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## Ethiopia

An institutional assessment  
of the IN-SCT pilot in Ethiopia



Promoting coherence  
between integrated  
social protection  
measures and access  
to health/nutrition  
services



# Promoting coherence between integrated social protection measures and access to health/nutrition services

An institutional assessment of the IN-SCT pilot in Ethiopia

Dereje Kebede, Garima Bhalla and Alejandro Grinspun

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## Abbreviations and acronyms

ANC	Antenatal care
CMC	Coordination and Management Committee
CCCs	Community-based coalition and care
BCC	Behavioural change communication
BoH	Bureau of health
BoFED	Bureau of finance and economic development
DAs	Development agents
DRMC	Disaster risk management commission
EWR	Early warning and response
EPA	Environmental protection authority
FGDs	Focus group discussions
FSTF	Food security taskforces
FTCs	Farmers training centres
FSCD	Federal food security coordination directorate
FSD	Food security coordination directorate
FPWTC	Federal PWs technical committee
GSD	Gender and social development
HEWs	Health extension workers
IN-SCT	Improved Nutrition through Integrated Basic Social Services with Social Cash Transfer
IA	Institutional assessment
IGA	Income-generating activities
KIIs	Key informant interviews
MoA	Ministry of Agriculture
MoLSA	Ministry of Labor and Social Affairs
MoH	Ministry of Health
MFI	Micro-finance institutions
MoU	Memorandum of understanding
MIS	Management information system
NGO	Non-governmental organisation

NRM	Natural resource management
NRMD	Natural resource management department
NTF	Nutrition taskforce
PW	Public Work
PWFU	Public Work Focal Unit
PWTC	Public Work technical committee
PLWs	Pregnant and lactating women
PDS	Permanent direct support
PW HHs	PW households
PIM	Implementation manual
PA	Process assessment
PSNP	Productive Safety Net programme
RPWTC	Regional PWs technical committee
SCT	Social Cash Transfer
SNNP	Southern Nations, Nationalities, and Peoples
SWs	Social workers
SP	Social protection
SDTF	Social development technical committee
TDS	Temporary Direct Support
TCs	Technical committees
ToT	Training of trainers
WoH	Woreda office of health

## Executive summary

Rural livelihoods and social protection (SP) are highly correlated in Africa. The poor rural population represents the larger proportion of SP clients on the continent. Improving coherence between SP and other sources of rural earnings has the potential to improve the well-being of the rural poor.

Despite this, the effort to advance articulation of SP with other rural development programmes and projects has often been undermined by the sectoral approach commonly pursued in many African countries, including Ethiopia. This study is therefore intended to assess the coherence between SP, health and nutrition services and agriculture through the Improved Nutrition through Integrated Basic Social Services with Social Cash Transfer (IN-SCT) in the Productive Safety Net Programme (PSNP) setting in Ethiopia. The IN-SCT, as an integral part of PSNP4, was designed to pilot specific elements of PSNP4 (i.e. health/nutrition service linkage and nutrition sensitive agriculture) for scaling up during the roll out of the programme.

The study specifically intends to answer the following questions: a) How are SP and access to complementary services geared to improving food security and nutrition articulated and coordinated within the IN-SCT setting? b) What is the institutional architecture of the IN-SCT programme, and how does this differ from the PSNP programme? c) How strong is the coordination between SP and access to complementary services in IN-SCT programme when compared to the PSNP programme? d) What is the added value of stronger articulation between SP and complementary services for improving health and nutrition outcomes among beneficiaries? e) What are the enabling factors and barriers affecting the articulation between SP and access to these services within IN-SCT setting? f) What recommendations can be drawn from the IN-SCT pilot to inform future efforts at strengthening coherence between SP, health and nutrition services and agriculture? To answer these questions, the study adopted qualitative methods: a review of secondary data and semi-structured interviews and discussions. Accordingly, eight key informant interviews and four community FGDs were conducted in two sample woredas<sup>1</sup> and four sample kebeles<sup>2</sup> in Southern Nations, Nationalities, and Peoples (SNNP) regional state. Discussions were also held with federal and regional actors to complement the findings from the sample areas. The findings are summarized below.

### Programme description

Led by the Ministry of Agriculture (MoA), PSNP was implemented in 2005 and is a dominant social protection programme. The programme has gone through a series of phases: PSNP 1 (transition from relief phase), PSNP 2 (consolidation), PSNP 3 (expansion) and the current PSNP4 (transition to system phase). PSNP4 will run from 2016 through to 2020 and is intended to cover nearly 8 million chronically food insecure people in eight regional states of Ethiopia every year. Like PSNP 3, PSNP4 focuses on three categories of clients, including Public Work (PW), Permanent Direct Support (PDS) and Temporary Direct Support (TDS) clients. The PW clients are those with the capacity to implement labour work as a requirement to receive the social transfer, while the PDS are labour-constrained clients who receive the transfer for free. The TDS clients are those who are temporarily exempt from PW, including pregnant and lactating women (PLW) and caretakers of

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<sup>1</sup>Woreda is a local word for district.

<sup>2</sup>Kebele is the lowest administrative level next to woreda in Ethiopia.

malnourished children. The IN-SCT is an integral part of PSNP4 and primarily focuses on the PDS and TDS clients. It supports the implementation of the nutrition and social services linkage component of PSNP4 in four selected woredas of SNNP and Oromia regional states from 2015 – 2017. In SNNP, the IN-SCT was complemented with nutrition-sensitive agriculture, as well as water, sanitation and hygiene activities implemented by CONCERN Worldwide<sup>3</sup>.

Various policies and programmes have supported the design and implementation of IN-SCT. These include the National SP Policy of the Ministry of Labor and Social Affairs (MoLSA) (2014), National Nutrition Strategy of the Ministry of Health (MoH; 2008), National Nutrition Programme II of Ministry of Health (MoH; 2016) and the Food Security Programme of MoA (2014). Like PSNP, IN-SCT is a multi-sectoral single programme comprising social transfer (cash), access to improved health/nutrition services, nutrition-sensitive agriculture and capacity building, management information system (MIS) and social service workforce. Provision of services was linked with co-responsibilities. The TDS were freed from PW implementation so that they could access health and nutrition services; the PDS were also encouraged to take up relevant services. Selected PSNP households with TDS were provided with vegetable seeds, poultry and associated training on home gardening in order to better access diversified food for PLW and children, including those affected by malnutrition. The programme provided technical and system-related capacity building supports for the woredas.

### Actor mapping

The IN-SCT programme relied on PSNP stakeholders for the planning, coordination and implementation of proposed activities. The stakeholders fell into various categories: entities that participate in the design, implementing entities, funding entities, oversight and control entities, and stakeholders involved in territorial articulation. Accordingly, the IN-SCT programme was designed by the national nutrition taskforce (NTF) and implemented and coordinated by MoLSA and CONCERN Worldwide, in collaboration with MoH and the Federal Food Security Coordination directorate (FSCD) within MoA. MoLSA led the design process and bore the overall responsibility for IN-SCT implementation. The FSCD contributed to preparation of manuals, including the Behavioural Change Communication (BCC) guideline for training of trainers (ToT) and field guides for the front-line agents (Development Agents [DAs], Social Workers [SWs] and Health Extension Workers [HEWs]). MoH participated in the preparation of ToT trainers and other relevant manuals and supported cascading of training to regions and woredas.

The farm input supply and training on nutrition-sensitive agriculture was implemented by CONCERN Worldwide. This included inputs such as vegetable seeds, fruit seedlings, poultry, and associated technical advice to support community-based nutrition. The non-governmental organisation (NGO) also supported water, sanitation and hygiene activities, including development of water points and environmental sanitation and hygienic education. Further, MoLSA and SNNP BoLSA took the lead role in programme oversight and control, supported by UNICEF. The latter also had a crucial role in channelling and overseeing the funding from Irish Aid. Several multi-actor committees/taskforces were established at various levels (federal, region, woreda and kebele) to ensure territorial coordination. However, important entities that have key roles in nutrition-sensitive agriculture were

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<sup>3</sup>CONCERN Worldwide is an international NGO implementing the nutrition component of the IN-SCT pilot in SNNP.

excluded from IN-SCT. These included the Public Work Focal Unit (PWFU) and the Extension directorate within MoA.

### Value chain

The value chain consisted of inputs or activities that affect the articulation and coordination of SP with access to health and nutrition services and agriculture in the IN-SCT setting, and the consequent outputs or results. The key inputs included staff, budget for social transfer and other activities, as well as farm inputs and associated technical assistance. The activities included screening PSNP households with TDS and PDS members, and referring them to various services, nutrition-sensitive home gardening, BCC/nutrition-based activities, and training of community-based agents (DAs, HEWs and SWs) to plan and implement SP and health/nutrition activities in a coordinated manner.

### Efficacy analysis

This focused on whether the implemented activities led to the intended outputs and results. According to this assessment, the key results included: a) improved targeting of TDS and PDS; b) improved access to health services and nutritional status of TDS; c) improved access to social services for PDS; and d) improved compliance with co-responsibilities. However, the IN-SCT nutrition-sensitive agriculture component has played a limited role in improving the diet diversity and quality of the TDS and PDS clients.

### Quality analysis

This focused on whether the inputs and activities were relevant, timely and adequate. The results indicate that the distributed farm inputs were all relevant and timely. All PLW and caretakers of malnourished children were reached with relevant, adequate and timely health services. In addition, PDS support activities were relevant, timely and reached all PDS clients. Several capacity-building training sessions were provided to members of woreda steering committees, kebele food security taskforces (FSTF) and community-based coalition and care (CCC) on service linkage, nutrition-sensitive agriculture and coordination. These were adequate and on time. The MIS system was functional during the IN-SCT implementation period and all TDS and PDS were assessed, registered and assigned with co-responsibilities. The SWs used this MIS to generate co-responsibility forms and track compliance. However, there were also gaps, including: a) a limited number of PLW and caregivers of malnourished children received farm inputs from IN-SCT; b) PSNP transfer was delayed by up to three months - this affected the clients; c) farmers' training centres (FTC) and school demonstrations were not successful, according to local officials; d) SWs were limited in number and could not reach all TDS and PDS on time; e) the continued application of the (new and recently established) MIS post-IN-SCT was affected by technical limitations and staff turnover.

### Coordination mechanism and intensity

This section discusses the coordination mechanisms implemented and intensity of coordination observed at various levels. At the federal level, the NTF was actively involved during the design of IN-SCT and exchanged updates on the implementation of the programme. At the regional level, weak coordination of IN-SCT was observed. Neither the existing regional-level PSNP coordination bodies, nor the new ones set up to improve integration, were used. At woreda level, IN-SCT steering committees were established and strengthened, and positively contributed to integration. Moreover, Kebele FSTF and CCCs contributed to improved collaboration between relevant kebele level structures. Overall, the intensity of coordination and collaboration was very good at the kebele

level, because the programme has provided the necessary capacity-building training and support for all kebele-level actors. Likewise, the intensity of interaction among relevant actors at federal and woreda level was strong and coordinated. However, the intensity of coordination was poor at the regional level. This was mainly because the key regional actors were not provided with clear roles and resources for programme implementation.

### Added value of the coordination

The IN-SCT had several value additions. These included: a) improved delivery of integrated service through reducing fragmentation; b) improved efficiency of service delivery by implementing more actions with limited resources; c) improved trust and understanding among organizations; d) improved sense of ownership and belonging among the poor and vulnerable segment of PSNP clients; e) improved capacity of MoLSA and its structures at the regional and woreda level, compared to before IN-SCT.

### Enabling factors and barriers

Various enabling factors and barriers affect integration. The enabling factors included the presence of relevant policies, strategies and programmes and government political support and commitment. The key actors, such as MoLSA, MoH and MoA, have fully-fledged structures and staffing, particularly at woreda and community levels, to ensure integration of SP with relevant services. In addition, PSNP is a multi-sectoral programme with well-established institutional arrangement and coordination mechanisms that can contribute to the integration of SP with other sectors, including agriculture. The barriers encountered during the programme included an inaccurate perception of MoLSA and its structures at various levels, a limited allocation of budget to MoLSA and its structures, a lack of comprehensive and binding memorandum of understanding (MoU) among key stakeholders, income-generating activities (IGA) promotion present in PSNP but missed from IN-SCT, and staff turnover. Weak internal coordination within MoA has also undermined integration of SP with agriculture. The extension directorate of this ministry has been playing a marginal role in PSNP4 implementation and the IN-SCT has suffered from this challenge.

### Recommendations

The following are recommended to improve integration and coordination of SP with health/nutrition and agriculture: a) Institute SP council at federal level and below; b) Capacity building for MoLSA and its structures at regional and woreda levels; c) Improve internal coordination with MoA; d) Implement comprehensive contractual arrangements supported by MoU among relevant PSNP actors at all levels to ensure coordination and integration in the PSNP setting; e) Develop or update technical guidelines/manuals to scale up IN-SCT lessons into other PSNP areas; f) Revise the MoA extension approach to suit PSNP clients; g) MoH should put in place a specific strategy to address PSNP clients; h) Involve all relevant PSNP coordination mechanisms and sectors to improve integration between SP and health/nutrition; i) Improve access to IGAs for TDS and PDS; and j) Complete the MIS process and build in-house capacity to manage the software.

# Section I

## 1. Introduction

### 1.1. Background

Rural livelihoods and social protection are highly correlated in Africa. The rural poor mainly rely on subsistence farming and other non-farm IGAs for their livelihoods. This segment of the population forms the larger share of SP clients in the region. Improving coherence between SP and other sources of rural earnings has the potential to improve the well-being of the rural poor through encouraging productive inclusion, improving farm yield, reducing susceptibility to natural shocks and ultimately providing a route out of poverty (FAO, 2016). The multi-faceted nature of rural poverty, increasing vulnerability, and social exclusions are forcing many state and non-state actors to consider articulation of effort and actions and improve synergy (CEDE manual, 2018). Despite this, the effort to advance articulation of SP with other rural development programmes and projects has been undermined, mainly by the sectoral approach often pursued in several African countries. Moreover, even where there are some efforts to harmonize SP with other sectors in some countries, the value addition of articulation is rarely assessed. A similar situation prevails in Ethiopia.

Ethiopia is among the world's poorest countries. The country ranks 164th out of 187 by GDP, with a per capita purchasing power parity of USD 1 608 in 2017 (Woldehanna and Araya, 2019). The prevalence of chronic under-nutrition among children aged 0–5 years is serious, at 38% in 2016 (Golan *et al.*, 2019). Close to eight million rural people were identified as chronically food insecure; a similar proportion of the rural population are vulnerable to transitory food insecurity arising mainly from recurrent drought. Several programmes and projects targeting poor and vulnerable people, both with SP and with other rural development services, have been implemented side-by-side but with limited complementarity and synergy. It is argued that such fragmentation has reduced the impact on affected people. This is demonstrated by the fact that food insecurity remains a key challenge in Ethiopia, with no meaningful improvement in malnutrition in recent years (IFPRI, 2019).

There is increasing recognition of the importance of strong coherence and articulation between SP and rural development interventions targeting the poor and vulnerable rural households. The government of Ethiopia has shown this commitment by implementing a set of SP policy packages with a clear focus on integrated planning and implementation (FDRE, 2014). Strong articulation between the two has the potential for triggering synergistic effects that enhance the social, economic and productive impacts on chronically food-insecure households. This is particularly important in rural areas where both agriculture and the PSNP are significant sources of rural livelihoods.

## 1.2. The Productive Safety Net Programme

The PSNP was implemented in 2005 and is a dominant social protection programme in Ethiopia. The programme has gone through various phases (IFPRI, 2019): PSNP 1 (transition from relief phase), PSNP 2 (consolidation), PSNP 3 (expansion) and the current PSNP4 (transition to system phase). The number of woredas covered by this programme increased from 231 during PSNP 1 to 350 during PSNP4. The number of clients served during all phases ranges between 7–8 million and does not show significant increments due to graduation.

The PSNP4 phase runs from 2016 through to 2020 and is intended to cover nearly 8 million chronically food insecure people in eight regional states of Ethiopia (PSNP4 Design document, 2014). This phase of the PSNP<sup>4</sup> came with some new innovations, including improved integration with social services and increased duration of social transfer for the PDS (IFPRI, 2019).

PSNP4 comprises various components, including: transfer (food/cash), PW activities (including natural resources management); irrigation and rural basic infrastructures; rural income generation activities (on-farm, off-farm and employment creation); access to health and nutrition services, cross cutting issues such as gender and climate change; capacity- and resilience-building to climate change shocks. This programme is intended to provide predictable transfers for chronically food-insecure households during the regular six-month food shortage period, which is usually from January to June every year. The PSNP is conceived as a scalable safety net. To this end, at times of shock (mainly drought), the programme support period is scaled up by a certain number of months to offset the food deficit among the chronically food insecure, and also to reach out to the transitory food-insecure population. When food crises subside, the programme is scaled down to its core caseload. Such vertical and horizontal expansion of the programme is called 'continuum of support'.

PSNP4 benefits three categories of clients: PW, TDS and PDS households. The PW households form the larger share (over 80 percent), while the PDS households account for 20 percent or less, according to the programme implementation manual (MoA, 2014). Provision of transfers (cash, food or both) to the chronically food insecure is at the core of this programme. The transfer amount is determined based on family size and composition (i.e. number of children, age and nutritional status). The transfer amount is generally 15 kg of wheat or equivalent cash per person per month, and this is same for PSNP4 TDS, PDS or PW clients. Depending on availability of resource, 0.45 litres of oil and 1.5 kg of pulse, or equivalent cash, is provided per person per month. Cash equivalent is provided in most cases, except in USAID-funded PSNP woredas. Households with malnourished children above 1 year old are also entitled to 4.5 kg of complementary food or equivalent cash for each child per month. For a given household, the maximum number of family members that receive a PSNP transfer is five. Generally, it is the head of the household or husband and wife together that receive the monthly transfer on behalf of other family members. The cash transfer amount is periodically reviewed based on a market assessment at zonal level and adjusted accordingly.

Existing evidence indicates a sustained and steep drop in real spending on the PSNP from 2005 to the present. The decline in real spending could reflect a mix of inflation and very high start-up costs;

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<sup>4</sup>Note that PSNP4 is a multi-sectoral engagement brought under a single programme led by Ministry of Agriculture (MoA), in collaboration with Ministry of Labor and Social Affairs (MoLSA). Other federal government bodies such as Ministry of Health (MoH) and the National Disaster Response and Management Commission (in case of emergency response) are also involved in PSNP 4.



the value of the transfer is still lagging behind inflation. Public works households are expected to implement PW activities and to meet other soft conditions (e.g. attend BCC sessions) to receive the transfer. According to the PSNP4 manual, each targeted family member in a PW household is expected to implement PW activities for five days per month, with a labour cap of 15 days per adult member of a PW household per month, to receive the transfer. If the PW household has three members (e.g. one adult and two teenagers), the adult is expected to work for himself and the two teenagers for 15 days. If one household has three teenagers, the adult will still be expected to work for 15 days only. In contrast, PDS households get PSNP transfers without implementing PW activities, but are encouraged to meet soft conditions such as attending BCC sessions or sending their children to school. In all cases, the daily wage is the same for both PSNP and PDS members.

As noted above, the PSNP is placed under MoA and includes multi-sectoral interventions – social, economic and environmental/disaster risk reduction. The PSNP therefore adopted a multi-sectoral approach for planning and implementation of interventions. Various government ministries and their respective structures at regional and woreda levels are leveraged in implementing PSNP and in ensuring its planning, coordination and management. These stakeholders include MoA, MoLSA, MoH, Ministry of Finance, Federal Cooperative Agency, PSNP donors, NGOs implementing the programme, and others. At the federal level, stakeholders have established a joint coordination and management committee, technical committees and working groups (e.g. nutrition working group). At regional and woreda levels, FSTFs and technical committees are also established. The regional FSTF includes heads of regional sector bureaus, comprising regional Agriculture and Natural Resources Bureau (lead), Labour and Social Affairs Bureau, Health Bureau, Education Bureau, Water Bureau and others, while the regional technical committees include experts from relevant regional sector bureaus. Similarly, at the woreda level, the FSTFs comprise heads of relevant woreda sector offices, while technical committees consist of experts of relevant woreda sector offices. For instance, the woreda PW technical committee is responsible for ensuring that the health and nutrition service linkage, as well as the nutrition-sensitive agriculture elements of PSNP, are addressed during the planning and implementation of PW interventions. These activities include nutrition-sensitive PW, such as demonstrations of home gardening or chicken production at FTCs, BCC sessions, nutrition education, referral of PLWs and construction of social infrastructures such as health facilities. At the kebele/community level, a kebele FSTF is established to manage the programme, and community-based DAs and HEWs participate in kebele FSTF.

The FSCD within MoA, in collaboration with MoLSA, is responsible for the overall management of PSNP4. The FSCD is responsible for the day-to-day management and coordination of PSNP. It consolidates all regional PSNP plans and allocates resources for their implementation; supports linkage of PSNP with plans of other sectors, including MoH and MoLSA; and facilitates the monitoring and evaluation of PSNP against set standards. The FSCD has its own relatively well-staffed structure at regional and woreda levels. It also has livelihood and gender and social development (GSD) experts at all levels. In the SNNP region, for example, the regional FSCD has five livelihood professionals that are responsible for coordinating the livelihood-related activities in the region and providing technical support to woredas. At woreda level there are four livelihood experts who are fully engaged in supporting the PSNP clients through provision of advice, technical support for business plan preparation, and linking clients with finance, inputs and services. The FSCD and its structures at regional and woreda levels have GSD experts who play key roles in supporting the

programme through facilitating gender mainstreaming, nutrition, and social service linkage. According to the PSNP4 implementation manual (PIM), the social transfer management for PW clients, PW activities, GSD and nutrition, and on/off-farm livelihoods are under the jurisdiction of MoA. The social transfer management for PDS, linking the TDS/PDS with social services and the employment creation livelihoods pathway, go to MoLSA. For TDS, the role of MoLSA is to facilitate social service linkage through its SWs, while the PSNP transfer to TDS is managed by the Federal FSCD within the MoA.

### 1.3. Improved Nutrition through Integrated Basic Social Services with Social Cash Transfer

The IN-SCT pilot programme is implemented by the Government of Ethiopia, in collaboration with UNICEF and Irish Aid<sup>5</sup>. It supported the implementation of the nutrition and social services linkage component of PSNP4 in four selected woredas of SNNP and Oromia regional states from 2015 to 2017. In SNNP, the IN-SCT was complemented by nutrition-sensitive agriculture and water, sanitation and hygiene activities implemented by CONCERN Worldwide. In the Oromia region, the IN-SCT pilot focused on strengthening systems. This region is not part of this study, which focuses on the nutrition-sensitive aspects of the IN-SCT.

The IN-SCT, as a focused engagement, intends to address a gap in PSNP in terms of improving nutritional outcomes, particularly among children. To achieve this, IN-SCT focuses on certain pathways to improved nutrition that do not depend solely on income but also on access to food, such as the quality of diet, care and access to services. The programme was implemented within the broader PSNP institutional arrangement focusing particularly on those that deal with health and nutrition service linkage and agriculture. For the purpose of this study, agriculture refers to nutrition-sensitive farming activities supported by the IN-SCT. This pilot programme is an integral part of PSNP in terms of eligibility criteria and approach, programme focus areas/interventions and delivery mechanisms in the two woredas of SNNP where both were implemented (Halaba Special Woreda and Shashego Woreda in Hadiya Zone) from 2015 to 2017. Moreover, the IN-SCT operates within the PSNP framework, and emphasises effective implementation of existing PSNP provisions to the TDS and PDS among the PSNP clients. The IN-SCT has implemented these provisions in an integrated and innovative manner, including through social transfers such as cash provision to chronically food-insecure people, access to social services, nutrition-sensitive agriculture and capacity building for stakeholders and communities. The IN-SCT implemented these integrated activities to improve integration and coordination among relevant actors at various levels, and to generate lessons and best practices that could be used for the scaling up of PSNP4 in other woredas. Currently, there is little evidence to indicate that quality of institutions has a direct positive impact on effective implementation of SP programmes in Ethiopia (e.g. Vinci and Roelen, 2018). However, previous studies have failed to comprehensively cover institutional mechanisms and arrangements intended to ensure improved coordination of relevant PSNP actors from the federal down to community level. This study is, therefore, designed to assess how the IN-SCT has affected the coherence between SP, access to health and nutrition services and agriculture at different levels in the PSNP setting in Ethiopia.

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<sup>5</sup> Irish Aid has funded the IN-SCT programme through UNICEF Ethiopia Country Office.

## 2. Questions

This study intends to answer the following specific questions:

- How are the IN-SCT pilot components, such as the social transfer, access to health and nutrition services and agriculture, articulated and coordinated within the IN-SCT setting?
- What is the institutional architecture of the IN-SCT programme, and how does this differ from the PSNP programme?
- How strong is the articulation among SP, access to health and nutrition services and agriculture in the IN-SCT programme?
- What is the added value of stronger articulation among SP, health and nutrition services and agriculture?
- What are the enabling factors and institutional barriers affecting articulation among the SP, access to health and nutrition services and agriculture within the IN-SCT setting?
- What are the workable recommendations that can be drawn from the IN-SCT pilot to inform the coherence among SP, health and nutrition and agriculture?

### 3. Methodology

#### 3.1. Study approach

The chosen methodology reflects the model of institutional architecture of the programme. As noted above, the IN-SCT is an integral part of the PSNP, designed to address the main causes of child malnutrition, not only those related to income constraints and inadequate food intake but also the quality of diets, access to services and improved care practices. The IN-SCT does so by introducing an integrated package of nutrition services, strengthening linkages to health services and implementing nutrition-sensitive agriculture activities. The intention was to pilot test a model of multisectoral coordination that could then inform the roll-out of the PSNP4. The PSNP/IN-SCT can be considered as a type 4 (single programme) typology as noted in the CEDE manual, comprising various components, including SP and other rural development activities such as health, nutrition, agriculture and access to basic education (Table 1). As the IN-SCT ended in 2017/18, this study is considered as an ex-post assessment.

**Table 1. Typology of programmes**

Attributes	Type 1	Type 2	Type 3	Type 4 (PSNP/IN-SCT)	Type 5
Institutions	1 or more	1	2 or more	2 or more	1
Programmes involved	2 or more	2 or more	2 or more	1	1
Inter-institutional articulation	Fortuitous articulation	No articulation	With articulation	With articulation	No articulation
Intra-institutional articulation	No articulation	With or without articulation	No articulation	With or without articulation	No articulation

Source: Adopted from CEDE manual (2018)

This coherence study contains two components: the institutional assessment (IA) and the process assessment (PA). The IA focuses on assessing policies, institutions and actors that were involved in the IN-SCT programme. According to the CEDE manual (2018), institutions are defined as set of regulations that structure the operation of actors. These regulations can be formal (i.e. positive laws) or informal (e.g. a shared understanding of how something functions - not necessarily underpinned by formal law). Actors can be defined as individual or collective subjects (private, social or state) that have vested interests and goals and act strategically to implement a set of actions to pursue such interests or goals (CEDE, 2018). These definitions guide this study.

The PA focuses on processes and activities affecting the articulation among SP, access to health and nutrition services and agriculture in the IN-SCT setting. It also considers the quality and effectiveness of articulation, as well as gaps and good practices observed during the implementation. The study adopts qualitative methods to examine both the IA and PA through review of secondary data and

semi-structured interviews and discussions. Review of secondary sources is used to analyse the policies, regulations and institutional frameworks that influence the articulation of SP and a range of interventions seeking to improve the quality of diets, care and access to social services in the IN-SCT programme. Semi-structured interviews were administered to generate pertinent qualitative information from relevant informants of the IN-SCT at different levels, from the centre (federal government) to kebele<sup>6</sup> level. Focus group discussions (FGDs) with programme clients were also implemented in both IN-SCT and PSNP settings to complement the findings of key informant interviews (KIIs).

The study is specifically guided by the framework and methodological guides developed by FAO and the Centre for Economic Development studies (CEDE) of the University of Los Andes. The FAO framework manual<sup>7</sup> provided a comprehensive guide for carrying out the institutional analysis. The diagnostic tool<sup>8</sup> translates the framework into practical data collection and analytical approaches and tools such as KIIs and community FGDs. Further, the CEDE<sup>9</sup> manual provides operational definitions of concepts and suggests more specific and detailed data collection and analysis tools and approaches. However, the FAO manuals and CEDE guide vary in scope, in that the former focuses on the overall policy and programmes affecting coherence, while the latter is programme specific.

According to FAO's diagnostic tool (2016, p. 5), coherence is a "systematic promotion of complementary and consistent policies and programmes across sectors, thereby creating synergies to combat rural poverty and food insecurity more effectively". There are multiple definitions for SP and many seem to converge. These can be summarized as "all initiatives, both formal and informal, that provide social assistance for extremely poor individuals and households; social services for groups who need special care or would otherwise be denied access to basic services; social insurance for protecting people against the risks and consequences of livelihood shocks; and social equity for protecting people against social risks such as discrimination or abuse" (Devereux and Sabates-Wheeler, 2004, p. 9). This definition guides the study. In the IN-SCT setting, the key SP activities include provision of social transfer (cash/food), transition of PLWs and primary caregivers of malnourished children to TDS, case management by SWs, and implementation of co-responsibilities specific to PSNP PIM.

Coherence is analysed both horizontally (among policies, programmes, operational systems and actors) and vertically (national, regional, woreda and kebele levels) between SP and access to health/nutrition services and agriculture, taking IN-SCT as a case. The health/nutrition aspects of IN-SCT include BCC, community-based nutrition education, improving access to health services for PLWs and carers of malnourished children, and other related activities. The nutrition-sensitive agriculture component of IN-SCT includes provision of farm inputs such as vegetable seeds and poultry and associated training on home gardening.

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<sup>6</sup> Kebele is the lowest level government structure in Ethiopia

<sup>7</sup> FAO's 2016 *Framework for Analysis and Action for Strengthening Coherence between Agriculture and Social Protection*

<sup>8</sup> FAO's 2016 *Diagnostic Tool for Strengthening Coherence between Agriculture and Social Protection*

<sup>9</sup> *Methodological Guide for Institutional Analysis*, jointly produced by Universidad de los Andes (UNIANDÉS) and RIMISP in 2018

### 3.2. Sampling

Guided by the CEDE methodological manual, two woredas (one IN-SCT woreda and one PSNP-only woreda) were purposively sampled from the SNNP region. From the two woredas (Halaba and Shashego) where IN-SCT was implemented, Halaba Special Woreda was sampled due to the presence of a fair mix and distribution of PSNP and IN-SCT interventions, including CONCERN activities. While these are sparse in Shashego Woreda, Kedida Gamella Woreda is sampled as a control against which improvements due to the IN-SCT can be assessed. This woreda was chosen as a control because it is closer to and shares similar socio-economic and agro-ecological situation with Halaba Special Woreda. Both sample woredas have access to PSNP and the regular government health extension package.

Further, four kebeles/communities are sampled in consultation with woreda stakeholders for community discussions. These include two kebeles where IN-SCT was implemented in Halaba woreda and two kebeles where PSNP was implemented without IN-SCT in Kedida Gamella. In Halaba woreda, kebeles were selected based on the range of PSNP, health/nutrition services and agriculture interventions, including those implemented by CONCERN. All sampled kebeles were selected in consultation with stakeholders in the two woredas and based on the criteria mentioned above. In each of the selected kebeles/communities, one mixed (women and men) group of PSNP clients, comprising TDS, PDS and PW participants, was targeted for FGD. As far as possible, PSNP households with TDS members were given priority for participation in the FGDs.

### 3.3. Key informant interviews

Series of KIIs were conducted with relevant actors at federal, regional, woreda and kebele levels. These included interviews with the national nutrition taskforce members, comprising MoLSA, MoA, MoH and UNICEF; discussions with SNNP region FSTF members, including BoLSA, BoA, Bureau of Health (BoH) and Food Security Directorate (FSD) under the regional Disaster Risk Management Commission (DRMC); interviews with woreda FSTF members (WoLSA, Woreda Agriculture, Health and Woreda Food Security directorate under the woreda HEW and Food Security Office) in both sample woredas; and discussions with kebele FSTFs in the four sample kebeles of the two woredas. As part of kebele FSTF discussions, DAs, HEWs, SWs, and CCCs were interviewed in all sample areas. The summary of interviews and participants is given in Table 2.

The KIIs covered the key elements of institutional and process assessments. These included policies and institutions affecting coherence between SP and access to complementary services in the IN-SCT setting, actors involved in this programme implementation, efficacy and quality assessment, enabling factors and restrictions, and added value of the coherence between the programme components. Data collection for KIIs was conducted by a lead researcher and trained field assistant. Separate KII checklists were prepared for each level of interview (federal, region, woreda and kebele).

### 3.4. Focus group discussions

The community FGDs were aimed at exploring the beneficiary perception of the IN-SCT programme coherence among beneficiaries, and any resulting changes to their livelihoods. The community FGDs were implemented in each of the four sample kebeles covering mixed groups (women and men, including TDS and PDS, in the IN-SCT setting and PSNP-only setting). Four FGD groups were therefore

conducted in each of the four sample kebeles and two woredas. Relevant information pertaining to different clients (TDS, PDS and others) was generated from the mixed community FGDs.

The FGD checklist was used as a guide during the community-level discussions. The two field researchers relied on local translators to capture relevant information during the FGDs. The field researchers obtained community consent<sup>10</sup> and ensured privacy of information before beginning discussions.

**Table 2. Summary of number of interviews and discussions conducted**

Hierarchy	Type of interview	# of interviews	Halaba woreda (PSNP + IN-SCT)	Kedida Gamella woreda (PSNP-only woreda)	Total number of attendants
Federal	KIIs with national nutrition taskforce members (UNICEF, MoH, MoA, MoLSA)	1			5
Region	KIIs with regional food security taskforce members (FSTF), including the regional food security, BoLSA, BoA and BoH	1			11
Woreda	KIIs with Woreda FSTF members	2	1	1	19
Kebele	KIIs with kebele FSTF members	4	2	2	26
Community	FGDs with IN-SCT clients (TDS, PDS, women and men IN_SCT clients in Halaba and PSNP only in Kedida Gamella)	4	2	2	45
Total number of interviews and attendants		12	5	5	106

### 3.5. Data analysis

#### 3.5.1. First stage analysis

This stage involved triangulation of the collected primary data with the findings from the programme description based on secondary data. It also involved use of primary information to develop the key elements of PA and IA. According to the CEDE guideline, the PA focuses on three key analysis (efficacy, quality and external factors). Efficacy is a measure of the quantity of goods and services

<sup>10</sup> Consent form filled and attached in separate file

produced and fulfilment of set purposes, while quality refers to a measure of relevance, sufficiency and satisfaction with the inputs delivered and activities implemented.

The IA focuses on analysis of six important issues:

- programme articulation design, i.e. how the IN-SCT programme and its components are designed and articulated;
- characterization of actors, i.e. the type of actors involved, their goals and interests, resources and capacities, actors' ideology and their level of decentralization;
- coordination intensity, i.e. the degree of involvement of the different actors/institutions in coordination and articulation of IN-SCT programme;
- added value analysis, i.e. changes and improvements observed as a result of having articulated engagements in IN-SCT;
- restrictions and bottlenecks, i.e. resistances or hindrances affecting sectoral coordination and articulation in IN-SCT programme;
- opportunities and good practices, i.e. enabling factors that can be utilized for further promotion of articulation and coordination in IN-SCT.

### 3.5.2. Second analysis: Critical nodes and policy recommendations

This stage was intended to synthesize, conclude and suggest policy recommendations based on the study findings. As part of this, the level of articulation and coordination of IN-SCT was identified based on categories cited in CEDE guide (2018). According to this source, six categories or levels of articulation and coordination were put forward (see Table 3).

**Table 3. Categories/level of articulation and coordination**

No.	Categories/levels	Characteristics
	Communication	Information shared and discussed
1.	Cooperation	Ad-hoc groups/committees established to advance sharing and achievements of set targets
2.	Coordination	Formal inter-institutional agreements put in place among autonomous actors to ensure coordination
3.	Collaboration	Actors give up part of their autonomy to gain mutual benefits and outcomes
4.	Convergence	Actors undergo restructuring of services, programs, memberships, budgets, missions, goals, personnel, contractual arrangements for the reallocation of funds, shared resources and a leading agency.
5.	Consolidation	Multi-agent and multi-disciplinary plans and budgets put in place, together with inter-agency groups that provide services, merged planning and human capital and shared assets.

Source: Adopted from Corbett and Noye (2008) as cited in CEDE guide (2018).



## Section II

### 4. Policies and programmes guiding IN-SCT

Various policies and programmes have supported the design and implementation of IN-SCT programme. These are discussed below.

#### 4.1. National SP policy

The national SP policy, which is led by MoLSA, defines SP as a system comprising four key components: protection (i.e. protecting the poor and vulnerable from economic and social deprivation), prevention (i.e. preventing the poor and vulnerable from falling into extreme poverty), promotion (i.e. supporting the livelihoods of the poor and vulnerable to move out of poverty) and transformation (i.e. supporting the poor and vulnerable people to counteract social injustice such as abuses and violence) (MoLSA, 2014). The policy has four pillars intended to support its objectives, including promoting a productive safety net, promoting employment and improving livelihoods, increasing social security and social insurance coverage, and increasing access to social services. The fifth pillar, which calls for provision of legal protection and support to the poor and vulnerable people, was added to the SP strategy issued by MoLSA in 2016. Both the SP policy and strategy give due emphasis to linkage and coordination with other sectors, including health, nutrition and agriculture sectors, to support children under difficult circumstances, PLWs, vulnerable people with a disability, and the elderly with no care and support. For instance, this policy and the strategy have included the community-based health insurance, which is a new sector of interest as related to SP; synergy is essential to effectively implement the initiative.

The IN-SCT requires the collaborative effort of diverse actors at different levels. The IN-SCT programme fits into the protection and promotion component of the SP policy. Two of its policy measures are promoting a productive safety net and increasing access to social services, such as health/nutrition and education. Further, the IN-SCT focuses on PDS and TDS among the PSNP clients. The SP policy pursues integration of SP services with other socio-economic services, and coordination of relevant stakeholders at various levels as a key strategy to maximize impact and coverage. The IN-SCT has also taken this approach and aimed to integrate SP with access to services, such as health, nutrition, nutrition-sensitive agriculture and education, to reach and positively impact on its primary target groups.

Financing is a core concern in the provision of SP for the poor and vulnerable. The MoLSA SP policy envisages the increasing role of domestic sources in this regard. This also means that the pledges for SP from donors are expected to decline over time. For instance, the real value of PSNP cash expenditure significantly decreased over the latter phases of the programme, from ETB 5.4 billion in 2004/5 to ETB 1.5 billion in 2015/16 (OECD, 2019). This decline is also expected during the fourth phase of the programme, despite the increasing number of people in need of support (OECD, 2019). Similarly, the volume of relief food available for support is also following a similar trend. The significant gap between the resource required and the resource available is at the core of this problem. This implies the government should investigate options that would help to improve provision of SP to the needy and integration of SP with other social services.

## 4.2. National nutrition strategy and programme

Malnutrition is one of the key bottlenecks affecting the socio-economic development of Ethiopia. Malnutrition underlies a high level of stunting and wasting of children aged under five, higher vulnerability to series of infections and diseases, compromised mental capacity, limited labour productivity and deteriorating welfare performance (MoH, 2008). The government has designed and implemented a series of nutrition programmes to avert this. This includes the National Nutrition Programme One (NNP I), which was implemented from 2013–2015 and the National Nutrition Programme Two (NNP II) that runs from 2016–2020 and calls for coordination with PSNP. This programme (NNP II) has given due emphasis to addressing both acute and chronic malnutrition among PLWs, infants and children under the age of five, food insecure households, people living with HIV/AIDS and others. A considerable budget (over USD 1.14 billion) was allocated to this programme in an attempt to improve the limited national health expenditure. The per capita health expenditure was very low, at only USD 12 in 2015/16, as compared to the average for sub-Saharan Africa countries, which was USD 98 during the same period (UNICEF, 2017). The IN-SCT programme complements NNP II through identifying and linking PLWs and caretakers of malnourished children with health and nutrition services. Provision of integrated support (i.e. social safety net along with health and nutrition services including nutrition-sensitive agriculture) to the primary target groups is at the core of IN-SCT.

## 4.3. Food Security programme

Ethiopia's food security programme focuses on improving the food security status of the chronically food-insecure population in the country. The PSNP is one of the four key pillars of the food security programme. The current phase of this programme (PSNP4) runs from 2015–2020 and is intended to reach over 8 million chronically food-insecure people in eight regions (PSNP4, 2014). The PSNP is one of the largest SP programmes in Ethiopia and in Africa. Over the last 15 years, PSNP has been directly managed by the federal FSCD within MoA, in collaboration with MoLSA. The role of MoLSA was insignificant in the last three phases of the programme, though has shown improvement during PSNP4, implying misalignment of the programme. The IN-SCT programme focuses on improving access to services for specific segments of PSNP clients (i.e. TDS and PDS) and contributes to the achievements of the national food security programme. This indicates the IN-SCT was well-aligned with several programmes and policies of the country.

# Section III

## 5. institutional analysis

### 5.1. Programme rationale

The IN-SCT was designed to fill the gap observed during the evaluation of PSNP III. The evaluation findings indicate that PSNP III has improved the food security situation of clients but has no impact on their nutrition status and linkage with social services. The PSNP4 was designed to improve these gaps by taking into consideration the experience from the UNICEF-supported cash transfer pilot implemented from 2013–2014 in the Tigray region. This pilot programme improved dietary diversity among children of PSNP families and social service linkage for PDS clients, and generated evidence that the six-months PSNP transfer is not adequate for PDS clients. The IN-SCT was designed to pilot the multi-sectoral linkages of PSNP4 for scaling up during the roll out of the programme.

The IN-SCT was initiated by UNICEF. The idea was further discussed and developed by the PSNP social and nutrition taskforce members, including MoH, MoLSA, MoA and others. The programme was led by MoLSA at federal level, while UNICEF provided the required technical support and others such as MoH and MoA were involved. The IN-SCT was piloted in two PSNP regions (SNNP and Oromia) for testing and lesson learning under the management of MoLSA and regional BoLSAs.

### 5.2. Programme description

The IN-SCT is a multi-sectoral single programme comprising social transfer (cash), access to improved health/nutrition services, nutrition-sensitive agriculture and capacity building. These are briefly described below.

#### 5.2.1. Clients

IN-SCT fully focuses on PSNP clients (PW and PDS households). Public Work households are those with at least one able-bodied adult who can work on PW activities, while PDS households are those without any able-bodied person available to work on PW activities. The PW households account for over 80 percent of PSNP clients, while the PDS households account for 20% or less. Further, the IN-SCT provides specific support for individuals within the targeted households. For instance, social transfer is provided for all the family members that were registered for transfer during the PSNP targeting (with a maximum cap of five members per household). Temporary Direct Support and PDS are expected to be linked with social services such as agriculture, health/nutrition and education. According to IN-SCT, TDS includes pregnant mothers, lactating mothers and carers of malnourished children. Beneficiary re-targeting is conducted annually to replace clients who have died, relocated or were deemed to have graduated from the programme. The remaining clients are kept on the beneficiary list that expires at the end of PSNP4, i.e. 2020.

### 5.2.2. Social transfer

The two IN-SCT woredas are cash transfer-only woredas where the PSNP PW households receive six months cash transfer, while the PSNP PDS households get 12 months cash transfer. Based on the PSNP modality and payment rate, a flat transfer amount of ETB 175 per month per person was provided for all clients during the IN-SCT implementation period. The same rate applies to both PW and PDS households. This budget was allocated by UNICEF to the PSNP pool fund managed by Ministry of Finance.

### 5.2.3. Access to improved health/nutrition services

TDS and PDS are primarily targeted for these IN-SCT services. The IN-SCT-supported health and nutrition services include provision of pre-/post-natal care for PLWs, and nutrition education and BCC for all PSNP clients, including men. Caretakers of malnourished children are also provided with therapeutic care for the children, as well as nutrition counselling. Provision of these services is linked with co-responsibilities whereby the TDS are freed from PW implementation to access such services, and the PDS are also encouraged to access relevant services.

### 5.2.4. Co-responsibilities

All PSNP clients (PDS, TDS and PW participants) are expected to fulfil their co-responsibilities, whether in PSNP or IN-SCT settings. For instance, PLWs should visit health facilities to receive the necessary pre-/post-natal care and attend community-based nutrition activities. Further, the PDS should also attend BCC sessions organized by the HEWs in their villages. These soft conditions also hold true in IN-SCT areas. In the latter case, encouraging the TDS to participate in nutrition-sensitive agriculture when they are free from PW implementation, and the PDS to send their children to school, were introduced as additional co-responsibilities. Non-compliance with these conditions does not prevent beneficiaries receiving the transfer. The IN-SCT has a clear process through which co-responsibilities are implemented. It has also provided necessary capacity building for the grass roots-level implementers: development agents<sup>11</sup> (DAs) under woreda agriculture office, HEWs under the woreda health office, and SWs under the woreda Labor and Social Affairs office. These also exist in PNSP woredas; however, in IN-SCT there is a greater support from this programme to ensure adequate capacity. The IN-SCT has supported the two woredas to hire more SWs to link TDS/PDS with social services and ensure case management supported by MIS. The TDS include both PLW and families with malnourished children in PSNP and IN-SCT. Pregnant and lactating women are freed from PW implementation from their fourth month of pregnancy until the child is one year old, while the caretaker of a malnourished child is entitled to be free from PWs until the child recovers.

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<sup>11</sup> DAs are the kebele level MoA staff. These are also sometimes referred as community level extension agents. These are responsible for planning and implementation of the government agricultural extension programme as well as PSNP.

#### 5.2.5. Nutrition sensitive agriculture

This includes technical support and home gardening input provision from CONCERN through the IN-SCT in the two woredas. Selected PSNP households with TDS were provided with vegetable seeds, chicken breeds and associated training in home gardening so that they could better access diversified food for PLW and children, including those affected by malnutrition. Further, this programme has supported FTC-based demonstrations of improved vegetable production activities and school-based vegetable nurseries, in order to improve community-based nutrition through home gardening in the two woredas.

#### 5.2.6. Capacity building

IN-SCT has provided technical and system-related capacity building support for the woredas. The technical support includes training on nutrition-sensitive farming activities such as home gardening, poultry and improved feeding practices for the TDS. The system-related support includes improved implementation of referral and co-responsibilities, PSNP-nutrition linkage training for DAs, HEWs and SWs, FTC capacity building, strengthening of woreda/kebele FSTFs, and co-responsibility tracking and case management using MIS.

#### 5.2.7. Gender

Gender and social development is a key focus of PSNP4 that aimed to improve the situation of female PSNP clients. The IN-SCT supports this through ensuring smooth implementation of GSD provisions, including reducing the time women spend on PW implementation, improving access to BCC sessions for men and women, and building capacity of relevant woreda stakeholders to mainstream and implement GSD provisions.

## 6. Actor mapping

As noted above, PSNP is a government SP and developmental programme. Government ministries – such as MoA, MoLSA, MoH and other sectoral ministries and their respective structures at regional, woreda and kebele levels – have a key role in the management and coordination of the programme. The IN-SCT programme also relies on PSNP stakeholders for the planning, coordination and implementation of proposed activities. These stakeholders can be grouped into various categories: entities that participate in the design, implementing entities, funding entities, oversight and control entities, and stakeholders involved in territorial articulation. The key organizations involved in IN-SCT, their interest and incentives for collaborating, the extent to which they were capacitated because of IN-SCT and associated gaps are discussed below.

### 6.1. Entities that participated in the design

As noted above, the IN-SCT programme was designed by the NTF, led by MoLSA under the social development taskforce (SDTF). All members of the NTF, including MoA, were involved in the process, supported by the UNICEF technical guide (see section 3 for detail). In addition, UNICEF has also supported the design of MIS for PDS/TDS, contributed to the development of various manuals (operational manual, BCC, field guides, etc.) and used the programme results/findings for advocacy work related to nutrition and social service linkage in the PSNP context.

### 6.2. Implementing entities

The Ministry of Labor and Social Affairs and its structures at regional and woreda levels have played a key role in implementing this programme. Other government ministries, such as MoH, the federal FSCD within MoA and CONCERN have also played important roles. Details are given below.

### 6.3. Ministry of Labor and Social Affairs

The overall responsibility for the implementation of IN-SCT lies with MoLSA. The Ministry has clearly articulated SP policy and has committed to ensuring integration with the work of other ministries and programmes, such as the PSNP of MoA, NNP II of MoH, and others. The MoLSA structures at regional (BoLSA) and woreda level (WoLSA) are also committed to working with relevant government structures.

As related to the IN-SCT, MoLSA was involved in the overall process of this programme, from design to implementation, and reviews/lesson learning and scaling up of workable modalities. The programme was designed at federal level with active involvement of MoLSA and implemented by its structures at regional and woreda levels. The IN-SCT programme fits under MoLSA's SP directorate and similar structure at regional and woreda levels. The IN-SCT coordinator was instituted under this directorate at all levels. Along this, MoLSA and its structures at regional and woreda levels have received various capacity building supports that include training, technical back-up and finance for implementation of IN-SCT. This has enabled the organization to better support the PDS and TDS and link them with relevant social services in the pilot woredas, and also to scale up workable modalities to more woredas in SNNP regional state.

Thanks to the IN-SCT, MoLSA and its regional and woreda-level structures are increasingly recognized by the government. Very recently, BoLSA was included in regional councils and is using the opportunity to table SP as one of the key agendas at regional level:

We are now capacitated and able to influence the PSNP coordination mechanisms such as the regional FSTF and LTCs, and able to influence them to give due attention to TDS/PDS and their linkage with various services including nutrition sensitive agriculture. We have instituted SCT under our SP directorate and started the scale up of IN-SCT model into six woredas. We also hired SCT coordinator at regional level and 6-8 SWs for each of the pilot woredas. The regional government has approved ETB 6 million for SCT in six woredas for 2018/19 and also committed to allocate similar amount of budget for 2019/20. We instituted the SCT model in BoLSA and this would help us to manage issues of TDS and PDS. However, the challenge is that this SCT structure is now missing at federal level and the region is worried about the sustainability of SCT. Also, the BoA has not transferred the relevant PSNP budget to our bureau (BoLSA Key Informant, 2019).

Similarly, WoLSA has recently been included in the woreda council. This impacts on the overall woreda socio-economic development activities. The IN-SCT has capacitated WoLSA through recruiting 7–8 SWs for each of the pilot woredas to conduct linkage of PDS and TDS services. These SWs enable WoLSA to carry out comprehensive assessments of PDS and TDS in IN-SCT woredas:

WoLSA was able to lead the assessment and documentation of the profile of TDS/PDS in the IN-SCT woredas and used this to link these clients with relevant services, including health, nutrition sensitive activities and education (Halaba woreda IN-SCT steering committee, 2019).

Despite this, MoLSA and its regional and woreda-level structures have capacity limitations that include staffing, logistics and budget (see section 11.2).

### 6.3.1. Federal Food Security Coordination Directorate

The federal FSCD and its structures at regional and woreda levels have played an important role in IN-SCT. At federal level, the FSCD has contributed to the programme design, preparation of manuals for the ToT trainers, and field guides for the front-line agents (DAs and HEWs). At regional level, the GSD specialists have facilitated IN-SCT training (e.g. on gender, social service linkage and nutrition-sensitive agriculture) for woreda experts and DAs. Two DAs from each kebele of the two pilot woredas received three days training from regional GSD, regional BoLSA and livelihood experts. The regional FSD was also involved in the IN-SCT programme review and learning events. These events have helped the woreda and regional-level FSDs to appreciate the contribution of IN-SCT and the role of working with other regional actors, such as BoLSA, to improve social service linkage for PSNP clients, and with BoH to improve nutrition for the TDS.

In the IN-SCT implementation areas, the woreda FSD has contributed to improving the livelihoods of TDS through provision of farm inputs and technical support during the six months IN-SCT extension period (after CONCERN). In the two pilot woredas, the woreda FSD received the required funding directly from UNICEF during the extension period and implemented the following activities:

- Demonstrated vegetables at FTC to TDS (through IN-SCT support);
- Trained both DAs and HEWs on improved home gardening and linked this with consumption by children and TDS;
- Provided vegetables and fruits to PSNP clients using own budget and UNICEF funding of ETB 300 000. Priority was given to families with TDS;
- Provided livelihoods grant for poor PSNP beneficiaries using UNICEF ETB 2.5 million fund. Priority was given to families with TDS; and

- Provided list of PDS to WoLSA.

The IN-SCT has improved the capacity of FSCD and its structures at regional and woreda levels. According to a federal FSCD KII, “this programme has enabled us to better understand the role of MoLSA and its SWs in PSNP, the need to address nutrition as part of PSNP and the means to do this.” In addition, in one regional FSD KIIs it was noted that “we allocated specific budget for the regional BoLSA, for co-responsibility management and employment pathway approved by the regional LTCs”. The IN-SCT has also helped the woreda FSD to actively participate in woreda steering committees and contributed to improved programme coordination and management. The woreda FSD facilitated the implementation of PSNP GSD provisions, such as the timely referral of TDS clients, BCC sessions, and more. Further, due to the IN-SCT, the DAs at kebele level now have a better understanding of nutrition. This implies that many of the IN-SCT activities have enabled the woreda FSCD to improve integration of SP with nutrition and agriculture:

Nutrition sensitive PWs such as nurseries are given due focus and promoted due to better understanding of the role of nutrition. Five central nurseries are currently functioning, and these are producing more fruits now due to better understanding of the need to address nutrition (Halaba woreda FSD Key Informant Interviews).

Despite this progress, there were also areas for improvement:

- The role of regional and woreda FSD in the implementation of IN-SCT was not well recognized from the beginning. There was no MoU between the IN-SCT and FSCD at all levels. For instance, the regional and woreda FSD was not involved in some of the key nutrition-sensitive agricultural activities such as farm input supply and the FTC-based demonstrations carried out by CONCERN in eight FTCs in the IN-SCT woredas. CONCERN took over the role of regional/woreda FSD, after coming on board towards the end of the second year of the IN-SCT programme implementation.
- The PSNP budget flows through the federal FSCD and its structures at regional and woreda levels. This includes the budget for GSD, nutrition and service linkage. However, this budget was not shared with relevant government structures, such as MoLSA and MoH, which would have allowed them to use this resource to implement PSNP activities related to their sectors. The stakeholders noted this as a key factor undermining collaboration between FSD and other sectors.
- Gender, nutrition and linkage with social services are all correlated with PSNP PWs. However, these issues were given less attention during the Public Works Technical Committee (PWTC) meetings at all levels, because the GSD specialist within the FSD is excluded from PWTCs. This is affecting integration of SP with nutrition, agriculture and social service linkages.
- The federal FSCD and its regional and woreda structures do not have staff allocated to nutrition-sensitive agriculture; this undermines integration between SP and nutrition/agriculture. Further, the federal FSCD and its structures at regional and woreda levels have weak links with the Extension Directorate of MoA. These links



would ensure that the TDS and PDS receive relevant extension services, including nutrition-sensitive inputs and technologies from DAs.

### 6.3.2. Ministry of Health

The overall health sector development programme prioritises provision of relevant health and nutrition services to the poor and vulnerable, including women and children. Within MoH, the Mothers and Children Health Care Directorate is responsible for and works directly with the IN-SCT programme. Similar structures at regional, woreda and kebele levels (HEWs) have also contributed to the programme.

At federal level, the MoH has contributed to designing the IN-SCT programme, participated in the preparation of ToT trainers and other relevant manuals, and supported cascading of training to regions and woredas. At regional level, nutrition experts of the bureau trained relevant woreda and kebele staff (HEWs and other staff) on nutrition and BCC, participated in a series of IN-SCT review meetings, and scaled up the best practices into other areas. This was described in KIIs:

We scaled up some elements of the IN-SCT approach such as the BCC sessions to other 22 woredas after the IN-SCT ended because we found it important in reaching out to the most vulnerable groups. The regional BoH has scaled up elements of IN-SCT that are related to its mandate and these include identification and referral of TDS, BCC, provision of ANC and PNC to mothers, and supporting care takers of malnourished children using the UNICEF fund provided during the extension phase of the programme. Nutrition sensitive agriculture don't relate to our organizational mandate and hence we didn't want to take forward this (SNNP region BoH Key Informant Interviews, 2019).

The woreda health staff have also actively participated in the woreda steering committees and contributed to the training of DAs and HEWs on BCC and nutrition. The HEWs were engaged in awareness creation of PSNP clients on BCC at PWs working sites and health facilities in IN-SCT areas, facilitated the identification and referral of TDS, and linked the TDS with relevant health and nutrition services.

However, there are also gaps affecting improved integration between SP and access to health/nutrition services. These include:

- No specific MoU was signed between the IN-SCT programme and MoH. The MoU that the MoH agreed with MoLSA was general and not binding to ensure that PSNP TDS are served.
- No budget was transferred from the PSNP to MoH to ensure smooth implementation of health/nutrition related activities of IN-SCT.

### 6.3.3. CONCERN Worldwide

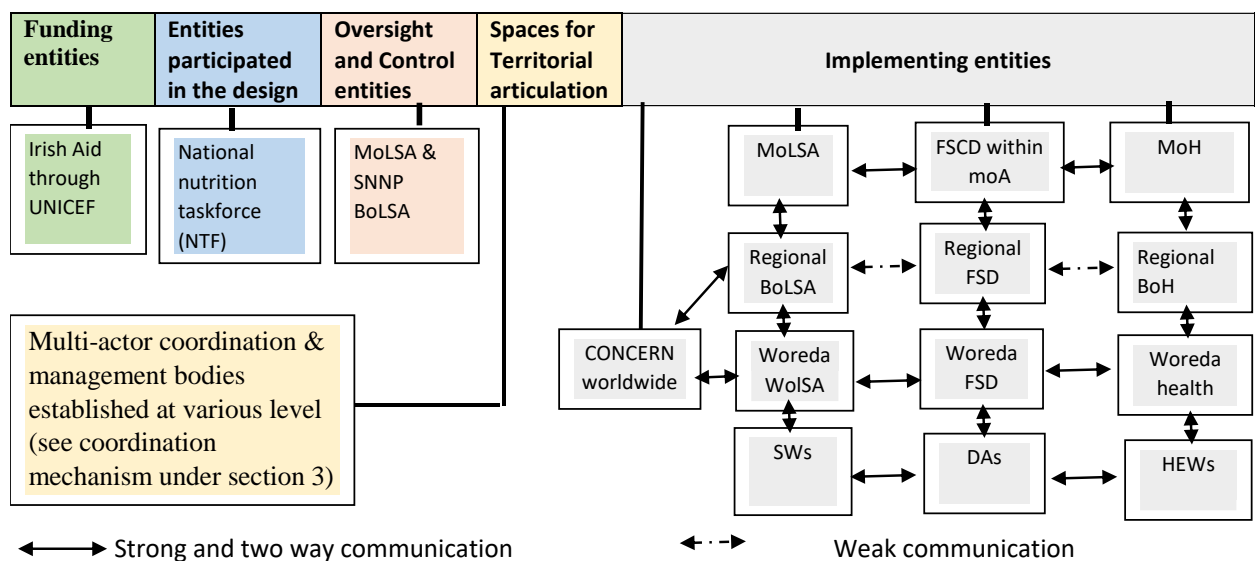
The input supply and training for the integrated nutrition element of IN-SCT was implemented by CONCERN Worldwide. As CONCERN has extensive experience in managing rural health and nutrition projects in the country, UNICEF brought in this NGO to manage the health, nutrition and agricultural aspects of the IN-SCT. To this end, the NGO provided training on integrated nutrition to woreda staff, HEWs and DAs. It has also provided improved farm inputs such as vegetable seeds, fruit seedlings, poultry and associated technical support to PSNP clients to support community-based nutrition. The NGO has also implemented water, sanitation and hygiene activities, including

development of water points and environmental sanitation and hygienic education. The NGO has worked closely with the regional and woreda Labour and Social Affairs to implement the programme. However, it had poor communication and linkage with some of the key actors (i.e. regional/woreda FSD and Extension department within the agriculture bureau/office), mainly due to lack of recognition and visibility of the links between nutrition and agriculture/food security. This has particularly undermined the performance of nutrition-sensitive agriculture. For instance, the FSD and Extension department within the regional/woreda Agriculture bureau/Office was reluctant to get involved and contribute to the agricultural activities such as the FTC-based technology demonstrations and farm input supply implemented by the NGO.

#### 6.4. Organizations involved in oversight and control, territorial integration and funding

The lead role in programme oversight and control has been taken MoLSA and SNNP BoLSA, supported by UNICEF. The latter also played a crucial role in channelling and overseeing the programme funding from Irish Aid. Further, several multi-actors/committees/taskforces were established at various levels (federal, region, woreda and kebele) to ensure territorial coordination (see section 3).

**Figure 1.** Actor mapping for the IN-SCT programme implemented in SNNP region



Source: Author's own map (2019)

#### 6.5. Important organizations excluded from IN-SCT

##### 6.5.1. Public Work Focal Unit

The effort to improve integration between SP and nutrition/agriculture should not neglect the role of PWFU within MoA. This unit is responsible for planning and implementing nutrition-sensitive PWs such as water harvesting, irrigation, fruit nurseries and home gardening. For instance, it bought and

distributed vegetable seeds to clients and supported nurseries that are producing and distributing fruit trees:

Some 60% of the PSNP capital budget is being allocated to water harvesting (e.g. small-scale irrigation, ponds, etc). In addition, capital budget was allocated to purchase vegetable seeds and establish fruits nurseries in 2018. These activities, among others, are intended to contribute to nutrition sensitive farming (Regional PWFU KIIs).

The PWFU also played a key role in planning and implementation of co-responsibilities associated with PSNP PWs, such as identification and referral of TDS to social services, BCCs, community-based nutrition and others. Compliance with these co-responsibilities is also among the focus areas of the IN-SCT. The federal PWFU and its structures at regional and woreda levels are staffed with professionals in diverse disciplines, including natural resource management (NRM), irrigation, environment and monitoring and evaluation. As a result, they are well positioned to support implementation of IN-SCT and contribute to improved integration between SP and nutrition/agriculture. However, this unit was excluded from participating in IN-SCT. This has undermined the integration of SP with nutrition/agriculture at regional level. According to a KII, “no-one has invited us to engage in IN-SCT in this region; and hence we don’t know much about IN-SCT” (SNNP region PWFU KIIs).

#### 6.5.2. MoA Extension Directorate

This directorate has the potential to play a crucial role in tailoring and providing agricultural extension inputs and services for PSNP clients. For example, this directorate has an important role in linking these clients with the regular extension programmes, such as supply of farm inputs like seeds and breeds, and provision of advisory services for home gardening, dairy and poultry — all of which are essential for improving community-based nutrition. To this end, the food security directorate within MoA, which bears the ultimate responsibility for PSNP, is expected to work closely with the extension directorate at all levels. However, the latter was not brought on board to participate in and contribute to PSNP and hence also IN-SCT. Several factors contributed to this. First, the Extension Directorate has mainly focused on promotion of technologies through model farmers and has limited attention for the PSNP clients, who are mainly poor. Second, the key IN-SCT implementers (i.e. BoLSA/WoLSA and CONCERN) have made little effort to ensure the active involvement of the Extension department in IN-SCT. This has undermined the meaningful linkage between SP and agriculture. This is indicated by the fact that PSNP clients’ sensitive extension package is lacking.

#### 6.5.3. OMO micro-finance institution

Micro-finance institutions (MFIs) have a particularly important role in linking the rural poor with the necessary financial services to implement IGAs and improve their income and nutrition situation. However, the role of OMO MFI was limited to e-payment in the IN-SCT woredas. That is, the IN-SCT clients were receiving their social cash transfer through OMO MFI supported by e-payment. PSNP households with TDS members were not specifically targeted and linked with OMO MFI to access credit services. The MFI could have been encouraged by the woreda government to play an active role in IN-SCT in this regard. This is indicated by the fact that it was excluded from both woreda FSTFs and the IN-SCT steering committee.

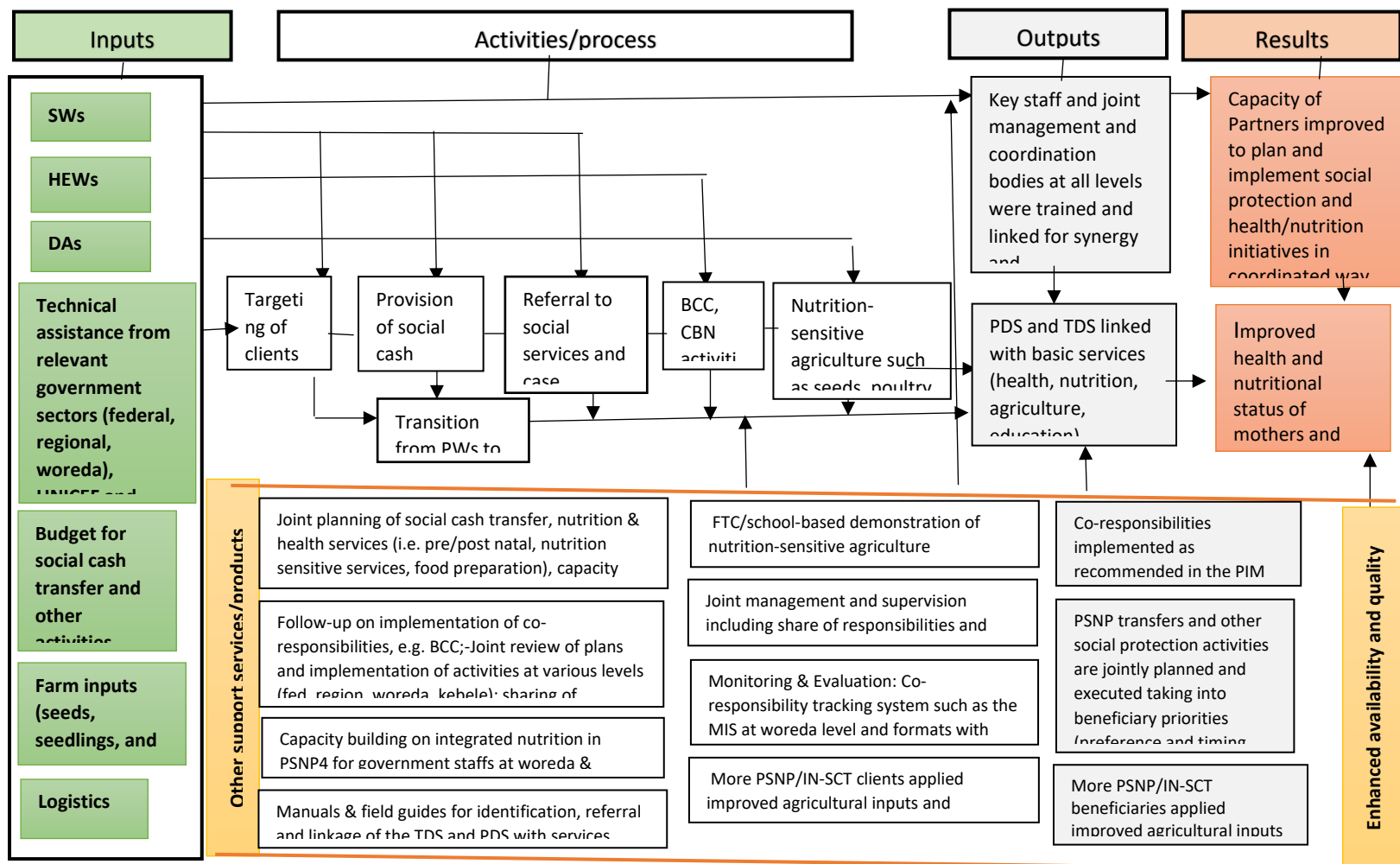
#### 6.5.4. Woreda Youth and Employment Creation Office

The woreda youth employment creation office was not brought on board by the IN-SCT, despite its important role in supporting the youth in PSNP families. This office was also excluded from woreda FSTF and IN-SCT steering committees.

### 7. Value chain

The value chain of the IN-SCT programme is developed based on the programme description and mapping of the key actors involved. The value chain consists of four components that are presented sequentially and logically along the chain of value addition/transformation process. These components include inputs or activities that affect articulation and coordination of social protection with access to health/nutrition and other social services in IN-SCT setting, and outputs or results achieved thereof. The key inputs include staff, budget for social transfer and other activities, and farm inputs and associated technical assistances. The implementing institutions used these resources to carry out various activities. As the core focus of IN-SCT is on TDS and PDS, the first key activity was to screen PSNP households with these members and refer them to various services that include health/nutrition services (pre/post-natal care, BCC, CNA) and education service for children from PDS families. Moreover, the PSNP families with TDS and PDS were encouraged to participate in nutrition sensitive home gardening using the IN-SCT inputs and their own resource. To this end, the grass roots implementers (DAs, HEWs and SWs), backed by technical support from the regional/woreda staff, worked collaboratively during the planning, implementation and monitoring of the programme activities. The TDS and PDS were linked with basic social services; and health and nutritional status of children and mothers have shown improvement in some cases. Besides, the programme capacitated the relevant structures at various levels to plan and implement SP and health/nutrition activities in a coordinated manner. The value chain elements are schematically presented in Figure 2 below.

**Figure 2.** Value chain of components affecting articulation and coordination of social protection and access to health/nutrition services in IN-SCT programme setting



Source: Author's own map (2019)

## 8. Efficacy and quality analysis

### 8.1. Efficacy of articulation

This section discusses how the IN-SCT interventions (i.e. capacity building for coordination mechanisms and implementing organizations, as well provision of relevant inputs/services) were translated into improved integration of SP with health, nutrition, agriculture and other services.

### 8.2. Improved targeting of TDS and PDS

IN-SCT has improved the screening of TDS and PDS clients. The re-assessment of PSNP clients (PWs and PDS) was done annually and replacements made when the original recipient died or changed residence. The SWs and CCCs have played a key role in ensuring that the criteria set in PSNP PIM are applied. They ensured transparency of the process during identification of PDS and prioritized only the eligible for inclusion into the list in their respective kebeles. Similarly, the TDS were identified and referred in a timely manner. The PLWs and caretakers of malnourished children are well informed by IN-SCT-trained HEWs, SWs and DAs on eligibility criteria during various awareness creation and BCC sessions. However, this improvement is insignificant in the control woreda. According to a KII, “the targeting process and the criteria applied for identification and referral of TDS and PDS were clear and as per the PIM in Halaba kebeles” (Halaba kebeles FSTF KIIs)], while “this was not the case in Kedida Gamella, mainly due to lack of SWs and CCCs” (Kedida Gamella Kebele KIIs).

#### 8.2.1. Improved access of health services for TDS

“All pregnant women were referred to HEWs as of the 4<sup>th</sup> month of their pregnancy and the majority (over 90%) attended all recommended rounds of antenatal care (ANC) services,” according to Halaba woreda community FGDs. The IN-SCT supported training and improved linkage between the kebele level government staff (DAs, HEWs, SWs) have contributed to this, while most pregnant women were identified and referred late in the control woreda. “In our kebele, pregnant women often worked on PWs up to six months. Thus, many pregnant women delivered before completing four rounds of ANC services,” according to Kedida Gamella woreda community FGDs.

Lactating women were also freed from PWs implementation and linked with health/nutrition services up until one year after delivery. During this period, according to Halaba woreda community FGDs, “we attend BCC sessions and take series of infant immunizations at health posts; and participate in cooking demonstrations.” However, lactating women are free from PWs implementation up until the sixth month after delivery in the control woreda. “Here we start working on PWs from the sixth month after delivery. We get immunization services but no cooking demonstrations or other education sessions after delivery”, according to Kedida Gamella woreda community FGDs.

### 8.2.2. PDS households linked with basic social services

The IN-SCT has improved the situation of PDS in the implementation woredas. The SWs assessed the situation of PDS and linked them with schools for their children, and health services such as homestead safety and hygiene through HEWs. Many PDS that have no toilets were also supported with toilet construction. Some were linked with livelihood grants to run IGAs based on their capacity. According to Halaba kebele KIIs, “PDS clients are usually visited by the social workers and get continuous advice based on their needs.” In addition:

In our kebele, we have 19 PDS households. All of them were visited by SWs, assessed and linked with social services. Some were able to send kids to school, while others constructed toilets because of the project support. School teachers scheduled follow-ups if children from PDS family quit school. Disabilities also got better attention due to the involvement of CCCs and were linked with social and economic services (e.g. some persons with disabilities bought animals using PSNP transfer). This was very good improvement with respect to PDS” (Halaba community FGDs).

However, improvement of PDS was insignificant in the control woreda. “PDS are visited during the distribution of PSNP transfer only. No effort is exerted to link them with other social services; and there are no SWs to do this,” according to Kedida Gamella Community FGDs.

### 8.2.3. Improved nutrition status of TDS

The IN-SCT programme has contributed to an improved nutritional status of PLWs. This was because the programme encouraged TDS to consume more nutritious foods such as vegetables and fruits.

Over 70% of the TDS participated in community-based nutrition education, including cooking demonstration and improved child feeding. As a result, the PLWs have consumed more fruits and vegetables in Halaba Woreda. Their children (over 6 months) have also consumed diversified food stuffs. In many cases, the TDS purchase these essential food elements from market using PSNP cash transfer. Own production of vegetables and eggs by the TDS, using the project support, has also contributed in a few cases (Halaba, Choroko Kebele FGDs; Girme Kebele KFSTF KIIs).

Compared to PSNP alone, the IN-SCT had a positive impact on dietary diversity and increased consumption of roots and tubers among PSNP households with TDS members (IFPRI, 2019). However, such community-based nutrition activities were rarely carried out in the PSNP kebeles of the control woreda and therefore no improvement was observed in the consumption behaviour of the TDS there.

The IN-SCT was not able to significantly improve engagement in production and yield of nutrition-sensitive farming. The input distributions (vegetable seeds, fruit seedlings, and poultry), FTC and school-based demonstration of nutrition-sensitive farming and associated training by CONCERN did not translate into significant improvement in the production of nutritious food and income. There were three key reasons for this. Firstly, the NGO involved in this work does not have pertinent expertise in promoting nutrition-sensitive farming and did not work collaboratively with the local government extension department within the Woreda Office of Agriculture. Secondly, the quantity of farm inputs provided to TDS/PDS clients were limited to positively impact on harvest and consumption. “We

received small quantity of vegetable seeds, few fruit seedlings, and four chickens,” according to Halaba Choroqo-Kebele Community FGDs with TDS. Thirdly, very limited numbers of TDS and PDS were provided with improved farm inputs and associated training.

#### 8.2.4. Improved co-responsibility compliance with PSNP Public Works

Compliance with co-responsibilities improved due to IN-SCT. Pregnant and lactating women and caretakers of malnourished children were identified in a timely manner, freed from PWs implementation and referred, and PDS families were linked with social services. The SWs supported by the CCCs were supporting and enforcing compliance in the IN-SCT Woreda. The uptake of nutrition-sensitive agriculture by the TDS/PDS was not strictly monitored, mainly due to limited supply of the required inputs and services from the implementers. Also, this was not indicated as one of the key co-responsibilities for PSNP4. Co-responsibilities were poorly implemented in the control woreda.

### 8.3. Quality of articulation

This section discusses the relevance, adequacy and timeliness of inputs/services provided and activities implemented through IN-SCT (see summary in Table 4).

#### 8.3.1. Provision of farm inputs for nutrition-sensitive agriculture

The IN-SCT has supported the delivery of various inputs and services, with a specific focus on TDS and PDS. Supply of farm inputs was relevant and timely; however, limited numbers of TDS have accessed these inputs:

Very few pregnant women, lactating women (with children under 2) and caregivers of malnourished children have received supports (seeds, chickens, breads, fruit seedlings) from the IN-SCT, while majority of the TDS did not access these inputs due to shortage of supply (Halaba, Girme kebele FGDs).

According to woreda stakeholders, limited budget was allocated for supply of farm inputs. Further, demonstrations of nutrition-sensitive agriculture at FTCs and schools were attempted in eight FTCs and some schools in IN-SCT woredas. However:

...none of these were successful, mainly due to limited involvement of woreda agriculture and introduction of locally inappropriate technologies such as plastic cover and land saving practices in areas where land shortage is not a problem (Halaba woreda STC KIIs).

#### 8.3.2. Access to other improved nutrition services

The IN-SCT has implemented various activities in this respect. These include BCCs, cooking demonstrations and improved child feeding practices. The study findings indicate that these activities are relevant, timely and adequate. The HEWs have worked closely with SWs, DAs and CCCs to reach as many TDS as possible.



### 8.3.3. Access to health services

The IN-SCT has facilitated linkage of TDS with various services, including ANC, PNC and BCC. Discussions in sample kebeles indicate all PLWs and caretakers of malnourished children were reached with relevant, adequate and timely services when needed. For instance, according to the information from the health posts in sample kebeles, all PLWs attended four rounds of ANC and their children were fully vaccinated in IN-SCT woredas in 2017.

### 8.3.4. PDS support activities

Various PDS support activities were implemented, including screening, situation assessment, referral and linkage with social services. The study team has observed that all these activities were relevant, timely and reached all the PDS in the project kebeles.

### 8.3.5. Integrated case management

Case management is key in ensuring compliance with co-responsibilities for both TDS and PDS. The findings indicate that the project supported by SWs worked closely with other actors (DAs, Teachers, HEWs, CCCs) and implemented case management. The DAs transition the PLWs and caregivers of malnourished children from PW to TDS and follow-up on compliance with co-responsibilities. However, the SWs were limited in number and could not reach all TDS and PDS in time. Each SW in the IN-SCT woredas is expected to cover 7–8 kebeles without adequate access to basic logistics such as motorbikes.

### 8.3.6. Improving multi-sectoral coordination mechanisms at various levels

The project has supported various coordination bodies at woreda and kebele levels. The woreda steering committees were provided with relevant capacity-building training to improve coordination of woreda offices around issues of TDS and PDS. The training included service linkage and improvement of communication and coordination. The training provided to all members of woreda steering committees was on time and adequately. The kebele FSTF and CCCs were given similar training.

### 8.3.7. Management Information System development

In an innovative undertaking, the IN-SCT has introduced MIS to ensure linkage of the TDS and PDS with necessary services. The MIS was operating under WoLSA. The SWs use this platform to assess and register clients, assign co-responsibilities based on their specific needs and follow up on their compliance with the co-responsibilities. The system operated during the IN-SCT implementation period, and all TDS and PDS were assessed, registered and assigned with co-responsibilities. The SWs have used MIS to generate the co-responsibility forms and track compliance. This has improved linkage of TDS with health and nutrition services, and access to schooling for children from PDS households. The MIS has

gone through a series of updates and improvements. However, the MIS software is not currently functioning. The woreda software specialist resigned due to low government salary. For this reason, the functions currently supported by the MIS software are manual/paper-based. According to the IN-SCT committee:

Follow-up on implementation of co-responsibilities was timely and adequately implemented during the IN-SCT period in Halaba. But this slowed down currently due to termination of the contract of the woreda MIS staff who was helping with computerizing and printing co-responsibilities. Now, the SWs bear more responsibility as they produce paper-based co-responsibilities (Halaba Woreda IN-SCT committee).

Lack of in-house or in-country technical capacity to operate the software and staff turnover have undermined the continued use of MIS after IN-SCT (IFPRI, 2019).

### 8.3.8. Monitoring and evaluation

The IN-SCT programme field monitoring was mainly carried out by woreda- and kebele-level structures. At woreda level, the IN-SCT committee has contributed to the monitoring and review of progress on a regular basis. The committee meets monthly, identifies key challenges and recommends actions for improvements. Programme performance and lesson-learning reviews were also carried out by independent consultants at different times (baseline, midline and end-line). At kebele level, the SWs bear the major responsibility. Follow-up on compliance to co-responsibilities by the TDS and PDS and their access to basic services were at the core of monitoring. The SWs worked closely with others (DAs, HEWs, teachers and CCCs), applied different techniques such as home visits, and tracked co-responsibility compliance and case management through filling different forms. Overall, the programme evaluation activities were timely and adequately implemented. Further, the programme monitoring activities were relevant and timely. However, these were not adequately implemented, mainly due to the shortage of SWs to reach all kebeles.

**Table 4. IN-SCT inputs and services relevance, timeliness, coverage and adequacy**

No.	Inputs/services	Relevance (Yes/No)	Timeliness (Yes/No)	Adequacy (Yes/No)	Note
1	PSNP social transfer (cash)	Y	N	N	Delay goes up to 3 months in IN-SCT and control woredas
2	Supply of inputs for nutrition sensitive agriculture (e.g. vegetable seeds, poultry, fruit seedlings)	Y	Y	N	Only 30 out of 75 PSNP households with TDS members have access to these inputs per kebele (i.e. 40% coverage)

No.	Inputs/services	Relevance (Yes/No)	Timeliness (Yes/No)	Adequacy (Yes/No)	Note
3	Access to other nutrition services (e.g. BCCs, cooking demonstration and improved child feeding)	Y	Y	Y	
4	Access to improved health services (e.g. ANC, PNC)	Y	Y	Y	
5	PDS support activities	Y	Y	Y	
6	Integrated case management	Y	Y	N	1 SW for 7–8 kebeles in IN-SCT woreda and none in control area
7	Improving multi-sectoral coordination mechanisms at various levels	Y	Y	N	Poor at regional level
8	MIS Development	Y	Y	N	The MIS software is not in use in the scale up areas
9	Monitoring and Evaluation	Y	Y	N	

## 9. Coordination mechanisms and intensity

This section discusses the coordination mechanisms implemented by PSNP to ensure linkage among SP, nutrition and social services at federal, regional, woreda and kebele levels (see Figure 3). It also discusses the specific efforts made by IN-SCT to improve PSNP coordination mechanisms and how this was translated into the improved coordination of institutions involved in health/nutrition and social services linkage within PSNP. Finally, the level of articulation and coordination is discussed based on the categories forwarded by Cobertt and Noye (2008). According this source, six levels of articulation and coordination with increasing intensity are identified:

1. Communication, where information is exchanged and discussed;
2. Cooperation, where workgroups or committees are established to support and exchange information, services, and goals among programmes;
3. Coordination, where there are formal coordination agreements in place among relevant actors. Individuals are also involved in joint planning;
4. Collaboration, where actors (individual or collective) voluntarily give up part of their autonomy to gain mutual benefits and outcomes. This also implies a centralized operational administration;
5. Convergence, where there is a real restructuring of services, programmes, memberships, budgets, missions, goals, personnel, contractual arrangements for the reallocation of funds, shared resources and a leading agency;

6. Consolidation, where there are multi-agent and multi-disciplinary plans and budgets, together with inter-agency groups that provide services, merged planning and human capital and shared assets.

## 9.1. Federal level

PSNP includes multi-sectoral interventions – social, economic and environmental/disaster risk reduction. A multi-sectoral approach was therefore adopted for planning, coordination and management of the IN-SCT programme. At federal level, the relevant coordination bodies are the social development taskforce (SDTF), the NTF and the federal PWs technical committee (FPWTC).

### 9.1.1. Social development technical committee and nutrition taskforce

The SDTC is responsible for provision of guidance on issues related to GSD, nutrition and social service linkage. The NTF is a subset of the SDTF and is responsible for issues related to health and nutrition and linkage with NNP II. Led by MoLSA, the NTF has contributed to the design of IN-SCT and the preparation of various manuals for programme implementation. In both cases (SDTF and NTF), the members included MoA, MoH, MoLSA, UNICEF and the World Bank. The fact that MoLSA is participating in both SDTF and NTF ensures prioritization of TDS and PDS and their access to relevant services. The findings indicate that IN-SCT support at federal level has contributed to improved collaboration among the key ministries. This programme has also contributed to capacity building of SDTF and NTF at federal level, e.g. workshops on how to improve the nutrition element of PSNP and attended by NTF members (MoK KIIs). According to MoLSA KIIS, “coordination among key federal ministries (MoLSA, MoA and MoH) was strengthened and PDS and TDS are getting better attention due to IN-SCT.” Specifically, this pilot programme has helped MoLSA to clearly understand that PDS support, service linkage (health, nutrition and other services) and case management are within its jurisdiction. However, the involvement of other key federal actors, such as the Extension directorate and public work focal unit within the MoA, was missing, which has affected the effective implementation of nutrition-sensitive agriculture.

### 9.1.2. Federal Public Works technical committee

This is an important coordination mechanism responsible for guiding and monitoring the delivery of PSNP PWs outcomes against set standards, including soft conditionality. Ensuring implementation of nutrition-sensitive projects and compliance with co-responsibilities are at the core of its role. The involvement of FPWTC in IN-SCT strengthened and institutionalized the coordinated approach to implementation of co-responsibilities and compliance. However, the FPWTC was excluded and therefore unable to contribute to the programme.

Based on the above, the level of articulation at federal level can be characterized as good, and coordinated. The NTF members were actively involved during IN-SCT design and exchanged updates on the implementation status of the programme. However, no formal coordination agreement indicating

the roles of participating organizations was put in place to guide the contribution of members in all phases of the programme.

## 9.2. Regional level

At regional level, the regional FSTF and RPWTC are the key PSNP coordination mechanisms. They are also an important support for the implementation of IN-SCT. The key regional stakeholders, such as BoA, BoH and regional FS, are members of both coordination bodies, while BoLSA is included in the regional FSTF, but not in regional PWTC.

At regional level, IN-SCT is directly managed by BoLSA with occasional support from other actors, such as regional FSD and BoH. The IN-SCT was placed under the SP Directorate within BoLSA, and provided capacity-building training for relevant regional actors. The regional-level FGDs indicate that IN-SCT support has contributed to improving collaboration among the key regional actors. For instance, “BoA and BoH have better understanding and appreciation for the role of BoLSA, while BoH contributes better to PSNP4 than any other earlier phase of the programme” (Regional KIIs). According to BoLSA:

Bureau of Health, regional FSD and BoLSA have come together and jointly provided intensive capacity building training on different topics such as nutrition, GSD & social services linkage during the extension phase of the IN-SCT (BoLSA).

However, this collaborative effort did not occur during the two-year implementation period of the IN-SCT. This was mainly because:

- A specific MoU was signed between IN-SCT and BoLSA, but not with BoH, FSD and BoA, to ensure their active involvement in and contribution to IN-SCT. This means relevant regional actors were not provided with clear roles or budget to implement the IN-SCT;
- There is a formal agreement between BoLSA and BoA regarding the transfer of PDS from BoA to BoLSA. However, this had not yet been implemented, as the transfer resource and PSNP budget remains with the BoA in this study region;
- Further, the Regional Food Security Taskforce and Regional PWs Technical Committee (RPWTC) that are key PSNP coordination and management bodies related to health/nutrition and service linkage for TDS and PDS, were not brought on board by the IN-SCT to contribute to its implementation.

The Regional Food Security Taskforce is the highest PSNP coordination body at regional level. It is responsible for ensuring coordination among key regional actors on various issues, including nutrition and social services linkage. Its members include regional BoA, BoH, BoLSA, Bureau of Finance and Economic Development (BoFED), Early Warning and Response (EWR) and FSCD. Similarly, the RPWTC is responsible for guiding the planning of PWs and coordination of relevant regional actors. The RPWTC is comprised of relevant regional actors, including Natural Resource Management Department (NRMD), BoH, BoE, Road Authority, regional Environmental Protection Authority (EPA), water, energy and irrigation, FSD and women. However, both the Regional Food Security Taskforce and RPWTC had limited

or no role during IN-SCT implementation. The exclusion of the RPWTC has particularly affected the promotion of nutrition-sensitive agriculture, as it has a crucial role in linking and implementing this activity with PWs.

This indicates there is a missed linkage at regional level. The level of articulation and coordination is weak, and 'communication' (rather than coordination) type at regional level. The existing PSNP coordination mechanisms are not involved, and no new coordination body has been established to manage IN-SCT at regional level. This is one of the key limitations of IN-SCT. CONCERN worldwide has made limited effort to improve this situation.

### 9.3. Woreda level

Here, the woreda IN-SCT steering committee and the two existing PSNP coordination mechanisms (woreda FSTF and woreda PWTC) are relevant.

The Woreda IN-SCT steering committee was one of the innovative coordination mechanisms introduced by IN-SCT. It gives due emphasis to nutrition and linkage with social services, unlike the other woreda-level PSNP coordination bodies. This committee was chaired by WoLSA and its members included Woreda Agriculture, Food Security, Education, Health, Education, WoLSA and others. The specific roles of the committee were defined in the IN-SCT operation manual and communicated to all members during the programme inception phase. The committee has also received capacity-building training to ensure smooth coordination and implementation of the programme. The findings indicate that the steering committee has led to significant improvement in prioritizing and addressing access to health/nutrition and other social services among TDS and PDS in the pilot woredas. For instance, the woreda education office was a member of the woreda IN-SCT steering committee. This has improved the capacity of this office to address the education needs of children in PDS families.

In Halaba, the steering committee members, who are also members of WFSTF, were trained on referral and service linkage for TDS/PDS, as well as on improved nutrition. According to a KII:

These training have facilitated smooth identification, referral and linkage with health/nutrition services for the TDS and education services for the PDS in our woreda. The steering committee is still functional, better committed and contributing to improving the situation of TDS/PDS. The fact that the majority of the steering committee members are members of the FSTF too means that the learning from IN-SCT has infiltrated the woreda FSTF [Halaba IN-SCT steering committee KIIs].

However, in Kedida Gamella such coordination around TDS/PDS was absent. No visible capacity improvement was observed for the WFSTF members. This was because "woreda TCs and FSTF did not receive any training on improved coordination around TDS/PDS" (Kedida Gamella KIIs).

It seems that the relevant woreda offices have developed a better understanding of the programme and how to align it with their respective sectors in IN-SCT woredas. The relevant woreda sector offices were also involved and have contributed to the IN-SCT annual planning process. The findings indicate that the programme annual plan (both physical and budget) was prepared by CONCERN, in collaboration with WoLSA, in the two IN-SCT woredas. The draft plan for each woreda was then shared with the respective woreda steering committee members for discussion and comments. Some steering committee members

have included part of the IN-SCT plan into their regular annual plan as anticipated in PSNP4 PIM. For instance, the PSNP transfer, supply of farm inputs to TDS and associated training were included into the annual plan of woreda FSD; GSD training included in the plan of Woreda Women Affairs; and TDS/PDS screening, referral, service linkage and case management included in the annual plan of WoLSA in the IN-SCT woredas.

Other key woreda stakeholders did not include the relevant IN-SCT activities in their annual plans. For example, BCC to PSNP clients, particularly at PW sites and cooking demonstrations, were not taken up by the woreda health office. Provision of nutrition-sensitive extension inputs/services, such as vegetables, fruits and poultry to TDS, were not taken up by the Woreda Extension Directorate. This shows that the integration of SP with health, nutrition and agriculture was not fully realized during the annual planning at woreda level in IN-SCT woredas. Woreda officials noted that this was because the woreda Extension was excluded from the IN-SCT and budget was not transferred from IN-SCT or PSNP to implement the activities. In Kedida Gamella, the woreda level PSNP annual planning process and content was normal. The annual woreda plan rarely considers TDS/PDS screening, referral, service linkage and case management. Only sub-projects with capital budget were included in the annual plan of relevant sector offices. The rest was left to Woreda FSD and PWFU. The kebele-level government staff rarely worked together to operationalize TDS/PDS identification, referral and service linkage in the control woreda.

The Woreda FSTF and Woreda PWTCs, which are important woreda-level PSNP coordination mechanisms, were excluded from the IN-SCT. The woreda FSTF is the highest woreda-level PSNP coordination body affecting TDS and PDS and their access to social services. Its members are WFSD, WoA, WoH, WoLSA, WoFED, EWR and Extension. However, this taskforce was not directly involved in IN-SCT because the pilot programme emphasized the woreda IN-SCT steering committee, not the taskforce. This partly affected mainstreaming of interventions of the IN-SCT into relevant woreda sector plans. For instance, nutrition-sensitive agriculture is not given due attention in the annual plans of woreda agriculture offices.

According to the PIM, the woreda PWTC is responsible for ensuring coordination and monitoring of PSNP PWs outputs and outcomes against set standards. Nutrition-sensitive PWs and associated co-responsibilities are within the mandate of this committee. The involvement of this committee could have enforced the IN-SCT implementation. However, the woreda PWTC was not involved in IN-SCT like the regional PWTC.

This study indicates the presence of good, 'coordination' type integration among relevant actors around IN-SCT at woreda level. The fact that a woreda IN-SCT steering committee was established with clearly defined roles and many of the members contributed accordingly proves this.

#### 9.4. Kebele level

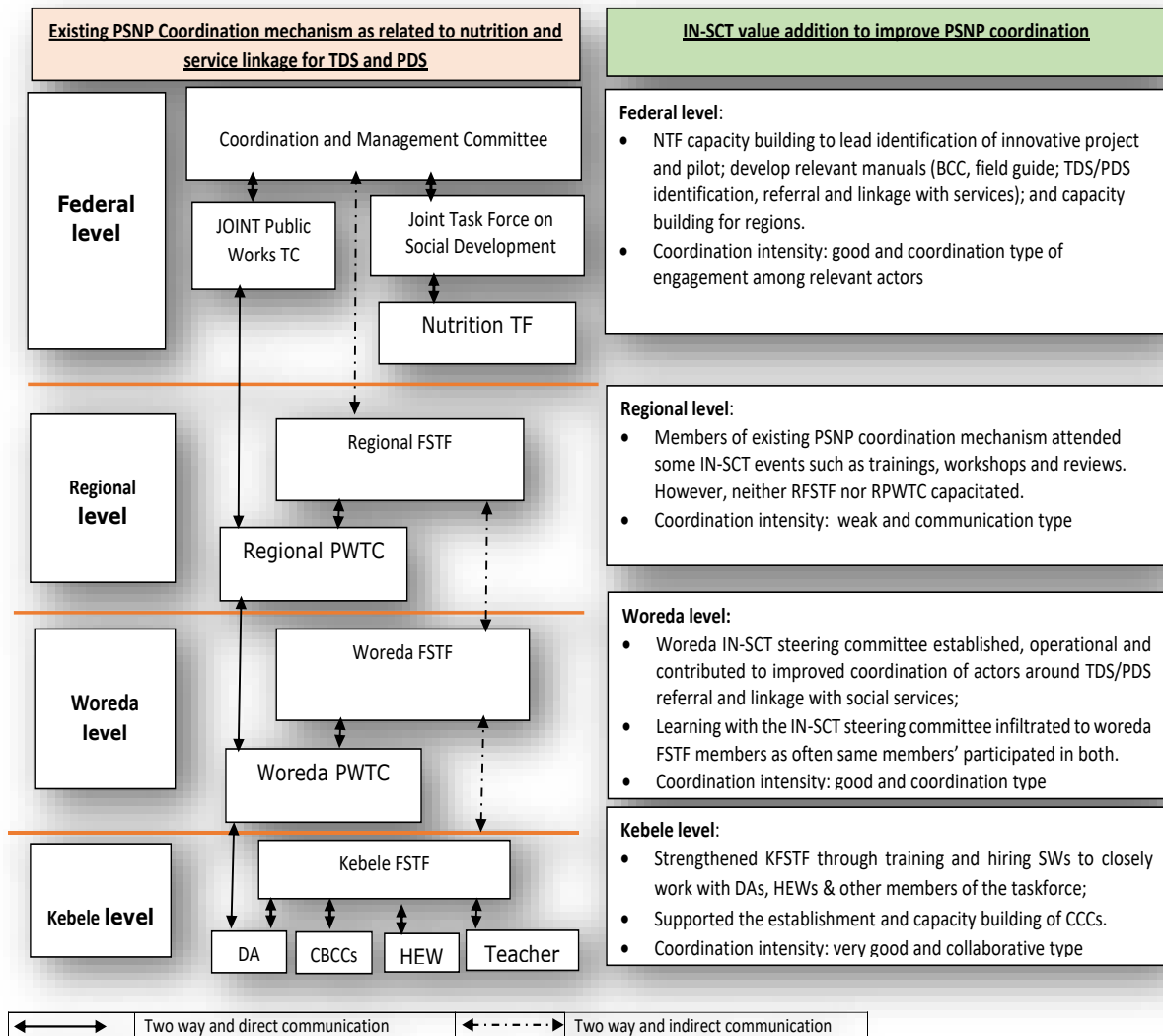
At kebele level, the relevant coordination bodies include kebele FSTF and CCCs. Kebele FSTF is the existing PSNP structure, which was established to support coordination and implementation of PSNP. Members of the kebele FSTF include DAs, HEWs, kebele chairperson, elders, religious leaders, youth and women. In the IN-SCT implementation kebeles, SWs were recruited by the programme and included in the kebele FSTF. These SWs have worked closely with DAs, HEWs and school teachers to ensure the referral and linkage of TDS/PDS with social services. This was one of the key value additions of IN-SCT to PSNP4 in the pilot woredas that was not observed in non-pilot areas. The IN-SCT has also supported the establishment and strengthening of CCCs, another innovative coordination mechanism at kebele level in the pilot areas. The programme has provided training to DAs, SWs, HEWs, school teachers, CCCs and kebele FSTF on nutrition, service linkage, and nutrition-sensitive agriculture. The kebele-level discussions have shown that this support has led to very good, 'collaborative' coordination among the relevant kebele level structures. Some of the key achievements in this regards include:

- CCCs were established 2-3 years ago and are active in Halaba kebeles. Improving access to social services, including health and nutrition services for PSNP clients, is commonly discussed in their regular meetings. These CCCs are serving as a platform where the key social service providers (HEWs, DAs, SWs, school directors) regularly meet and discuss. Many of the kebele FSTF members are also members of CCCs, with knowledge about improving access to social services for the TDS and PDS. However, the CCCs were not established in the control woreda. Here, kebele FSTF meet occasionally, but issues related to TDS and PDS are rarely discussed.
- In Halaba Woreda, Das, HEWs, SWs and teachers collaboratively work on issues related to TDS and PDS. The TDS identification and referral processes have been carried out collaboratively among the HEWs, Das and SWs. The follow up of the co-responsibilities is also done mainly by the SWs, HEWs and school directors. All of these service providers have clear roles and responsibilities. The SWs are mostly responsible for the PDS (linkage with social services and follow-up). In the control woreda, however, there was weak or no collaboration between HEWs, DAs and teachers, SWs were not assigned at kebele level, and a significant knowledge gap was observed regarding the referral and linkage of TDS/PDS with social services.

Figure 3 summarises PSNP coordination mechanisms related to nutrition/health and other service linkage for TDS and PDS, and the value addition of IN-SCT in improving such mechanisms.



**Figure 3.** Summary of PSNP coordination mechanisms as related to nutrition and service linkage for TDS and PDS, and the value addition of IN-SCT in improving such mechanisms



Source: Adapted from PSNP coordination mechanism

## 10. Added value of coordination

This section discusses the key value addition of coordination of the relevant actors at various levels.

### 10.1. Integrated service delivery through reduced fragmentation

Linking the most vulnerable category of PSNP clients, particularly TDS and PDS, with relevant services, is at the core of IN-SCT. To this end, the programme has drawn relevant sectors at regional, woreda and kebele levels (DAs, HEWs, SWs and teachers) to work collaboratively, as opposed to the ‘business as usual’ fragmented sectoral approach. The programme has provided capacity-building training (e.g. integration and service linkage) and other support (e.g. finance and logistics) along this line. This has finally led to the provision of better and integrated services to the TDS and PDS. The TDS were linked with both health and nutrition services, while PDS were provided with health and other social services. For instance, DAs and HEWs have worked closely together and linked the PLWs with ANC, PNC and other nutritional services, while SWs and school teachers worked collaboratively and ensured access to education for children from the PDS families. The HEWs and SWs also worked together and improved access to health services such as safe homesteads and improved toilet services for the PDS families (see section 3).

### 10.2. More efficient service delivery through better use of limited resources

There is evidence that the programme has improved efficiency of service provision to TDS and PDS. At regional level, the relevant actors (BoH, FS and BoLSA) have organized joint ToT training for woreda experts and kebele-level government agents (DAs, HEWs, SWs) to save resources (budget and time). More resources could have been spent had the training been organized individually. Further, the collaborative engagement among the existing DAs, HEWs and SWs has facilitated the smooth transition and linkage of TDS with relevant services. According to KIIS, “it was not important to bring in more HEWs or DAs to facilitate the transition and linkage as the available ones were enough” (Halaba Woreda FSTF KIIs). In addition:

The BCC sessions by HEWs and advice by SWs have helped us to clearly understand our co-responsibilities. We were timely freed from PWs implementation and linked with the necessary social services [Halaba woreda TDS FGDs].

However, this was not the case in the control woreda:

Pregnant women work up to 6 months on PWs. They are not screened timely and linked with required health services. Lack of coordination between DAs and HEWs has affected this (Kedida Gamella Kebele FSTF KIIs).

See details of this in section 3.

### 10.3. Improved trust and understanding among organizations

The capacity-building training and workshops provided by the IN-SCT have led to improved understanding and trust of other sectors in MoLSA and its structures at various levels. At national level, MoA, FSCD, MoH and PSNP donors have a better sense of the role of MoLSA in PSNP, particularly in

relation to PDS and TDS. At regional level, the regional BoA, BoH and FS have developed a better understanding of BoLSA and now work together on issues of PDS and TDS. At woreda level, WoLSA has been playing a key role in facilitating the linkage of TDS and PDS with relevant social services. This was welcomed by other woreda actors. At kebele level, SWs are closely working with DAs, HEWs and teachers on identification, referral and service linkage. Generally, the positive role of MoLSA and its structures at various levels were better understood due to the IN-SCT. Compared to the past, the organization also received more support from others. See section 3 for detail.

#### 10.4. More efficient use of PSNP cash transfer

Discussions with clients indicate that the IN-SCT has led to better synergy between PSNP cash transfer and access to an integrated package of multi-sectoral services. The PSNP families with TDS and PDS were encouraged to access health, nutrition and other social services along with PSNP cash transfer. For example, the TDS were encouraged to attend BCC sessions and cooking demonstrations, and to use part of their PSNP transfer to buy nutritious food. The synergy has improved the well-being of these clients.

#### 10.5. Stronger sense of belonging among the poor and vulnerable PSNP clients

This is particularly important for PDS. In the past, these PSNP clients were often neglected. They were rarely visited by government staff (DAs, SWs, HEWs) and rarely linked with services. The IN-SCT has changed this situation. As a result, almost all the PDS were assessed and linked with relevant services based on their needs in IN-SCT woredas. According to FGDs, “we are able to send our children to school because of the support from SWs and teachers. The HEWs have also helped us to construct pit latrine” (Halaba, Girme kebele community FGDs).

#### 10.6. MoLSA and its structures are capacitated

At regional and woreda levels, MoLSA and its structures are capacitated. The experience from IN-SCT has helped the Ministry to sharpen its understanding of where it fits in the PSNP, what it can contribute and how it should coordinate with others. The challenge is that it is still under-resourced and under-staffed.

## 11. Enabling factors and barriers

This section discusses the key enabling factors and barriers affecting coordination and integration of SP and health, nutrition, and access to other social services.

### 11.1. Presence of relevant policies, strategies and programmes

The country has various relevant policies, strategies and programmes supporting the integration of SP with nutrition, health and other basic social services. These include the SP policy of MoLSA, GTP II and its vision and shared goals among sectors that support synergy, Food and Nutrition Policy of MoH and the PSNP Programme of MoA. Integration and a multi-sectoral approach was emphasized in all of these, and was taken into account during the design and implementation of IN-SCT.

#### 11.1.1. Political support and commitment

Overall, the commitment of the government to improve access to SP is improving at all levels. Because of this, the role of MoLSA and its structures at regional and woreda levels is receiving increasing attention. In SNNP, for example, the regional government has provided significant support for BoLSA to lead provision of SP services in collaboration with other regional sectors, and has allocated millions of birr for scale-up of the IN-SCT approach in other locations. Further, the inclusion of BoLSA/WoLSA into the regional/woreda political decision-making body (i.e. regional/woreda council) has leveraged its capacity to negotiate on its share of regional resources, including budget. The government's commitment lies at the core of the success of IN-SCT in SNNP. However, MoLSA is only half the picture. Given the complex nature of rural poverty, and given that most rural poor rely on agriculture, the role of MoA is crucial in ensuring integration of agriculture with SP. This study indicates that integration is weak, so ways of bringing these organisations closer together are needed.

#### 11.1.2. Institutional arrangements

The PSNP is a government-owned multi-sectoral programme with well-established institutional arrangement and coordination mechanisms at various levels, from federal government to kebele levels. The IN-SCT has relied on these institutional arrangements and coordination mechanisms to bring change, e.g. the nutrition taskforce at federal level, the regional/woreda food security sector, health sector, and Kebele FSTF and CCCs.

#### 11.1.3. Structure and staffing

Some of the key sectors that have a crucial role in integration of SP with health/nutrition, agriculture and other social supports have full-fledged structures and staffing, particularly at woreda and community levels. For instance, MoA has various agricultural specialists at woreda level and up to three DAs per kebele; MoH has various health professionals, including nutritionists at woreda level, and two HEWs per kebele; MoE has multiple school teachers at community level. These structures made a

crucial contribution to the success of IN-SCT. However, not all of the relevant structures and staffing were made use of during the IN-SCT implementation.

#### 11.1.4. Capacity

The capacity of MoLSA and its structures at regional, woreda and kebele have been crucial for the success of the integration between SP and the services of other sectors. The IN-SCT recruited technical staff for MoLSA – coordinators at federal, regional and woreda levels, and SWs at kebele level – have played a key role in the successful implementation of the programme. In particular, the SWs have played a key role in bridging the communication between DAs and HEWs; ensuring compliance with co-responsibilities; and facilitating social service linkage and case management.

#### 11.1.5. Manuals and field guides

Support was provided to MoLSA for the development of manuals and field guides for identification, referral and linkage of the TDS and PDS with relevant services.

### 11.2. Weak internal coordination within Ministry of Agriculture

This ministry has several departments with a key role in implementation of the PSNP. These include the federal extension directorate, the Federal FSCD and the PWFU under the natural resource directorate. While the latter two (FSCD and PWFU) are working collaboratively, however, the extension directorate has a marginal role in PSNP4 implementation. This lay at the root of the lack of meaningful integration between agriculture and SP. The IN-SCT, as an integral part of PSNP, has suffered from this challenge.

#### 11.2.1. Inaccurate perception of MoLSA and its structures

Traditionally, MoLSA and its structures at regional and woreda level have been perceived as an institution that focuses on non-productive segments of society; it is often associated with pension payments for retired and old-age people, for example. As a result, the government stakeholders, particularly MoA, MoH and their structures at various levels, were reluctant to genuinely cooperate with MoLSA and its regional- and woreda-level structures. This was noted by MoLSA as a major hindrance to improved cooperation with other government departments. This is particularly visible in the woredas where IN-SCT was not implemented and where the key PSNP actors, such as Office of Agriculture and Health, see themselves as better positioned to manage PSNP than WoLSA. Nevertheless, in Halaba Woreda, this perception has been partly addressed by IN-SCT.

#### 11.2.2. Limited capacity of MoLSA and its structures

As an example, the SP wing of the regional BoLSA has no clear staffing structure. Logistics, particularly shortage of vehicles, is limiting the regional and woreda staff in their ability to provide technical backup

and programme monitoring. For example: one WoLSA has no vehicle; SWs have access to motorbikes in IN-SCT woredas and not in others. Further, shortage of staff is a key challenge. This is particularly critical at woreda and kebele levels. While IN-SCT woredas have 7–8 SWs, non-IN-SCT woredas have two, at most (i.e. 60% staffing). Even in the IN-SCT woredas the number of SWs is limited. Each SW is expected to cover multiple and scattered rural kebeles (7–8 kebeles). The WoLSA budget in non-IN/SCT woredas is also very small: 10,000 birr per annum or less, excluding salary. The MoA and its structures at regional and woreda levels have refused to hand over relevant PSNP activities (i.e. PDS and TDS) and associated resources (i.e. budget) to MoLSA and its structures, citing these limitations. This is despite the MoU signed two years ago between BoA and BoLSA agreeing the handover of PDS and associated resources from the regional Food Security Directorate to BoLSA. Limited cooperation between the two entities has translated into a lack of adherence to formal agreements (the MoU).

### 11.2.3. Low attention to MoLSA during government budget allocation

Poverty reduction is an overriding concern of the federal government. Key government sectors, such as MoA, MoH, MoE, water/energy/irrigation and environment, were given due consideration and provided with an adequate budget to impact on poverty reduction. However, MoLSA was excluded from the list of government ministries with a positive impact on poverty reduction, and was therefore given little attention during allocation of government budget.

### 11.2.4. Lack of clear and binding Memorandum of Understanding

The PSNP has a clearly defined budget at various levels and for various thematic areas, including nutrition. Further, the role of relevant actors in implementing this programme is well detailed in the PSNP implementation manual. However, a clear MoU, including budget transfer, between MoA and other relevant ministries (i.e. MoH, MoLSA) and their structures at regional and woreda levels is missing. All PSNP budget is controlled by MoA. Improving the integration between SP and services of other sectors depends on the fair allocation of the PSNP resource across relevant sectors.

### 11.2.5. Ministry of Health

The MoH does not have a specific focus on TDS within the PSNP families. This is indicated by the fact that cooking demonstrations and provision of BCC at PWs site are not included in the regular annual plan of the ministry. As a result, the ministry and its regional and woreda structures often view TDS/PDS social service linkage as additional work and tend to avoid it.

### 11.2.6. Some relevant structures and coordination mechanisms were ignored in IN-SCT

For example, the FSTF and technical committees at all levels (PWTCs, LTCs), MFI and youth employment were excluded from the IN-SCT implementation, despite the fact that all have crucial roles in improving integration between SP and other sectors. For instance, PWTCs have an important role in

promoting nutrition-sensitive PwAs/agriculture and ensuring the integration between SP and nutrition, while MFI has a key role in provision of credit services that encourage nutrition-sensitive agriculture. Youth are among the most vulnerable category of PSNP clients and their problems could have been addressed in collaboration with the Youth Employment Creation Agency. Any further attempt to improve coherence between SP and health/nutrition and access to other social services should not underestimate the role of these institutional arrangements and coordination mechanisms.

#### 11.2.7. Promotion of income-generating activities was missed from IN-SCT

Malnutrition is highly correlated with poverty. The IN-SCT has invested heavily in the utilization side of nutrition (i.e. BCC to improve feeding practices). However, support from IN-SCT in improving the supply side of nutrition (i.e. access to food) was very limited and this has undermined the extent of integration.

#### 11.2.8. Staff turnover

The IN-SCT has provided capacity building for staff of various regional and woreda bureaus/offices. However, turnover of staff has affected continuity of the project benefits, particularly at woreda level.

#### 11.2.9. Weak communication

Weak communication between CONCERN worldwide and regional/woreda agriculture bureau/offices, mainly due to a lack of recognition and visibility of the links between nutrition and agriculture, has also affected the articulation between SP and agriculture.

## 12. Conclusions and recommendations

### 12.1. Conclusions

The IN-SCT pilot has contributed significantly to the integration of SP and access to health, nutrition and other social services for the TDS and PDS. Further, it has boosted the confidence of MoLSA and its structures at regional and woreda levels through identifying and testing relevant roles and approaches that can be further pursued to improve coordination and integration in PSNP setting. The IN-SCT has positively contributed to improved coordination of relevant actors, particularly at federal, woreda and kebele level. The national nutrition taskforce, woreda steering committee, kebele FSTF and CCCs are functioning well and contributing to integration between SP and health/nutrition and other social services. However, the IN-SCT has had a limited impact on improving the coordination between SP and agriculture, mainly because the relevant departments with MoA (e.g. the Extension directorate) and other relevant coordination bodies (e.g. PWTC at all level and FSTF at regional and woreda level) were not brought on board to effectively implement nutrition-sensitive agriculture. In addition, the programme has a limited role in improving coordination of relevant actors at the regional level. These should be involved and capacitated to further improve coordination among relevant actors, and integration between SP, agriculture and other services. Lastly, MoLSA and its structures at various levels should be further capacitated and provided with the necessary resources (budget and logistics) to improve integration in the PSNP setting.

The IN-SCT was indeed fairly successful in the areas described above and for those services in which UNICEF has a special interest, mandate and expertise (child nutrition and protection, maternal and child health and case management). However, the IN-SCT did not accomplish as much in areas where UNICEF has less expertise, such as linkages with agriculture, despite quality food being one of the three components of its theory of change for addressing child malnutrition, along with care and services (health, education, WASH).

### 12.2. Recommendations

The key recommendations of the study are:

#### [Institute social protection council at federal level and below.](#)

Based on the experience of IN-SCT and other initiatives, there is an increasing interest from the government in integrating SP into services of other sectors (health, agriculture, education, etc.). Various programmes were designed and implemented for this reason, including PSNP and Community Based Health Insurance. An SP council should be established to oversee, guide and support such integration. The MoLSA at regional and woreda level can serve as a management body for the SP council. In addition, the IN-SCT-supported woreda steering committee, including woreda Agriculture office, can be strengthened or established as a woreda-level SP council to continue supporting integration of SP with other sectors, including agriculture. To this end, MoLSA



has already developed a draft bill for the establishment of the SP councils and referred the bill to the House of Federation for approval. This should come into effect.

#### [Capacity building for MoLSA and its structures at regional and woreda levels.](#)

The MoLSA and its structures at regional and woreda levels have various capacity limitations that should be improved. For instance, the staffing structure for the SP directorate, particularly at regional and woreda levels, is not developed. The WoLSA do not have adequate SWs at woreda and community level to work with agricultural staff and Das, and ensure integration of SP with services of other sectors, including agriculture. A shortage of budget and logistics are also hampering MoLSA and its structures, particularly at regional and woreda levels, from functioning at their best. In addition, the biases and misunderstandings of other sectors about MoLSA and its structures at regional and woreda levels should be addressed.

#### [Improve internal coordination with MoA.](#)

The internal coordination among various departments within MoA (extension, food security, the PWFU) should be revisited to improve implementation of nutrition-sensitive agriculture and ensure articulation between SP and agriculture.

#### [Establish comprehensive contractual arrangements supported by MoU among relevant PSNP actors at all levels, to ensure coordination and integration.](#)

The MoLSA has signed separate MoUs with MoA and MoH. These MoUs indicate the share of roles and responsibilities between the ministries. However, both lack sufficient detail on the roles and responsibilities of their respective structures at regional and woreda levels in improving coordination and integration, including the identification, referral and linkage of PSNP clients with relevant services. Further, the MoUs lack details on sharing of the PSNP budget and how this transfers to the relevant ministries/structures. The PSNP budget is kept with the MoA while other ministries, such MoH and MoLSA, must implement PSNP activities without a budget. As a result, these ministries were reluctant to include PSNP activities into their regular annual plan, as expected in PSNP PIM. This implies that the MoUs signed between the ministries should be revisited; provide sufficient details of roles and responsibilities at various levels; and should be accompanied by adequate PSNP budget transfer from MoA to other ministries/structures.

#### [Develop technical guidelines or manuals for scale-up of the IN-SCT lessons into other PSNP areas.](#)

This includes operational collaboration guidelines; manuals on linkage of SP with health/nutrition and other social services for PSNP clients; and field guides on integrated SP, health/nutrition and other social services for community level agents (SWs, DAs, HEWs and teachers). The IN-SCT has developed some of these for the pilot in SNNP and these should be updated for scale-up in all PSNP regions.

#### [Revise the approach of MoA Extension to suit PSNP clients.](#)

The MoA pursues the farmer-to-farmer extension model to promote agricultural technologies. The assumption is that the better-performing farmers (i.e. model farmers) who first adopt technology will be followed by others who learn from the experiences of the model farmers. Model farmers and the followers are encouraged to be linked with input loans or credit services to access the required

farm inputs. This approach, however, neglects the poor, who, due to lack of income, are unable to access the technology and to whom input loans or credit service are rarely available. The chronically food-insecure PSNP clients belong to this category. Currently, there are more than eight million people left to the FSCD and excluded from the MoA extension service. Existing evidence indicates that the PSNP livelihood pathways have very limited coverage, as the MFI are reluctant to lend to these clients (FSCD, 2018). The productivity of this group is either stagnant or deteriorating, and vulnerability to malnutrition is on the rise. The MoA should therefore revisit the extension approach to ensure that it benefits PSNP clients and contributes to the integration of SP and agriculture. In addition, nutrition-sensitive agriculture should be prioritised and implemented in PSNP. Some of the relevant activities involve home gardening, including water harvesting, dairy, and poultry. These interventions would improve the 'supply' side of nutrition (i.e. food production) and contribute to the integration of SP with agriculture. The BCC will result in meaningful and sustainable nutrition improvement when people have access to nutritious food, either from own sources or market.

#### [The MoH should develop specific strategies to address PSNP clients.](#)

The Ethiopian health sector development strategy prioritizes the poor and vulnerable segment of the Ethiopian population in its health services. PSNP clients, particularly women, are identified as a key target group for the new food and nutrition policy and the NNP II. Taking this into consideration, the MoH should establish specific guidelines and processes to target and reach PSNP clients, particularly TDS and PDS, with its health and nutrition services. The guidelines and processes should be shared with regions and woredas for implementation as a means to ensure integration between SP and health/nutrition services.

#### [Involve all the relevant PSNP coordination mechanisms and sectors to improve integration of SP and health/nutrition and agriculture.](#)

As far as integration within PSNP is concerned, there are some crucial coordination mechanisms and actors that are currently excluded from IN-SCT, but should be considered in the future. These include the PWTCs at all levels (federal, regional and woreda), PSNP FSTF at regional and woreda level, the public MFIs (OMO MFI in SNNP), and Youth Employment Creation Agencies/Offices. For example, the PWTCs have an important role to play in design and implementation of nutrition-sensitive PWs and other activities (e.g. producing fruit seedlings and distributing to TDS/PDS). The MFI and Youth Employment Creation Offices are excluded from woreda IN-SCT steering committees. Had these agencies been included, they could have made a valuable contribution. The MFI can, for instance, prioritize TDS for their credit service and encourage nutrition-sensitive farming, such as dairy and poultry. The Youth Employment Office is also important in addressing problems of youth in PSNP families. These coordination mechanisms and sectors should join the effort to improve integration of SP with services of other sectors such as nutrition and agriculture.

#### [Improve access to income-generating activities for TDS and PDS.](#)

Efforts to improve the nutritional status of vulnerable PSNP clients should also give due emphasis to improving their broadening their earning opportunities. This would improve the 'supply' side of nutrition from own farm production or market.

### Management Information System

The MIS software introduced by the IN-SCT for co-responsibility tracking was not ready for scale-up. The software has undergone a series of upgrades, but the programme ended before the final and scalable version of the software put in place. Effort must be made to complete the process and the software should be ready for scale-up. Finally, in-house capacity should be built to manage the software.

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FAO, together with its partners, is generating evidence on the impacts of coordinated agricultural and social protection interventions and is using this to provide related policy, programming and capacity development support to governments and other actors.

Inclusive Rural Transformation and Gender Equality  
Economic and Social Development Stream  
ESP-Director@fao.org

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