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Effective Multi-sectoral Governance for Nutrition Policies and Programs

Looking Beyond a Decade of Accomplishments in Nutrition
NIL Legacy Event | September 16th, 2021

Shibani Ghosh Eileen Kennedy Rolf Klemm Patrick Webb

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Nutrition Policy and Governance in Ethiopia: What Difference Does 5 Years Make?

Dr. Eileen Kennedy, Tufts University

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ACKNOWLEDGMENTS

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- Save the Children Ethiopia: Dan Abbott, Dr. Cherinet, Dr. Habtamu
- Ethiopia Public Health Institute (formerly Ethiopia Health and Nutrition Institute)
- Tufts Nutrition Innovation Lab: Patrick Webb, Shibani Ghosh

BACKGROUND

- Scaling Up Nutrition – Launch Sept 2010
- Ethiopia – an “early riser” country under SUN
- ENGINE – Empowering New Generations for Improved Nutrition and Economic Opportunities – 2011 – 2016; USAID Feed the Future
- Official Launch – Oct 2011

ENGINE

- Based on priorities in the Government of Ethiopia – National Nutrition Strategy; First National Nutrition Plan (2008).
- Multi-sector approach to improving food security and nutrition with an emphasis on the “1000 days.”
- Nutrition Sensitive and Nutrition Specific Interventions
- Governance a key issue

GOVERNANCE STUDY – ENGINE – 2011-2016

- National Level – 24 Senior Level Policy Officials; representation of individuals involved in development/implementation of NNP
- Subnational Level – 307 Interviewees; represented range of categories of relevant stakeholders; government, donors; academics, NGOs. Parallel process to national approach
- Structured interview at both national and subnational levels.

FIVE YEARS LATER: GROWTH THROUGH NUTRITION

- Growth through Nutrition (GtN) – 2016-2021; USAID Feed the Future
- Similar focus as ENGINE; In the later stages of ENGINE, model woredas (district level) were established in selected districts
  - Emphasis on establishing coordination bodies
  - Regular TA on governance issues
  - Followed into GtN project
- More emphasis on sub national governance including focus on capacity development in GtN; used structured interview; key informant interviews; focus groups.

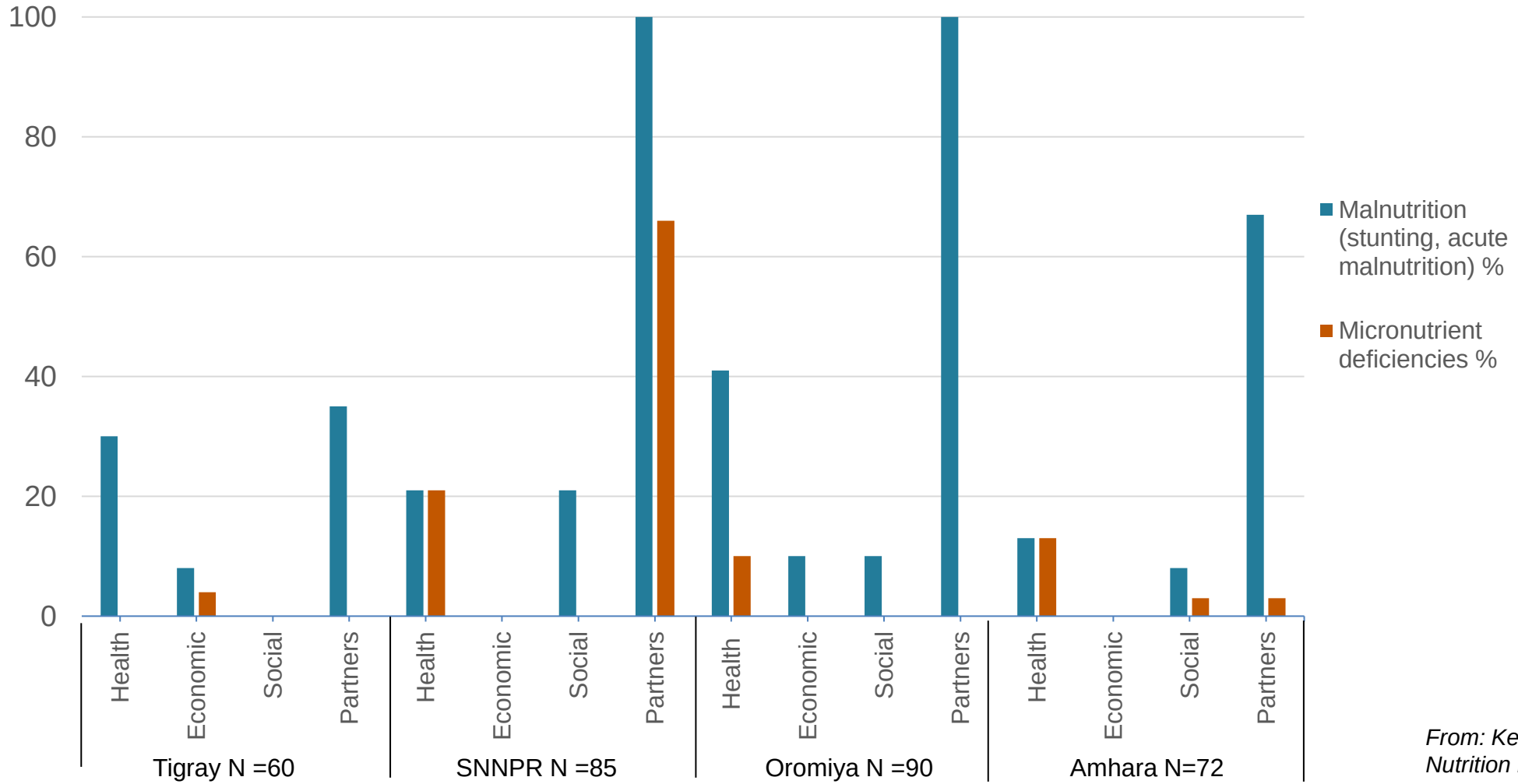
COMPARISON ENGINE VS. GTN

Emphasis on 3 domains:

1. Nature of the Nutrition Problem
2. Decision Making and Ownership
3. Challenges and Opportunities

NATURE OF NUTRITION PROBLEMS

Figure 1. Major nutritional problem by region (%)



From: Kennedy et al; Food and Nutrition Bulletin; 36(4) 534-548

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MAJOR NUTRITION PROBLEMS- GTN

Table 1. Major Nutrition problems- Growth Through Nutrition Study.

What is your understanding of the nutrition problems of this woreda?	ENGINE Model Woredas, n= 23	Non-ENGINE Woredas, n=24
Low awareness/misconceptions regarding good nutrition	**30.4%**	**25.0%**
Not feeding colostrum	30.4%	25.0%
Poor dietary diversity/unbalanced diet	**78.3%**	**83.3%**
Poor productivity of Crop production or Animal products	0.0%	4.2%
Drought/lack of rain	4.3%	0.0%
Lack/shortage of food	**26.1%**	**50.0%**
Food taboos/cultural norms	17.4%	4.2%
Poor access to clean water	4.3%	4.2%
Problems with exclusive breastfeeding	8.7%	4.2%
Disease outbreaks	0.0%	0.0%
Malnutrition (1) Stunting (2) Wasting (3) Underweight (4) Anemia	**4.3%**	**16.7%**
Low awareness/misconception on utilization/nutrition diversification	**73.9%**	**62.5%**
Poor infant and young child feeding (IYCF) practices	0.0%	0.0%
Poor production diversity	0.0%	4.2%

From: Kennedy et al; Food and Nutrition Bulletin; 36(4) 534-548

DECISION MAKING AND OWNERSHIP -ENGINE

Table 3. Office/Department feels consulted on nutrition issues: percentage—ENGINE Study.[a]

Region	Consulted (%)	Not consulted (%)	Don't know (%)
SNNP	55	42	2
Oromia	27	57	2
Amhara	29	67	4
Tigray	52	47	2

Note: 19% of respondents had no idea about the NNP, including 16% in government.

LEVEL OF PARTICIPATION IN NNP - GTN

Table 4. Respondent Office Level Participation in NNP—Growth Through Nutrition Study.

How is your office involved in implementation of NNP?	ENGINE Model Woredas, n= 23	Non-ENGINE Woredas, n=24
Involved in designing nutrition/NNP plan	13.0%	8.3%
Involved in Implementation/Quality control/Evaluation of NNP plan	47.8%	33.3%
Implements Nutrition Specific Activities	4.3%	12.5%
Implements Nutrition Sensitive Ag & WASH Activities	12.5%	4.2%
Coordinating role	0.0%	8.3%
Participates in steering/coordination committee	0.0%	12.5%
Funding/allocating budget to sectors	4.3%	0.0%
Not involved/Not aware	**33.3%**	**62.5%**

TABLE 5

Table 5. Major National Nutrition Strategy Implementation Challenges—ENGINE study.

Region	Budget shortage (%)	Lack of nutrition professionals (%)	Lack of attention (%)	Low awareness (%)	Coordination problem (%)	Others (%)
SNNP	35	47	29	71	53	18
Oromia	15	15	31	31	31	0
Amhara	38	6	44	25	25	25
Tigray	33	33	0	83	17	83

TABLE 6

Table 6. Challenges in NNP Implementation at Woreda Level by Sample Group—Growth Through Nutrition Study.

What have been the main challenges in implementing the NNP at the woreda and kebele levels?	ENGINE Model Woredas, n= 23	Non-ENGINE Woredas, n=24
Insufficient nutrition programming	4.3%	12.5%
Lack of budget/resources	**34.8%**	**45.8%**
Lack of collaboration/coordination	**26.1%**	**8.3%**
Lack of human resources/high turnover	4.3%	4.2%
Lack of rain/drought	0%	8.3%
Lack of strong leadership/political commitment/attention	**17.4%**	**8.3%**
Large number of committees	0%	8.3%
Limited capacity/lack of training	13%	4.2%
Low awareness of nutrition in other sectors	4.3%	4.2%
Low level awareness of the community on nutrition related issues	0%	8.3%
Transportation/logistics challenges	17.4%	8.3%

TABLE 7

Table 7. Factors Leading to Improved Collaboration—Growth Through Nutrition.

Are there any ways in which sectors could collaborate more effectively together in this woreda?	**ENGINE Model Woredas, n= 23**	**Non-ENGINE Woredas, n=24**
Additional budget	4.3%	20.8%
Capacity building	13.0%	8.3%
Defining roles and responsibilities of sectors	17.4%	16.7%
Establishing nutrition coordinator/coordination body	34.8%	37.5%
External support	0.0%	4.2%
Improved kebele-level coordination	8.7%	0.0%
Improved coordination and shared planning	13.0%	25.0%
Mainstreaming nutrition activities into all sectors	0.0%	0.0%
More attention/importance on nutrition	4.3%	8.3%
More attention/leadership from gov't	0.0%	4.2%

8.7% of Model Woredas had separate nutrition budgets compared to **0% of Non-Model Woredas.**

CONCLUSIONS

1. Designing and implementing effective governance structures at all levels takes time – more time than governments and donors may realize
2. Importance of inclusion: leadership at national and subnational level matters; highest levels (not just health).
3. Changes: incremental, not draconian
4. Think multi-sectoral, but act sectoral
5. Regular revitalization/rejuvenation

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Key Lessons Learned on the Design and Implementation of Multisector Programs for Nutrition in Nepal

Photo credit: HKI | hki.org

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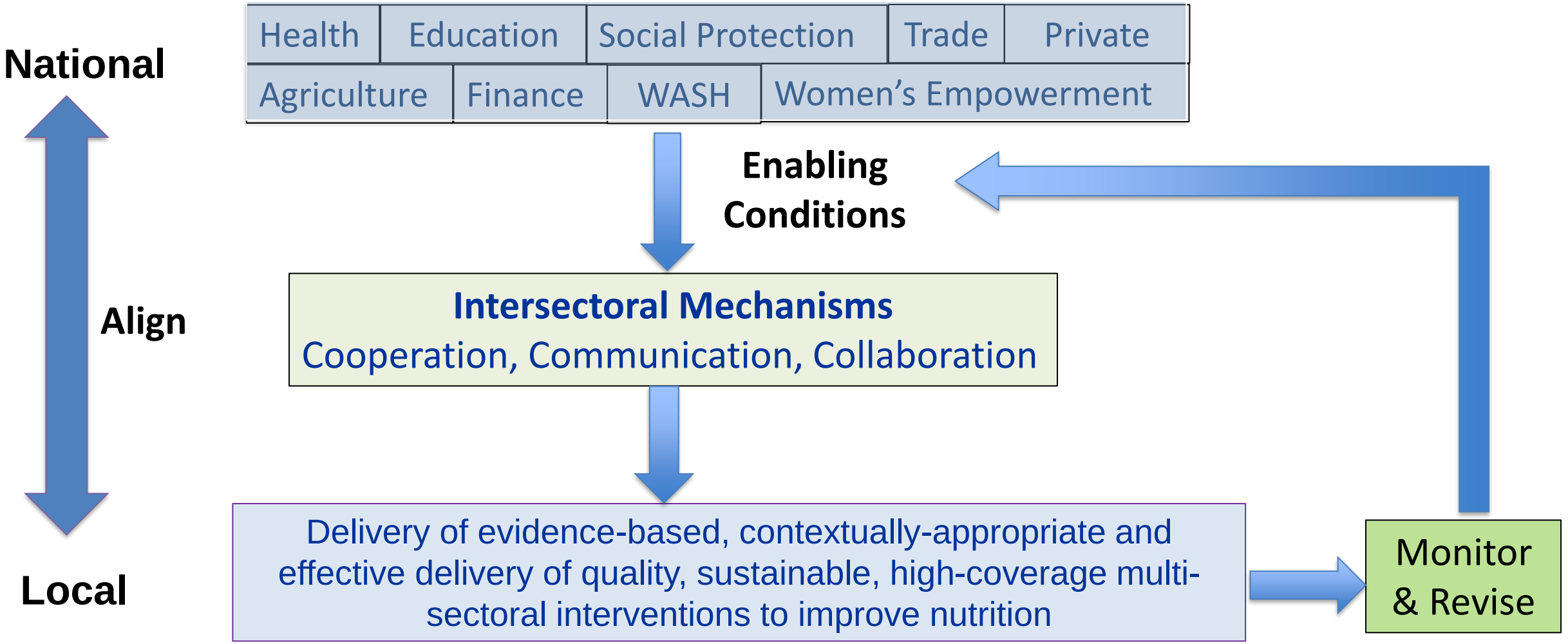
Framework for Multisectoral Governance for Nutrition



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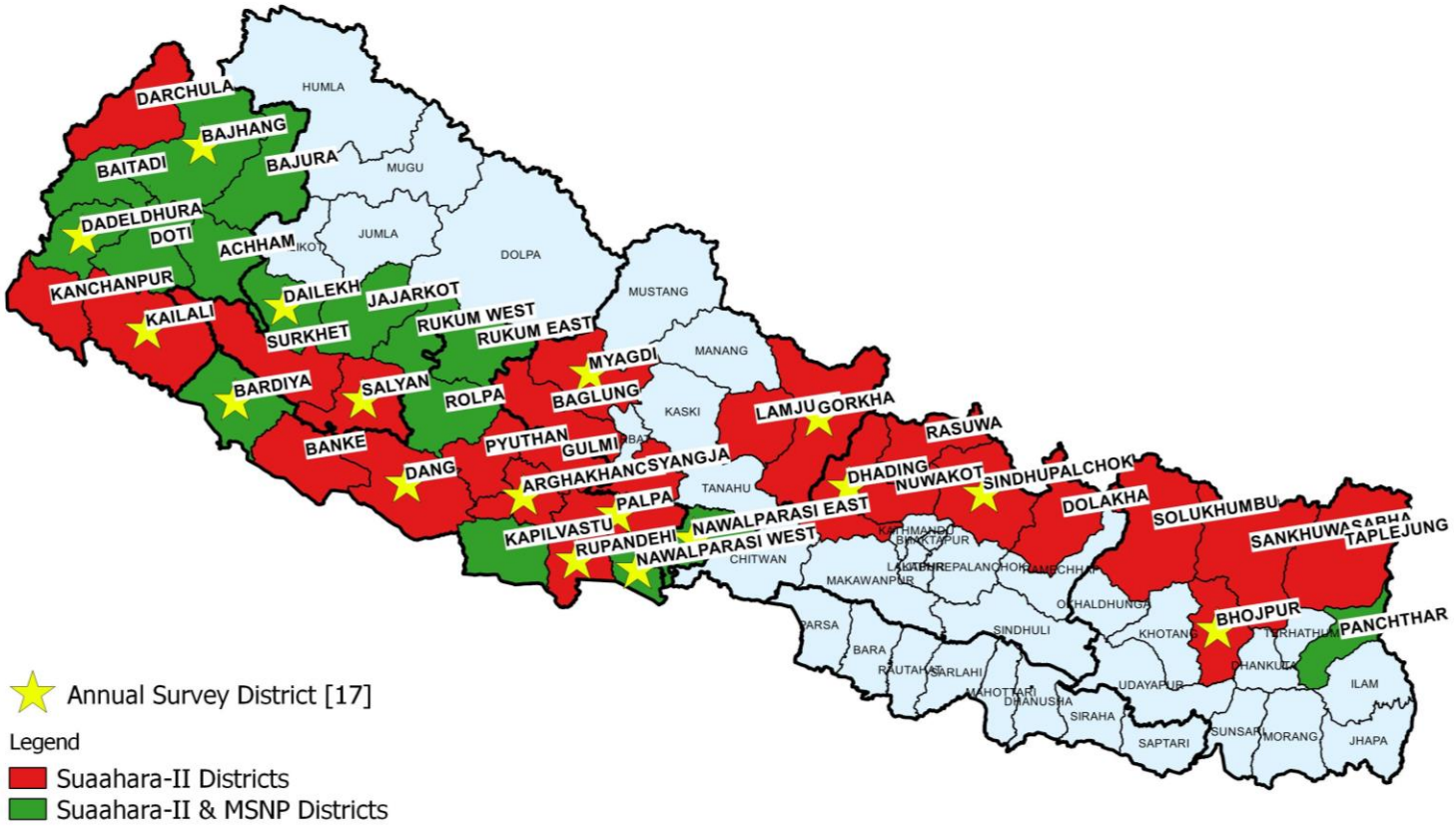
Suaahara-2

("*Good Nutrition*" in Nepali)



Large-Scale, Multisectoral

- 42/77 districts
- 389/753 municipalities
- 1,000 front line workers
- 40 local partner NGOs
- Collaborate with 20,000+ FCHVs & others
- $71.5 m over 7 years

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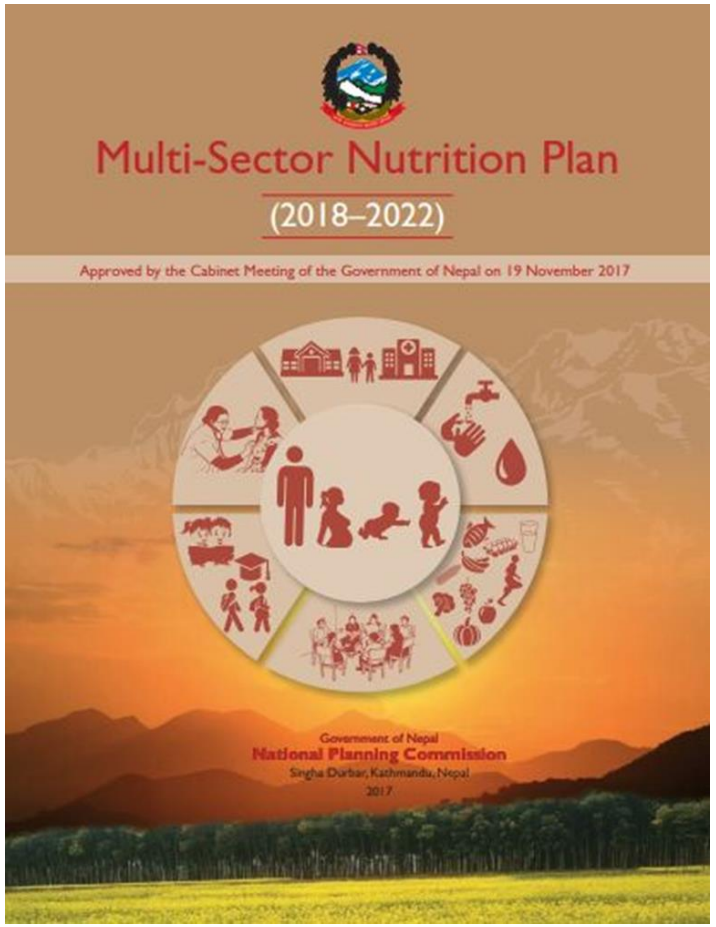
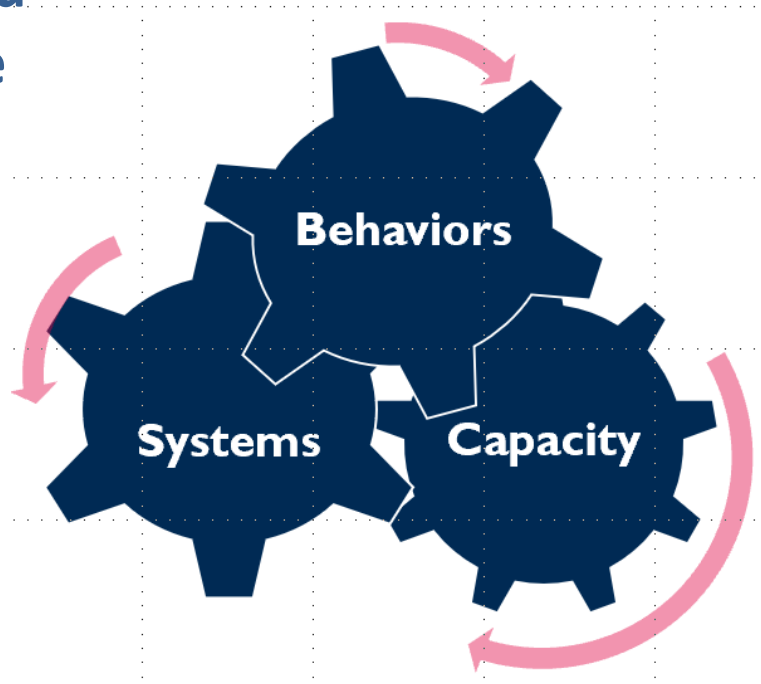
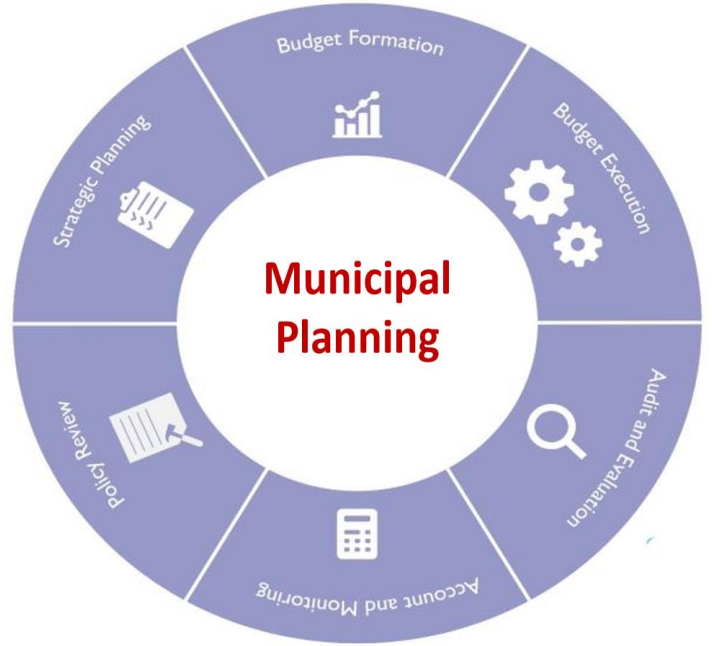
Accelerated roll-out of the Multisector Nutrition Plan thru strengthend local governance





Gradual transfer of key program components to gov't stakeholders

Support local gov'ts to increase investment in nutrition



- Hold **ADVOCACY** Workshops
- Participate in annual **PLANNING & BUDGETING** workshops
- Organize &/or join **SUSTAINABILITY** workshops
- Provide **NEED-BASED SUPPORT**
- Conduct **CITIZEN AWARENESS CAMPAIGNS**

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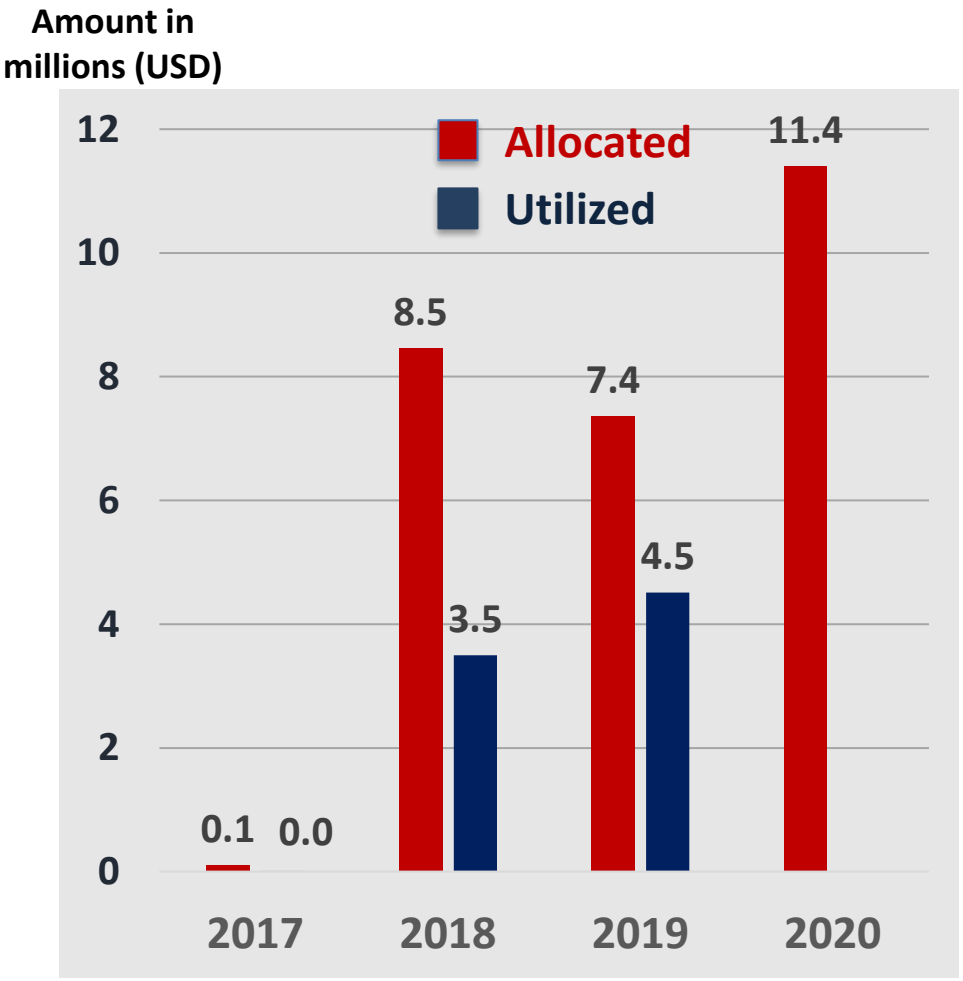
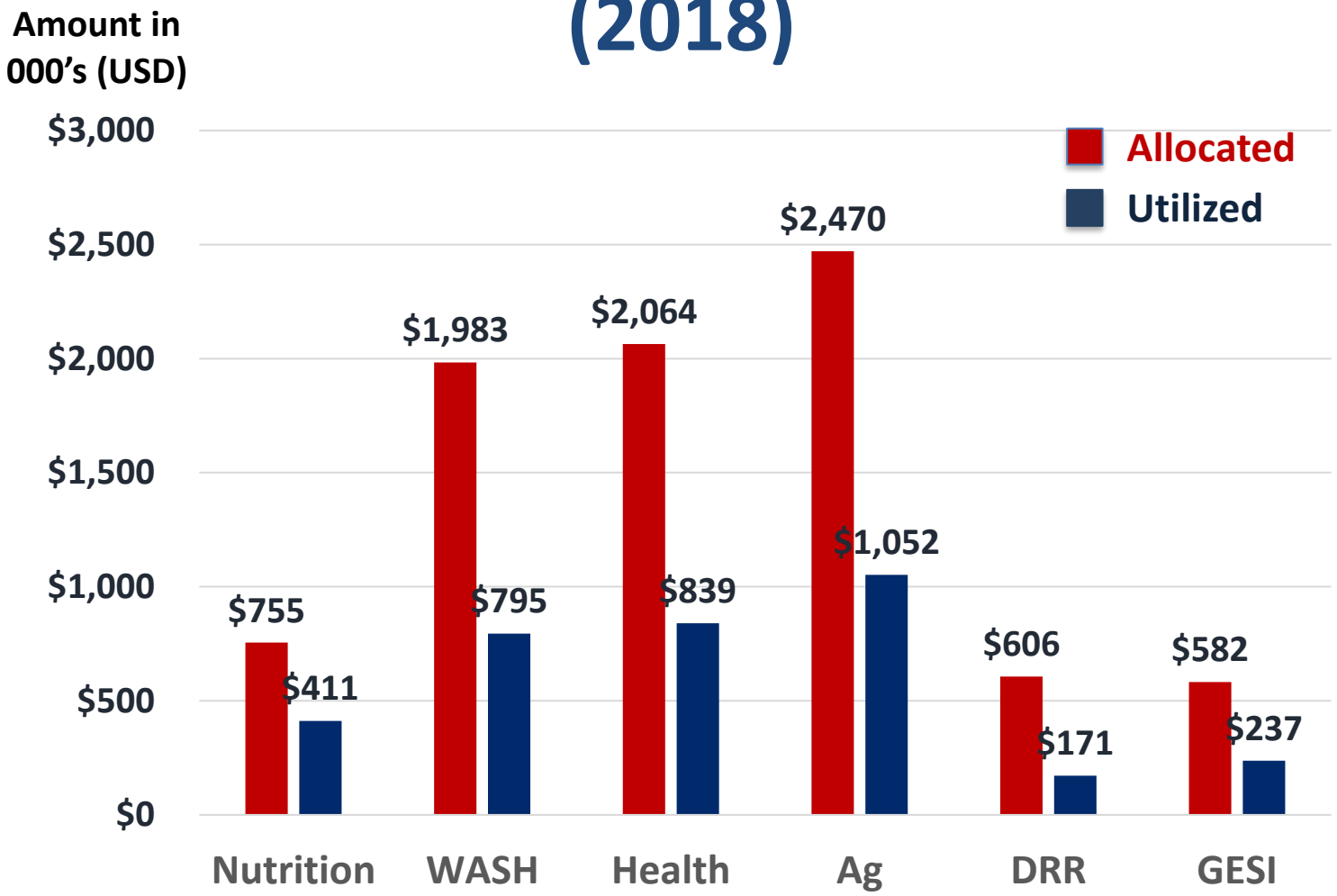
Amount Over Time (2017-2020)



Amount by Sector (2018)



Barriers

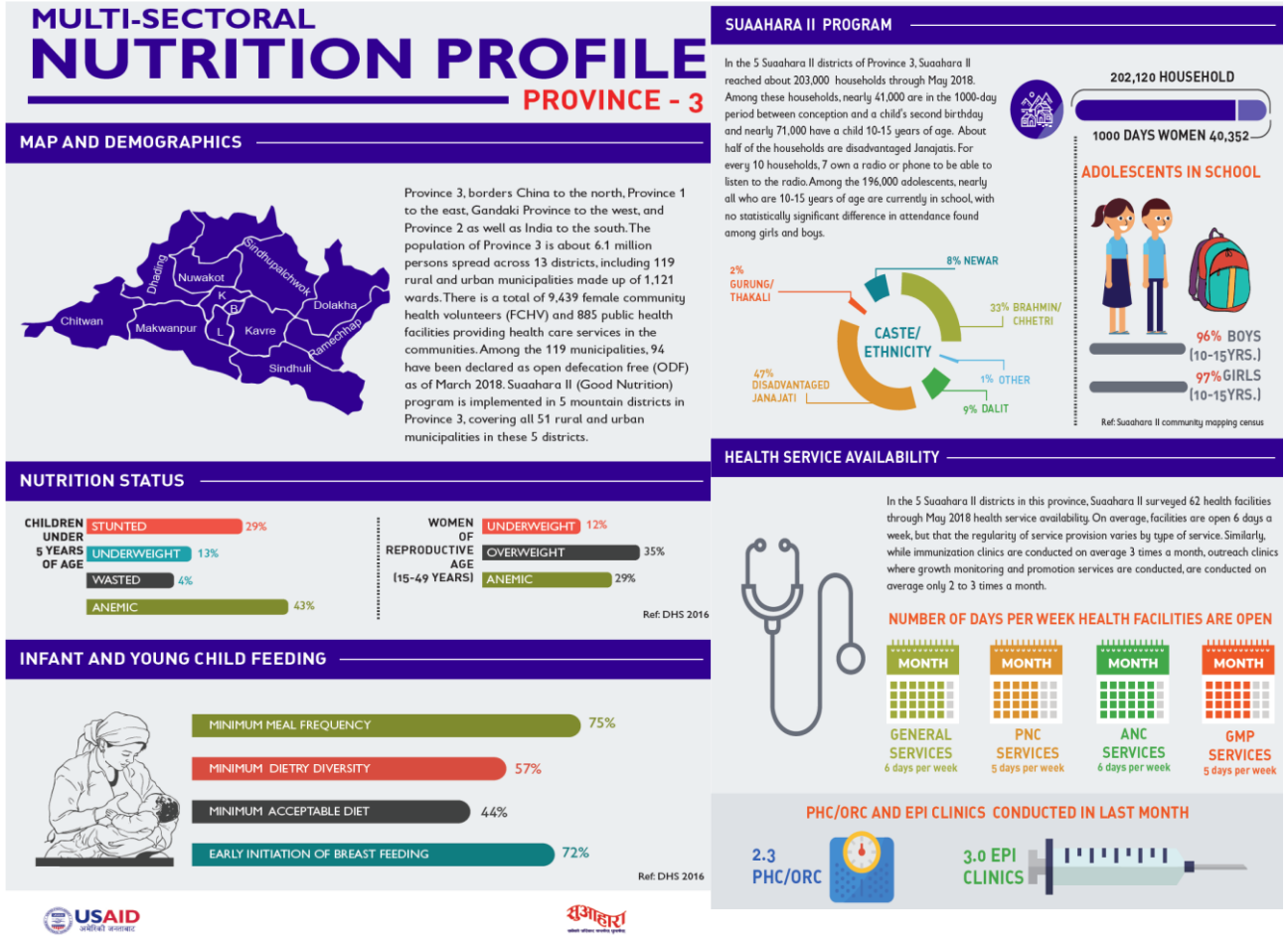
- Limited mgmt experience for elected officials
- Political influence
- Priority to “visible” plans (roads, bridges)
- Limited skills to formulate evidenced-focused plans
- Delay in budget release
- Tedious reimbursement process
- No accountability mechanisms

Facilitators

- Existing MNSP plans & structures
- High community involvement
- Awareness on importance of nutrition among local leaders
- Elected official’s leadership skills
- Availability of local nutrition data

Priorities for Suaahara-2

- Develop municipality nutrition profiles
- Continue technical support to implement multisector nutrition plans
- Finalize “phasing over” activities with benchmarks for the remaining two years
- Implement cost sharing to increase investment from municipalities
- Implement social accountability tools



Key Lessons/Questions

- Advocacy at all levels important
- Incentives needed to coordinate with other sectors
- Considerable effort & time needed for coordination
- Is an external agent critical to facilitate cross-sectoral collaboration?
- Devolution can impact program implementation
- Need better documentation of effective strategies to manage actions across sectors.
- How can external support for multisectoral action strengthen local ownership?
- Need simple metrics
- Need to find economical ways to sustain capacity building

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Acknowledgements

Suaahara-2 Team

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Suaahara-2 Partners

- CARE
- FHI 360
- Digital Broadcast Initiative Equal Access (DBI EA)
- Environmental and Public Health Organization (ENPHO)
- Nepali Technical Assistance Group (NTAG)
- Vijaya Development Resource Center (VDRC)

Reference

Manandhar S et al., Municipal budget
allocation and utilisation for nutrition in Nepal, Field Exchange issue 62, March 2020, www.ennonline.net/fex

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Measuring the 'quality' of policy implementation:

A *Nutrition Governance Index* tested in Nepal

Patrick Webb, Ph.D.
Feed the Future Innovation Lab for Nutrition

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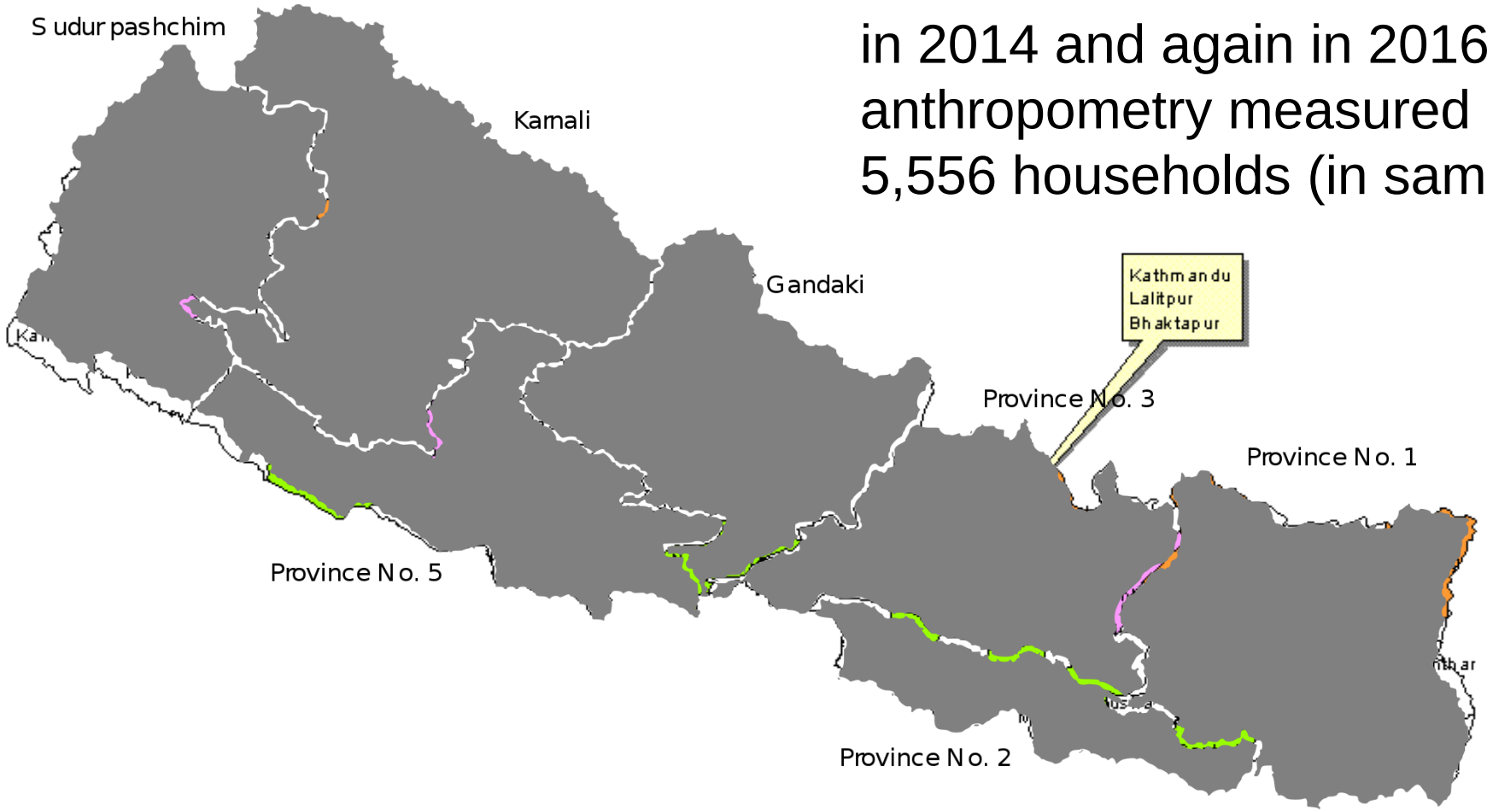
Measuring effective implementation ('quality') of pro-nutrition policies and programs is challenging

- Good 'governance' for nutrition requires those who implement policies and programs to understand the problem, access the right tools and information, care about outcomes.
- Most studies on nutrition governance have focused on national or global levels, using small samples and qualitative methods.
- N-IL designed a tool (using Likert scale responses) to assess respondents' perceptions on what they know, can achieve and their motivations to implement Nepal's national multisector nutrition plan (framed by **capabilities and capacities, constraints and concerns**).

Measuring implementation of nutrition policies and programmes

Interviews with **520 office-holders in 21 districts,** in 2014 and again in 2016; matched against anthropometry measured for 6,815 children in 5,556 households (in same districts).

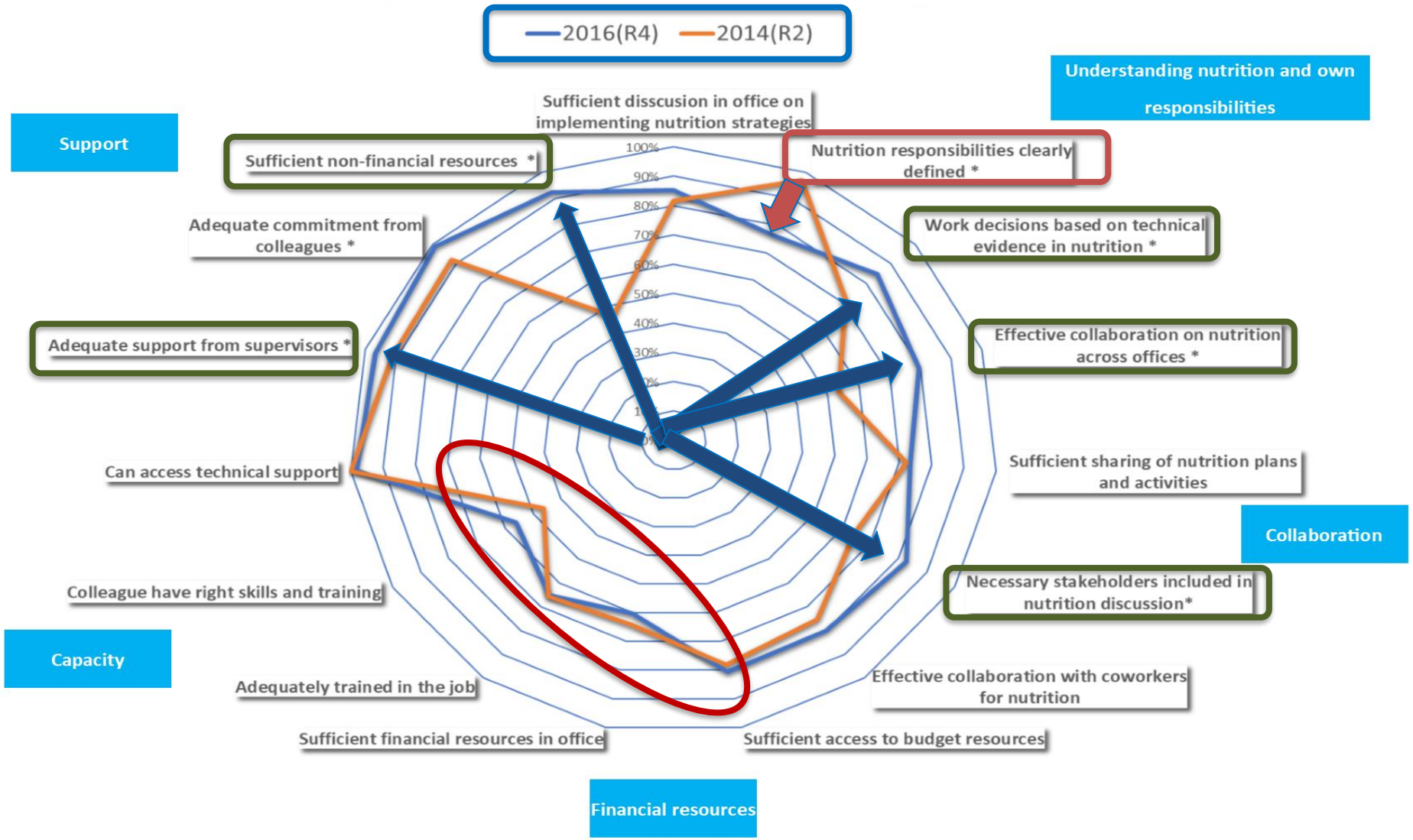


Measuring effective sub-national governance of nutrition

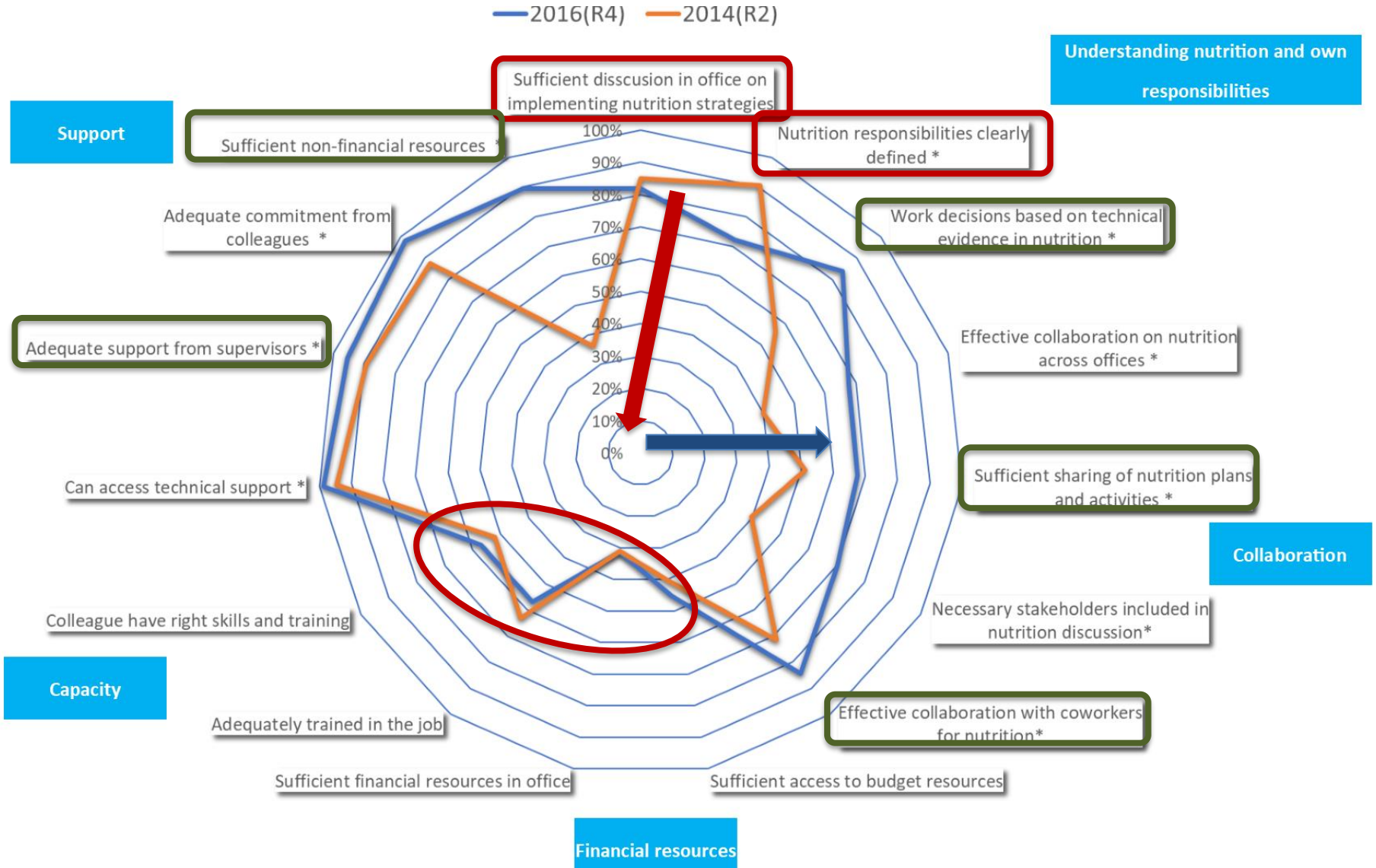
Tested a range of topics and question approaches in 2013. Narrowed down to 5 key domains, measured in 2014 and 2016:

i) **Understanding nutrition** and own responsibilities
ii) **Collaboration** within/across offices of government and PVOs
iii) **Resource Access** (financial, technical, institutional)
iv) **Capacity** (functional, organizational)
vi) **Coordination** and support (from within and across sectors)

CHANGE OVER TIME (AT DISTRICT LEVEL)



CHANGE OVER TIME (AT LOCAL LEVEL)



Nutrition Governance Index

A one-point increase in the NGI is significantly associated with a 12% higher average HAZ *in children >24 months old*.

	HAZ				WHZ			
VARIABLE	**Model 1**	**Model 2**	**Model 3**	**Model 4**	**Model 1**	**Model 2**	**Model 3**	**M**
CHILD-LEVEL ESTIMATES								
Intercept	-1.49***	-1.70***	-1.64***	-1.68***	-0.75***	-1.92***	-1.86***	
Child's age								
>24 months		-1.51***	-1.52***	-1.51***		0.14***	0.14***	0.
≤ 24 months		*Ref*	*Ref*	*Ref*		*Ref*	*Ref*	*R*
Female child		-0.02	-0.02	-0.02		0.03	0.03	0.
CDDS^		-0.14***	-0.14***	-0.14***		-0.02***	-0.02***	-0
No fever#		0.04**	0.05**	0.05**		0.13***	0.14***	0.
Month of birth		-0.01**	-0.01**	-0.01**		-0.00	-0.00	-0
Mother's education		0.04***	0.04***	0.04***		0.01***	0.01***	0.
Mother's BMI		0.04***	0.04***	0.04***		0.06***	0.06***	0.
Mother's age		0.01***	0.01***	0.01***		-0.00*	-0.00*	-0
COMMUNITY-LEVEL ESTIMATES								
NGI (Z-score)			-0.02	-0.09			-0.05	-0
NGI (Z-score) & child's age								
NGI & >24months				0.12***				0.
NGI & ≤ 24months				*Ref*				*R*
Panel 2			-0.07**	-0.07***			-0.07***	-0
Panel 4			*Ref*	*Ref*			*Ref*	*R*
COVARIANCE PARAMETERS								
Intercept	0.116***	0.094***	0.094**	0.094**	0.199***	0.117**	0.115**	0.
Residual	1.555***	1.367***	1.365***	1.362***	0.950***	0.902***	0.901***	0.
ICC	0.07	0.06	0.06	0.06	0.17	0.11	0.11	0.
MODEL FIT STATISTICS								
AIC	42546.8	37608.4	37601.8	37574.4	30878.9	27854.5	27843.0	27
N	12950	11910	11910	11910	11046	10148	10148	10

Namirembe et al. (forthcoming)

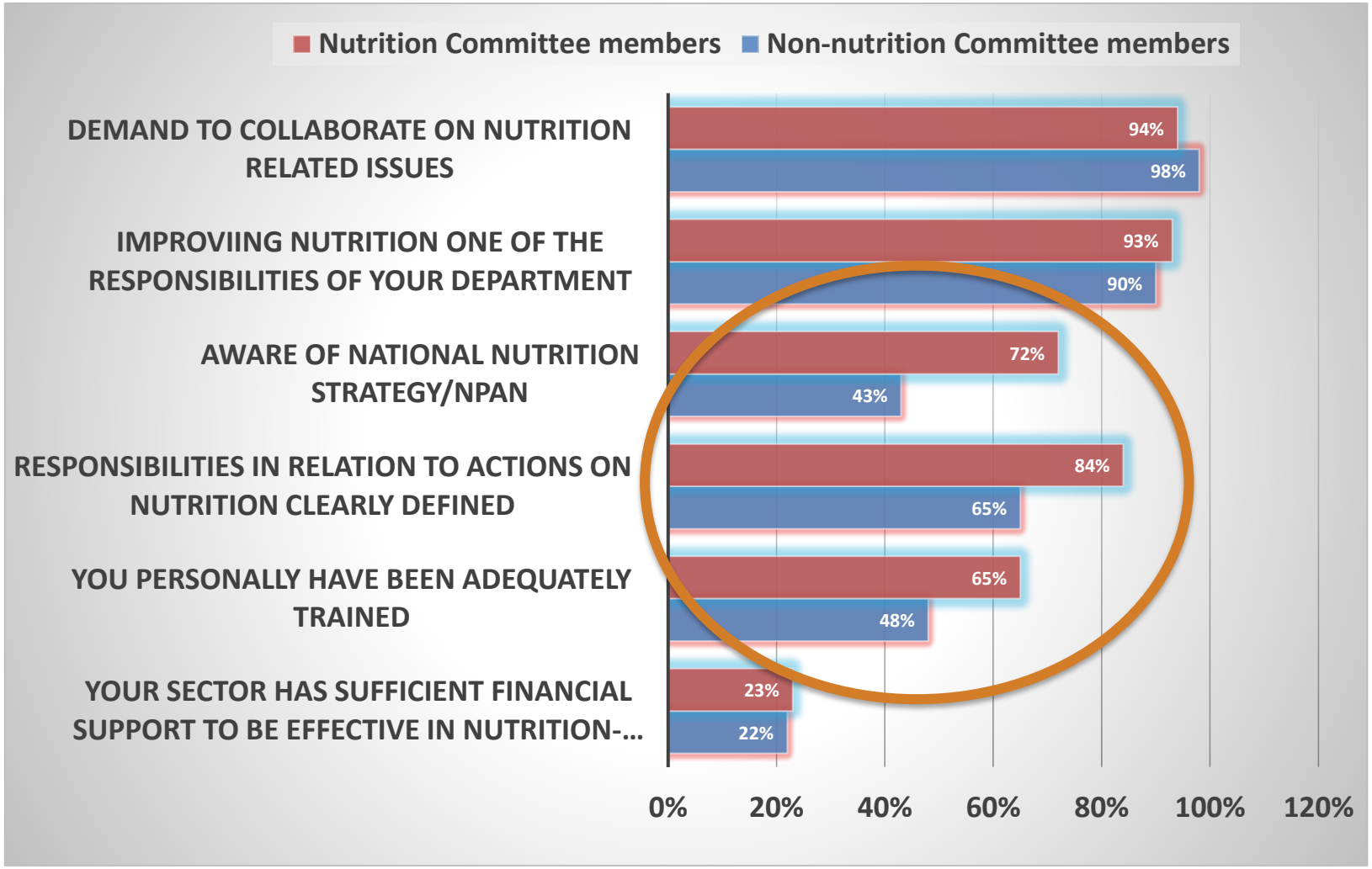
Relationship between NGI domains and HAZ and WHZ children (>24m)

NGI DOMAIN	HAZ (stunting)		WHZ (wasting)	
	β (SE)[a]	p value	β (SE) [a]	p value
Nutrition knowledge	-0.02(0.01)	0.02	0.03(0.01)	<0.001
Collaboration	0.01(0.00)	0.01	-0.00(0.00)	0.68
Resources	0.01(0.00)	0.02	-0.00(0.00)	0.24
Capacity	0.00(0.00)	0.97	0.01(0.00)	0.14
Coordination	0.04(0.01)	<0.001	-0.04(0.02)	0.01
N	6094		5127	

[a] *Beta* estimates for the interaction between NGI domains and children's age categories. Estimates are adjusted for NGI, market distance, child's age, sex, month of birth, CDDS, fever and maternal characteristics (maternal education, BMI, age), HFIAS, MSNP and SUAAHARA districts.

MEASURING NUTRITION GOVERNANCE IN LAOS PDR

- 78 Nutrition Committee members at province and district level
- 74 non-nutrition committee members in same locations



CONCLUSIONS

1. Search for metric of ‘implementation quality’ has paid off.

2. A measure of the effective use of human, institutional, financial, technical resources applied to implementing policy is linked to better child nutrition.

3. Tool being tested in Laos, with interest from Tanzania and Kenya.

4. Potential value for M&E on effectiveness of policy/program implementation.

Q&A

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