of business, business model used, human resource and institutional capacity, etc.) that is required for planning support interventions to strengthen the capacity of existing private sector entities engaged in WASH and nutrition service provision and production.
2. Under the SUN movement, a SUN Business network has been recently launched by the Global Alliance for Improved Nutrition (GAIN) and other government actors and partners. The network involves 25 private sectors as members, including the Addis Ababa Chamber of Commerce and the Ethiopian Horticulture Exporters and Producers Association. R2G partners need to engage with the SUN Business network and key actors supporting the network to cascade the network platform at regional levels. Furthermore, good practices in nutrition and WASH related service provision/product development among selected members of the national SUN Business network need to be documented, advocated and replicated at regional levels.
3. Private sector actors engaged in nutrition and WASH services/products need to be provided technical assistance to establish strong coalition platforms either per their business category or geographic areas to facilitate exchange of information, learning and collaboration with all stakeholders.
4. Private entities need to be provided technical support and training to develop feasible and innovative business models that consider community contexts and are affordable to access nutrition and WASH products and/or services. In addition to the common business models observed, which include for-profit, for-nonprofit, innovation and free supply, it is recommended to conduct a need assessment and introduce other business models such as paying some portion of the price every month (evidenced in one woreda for slab), franchising etc. Advocacy efforts are required to encourage key government actors and partners at regional and sub regional levels to provide technical assistance and training support to the private sector entities so that they devise new and adaptable business models.
5. Despite the government expressing its commitment in its policies and strategies to engage the private sector in WASH and Nutrition Sensitive Programs, private sector actors complain that there is no consistent and reliable system that supports and hears their voices and recognize their roles. Most importantly, they are not represented in available coordination platforms. Thus, lobby and advocacy efforts need to be exerted to influence the government actors to provide continuous and sustainable technical, financial and training support to the private sector entities until they become self-supporting, and prevent the likelihood of premature collapse of their business. Furthermore, ensuring representation of the private sector in WASH and nutrition coordination platforms to have a say on decisions made, equipping them with required skills, resources and close follow up is also required.
6. Ongoing inflation and limited access to financial opportunities have impeded the full capacity of private sectors to provide WASH and nutrition services and products. Lobby and advocacy efforts at national and regional levels need to be exerted to influence key government actors to take policy measures that can address such constraints. Regulations such as price subsidization could be considered on some of the agricultural inputs, mainly for irrigation, so that private sector actors are engaged in cultivation of nutrition sensitive agricultural products.

## 2.7. COORDINATION GAP ANALYSIS

### 2.7.1. Findings of the Coordination Gap Analysis

The coordination gap analysis identified the main nutrition and WASH coordination mechanisms and platforms that currently exist at national level as well as in R2G implementation regions. The majority of platforms identified were led by government actors while some are led by UN Agencies as well as other international actors and CSOs. The gap analysis also identified the major strengths, weaknesses, opportunities and threats associated with the existing nutrition and WASH coordination platforms. The main findings are presented in this section.

#### 2.7.1.1. Existing National Level Coordination Platforms to improve Nutrition and WASH Programs

##### National level coordination platforms and key actors

##### I. Government led coordination platforms and key actors

The second NNP has emphasized the importance of the governance structures to facilitate multi-stakeholder engagement, which enables both nutrition-specific, as well as nutrition-sensitive responses to be coordinated. This commitment is reflected in the coordination structures for the nutrition sector which bring together ministries with direct, as well as indirect involvement in nutrition. The gap analysis study identified the following government led multi sectoral coordination platforms for nutrition and WASH, operating at national level.

**Multi sectoral nutrition coordination platforms:** The desk review showed that the *National Nutrition Coordinating Body (NNCB)* is the highest level coordinating body that has been overseeing the National Nutrition Program in Ethiopia. Its key mandate is to review policies and take strategic decisions on program implementation. Chaired by the Minister of Health and co-chaired by the Ministers of Agriculture and Education, the NNCB convenes thirteen NNP signatory ministries as well as representatives of UN agencies, donors, and academia who participate on an invitation basis. The NNCB is expected to meet biannually. The NNCB created several steering committees to promote efficient and effective implementation and coordination of the NNP governance. These committees include the Nutrition-Specific Interventions Steering Committee led by the Ministry of Health; the National Food Fortification Steering Committee, led by the Ministry of Industry; the National Nutrition Monitoring, Evaluation and Research Steering Committee, led by the Ethiopian Public Health Institute (EPHI). The overall objective of the steering committees is to support coordination among program implementers and partners for successful implementation of the NNP.

Operating under the NNCB is the National Nutrition Technical Committee (NNTC), co-chaired by the Ministries of Health and Agriculture and consists of about 19 members composed of directors and technical officers from NNP signatory ministries and a representative from UN agencies, academia, CSO and the private sector. The key mandate of the NNTC is to provide guidance on the implementation of decisions taken by the NNCB, including the coordination, supervision, monitoring and evaluation of NNP implementation in the different sectors, development partners and NGOs. The NNTC is expected to meet quarterly.

The National School Health and Nutrition (SHN) Inter-Agency Coordinating Committee (SHN-IC) is another multisectoral coordination platform established to advance school health and nutrition policy and implementation at national level. The Ministry of Education serves as a permanent secretary to the coordination committee responsible for coordination, resource mobilization and advocacy. The inter agency committee comprises of mainly the key government line ministries, such as Education, Health, Women, Children and Youth Affairs, Water and Energy Resources and other relevant ministries and stakeholders. Operating under the inter-agency coordination committee, is a national inter-sectoral SHN Taskforce/Technical Committee chaired by the Ministry of Health and responsible for monitoring health and nutrition trends, related legislation changes, health and nutrition programs, and providing technical advice to the SHN-IC. Other than government actors, partners such as WFP, Save the Children, USAID, WHO, UNICEF, World Bank are also actively involved in the taskforce. The Seqota Declaration Federal Program Delivery Unit (PDU) is another multisectoral coordination platform established following the government endorsing the

Seqota Declaration, a commitment to end stunting by the year 2030. Housed at the MoH, the FPDU is dedicated for coordinating the multi-sectoral nutrition work of SD signatory sectors.

Various Nutrition Sensitive Agriculture (NSA) coordination platforms are also available at national level. Among these, the AGP II National Steering Committee and taskforce support implementation of all nutrition sensitive activities in AGP II areas. Chaired by the minister of Agriculture, the Steering Committee involves representatives of higher officials from Ministry of Trade , Industry , Finance , ATA and NARC as well as development partners including the World Bank, EU, USAID, UNDP, the Netherlands, DFATD ,Spanish Cooperation and Italian Development Cooperation. Under the national steering committee, the national AGP II task force works to mainstream nutrition activities in to agriculture and food security programing and implementation and increase synergies among partners implementing nutrition sensitive agricultural projects and prevent duplication. While the AGP II coordination platforms have been inactive for the last year following phase out of the AGP II program , the agriculture sector offices at national and regional levels have shown interest to revitalize the platform.

The Emergency Nutrition Coordination Unit (ENCU) is another key multisectoral emergency nutrition coordination platform operating at national level. Established by the Ethiopian government in 2000, the ENCU is a leading government led emergency/humanitarian nutrition coordination platform in Ethiopia. The ENCU leads and coordinates nutrition partners at national and sub-national levels to provide coherent and effective emergency nutrition preparedness and response that can save lives and improve nutrition of people during emergencies. ENCU is based at the DRMC office at federal level and in six regions (Afar, Amhara, Oromia, Tigray, SNNP and Somali ) and supported by UNICEF as the Nutrition Cluster lead agency. ENCU co- chairs with the national DRMCC monthly Nutrition Cluster meetings, known as the Multi-Agency Nutrition Task Force (MANTF), to address bottlenecks in planning and implementation of emergency nutrition responses. In addition, the ENCU and the national DRMC co-chair the quarterly Strategic Advisory Group (SAG) meetings , with representation from the federal Ministry of Health (MoH) as well as UN agencies, donors and NGOs.

**Multisectoral WASH coordination platforms at national level:** The National WASH Steering Committee (NWSC) is the highest governing body in the OOWNP. Chaired by the Ministry of Water , the NWSC comprises of state ministers of MoFED, MoH and MoE as members and non signatory partners such as Development Partners Group(DPG) and CSOs who participate in the coordination meetings by invitation. The NWSC plays a key role in providing overall guidance and direction for WASH program implementation at national level. Structured under the NWSC is the National WASH Technical Team (NWTTC), which is chaired by Ministry of Water and attended by MoH, MoE, MoWCA, DPG and CSO representatives. The NWTTC plays a key role in providing managerial oversight of the integrated, harmonized WASH program implementation at national level. In addition, there are National WASH Program Management Units (WMUs)/focal persons mandated to ensure that regional WMUs, woreda sector offices and town water boards have the directions, information, systems, skills and resources necessary to carry out their WASH mandate and achieve expected program results. WASH PMUs/focal persons have been established in the MoFED, MoWE, MoH and MoE.

TABLE 31: GOVERNMENT LED WASH AND NUTRITION COORDINATION PLATFORMS AT NATIONAL LEVEL

Lead Sector	Nutrition Coordination Platforms	WASH Coordination Platforms
Government led	<ol style="list-style-type: none"> <li><b>National Nutrition Coordinating Body (NNCB)</b></li> <li><b>National Nutrition Technical Committee (NNTC)</b></li> <li><b>National Nutrition Steering Committees</b></li> <li><b>Nutrition-Specific Interventions Steering Committee, National Food Fortification Steering Committee, National Nutrition Monitoring, Evaluation and Research Steering Committee</b></li> <li><b>National SHN Inter-Agency Coordinating Committee and National School health and nutrition taskforce</b></li> <li><b>Seqota Declaration Program Delivery unit</b></li> <li><b>AGP National Steering Committee, AGP II Nutrition Task Force</b></li> <li><b>Ethiopia Nutrition Coordination Unit (ENCU)</b></li> <li><b>Multi-Agency Nutrition Task Force (MANTF)</b></li> <li><b>Disaster Risk Management Technical Working Groups(DRMTWGs):</b></li> <li><b>AGP II National Steering Committees</b></li> <li><b>Disaster Risk Management Agriculture Task Force (DRM-ATF):</b></li> </ol>	<ol style="list-style-type: none"> <li><b>National WASH Coordination Office (NWCO)</b></li> <li><b>National WASH Steering Committee (NWSC):</b></li> <li><b>National WASH Technical Team (NWTT):</b></li> <li><b>The National WASH Management Units (WMUs)</b></li> <li><b>The National ONE WASH Coordination Office</b></li> </ol>
UN/donor led	<ol style="list-style-type: none"> <li><b>The UN SUN network</b></li> <li><b>Nutrition Development Partners Forum (NDPF)</b></li> <li><b>Health Population and Nutrition (HPN) sector working group with in Development Partners Group (DPG)</b></li> <li><b>Nutrition Cluster and WASH clusters within Ethiopia Humanitarian Country Team (EHCT)</b></li> <li><b>Health, Nutrition and WASH technical working group within EHCT</b></li> </ol>	
CSO led	<ol style="list-style-type: none"> <li><b>Ethiopian Civil Society Coalition for Scaling up Nutrition (ECSC-SUN)</b></li> <li><b>Water and Sanitation Forum (WSF)</b></li> </ol>	

### 3. UN led Coordination Platforms and main actors at national level

Several UN led nutrition and WASH coordination platforms operating at national level were identified. Among these, the UN SUN network, Nutrition Development Partners Forum (NDPF), the DPG Health, Population and Nutrition (HPN) sector working group and the Ethiopia Humanitarian Country Team are prioritized for R2G advocacy for improved multi-sectoral approach, functionality and engagement at national level.

The UN SUN network, which is led by UNICEF and comprises of WHO, FAO and WFP as members is one of the UN led development nutrition partners coordination platform operating at national level in Ethiopia. Under this platform, the four UN agencies are working together to support government objectives set in the NNP II and the Seqota Declaration, to eliminate stunting by 2030. As the UN SUN network is also represented in the NNCB, the network members participate in development of nutrition policy, strategic and programmatic frameworks. In addition, the



Nutrition Development Partners Forum (NDPF), which is a UN and Donor Network currently chaired by UNICEF, convenes with the other existing SUN networks including business, civil society and academia in the country on a monthly basis. The NDPF has been a key body in the development of national nutrition program and strategies. While the UK Department for International Development (DFID) and the UN Children's Fund act as donor conveners, civil society organizations active in nutrition implementation also participate in the NDPF meetings which regularly happen on a monthly basis.

Established by the Development Assistant Group (DAG), the Health Population and Nutrition (HPN) task force is co chaired by DFID & UNICEF and meets monthly. The HPN partners group comprises of multilateral and bilateral partners who provide development assistance to Ethiopia. Umbrella organizations such as the Consortium of Christian Relief & Development Associations (CCRDA) and Consortium of Reproductive Health Association (CORHA) represent the NGO/CSO sector and participate as observers at HPN meetings. The HPN is mandated to serve as a platform to coordinate and harmonize partners' support to Ethiopia's health sector in line with government priorities, serve as a forum to exchange information among donor partners, foster discussion, dialogue and debate around health sector priorities; foster inclusiveness and representation through engaging CSOs and advocate with partners to provide additional support to implement national strategies in a harmonized and aligned manner.

Among the UN led humanitarian coordination platforms, the *Ethiopia Humanitarian Country Team (EHCT)* which is chaired by the UN humanitarian Coordinator and attended by UN Cluster coordinators, agency representatives, NGO representatives and donor representatives is a key platform coordinating emergency/humanitarian nutrition and WASH response activities in the country. The EHCT involves eight clusters/sector task forces operating in the country. i.e., Agriculture, Education, Non-food Items, Food, Health, Nutrition, Protection and Water, Sanitation and Hygiene, each with sectoral priorities and responsibilities for operational coordination. The Clusters / sector task forces are chaired by relevant line ministries and cochaired by UN agencies. NDRMC chairs ENCU/Nutrition cluster with UNICEF as co-chair and Ministry of Water chairs the WASH cluster with UNICEF as co-chair. Representing international NGOs, CARE Ethiopia participates in many key clusters in the EHCT, such as WASH, Nutrition, Health, Shelter and Protection<sup>33</sup>. Furthermore, local NGOs are represented by MCMDO. The health cluster, WASH cluster and nutrition clusters that are managed under the EHCT formed the *Health, Nutrition and WASH technical working group* in 2020 to lead an integrated approach by piloting the implementation of the integrated minimum package in high priority woredas which were prioritized based on needs and response capacity.

#### 4. CSO led Coordination Platforms and main actors at national level

The desk review showed that only few CSO led nutrition and WASH coordination platforms exist in the country. Of these, the *Ethiopian Civil Society Coalition for Scaling up Nutrition (ECSC-SUN)* is identified as a relevant platform for R2G advocacy on multisectoral coordination at national level. Established in 2013 to galvanize efforts to alleviate the burden of malnutrition by 2030, the ECSC-SUN is currently operating as an advocacy platform with particular focus on policy issues, information sharing and promotion of multi-sectoral coordination. ECSC-SUN is perceived to be the most active of the SUN networks in Ethiopia, and the only standalone network. The coalition works with the Global SUN Network, as well as the Government of Ethiopia NNP and nutrition platforms. ECSC-SUN is also represented in the NNCB through Save the Children. The network is led by a general assembly as well as a Steering Committee with 9 members representing both international and local CSOs which include Save the Children, CCRDA, CARE-Ethiopia, FONSE, ACF, CONCERN WW, Nutrition Plus Holistic (local NGO), Redeem the Generation (local NGO), and the Hunger Project. *Water and Sanitation Forum (WSF)* is another CSO led WASH coordination platform operating at national level. Led by CRDA, the forum was launched in 2008 to serve as a common platform for CSO operating in

33 Maximizing the Quality of Scaling Up Nutrition Plus (MQSUN).2020.Strengthening the Humanitarian- Development Nexus for Nutrition in Ethiopia: An analysis of nutrition programming and the enabling environment

the WASH sector to exchange innovative sector ideas and learn from each other. World Vision along with WaterAid has taken the initiative to revitalize the forum as well as periodically organize learning events.

## **Major strengths and weaknesses with existing WASH and Nutrition Coordination Platforms at national level**

### **5. Major Strengths**

The desk review showed that most of the existing multi sectoral nutrition and WASH coordination platforms at national level are centered around national policies and strategies. As a result, majority of these coordination platforms have been established with clear ToR and signed MoU which defines the specific roles and responsibilities of each member. Moreover, major progresses have been made to ensure performance monitoring practices through quarterly review meeting of the Technical Committee and biannual and annual review meeting of the Coordination Body. The desk review also showed that the Seqota Declaration (SD) multisectoral coordination efforts, which have been designed based on lessons learnt from NNP multisectoral coordination challenges, have been instrumental in transforming nutrition multisectoral coordination in to a functional level. Recognizing that multisectoral coordination can not be achieved unless political commitment is enhanced, the Federal Program Delivery Unit (FPDU) played a key advocacy role to place the SD agenda higher and mobilize political back up, by ensuring that the SD implementing sectors are accountable to the Deputy Prime Minister's office and the sectors are represented by their ministers, rather than the state ministers, as in the case of NNCB. This approach helped in improving coordination, ensuring regular follow up and accountability of SD implementing sectors. Lessons learnt from the improved functionality of multisectoral coordination in SD implementation have a potential to be replicated or adopted to strengthen multisectoral coordination for nutrition and WASH programing in other areas of the country.

### **6. Major Weaknesses**

Ethiopia's NNP II recognizes that the National Nutrition Coordination Body has generally been in effective in achieving its sole mandate to institutionalize integration of nutrition into the various sectors to accelerate the reduction of malnutrition<sup>34</sup>. This is partly because the NNTC was hampered by lack of clarity, absence of an implementation guideline, lack of dedicated implementation personnel at sector level, and lack of established reporting mechanisms using clear and measurable indicators. The NNTC was therefore not in a position to accelerate and engage the NNCB in implementing, monitoring and evaluating the progress of the program. The review also showed that multisectoral coordination has been a challenge because ownership of nutrition is still a challenge in some of the sectors, except in the health and agricultural sectors. Furthermore, high staff turnover and frequent changes in sector focal persons who attend the coordination meetings made it difficult to follow up progress made on feedback provided in the last meeting.

## **2.7.1.2. Existing Coordination Platforms to improve Nutrition and WASH Programs in R2G Regions**

### **Regional Level coordination platforms and key actors**

#### **7. Government Led Coordination Platforms**

***The study showed that similar government led nutrition and WASH multisectoral coordination platforms exist at regional levels across Amhara, Oromia and SNNP regions.***

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34 Federal Democratic Republic of Ethiopia Ministry Of Health : National Nutrition Program, 2016-2020 , Pp22

**Multisectoral nutrition coordination platforms:** All the three regions have established a *Regional Nutrition Coordinating Body (RNCB)* and *Regional Nutrition Technical Committees (RNTC)*. The Coordination Body is the decision maker over what the technical committee presents and its members are heads/deputy heads of sectors. The director of the Nutrition Directorate is expected to serve as secretary for the NNCB. RNCBs are expected to regularly report on progress and performance in regional NNP implementation to the NNCB. Similarly, all regional NNP implementing sector bureaus should regularly report on progress and performance to the RNCB and to their respective federal NNP implementing sectors. The *Regional AGP II Steering Committees and Technical Working Groups* have also been operational across the three regions until last year. Led by the regional BoA, the regional steering committees are attended by heads of all relevant sectors, which include the Bureau of Agriculture, Regional Agriculture Research Institute (RARI), Women Affairs Office, Livestock Agency, Bureaus of Water Resources Development, Bureaus of Women's Affairs, Bureaus of Cooperatives Promotion. Furthermore, non signatory partners such as UNICEF, JICA, etc. also participate in the coordination meetings. The steering committees meet quarterly to review performance and provide the necessary guidance on program implementation, as well as endorsing the quarterly progress reports and annual plans at the beginning of each fiscal year. Furthermore, the AGP II Technical Working Groups which meet on a monthly basis, support the steering committee to mainstream nutrition activities in to agriculture and food security programming and implementation. The AGP II TWGs have not been active in the last year following termination of AGP II program a year ago. However, the regional bureau of agriculture has a plan to revitalize/ reactivate the platform.

The *Disaster Risk Management- Agriculture Task Force (DRM-ATF)* is among the main national level government led emergency coordination platforms operational at regional level. The platform is co-chaired by the regional Bureaus of Agriculture and FAO. These subnational coordination mechanisms are working in parallel at regional level with the humanitarian sector clusters such as Nutrition and Food Security, Wash, Education, Health, etc.

**Multisectoral WASH Coordination Platforms at regional level:** *Regional WASH Steering Committee and technical teams* are available in the three R2G implementing regions. The steering committees are chaired by Water Bureau Heads with membership of Bureau Heads of Health, Education and Finance and Economic Development. The platform is also attended by WASH development partners and CSOs, on an invitational basis. The *Regional WASH Technical Team (RWTT)* are chaired by representatives of Water Bureaus and attended by directors/process owners assigned by their respective Bureaus (Finance and Economic Development, Water, Health and Education, Women, Youth and Children Affairs) and representative of development partners and CSOs at regional level.

While the above government led coordination platforms were commonly operational across the three regions, platforms unique in one or two of the R2G regions were also identified. For instance, the *Emergency Health and Nutrition Coordination Platform* which is led by Amhara Public Health Institute (APHI) and UNICEF serving as a secretary was identified as a relevant coordination platform operational in Amhara Region. The main objective of the coordination platform is to coordinate nutrition and WASH activities during emergency. The members include government sector bureaus such as APHI, RHB, BOA, RWB, DRMC bureau, Seqota Declaration coordination unit and Regional Food and Drug Administration office as well as development partners such as UNICEF, ACF, Concern Worldwide, Transform PHC, Transform WASH, Plan International, SCI and EFDA. The platform convenes every two weeks. Furthermore, *Nutrition Sensitive Agriculture Partners Forum* is operational in SNNP region. The forum is led by RAB and coordinates NGOs and government sectors to lead nutrition program in agriculture sector in a coordinated and integrated approach.

## 8. CSO led Coordination Platforms and main Actors

At regional level, *ECSC-SUN* is the only CSO led coordination platform identified in Amhara and SNNP regions. ECSC-SUN aims to support the NNP multi-sectoral coordination platform in creating enabling environment budget and technical support at regional level. In Amhara region, ECSC-SUN in collaboration with SCI leads the platform and members include SCI, Alive and Thrive, SUN. According to key informants in Amhara region, the platform has only met twice so far and has been inactive afterwards. World Vision Ethiopia is the key partner supporting its operation in SNNP Region.

Across the three regions, the government sectors are the main actors leading nutrition and WASH coordination platforms in the region, particularly the RHBs followed by RWB and RAB. However, the role of CSOs in leading similar coordination platforms is limited. The study showed that CSO led coordination effort and representation in government or UN led coordination platforms is generally low. The majority of the coordination platforms are led by either government sector or UN agencies and their members are predominantly government sector offices , UN agencies and bilateral donors.

## Coordination Platforms at Zonal and Woreda Levels

The study showed that there are only government led nutrition and WASH coordination platforms at zonal and woreda levels in R2G regions. No CSO led coordination platform that is currently functional was identified in the study zones and woredas.

**Government led multisectoral nutrition coordination platforms:** Various zonal and woreda level multisectoral coordination platforms were identified across the three zones covered with the assessment. The findings showed that *Zonal Nutrition Coordination Body, Zonal Nutrition Technical Committee, AGP II steering committee and technical working groups* are the main multisectoral nutrition and WASH coordination platforms available. Zonal level nutrition coordinating bodies are chaired by zonal administrator while the zonal health departments serve as secretary. Zonal coordination bodies are expected to report to their respective regional nutrition coordinating body chairs as well as to the regional president. Furthermore, *woreda level nutrition coordination bodies* chaired by the respective woreda administrators are available at woreda levels. The woreda coordination bodies are expected to report to zonal nutrition coordinating body chairs. The woreda level nutrition technical committees are expected to report regularly on their plans and performance to the appropriate chairperson in the nutrition coordination body. Furthermore, *AGP II Woreda Steering Committees* have been operational at woreda level until last year.

**Government led multisectoral WASH coordination platforms:** *Zonal WASH management/ development teams, woreda WASH steering committee and woreda WASH teams* are the main multisectoral WASH coordination platforms available at zonal and woreda levels. Zonal WASH management/development teams are composed of water, health, education and finance and economic development offices with a mandate to play an intermediary role between the regions and towns and woredas for purposes of planning, monitoring, reporting, disseminating information and providing technical assistance. Furthermore, *Woreda WASH Teams (WWT)* are established by woreda administrations with members including Woreda Administration , woreda water office, Woreda health office , WoFED, Education office, Agriculture office, Women's Affairs office and NGO Representative(s). The WWTs are accountable to woreda council and play a key coordination role through preparing and managing a Woreda WASH Program by integrating and coordinating the inputs of the Sector Offices and those of participating NGOs.

TABLE 32: GOVERNMENT LED WASH AND NUTRITION COORDINATION PLATFORMS AT REGIONAL AND SUB REGIONAL LEVELS

Level	Name of coordination platform	Region Available in		
		Amhara	Oromia	SNNP
Regional	<b>Regional Nutrition Coordinating Body (RNCB)</b>	Yes	Yes	Yes
	<b>Regional Nutrition Technical Committees (RNTC)</b>	Yes	Yes	Yes
	<b>Emergency Health and Nutrition Coordination Platform</b>	Yes		

Level	Name of coordination platform	Region Available in		
		Amhara	Oromia	SNNP
Sub Regional	<b>Regional AGP II Steering Committees and Technical Working Group<sup>35</sup></b>	Yes	Yes	Yes
	<b>SD Coordination Unit (PDU)</b>	Yes	New	New
	<b>Nutrition Sensitive Agriculture Partners' forum led by Regional Bureau of Agriculture</b>			Yes
	<b>Regional Food Security Steering Committee (RFSSC),</b>	Yes	Yes	Yes
	<b>Regional WASH steering Committee</b>	Yes	Yes	Yes
	<b>Regional WASH Technical Working Group</b>	Yes	Yes	Yes
	<b>Zonal Nutrition Coordination Body</b>			
	<b>Zonal Nutrition Technical Committee</b>	Yes	Yes	Yes
	<b>Zonal WASH Management Team</b>	Yes	Yes	Yes
	<b>Woreda Nutrition Coordination Body (WNCB):</b>	Yes	Yes	Yes
	<b>CALM(Climate action through landscape management)</b>	Yes	Yes	Guraghe Zone
	<b>Woreda Nutrition Technical Committees</b>	Yes	Yes	Yes
	<b>Woreda WASH Steering Committee (Woreda Cabinet)</b>	Yes	Yes	Yes
	<b>Woreda WASH Team (WWT)</b>	Yes	Yes	Yes
	<b>Woreda SHN Task forces/Technical Committees</b>	Yes	Yes	Yes
	<b>The AGP Woreda Steering Committee (WSC)</b>	Yes	Yes	Yes
	<b>Woreda DRMFS Coordination technical committee led by BOFEC</b>	Yes	Yes	Yes

### Major Strengths, Weaknesses , Opportunities and Threats (SWOT) associated with existing WASH and Nutrition Coordination Platforms at regional and sub regional levels.

#### 9. Major Strengths

SWOT analysis of the government led multisectoral nutrition and WASH coordination platforms that coordinate both government sectors and CSOs at regional , zonal and woreda level showed the following major strengths considered to be common across the three R2G regions. The specific strengths identified in each region are summarized in table below.

- Signatory sectors have clearly defined responsibilities:** The government led multisectoral coordination platforms have developed TOR/ MoU that defines the key roles and responsibilities of each signatory member , as stipulated in the national nutrition and WASH programs, strategies and plans.
- Signatory sectors have assigned focal persons who participate in multisectoral coordination platforms:** All signatory sector offices have assigned focal persons who regularly participate in coordination meetings. Assignment of focal persons is mostly communicated officially to the lead sector.
- Technical level coordination platforms are relatively active in engaging partners/CSOs in coordination meetings and information/experience sharing events:** As compared to higher level nutrition coordination bodies and WASH steering committees at regional, zonal and woreda levels, technical committees and technical teams at all levels facilitate representation and engagement of CSOs in the coordination meetings and activities.
- The nutrition and WASH technical committees occasionally meet quarterly and evaluate sectors' nutrition performance.** Besides, sectors and technical committees occasionally conduct field visits for monitoring and supervision of multisectoral activities at woreda level. The health and water sectors are playing pivotal roles in leading

<sup>35</sup> AGP II coordination platforms have been inactive for the last one year. However, the government is interest to revitalize the platform again

their sector role as well as the multisectoral coordination platforms, supporting sectors to prepare sector-specific plan of actions and report their accomplishments quarterly.

TABLE 33: MAJOR STRENGTHS OF NUTRITION AND WASH COORDINATION PLATFORMS AT REGIONAL AND SUB REGIONAL LEVELS

Coordination Platforms		Major Strengths of Regional level coordination platforms	
Amhara Region			
Regional level nutrition and WASH coordination platforms	1.	Roles and responsibilities of each signatory members are defined in agreed ToR and MoU.	
	2.	Members have officially assigned focal persons who attend meetings/ forums and take part in field monitoring visits.	
	3.	Though not regularly, the regional nutrition and WASH technical committees have been active in conducting multisectoral meeting, reviewing sector performance on nutrition activities and planning next steps to fill identified gaps	
	4.	Technical committees occasionally conduct field visits to zones and woredas and see what nutrition activities are being undertaken and how coordination platforms work, evaluate and report to the coordination bodies.	
Zonal and Woreda level coordination platforms	5.	Majority of the nutrition and WASH technical committees have a joint multisectoral plan	
	6.	Have focal persons assigned by signatory sectors	
	7.	Facilitate review meeting and field visits where members present their plan and performance report	
AGP II Technical Working Groups	1.	Has its own budget to cover costs of the coordination platform	
	2.	Has been conducting meetings regularly led by the deputy head of BOA	
	3.	During meetings, plan versus achievement reports were presented, gaps were identified and due action plans were set.	
	4.	There has been experience sharing sessions among members.	
	5.	Has a TOR and roles and responsibilities of members were clearly defined.	
Oromia Region			
Regional level nutrition and WASH coordination platforms	6.	Roles and responsibilities of each signatory members are defined in agreed ToR and MoU.	
	7.	Members have officially assigned focal persons who attend meetings/ forums and take part in field monitoring visits.	
	8.	Though not regularly, the regional nutrition and WASH technical committees have been active in conducting multisectoral meeting, reviewing sector performance on nutrition activities and planning next steps to fill identified gaps	
	9.	Technical committees occasionally conduct field visits to zones and woredas and see what nutrition activities are being undertaken and how coordination platforms work, evaluate and report to the coordination bodies.	
Zonal and woreda level coordination platforms	1.	Each sector and stakeholder has assigned a designated focal person to engage in the platforms.	
	2.	Facilitate review meeting and field visits where members present their plan and performance report	
	3.	Have a TOR which defines roles and responsibilities of each sector.	
SNNP Region			
Regional level nutrition coordination platforms	1.	All sectors have assigned focal persons who participate in coordination meetings/review meetings	



Coordination Platforms	Major Strengths of Regional level coordination platforms	
	2.	<b>The platform prepares joint plan based on nutrition sensitive plan prepared by each signatory sector</b>
	3.	<b>Has MOU / TOR signed by all signatory sectors</b>
	4.	<b>The technical committee meets regularly every three months</b>
	5.	<b>A common reporting template is prepared and used by members</b>
Regional NSA partners forum	1.	<b>Is playing a crucial role in ensuring review of NSA performance of sectors at all levels</b>
	2.	<b>Effective in bringing government sectors and partners (donors, CSOs) together</b>
	3.	<b>Effective in facilitating joint supportive supervision to identify gaps and take measures/seek solutions</b>
	4.	<b>Facilitates experience sharing among sectors and implementers</b>
	5.	<b>Members have assigned designated focal person who takes part in meetings and field visits</b>
Regional multisectoral WASH coordination platforms	1.	<b>Both steering committee and technical working group meet and evaluate WASH activities regularly, i.e., steering committee every quarter and TWG on monthly basis</b>
	2.	<b>Both coordination platforms effectively follow and lead WASH programs at sub regional levels</b>
	3.	<b>Both financial and physical accomplishment of WASH programs are tracked and evaluated during annual review meetings where target woredas and zones are involved</b>
Woreda level Multisectoral nutrition and WASH coordination platforms	1.	<b>Meetings are regular</b>
	2.	<b>Sectors performance review meetings are mostly regularly held every quarter</b>
	3.	<b>Has TOR/MoU that defines roles and responsibilities, reporting lines and accountabilities, membership and hosting arrangements at the different levels</b>
	4.	<b>Has M&amp;E and follow up mechanisms to monitor sectors performance</b>

## 5. Major Weaknesses

SWOT analysis of the government led multisectoral nutrition and WASH coordination platforms that coordinate both government sectors and CSOs at regional , zonal and woreda level showed the following major weaknesses which were common across the three R2G regions. The specific weaknesses identified in each region are summarized in table below.

1. **Lack of ownership and accountability by sectors:** Health and agriculture are the main responsive sectors in the multisector nutrition implementation efforts at regional and sub regional levels while other sectors particularly women's affairs, trade and industry, etc. are lagging behind with implementation of their NNP sector responsibilities they signed for. The study showed that low awareness on the importance of nutrition and low political will for multisectoral coordination, particularly among higher-level government officials has contributed to low sectoral commitment for multisectoral nutrition initiatives. Key informants at regional level reported that weak ownership and commitment , particularly among senior officials participating in regional nutrition coordination body, hindered functionality of the coordination structures and implementation of the NNP at regional level. Although regional nutrition coordinating bodies and technical committees were established in each of the three regions, key informants had reservations about the functionality of the technical committee and coordination body in terms of not meeting regularly and limited involvement from all sectors. The study participants also reported that, most sectors at zonal and woreda levels take nutrition as secondary to their sector activities and responsibilities, which limits their active role and ownership to engage in coordination platforms.

“...The multisectoral nutrition coordination platform is mostly non-functional in lower level structures i.e., zones and woredas. For example; when you visit zones, you find that it is not active, and in woredas, focal persons don't even know each other – they never met at all..” (KII, Nutrition Partner Representative, Amhara Region)

2. **Absence of nutrition structure and nutrition workforce in majority of NNP signatory sectors:** Majority of NNP signatory sectors at regional and sub regional levels have structural and human resource gaps to mainstream nutrition effectively in to their sector responsibilities and mandates. Unavailability of clear nutrition structure and adequate human resource designated for nutrition activities hampered effectiveness of coordination platforms. The study showed that even the key NNP sector bureaus such as the regional health bureaus failed to allocate budget and recruit their own nutrition staff, thus they manage their sector nutrition activities with technical support of experts seconded by partner organization. In the regional agriculture bureaus, nutrition activities are managed by the NSA case team experts who handle nutrition activities besides to their responsibilities assigned by their office.

“...The agriculture sector is represented by a focal person from the NSA case team who participates in the multisectoral nutrition coordination platforms and works jointly in planning, monitoring and evaluations at zonal and woreda levels. However, absence of nutrition structure in the agriculture sector made nutrition activities to be treated by NSA focal persons as secondary activities...” (KII, Regional Government Bureau, SNNP)

“...Only RAB and REB have one nutrition officer each. However, other signatory sectors don't have a nutrition staff, despite the fact that the NNP urges all signatory sectors to recruit nutrition officers. Sectors assign the so called nutrition focal persons who would not be evaluated based on their nutrition performance. Thus, nutrition becomes a secondary responsibility for them, which affects ownership and accountability with regard to sectors role in coordination platforms...” (KII, partner organization, Amhara Region)

“ Nutrition activities are not included in their Balanced Score Card ( BSC ) , which is a tool that is used to evaluate employee performance. Thus, some focal persons do not care much for the work they are not evaluated by” (KII, partner organization, SNNP Region)

1. **Unavailability of functional and effective system for joint performance monitoring and accountability:** While the NNPI and NNPII created many structures to support multisector nutrition programming, some governance processes for multisector actions such as multisectoral joint monitoring and accountability systems were not well developed, particularly at sub-national levels. Lack of standard and functional system for monitoring, evaluation and accountability from regional to zonal to woreda and kebele levels affected functionality and effectiveness of the multisectoral coordination platforms. While the majority of government led coordination platforms at regional level have monitoring and reporting templates, the available templates have not been standardized across all regions and sub regional levels in the three study regions.

Similarly, multisectoral nutrition and WASH coordination platforms at zonal and district level have capability gaps with regard to monitoring, measuring and evaluating performance and ensuring accountability. Follow-up mechanisms to monitor or measure performance of members engaged in the coordination platforms through review meetings and field visits have generally been irregular. The majority of multisectoral coordination platforms lack a standard system for data capturing, tracking, monitoring performance, reporting and accountability. As a result, sectors are not be actively engaged in the coordination platforms as their performance is not systematically monitored and accountability measures are not taken by a higher government body.

2. **Irregularity of coordination meetings:** In the majority of regional and sub regional nutrition and WASH coordination platforms , coordination meetings are not undertaken regularly as per the agreed schedule as indicated in the respective MoU. High turnover of focal persons and limited ownership and accountability to nutrition responsibilities was identified as one of the reasons for irregularity of meetings. Another challenge identified was finding a time when everyone could meet, as different sectors are busy at different times, therefore, not all sectors participate equally. Furthermore, nutrition activities may be seen as supplemental to the sector plan and that sector leads may not allocate time to focal persons to dedicate to committee work. Other factors such as lack of commitment from the lead sectors ,

limited political will of higher officials who coordinate the platforms, and financial dependence on partners to cover cost of coordination meetings are also identified by key informants as key factors for irregularity of coordination meetings. Key informants in Amhara region reported that the regional coordination body, which is expected to meet quarterly, has not been meeting regularly and can not be said to be active and functional at all. Furthermore, the regional multisectoral technical committee meetings, expected to happen monthly, have been discontinued following completion of NNP II implementation and endorsement of national FNP and strategy by the end of 2020. The recent conflict in the region also exacerbated the challenges to undertake coordination meetings regularly.

1. **Limited representation and role of CSOs in government led coordination platforms:** The study revealed low CSO representation with limited roles to play in government led coordination platforms, mainly at sub regional levels. Study participants identified weak partner mapping and engagement efforts of the lead sector offices as the main reason for limited CSO engagement: The lead sector offices for nutrition and WASH coordination platforms lack systematic efforts to map local CSO partners who can support and engage in coordination platforms.
2. **Dependence on partner financial support:** The functioning of the majority of government led coordination platforms is dependent on partners financial and technical support. The key informants stated that majority of the coordination platforms in zones and woredas where nutrition and WASH partners are working are relatively functional as compared to zones and woredas where there are few or no partners working on nutrition and WASH. Where partner financial support is available, zonal and woreda level nutrition technical committees are more likely to conduct quarterly performance monitoring and review meetings.

“...Woredas and kebeles supported by partners have active and functional nutrition and WASH coordination platforms than non partner supported areas. For example, SCII/GTN has been operational in about 30 woredas in the region. As a result, coordination platforms, particularly multisectoral nutrition technical working groups, were relatively active and functional because the project zonal officers were dedicated to supporting the coordination platforms in their performance review and evaluation activities. When GTN ceases its support, these platforms would not be active....” (KII, Partner organization, Amhara Region)

TABLE 34: GAPS WITH EXISTING COORDINATION PLATFORMS AT REGIONAL AND SUB REGIONAL LEVELS

Coordination platforms Major weaknesses

**Amhara Region**

Multisectoral nutrition and WASH coordination platforms

1. **Lack of ownership and accountability by most signatory sectors**
2. **Signatory sectors lack nutrition structure and adequate staff designated for sector specific nutrition responsibilities.**
3. **RNTC meetings are irregular and currently in-active since December 2020.**
4. **Sectors failed to allocate budget for their own sector specific nutrition responsibilities, against their promises to NNP.**
5. **The lead sector (RHB) having equal (horizontal) power with other sectors made it unable to ensure accountability of members.**
6. **Functioning of the platform is partner dependent as it is active where partners can cover meeting, visiting/supervision costs**
7. **Limited CSO partner mapping efforts by lead sector offices limited CSO role and representation in coordination platforms**

AGP II Technical Working Group

1. **Functioning of the platform is partner (AGP) dependent, thus government has been challenged<sup>36</sup> to sustain the platform**
2. **The platform was more technical and issues reported for decision to deputy bureau head or BOA head were not given decision on time.**
3. **The coordination platform became inactive following termination of AGP II one year ago**

<sup>36</sup> AGP II working groups have been inactive since completion of AGP II program but the government is interested to sustain the platform

Coordination platforms Major weaknesses

- Zonal and Woreda Level Multisectoral nutrition and WASH coordination platforms
4. **RNTC s face budget shortage to undertake regular activities and organize learning sessions**
  5. **The coordination bodies are generally in active/non functional**
  6. **Decisions made by coordination platforms are mostly not implemented**
  7. **Some sectors fail to assign structure and focal persons for nutrition coordination platforms**
  8. **No clear reporting system and accountability mechanisms in place**
  9. **Representation of CSOs in the platform is in adequate to none**
  10. **The food and nutrition policy launched at the federal level is not cascaded at regional and lower levels**
  11. **Limited CSO partner mapping efforts by lead sector offices limited CSO role and representation in coordination platforms**

**Oromia Region**

- Multisectoral nutrition and WASH coordination platforms
12. **Lack of ownership and accountability by most signatory sectors**
  13. **Signatory sectors lack nutrition structure and adequate staff designated for sector specific nutrition responsibilities.**
  14. **Sectors failed to allocate budget for their own sector specific nutrition responsibilities, against their promises to NNP.**
  15. **High turnover of sector focal persons and sector leadership staff who engage in nutrition coordination body.**
  16. **Lack of reporting mechanism to monitor and evaluate the interventions from bottom- up (kebele to region level). The interventions implemented through the multisectoral approach don't have clearly stated indicators of each sector bureaus and they are not evaluated accordingly.**

- Zonal and woreda level government led coordination platforms
1. **Meetings of coordination mechanisms have not been regular**
  2. **High turnover of focal persons assigned by sectors**
  3. **Varying level of participation among sectors and low commitment among some sectors to take action on issues where an action point had been agreed.**
  4. **Functionality depends on partner support mainly due to expectation of perdium to participate in coordination meetings**
  5. **Lack of own budget to cover administrative expenses such as refreshment cost during coordination meetings and logistics for field visits.**
  6. **Nutrition coordination body lead sector (zonal and woreda administration) consider the coordination activity as secondary task , thus fail to take the initiative to coordinate regular meetings unless requested by other sectors to do so.**
  7. **Weak follow up mechanism and performance evaluation mechanism**
  8. **Nutrition technical committee lead sector (Health Office) lacks the power to influence other sectors on decisions made.**
  9. **Limited to none CSO involvement in woreda level nutrition and WASH platforms as members even though CSOs directly working on nutrition and WASH are available in the woreda.**
  10. **Zonal level structures provide low level of support and follow up to woreda level platforms**
  11. **Limited CSO partner mapping efforts by lead sector offices limited CSO role and representation in coordination platforms**

**SNNP Region**

- Regional level Multisectoral nutrition
1. **Lack provision of regular support and follow up to lower level (zone/woreda) platforms.**

## Coordination platforms and WASH Major weaknesses

- |  |    |  |
|--|----|--|
| Coordination platforms   | 2. | <b>Lack standardized data capturing , tracking , reporting and feedback system from federal to woreda level making the platform unable to explain its status of accomplishments/progresses or failure.</b> |
| Coordination platforms   | 3. | <b>Gaps with regard to monitoring, measuring and evaluating performance and ensuring accountability</b>  |
| Coordination platforms   | 4. | <b>Limited CSO partner mapping efforts by lead sector offices limited CSO role and representation in coordination platforms</b>  |
| Regional NSA partners forum  | 1. | <b>Meetings are irregular , not happening as per the schedule indicated in the TOR/MoU.</b>  |
| Regional NSA partners forum  | 2. | <b>Lack of budget for nutrition activities due to absence of nutrition structure as case team or department in the agriculture sector</b>  |
| Regional NSA partners forum  | 3. | <b>Limited political will and commitment among RAB officials to push NSA programs forward.</b>   |
| Regional NSA partners forum  | 4. | <b>The platform doesn't have structures at zone/woreda level.</b>  |
| Regional NSA partners forum  | 5. | <b>Gaps in regular monitoring and supervision due to irregular meetings.</b>   |
| Zonal and woreda level Multisectoral nutrition and WASH Coordination platforms | 1. | <b>Lack of budget to undertake woreda level supervision support</b>  |
| Zonal and woreda level Multisectoral nutrition and WASH Coordination platforms | 2. | <b>Sectors and stakeholders lack a designated focal person for coordination</b>  |
| Zonal and woreda level Multisectoral nutrition and WASH Coordination platforms | 3. | <b>Limitation in scaling up and sustaining project best practices and results</b>  |
| Zonal and woreda level Multisectoral nutrition and WASH Coordination platforms | 4. | <b>Limited role of zonal level structures in terms of monitoring and evaluation of WASH activities at woreda levels</b>  |

## 5. Major Opportunities

SWOT analysis of the government led multisectoral nutrition and WASH coordination platforms that coordinate both government sectors and CSOs at regional , zonal and woreda level prioritized the following major opportunities.

1. **Availability of National policies and strategies that support multisectoral coordination on nutrition and WASH:** The government has given significant attention to nutrition and WASH programs as evidenced in its increasing investment to these sectors. The existing enabling policy environment was identified as a key opportunity to strengthen multisectoral coordination for effective WASH and nutrition programming and service delivery at regional and sub regional levels .
2. **Current initiatives to establish the RFNC at regional levels and cascade to lower levels.** Initiatives are underway to establish the regional FNC even though approval is still expected from the federal government. When operational, the FNC is expected to address the multisectoral coordination challenges evidenced during the implementation of the NNP and ensure adoption of a standardized, effective and functional system for multisectoral coordination and accountability in the nutrition sector.
3. **Expansion of Seqota Declaration:** Seqota Declaration program , which has been piloted in Amhara and Tigray regions, is now expanded to other regions including Oromia and SNNP. The Seqota Declaration program has proved to be instrumental in transforming nutrition multisectoral coordination in to a functional level through enhancing political commitment and backup. Expansion of the SD implementation to Oromia and SNNP regions could be a good opportunity to capitalize on lessons learnt from effective multisectoral coordination efforts in Amhara and Tigray regions.
4. **Availability of community level structures:** Availability of functional grassroot level structures such as WASCO, HAD, school nutrition and WASH clubs, etc which are actively working to achieve the nutrition and WASH objectives was identified by study participants as a key opportunity for strengthening multisectoral coordination.
5. **High community demand for quality nutrition and WASH services:** Study participants across the three regions mentioned that the community has high demand for quality and accessible nutrition and WASH services due to



the comprehensive health and nutrition education efforts underway in the last few years. High community demand for services was identified as a good opportunity to enhance the quality and functionality of nutrition and WASH coordination platforms that are established to meet their entitlements to the community they serve.

TABLE 35: MAJOR OPPORTUNITIES TO STRENGTHEN NUTRITION AND WASH COORDINATION PLATFORMS

Coordination platform Major Opportunities

**Amhara Region**

- |  |    |   |
|--|----|---|
| Multisectoral Nutrition and WASH coordination platforms                        | 1. | <b>Availability of supportive policies such as the FNP, FNS , etc. and high government attention to nutrition and WASH.</b> |
|  | 2. | <b>Lessons learnt from effective multisectoral coordination initiatives of Seqota Declaration program.</b>                  |
|  | 3. | <b>Availability of partners that are supporting nutrition and WASH programs</b>   |
| Zonal and Woreda level Multisectoral nutrition and WASH coordination platforms | 4. | <b>Presence of clear policies and strategies that support multisectoral coordination for nutrition and WASH</b>             |
|  | 5. | <b>High attention given to nutrition and WASH by the government</b>   |
|  | 6. | <b>Presence of NGO partners supporting WASH and Nutrition programming at zonal and woreda levels.</b>                       |

**Oromia Region**

- |  |     |  |
|--|-----|--|
| Multisectoral Nutrition and WASH coordination platforms                        | 7.  | <b>Availability of supportive policies such as the FNP, FNS , etc. and high government attention to nutrition and WASH.</b>                                      |
|  | 8.  | <b>Availability of partners that are supporting nutrition and WASH programs</b>  |
| Zonal and woreda level Multisectoral nutrition and WASH coordination platforms | 9.  | <b>Presence of clear policies and strategies that support multisectoral coordination for nutrition and WASH</b>  |
|  | 10. | <b>Presence of NGO partners supporting WASH and Nutrition programming at zonal and woreda levels</b>   |
|  | 11. | <b>Availability of community level committees , such as WASCO, school nutrition and WASH clubs actively working to achieve the Nutrition and WASH objectives</b> |
|  | 12. | <b>High community demand for quality nutrition and WASH services</b>   |

**SNNP Region**

- |  |    |   |
|--|----|---|
| Regional level Multisectoral Nutrition and WASH coordination platforms         | 1. | <b>Availability of supportive policies and strategies for multisectoral coordination</b>  |
|  | 2. | <b>Current initiatives underway to establish the FNC at regional level and cascaded to lower levels.</b>  |
|  | 3. | <b>Availability of partners that provide technical and financial support to strengthen the nutrition and WASH coordination platforms</b>  |
| NSA partners forum   | 4. | <b>Recent initiatives by the regional bureau of agriculture ( signed MOU with regional administration) to open a nutrition structure in the agriculture sector.</b>                     |
|  | 5. | <b>The region has recently allocated budget for implementation of Seqota Declaration which creates an opportunity to improve NSA activities in 39 target woredas in SNNP this year.</b> |
| Zonal and woreda level Multisectoral nutrition and WASH coordination platforms | 1. | <b>Presence of supportive government policies, strategies</b>   |
|  | 2. | <b>Presence of partners that can support WASH and Nutrition platforms</b>   |
|  | 3. | <b>High community participation &amp; ownership towards nutrition and WASH programmes</b>   |
|  | 4. | <b>Availability of some private sector partners engaged in WASH and nutrition product and service provision.</b>  |



## 5. Major Threats

SWOT analysis of the government led multisectoral nutrition and WASH coordination platforms that coordinate both government sectors and CSOs at regional , zonal and woreda level prioritized the following major threats to functionality and effectiveness of the coordination platforms across the three regions.

1. **Decreased donor interest and funding due to the ongoing conflict and security situation in the country:** The study participants perceived that some donors in the nutrition and WASH sector are scaling down or ceasing their financial aid following the recent conflict. Decreased donor interest may affect the work of NGO partners who have been closely supporting the nutrition and WASH coordination platforms and program implementation at all levels.
2. **Unavailability of nutrition structure , nutrition workforce and budget allocated for nutrition responsibilities:** Majority of the nutrition implementing sectors lack a clear structure for their sector specific nutrition responsibilities. As a result, they are unable to allocate budget for nutrition activities and hire appropriate nutrition staff that can support the nutrition multisectoral coordination platforms and efforts.

TABLE 36: MAJOR THREATS OF NUTRITION AND WASH COORDINATION PLATFORMS

### Coordination Platform Major Threats

#### Amhara Region

Multisectoral nutrition and WASH Coordination platforms	1.	<b>Deterioration of the security situation in the region</b>
	2.	<b>Donors are less interested to continue funding, due to the on-going crisis in the country</b>
	3.	<b>Limited numbers of partners support development nutrition programs due to funding problems at this time.</b>
	4.	<b>Unavailability of nutrition structure , nutrition workforce and budget allocated for nutrition responsibilities in most of nutrition implementing sectors</b>
AGP II Technical Working Group	5.	<b>Low attention of sector heads to restore or revitalize coordination platforms due to focus on rehabilitation efforts following the conflict</b>
	6.	<b>Donors are less interested to continue funding, due to the on-going crisis in the country</b>

Zonal and woreda level Multisectoral nutrition and WASH coordination platform	7.	<b>Unstable security situation</b>
	8.	<b>High cost Inflation</b>

#### Oromia Region

Regional , zonal and woreda level nutrition and WASH coordination platforms	1.	<b>Unstable security situation in the region.</b>
	2.	<b>Increased scarcity of donor funds which may affect sustainability of the coordination platforms</b>
	3.	<b>Lack of budget allocation by government sector offices for Multi sectoral collaboration, coordination platforms and efforts.</b>
	4.	<b>Low awareness on the purpose and benefits of multi-sectoral coordination</b>

#### SNNP

Multisectoral nutrition coordination platforms	1.	<b>Aabsence of nutrition structure in most signatory sectors</b>
NSA partners forum		<b>Unavailability of budget allocated for nutrition responsibilities in most of nutrition implementing sectors</b>
	2.	<b>The platform is overlooked by political leaders in the agriculture sector</b>
	3.	<b>Absence of nutrition structure in the Agriculture sector made nutrition activities to be treated as secondary to NSA focal persons</b>
One WASH Coordination platform	4.	<b>Structural instability of the SNNP region or recurrent splitting of the region, which continues to split woredas, budget, structure, distorting coordination platforms now and then.</b>

Zonal and Woreda level	1.	<b>Resource constraints to run nutrition and WASH programs at scale</b>
Multisectoral nutrition	2.	<b>Conflict &amp; political instability</b>
and WASH coordination	3.	<b>Low community awareness on WASH and nutrition issues</b>
platforms	4.	<b>High cost inflation</b>

## Representation and Role of CSOs in Government led Coordination Platforms at regional level

The study showed that CSO representation in government led coordination platforms at regional and sub regional levels is generally low. Key informants in each of the three regions reported that few NGOs supporting development nutrition programs have been part of the coordination platforms by assigning focal persons who actively attend coordination meetings and through covering financial costs of review meeting and field visits conducted by the coordination platforms. While multisectoral nutrition coordination bodies are represented by regional sector bureaus only, the regional technical committee involve few CSOs. For instance, in Amhara region, partners such as Alive and Thrive, SCI/GTN , UNICEF, Transform PHC, SNV etc. are involved in multisectoral nutrition coordination platforms.

Similarly, among the existing multisectoral coordination platforms identified in SNNP region, the regional NTWG , the Nutrition Sensitive Agriculture Partners' forum, Seqota Declaration coordination platform and One wash TWG coordinate both government and CSOs together while platforms such as the regional nutrition steering committee and WASH steering committee only involve government sectors and donors. Partners such as UNICEF, SCI, T-PHC, A&T, Hawassa University etc. participate as members of the technical working groups, working together with the platform members especially during planning and reviewing activities of the multisectoral nutrition coordination platforms. Furthermore, UNICEF and FAO are the major actors supporting and influencing the Nutrition Sensitive agriculture partners forum led by RAB.

The role of CSOs in using government coordination platforms for advocacy and influencing government actors on nutrition and WASH policy and programming is generally limited. limited representation of CSOs in government led coordination platforms and gaps in government sector offices with regard to properly mapping nutrition and WASH partners were some of the reasons for limited CSO advocacy role. Key informants stressed that, international partners who assign seconded staff to provide technical assistance to government sector offices play a major advocacy and influencing role in the government led coordination meetings at regional level as compared to other partners/CSOs.

Similarly, level of representation of CSOs in existing nutrition and WASH government-led coordination mechanisms at zonal and woreda levels is minimal. Key informants reported that the role and participation of CSOs in coordination platforms at zonal and woreda levels was largely limited to sponsoring and supporting coordination committee meetings rather than engaging in the platforms with advocacy and influencing role.

*“...In our zone, we have more than 60 projects implemented by NGOs, CSOs, and other partners. Again, the multisectoral approach promotes an engagement of all stakeholders in such platforms. However, due to lack of focus and leadership, CSOs are not represented in these platforms. In the future, an emphasis should be given to ensure their participation...” (KII, Health Office, Gurage Zone)*

### 2.7.1.3. Ongoing restructuring initiatives for WASH and Nutrition Coordination

The following initiatives to adopt new coordination mechanisms or restructure existing coordination mechanisms were identified

- I. **Establishment of the National and Regional Food and Nutrition Council (FNC) and Food and Nutrition Secretariat ( FNS):** Following approval of the National Food and Nutrition Policy (FNP) and National Food and Nutrition Strategy (FNS), efforts are underway by the government to establish a National Food and Nutrition Council (FNC) , which will be situated with in the prime minister of deputy prime minister office and become the highest governing body for all food and nutrition related issues at national level. This council is expected to replace the National Nutrition Coordinating Body (NNCB) which was established for NNP implementation and governance. The FNC is expected to be a strong and sustainable multisectoral coordination structure that will address NNP multisectoral coordination and accountability challenges as the plan to establish the council was based on lessons learnt and challenges from implementation of NNP. The council will involve ministers of NNP signatory sectors as members and expected to be chaired by the prime

minister or the deputy prime minister. In addition, a Food and Nutrition Secretariat (FNS) which is a technical arm of the FNC will also be established at national level.

*“... Alive and Thrive has been supporting the government to establish the Food and Nutrition Counsel at federal and regional levels, which will be led by the prime minister and regional presidents respectively.*

*However; due to the current security situation of the country, it couldn't move forward. The FNC establishment document is submitted to the Prime Minister Office for final authentication but due to current situation of the country, it won't happen in the near future...” (KII, CSO partner)*

With support from several nutrition partners, initiatives to establish the regional Food and Nutrition Counsel Offices, which will be led by the regional presidents, are also underway. Establishment of the Food and Nutrition Counsel at Regional level is expected to play a pivotal role in strengthening and making the multi-sectoral collaboration fully functional.

*“...I want to stress the key role that establishing the regional Food and Nutrition Council would play. This is because there is a major leadership and governance gap in the existing multisectoral nutrition coordination platforms since the regional health bureau is horizontally equal with other signatory sector bureaus such as the agriculture bureau or education bureau and cannot order them. This will be solved when the Food and Nutrition Counsel is operational and led by higher authorities such as the regional President...” (KII, RHB representative, seconded)*

1. **SUN Business Network in Ethiopia:** The Scaling Up Nutrition Business Network (SBN) has been recently launched in May 2021 by the Global Alliance for Improved Nutrition (GAIN) and the World Food Program. The network involves relevant small and medium sized businesses involved in the country's food sector to scale up and invest in the nutrition agenda.
2. **Abay food Council:** In Amhara region, a coordination platform called Abay food Council (አባይ የምግብ ሸንጎ) was reported to be under formation. The platform is expected to support effectiveness of the NSA program in the region. Establishment of the platform is supported by Alive & Thrive Ethiopia. When operational, the regional BOA is expected to chair the platform and ORDA to serve as secretary. Members include BOA, ORDA, RFB, BOFEC, BDU and W/o Frealem Shibabaw, a private member supporting/advocating for school feeding program.

## 2.7.2. Recommendations for R2G Programming

In light of the main findings of the coordination gap analysis, the following recommendations are forwarded for consideration by R2G, its partners and government actors leading nutrition and WASH coordination platforms at national and sub national levels.

1. *Establishing and strengthening multisectoral joint planning, monitoring, reporting and accountability systems and frameworks: Existing nutrition and WASH coordination mechanisms at all levels need to be strengthened through institutionalizing standard system for multisectoral joint planning, performance monitoring, reporting, feedback and accountability. Selected indicators need to be built into the multisectoral plans at all levels and monitored regularly.*
2. *CSO representation and role: The representation and role of CSOs in government led nutrition and WASH coordination platforms/ mechanisms need to be improved through high level advocacy to influence government sectors and UN agencies leading coordination platforms to expand membership opportunities for CSOs. Furthermore, CSOs technical capacity to engage in effective advocacy with in the nutrition and WASH coordination platforms need to be enhanced.*
3. *ECSC-SUN: R2G needs to engage with the ECSC-SUN for national and regional level advocacy efforts to strengthen nutrition and WASH multisectoral coordination.*
4. *National and Regional Food and Nutrition Council and Secretariat: Once established, the FNC will become the highest governing body for all food and nutrition related issues at national level. The R2G consortium needs to play active role in supporting the establishment and operationalization of the national FNC and secretariat at national and regional levels.*

5. *R2G with partners and key stakeholders needs to engage in high level advocacy targeting key government actors to allocate budget for routine activities of the nutrition and WASH coordination platforms at all levels.*
6. *Engaging SUN Business Network in Ethiopia: In order to strengthen the role and participation of the private sector in supporting nutrition and WASH sensitive policy and interventions, R2G needs to consider engaging with the recently launched Scaling Up Nutrition Business Network (SBN).*

## ANNEX 1: DEFINITION OF KEY TERMS AND PHRASES

1. Barrier analysis: participatory method used to identify the factors that are preventing people including vulnerable group from adopting a preferred WASH and Nutrition behaviors.
2. Barrier: social and behavioral factors that affect adoption of WASH and Nutrition related behaviors and practices.
3. Communication: Refers to the honest and open sharing of thoughts, ideas, and information between people. It involves actively listening to (not simply hearing) the other person's/group's ideas and points of view, even if they are different from our own. Through communication, people come to understand how others experience their Woreda/community; this opens up opportunities to find ways to bridge gaps, resolve conflicts, and create effective ways of working together to achieve all children under five in this Woreda/community to be well nourished).
4. Community capacity gap assessment: Refer to the collection and analysis of data regarding the qualities and capabilities a community needs in order to effectively implement community action for community –led nutrition and WASH interventions.
5. Community capacity: Refers to a sustainable skills, organizational structures, resources, and commitment and the ability of people and communities in each target study Woreda to do the work needed in order to address the determinants of community led nutrition and WASH interventions for those people in that Woreda.
6. Community: Refers to a social group whose members have something in common, such as a shared government, geographic location, culture, or heritage in the target study Woreda.
7. CSOs: Refers to Non-Government Organizations, Community Based Organizations, faith based organization, and other non- profit organizations and institutions working on WASH and Nutrition interventions.
8. Disabled Person: person who is unable to see, to hear to speak or suffering from injuries to his limbs or from mental retardation, due to natural or manmade causes; providing however, the term does not include persons, who are alcoholic, drug addicts and those with psychological problems due to socially deviant behaviors.
9. Donor: Refers to organizations and individuals either bilateral or multi-lateral who are funding the WASH and Nutrition interventions to address undernutrition and WASH relates issues
10. Donors' strategies: Refers to the overall WASH and Nutrition interventions implementing directions, strategic objective, commitments and models they used as the country cooperation strategy
11. Humanitarian Development Nexus : Refers to a new way of working which involves the transition or overlap between the delivery of humanitarian assistance and the provision of long-term development assistance to ensure that humanitarian and development efforts are more effectively connected, working towards achieving collective outcomes that reduce need, risk and vulnerability, over multiple years.
12. International actors: Refers to the international organization, partners and stakeholders working on or supporting, influencing WASH and Nutrition interventions.
13. Leadership: refers to the process of engaging the project target study community (including formal such as elected officials and people in positions of power and Informal such as those who are not in formal positions of power, but whose voice is highly regarded in project target study Woreda) in learning and action to achieve universal access to WASH and Nutrition services and do the appropriate and optimal WASH and nutrition related practices.
14. Nutrition Policy: Refers to a statement of law, regulation, procedure, administrative action of governments and other institutions of intent to act in order to maintain or alter the food supply, nutritional status, or some other nutrition indicators in society.
15. Nutrition Products and Services: Nutrition products and services in this study include dairy products (i.e. Milk, butter, and cheese), vegetables/fruits, agro-processing products and complementary foods for children.
16. Nutrition-sensitive Interventions: Refer to interventions or programs that address the underlying determinants of fetal and child nutrition and development and incorporate specific nutrition goals and actions .
17. Participation: Refers to the active engagement of the hearts and minds of the community in the project target study Woreda in improving their under five years of age children and their own health and well-being.
18. Policy Actors: Refer to any individual/group, stakeholders, interests and concerns, influence and power who participates in and influences the formulation and implementation of the policy either directly or indirectly/directly affiliated with or affected by the policy process at any stage.
19. Policy Analysis: Refers to a range of techniques and tools to study the characteristics of established policies, how the policies came to be and what their consequences are through identifying and assessing policy options to address the public policy issues as well as describing and analyzing policy gaps and policy solutions to make informed decision making

20. Policy content: Refers to what the policy is mainly about and what has been agreed to in the policy objectives, policy design, specific mechanisms, and implementation plan. Content specifically refers to the objectives of the policy/strategy, structures or mechanisms for implementation, resource availability, indicators for monitoring and evaluating progress.
21. Policy context: Refers to why the policy is needed and the set of the policy environment or situation, structure, cultural and exogenous that shapes the policy process. – at national, regional, zonal or woreda and community settings. Context includes structures and resources as well as ideas and values.
22. Policy Process: Refers to how the policy has happened/was brought forward and implemented through stages, strategies and dealing with actors. This includes, the style of decision making, the information and knowledge available and used in decision making, the speed and timing of decision making; the way in which consultation takes place and the communication strategies employed, etc.
23. Policy: Refers to a statement of law, regulation, procedure, administrative action of governments and other institutions.
24. Power analysis: Refers to a systematic process of assessing power relations to identify the targets, allies, opponents and constituents for advocacy and identify hidden mechanisms of power that affect participation of marginalized groups’.
25. Power relations: Refers to the relationships between different types of power and relationships between different powerful people and organizations.
26. Power: Refers to the ability to influence the behavior of people and the circumstances they live in. Power determines who makes decisions, what decisions are made, when they are made, and how.
27. Private Providers: are private entities (including Small and Medium Enterprises/SMEs, Union and Cooperatives, food fortification plants) engaged in the production of targeted WASH and Nutrition products. Private entities engaged in the production and provision of WASH and Nutrition products & services at the household level and private entities who supply their products through petty trading (such as through small kiosk/shop and in open market places) will not be considered in this study as private entities.
28. Resources, skills, and knowledge: refers to the human talents and material goods (such as volunteers, buildings and facilities, money, and time) that the community uses to improve WASH and Nutrition related services and practices, in project target study Woreda.
29. Sense of community (community cohesiveness): Refers to the quality of human relationships in the project target study Woreda that make it possible to live together to have universal access to WASH and Nutrition services and do the appropriate and optimal WASH and nutrition related practices, to live in a healthy and sustainable way.
30. Shared vision: By 2025, all children under five years of age in the project target study Woreda are well nourished and the communities in the Woreda achieve universal access to WASH and Nutrition services and do the appropriate and optimal WASH and nutrition related practices.
31. Stakeholder analysis: Refers to the process of systematically gathering and analyzing qualitative information to determine whose interests should be taken into account when implementing a policy or program.
32. Stakeholder Influence: Refers to the capacity of a stakeholder to affect the implementation of the R2G project due to the power that it possesses.
33. Stakeholder interest: Refers to the advantages and disadvantages that the implementation of the R2G project may bring to a stakeholder.
34. Stakeholder position: Refers to a stakeholder’s status as a supporter or opponent of the R2G goal and outcomes.
35. Stakeholder: Refers to any actor (person or organization) who has a vested interest that either affect or be affected by the R2G project aims and outcomes.
36. Vulnerable groups: refers to people living with disability, living with HIV and/or marginalized minority groups who work as potters, tanners, smiths, weavers, woodworkers etc. or other groups highly vulnerable due to deprivation and other factors.
37. WASH Policy: Refers to the laws, regulations, procedures, decisions, plans, and administrative action of governments and other institutions of intent to achieve specific WASH goals within a society.
38. WASH Products and Services: WASH products and services in this study include toilet pans and slabs, hand washing facilities, detergent, soap, & liquid sanitizer, public latrine/toilet services provided through private entities, solid and liquid waste collection and disposal services.



## ANNEX 2: METHODS

### 2.1. COMMUNITY CAPACITY GAP ASSESSMENT BASELINE STUDY

#### Study Design

The community capacity gap assessment employed mixed methods of data collection and analysis approaches including Key informant interview and participatory consultative meetings.

#### Geographic Area of the Study and Targets

The assessment conducted in a total of 21 R2G project target Woredas (eight Woredas from Amhara, in six Woredas from Oromia and in seven Woredas from SNNP region). The targets of the assessment were key Woreda level sector offices (such as Nutrition program and WASH program implementing government sectors), representatives of community groups/elders, youth and women, Keble development Committees, CBOs, Community health workers and development agents, CSOs implementing WASH and Nutrition related interventions and private sector WASH and nutrition service providers.

#### Data Collection Methods and Tools

The sample size and sampling procedures of the assessment were tailored based on the data collection approaches of the assessment. Two Main types of data collection approaches were used: Conduct of consultative meeting adopting Alberta Healthy Communities Approach Community Capacity Assessment method and Key informant Interviews.

Sample size for the Consultative meeting; the participants of the consultative meeting in each study Woreda were selected purposively. Table 1, shows the list of sampled participants included in the consultative meeting conducted as part of the capacity assessment exercise in each study Woreda.

Composition of participants of the consultative meeting in each target study Woreda in the three study regions.

1.	Nutrition Task Force representative (at Woreda level)	2.	Woreda Finance and Economic Development office	3.	CSOs implementing WASH and Nutrition related interventions, representatives (at Woreda level)
4.	WASH Task Force representative (at Woreda level)	5.	Community groups/elders, youth and women, representatives	6.	Community/kebeles health worker/Health extension worker representatives
7.	Woreda Education Office, representative	8.	Vulnerable group community ( PLWHA, disabled, pregnant and lactating mothers, mothers with under five children, etc.) , representatives	9.	Community/ Keble Agriculture extension worker representatives
10.	Women, Children & Youth Affairs office, representative	11.	Keble development Committees, representatives	12.	Private sector WASH and nutrition service provider, representatives (at Woreda level)
13.	Woreda labor and Social Affairs office, representative	14.	CBOs implementing WASH and Nutrition related interventions, representatives (at Woreda level)		

A total of 449 purposively selected study participants (145 from eight study Woredas of Amhara, 139 from six study Woredas of Oromia and 165 from seven study Woredas of SNNP region) partook in the consultative meeting in the three regions. Of the total study participants included in the consultative meeting conducted in the three regions 181 were females while 268 were males. Table 2, reports the number participants by gender included in the consultative meeting of the study Woredas of the three study regions.

NUMBER OF CONSULTATIVE MEETING PARTICIPANTS DISAGGREGATED BY SEX IN EACH TARGET STUDY WOREDA AND BY REGION.

Region	Zone	Study Woreda	Number of consultation meeting participants			Sample size for the key informant
			Female	Male	Total	
Amhara	East Gojam	Aneded	9	4	13	
		Debre Elias	11	13	24	
		Gozamen	5	5	10	
		Mechakel	7	7	14	
		Enemay	12	10	22	
	North Gondar	Dera	8	10	18	
		Libokekem	12	12	24	
	South Gondar	Denbia	14	6	20	
Oromia	East Hararghe	Habru	8	16	24	
		Girawa	6	18	24	
		Bedeno	8	16	24	
	Bale	Goro	6	17	23	
	West Wellega	Lalo Ashabi	8	12	20	
	East Guji	Abaya	5	19	24	
SNNP	Hadya	Shashego	9	15	24	
	Gurage	Muhur Akili	8	15	23	
		Geta	10	14	24	
		Endegagne	10	14	24	
		GG Wellane	9	15	23	
		Cheha	8	15	23	
		Abeshage	8	15	23	
	Total	21	181	268	449	

Interview: The key informants in each study Woredas were selected purposely from three sector office, namely from Woreda Health office, Woreda water office, and Woreda Agriculture office. In each study Woreda from each sector one representative was interviewed to substantiate the information collected through the community gap assessment consultative meetings. A total of 63 key informants (24 from Amhara, 18 from Oromia and 21 from SNNP) were interviewed from the three regions.

Data collection instruments: Two main types of data collection instruments were used to collect data for the assessment. These were a) a standard tool adopted from "The Alberta Healthy Communities Approach Community Capacity Assessment Tool (CCAT), to guide and conduct the consultative meeting in each study Woreda; and key informant Interview guides (Annex 2). Both the adopted capacity assessment tool and key informant interview guides

were first reviewed by R2G consortium technical staff, and then pretested, and piloted used for the final assessment once approval was granted from R2G project consortiums.

#### Field Team Composition and Training

The field data collection was managed, supervised and carried out in each region by field survey team assigned by the R2G Consortium members. The field team members' in assigned in each study region was highly qualified professionals, with a Minimum of BA/BSC degree in health promotion, health education, public health, nutrition, WASH or related fields with rich experience of data collection on community-led nutrition and WASH interventions /programs and community capacity building processes and principles and speaks the local language of the study Woredas. In each study Woreda the consultative meeting was conducted a team of four members including a chairperson, lead facilitator, two table facilitators, two recorders, while the key informant interview was conducted by one Key informant interviewer (qualitative researcher) in each study Woreda. The field data collection team members were trained on one day-half day training to ensure that the team conducts the community gap assessment professionally and ethically.

#### Data Quality Assurance Measures Taken

The field data collection technical consultants (core team from the R2G consortium) supervised the interview teams with feedback sessions at the end of each assessment. In each study region, the overall team leaders assigned from the R2G Meal team also supported the teams on the ground through briefings and coordination with the field data collection technical consultants. To ensure data control, spot-checks during and after interviews were conducted. Consolidated data from different teams and days of data collection finally reported to the consulting firm were also cross-checked for potential duplicate qualitative data and as well as other potential errors. (Meetings were held periodically with the teams to reconcile divergent issues, and feedback was given to each team on data collected and on gaps that needed to be filled every day by the field collection technical team of R2G project.

#### Data management and analysis

**Community Capacity Gap Assessment:** The capacity gap assessment tool was designed to have outputs that can produce results based on specific data entered and hold two main stages of analysis: Field level data analysis (' compilation stag) and Office based (raw data analysis): The field based data analysis was carried on by the field facilitators and its team members assigned to each target study Woreda. The second level analysis was done by the lead consultant. The consultant first checked the completeness as well as the correctness, identification and leveling of three priority leaning needs reported from each study Woreda by the field team, and then further thematic analysis is used to reflect and arrange data into key thematic strands that relate to the overall Capacity Assessment Purpose. Further, analysis is performed using Microsoft Excel including abstract separation of community's capacity domain gaps identified, three priority action domains and reasons for ranking, as well as the strategic recommendations for building each priority domain by target study Woreda are identified.

**Qualitative study:** Audio recordings of interviews and discussions were directly translated and transcribed in English language for analysis. The transcriptions were made word-for-word from the audio tapes. Data analysis involved thematic coding of transcribed and translated in key informant interviews and summary reports of consultative meeting minutes. A hybrid coding approach which includes the process of creating pre-set and emergent codes was used. Emerging themes were developed from the expanded interviews and minutes of discussions. Data was analyzed and compiled using a thematic approach by conducting an ongoing content analysis.

#### Ethical Considerations

Before the start of any data collection, participants were informed about their right to participate and refuse, as well as the purpose of the study and confidentiality of the information provided. Following this, verbal consent to participate was sought from each KII and consultative meeting participants. Those who consented to be part of the study were then interviewed and participatory discussions were conducted. The interviews as well as the consultative meeting sessions were all conducted at a location which was private and where the participants felt at ease.

Cognizant of the need to prevent the risk and exposure of the study team members and the study communities to COVID-19, the firm in collaboration with R2G project consortiums implemented several measures. These measures include provision of face mask and sanitizers to the field team members, making sure that field team members wear face mask at all times during training and field data collection and ensuring recommended physical distancing among study team members and with community members.

#### Limitations of the CCGA baseline study

The consultative meetings conducted as part of the community capacity gap assessment in each target study Woreda involved participants from various stakeholders including staff members from the government sector offices. At each target study Woreda , although necessary efforts was made to recruit staff members who had better understanding

about their sector, some of them were newly employed staffs. Some of the information collected from these staff members might not be very accurate given they were newly recruited and did not have complete institutional memory. Therefore, the findings with regard to the community capacity gaps identified from each study Woreda might be construed with care.

## 2.2. METHODS OF POLICY AND STRATEGY REVIEW AND ANALYSIS

### Study Design

A retrospective and descriptive desk review study design complemented by qualitative data collection and analysis methods was employed for the policy and strategy review and analysis study. The policy analysis followed a retrospective approach, focusing on the content of the policies and strategies, and the progresses in achieving desired outcomes.

### Geographic Area of the Study

The policy review and analysis task was conducted at national, regional and woreda levels. At national level, desk review and analysis of relevant policy and strategy documents was carried out. At regional and woreda level, consultations and interviews with key stakeholders were carried out in eleven purposively selected R2G implementation woredas in Amhara, Oromia and SNNP regions.

TABLE 37: STUDY WOREDAS FOR POLICY AND STRATEGY REVIEW AND ANALYSIS

Region	Zone	Study Woreda
Amhara	East Gojjam	Machakel
	North Gondar	Dembia
	South Gondar	Dera and Libokemkim
Oromia	East Hararghe	Bedeno
	West Wollega	Lalo Asabi
	Gujji	Abaya
	Bale Zone	Goro
SNNP	Hadiya	Shashego
	Gurage	Mihur Aklil and Endegagne

### Data Collection Methods

The following data collection methods were employed

1. Desk Review: The desk review focused on collecting and analyzing relevant information through review of selected food security, nutrition and WASH related policies strategies , programs and plans.
1. Key Informant Interviews (KIs): Key informant interviews were conducted with representatives of key government sector offices at regional and woreda levels, focusing on implementation status of national and WASH related policies and strategies, gaps in implementing the multisectoral approach and opportunities to bridge the existing gap between policy and practice on the ground.
1. Focus Group Discussions (FGDs): FGDs were conducted at kebele/community level with groups of HDAs and WASHCOs to gather pertinent information on implementation status of nutrition and WASH related policies, strategies and plans at grassroots community level.

TABLE 2: LIST OF DATA SOURCES FOR KEY INFORMANT INTERVIEWS AND FOCUS GROUP DISCUSSIONS CONDUCTED AT REGIONAL AND WOREDA LEVELS

Data Collection Method	Level	Data Sources	Sample per Region			Total
			Amhara	Oromia	SNNP	
Key Informant Interviews (KIs)	Regional	Regional Health Bureau Representative	1 KI	1 KI	1 KI	3 KIs
		Regional Water Supply Bureau Representative	1 KI	1 KI	1 KI	3 KIs
	Woreda	Woreda Health Office representative	3 KIs	4 KIs	3 KIs	10 KIs
		Woreda Water Supply Office representative	3 KIs	4 KIs	3 KIs	10 KIs
		Total KIs	8 KIs	10 KIs	8 KIs	26 KIs

Data Collection Method	Level	Data Sources	Sample per Region			Total
			Amhara	Oromia	SNNP	
Focus Group Discussions	Woreda/Kebele levels	Health Development Army leaders	3 FGDs	4 FGD	3 FGDs	10 FGDs
	Woreda/Kebele levels	Water and Sanitation Committee (WASHCOs)	3 FGDs	4 FGD	3 FGDs	10 FGDs
		Total FGDs	6 FGDs	8 FGDs	6 FGDs	20 FGDs

#### *Field Team Composition and Training*

The field data collection was managed jointly by the consultant team and the team organized by Right2Grow consortium. The consultant team was responsible to manage data collection at regional levels while the R2G consortium team was responsible to manage data collection at woreda and kebele levels. Experienced data collectors who speak the local language of the study areas were recruited and provided a five days intensive methodology training to ensure that each team member collects data professionally and ethically as per the agreed study protocol.

#### *Data Quality Assurance Measures Taken*

The following data quality assurance measures were taken

1. Highly experienced and qualified qualitative data collectors who are familiar with and speak the local language of the study areas were recruited.
2. The field team members were provided a five days intensive training to make sure that they collect data professionally and ethically
3. The data collection guides were translated in to local languages of the study regions. As a result, the key informant interviews and FGDs were conducted in local language of the study areas.
4. Close monitoring of the quality of transcriptions was conducted by comparing the transcribed interviews against the actual audio tapes.

#### *Data management and analysis*

Audio recordings of KIIs and FGDs were directly transcribed and translated in English language for analysis by the data collectors themselves. Following submission of transcriptions, preliminary data analysis involving thematic coding of transcriptions was undertaken. Data was analyzed and compiled manually using a thematic approach by conducting an ongoing content analysis.

#### *Ethical Considerations*

The following ethical measures were taken during the conduct of the study

1. The study participants were given complete information as to the objective of the study and their benefits/risks and participated in the study after providing their verbal informed consent.
2. Information gathering and documentation was done in a manner that presents the least risk to respondents, is methodologically sound, and built on current experiences and good practice.
3. The confidentiality of individuals and the information they reveal was protected at all times.
4. All information and data collected was accumulated, organized, stored, analysed, and retrieved guaranteeing confidentiality.
5. Data was analysed as group, not on individuals.

### ANNEX 2.3: METHODS OF THE BARRIER ANALYSIS BASELINE STUDY

#### *Study Design*

A mixed method cross-sectional survey design that employs both quantitative and qualitative data collection and analysis techniques was used. A barrier analysis “doer”/“non -doer” study conducted with the priority group in order to identify the key determinants associated with priority Nutrition and WASH behavior’s and access to services in the target study areas. In addition, qualitative methods of data collection Key Informant Interviews (KIIs), FGD for quality service delivery and barriers and observation of service availability are undertaken with a sample of priority and influencing target community members.

## Geographic Area of the Study and Targets

The BA study conducted in the R2G project 21 target woredas of three regions, namely, Amhara, Oromia and SNNP. The targets of the analysis were Caregivers/mothers of children under five years of age, community representatives, service providers and key woreda level sector offices (such as Nutrition and WASH program implementing government sectors) selected from the 21 R2G project target Woredas.

**Inclusion and exclusion Criteria** study subjects for priority behaviors

Caregivers/mothers of children under five years of age including caregivers/mothers with disabilities who were available at their home during the survey included in the priority behavior study.

### Behaviors and Behavior Definition:

The EDHS 2016, revealed that optimal practice of the following five recommended child nutrition and WASH related behaviours indicators are prevalent in the project target regions. Annex 1: Table 28 reports the five recommended child nutrition and WASH related behaviours indicators prevalent in the project target regions. Three key behaviours listed below, which found to be least prevalent in the study regions, were selected for the barrier analysis study out of the five recommended child nutrition and WASH related behaviour indicators.

1. Behaviour 1: Mothers of Children 6-23 months feed at least three cooked meals a day that contain a staple food: This behaviour was defined to measure minimum meal frequency practices of under two years of children. Meal frequency refers to the proportion of breastfed and non-breastfed children 6–23 months of age who received solid, semi-solid, or soft foods the minimum number of times or more. WHO recommends a minimum of 2 times for breastfed children of 6-8 months, 3 times for breastfed children of 9-23 months and 4 times for none-breastfed children of 6-23 months of age. In order to assess this behaviour, breastfeeding mothers with children 6-23 months were interviewed.
2. Behaviour 2: Mothers of children ages 6 – 23 months fed their child meals each day containing foods from at least 4 of the 7 food groups: This behaviour was defined to measure minimum dietary diversity practices of children. Minimum dietary diversity refers to the proportion of children 6–23 months of age who receive foods from 4 or more food groups out of the seven groups which comprise of grains, roots and tubers; legumes and nuts; dairy products (milk, yogurt, cheese); flesh foods (meat, fish, poultry and liver/organ meats); eggs; vitamin-A rich fruits and vegetables and other fruits and vegetables. Mothers with children 6-23 months were interviewed in order to assess this behaviour.
3. Behaviour 3: Mothers/caregivers of children 0-59 months of age defecate in a latrine at all times. To assess this behaviour, the study conducted interviews with caregivers of children under 5 years to ascertain what either motivated or hindered their use of latrines.

## Data Collection Methods and Tools

### Barrier Analysis Study (Doer and None-Doer Analysis)

The barrier Analysis study was conducted in 9 purposively selected target woredas of R2G project in the three regions (Gozamen, Dembia & Dera woredas from Amhara, Habru, Goro & Girawa woredas from Oromia and Shashago, Endegangne & GG Welene woredas from SNNP). Table 1 reports the Woredas selected from the three regions to conduct the barrier analysis.

TABLE 38: PURPOSIVELY SELECTED STUDY WOREDAS TO CONDUCT THE BARRIER ANALYSIS STUDY IN THE THREE REGIONS

Region	Zone	Study Woreda	Sample size for three selected behaviors
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			Doers	Non-doers	Total samples	
Amhara	East Gojam	Gozamen	135	135	270	Three barrier analysis
	North Gondar	Dera	135	135	270	
	South Gondar	Dembia	135	135	270	
Oromia	East Hararghe	Habru	135	135	270	
		Girawa	135	135	270	
	Bale	Goro	135	135	270	
SNNP	Hadya	Shashego	135	135	270	
		Endegagne	135	135	270	
		GG Wellane	135	135	270	
Total		9	1215	1215	2430	

questionnaires, one for each priority behavior were first developed in English following the standard BA questionnaire design guidelines. After technical review and approval, the questionnaires were then translated into local languages of the study regions. The final translated questionnaires were pretested locally and refined before used for the actual data collection (Annex 4)

The barrier analysis followed a face to face semi-structured interview approach. Interviews were conducted with a sample of the priority group for each of the three prioritized behaviors. As a standard, a Barrier Analysis requires a sample size of 45 Doers and 45 Non-Doers in order to find statistical significance. Thus, sample of 90 individuals purposively selected from the priority group were selected for each of the three priority behaviors to be focused. Of these, 45 of the sample were selected from “doers” who practice the prioritized behavior and the remaining 45 were drawn from ‘non-doers’ who do not practice the priority behavior from the priority group. Thus, a total of 270 samples selected from the priority group were covered with the barrier analysis study in each selected woreda. In total, 2430 samples (810 in Amhara, 810 in Oromia and 810 in SNNP region) of the priority group for the top three selected behaviors were covered with the barrier analysis across the three regions (Table 1).

#### *Qualitative study data sources, sample size and sampling approach*

The qualitative study was conducted simultaneously with the barrier analysis. The qualitative study focused on collecting data on the main nutrition and WASH services available and the key supply and demand side barriers to accessing these services by the target study community in the three regions. Key Informant Interviews (KIIs) and Focus Group Discussions (FGDs) (Annex 4) The KII guides and FGD guides were first developed in English. After technical review and approval, the guides were then translated into local languages of the study regions for final use.

A purposive sampling approach was followed to select the data sources. The main data sources for the KIIs were Woreda Health Office staff, Woreda Water Office staff, Woreda Agriculture Office staff, and Primary Health Care Unit (PHCU) staff. The main data sources for the FGDs were caregivers/mothers, women community members, vulnerable groups and women minority group representatives, while the main data health care units where the observation was conducted are Health centers and Health Posts. The qualitative study was conducted in the 21 R2G target woredas of three regions. A total of 62 KIIs and 17 FGDs were undertaken in the three study regions.

#### *Quantitative study (Observation on Access to WASH and Nutrition services of PHCUs) data sources, sample size and sampling approach*

Observations of PHCUs/HC&HPs. Facility level was conducted to assess service delivery/supply side barrier to access to WASH and nutrition services. The observation was conducted in 15 woredas from three regions. Purposive sampling method was used to select the study HCs and HPs (one good performer/located nearby supervising HC and one poor performer HP/located far way/remote from the supervising HC) from each study Woreda. The observation was conducted in a total of 16 Health Centers (HC) and 29 Health Posts (HPs) in the three regions. Structured observation checklist in English was first developed by the firm and then reviewed by R2G Consortiums was used to conduct the observation at each health facility (Annex 4).

## Field Team Composition and Training

The entire field data collection for the barrier analysis study was coordinated and managed by the R2G project consortiums. The R2G project consortiums selected and deployed experienced local enumerators, qualitative research assistants, and field supervisors to collect data from the study regions. The baseline study team members from Deep Dive Research and Consulting PLC, in coordination with technical staff from the R2G project consortium provided training for field data collection team members including enumerators, qualitative researchers and field supervisors. The Practical Guide to Conducting a Barrier Analysis<sup>37</sup> was used as reference to facilitate the training. During the training participants reviewed translated questionnaires and errors were corrected prior to survey practice. Data collectors were divided into groups to practice and familiarize themselves with interviewing and recording data according to the Doer/ Non-Doer method. During data collection, data collectors approached each potential participant, found a semi-private place to conduct the interview, introduced the study and offered informed consent. Those who met criteria and consented to be part of the study were then screened to determine Doer or Non-Doer status, before proceeding with the survey interview. Coding was conducted at the end of the day by the supervisors and research assistants in order to generate an initial list of words or phrases that best represent the responses given. Codes were then tabulated and recorded for data analysis.

## Data Quality Assurance Measures Taken

The field data collection technical consultants (core team from the R2G consortium) supervised the interview teams with feedback sessions at the end of each assessment. In each study region, the overall team leaders assigned from the R2G team also supported the teams on the ground through briefings and coordination with the field data collection technical consultants. To ensure data control, spot-checks during and after interviews were conducted. Consolidated data from different teams and days of data collection finally reported to the consulting firm were also cross-checked for potential duplicate qualitative data and as well as other potential errors. (Meetings were held periodically with the teams to reconcile divergent issues, and feedback was given to each team on data collected and on gaps that needed to be filled every day by the field collection technical team of R2G project.

## Data management and analysis

**Barrier Analysis:** Once data was coded and tabulated, it was then entered into the Barrier Analysis Tabulation Excel Sheet for quantitative analysis in order to establish which determinants were found to be significantly different ( $p < 0.05$ ) or have a 15 percentage point difference among responses between Doers and Non-Doers. These significant determinants were analyzed to develop Bridges to Activities and recommendations.

**Qualitative study:** Audio recordings of interviews and discussions were directly translated and transcribed in English language for analysis. The transcriptions were made word-for-word from the audio tapes. Data analysis involved thematic coding of transcribed and translated in depth interviews and focus group discussions. A hybrid coding approach which includes the process of creating pre-set and emergent codes was used. Emerging themes were developed from the expanded interviews and discussions. Data was analyzed and compiled using a thematic approach by conducting an ongoing content analysis. Findings from the qualitative data were then triangulated with the Barrier Analysis findings.

**Observations of on Access to WASH and Nutrition services at PHCU/HC:** Observation data was entered into SPSS version 21 software, and data cleaning as well as data analysis were carried using this software.

## Ethical Considerations

Before the start of any data collection, participants were informed about their right to participate and refuse, as well as the purpose of the study and confidentiality of the information provided. Following this, verbal consent to participate was sought from each FGD, KII and household survey participants. Those who consented to be part of the study were then interviewed. The interviews were all conducted at a location which was private and where the participants felt at ease.

Cognizant of the need to prevent the risk and exposure of the study team members and the study communities to COVID-19, the firm in collaboration with R2G project consortiums implemented several measures. These measures

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<sup>37</sup> Kittle, Bonnie. 2013. A Practical Guide to Conducting a Barrier Analysis. New York, NY: Helen Keller International.

include provision of face mask and sanitizers to the field team members, making sure that field team members wear face mask at all times during training and field data collection and ensuring recommended physical distancing among study team members and with community members.

#### Limitations of the baseline study

The field data collection in three regions was undertaken during the period after some kind of instability (political unrest) was happened here and there in some of the study Woredas especially in Oromia and Amhara regions. Therefore, findings with regard to the barriers to WASH and Nutrition services mainly related to political, economic, and intuitional reported by some of the informants including service receipts might not potentially reflect the current situation but some of retrospective experiences the informants.

## ANNEX 2.4. 4METHODS OF THE SCOPING STUDY

### Study Design

The scoping study followed an exploratory design mainly involving desk review as a major data collection method with complementary Key Informant Interviews (KIIs) undertaken with representatives of selected stakeholders at national and regional levels. The design is based on the scoping study methodological framework adapted from Anderson et al (2008)<sup>38</sup>, which suggests undertaking the following key exercises as part of a scoping study assignment.

1. Literature mapping : Detailed review of available relevant literature and nutrition and WASH donors and international actors strategic documents as well as country cooperation plans and strategies at national and regional levels.
2. Policy mapping: Identifying key policy, strategy and plan documents and statements from relevant nutrition and WASH sector ministries/offices that have a bearing on the nature of practice in relation to alignment of funding and programming by adopting the humanitarian development nexus concept to address the underlying determinants of undernutrition
3. Stakeholder consultations : Consultations with representatives of selected nutrition and WASH donors and international actors and government sector ministries to identify areas of improvement for better coordination, alignment of funding and planning, and joint programming to address undernutrition.

### Data Collection Methods

The scoping study was conducted at national level and in Amhara, Oromia and SNNP regions where the R2G project is being implemented. The study employed the following two main data collection methods and tools

1. Desk review: Desk review was carried out to gather information pertinent to the scoping study objectives. Available literature and nutrition and WASH donors and international actors strategic documents as well as country cooperation plans and strategies at national and regional levels were reviewed.
2. Key Informant Interviews (KIIs): KIIs were conducted with a small sample of representatives of donors and international actors' supporting WASH and nutrition interventions at national and regional level. A total of twelve KIIs were conducted at national and regional levels.

TABLE 39: LIST OF KEY INFORMANTS FOR THE SCOPING STUDY

Level	Stakeholders Interviewed <sup>39</sup>	#
National Level	Development Partners Group (DPG) Secretariat	1
	UNDP	1

38 Anderson, S; Allen, P; Peckham, S; Goodwin, N (2008) Asking the right questions: Scoping studies in the commissioning of research on the organization and delivery of health services. Health Res Policy Syst, 6. p. 7. ISSN 1478-4505

	NDRMC	1
Regional Level	Regional Health Bureau	3
	UNICEF	2
	WFP	2
	ACF	1
	Save the Children	1
Total		12 KIs

#### *Field Team Composition and Training*

Experienced data collectors who speak the local language of the study regions were recruited and provided a two days intensive methodology training to ensure that each team member collects data professionally and ethically as per the agreed study protocol. The trainees were given copies of the data collection guides and participated in practical exercises with a number of rehearsal and demonstrative interviews.

#### *Data Quality Assurance Measures Taken*

The following data quality assurance measures were taken

1. Highly experienced and qualified qualitative data collectors who are familiar with and speak the local language of the study areas were recruited.
2. The field team was provided a two days intensive training to make sure that they collect data professionally and ethically
3. The data collection guides were translated in to local languages of the study regions.
4. Close monitoring of the quality of transcriptions was conducted by comparing the transcribed interviews against the actual audio tapes.

#### *Data management and analysis*

Audio recordings of KIs were directly transcribed and translated in English language for analysis by the data collectors themselves. Following submission of transcriptions, preliminary data analysis involving thematic coding of transcriptions was undertaken. Data was analyzed and compiled manually using a thematic approach by conducting an ongoing content analysis.

#### *Ethical Considerations*

The following ethical measures were taken during the conduct of the scoping study

1. The study participants were given complete information as to the objective of the study and their benefits/risks and participated in the study after providing their verbal informed consent.
2. Information gathering and documentation was done in a manner that presents the least risk to respondents, is methodologically sound, and builds on current experiences and good practice.
3. The confidentiality of individuals and the information they reveal was protected at all times.
4. All information and data collected was accumulated, organized, stored, analysed, and retrieved guaranteeing confidentiality.
5. Data was analysed as group , not on individuals.

### **ANNEX 2.5: METHODS OF THE STAKEHOLDER MAPPING AND ANALYSIS**

#### *Study Design*

A participatory qualitative study design involving Key Informant Interviews (KIs) , stakeholder consultation meetings and desk review was used. A stakeholder mapping template developed by Maximizing the Quality of Scaling Up Nutrition Plus (MQSUN) and power mapping guide were used to collect data.

## Geographic Area of the study

The stakeholder mapping and analysis study was carried out at national level and in the three R2G implementation regions i.e., Amhara, Oromia and SNNP regions. The study was conducted at regional , zonal and woreda levels in the three regions.

TABLE 40: STUDY REGIONS AND ZONES

Study Regions	Study Zones
Amhara Region	East Gojjam, North Gondar and South Gondar zones
Oromia Region	East Hararghe, East Gujji, West Wollega and Bale zones
SNNP Region	Hadya and Guraghe zones

## Data Collection Methods and Tools

The following data collection methods and tools were employed

1. **Desk Review:** Desk review was undertaken to extract and analyze secondary data from existing policy and strategy documents and publications and reports with data on nutrition and WASH stakeholders at national as well as R2G implementation regions. The main purpose of the desk review was to develop a list of priority stakeholders supporting nutrition and WASH policy and program nationally as well as in R2G implementing regions and understand their positions, interests and influence on nutrition and WASH policy and programming.
1. **Key Informant Interviews at Regional level:** Stakeholder consultation KIIs were conducted with representatives of prioritized stakeholders in Amhara, Oromia and SNNP regions to gather data regarding the key stakeholder characteristics assessed i.e., interest, position, influence, etc. A Stakeholder mapping matrix template and power mapping guide were used to facilitate KIIs involving representatives of selected actors at regional level. The target data sources and number of KIIs conducted at regional level is indicated on the table below.
2. **Stakeholder Consultative workshops at zonal and woreda level:** Stakeholder power mapping workshops were conducted with a group of nutrition and WASH stakeholders at zonal level in each of the nine R2G implementation zones in the three regions. Power mapping exercises were undertaken to identify the key stakeholders operating at zonal and woreda levels in R2G implementing regions and their interests, positions and influence on nutrition and WASH sensitive interventions. The target data sources and sample size for stakeholder consultative workshops is indicated in the below table.

TABLE 41: DATA COLLECTION METHOD BY DATA SOURCE AND SAMPLE SIZE FOR THE STAKEHOLDER MAPPING AND ANALYSIS STUDY

Data Collection Method	Level	Data Sources	Sample per Region			Total Sample size
			Amhara	Oromia	SNNP	
Desk Review	National /Regional	Nutrition and WASH sector policy, strategy, plan and program documents and studies	NA	NA	NA	NA
Key Informant Interviews with key stakeholders	Regional	Regional Health Bureau	1 KII	1 KII	1 KII	3 KIIs
		Regional Water Supply Office	1 KII	1 KII	1 KII	3 KIIs
		Regional Nutrition and WASH partners	2 KII	2 KII	2 KII	6 KIIs
		Total at regional level	4 KIIs	4 KIIs	4 KIIs	12 KIIs
Stakeholder Consultative workshops	Zonal Level	Group of Nutrition Stakeholders (Government, CSO and Private)	3 workshops	4 workshops	2 workshops	9 Meetings (FGDs)

## Field Team Composition and Training

The field data collection was managed jointly by the consultant team and the team organized by Right2Grow consortium. The consultant team was responsible to manage data collection at national and regional levels while the R2G consortium team was responsible to manage data collection at zonal and woreda levels. Experienced data collectors who speak the local language of the study areas were recruited and provided a five days intensive methodology training to ensure that each team member collects data professionally and ethically as per the agreed study protocol.

## Data Quality Assurance Measures Taken

The following data quality assurance measures were taken

3. Highly experienced and qualified qualitative data collectors who are familiar with and speak the local language of the study areas were recruited.
4. The field team members were provided a five days intensive training to make sure that they collect data professionally and ethically
5. The data collection guides were translated in to local languages of the study regions. As a result, the key informant interviews and stakeholder consultative workshops were conducted in local language of the study areas.
6. On site supportive supervision, which includes over-the-shoulder observation of data collectors was carried out by field supervisors
7. At the end of each data collection day, the completed data was checked for completeness and consistency by the supervision team. Accordingly, feedbacks were given to data collectors and supervisors, to make timely corrections.
8. Close monitoring of the quality of transcriptions was conducted by comparing the transcribed interviews against the actual audio tapes.

## Data management and analysis

Audio recordings of KIIs and stakeholder consultative workshops were directly transcribed and translated in English language for analysis by the data collectors themselves. Following submission of transcriptions, preliminary data analysis involving thematic coding of transcriptions was undertaken. Data was analyzed and compiled manually using a thematic approach by conducting an ongoing content analysis.

## Ethical Considerations

The following ethical measures were taken during the conduct of the study

1. The study participants were given complete information as to the objective of the study and their benefits/risks and participated in the study after providing their verbal informed consent.
2. Information gathering and documentation was done in a manner that presents the least risk to respondents, is methodologically sound, and built on current experiences and good practice.
3. The confidentiality of individuals and the information they reveal was protected at all times.
4. All information and data collected was accumulated, organized, stored, analysed, and retrieved guaranteeing confidentiality.
5. Data was analysed as group , not on individuals.

## ANNEX 2.6. METHODS OF THE LANDSCAPE ANALYSIS

### Study Design

The private sectors landscape analysis employed a combination of qualitative methods of data collection and analysis, desk review, mapping exercise, and SWOC analysis to address the listed objectives. The process involved a participatory approach combining service providers and producers mapping to identify key activities for intervention and develop tailored messages to advocate and capacitate public and private actors to invest in quality WASH and Nutrition service provision and production.

### Data Collection Methods and Tools

The following main data collection methods were employed

1. Desk Review: A desk review checklist was used to review relevant documents for the landscape analysis.
2. Key Informant Interviews: KII guide was developed and used to gather data on service provision and product business models, practices, inputs (goods), enablers, hindrance, and available capacity of service providers and local private sector engaged on WASH and Nutrition sensitive and specific intervention.
3. SWOC analysis: A SWOC/T analysis tool was used to assess the Strengths, Weaknesses, Opportunities and Constraints related to service providers and local private sector engaged on WASH and Nutrition sensitive and specific intervention.
4. Service provider mapping: Private WASH and Nutrition service providers along with their respective products and services were identified at Woreda level and mapped using a mapping tool.



TABLE I: KEY INFORMANT INTERVIEW DATA SOURCE AND SAMPLE SIZE FOR LANDSCAPE ANALYSIS

Data Collection Method	Level	Data Sources	Sample per Region			Total Sample size
			Amhara	Oromia	SNNP	
Desk Review/Literature Review	National and Regional	Nutrition and WASH sector policy, strategy, plan and program documents; government and donor reports and documents; reports of related studies and relevant literature	NA	NA	NA	NA
Key Informant Interviews	Regional	Agricultural Bureau	1 KII	1 KII	1KII	3 KIIs
		Health Bureau	1 KII	1 KII	1 KII	3 KIIs
		Livestock Bureau	1 KII	1 KII	1 KII	3 KIIs
		Water Irrigation and Energy	1 KII	1 KII	1 KII	3 KIIs
		Private nutrition Products Producers	1KII	1KII	1KII	3KII
		Private WASH products Producers (Cooperatives/unions/SMEs)	1KII	1KII	1KII	3KII
Total KIIs at Regional Level		6KIIs	6 KIIs	6KIIs	18 KIIs	
	Woreda	Health office	1KII	1KII	1KII	3KII
		Agriculture office	1KII	1KII	1KII	3KII
		Livestock office	1KII	1KII	1KII	3KII
		Water , irrigation, and energy office	1KII	1KII	1KII	3KII
		Cooperative Office	1KII	1KII	1KII	1KII
		Private nutrition Service provider	1KII	1KII	1KII	3KII
		Private WASH service provider ( Cooperatives/unions/SMEs)	1KII	1KII	1KII	3KII
Total KIIs at Woreda Level		7KIIs	7KIIs	7KIIs	21KIIs	
Mapping and SWOC/T analysis	Woreda	In consultation with the relevant Woreda sector offices, all private WASH and Nutrition service providers along with their products across the 21 R2G Woredas will be mapped in the landscape analysis. Two private entities (one from WASH and one from Nutrition) from each Woreda will be selected to carry out the SWOC/T analysis (total of 42 SWOC/T analyses).				

#### Field Team Composition and Training

The field data collection was managed jointly by the consultant team and the team organized by Right2Grow consortium. The consultant team was responsible to manage data collection at national and regional levels while the R2G consortium team was responsible to manage data collection at zonal and woreda levels. Experienced data collectors who speak the local language of the study areas were recruited and provided a five days intensive methodology training to ensure that each team member collects data professionally and ethically as per the agreed study protocol.

#### Data Quality Assurance Measures Taken

The following data quality assurance measures were taken

- Highly experienced and qualified qualitative data collectors who are familiar with and speak the local language of the study areas were recruited.
- The field team members were provided a five days intensive training to make sure that they collect data professionally and ethically
- The data collection guides were translated in to local languages of the study regions. As a result, the key informant interviews and stakeholder consultative workshops were conducted in local language of the study areas.
- On site supportive supervision, which includes over-the-shoulder observation of data collectors was carried out by field supervisors
- At the end of each data collection day, the completed data was checked for completeness and consistency by the supervision team. Accordingly, feedbacks were given to data collectors and supervisors, to make timely corrections.
- Close monitoring of the quality of transcriptions was conducted by comparing the transcribed interviews against the actual audio tapes.

#### Data management and analysis

Audio recordings of KIIs and stakeholder consultative workshops were directly transcribed and translated in English language for analysis by the data collectors themselves. Following submission of transcriptions, preliminary data analysis

involving thematic coding of transcriptions was undertaken. Data was analyzed and compiled manually using a thematic approach by conducting an ongoing content analysis.

### *Ethical Considerations*

The following ethical measures were taken during the conduct of the study

1. The study participants were given complete information as to the objective of the study and their benefits/risks and participated in the study after providing their verbal informed consent.
2. Information gathering and documentation was done in a manner that presents the least risk to respondents, is methodologically sound, and built on current experiences and good practice.
3. The confidentiality of individuals and the information they reveal was protected at all times.
4. All information and data collected was accumulated, organized, stored, analysed, and retrieved guaranteeing confidentiality.
5. Data was analysed as group , not on individuals.

## ANNEX 2.7: METHODS OF THE GAP ANALYSIS

### *Study Design*

The coordination gap analysis followed a qualitative assessment design that employed a mix of desk review and participatory data collection methods including Strengths, Weaknesses, Opportunities and Threats (SWOT) analysis.

### *Geographic Area*

The gap analysis study was conducted at national, regional , zonal and woreda levels. At national level, desk review of selected Nutrition and WASH policy and strategy documents was undertaken to identify main coordination platforms and assess their structure, scope and functionality. At regional level, data was collected from a sample of representatives of government sector offices and CSOs engaged in nutrition and WASH interventions in Amhara, Oromia and SNNP regions. At zonal level, one zone was purposively sampled from each of the three R2G regions and data was collected from representatives of selected government offices and CSOs at zonal level. Zonal level data was collected from East Gojjam zone in Amhara region, West Hararghe Zone in Oromia region and Gurage Zone in SNNP Region. Finally, data was collected from a total of 10 purposively selected woredas in the three regions.

TABLE 42: LIST OF STUDY WOREDAS

<i>Study Regions</i>	<i>Study Woredas</i>
<i>Amhara Region</i>	<i>Dembia, Dera,.....</i>
<i>Oromia Region</i>	<i>Girawa, Goro, Habro and Lalo Asabi woredas</i>
<i>SNNP Region</i>	<i>Geta, GG Welene and Shashego woredas</i>

### *Data Collection Methods*

**Desk Review:** The desk review involved a scoping review of policy, strategy and program documents and reports of program studies related to Nutrition and WASH intersectoral and multisectoral coordination at National level.

**SWOT Analysis Key Informant Interviews (KIIs):** At regional level, SWOT analysis interviews were conducted with representatives of key government sector offices and CSOs engaged in Nutrition and WASH interventions in the three target regions. A total of 15 regional level KIIs were conducted across the three regions. The SWOT analysis interviews helped to identify the main strengths, weaknesses, opportunities and threats related to coordination among government sectors and CSOs engaged in nutrition and WASH interventions at regional level.

**SWOT Analysis Focus Group Discussions (FGDs):** At Zonal and woreda level, SWOT analysis FGDs were conducted separately with a group of representatives of government sector offices and CSO stakeholders. A total of 3 zonal level SWOT FGDs and a total of 20 woreda level SWOT FGDs were conducted across the ten study woredas.

TABLE 43: LIST OF DATA SOURCES AND SAMPLE SIZE

Data Collection Method	Level	Data Sources	Sample per Region			Sample
			Amhara	Oromia	SNNP	
Desk review/literature review	National and Regional	Nutrition and WASH sector policy, strategy, plan and program documents; government, donor, CSO reports and documents; reports of related studies and other relevant literature	NA	NA	NA	NA
SWOT Analysis Key Informant Interviews and FGDs	Regional Level	Regional Health Bureau	1 KII	1 KII	1 KII	3 KIIs
		Regional Water Supply Office	1 KII	1 KII	1 KII	3 KIIs
		Regional Agriculture office	1 KII	1 KII	1 KII	3 KIIs
		Regional level Nutrition partner (CSO)	1 KII	1 KII	1 KII	3 KIIs
		Regional WASH partner (CSO)	1 KII	1 KII	1 KII	3 KIIs
	Total SWOT KIIs at Regional Level		5 KIIs	5 KIIs	5 KIIs	15 KIIs
	Zonal and Woreda Level	Government sector offices ( Woreda Health Office, Woreda Water Supply Office, woreda agriculture office, woreda education office, etc.)	3 FGDs ( 1 per woreda)	4 FGDs ( 1 per woreda)	3 FGDs ( 1 per woreda)	10 FGDs
		Woreda level Nutrition and WASH partner (CSO)	3 FGDs ( 1 per woreda)	4 FGDs ( 1 per woreda)	3 FGDs ( 1 per woreda)	10 FGDs
		Total SWOT FGDs at zonal and woreda Level	6 FGDs	8 FGDs	6 FGDs	GDs

#### Field Team Composition and Training

The field data collection was managed jointly by the consultant team and the team organized by Right2Grow consortium. The consultant team was responsible to manage data collection at national and regional levels while the R2G consortium team was responsible to manage data collection at zonal and woreda levels. Experienced data collectors who speak the local language of the study areas were recruited and provided a five days intensive methodology training to ensure that each team member collects data professionally and ethically as per the agreed study protocol. The trainees were given copies of the data collection guides and participated in practical exercises with a number of rehearsal and demonstrative interviews.

#### Data Quality Assurance Measures Taken

The following data quality assurance measures were taken

11. Highly experienced and qualified qualitative data collectors who are familiar with and speak the local language of the study areas were recruited.
12. The field team was provided with a five days intensive training to make sure that they collect data professionally and ethically
13. The data collection guides were translated in to local languages of the study regions. As a result, the key informant interviews and FGDs were undertaken in local language.
14. On site supportive supervision, which includes over-the-shoulder observation of data collectors was carried out by field supervisors
15. At the end of each data collection day, the completed data was checked for completeness and consistency by the supervision team. Accordingly, feedbacks were given to data collectors and supervisors, to make timely corrections.
16. Close monitoring of the quality of transcriptions was conducted by comparing the transcribed interviews against the actual audio tapes.

### *Data management and analysis*

Audio recordings of SWOT analysis KIs and FGDs were directly transcribed and translated in English language for analysis by the data collectors themselves. Following submission of transcriptions, preliminary data analysis involving thematic coding of transcriptions was undertaken. Data was analyzed and compiled manually using a thematic approach by conducting an ongoing content analysis.

### *Ethical Considerations*

The following ethical measures were taken during the conduct of the study

1. The study participants were given complete information as to the objective of the study and their benefits/risks and participated in the study after providing their verbal informed consent.
2. Information gathering and documentation was done in a manner that presents the least risk to respondents, is methodologically sound, and builds on current experiences and good practice.
3. The confidentiality of individuals and the information they reveal was protected at all times.
4. All information and data collected was accumulated, organized, stored, analysed, and retrieved guaranteeing confidentiality.
5. Data was analysed as group , not on individuals.



# Capacity & learning assessments Report

Ethiopia  
September, 2021.

## Acknowledgements

Global Mutual Capacity Development and Linking & Learning team would like to express their gratitude and thank all of you who supported and participated in capacity & learning data collection process in your country and globally. Your time and efforts in disseminating the questionnaires, following up with your country partners and colleagues, and providing your input are very much appreciated.

Thanks to all of you, we successfully completed capacity & learning assessments and collected:

1. 180 responses on technical knowledge and learning questionnaire
2. 82 responses on organizational development questionnaire

All this data will help us better understand the capacity & learning gaps and needs in the program countries as well as what are the expertise that we, as Right2Grow Consortium, can provide. Based on this data, we will jointly develop country-specific mutual capacity development and learning strategies so we can achieve Right2Grow program objectives.

Special thanks go to Remco Geervliet from Max Foundation for his support in setting up a dashboard for data analysis. We wouldn't make it without you!

Thank you all!

Jovana, Jan, Anat & Stephanie





# How to read the results?

In this report we present the results of the analysis we conducted. The objectives of data analysis were the following:

1. To understand what capacity & learning gaps and needs are at a) county level b) Global Consortium level
2. To identify potential expertise providers who can address capacity needs within the Right2Grow Consortium
3. To inform country prioritization workshops and support development of country specific Mutual Capacity Development & Learning strategies
4. To provide a point of reference (baseline) for tracking progress in capacity strengthening and learning over time.

The report is based on the four key areas we collected data on, namely:

1. Technical knowledge and skills in relation to four Right2Grow program outcomes
2. Monitoring and Evaluation (M&E) knowledge and skills
3. Linking & Learning
4. Organizational development

For each of these areas, we present the overview of the responses received at the country level, including all country Consortium partners who participated. To help you make sense of the results, the report provides highlights of what has been identified as:

1. Low and high technical training/ capacity development needs in your country for each outcome area and an average training need expressed for each outcome of the R2G TOC.
2. Expertize that the country Consortium partners can provide
3. Most emerging capacity strengths and training needs related to M&E
4. Overview with five most emerging agreements and disagreements of the learning survey
5. Common needs in organizational development that could be address by Right2Grow program

## Data analysis

All the collected data was cleaned to ensure coherence of organisation names (e.g. World Vision, WV, World Vision- Ethiopia, W. Vision = World Vision). After that an analysis dashboard was designed to filter and review the results. The global MCD team used this dashboard and the qualitative answers provided to present to analyze the results and present them in this report. For the first part of the assessment, questionnaire on technical knowledge and skills, the team made the following additional calculations to present highlights of the results:

1. **Lowest capacity strengthening need:** This includes the sum of the survey responses, marked green in the graphs presented. These indicate low need for training/ capacity strengthening or the fact that the partners have rich expertise on a given topic.
2. **Highest capacity strengthening need:** This includes the sum of all survey responses, marked red in the graphs presented. These indicate moderate and high training/ capacity strengthening needs on a given topic.
3. **Average capacity strengthening need per knowledge area:** This is calculated as the sum of all moderate and high training need answers marked red in a graph for a given knowledge area (e.g. The basics of WASH and Nutrition), and then divided by the total number of answer options per knowledge area.
4. **Average capacity strengthening need per TOC Outcome:** This is calculated as the sum of all averages by knowledge areas under an Outcome, and then divided by the total number of knowledge areas for that Outcome.

### Using these results

These results should be looked at as a starting point in development of country-specific capacity development and learning strategies. They should further guide discussions during the prioritization workshops (part of the 2022 detailed planning process) on identifying key priorities for capacity development and learning that need to be addressed in order to achieve Right2Grow program objectives and ensure sustainability beyond Right2Grow

## Executive summary

This report highlights the key results of the Right2Grow Capacity & Learning assessment in Ethiopia. Below a summary of the results of each assessment tool used:

### Technical capacity strengths and needs

The table below provides an overview of the highest training needs per R2G outcome area and lowest areas for training for which there is a higher level of expertise expressed.

Outcomes	Knowledge area of highest training need	Knowledge area of lowest training need
<b>Outcome 1</b> Communities demand and invest in basic social services and adopt good nutrition and WASH practices, jointly addressing barriers with private sector partners	Working with community based private sector partners (60,7%)	The basics of WASH and Nutrition (36%)
<b>Outcome 2:</b> Representative and empowered civil society organizations (CSOs) effectively navigate the civic space to advocate for leadership and good governance to prevent undernutrition	Budget monitoring and expenditure tracking (73,5%)	Government engagement and lobbying (42,5%)
<b>Outcome 3:</b> National government and decentralized entities adopt and mainstream an integrated, multi-sectoral approach to undernutrition in policies, action plans and budget allocations	Identifying policy implementation gaps and providing evidence-based recommendations (66,2 %)	Government engagement and lobbying (42,5%)
<b>Outcome 4:</b> Donors and international development actors coordinate and collaborate along the humanitarian-development nexus to address the underlying determinants of undernutrition	Lobbying donors for better funding of nutrition and WASH, and for multisectoral programming (70,5%)	Advocating for more action on the Sustainable Development Goals (32,6%)

Looking on averages across all knowledge areas for each of the four key outcomes highest training needs are expressed regarding outcome 3 (60%), outcome 2 (55%) and lowest needs are expressed for outcome 1

(49,5 %) and outcome 4 (48,3%). These averages are calculating by adding-up the average training needs expressed for each knowledge area divided by the number of knowledge areas related to the TOC outcome.

Beyond training needs the survey also identified potential expertise providers for each knowledge area. Organizations in Ethiopia which at least two respondents Indicated that they or their organization can be expertise providers have been listed.

### **Monitoring and Evaluation (M&E) knowledge and skills**

Highest MEAL capacity assessment needs that emerge from the assessment Include use of qualitative tools (62%) and tools for monitoring thematic areas (56%). Bases on the assessment results at global and country level the following capacity development priorities were set for 2022 by the team in Ethiopia:

1. Tracking CSO Lobby and Advocacy capacity
2. Stories of change/most Significant changes
3. Data cleaning and data analysis for qualitative data

### **Linking & Learning**

The Linking & Learning section of the questionnaire identified attitudes towards Linking & Learning at the individual level among Right2Grow staff, existing Linking & Learning spaces/platforms/practices across the partners of the Consortium and expectations of Linking & Learning in Right2Grow. The following overview summarizes assessment results from Ethiopia:

1. It could be interesting to share examples of individual organizational scheduling of how people make time for learning and for which kind of learning.
2. There is potential to share tools and practices around learning activities across different roles within the Ethiopia Right2Grow team.
3. It would be interesting to explore how a formalized learning and sharing process at the Right2Grow level would fit with partners' organizational practices. There could be also a potential for scale up of formalized linking and learning processes within partner organizations beyond Right2Grow.
4. Use existing practices within organizations when brainstorming the global linking strategy: what can we learn from existing practices to shape Right2Grow's ways of working?
5. Depending on the learning and linking priorities expressed by the Ethiopia team, it could be relevant to engage with those platforms to ensure the sustainability.
6. Conduct brainstorming sessions around what a formalized process is to capture knowledge and good practices would look like, and how to create it. This can also inform the design of the global approach.
7. It is important to have linking and learning processes in Ethiopia and at the global level that encourages anyone from engaging with L&L, that the process to engage is clear to all, and that different teams and roles are represented in L&L decision-making at all levels.

### **Organizational capacities**

In general respondents are confident about their organization's capacity, and almost all respondents agree about their grassroots embeddedness and capability to related to external stakeholders (both 97%). Given

the sensitivity of some of the questions about the organizations capacities answers might have a positive bias towards the organization's capacities.

Key areas for organizational strengthening Include capacities to achieve outcomes for which 26 % disagrees that their organizations have the capacity and resource mobilization for which 25% disagrees that their organization has the capacity. Qualitative answers Indicate a need to invest in capacities for L&A and communication strategy development as well as resource mobilization strategies.

#### A. Results of technical knowledge and skills assessment

In this questionnaire, we collected information about technical knowledge and skills needed to achieve four Right2Grow program outcomes. Here are the results.

##### 1. Overview of the responses and positions per country Consortium partner:

Organization	count	R2G (estimated) staff
ACF / AAH	6	36
GDCA	3	12
Max Foundation	7	8
MCMDO	2	?
ORDA	1	9
The Hunger Project	2	8
Woreda Goverment	2	?
World Vision	3	?
<b>TOTAL</b>	<b>26</b>	<b>76</b>

##### 2. Overview of the type of positions answering this questionnaire:

position	Count
Activity facilitation / Community mobilization and coordination	6
Communication and/or Advocacy	1
Field officer	1
Finance & administration	1
Grants Management	1
Program management	6
Senior management	3
Technical expert in nutrition/ health/ water, sanitation and hygiene (WASH)/ food security or similar	7

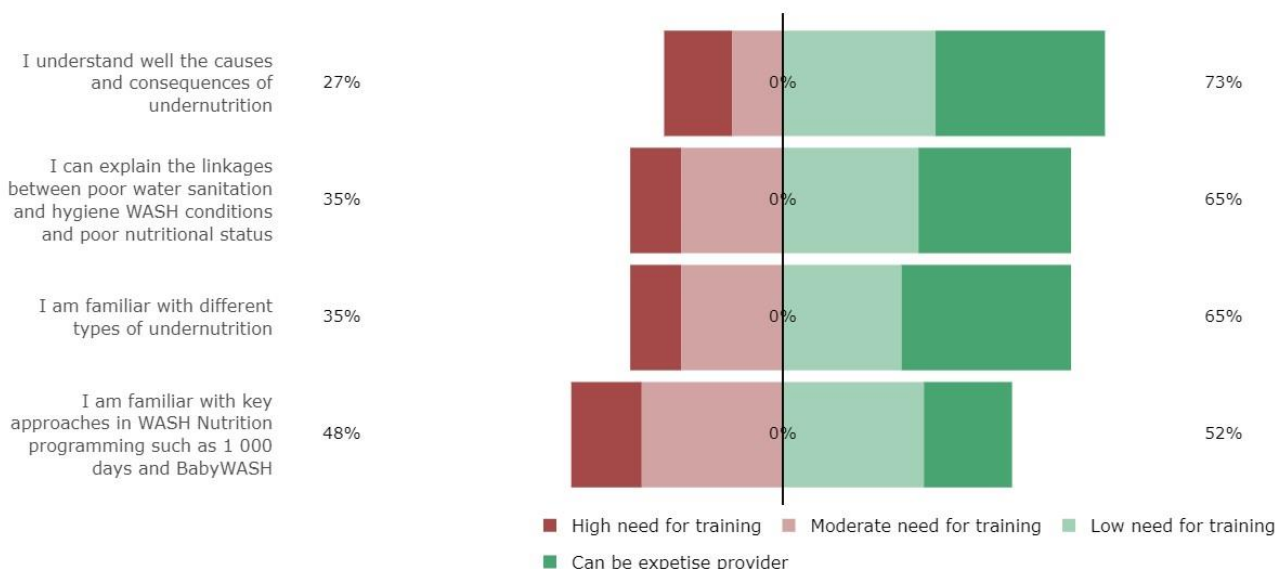
## Response rate reflections for the Capacity-strengthening prioritization

The tables above indicate the response rate from Right2Grow partners in Ethiopia and their positions. From the envisioned staff working on the project 26 out of 76 (envisioned) staff members were received. although the survey was Intended for partner staff, two government woreda officials also filled the survey. The total response is significant compared to responses of other countries, however some organizations such as Mums for Mums and the CEGAA BMET partners did not respond. In terms of positions the majority of the respondents had technical, activity facilitation or program management background. During the prioritization workshops particular attention should be given to partner who did not provide responses to validate the results. Furthermore, specific attention might be needed to the capacity strengthening needs of communication and finance staff from which responses were low.

## Results outcome 1: "Communities demand and invest in basic social services and adopt good nutrition and WASH practices, jointly addressing barriers with private sector partners".

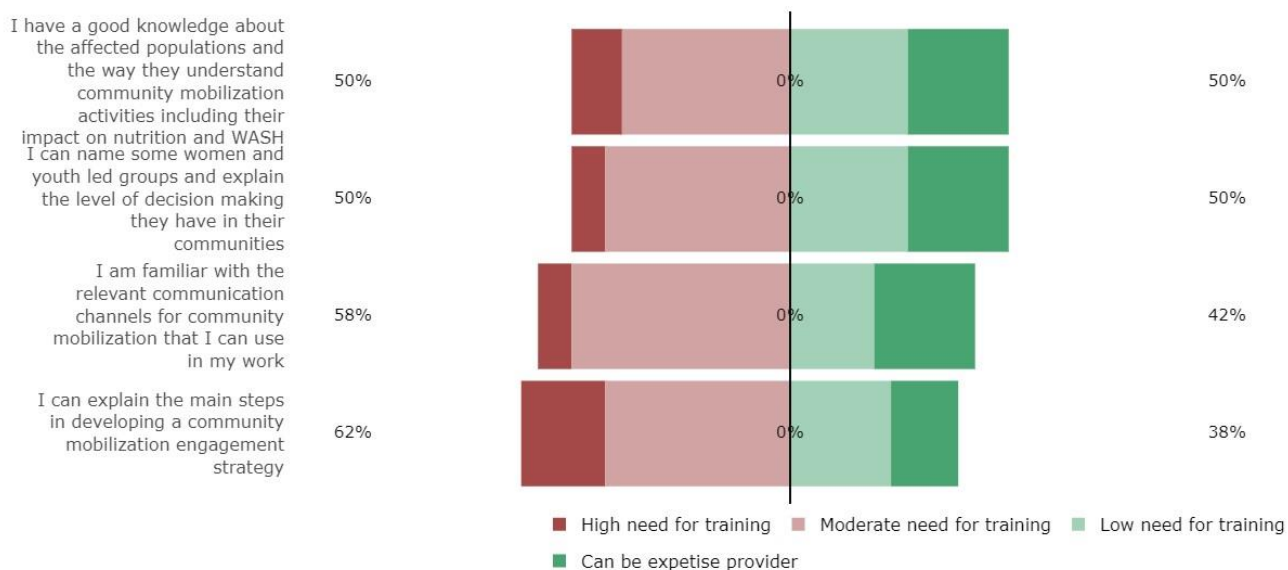
The following section provides an overview of the country responses of the six knowledge areas related to outcome 1 followed by a summary with highlights of capacity strengths and needs.

### 3.1 Knowledge area 1: The basics of WASH and Nutrition

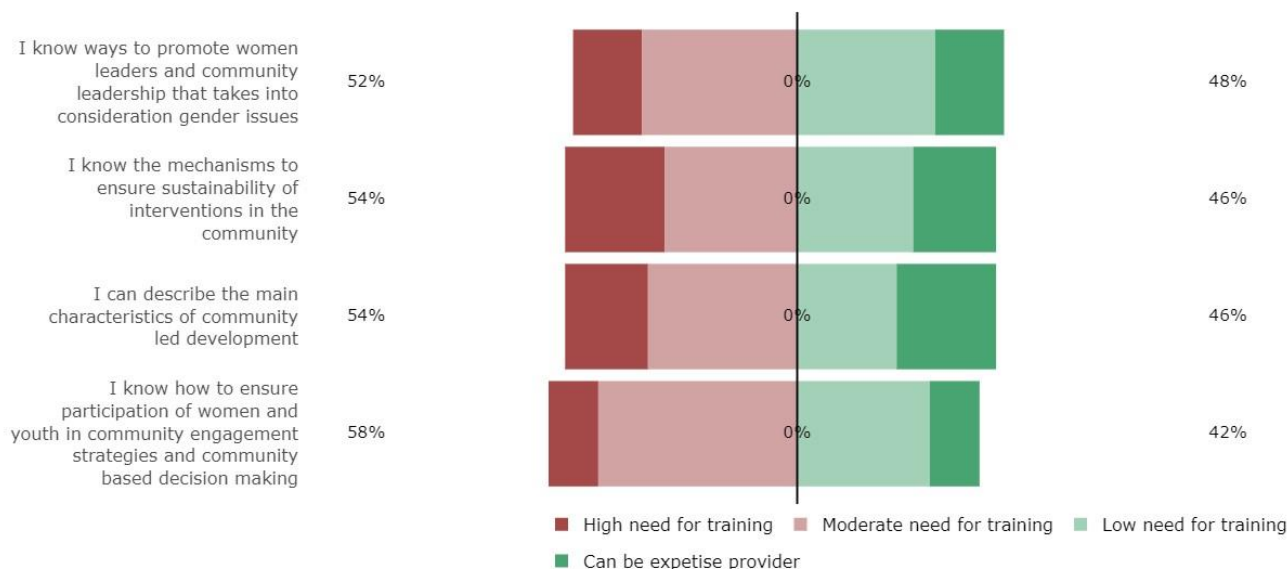




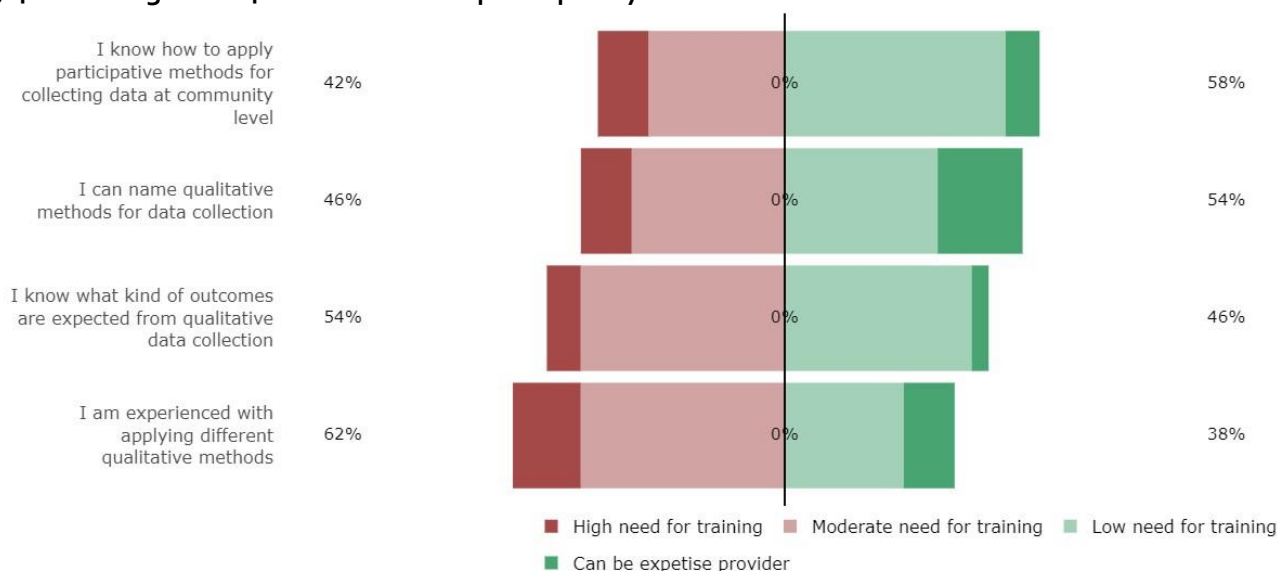
### 3.2 Knowledge area 2: Community mobilization and engagement, while ensuring meaningful participation of women and youth



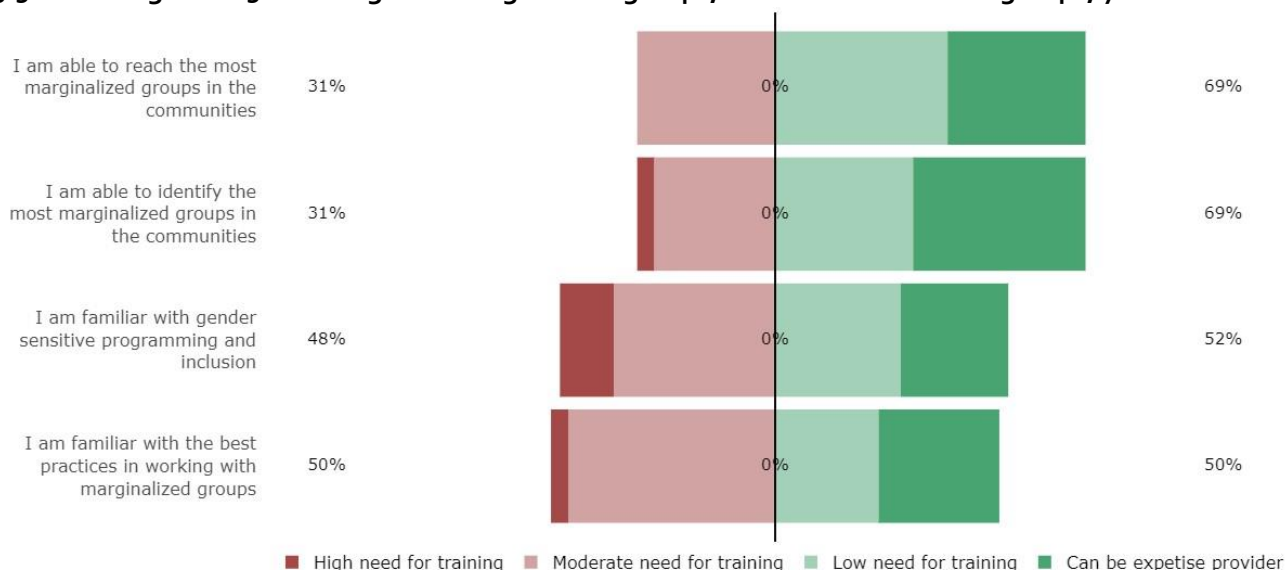
### 3.3 Knowledge area 3: Community-led development, that is inclusive and gender-sensitive



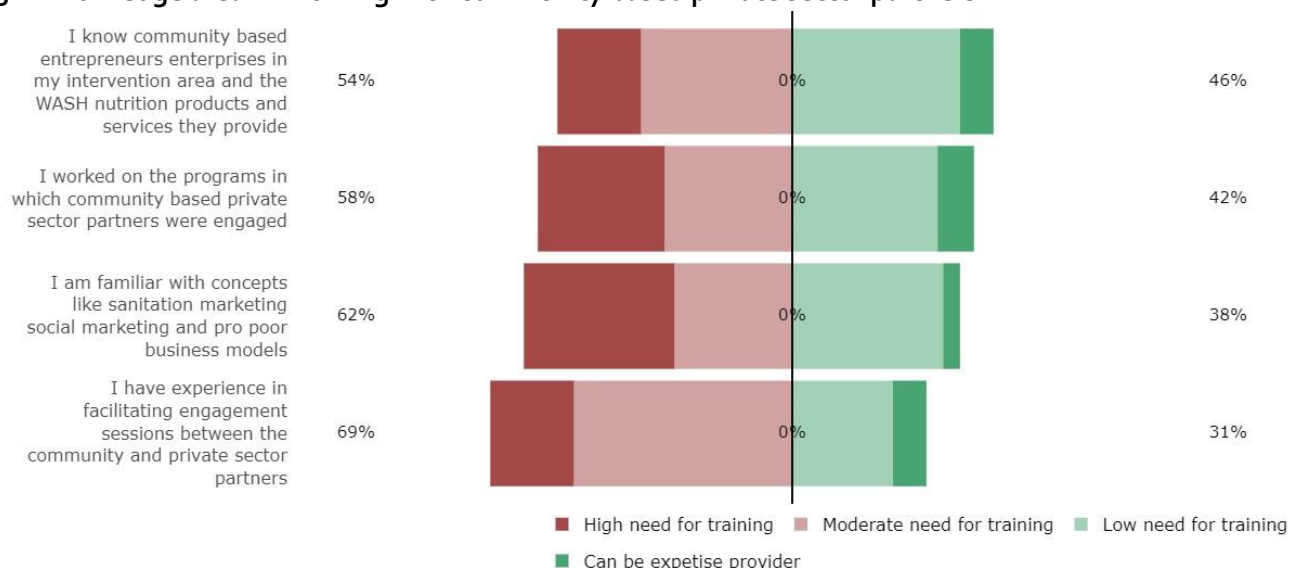
### 3.4 Knowledge area 4: Qualitative and participatory data collection



### 3.5 Knowledge area 5: Working with marginalized groups, women and women's groups, youth



### 3.6 Knowledge area 6: Working with community based private sector partners



### 3.7 highlights of technical knowledge and skills assessment related to Outcome 1:

In Table here below, you can see the lowest (Column 2) and highest (Column 3) training/ capacity developments needs per knowledge area, together with potential expertise providers from your country and within the Consortium (Column 4). Column 1 shows the average needs per knowledge area. To ease understanding of the results and comparison, the average needs per knowledge area are ranked from high to low and may not follow the order of knowledge areas as presented in graphs shown above.

Average needs per knowledge area	Lowest training need (% of responses)	Highest training need (% of responses)	Expertise providers in country (More than one respondent indicated expertise)
<b>1. KA6: Working with community based private sector partners</b> (60,7%)	Know community based entrepreneurs (54%)	Experience with facilitating sessions with private sector. (69%)	GDCA
<b>2. KA2: Community mobilization and engagement, while ensuring meaningful participation of women and youth</b> (55%)	explain the level of decision-making of women and youth-led groups in their communities. (50%)  communication channels for community mobilization (50%)	Main steps in community mobilization (62%)	GDCA MAX THP

3. KA3:  <b>Community-led development, that is inclusive and gendersensitive (54,5%)</b>	ways to promote women leaders and community leadership that takes into consideration gender  (52%)	know how to ensure participation of women and youth in community engagement strategies  (58%)	GCDA THP
4. KA4:  <b>Qualitative and participatory data collection (51%)</b>	know how to apply participative methods for collecting data  (42%)	Experience with qualitative methods  (62%)	ACF
5. KA5: Working with marginalized groups, women and women's groups, youth  (40%)	Able to reach the most marginalized groups  (31%)	Familiar with best practices to work with marginalized groups  (50%)	GDCA MAX THP
6. KA1: The basics of WASH and Nutrition (36%)	Causes and consequences of malnutrition (27%)	Key approaches such as 1,000 days (48%)	ACF GDCA Max

On average respondents indicate the lowest training need regarding the Basics of Wash and nutrition (36%) and highest training need for working with private sector partners (60,7%) with experience to facilitate private sector sessions identified as highest training need (69%). From the 6 areas, four areas knowledge areas capacity strengthening needs are higher than 50%. Qualitative responses seem to confirm that many participants have relatively limited experience with private sector participation. While some respondents report that the subject of WASH and nutrition are new to them, many other report that they or their organization have specific expertise, such as demand creation, sanitation marketing. Advocacy expertise is also mentioned as a training need, and experiences such as a partner who worked in the Ethiopia social accountability program could be relevant. Some respondents report a general need for learning and exchange.

### Examples of expertise expressed

"I have experiences of community mobilization and demand creation for nutrition practices like producing of flour for complementary food."

"I have a practical experience on community's demand creation, sanitation marketing, gender inclusive programing and promotion of good nutrition and WASH practices."

"Knowledge, atitutes, towards diet diversity, child feeding practice."

### Examples of training needs expressed

"Training on the area of mechanisms of demand Creation, community full engagement, program ownership and sustainability"

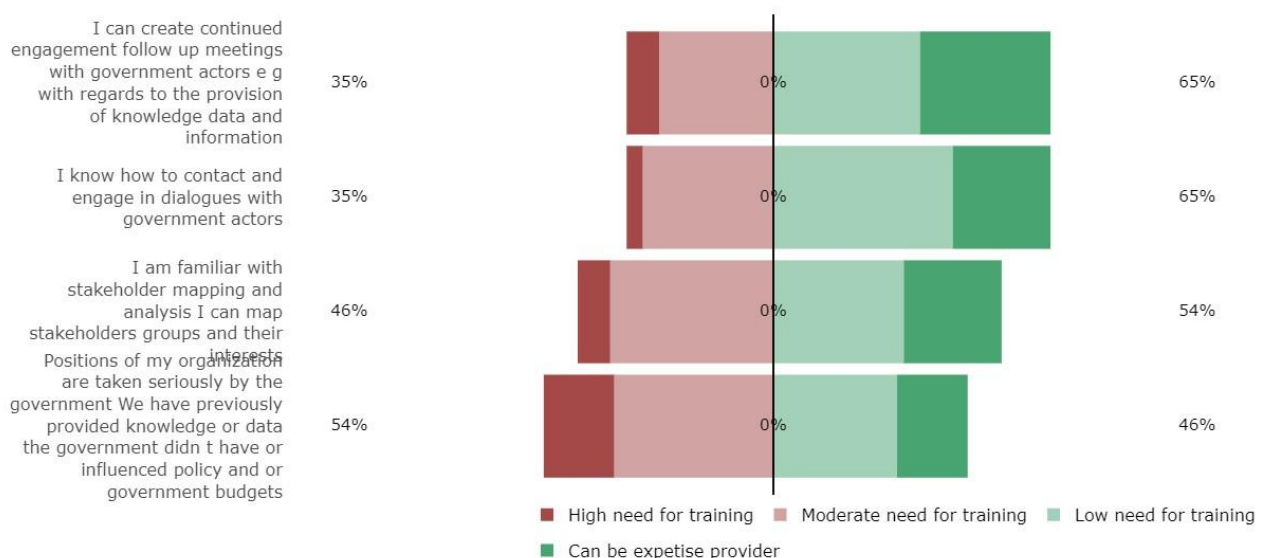
"Market based production of supplementary foods for children; Engagement of private sectors"

"It will be good if capacity building trainings is provided on qualitative and participatory data collection"

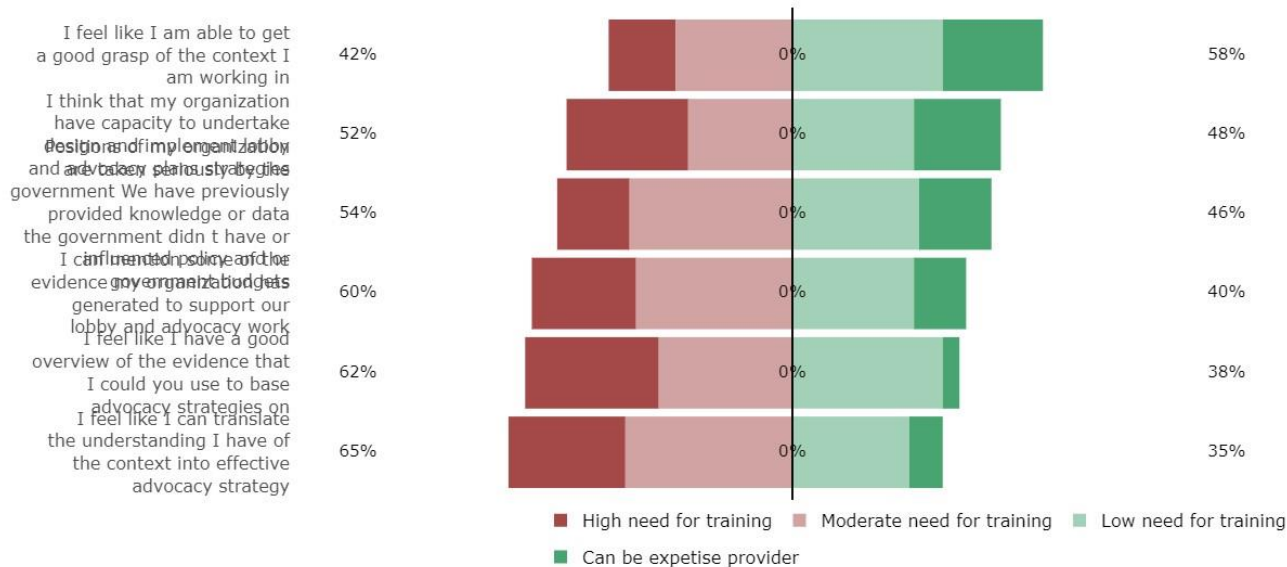
## Results outcome 2: "Representative and empowered civil society organizations (CSOs) effectively navigate the civic space to advocate for leadership and good governance to prevent undernutrition

The following section provides an overview of the country responses of the five knowledge areas related to outcome 2 followed by a summary with highlights of capacity strengths and training needs.

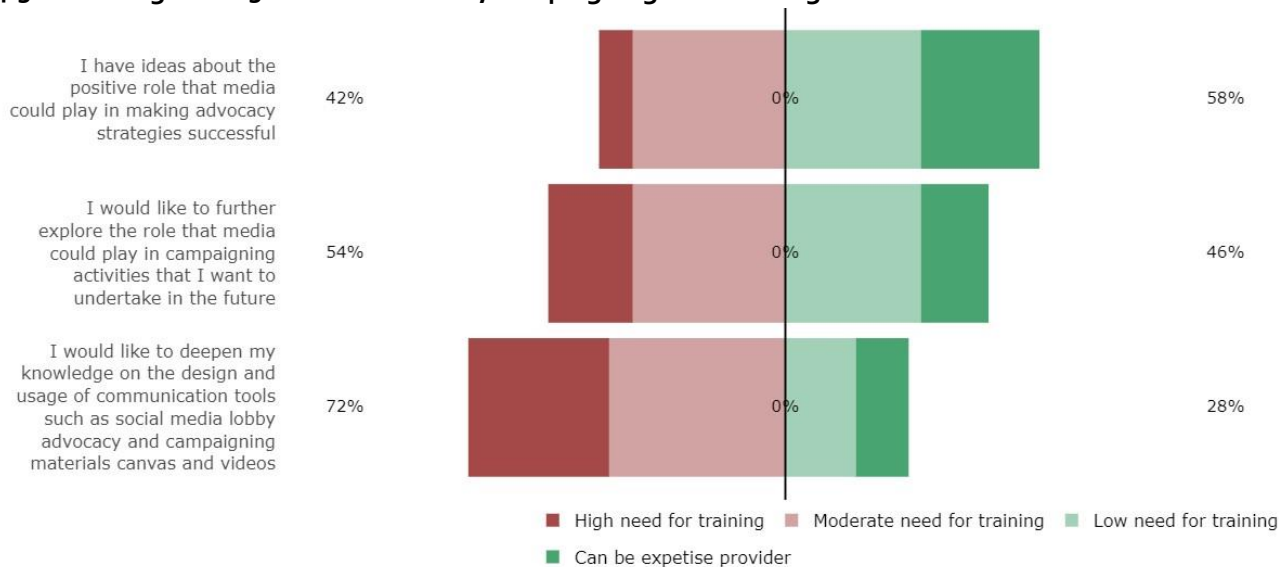
### 4.1 Knowledge area 1: Government engagement and lobbying



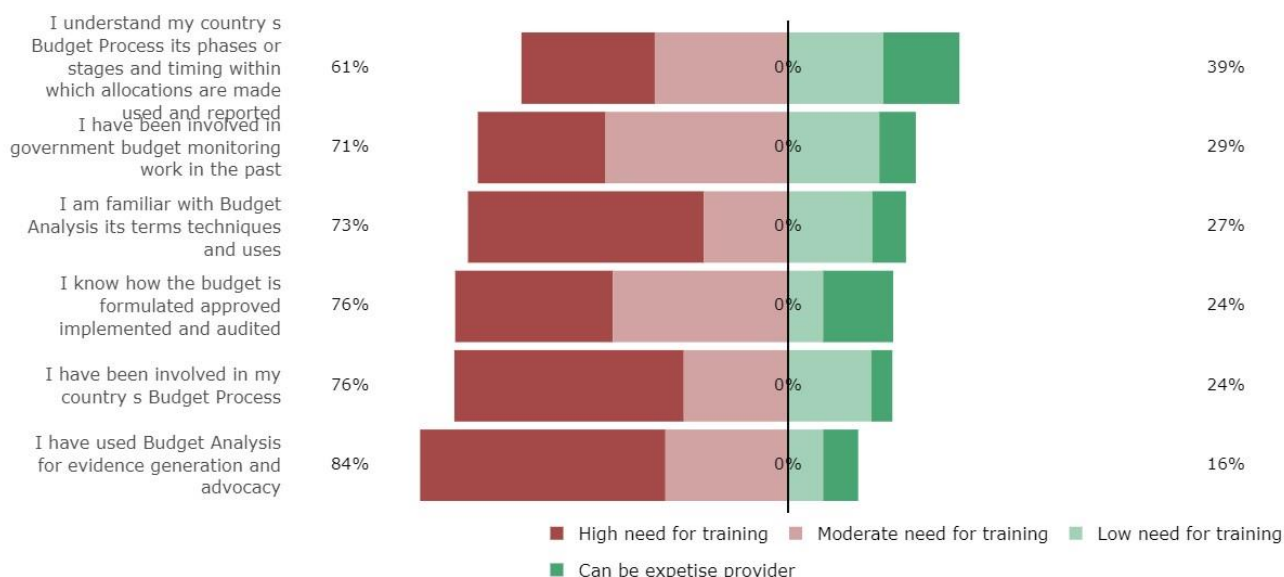
## 4.2 Knowledge area 2: Designing context-specific and evidence-based advocacy strategies



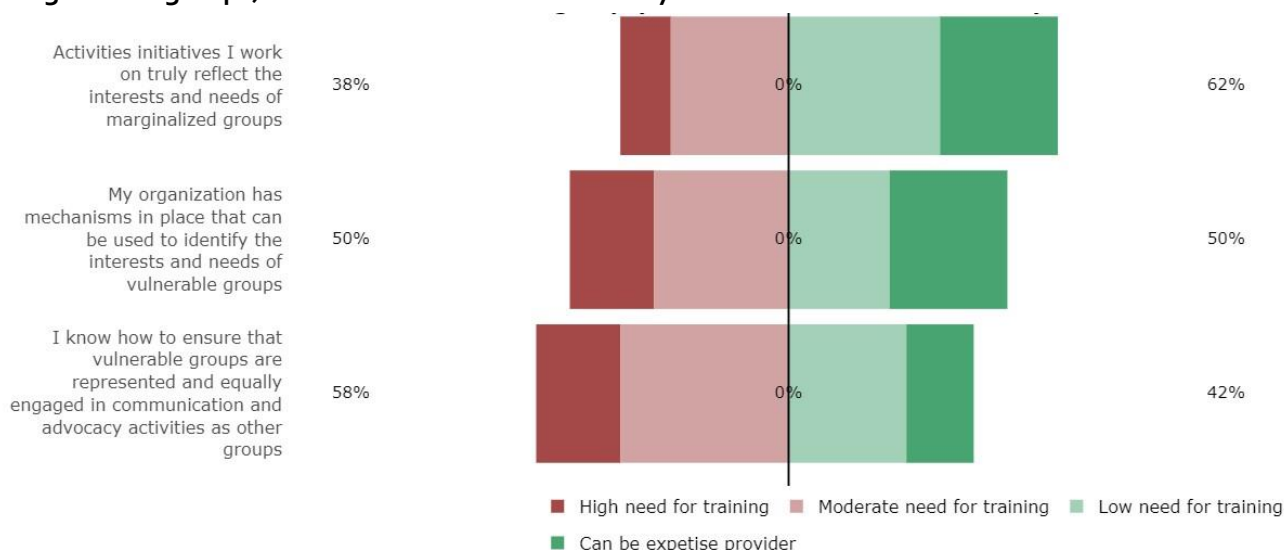
## 4.3 Knowledge area 3: Communication, campaigning and working with media



#### 4.4 Knowledge area 4: Budget monitoring and expenditure tracking



#### 4.5 Knowledge area 5: Identifying and including the interests of the most vulnerable (women and marginalized groups) in communication and advocacy



#### 4.6 highlights of technical knowledge and skills assessment related to Outcome 2:

In Table here below, you can see the lowest (Column 2) and highest (Column 3) training/ capacity developments needs per knowledge area, together with potential expertise providers from your country and within the Consortium (Column 4). Column 1 shows the average needs per knowledge area. To ease understanding of the results and comparison, the average needs per knowledge area are ranked from high to low and may not follow the order of knowledge areas as presented in graphs shown above.



Average needs per knowledge area	Lowest training need (% of responses)	Highest training need (% of responses)	Expertise providers in country (More than one respondent indicated expertise)
<b>KA4: Budget monitoring and expenditure tracking (73,5%)</b>	Understanding of country budget process (61%)	Use of budget analysis (84%)	None
<b>KA3: Communication, campaigning and working with media (56%)</b>	Ideas about role of media (42)	Deepen knowledge on use of communication tools (72%)	GDCA MAX
<b>KA2: Designing contextspecific and evidencebased advocacy strategies (55,8%)</b>	Understanding the context (42%)	Translating context Into advocacy (65%)	ACF GDCA MAX
<b>KA5: Identifying and including the interests of the most vulnerable (women and marginalized groups) in communication and advocacy (48,6%)</b>	Reflecting community needs (38%)	Representation of vulnerable groups (58%)	GDCA MAX MDMCO
<b>KA1: Government engagement and lobbying (42,5%)</b>	Continued engagement with government (35%)	Influence of our data on government policy (54%)	None

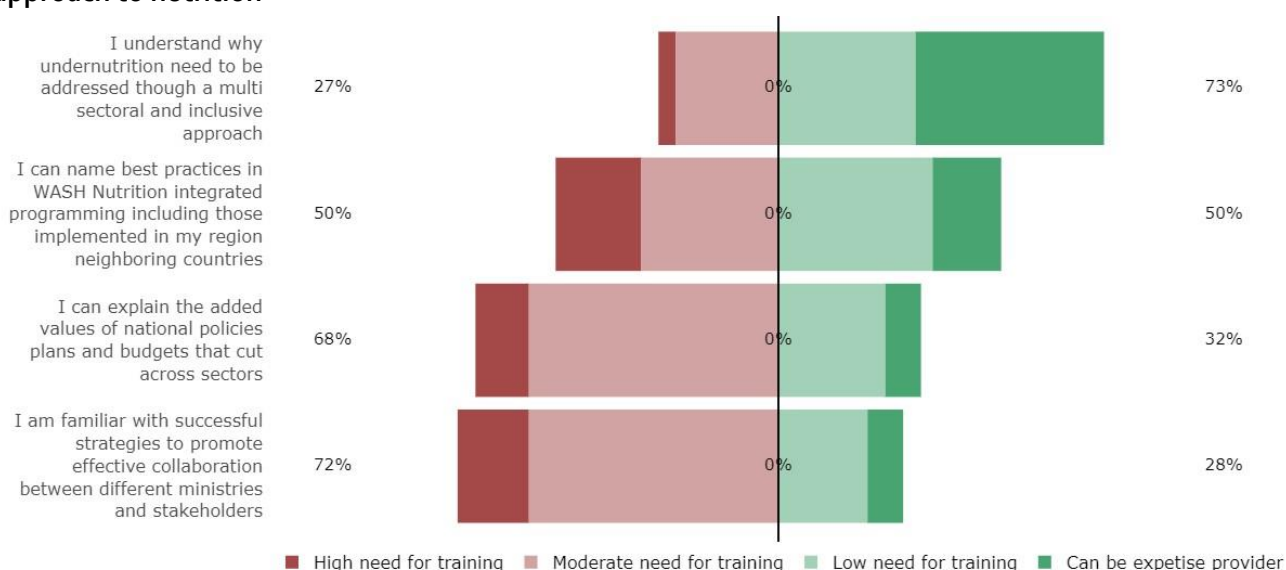
On average the highest training need expressed related to outcome 2 is the budget monitoring (73,5%), with use of budget analysis tool as highest training need (84%). In total for three out of the five knowledge areas have a training need of over 50%. From the other knowledge areas knowledge on communication tools is expressed as a high need by 72% of the respondents. Lowest training needs are expressed regarding government engagement (42,5%). In the qualitative answers several respondents indicate civil society and government networks that they are part of to Influence wash and nutrition policies, such as Food Security and Environment Forum, the National Nutrition Program and Ethiopian Civil Society Coalition for Scaling Up Nutrition (ECSC-SUN). Despite membership of such fora several respondents mention the need for a general lobbying and advocacy training, as many organizations have limited capacity on the topic due to previous government restrictions. Budget tracking is often mentioned as a topic that should be included in such a capacity strengthening program.

Examples of expertise expressed
<p>“There is current and past experiences on nutrition advocacy and in coordinating civil society organizations (CSOs) on national nutrition program (NNP) through existing sectoral coordination mechanism as well as Ethiopian Civil Society Coalition for Scaling Up Nutrition (ECSC-SUN).”</p> <p>“I have some experience on advocacy and budget structure of my country”</p>
Examples of training needs expressed
<p>“Due to the advocacy and lobby prohibiting Civil Society Law that was in place for long until it was changed two years ago, the advocacy and lobby capacity and confidence of the Civil Society organizations is not as supposed to be. I suggest a full-fledged skill training on advocacy and lobby strategy for the Ethiopian Civil society community”</p> <p>“It will be good to assume capacity building training on context-specific and evidence-based advocacy strategies and Budget monitoring and expenditure tracking.”</p>

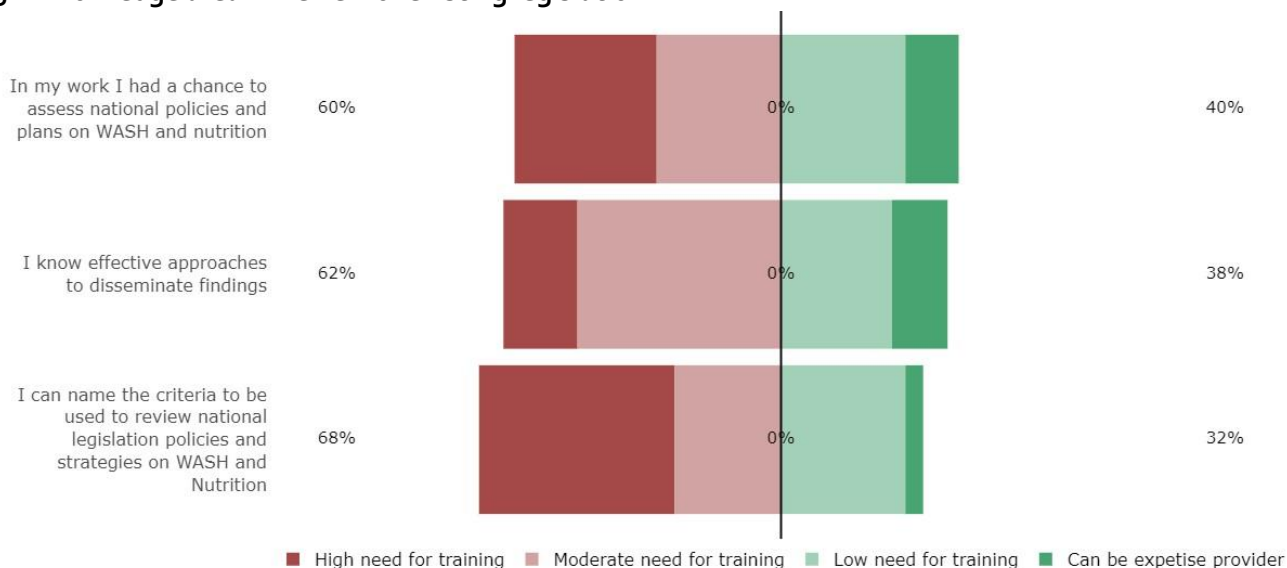
## Results outcome 3: "National government and decentralized entities adopt and mainstream an integrated, multi-sectoral approach to undernutrition in policies, action plans and budget allocations".

The following section provides an overview of the country responses of the four knowledge areas related to outcome 3 followed by a summary with highlights of capacity strengths and training needs.

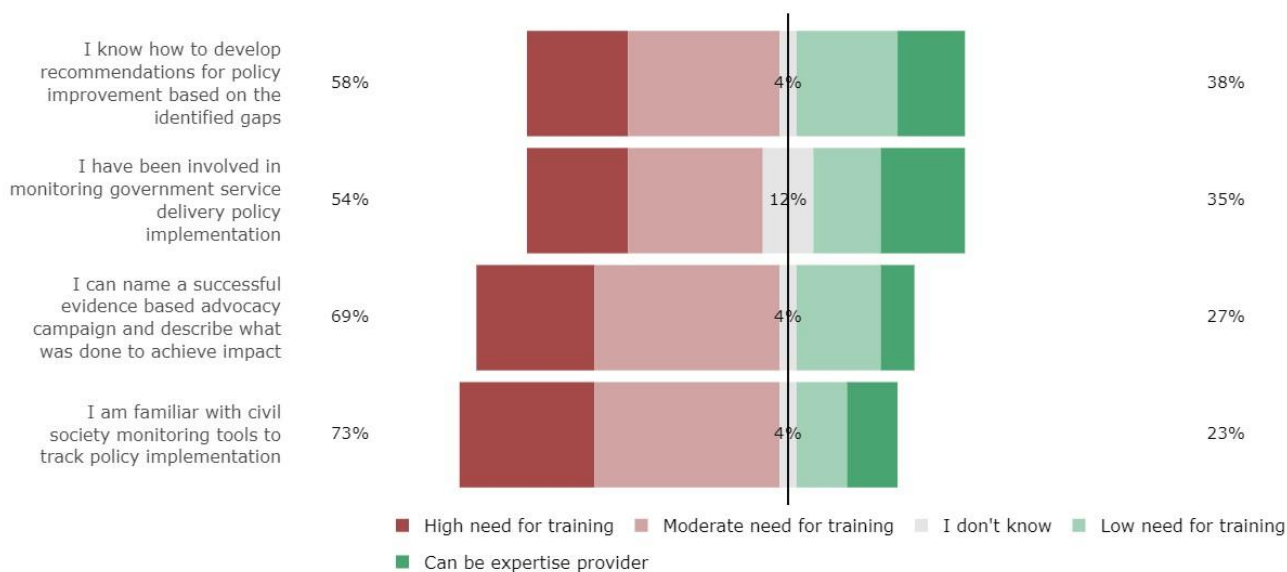
### 5.1 Knowledge area 1: Understanding core principles of WASH-Nutrition nexus and multi-sectoral approach to nutrition



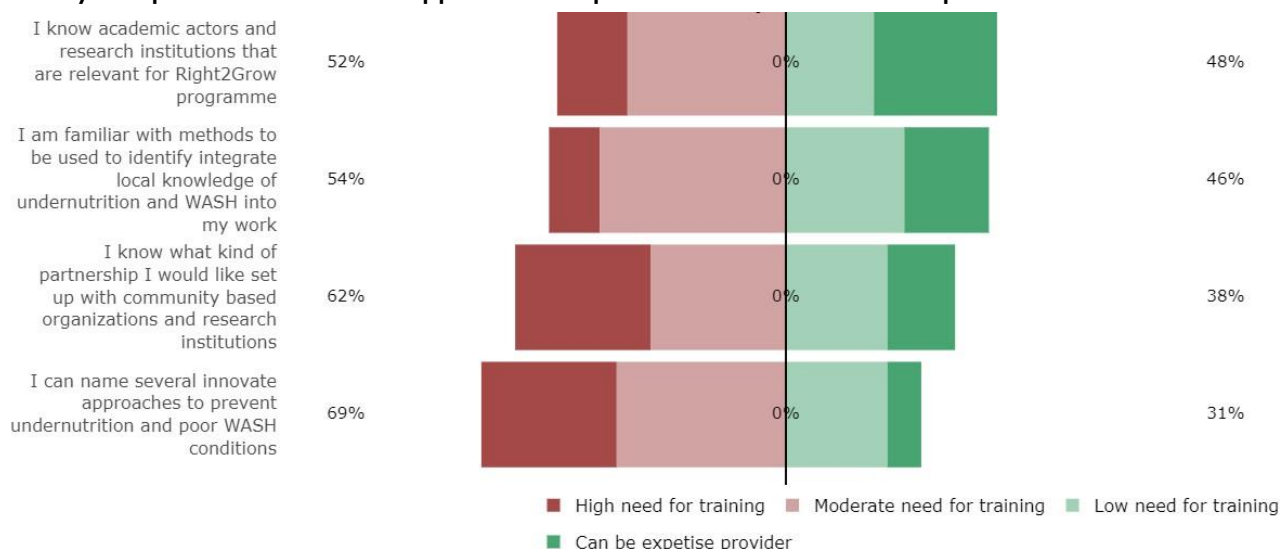
## 5.2 Knowledge area 2: Review of existing legislation



## 5.3 Knowledge area 3: Identifying policy implementation gaps and providing evidence-based recommendations



#### 5.4 Knowledge area 4: Working with community-based organizations and research institutions to identify and promote innovative approaches to prevent undernutrition and poor WASH



#### 5.5 highlights of technical knowledge and skills assessment related to Outcome 3:

In Table here below, you can see the lowest (Column 2) and highest (Column 3) training/ capacity developments needs per knowledge area, together with potential expertise providers from your country and within the Consortium (Column 4). Column 1 shows the average needs per knowledge area. To ease understanding of the results and comparison, the average needs per knowledge area are ranked from high to low and may not follow the order of knowledge areas as presented in graphs shown above.

Average needs per knowledge area	Lowest training need (% of responses)	Highest training need (% of responses)	Expertise providers in country (More than one respondent indicated expertise)
<b>KA3: Identifying policy implementation gaps and providing evidencebased recommendations (64 %)</b>	Providing policy recommendations (58%)	policy implementation CSO monitoring tools (76%)	GDCA MAX
<b>KA2: Review of existing legislation (63%)</b>	Asses national WASH and nutrition policies (60%)	Criteria for national policy review (68%)	MAX

<b>KA4: Working with community-based organizations and research institutions to identify and promote innovative approaches to prevent undernutrition and poor WASH (59,25 %)</b>	Network of academic actors (52%)	Knowledge of innovative WASH and nutrition approaches (69%)	ACF MAX
<b>KA1: Understanding core principles of WASH-Nutrition nexus and multi-sectoral approach to nutrition (54%)</b>	Understanding of need for multisectoral approach (27%)	Familiarity with effective strategies to promote cross-sectoral collaboration. (72%)	ACF GDCA MAX THP

For all knowledge areas related to outcome 3 over 50% of the participants have indicated training needs with providing policy gaps and recommendations as highest training needs, particularly the use of policy implementation monitoring tools (76). The area with the average lowest training need is understanding the wash-nutrition nexus and need for multisectoral approaches. In general respondents are familiar with the need for multisectoral approaches but need training on how to effectively promote these. These answers are also clearly reflected in the qualitative answers regarding outcome 3. Several respondents mention that they have been involved in the development of the Ethiopia national nutrition program (NNP) and some have worked on implementation at Woreda level. Based on these experiences respondents raise doubts about the effectiveness of multisectoral approaches and at least one respondent shares doubts if this is the most effective way to achieve results in the Ethiopian context. Reference is also made to multisectoral budgeting as this is perceived to have been a weakness of the national nutrition plan.

“I know the Ethiopia national nutrition program (NNP) that focuses on multi-sectoral approach; in addition in the recent amended food and nutrition policy of the country have given much attention; however, its effectiveness and adoption to integrate at action plans and

budget allocation were very poor and not practical.”

“Managing programs designed in a multisectoral approach seems to be costly as it involves various perspectives that can not even be reconciled sometimes. The professional biases, resource disbursement mechanisms, and all that seem to me complicated. It is a rather lengthy process and may not resolve the Nutrition problem as speculated. I need reflection on this aspect from the global team.”

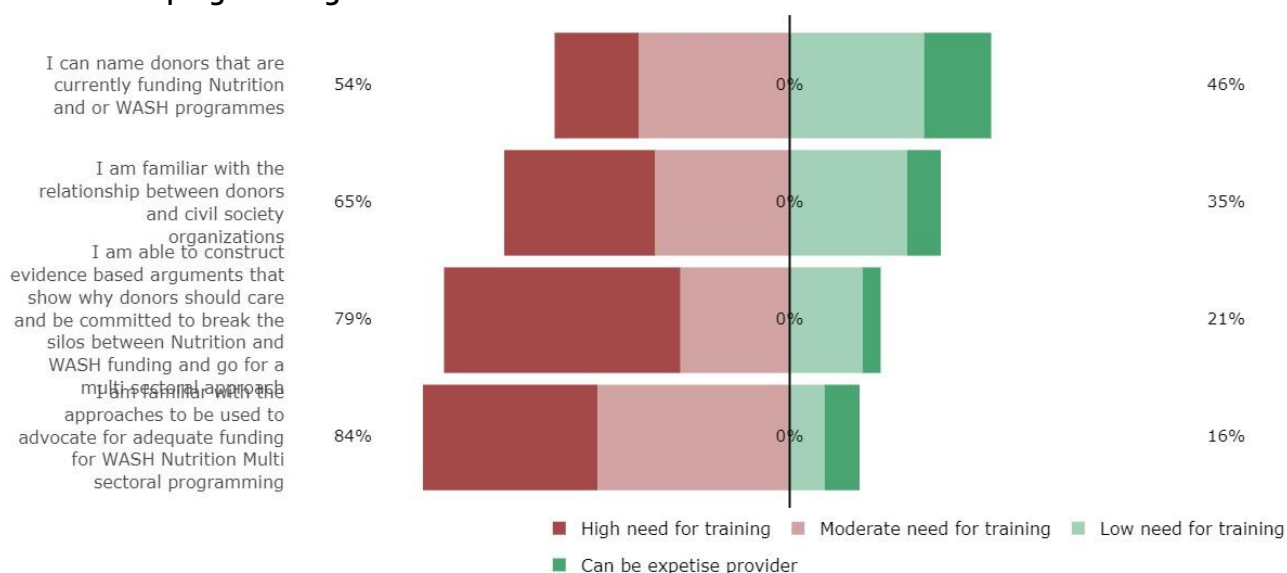
"Whilst current and past experiences on multi-sectoral programming approach are relevant, project specific support mechanisms such as on decentralized integrated, multisectoral budget allocation mechanisms towards addressing undernutrition would be helpful."

"multi sectoral approaches have been designed at National level but barely implemented particularly at bottom structures, I want to strengthen my expertise in identifying local knowledge and using that to bring change"

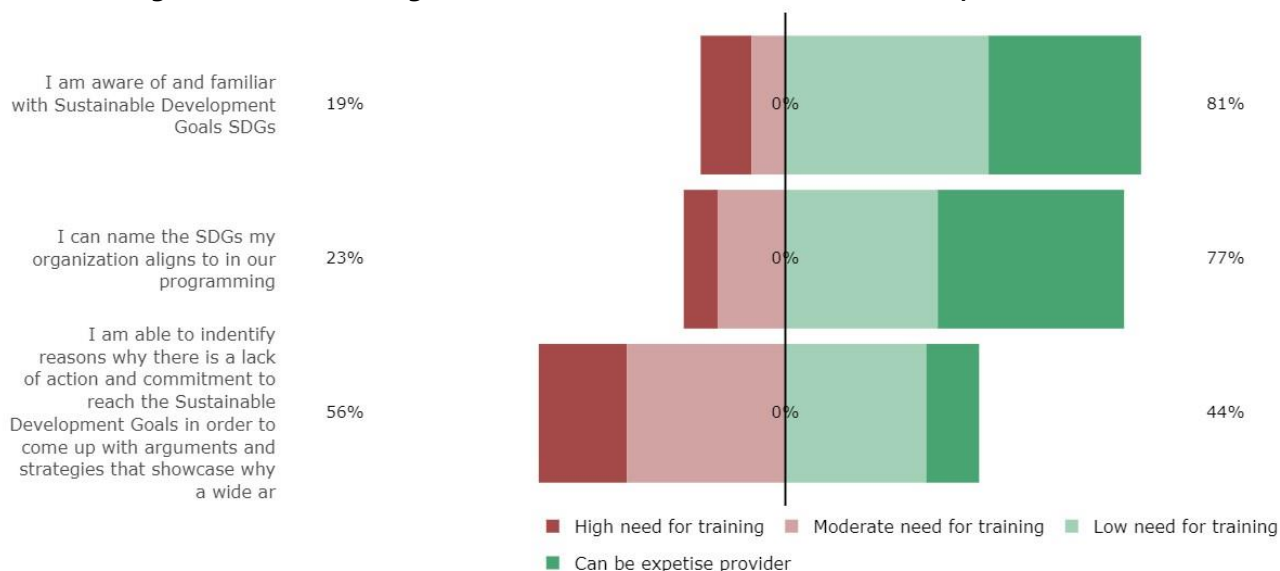
## Results outcome 4: "Donors and international development actors coordinate and collaborate along the humanitarian-development nexus to address the underlying determinants of undernutrition".

The following section provides an overview of the country responses of the three knowledge areas related to outcome 4 followed by a summary with highlights of capacity strengths and training needs.

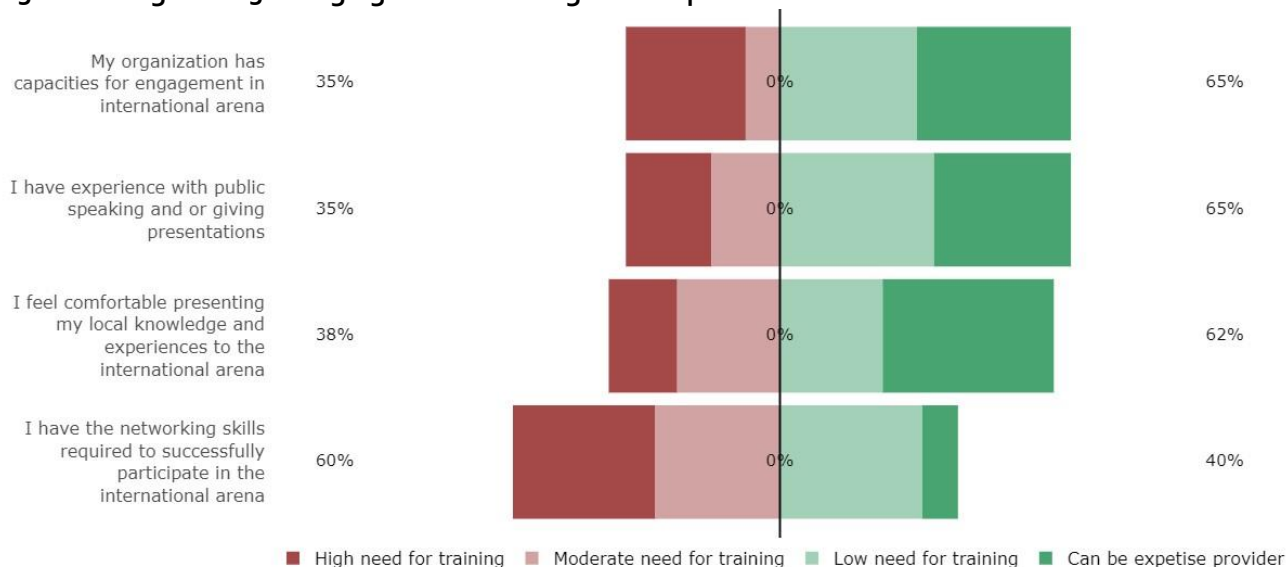
### 6.1 Knowledge area 1: Lobbying donors for better funding of nutrition and WASH, and for multisectoral programming



## 6.2 Knowledge area 2: Advocating for more action on the Sustainable Development Goals



## 6.3 Knowledge area 3: Bringing local knowledge and experiences to the international arena



## 6.4 highlights of technical knowledge and skills assessment related to Outcome 4:

In Table here below, you can see the lowest (Column 2) and highest (Column 3) training/ capacity developments needs per knowledge area, together with potential expertise providers from your country and within the Consortium (Column 4). Column 1 shows the average needs per knowledge area. To ease understanding of the results and comparison, the average needs per knowledge area are ranked from high to low and may not follow the order of knowledge areas as presented in graphs shown above.



Average needs per knowledge area	Lowest training need (% of responses)	Highest training need (% of responses)	Expertise providers in country (More than one respondent indicated expertise)
<b>1. KA1: Lobbying donors for better funding of nutrition and WASH, and for multi-sectoral programming (70,5%)</b>	Knowing WASH and nutrition donors (54%)	Approach to advocate for adequate funding (84%)	MAX
<b>2. KA3: Bringing local knowledge and experiences to the international arena (42%)</b>	Capacity for engagement in international for a (35%)	Networking skills for successful international participation (60%)	ACF GDCA MAX MCMDO
<b>3. KA2: Advocating for more action on the Sustainable Development Goals (32,6%)</b>	Familiar with SDG's (19%)	Identifying reasons for lack of action on SDG (56%)	GDCA MAX THP

Highest training need regarding to outcome 4 is lobbying donors for better funding (70,5%) with particular need for training to advocate towards donors for adequate funding. The expressed training needs for the other two knowledge areas are below 50%, though 60% would like to improve their international networking skills. Qualitative answers confirm the need for training focussed on donor mapping, related to international networking. Some participants would like to ensure that their local knowledge is better valued at International fora.

#### Key training needs expressed regarding outcome 4:

"I would be glad to have the skills and the opportunities needed for donor mapping and donor market assessment. In addition,

I need to have the skill to negotiate with donors so that I could contribute to the advancement of the humanitarian development nexus."

"strategies on how to bring local knowledge and experiences to the international arena to amplify their voices"

"Training on Networking; and the post training facilities required for networking and having information about the donors."

## B. Results of Monitoring & Evaluation (M&E) knowledge and skills assessment

This part of the questionnaire aimed to identify expertise and needs looking into the following areas relevant for MEAL work: Selection of the program target groups and stakeholders; Monitoring and Evaluation System and tools; Knowledge on qualitative methods for monitoring and evaluation; Data usage and management and Cross-Cutting Themes relevant to Monitoring and Evaluation (M&E).

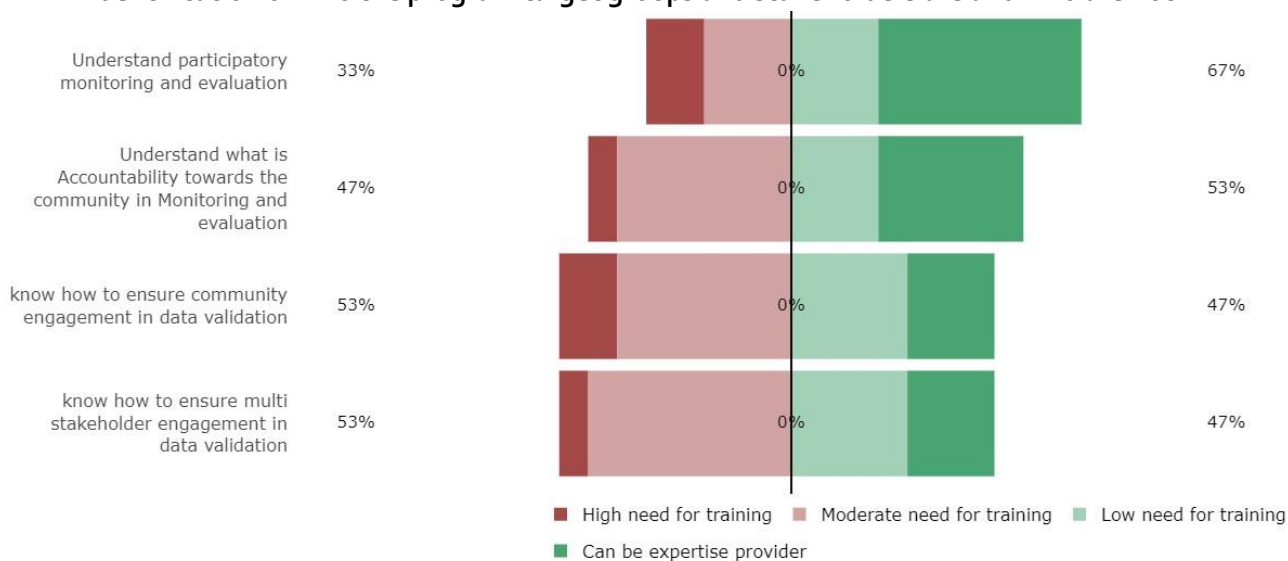
It also presents the preliminary results of the prioritization exercise conducted during the Global M&E capacity prioritization workshop in October 2021. All results, together with priorities identified, should be discussed and validated during 2022 strategic reflect and detailed planning process to take place by the end of the year.

### 1. Overview of the responses received per country Consortium partner:

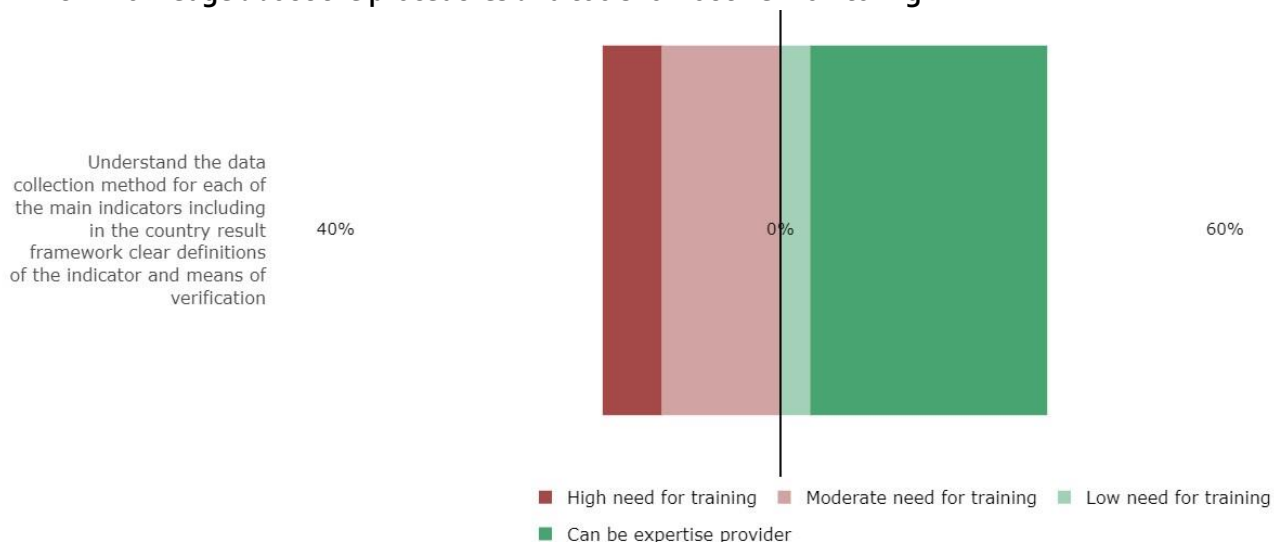
organization	count
ACF / AAH	5
Max Foundation	1
MCMDO	1
ORDA	1
The Hunger Project	1
World Vision	6

The MEAL capacity survey was filled well with a total of 15 responses. Results might be an over representation of capacities and capacity strengthening needs from ACF and World vision. No response was received from GDCA, during prioritization extra attention should be paid to check if needs expressed in the survey also represent the needs of national partner organisations.

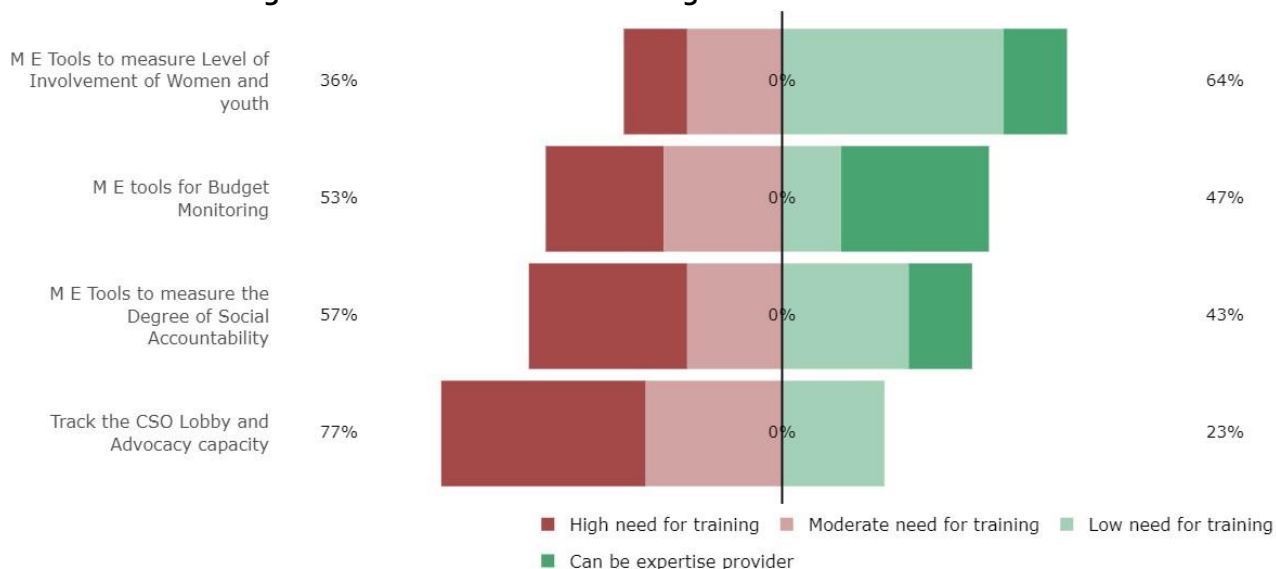
## 2. Identification of who the program target groups and stakeholders are and who are not



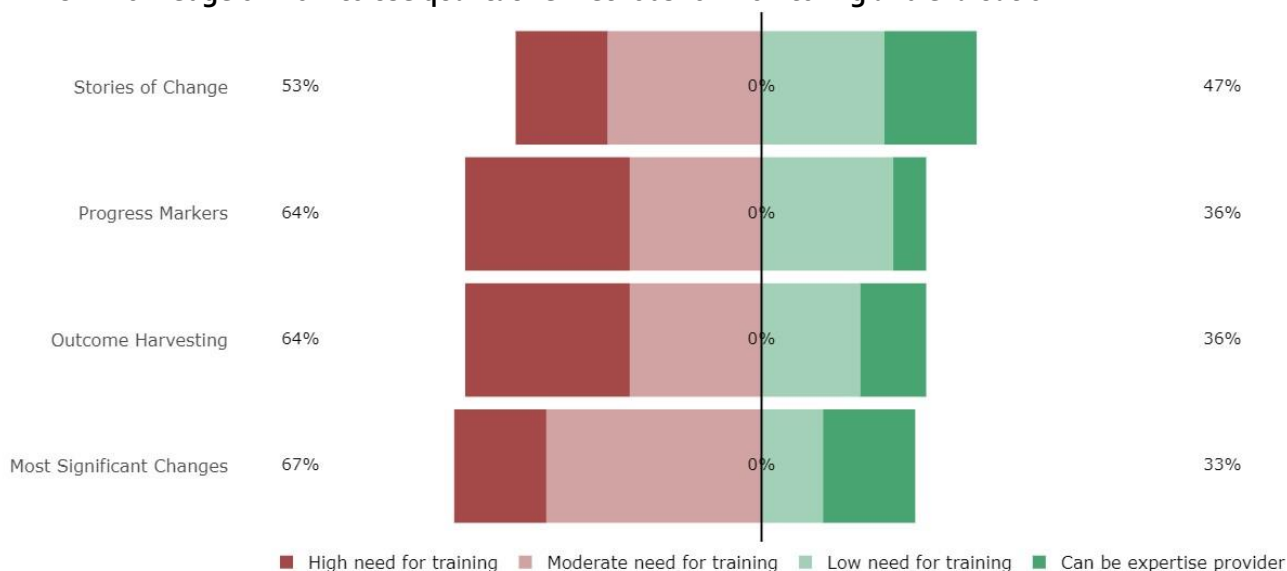
## 3. Knowledge about the procedures and tools for routine monitoring



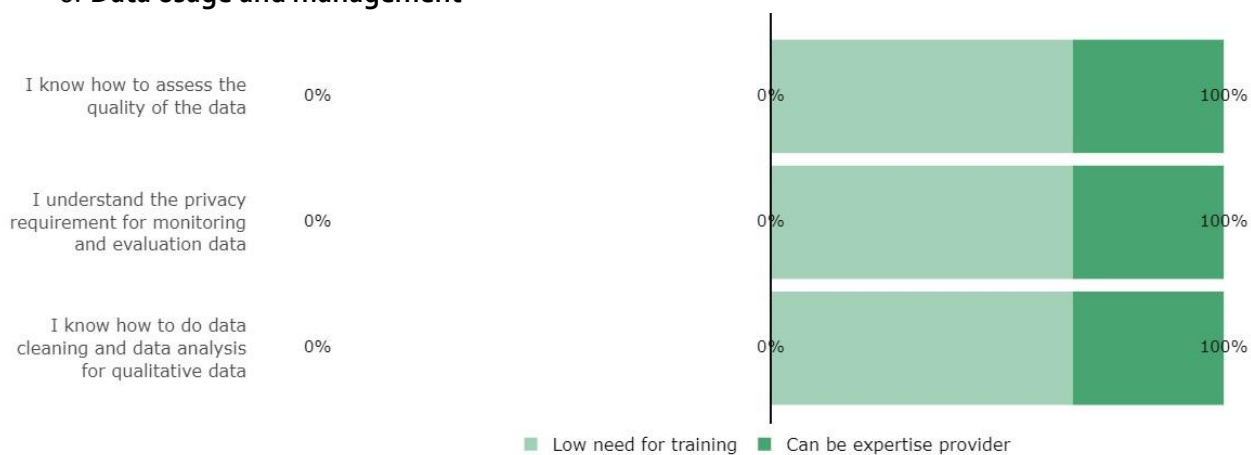
#### 4. Understanding the relevant tools for monitoring and evaluation in different thematic areas



#### 5. Knowledge on how to use qualitative methods for monitoring and evaluation



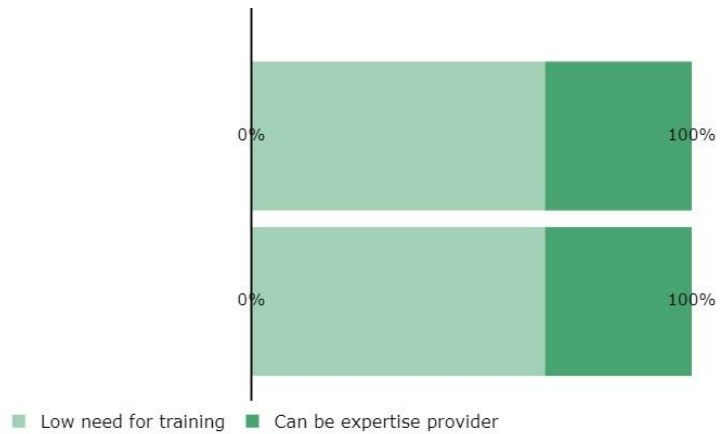
#### 6. Data usage and management



## 7. Monitoring and evaluation System and tools

I understand the different level of indicators activities outputs and outcomes What are they when to measure them 0%

I know how to develop a specific monitoring and evaluation plan that reflects the R2G monitoring and evaluation priorities 0%



## 8. Cross-cutting themes

I know how to embed child protection measures in M E training materials protocols and instruments to ensure adherence to child protection guidelines 33%

I understand the data disaggregation requirements to identify and work with vulnerable and marginalized groups including women children and youth 33%

I know how to make M E adaptations to respond to COVID 19 limitations 33%

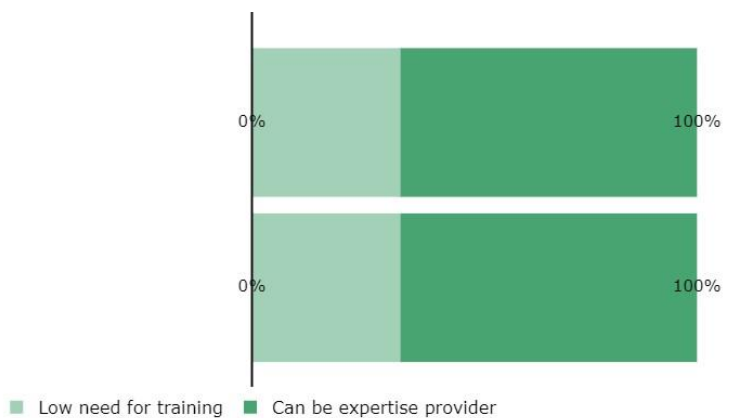
I can identify the information requirements considering cross cutting themes such as Gender Inclusion and disability 67%



## 9. Reporting

I know how to review reports for completeness coherence and accuracy 0%

I understand quality control for reporting 0%



10. **Here are what the Ethiopia team considers the most relevant/ important for MEAL capacity development in Right2Grow:**

The survey indicates that the following topics are the highest MEAL capacity strengthening priorities in Ethiopia:

1. 62% use of qualitative tools
2. 56 % tools for monitoring thematic areas

The MEAL team reflected on global and country specific MEAL capacity assessment results in a Global M&E Capacity building prioritization workshops held in September 2021, the following has been put forward by the M&E technical experts from Ethiopia participating in the workshop to specify capacity strengthening priorities in 2022:

**Capacity building priorities for 2022:**

1. Track the CSO Lobby and Advocacy capacity
2. Stories of change/most Significant changes
3. I know how to do data cleaning and data analysis for qualitative data

C. Results of Linking & Learning assessment

The Linking & Learning section of the questionnaire identifies **attitudes towards Linking & Learning at the individual level** among Right2Grow staff, **existing Linking & Learning spaces/platforms/practices** across the Consortium and **expectations of Linking & Learning in Right2Grow**. The rich results from these questions will nourish and complement the country learning agendas and the global Linking & Learning strategy to ensure they are anchored in existing practices and interests and to foster a fruitful **Linking & Learning culture** amongst all Right2Grow partners.

1. **Who are the respondents?**

Organisation	Number of respondents
ACF/AAH	11
GDCA	3
Max Foundation	8
MCMDO	3
ORDA	2
The Hunger Project	3

Woreda Government	2
World Vision	9
TOTAL	41

The response rate for the Linking & Learning (L&L) questionnaire was high: 41 Right2Grow Ethiopia staff responded. International NGO partners are overrepresented: 75% of the respondents work for international NGOs. Moreover, Mums for Mums and CEGAA did not respond to the questionnaire. In the future, it is important to ensure the right support is available for local partners to respond to questionnaire, so that everyone's insight is represented.

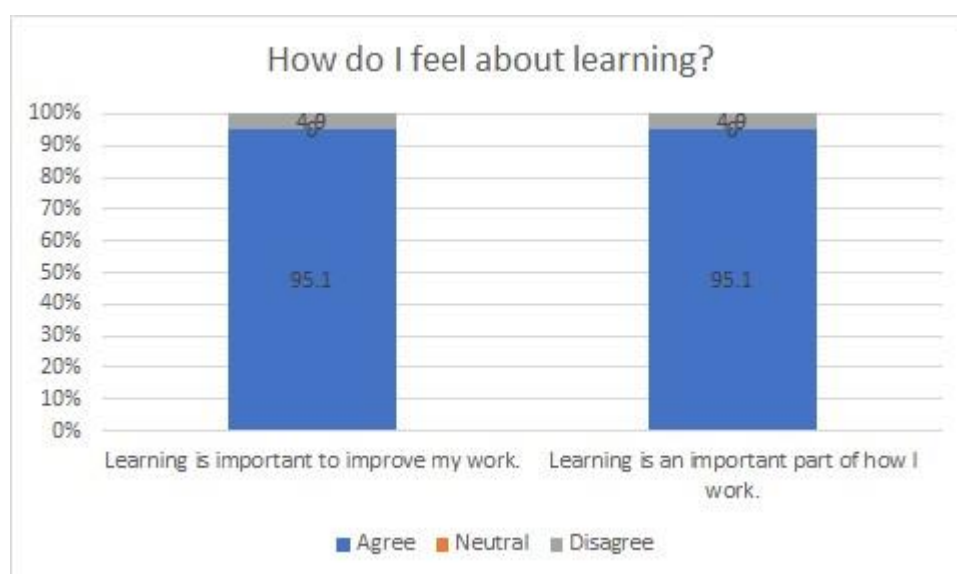
Nevertheless, this sample serves as a useful basis to assess the attitudes, practices and interests around Linking & Learning in Right2Grow Ethiopia. It's important to remember that each respondent answered the questionnaire on three levels, representing different interests and practices:

1. The respondent's personal professional practices regarding learning: individual level
2. The respondent's home organization's practices towards L&L: organizational level
3. The respondent's personal expectations for L&L in Right2Grow: Right2Grow level

As a way of working, Linking & Learning encompasses all three levels: it seeks to create a learning culture across the Right2Grow consortium that engages not only partners but also every individual within each organization.

## 2. For me: What are the individuals' perceptions and practices towards learning?

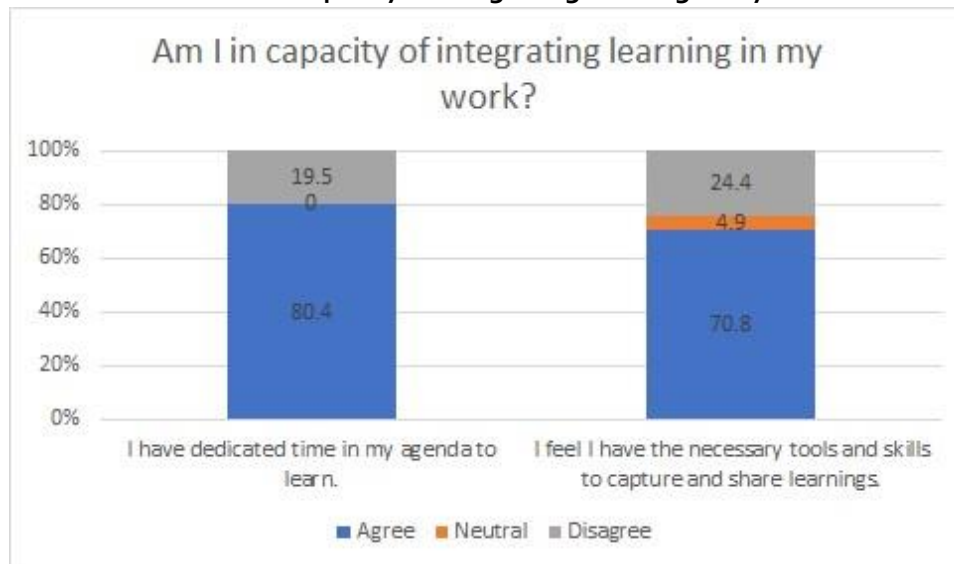
### 1. How do I feel about learning?





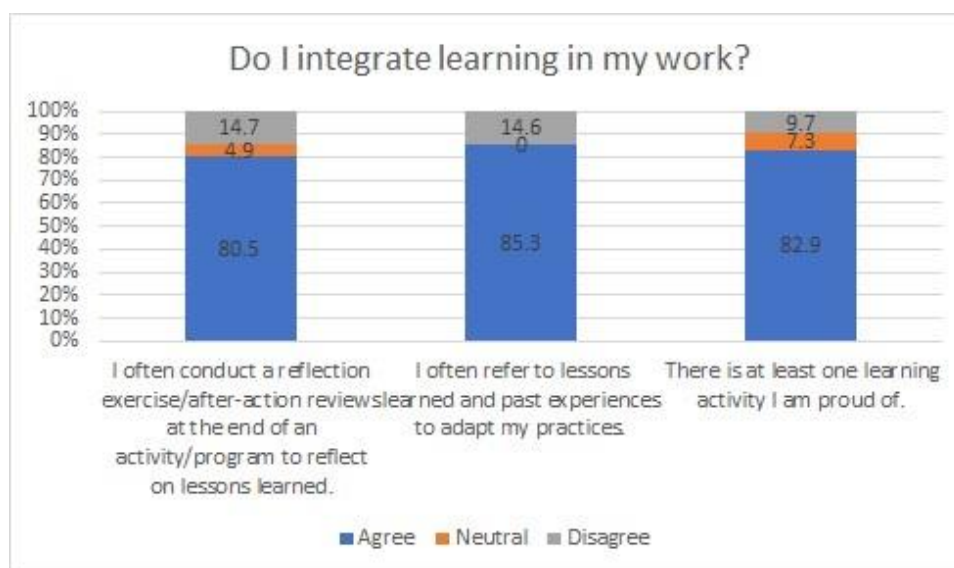
Respondents in very large majority answered that learning is important to them as professional individuals and that it is already part of how they work. These individual attitudes towards learning form a very positive foundation for deepening a learning and sharing culture. It is important to highlight and reference this shared vision.

## 2. Am I in capacity of integrating learning in my work?



Beyond a positive attitude towards learning, individual professionals also require the ability (time resources, tools and skills) to integrate learning in their day-to-day work. The majority of respondents have answered that they have dedicated time in their agenda to learn. While this is a positive result, it is also important to consider the variety of time that respondents might have. It could be interesting to share examples of individual organisational scheduling of how people make time for learning and for which kind of learning. Regarding tools and skills to capture and share learnings, there is a significant need for improving individuals' capacities. There is potential to share tools and practices around learning activities across different roles within the Ethiopia Right2Grow team.

## 3. Do I integrate learning in my work?



Results on the practical integration of learning at individual professional's work is positive. The majority of respondents have answered that reflection has a role and is integrated in their individual ways of working. This is a very good foundation to initiate joint reflection moments for adapting practices within Right2Grow Ethiopia. It will be important to take into consideration each partner's standard approach to reflection to ensure the methodology decided builds upon existing practices.

#### 4. Let's hear from everyone!

Below are every respondent's answers to the question: "What learning activity are you most proud of?".

Have a look at the variety and common trends of individuals' approaches to integrate learning in their work! These answers will serve as a central basis to nourish the brainstorming process to develop the global linking strategy.

Improving my excel skill for data analysis
Learning happens every time we deliver. So, I may not mention specific things here. Broadly, rural development is a complex process and requires innovation capacity. I have learnt this from my previous work experience as an innovation development officer. I usually pause and think of innovative ideas to solve roadblocks on my day to day operation at the office. This is a big learning to me as it always reminds me to think and do differently. Collaboration and partnership strategies to bring the desired result.
Documenting case stories
Conducting field monitoring, analysis of findings and organizing a reflection session to provide feedbacks and learnings including sharing of knowledges and forward action points for better improvement.
Learning generation tool Learning communication and sharing
Learning from my previous implementation
An experience sharing meeting among different stakeholders.
Program level weekly morning sessions we conduct in our organization.
Community led total sanitation ignition sessions.

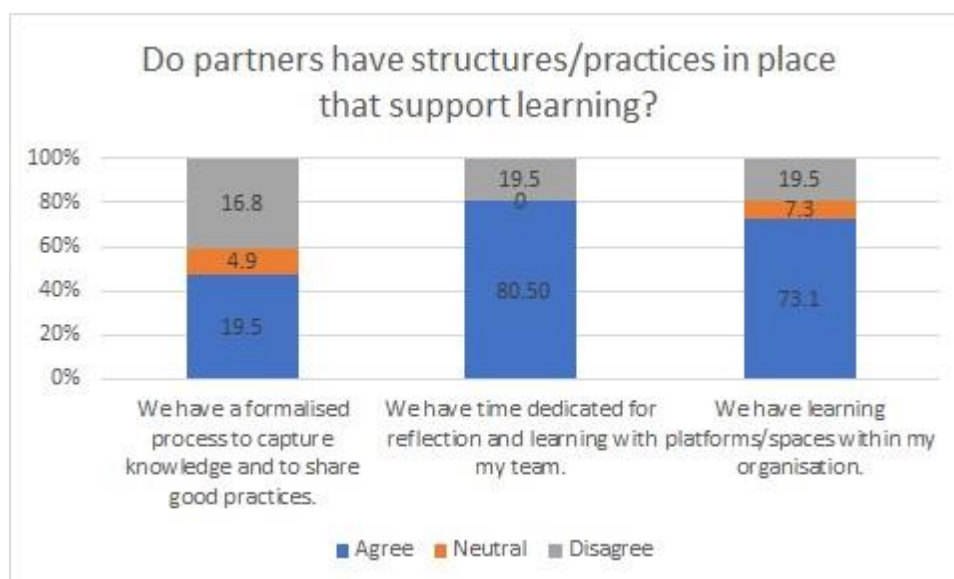
To share a document and folder
Reference books reading
Learning review
South to South learning session. NSA learning platform organized by the MoA.
Practical learning(on job learning)
From my experience, I have learnt that all households especially poor and marginalize can't invest on sanitation and advocating for smart subsidy for sanitation and now accepted by government to promote.
Reading necessary books.
Feedbacks from individuals/organizations to whom I share updated information, Performance reports, Project proposals, regular plans, etc.
Various emergency and development projects that integrate Nutrition and WASH.
Prior professional experience working with Vulnerable and street children protection issues.
Sharing documents and reports to concerned partners.

#### What do we do with all this? - Suggestions for action:

5. Highlight and reference the positive results that illustrate a shared vision of a learning and sharing culture (perhaps during internal meetings/presentations for example, or via email to relevant staff).
6. Share resources around individual learning tools and resources within the Ethiopia Right2Grow team (this can be done with support from the global L&L team, and with dissemination by the focal point).
7. Use the open responses to individual learning activities both to inspire the Ethiopia learning agenda (suggestions of types of activities) and the brainstorming with all focal points around the global linking strategy at a later point.

### 3. For my organisation: What are our partners' practices and integration of learning?

#### 1. Do partners have structures/practices in place that support learning?



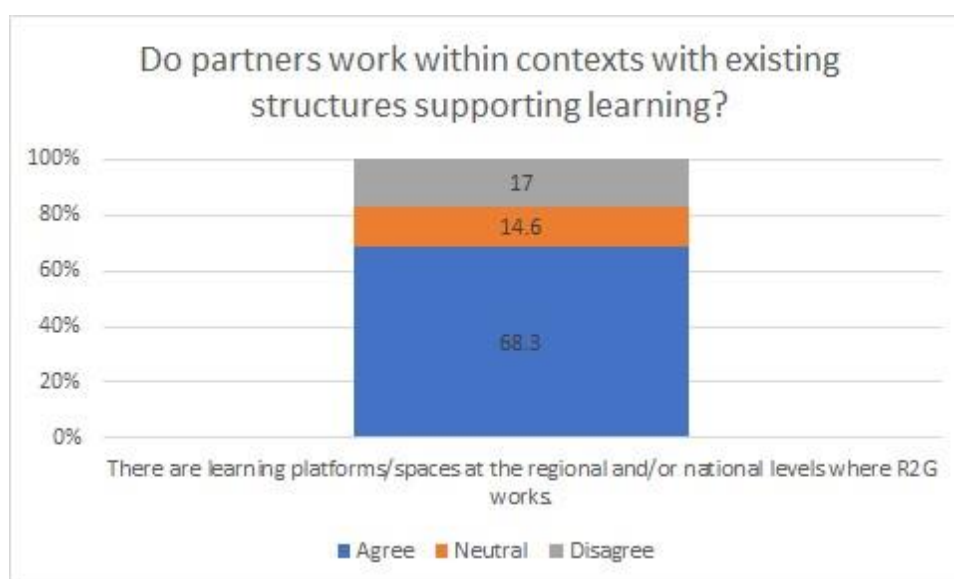
While for a majority of partners there is dedicated time for reflection and learning at the team level and learning spaces at the organizational level, there is a gap when it comes to having this supported by a formal process. It would be interesting to explore how a formalized learning and sharing process at the Right2Grow level would fit with partners' organizational practices. There could be also a potential for scale up of formalized linking and learning processes within partner organizations beyond Right2Grow.

#### 2. Do partners integrate learning in their organizational processes?



There is a high percentage of respondents reporting that a learning and linking mindset shapes their organizations' work. This can serve as a good foundation to use existing practices within organizations when brainstorming the global linking strategy: what can we learn from existing practices to shape Right2Grow's ways of working?

### 3. Do partners work within contexts with existing structures supporting learning?



A large proportion of respondents indicated that their organizations already engaged with external learning platforms. Depending on the learning and linking priorities expressed by the Ethiopia team, it could be relevant to engage with those platforms to ensure the sustainability of linking and learning captured from Right2Grow beyond the duration of the project.

#### 1. Let's get mapping!

Below are the open responses asking for the names and themes of the learning spaces/platforms that partners use both internally and externally. The responses have been broadly classified into internal partner platforms/practices and external ones. The left column can be used to inform learning and sharing practices both in Ethiopia and at the global level. The right column can be used as a record for the L&L Ethiopia team to use as a reference when linking opportunities arise to engage with stakeholders beyond Right2Grow.

Learning spaces/platforms internal to partner organizations	Learning spaces/platforms external to partner organizations
Regular meeting sessions among R2G partners	National forums on WASH for WASH policy issues, Food security and Environment forum for food security and environment related issues.
Within the organization there is program team and daily if there is new things to share we have space to share and we use email to share any positive and negative experiences.	Go NGO Forums

Internal launching program	we will use ECSC-SUN, CCRDA and CVA taskforce platforms on integrating nutrition and WASH programming
Teams, email and telegram	Sekota declaration
Periodic review meetings, Experience sharing sessions	The themes /components of learning platform are WASH, nutrition, food security and entrepreneurship
Meeting to understand planning and reporting tools, south to south learning	National NSA platform
Mini hall discussing the major indicators(from input to impact), methodology of project implementation and monitoring, progress status and related.	There are various learning platforms and spaces this project can leverage on such as the CCRDA (An association of NGOs/CSOs operating in Ethiopia and serves as a forum for collective vision and action), ECSC-SUN, Nutrition cluster/ENCU, National Information Platform for Nutrition (NIPN) based in EPHI, annual national nutrition conference, annual and bi annual National Nutrition Program as well as Sekota Declarations Program reviewing sessions, and also regional annual and biannual health and nutrition meetings.
Sharing case studies/success stories for WaSH, FSL and Nutrition sectors	The Multisector forum for WASH and the SUN movement for nutrition are very important platforms that can be used for R2G project. Because in the platforms policy and strategic level issues were discussed
evidence and learning @ action against hunger	Water sector working group, Hygiene and environmental health taskforce, SUN movement, Seqota Declaration

In the last 6 months inception phase of this R2G project, I considered our monthly meetings, launching workshops and TWGs meetings as a learning platform.	Kaya, Disaster Ready, coursera etc
Monthly PTT/Global PT meetings, TWGs meeting, National and Regional level effort coordination mechanisms (it is going	HDA, religions groups
to happen) and the R2G SharePoint are considered as learning platforms/spaces;	
Annual learning event which is organized by the regional office and WASH, Health, FSL and protection themes are part of the event	Women health army, d/t functional associations,
Annual learning meeting, In country and abroad exchanges, community of practice and web based platforms	
It depends on the objective of the project	
Learning on job	
Sharing best practice and lesson learned from the team and concerned stakeholders(NGO and Government)	
Workshops, meetings, Facebook pages of the organization, sharing of reports from the sectors	
We have Whatsapp group for MEAL department across the organization to share information and learning from each other by raising question.	

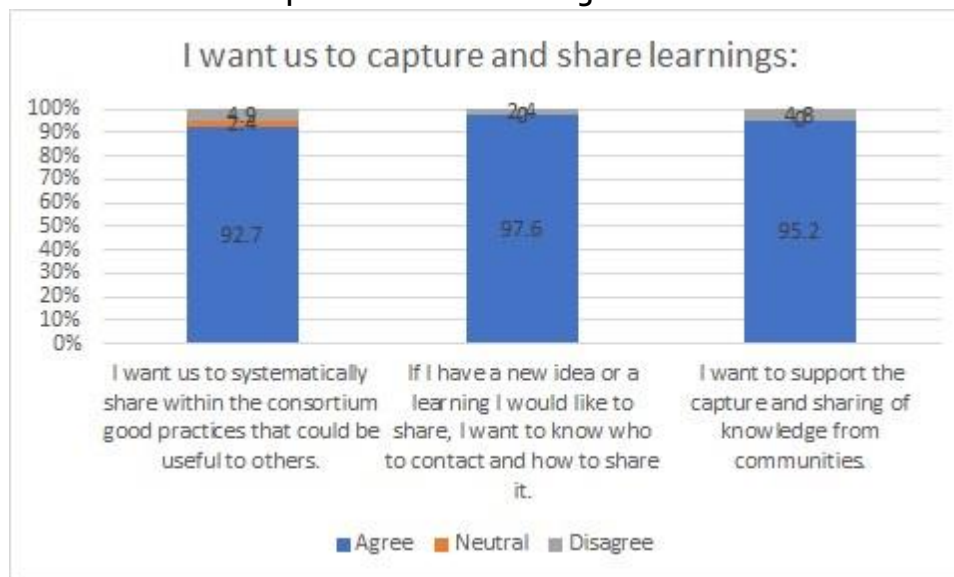


## What do we do with all this? - Suggestions for action:

2. Focus brainstorming around what a formalized process to capture knowledge and good practices would look like, and how to create it. This can also inform the design of the global approach. The Ethiopia L&L focal point can use these results to inform their input on this topic.
3. Use existing organizational learning practices both to inform the Ethiopia learning agenda (types of learning activities for example) and the brainstorming of the global linking strategy.
4. Keep a record of external learning platforms that partners know and work with for future years, so that L&L in Ethiopia can use it for linking opportunities that will arise.

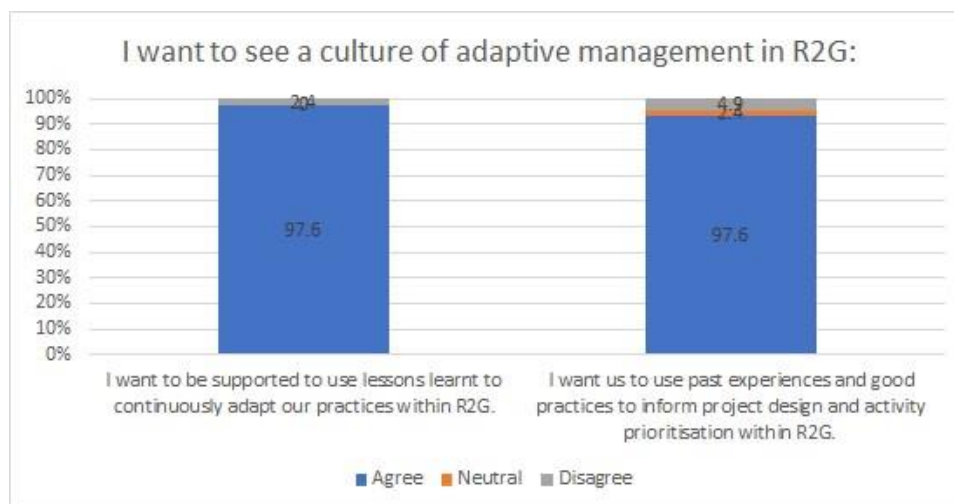
## 4. For Right2Grow: Where do we want to go, together, with L&L?

1. I want us to capture and share learnings.



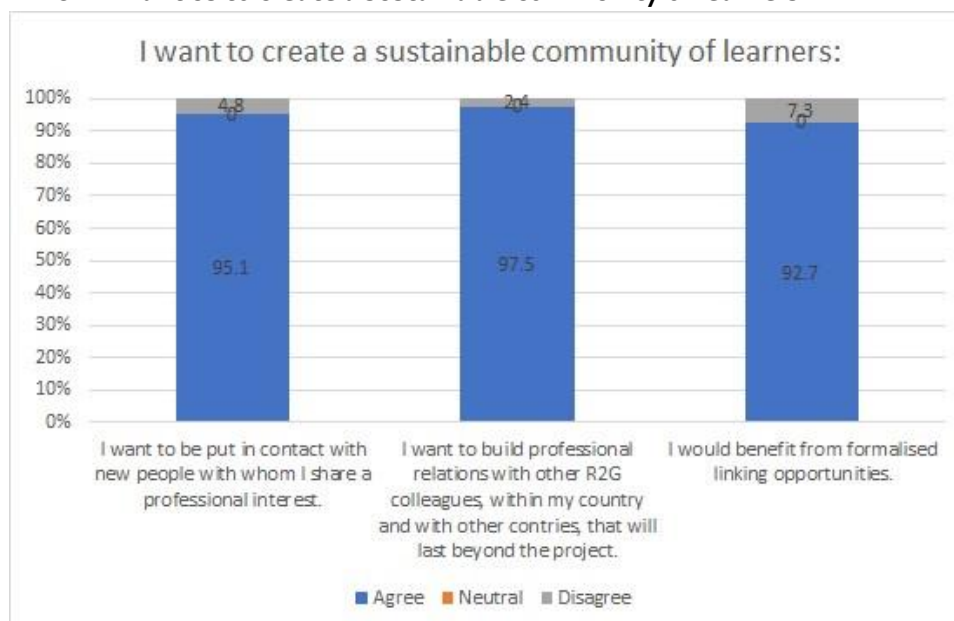
This is a very positive results: almost all respondents indicated being in favor of an approach which systemizes the documenting, sharing and use of lessons learned in project implementation. A very large majority responded that they would like to be engaged in a dynamic process to share their own learning within the consortium. It is important to have linking and learning processes in Ethiopia and at the global level that encourages anyone from engaging with L&L, that the process to engage is clear to all, and that different teams and roles are represented in L&L decision-making at all levels. Finally, there is a clear commitment from partners to engage with and raise the visibility of knowledge from communities.

## 2. I want to see a culture of adaptive management within Right2Grow.



There is an overwhelming desire to see a culture of adaptive management in Right2Grow. It will be important to base this approach on existing practices in partner organization, and to adapt it to the partnership context of Ethiopia. There is also a potential for cross-country learning from experiences on adaptive management. The global L&L team is also planning on supporting countries from a technical side on implementing adaptive management approaches.

## 3. I want us to create a sustainable community of learners.



There is also a clear shared vision by Right2Grow Ethiopia's partners to create a culture of sharing within the consortium. This information will be useful when L&L focal points brainstorm a global linking

strategy. A key aspect to consider will be how to identify topic areas in which staff members are interested in sharing and linking.

## 4. Let's envision our future together!

Below are the responses to the open question: Which kind of linking opportunities would you like to see formalized in Right2Grow? These responses should form the foundation of to the brainstorming of the global linking strategy, which will involve all L&L focal points.

Quarterly bases virtual meeting
CVA taskforce
I would benefit from formalized linking opportunities (ex: monthly reflection on a thematic, virtual
Physical engagement, observation, field visit and Joint Supportive supervision and participate on scientific conferences and side events.
Community of practice among thematic sector
Through meeting and share points
Monthly meeting and virtual
news letters or zooming with different actors including video meeting
monthly reflection on a thematic, virtual "coffee break" mini-Q&A), as well as experience sharing.
virtual "coffee break" mini-Q&A).
Monthly reflection on a thematic
Face to face
Telegram and email.

Biannual reflection on a thematic
Training, workshop, review meeting, report and lesson sharing.
Common email group, telegram group and common website
Website
Quarterly reflection on thematic
Monthly reflection on thematic virtual Q and A
I want to build professional relations with other Right2Grow colleagues, within my country and with other countries, that will last beyond the project.
CSOs and Government.
Experience Sharing, Field Visits, knowledge sharing works shops for best practices
partners meeting, web pages accessing for linking, Government structures .....

### What do we do with all this? - Suggestions for action:

5. Use the results from the first graph to 1) brainstorm how to engage and encourage Right2Grow staff outside of L&L to participate in linking & learning, and 2) reflect how to incorporate community knowledge in the Ethiopia learning agenda.
6. Provide input and suggestions as the global L&L team works towards creating support to implement an adaptive management approach (ex: feedback on TORs for a workshop consultant etc.).

7. Use results from the third graph to reflect on how to best identify topics/areas that Right2Grow staff would be interested in linking on in Ethiopia and at the global level.
8. Use the open responses on desired linking spaces within Right2Grow to inform the **brainstorming on the development of the global linking strategy.**

#### D. Results of organizational development assessment

The objective of this questionnaire was to gain a better understanding of the institutional strengths and development needs of the country Consortium partners so that we can jointly build an organizational development strategy. Ultimately, we want Right2Grow civil society partners to be strong enough financially, technically, and internally to exist long after our partnership concludes. Here are the results.

##### 1. Overview of the responses received per country Consortium partner:

organization	count
ACF / AAH	4
GUDCA	1
Max Foundation	7
MCMDO	2
The Hunger Project	4
unknown	1
World Vision	6
<b>Total</b>	<b>25</b>

##### 2. Overview of the type of positions answering this questionnaire:

position	count
I'm not working at senior or medior management level	6
Mid- manager e.g. Advocacy/ Nutrition/ WASH/ Community 11 mobilization/ Communication program manager, adviser or similar	
Senior manager e.g. Director, Deputy director, Head of department or similar	8

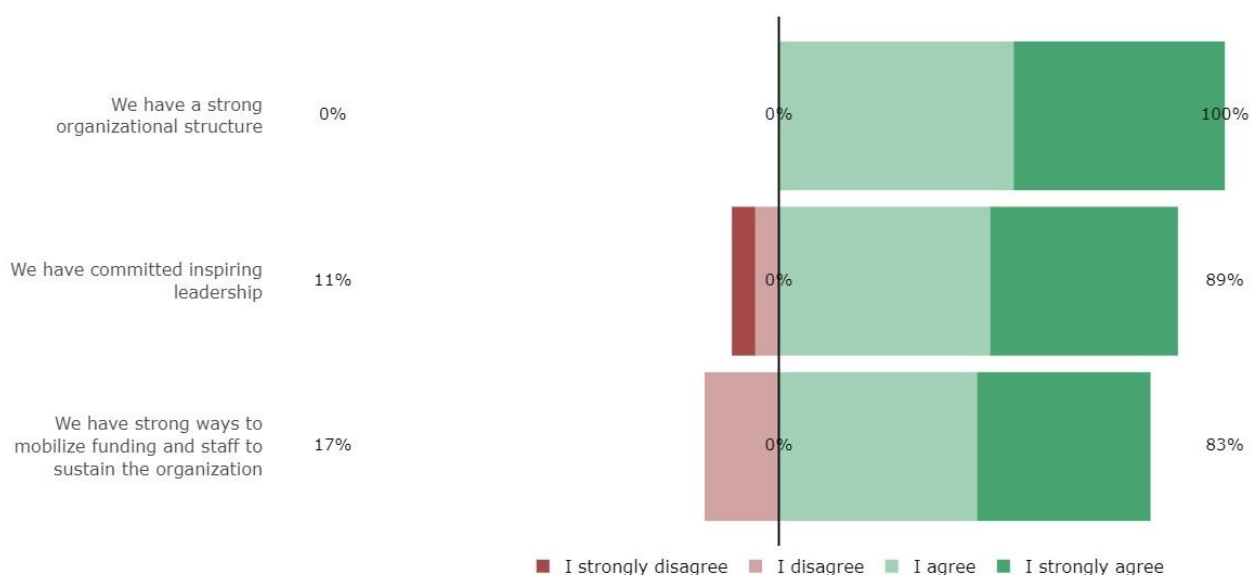
Country partners were asked to provide one or two responses per partner organization from mid- and senior managers. In total 18 valid answers from senior managers were received as those who indicated that they were not a senior manager were sent to the end of the survey. Most organizations provided at least one response with the exception of, ORDA, Mums for Mums and the CEGAA/BMET though one of them could be the 'unknown' response to the survey. It's likely that the response are disproportionately influenced by the responses of international partner country offices which are higher than those of national partners.

### 1. Overview of the governance structure of the organizations:

organization	>50% men	>50% women	>50% youth
ACF / AAH	1	2	0
GUDCA	1	0	0
Max Foundation	2	2	0
MCMDO	2	0	0
The Hunger Project	3	1	0
unknown	1	0	0
World Vision	4	0	0

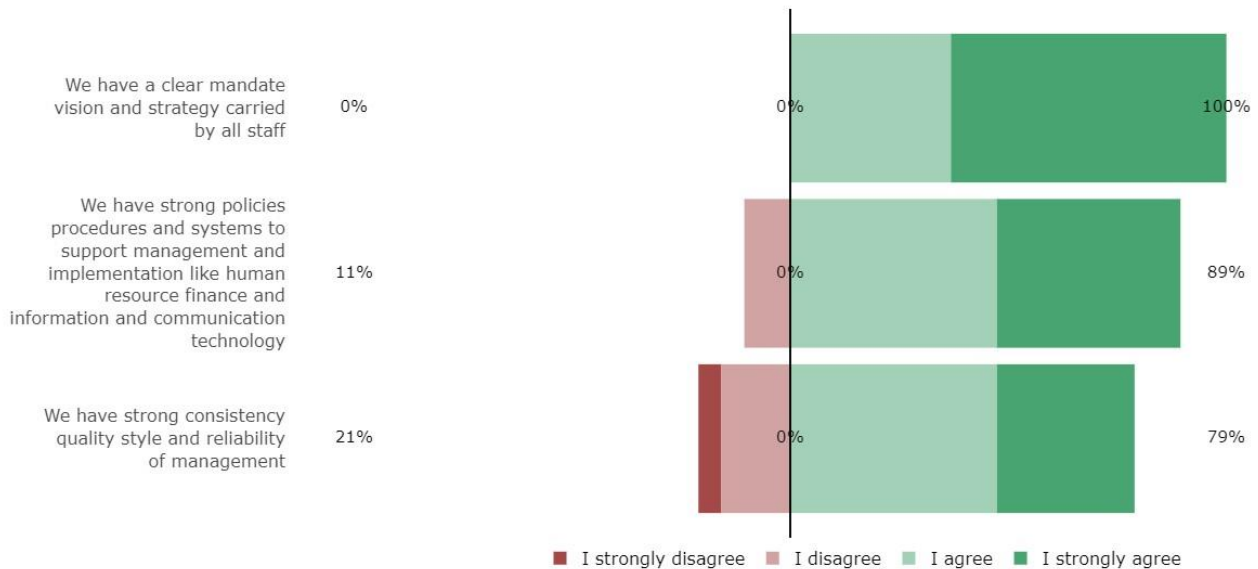
R2G partners are generally male-led organisations with divergent views about the governance of their organisation by respondents from ACF, Max Foundation and the Hunger project country offices.

### 2. Capability to act



On average 90% of the respondents agree that their organizations has 'capability to act' with just a few respondents who have doubt about the leadership (11%) or have a strong way to mobilize funding (17%). Qualitative answers confirm the answers with responses that Indicate that partners are managing various projects and have good resource mobilization strategies. Key points that emerge for further development mentioned are resource mobilization, sufficient financial/administrative capacities and gender balance in the organizations leadership.

### 3. Capability to achieve coherence

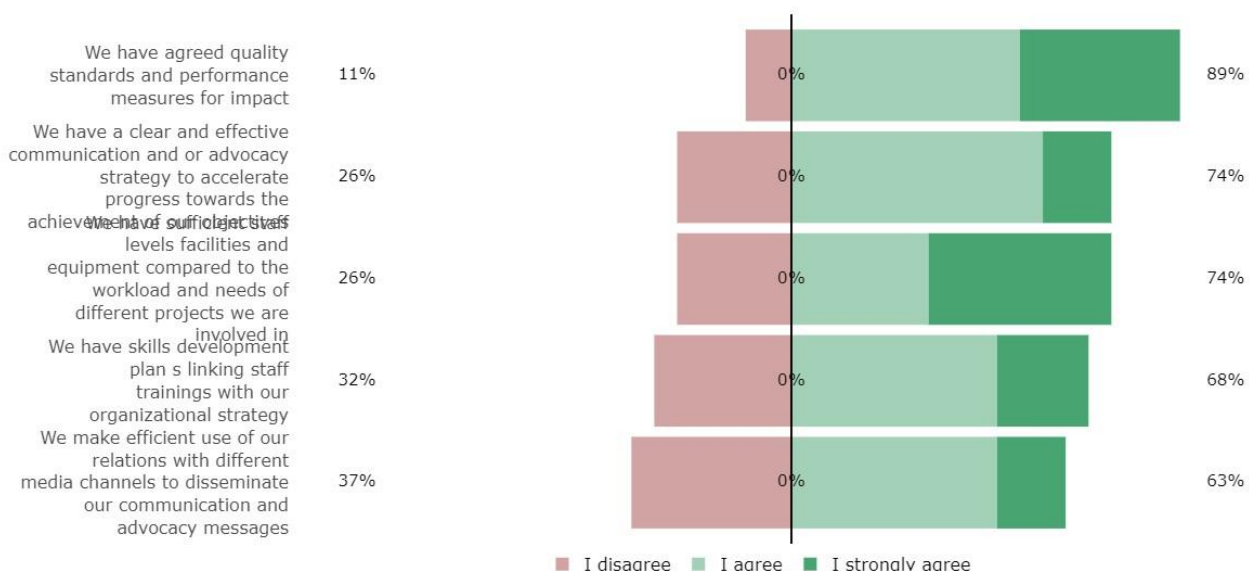


On average 89% of the respondents agree that their organizations have 'capability to achieve coherence' with just a few respondents who have doubt about the policies and procedures (11%) or have a strong and quality management style (21%). In qualitative answers some respondents list different types of policies that their organization have in place, that their strong / simple vision contributes to coherence or that staff performance reviewed in relation to the organizations objectives. Factors mentioned that diminish partners to achieve coherence include recent establishment, lack of funding and Inconsistent management.

diminishes their capacity to achieve coherence

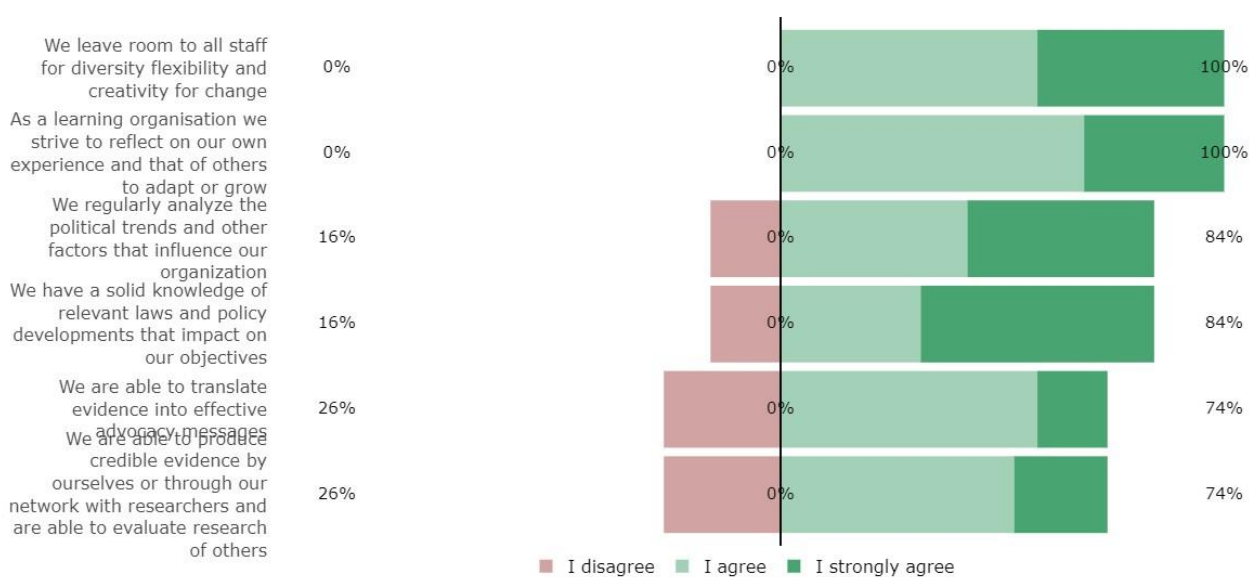


#### 4. Capability to deliver development outcomes



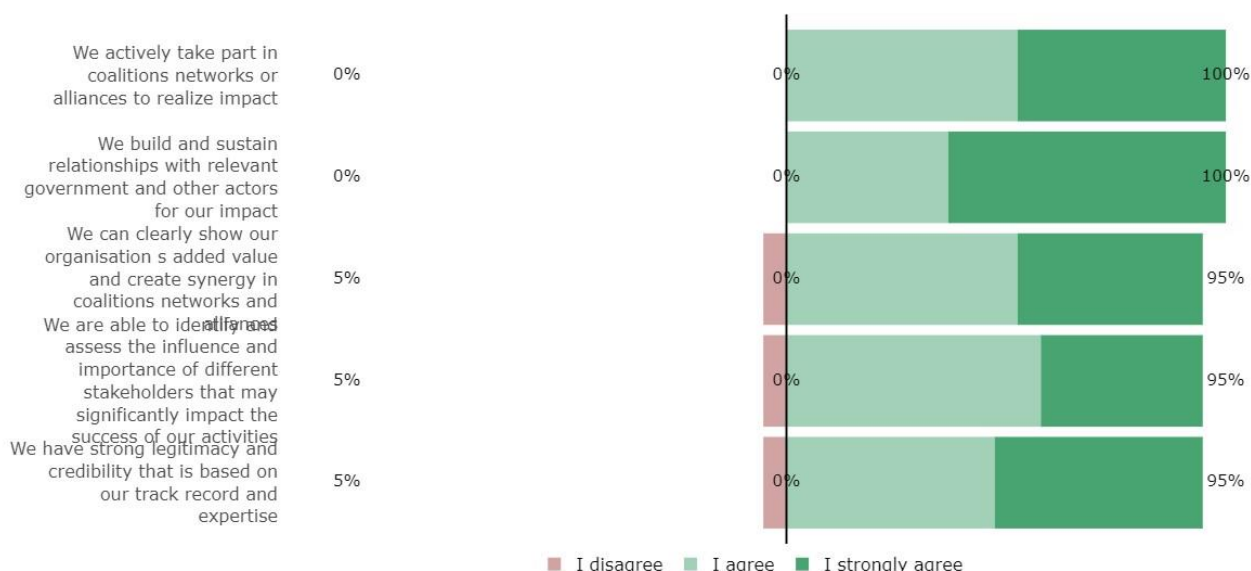
On average 74 % of the respondents agree that their organization has the 'capacity to deliver outcomes' with making use of media channels (37%) and staff skills development plans (32%) as key areas for attention. In qualitative answers several respondents mention the need for communication and advocacy strategies for their organizations, several mention that such a strategy is being developed. To approach outcomes for multisectoral problems working with more multidisciplinary staff is suggested by one respondent.

#### 5. Capability to learn and self-renew



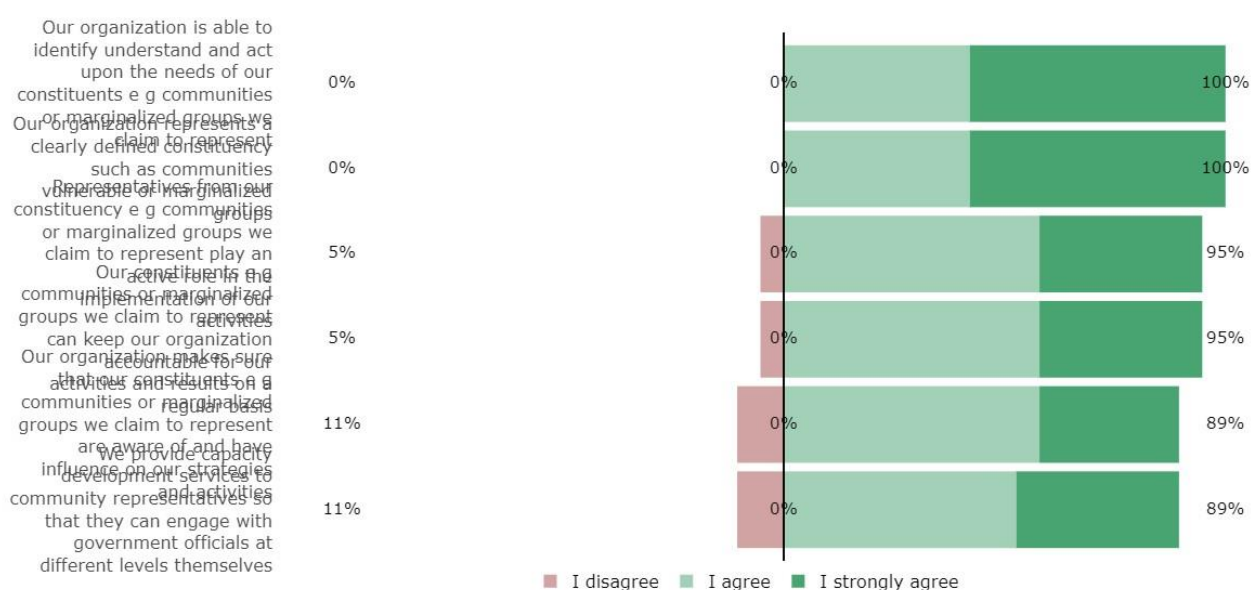
On average 86 % of the respondents agree that their organization has the capability to 'learn and self-renew'. Success factors to learn and self-renew mentioned include striving for impact instead of outputs, adapting to changing context and building on evidence. Main areas of attention that emerge from the qualitative answers relate to communication and advocacy capacity.

## 6. Capability to relate to external stakeholders



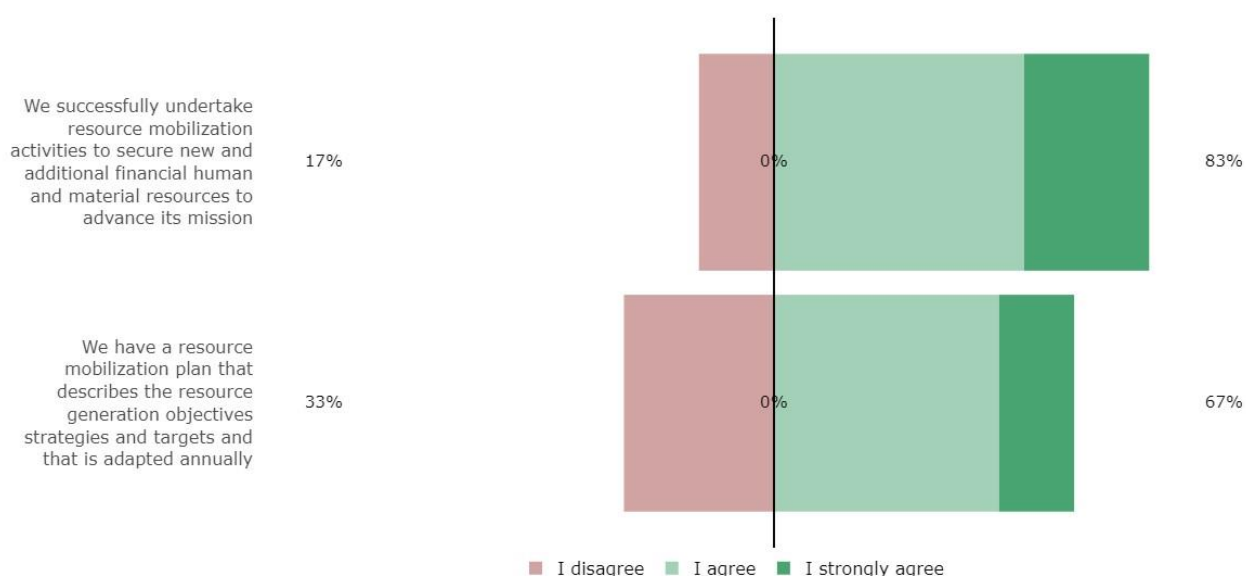
On average 97 % of the respondents agree that their organization has the capability to 'relate to external stakeholders'. Membership of platforms is seen a good way to relate to other stakeholders. examples of specific platforms mentioned include CCRDA and the healthy village consortium.

## 7. Grassroots embeddedness and legitimacy



On average 97 % of the respondents agree that their organization has grassroots embeddedness and legitimacy. Success factors mentioned include inclusion of community representatives in the project cycle and to hold the organization accountable. An examples mentioned that show grassroots embeddedness include the establishment of women-led community-led institutions and the healthy village approach.

## 8. Resource mobilization and sustainability



On average 75 % of the respondents agree that their organization has sustainable resources with resource mobilization planning as an area for Improvement according to 33 % of the respondents. Resource mobilization planning and effective funding application are mentioned as areas of improvement in the qualitative responses. One respondent mentions that resource mobilization should also focus on bottom-up (community) resources beyond International donors.

### Conclusion

In general respondents are confident about their organization's capacity, and almost all respondents agree about their grassroots embeddedness and capability to related to external stakeholders (both 97%). Given the sensitivity of some of the questions about the organizations capacities responses might have a positive bias.

Key areas for improvement Include capacities to achieve outcomes for which 26 % disagrees that their organizations have the capacity and resource mobilization for which 25% disagrees that their organization has the capacity. Qualitative answers Indicate a need to invest in capacities for L&A and communication strategy development as well as resource mobilization strategies.



## Right2Grow Baseline Inception Report

# Ethiopia Theory of Change validation

This validation is the outcome of a reflection on the Baseline Study Results and joint analysis by all country partners on the original Theory of Change.

## 1. Overall validity

Right2Grow Ethiopia Theory of Change (ToC) is expressed in four pathways, Community empowerment, strengthening civil societies, enhancing public authorities, and mobilising international development actors. These pathways are intertwined and influence each other in addressing undernutrition and WASH related issues at all level. Based on baseline findings, Right2Grow Ethiopia has made some major and minor changes in confirming the relevance of the TOC with very few adaptation and specifications in its outcomes, intermediate outcomes and outputs including its pathways. The major WASH and nutrition challenges based on which the R2G framed the theory of change are well described as major challenges to effectively address the malnutrition problem in a multi-sectoral way. The baseline report revealed key economic, cultural, institutional, social, and political barriers that the R2G partnership should focus on to improve the WASH and nutrition services at the community level as indicated in the ToC. The baseline report emphasized the importance of enhancing the engagement of the private sector in the WASH and nutrition programmes.

Similarly, the ToC in its pathway II, indicates that: CSOs capacity building to advocate for responsible policy implementation; strengthening WASH coordination platforms; establishment of CSO-lead for WASH and nutrition platforms like ECSC-SUN are of paramount importance. The baseline report findings and recommendations evidently validated the occurrence of the challenges at different levels. The baseline also indicated, in its recommendations, the relevance of the chain of results captured in the ToC to improve the quality of Nutrition and WASH services.

Outcome III has been modified to focus on "mainstreaming" of the integrated and multi-sectoral approach in decision-making, action planning, implementation, M&E and budget allocation instead of "adoption into policies" as it has already been adopted in the new Food and Nutrition Policy and Strategy, endorsed in 2018 and 2019, respectively, by nine signatory sectors including the Seqota Declaration (SD) which has taken the multi-sectoral coordination approach in its expansion phase (2021-2025). On the other hand, Right2Grow Ethiopia has validated outcome IV as it is. However, major changes have been made at its intermediate outcome level and minor change has been made at output level. These changes are based on the baseline findings in which the study revealed that donors and the government actors are the potential game changers to advance the humanitarian-development nexus (HDN) agenda in Ethiopia. If donors and key government sector offices have joint commitment to materializing the HDN agenda in humanitarian and development programs, they can make HDN adoption a key requirement for implementing actors to apply for humanitarian funding, and their proposals could be evaluated accordingly. The report emphasizes that this approach would inevitably encourage implementing actors to design their project proposals accordingly. Right2Grow Ethiopia has identified the need to focus on materializing HDN concepts at programming and implementation for outcome IV through continuous advocacy and lobby and establishment of inclusive space as the scoping study also showed that humanitarian and development actors in Ethiopia lack inclusive spaces and platforms for identifying shared objectives and developing joint initiatives and activities.



## **Ultimate goal and impact**

The ultimate goal of Right2Grow is that every child is able to reach its full potential. The long-term impact (not measured by Right2Grow evaluation) is that all children under five are well nourished. The medium-term impact is that decision makers jointly and effectively address undernutrition in a multi-sectoral, gender-sensitive and inclusive way.

The key decision makers identified for this impact are Ministry of Health (MoH), Ministry of Agriculture (MoA) and Ministry of Education (MoE), and Ministry of Water and Energy (MoWE)

## **2. Pathway 1 – Community empowerment**

### **Validity**

Although the government of Ethiopia is committed to providing basic WASH and nutrition services to the community with reasonable quality and distance by providing standards for each public service, in most targeted Woredas, service providers are not providing quality services as per these standards. The baseline study identified a number of institutional, social, economic, and political barriers that hinder the community to access good nutrition and WASH services. The baseline study also identified critical community capacity gaps that limit the community to engage with service providers, government, and local partners to influence the quality, efficiency, and accountability of public service. Right2Grow using the Citizen Voice and Action (CVA) approach will increase dialogue between ordinary citizens and organizations that provide services to the public. R2G partners through CVA plan to improve accountability from the administrative and political sections of government in order to improve the delivery of public services.

Private sectors have enormous potential for achieving a wider and lasting benefit for the communities in meeting the increasing demand for access to and improving the quality, quantity, and affordability of essentials to WASH and nutrition services. The findings showed that the support provided by government offices and partners is inconsistent and showed a decreasing trend after a private business starts operation, particularly technical, capacity building, and financial. R2G partnership will promote and advocate more for the government's attention and technical support the private sector for innovation and expansion. we will also advocate and encourage for more public-private partnerships and a conducive policy environment.

### **Adaptation and specification**

There is a small adaptation made at the outcome level. The social service is changed to nutrition and WASH public services to show the specific social service R2G desires to improve through a community-level social accountability approach. At the intermediate outcome and output level, a little change was also made to make the objectives more specific to the country program.

## **3. Pathway 2 – Strengthening civil societies**

### **Validity**

The Ethiopian government has put in place policies and strategies for WASH and Nutrition for example Food and Nutrition Policy and Strategy and Seqota Declaration (SD) Implementation Plan. However, there are a

number of challenges in relation to cascading and implementing these policies and strategies at the grass-root level. With regard to the implementation of nutrition and WASH-related policies, the baseline report indicated that the main gaps and challenges encountered include weak multi-sectoral coordination, monitoring, reporting, and accountability. Most of the existing multi-sectoral nutrition and WASH coordination platforms at the national level are centered around national policies and strategies. The study revealed that there is low CSO representation with limited roles to play in government-led coordination platforms, mainly at sub-regional levels i.e zones and Woredas. Very few CSO-led WASH and nutrition coordination platforms are available in the country. No CSO-led coordination platform was identified in the study zones and Woredas. Inter-sectoral linkage and integration of programs within a single government sector office is also another problem mentioned by the study.

In light of the main findings, the R2G partnership will work to identify, establish, or strengthen WASH and Nutrition coordination platforms. R2G will advocate influencing government sectors and UN agencies leading coordination platforms to expand membership opportunities for CSOs. Furthermore, R2G will engage with a CSO-Led platform -ECSC-SUN for national and regional level advocacy efforts to strengthen nutrition and WASH multi-sectoral coordination. R2G will also mobilize and build the capacity of CSOs to engage in advocacy and lobby activities for the improvement of policy gaps and policy implementation gaps.

### **Adaptation and specification**

There is no significant adaptation required at the outcome level, though there is a need for specification at the lower level. For example, R2G Ethiopia made a major change on output 3, which was limited to budget advocacy so as to capture the other advocacy Initiatives the partnership will carry out.

## **4. Pathway 3 – Enhancing public authorities**

### **Validity**

Right2Grow Ethiopia has validated the existing pathway 3 with minor changes based on the baseline findings. The changes made include rephrasing the pathway "engaging" to "enhancing" public authorities since the baseline assessment indicated that Ethiopian public authorities and decision makers are already engaged on multi-sectoral approach through the implementation of the previous NNP I and II and also the current food and nutrition policy and strategy but the major gap was on mainstreaming of the approach at signatory sectors. In addition, the baseline identified the low participation of CSOs and private sectors in the multi-sectoral platforms. Hence, Right2Grow project Ethiopia will focus on "enhancing" the engagement and responsiveness of public authorities and decision-makers to mainstream WASH and Nutrition programmes in an integrated and multi-sectoral pathway at all levels to address undernutrition problems.

Therefore outcome III will also focus on "mainstreaming" of an integrated and multi-sectoral approach rather than "adopt" and also omit "policy" since the baseline informed that the multi-sectoral approach has already adopted by nine signatory sectors and taken into the Food and nutrition policy and strategy whereas it needs mainstreaming in decision-making, action planning, implementation, M&E and budget allocation process of all signatory sectors. . Outcome III has now been rephrased as follows: -

***"National gov't and decentralized entities mainstream an integrated and multi-sectoral approach to undernutrition in decision-making, action plan, implementation, M&E and budget allocation through participatory process of CSOs and Private sectors".***



### Adaptation and specification

Adaptations have been made at the intermediate outcomes and outputs under outcome III with some adaptation as per the baseline report. The report indicated that during the former NNP II, multi-sectoral coordination lacked its functionality especially at regional and lower level structures due to lack of ownership, accountability, capacity of sectors, and engagement of CSOs and absence of delineated budget for the coordination. The baseline finding indicated that lower level multi-sectoral coordination was partners' dependent - "Woredas with partners support have better coordination meetings than Woredas with no partner." In addition R2G Ethiopia wants to focus on the endorsed Food and Nutrition Policy (FNP) and Strategy to support its effectiveness on implementation in terms of "decision-making". Therefore, the intermediate outcome E is now specified with **"policy/strategy"** and F **specified with budget allocation and decision-making** to address identified gaps by the baseline on the multi-sectoral functionality.

R2G Ethiopia has adapted and specified the previous outputs to contribute on the rephrased outcome and intermediate outcomes explained above. Hence, all outputs focus on participation of communities, CSOs and private sectors on the effective implementation of multi-sectoral approach rather than specific to service quality especially at sub-national levels.

## 5. Pathway 4 – Mobilizing international development actors

### Validity

Right2Grow Ethiopia have validated the fourth (4) pathway of "mobilizing international development actors"; outcome IV and the Output without any change. However, major changes have been made at intermediate outcome level and minor changes have been made at output level because of the need to focus on materializing HDN concepts at programming and implementation. to address undernutrition issues as a collective outcome. One additional output has been added to qualify the new intermediate outcome based on the baseline findings. For instance, the baseline informed that there are enabling conditions and interest among donors, international actors and the government to adopt the HDN concept in nutrition and WASH program design and implementation. However, the existing interest has not been translated to reality on the ground at a meaningful and observable level. In addition, lack of inclusive spaces and platforms for identifying shared objectives and developing joint initiatives and activities is a major barrier to materialize the HDN concept as collective outcome. Therefore, international actors need to materialize and ensure clarity on the objectives and the potential benefits of HDN in terms of nutrition outcomes before committing limited resources and aligning funding instrument for integrate nutrition and WASH programming, for which there are competing demands. Accordingly, the fourth outcome has been validated as it was "donors and international development actors coordinate and collaborate along the humanitarian development nexus to address the underlying determinants of undernutrition."

### Adaptation and specification

However, Right2Grow Ethiopia has made changes on the intermediate outcome and added one additional output to convince and influence international actors through evidence generation, improving programming and implementation capacity of CSOs on HDN and establishment of inclusive space for actors to forge commitment to HDN. The changes made are based on the baseline findings that indicate that the HDN concept in Ethiopia is challenged by the lack of materialization and acceptance among international actors; otherwise, the concept

and its initiatives has already been entertained in different advocacy agenda and humanitarian programming but lacks inclusive space/platforms and evidences to get by-in and influence international actors and donors. Therefore, Right2Grow Ethiopia's efforts will focus on contributing to the materialization of the HDN concept through addressing three major barriers identified in the baseline. (1) generate evidence to ensure potential benefits of HDN in terms of nutrition outcomes using existing and upcoming WASH and Nutrition integrated programs practiced and practicing in country; (2) work to develop HDN programming and implementation guidelines and capacitate Right2Grow partners and CSOs (3) to get by-in, translate and sustain the HDN concept with adequate funding. Right2Grow project will work and advocate to establish inclusive space/platform for humanitarian and development partners using the SUN networks (like SUN-Donors and ECSC-SUN) and other country level coordination platforms mapped during the baseline.

## **6. Reflection**

### **Priorities**

Right2Grow Ethiopia will give priority to the 3rd pathway i.e. engaging public authorities for effective implementation of the multi-sectoral approach because it is the pillar and major agenda of the new Food and Nutrition Policy and strategy of the country including the Seqota Declaration to end malnutrition by 2030. The other outcomes are interlinked with the 3rd outcome as it needs active participation, engagement, and leadership of the communities, representation of CSOs, involvement of private sectors, responsiveness of public sectors, generation of evidence and learnings, and collaboration of international actors to realize the integration of nutrition-specific and sensitive interventions in the country.

### **Stakeholder engagement**

Right2Grow Ethiopia has identified and leveled stakeholders as "veto players", "key actors" and "potential stakeholders" who have decision-making power, constituents, and allies at all levels through baseline stakeholder mapping and power analysis exercise.

### **Future adaptation**

There may be a need for future adaptations based on the research that will be made especially on the materialization of the HDN concept. However most of the adaptation will be at activity level.

## Annex I: Right2Grow Ethiopia TOC Visual



## Annex 2: Right2Grow Ethiopia Results Framework

Donor indicator	Baseline value quant.	Baseline value - qualitative	Target year 2 - quant.	Target year 5 - quant.	Target - qualitative
Number of laws, policies that are better implemented for sustainable and inclusive development (SC1).	0	<p>Ethiopia has made a high-level commitment to reduce undernutrition, which has been manifested in many ways including the design and launch of the first National Nutrition Strategy in 2008. The baseline identified 9 national policies related to WASH, nutrition, and food security. The main food security and nutrition-related policies, strategies, and plans include Ethiopia's Food Security Strategy (FSS) (1996), Productive Safety Net Program 5 (PSNP V) 2020 – 2025, National Social Protection Policy, Seqota Declaration Implementation Plan (2016-2030) and the 2019 national Food and Nutrition Policy (FNP) and Food and Nutrition Strategy (FNS) of Ethiopia. Furthermore, the One WASH National Program (OWNP) Phase II Operational Manual (2019), the national Nutrition-Sensitive Agriculture (NSA) Strategy (2016), and National Policy and Strategy on Disaster Risk Management (2009) are available. However, due to various reasons, related to lack of capacity( resource, skill, and knowledge), lack of political commitment, restrictive CSOs environment, the policies, strategies are not well cascaded and their implementation is slower. The Grand WaSH and Nutrition programs like SD, OWNPN, and PSNP also lack integration and multi-sectoral coordination.</p> <p>Therefore, the R2G partnership in Ethiopia will intensively engage in ensuring the proper cascading and grass-root level implementation of selected WaSH and Nutrition policies and strategies. R2G materializes this through capacity building of CSOs to hold public service providers accountable to cascade and implement the policies and strategies.</p>	2	5	<p>The R2G partnership works to support The Government of Ethiopia in its effort to achieve the targets of SDG 2, 3, 5, and 6. Hence, the enhanced awareness and implementation of policy and strategy instruments are crucial. Therefore, the R2G partnership works with CSOs and the government to ensure the cascading and implementation of selected policy and strategy instruments related to WASH and Nutrition and Food Security.</p> <p><b>Year 2</b></p> <ul style="list-style-type: none"> <li>Food and Nutrition Policy and Strategy 2020/21-2030/31 (2019)</li> <li>One WASH National Program: Program Operational Manual for the Consolidated WASH Account (CWA), Phase II, 2019.</li> </ul> <p><b>Year 5</b></p> <ul style="list-style-type: none"> <li>Food and Nutrition Policy and Strategy 2020/21-2030/31 (2019)</li> <li>Productive Safety Net Program phase 5 (PSNP 5) 2020 – 2025</li> <li>Seqota Declaration (SD) Implementation Plan (2016 – 2030)</li> <li>One WASH National Program: Program Operational Manual for the Consolidated WASH Account (CWA), Phase II, 2019.</li> </ul>

Donor indicator	Baseline value quant.	Baseline value - qualitative	Target year 2 - quant.	Target year 5 - quant.	Target - qualitative
# of times that CSOs succeed in creating space for CSO demands and positions through agenda setting, influencing the debate and/or creating space to engage. (SCS 3)	0	<p>The nutrition and WASH coordination platforms lack systematic efforts to map local CSO-partners who can support and engage in coordination platforms. In regard to networks, there are no networks formed specifically for the advocacy of WASH and nutrition interventions in the Baseline districts. The existence of loose coalitions of CSOs is always formed temporarily for other purposes and later disbanded. International partners who assign seconded staff to provide technical assistance to government sector offices play major advocacy and influencing role in the government-led coordination meetings at the regional level as compared to other partners/CSOs.</p> <p>Even within the government budget-planning document, the local government authorities and CSOs were excluded from the process, leaving them with limited room for negotiation to participate in the budget planning process.</p> <p>R2G did not yet create space for CSO demands during the baseline period.</p>	56	231	<p><b>Year 2</b></p> <p>At Woreda level</p> <ul style="list-style-type: none"> <li>42 times through contracted CSOs and Partnership organization</li> </ul> <p>Regional level</p> <ul style="list-style-type: none"> <li>6 times through contracted CSOs and Partnership organization, 2 per target Regions (Amhara, Oromia and SNNP).</li> <li>Twice at Regional ECSC-SUN per Region (Amhara, Oromia and SNNP).</li> </ul> <p>National level</p> <ul style="list-style-type: none"> <li>National Nutrition Coordinating Body (NNCB)- 2 times in a year</li> <li>MoH' Annual Review Meeting (once a year)</li> <li>ECSC-SUN annual assembly Meeting (once a year)</li> <li>SD stakeholder platform(once a year)</li> <li>The National WASH multisector forum (once a year).</li> <li>Health Forum which is led by CCRDA (once a year)</li> </ul> <p><b>Year 5</b></p> <p>At Woreda level</p> <ul style="list-style-type: none"> <li>231 times through contracted CSOs and Partnership organization</li> </ul> <p>Regional level</p>

					<ul style="list-style-type: none"> <li>• 18 times through contracted CSOs and Partnership organization, 2 per target Regions (Amhara, Oromia and SNNP).</li> <li>• Six times at Regional ECSC-SUN per Region (Amhara, Oromia and SNNP).</li> </ul> <p>National level</p> <ul style="list-style-type: none"> <li>• National Nutrition Coordinating Body (NNCB)- 2 times in a year</li> <li>• MoH' Annual Review Meeting (once a year)</li> <li>• ESESUN annual assembly Meeting (once a year)</li> <li>• SD stakeholder platform(once a year)</li> <li>• The National WASH multisector forum (once a year).</li> <li>• Health Forum which is led by CCRDA (once a year)</li> <li>•</li> </ul>
Donor indicator	Baseline value quant.	Baseline value - qualitative	Target year 2 - quant.	Target year 5 - quant.	Target - qualitative
# of advocacy initiatives carried out by CSOs, for, by or with their membership/constituency (SCS 4)	0	Allocation of budget and human resource dedicated to implementation of NNP responsibilities is a commitment that implementing sectors signed for. However, due to sectors failure to translate this commitment to action, budget and human resource constraint has continued to hinder effective implementation of the current Food and Nutrition Policy and Strategy (FNP/S). Key staff at woreda level sector offices and their structure down to the kebele level have limited awareness and knowledge of the existence as well as content on multisectoral nutrition roles and provisions stipulated in the national Food and Nutrition Policy/Strategy and Strategy, which was recently endorsed at national level. The FNP/S is not officially launched and adequately introduced in most of the woredas covered with the study.	2	6	<p><b>Year 2</b></p> <ul style="list-style-type: none"> <li>• <b>Institutionalizing the Nutrition in the multi-sectoral initiative</b> through Budget advocacy on signatory bureaus to allocate budget for nutrition (hire fully dedicated nutrition focal, for multi-sectoral M&amp;E at regional and Woreda levels.</li> <li>• <b>Social accountability initiatives</b> at the Local level through the CVA model to enhance communities to have shared vision, participation, and leadership.</li> </ul> <p><b>Year 3-5</b></p>

		<p>Many informants reported that the fund allocated to run WASH related program/services from government side was usually very small amount as compared the budget allocated for other development programs/services in most of the target study Woredas. The funds for the COWASH project are funneled directly to community members through microfinance institutions, which is a model that hasn't been implemented by many other NGOs because of the financial regulations that apply to NGOs and aid agencies. NGOs can't normally disperse funds through a third party.</p> <p>In order to fill the leadership vacuum currently created due to slow transition of power for leadership of the multisectoral coordination mechanism, R2G partners need to provide technical support and advocacy efforts to influence the government to give adequate attention for accelerated establishment and functionality of the national FNC/S and subsequent structure at regional levels. Advocacy efforts to mobilize donor and partner support to strengthen the FNC and FNS, ones established is also required.</p> <p>Ensuring community participation is considered a key priority in implementation of nutrition and WASH related policy, strategies and plans. Availability of community level structures such as HEW, AEW, HDA, WASHCOs, CBOs, FBOs and coordination platforms such as kebele nutrition committee are key opportunities to promote community participation and engagement in implementation of nutrition and WASH policies, strategies, and plans.</p> <p>The role and engagement of the private sector in nutrition and WASH sensitive interventions is generally low. The existing private sector stakeholders engaged in nutrition and WASH related businesses have not been properly mapped and adequately engaged by key government sector offices, such as the health , agriculture and water sector offices. Private sector actors across the three regions also lack representation in existing nutrition and WASH coordination platforms at national, regional and sub regional levels. This implies the need for R2G efforts to support the key sector offices in mapping of potential private sector actors, facilitate opportunities for their linkage with the relevant government sector offices and ensure their engagement in regional and sub regional level nutrition and WASH coordination platforms.</p>			<ul style="list-style-type: none"> <li>• <b>Establishment of Food and Nutrition Council initiative.</b> It is a Policy advocacy effort to mobilize donor and partner support to strengthen the Food and Nutrition Council (FNC) and FNS, established at all levels;</li> <li>• <b>Integration of WASH and Nutrition programming</b> during humanitarian and development programing in public sectors and CSOs at multi-sectoral coordination and organizational levels;</li> <li>• <b>HDN initiative</b> advocacy to materialized towards the contribution on the nutrition outcomes at national and international level; (e.g. SUN networks)</li> </ul> <p><b>Private sectors participation on WASH and Nutrition initiatives</b> using the Public Private Partnership (PPP) policy/strategy advocacy through the SUN business network established in Ethiopia at national level;</p>
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# of CSOs with increased Lobby and Advocacy (L&A) capacities (SCS 5)	0	See capacity assessment report	7	7	R2G works with four international partners three national partners and we aim to enhance their capacities continuously, although we will only count this once to avoid double counting.
Number of CSOs involved in R2G (SCS 6)	0	Right2Grow Ethiopia is a Strategic Partnership between Action against Hunger, the Centre for Economic Governance and Accountability Africa (CEGAA), Max Foundation, and World Vision as well as three national partners, Guragie Development and Cultural Association (GDCA), Multi-sectoral Development Organisation (MCMDO), and Organisation for Rehabilitation and Development in Amhara (ORDA).	7	7	No change is foreseen in the number of partners.