Nutrition and Scalable Safety Nets in Ethiopia

Strengthening the contribution of the PSNP shock responsive component to the management of malnutrition

Options Paper

15th November 2021

Executive Summary

This summary presents the main conclusions and recommendations from an assessment conducted by N4D and CHC commissioned by the Building Resilience in Ethiopia (BRE) project. Please see the Options Paper for more detail. The assessment explored ways to strengthen the contribution of the PSNP Shock Responsive Component (SRC) to the prevention of malnutrition through improved (i) operational practices and (ii) the use of nutrition information in early warning. Possible ways forward are outlined below in relation to these two issues. In addition, the need for scalable programmes in other sectors alongside the PSNP and a strengthened multi-sectoral nutrition information system, better linked to early warning, is also highlighted.

Adjusting PSNP SRC design and operational practices

As recognised in the design of PSNP 5, the most feasible and effective way for the PSNP SRC to improve its contribution to the prevention of malnutrition is through the timelier provision of assistance via improved risk financing, preparedness planning and early warning. Additionally, there may be opportunities to prevent malnutrition more effectively within combined PSNP and Humanitarian Food Assistance (HFA) resource availability, by: (i) adjusting targeting, (ii) increasing the value and quality of resource transfers, and (iii) increasing the flexibility of resource modalities. The Ministry of Agriculture and PSNP partners could further explore these three options.

Using existing, routinely collected nutrition information for early warning

Contrary to a widely held belief, nutrition status data can be a useful early indicator of emerging crisis where the focus is on trends rather than prevalence at one point in time. In the short-term, the Ethiopian Public Health Institute (EPHI) could lead research to further assess the validity of using data routinely collected through the health system for early warning purposes (i.e. acute malnutrition admissions data, mid-upper arm circumference (MUAC) screening and child growth monitoring data.

Strengthening the shock responsiveness of other sectoral programmes alongside the PSNP informed by a strengthened multi-sectoral Nutrition Information System

There are limits to the extent to which the PSNP SRC can contribute to the prevention of malnutrition on its own, as well as limits to the added value of investing in the use of nutrition data in early warning solely to inform PSNP scale up. A multisectoral approach is vital to address the range of factors contributing to malnutrition and build resilience to shocks. As acknowledged in the National Disaster Risk Management and Food and Nutrition Strategies, there is a need to strengthen scalable long-term programmes delivered by other sectors (e.g. health, WASH, agriculture) alongside the PSNP, including programmes financed through Humanitarian Response Plans (e.g. WFP vouchers for nutritious diets). As also recognised in the new National Food and Nutrition Strategy, there is a need to strengthen the National Nutrition Information System (NIS) and its links to early warning, including through sentinel site nutrition surveillance and monitoring trends in the underlying drivers of malnutrition.

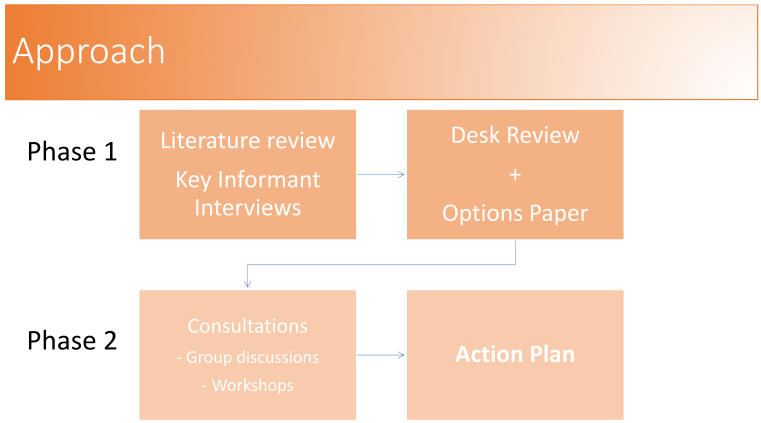
Operationalising the governance arrangements for the National Food and Nutrition Strategy to promote multi-sectoral collaboration and linkages with early warning

The soon to be established National Food and Nutrition Council (NFNC), led by the Prime Minister, will play a critical role in (i) ensuring scalable programmes in different sectors converge on the populations most at risk of drought and other shocks and (ii) the multi-sectoral NIS informs early warning and the scale up of the PSNP and other sectoral programmes in response to shocks. In the meantime, the existing National Food and Nutrition Coordination Body and Technical Committee could concretise plans for strengthening the NIS and its linkages with the NDRMC led early warning system, including overseeing the EPHI led research to assess the use of existing health system data in early warning. NDRMC relies on information being shared by different sectors to ensure timely and effective early warning. The NFNC could provide a vital forum for ensuring multi-sectoral collaboration to inform early warning, as well as convergence of different sector programmes on the populations most at risk.

1. Introduction

This paper[1] outlines options for enhancing the contribution of the shock responsive component of the Ethiopian Productive Safety Net (PSNP) to the management of malnutrition[2] and for strengthening the early warning system (EWS) that informs the scale up of the PSNP through the improved utilisation of nutrition information[3]. An Action Plan will be developed informed by feedback on the options.

The intended audience is stakeholders involved in the management, implementation and financing of the PSNP and Early Warning Systems in Ethiopia. It is therefore assumed that readers already have an understanding of the PSNP and EWS. Feedback on the options outlined is welcomed in order to inform the development of the Action Plan.



The paper is informed by an in-depth review of literature and interviews with 31 key informants. Detailed findings from the literature review and interviews are presented in a separate Desk Review report, available on request. The Desk Review provides the evidence base for international good practices as well as the review of current practices and options going forward in Ethiopia summarised below.

This Paper considers options for strengthening:

- The design and operational practices of the PSNP (Section 2)
- Other nutrition sensitive sectoral services and programmes alongside the PSNP (Section 3)
- Early warning, including the use of nutrition information (Section 4)

For each option, current practice in Ethiopia relative to international evidence of good practices, context specific opportunities and constraints and the feasibility of strengthening

[1] This assignment is being carried out by N4D and the Centre for Humanitarian Change, contracted by OPM Building Resilience in Ethiopia (BRE) programme and financed by FCDO and USAID.
[2] The term "management of malnutrition" refers to actions to predict, identify, prevent and treat malnutrition.
[3] The term "nutrition information" refers to both data on nutrition status and the drivers of malnutrition (e.g. food and income security, livelihoods, care practices, access to basic services etc)

practice are all considered. When considering options, we have endeavoured to be realistic about what is achievable in the short to longer terms, considering issues such as affordability and implementation capacity, as well as what could deliver the most impact for nutrition. Options are highlighted in text boxes throughout the paper and brought together in the Annex as the basis for developing a prioritised Action Plan.

2. Options for strengthening the contribution of the shock response component of PSNP to the management of malnutrition

Evidence from evaluations of scalable safety nets (SSNs) which provide food and cash transfers, reveals that they can make a vital contribution to the management of malnutrition by supporting people to access nutritious food and other needs that are essential for good nutrition, including water, sanitation and health care. However, they cannot be expected to ensure good nutrition on their own. There is also a need for other sectoral services converging on the same at-risk populations to address the full range of underlying drivers of malnutrition.

The PSNP in Ethiopia, including its shock responsive component, is intended to contribute to the protection and promotion of nutritional status through the provision of food and cash transfers. However, the focus of the programme is on provision of energy, i.e. calories, rather than the overall nutritional quality of the diet and access to other resources and services which are essential for good nutrition. This limits the potential contribution of PSNP SRC to nutrition within its existing modalities (i.e. public works, food and cash transfers).

Given constrained resources and implementation capacities, this assessment concludes that it is not appropriate to utilise the PSNP as a vehicle for the delivery of multiple nutrition sensitive interventions as this risks diverting it from its primary task of delivering resource transfers to the extremely poor and shock affected households. Options for strengthening other scalable sectoral programmes alongside the PSNP, including those implemented through annual Humanitarian Response Plans, are considered in Section 3.

It is possible to consider how to maximise the contribution of the PSNP SRC to the management of malnutrition within already defined objectives, activities, modalities, targeting methodologies, implementation capacities and budgets. Options for strengthening design and operational practices within the PSNP shock responsive component are considered in this Section in relation to the key decisions and actions of the PSNP, i.e.

Where?	Which woredas most need assistance?
Who?	Which individuals / households most need assistance?
How much?	What is the required value of the resource transfers?
What type?	What type of assistance is most appropriate, i.e. food or cash?
When?	When to scale up? What are the triggers? For how long is assistance needed?

2.1. Geographic (where?) and community-based targeting (who?)

A SSN which aims to maximise its contribution to the management of malnutrition would be targeted at geographical areas with the highest risk of malnutrition. The PSNP shock response only occurs in core PSNP woredas which are selected according to levels of extreme poverty and drought risk. Whilst there are strong correlations between poverty, drought induced food insecurity and risk of malnutrition in Ethiopia, these are not necessarily the primary determinants of malnutrition. Other factors such as childcare practices, access to water, sanitation and health status are also important.

The geographical targeting modalities for PSNP5 have already been defined so there is limited opportunity in the short term to re-focus targeting of the PSNP at woredas most at risk of malnutrition, although this could be considered during the mid-term review of PSNP5. There may, however, be opportunities through community-based targeting within PSNP woredas to strengthen the targeting of households who are most at risk of malnutrition.

Adjust PSNP targeting to take account of nutrition vulnerability

- ✓ Using historical data undertake a mapping of rates of malnutrition, extreme poverty and exposure to drought and analyse correlations in order to better understand the effectiveness of PSNP targeting in addressing malnutrition and whether targeting might be modified in subsequent phases to strengthen a malnutrition management role.
- ✓ Consider additional/re-targeting of the Core PSNP5 following mid-term review at woredas where risk of malnutrition resulting from shocks is high (NB. not only drought or food security related)
- ✓ Within current PSNP-5 design, support kebele committees to take nutrition vulnerability into account in selection of recipient households.

2.2. Modality of resource transfer

The appropriateness of food or cash transfers depends on the local context, including the availability and affordability of goods (e.g. nutritious food, clean water, transport etc) and services (e.g. health care). Ideally, the type of transfer provided could change informed by on-going monitoring of these factors. This is reflected in the PSNP 5 design document which states that “transfer modalities must meet the needs of households according to market realities: cash in settings where markets function well, food in areas where there is no food to purchase, or food prices are extremely high”. However, the PSNP has a rigid approach in practice. The SR Manual states: “the modality of SR assistance will follow that which is normally provided to core PSNP beneficiaries i.e. SR transfers will be cash in woredas where PSNP assistance is normally provided in cash” (p20). A more flexible approach would require on-going monitoring of the availability and affordability of nutritious foods as well as

delivery mechanisms that enable interchange between food and cash assistance. Options for strengthening information systems that guide decision making on resource modalities are considered in section 4.5.1 below.

Explore opportunities for ensuring that transfer modalities are responsive to changes in local contexts

- ✓ Monitor the availability and accessibility of food and non-food needs which influence nutrition through the National Nutrition Information System

2.3. Value of the resource transfer

The value of cash transfers depends on the desired impact of the assistance. For a SSN to have a strong impact on nutrition, decisions on the value of resource transfers should be informed by the calculation of a Minimum Expenditure Basket (including food and non-food costs) and consumption gaps across the range of drivers of malnutrition (food consumption WASH, health, caregiving). The value of cash transfers should be adequate to address the full range of food and non-food needs that are essential for nutrition. However, when resources are insufficient the political desire to reach as many people as possible often trumps the desire to ensure the value of assistance is adequate to meet the full range of food and non-food needs.

According to the PSNP5 design document, PSNP transfers must have the same value whether they are provided in cash or food. This means that the value of cash is automatically tied to the value of the food basket. The value of the cash transfer is equivalent to the market price of food transfers of 15kg of wheat per month and 16.95kg food basket in NGO woredas.

Modality	SR Assistance to be Provided
Food	• **GoE Woredas** - 15 kg/ month/person in GOE woredas, and • **NGO/WFP Woredas** - 16.95 kg/ month /person of cereal, pulses and oils (or equivalent)
Cash	• **GoE Woredas** - Monthly cash transfers will equate to those provided to core PSNP beneficiaries (established annually as per PIM guidelines) • **NGO/WFP Woredas** – SRSN transfer should follow the same cash payment already in place for PSNP core clients taking into account the annually revised wage rates

This means there is limited opportunity to increase the value of the resource transfers to take account of non-food needs or improve the quality of diet. Whilst it may not be possible to increase the value of transfers within current PSNP resource availability, the planned integration of Humanitarian Food Assistance (HFA) into the PSNP may provide an

opportunity. However, as far as we are aware, there is no detailed plan available for this integration process. Key questions to consider in the transition plan include: Will HFA resources be used to expand the core PSNP caseload or just used to respond to shocks or a combination of the two? Will HFA resources enable increases in the value of the SR transfer? To what extent can the PSNP infrastructure support a large increase in PSNP beneficiaries?

The limited contribution of the PSNP, including its shock response, to nutritionally adequate diets, is being addressed to some extent through WFP led efforts to pilot and scale up food vouchers that enable PSNP and other households to access a more nutritionally rich diet. Options for expanding this HRP financed programme are considered in Section 3.1.2.

Explore opportunities for increasing the value and quality of transfers

- ✓ Within the plan for integrating HFA into the PSNP, explore opportunities to increase the value of cash transfers in order to improve the quality of the diet and meet non-food as well as food needs.
- ✓ This would be informed by a revised Minimum Expenditure Basket, including food and non-food items, e.g. costs of water, access to health care, balanced high quality diet.
- ✓ Consider improving quality of in-kind food parcels (slightly reducing quantity in order to improve quality if budget constraints)

2.4. Improve the timeliness of resource transfers

For SSNs to contribute effectively to the management of malnutrition, assistance must be provided when it is most needed, soon after a shock occurs and before it has major impacts on underlying drivers of malnutrition. PSNP SRC recipients often receive assistance late - many months after a shock has occurred and their food security and nutritional status has been impacted. The duration of assistance is standard rather than tailored to the number of months households are experiencing food deficits. Improving the timeliness of resource transfers is the priority option which could improve the PSNP SRC contribution to the management of malnutrition.

As envisaged in the PSNP5 document and SRC Manual, focus on improving the timeliness of resource transfers through

- ✓ Drought risk financing to ensure resources are available in advance
- ✓ Preparedness planning across sectors (see Section 3)
- ✓ Early Warning System informs all response layers and sequencing (see Section 4)

3. Options for strengthening other scalable sectoral programmes and interventions alongside the PSNP

The PSNP SRC is a vital component of Ethiopia's disaster risk management system and multi-sectoral efforts to manage malnutrition. However, as mentioned above, the PSNP cannot be expected to manage malnutrition on its own, given the range of factors determining people's nutrition status. Therefore, this section considers options for strengthening other scalable sectoral programmes alongside the PSNP. Responsibility for these options lies outside the PSNP management system. However, PSNP stakeholders can play an important role in encouraging, supporting and coordinating with these wider multi-sectoral efforts in order to contribute to the more effective management of malnutrition in the country.

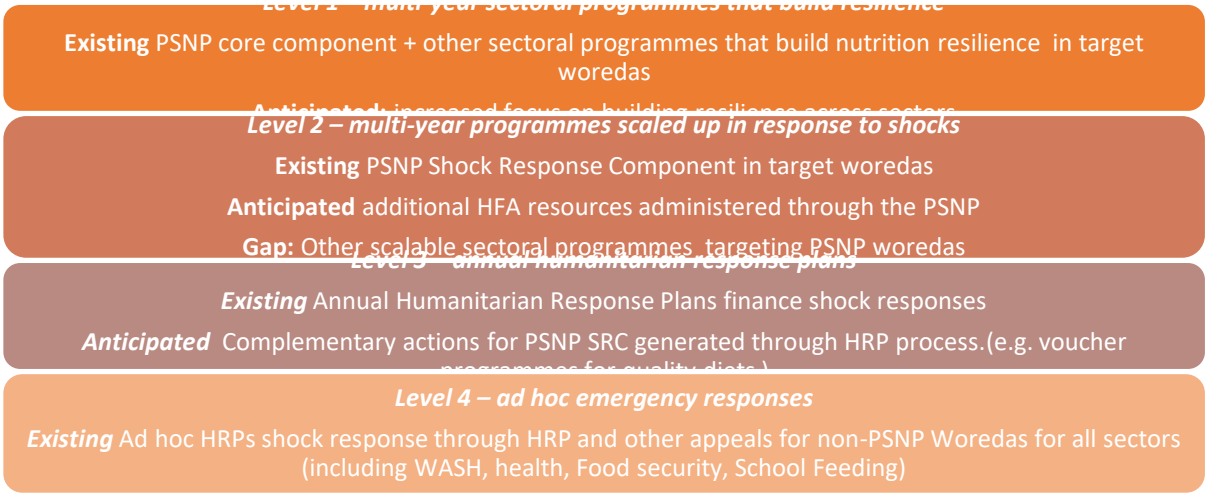
3.1.1. Scalable programmes alongside the PSNP

Other scalable sectoral programmes are required alongside SSNs which promote the availability of and access to essential goods and services, e.g. scalable WASH and health care programmes. The Ethiopian Disaster Risk Management Policy and the new National Food and Nutrition Strategy commit to the scale up of multisectoral programmes to address the availability of and access to a wider range of services.

There is a need to intensify efforts to operationalise these strategies, building on successes and lessons learnt from the previous national, multi-sectoral nutrition programme (NNPII) and consider ways of ensuring that different sectoral programmes can be scaled up and converge on at risk populations. The Seqota Declaration programme, currently supporting 40 woredas with plans to scale up to 150 woredas, is leading the way in implementing multisectoral interventions in areas with high burdens of undernutrition. Ensuring these sectoral programmes are scalable in response to shocks remains an on-going challenge and priority.

Figure 1 illustrates the different layers and sequencing of shock responsive programming in Ethiopia as envisaged in national policies and strategies. It places the PSNP in the context of wider multi-sectoral programmes that contribute to the management of malnutrition. Level 1 includes multi-year services and programmes delivered through different government sectors in ways which build resilience to shocks. Level 2 involves the scale up of these existing, long-term programmes in response to shocks, with the PSNP being the largest and most developed example. Level 3 includes programmes financed through annual Humanitarian Response Plans often targeting chronically poor and vulnerable households. The policy intent is to transition from humanitarian resources and programmes to Level 1 and Level 2 type programming implemented through government systems. Level 4 programmes are additional humanitarian programmes in response to specific shocks and needs.

Figure 1: Layers and sequencing of shock responsive programming



In line with the new National Food and Nutrition Strategy, strengthen operationalisation of multi-sectoral, shock responsive nutrition relevant programmes alongside the PSNP

- ✓ The National Nutrition Coordination Body (the Council once established) could discuss how to strengthen resilience building and scalable programmes within different sectors and how they can converge on the populations most at risk of malnutrition resulting from shocks, in alignment with the PSNP.

3.1.2. HRP financed interventions alongside the PSNP

During the transition process from annual humanitarian responses to scalable sectoral programmes financed through government systems, Ethiopia will continue to require Annual Humanitarian Response Plans in order to respond both to chronic and acute needs.

Examples of HRP financed programmes that could be scaled up alongside the PSNP include:

- HRP could finance additional. Temporary Direct Support for pregnant & lactating women and children up to 2 years
- Cash transfers to especially vulnerable households, e.g. with high dependency rates
- Scale up of WFP supported voucher programmes and SBCC to improve quality of dietary practices alongside PSNP to further improve the quantity & quality of food basket for PSNP SRC recipients

Ensure multi-sectoral humanitarian programmes that help protect and promote nutrition are implemented in coherence with the PSNP and other scalable sectoral programmes

- ✓ Scale up humanitarian programmes that contribute to healthy diets, including voucher programmes and cash transfers to PLW
- ✓ The National Food & Nutrition Council, chaired by the Prime Minister, plays a key role in ensuring coherence across development and humanitarian systems
- ✓ Humanitarian actors from different sectors participate in PSNP and Food & Nutrition Councils at federal and sub national levels
- ✓ Carefully evaluate and monitor transitions from HFA to expanded SRC

4. Options for strengthening early warning, including the use of nutrition information

A strengthened Early Warning System has already been identified in the design of PSNP5 as essential for informing decisions on population numbers in need of assistance and the timing, targeting and duration of PSNP shock response. This is critical for maximising the contribution of the PSNP SRC to the management of malnutrition. Routinely collected information is also required to inform decisions on the modality and value of resource transfers. Following a brief overview of possible actions to strengthen EW in general, this Section focusses on options for strengthening the use of nutrition information to inform EW and the scale up of the PSNP.

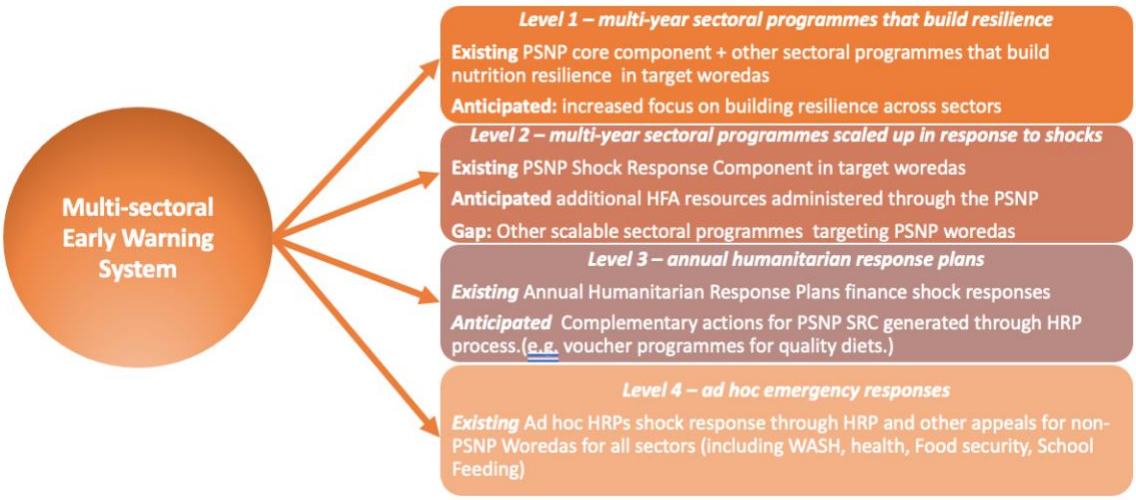
4.1. Strengthening the EWS that informs PSNP shock response

In Ethiopia, the PSNP5 shock response manual outlines the approach to EWS which will be used to inform scale up going forward. The main source of information for triggering response and estimating people in need is LEAP/LIAS. SAM admissions data and prevalence of GAM ascertained through MUAC screening and nutrition surveys will be used to produce hotspot Woreda malnutrition scores (priority 1-3) and to prioritise drought affected PSNP woredas for shock response. During the course of this research, ways of strengthening the Early Warning System in general were highlighted, including:

- ✓ One EWS informing all layers of response as illustrated in Figure 2 below
- ✓ Different sources of information collected in different ways feed into one analytical model and process for reaching technical consensus
- ✓ Modelling of the impacts of droughts of different severity and magnitude to inform contingency response plans for different scenarios
- ✓ On-going monitoring of risk factors and their impacts on availability of goods and services (Including food, water, health care etc), livelihoods, food and income security, childcare, morbidity, nutrition and mortality.

- ✓ Definition of triggers (rainfall, soil moisture etc) for initiating scale up of contingency response plans
- ✓ Assessments to determine impact of shocks in order to adjust response plans

Figure 2: One Early Warning System informing all layers of shock response



4.2. Can nutrition status data be useful in early warning?

There is a widespread perception that nutrition status data is a late indicator of crisis. This is true if we are only considering data showing high prevalence of malnutrition above an emergency threshold, e.g. >15% of children under 5 with acute malnutrition. However, if there is routine surveillance of nutrition status together with monitoring of underlying drivers, including seasonality and shocks, then a deterioration in nutrition status can provide timely warning of looming crisis. Whilst the detection of a child with SAM is a late indicator for that child, the trends in the prevalence of malnutrition in the community can provide warning that the situation is deteriorating and when examined with other indicators can be used to inform preventive responses. The efficacy of such analysis depends on the coverage of the information system, timeliness and periodicity of reporting and type of nutrition status data collected.

The way in which anthropometric data are collected can vary enormously including: growth monitoring at health centre level; routine MUAC screening at community level and regular nutrition surveys at selected sentinel sites. It can be useful to distinguish between primary and secondary data collection with the latter representing data that are routinely collected as part of service delivery systems such as growth promotion and monitoring.

In Ethiopia, nutrition status information is not utilised as an indicator of a deteriorating situation, or as a trigger for scale up, or in the calculation of numbers of people in need. The only nutrition status information used currently are SAM admissions data, as well as SMART surveys, which inform the prioritisation of woredas in the NDRMC hotspot classification

system. Other nutrition status data are collected in Ethiopia but not systematically utilised in early warning, even though there may be potential for this.

4.3. Strengthening the use of data collected routinely through the health system

In many countries, including Ethiopia, there is potential to utilise nutrition data collected through the health system for early warning purposes. Strengthening the early warning role of these data requires a focus on increasing coverage, quality, availability, accessibility, timeliness and integration of these data into decision-making. Given that this information is routinely collected, additional costs should be less than collecting information through separate nutrition surveillance systems.

4.3.1. Using SAM and MAM data

Data on enrolment in treatment programmes for acute malnutrition (SAM and MAM) have been used for early warning purposes in a number of countries, e.g. Afghanistan, Sudan and Ethiopia. However, as with growth monitoring, there are a number of potential confounders, e.g. coverage, reporting timeliness and quality In a study in Niger, a good correlation was found between millet prices and subsequent admission rates[4] and in East Africa, it was found that the vegetation density index and vegetation coverage index were correlated with nutrition admission and prevalence data.

In Ethiopia, SAM and MAM admissions data is the most readily available information and provides the best starting point for improving the monitoring of trends in acute malnutrition. SAM admissions data has good coverage (approx. 40%) and is already used in NDRMC hotspot analysis to prioritise woredas that are most affected and hence to target resources to where they are most needed. The data are published in monthly ENCU bulletins and weekly EPHI reports. According to anecdotal evidence, the data do exhibit seasonal and livelihood specific trends but there has never been any validation research to determine the extent to which it is a good indicator of changing nutritional status resulting from shocks. The quality of SAM admissions data has limitations and there is no attempt to analyse the relationship between trends in SAM admissions and other data, e.g. WASH, diarrhoea in order to inform response. MAM admissions data coverage is much lower than that of SAM data, limiting its usefulness. However, if SAM and MAM admissions data are combined and analysed together, this may provide a larger and more useful cohort for monitoring trends and impacts of shocks on nutritional status.

4.3.2. Growth monitoring and MUAC screening

Most countries have some form of growth monitoring of young children as part of health service delivery where the weight for age of children is closely monitored and efforts made

[4] https://www.childimpact.unicef-irc.org/en/empirical-analyses/niger

to improve household practices to halt and address growth faltering (growth promotion). In a number of cases these data have been used, with some success, as part of an early warning system, notably Botswana, Ghana and Nicaragua. However, the role of growth monitoring suffers many challenges, e.g., lack of coverage, seasonal changes in attendance, children above one dropping out of attendance, poor data quality and reporting[5]. One other form of nutrition status secondary data based early warning approach is the use of MUAC-based community screening often conducted to strengthen referrals to health centres, e.g. in Bangladesh, Malawi and Uganda.

In Ethiopia, data on child growth performance are not currently collated at woreda or higher levels. Data on coverage of growth monitoring are however collated and demonstrate very high coverage in some regions and woredas although there are no collated data on coverage by age cohort, e.g. under 1 year old, under two year old, etc. In contrast, MUAC screening data are analysed at woreda and regional level with prevalence of MAM and SAM recorded. However, neither sets of data are currently used for early warning purposes but there is significant potential for both types of data system to be strengthened and have an early warning role. The development of the UNISE currently being piloted in Seqota Declaration woredas may well provide an opportunity to collect, collate and analyse growth monitoring performance data (not just coverage as is currently the case) and MUAC screening data with potential for a role in informing early warning.

4.3.3. Using data on prevalence of stunting in baseline and risk analysis

While stunting is less sensitive to changes in food security or the health environment than wasting, it is a potential predictor of future acute malnutrition as a stunted child is more likely to become wasted than a child of normal height for age. Therefore, high stunting levels can be included in the baseline information and risk profiles of early warning systems to indicate where shock is most likely to lead to high levels of wasting.

[5] https://www.oerafrica.org/FTPFolder/Website Materials/Agriculture

Strengthen the collection and use of nutrition status data routinely collected through the health system

Under EPHI leadership undertake operational research in the following areas:

- ✓ SAM and MAM validation (admissions and screening) for early warning & targeting through retrospective and real time analysis, to determine if they show seasonal, livelihood and shock related variations and changes in relation to past shocks
- ✓ Analyse potential utility of MAM data for early warning/targeting & convergence with MAM MUAC based data for CU5 and PLW. This analysis should also determine the level of regional and woreda overlap with SAM admissions data
- ✓ GMP data – potential for collation and reporting of growth performance at kebele and woreda level underpinned by analysis of coverage, data quality and quality of reporting as well as the potential role of digitalisation in data recording and reporting.

4.4. Strengthening the use of primary nutrition surveillance data collection

Sentinel site surveillance systems (routine cross-sectional SMART surveys or longitudinal surveillance) provide the best quality of data to monitor trends in nutritional status, if they are implemented well, However, they require a high level of technical capacity and are costly.

4.4.1. More strategic use of SMART surveys

Regular SMART surveys can reveal trends in nutritional status including the impacts of droughts. Initial EW information (e.g. poor rainfall) could trigger targeted SMART surveys earlier than is currently the case (i.e. not tied always to the agricultural seasonal calendar assessments). Earlier nutrition surveys may require a lowering of thresholds for triggering a response to inform earlier response to prevent deterioration in the nutrition situation.

In Ethiopia, ENCU and partners have significant SMART survey capacity. They are often run in the same hot spot woredas year after year but do not cover all potential hotspots as they are highly dependent on the availability of funds. However, SMART surveys are currently only conducted to validate food security information and not conducted with sufficient regularity and timeliness to provide early warning. The size and diversity of Ethiopia makes the use of SMART surveys for monitoring and early warning purposes prohibitively expensive and logistically challenging even though the cost of these surveys has been gradually declining.

4.4.2. (Re)establish a sentinel site nutrition monitoring system

Sentinel site nutrition surveillance is cheaper than routine SMART surveys and are more sensitive to changes as data collection and analysis tend to be more frequent and are longitudinal rather than cross-sectional. Save the Children UK implemented a sentinel site nutrition surveillance system in Ethiopia between 1986 until 2001 where survey areas were purposively selected to include the most famine-prone areas of the country and longitudinal nutrition data (individuals in sentinel site villages) collected. These data were used to inform early warning and response. However, this sentinel site system ended due in part to the lack of funding.

During the course of this assignment, the feasibility of re-establishing a sentinel site system was discussed with key informants. It was proposed that it may be possible to utilise an existing network of academic institutions and students to undertake data collection and analysis in existing training locations, thereby keeping costs down. Another option could be to use Community Health Workers (CHWs) in selected sentinel sites to report their MUAC recordings through the Public Health Emergency Management (PHEM) process.

Strengthen the collection and use of primary nutrition status data

- ✓ Over the longer-term, consideration could be given to the establishment of sentinel site surveillance, through regular SMART surveys or longitudinal data collection), beginning with piloting in drought prone, i.e. PSNP, woredas to determine cost-effectiveness.
- ✓ Assess the feasibility of using academic institutions or Community Health Workers to undertake sentinel site surveillance.

4.5. Strengthening other types of information and analysis to inform decision making and response

The EWS informs decisions about when and where to respond, who to target, how many people and for how long. Information systems also need to inform decisions on what type of transfer to provide and the value of the transfers. Ways of strengthening information on each of these issues are considered below.

4.5.1. Type of resource transfer

The decision to allocate cash or food in each woreda evolved over many iterations of PSNP. In the early years of the programme woreda decision-makers dictated this decision based on beneficiary interviews, market analysis and logistical feasibility. There was also a period when woredas were able request food for one part of the PSNP cycle and cash for another part of the cycle. This still remains the case for a small number of woredas. The Operational Manual for SRC PSNP 5 states that: “Shock responsive transfers in any woreda should follow the modality already in place for PSNP core clients” although there may be occasions when the modality for both core transfers and shock responsive transfers need to change when

assessments show concerns regarding the functionality of markets. Woreda capacity to manage the scale of cash or food payments should also be taken into account when planning modalities for shock response. The manual goes on to say that in practice the modality for shock response assistance may be determined by the actual cash or food resources available for that period in the DRF plan. In such cases woredas that normally provide one form of transfer to core PSNP beneficiaries may have to switch to a different modality for shock response transfers.

While this rationale for choice of resource transfer modality is pragmatic and understandable, there is clearly a risk that it diminishes the potential nutrition impact of the PSNP SRC where market access is constrained due to inflation or limited food supplies.

Ensure that the National Nutrition Information System informs responsive decisions on PSNP modalities

- ✓ Ensure the NIS incorporates regularly updated and local data on the availability and accessibility of nutritious food and non-food needs
- ✓ Ensure analysis of local access to goods and services informs PSNP transfer modalities

4.5.2. Value of resource transfer

As stated above, the value of the cash transfer is equivalent to the market price of food transfers of 15kg of wheat per month and 16.95kg food basket in NGO woredas. From a nutrition perspective, setting these levels is less than optimal. There are two main reasons for this.

First, it takes no account of the quality of the diet. Allocating a ration of 15 kg of wheat or the cash equivalent does not provide a balanced diet. Work by EPHI and WFP involving market analysis and least cost diet and nutrient gap analysis shows the need for top up rations or cash vouchers to ensure a healthy diet. This has led to a programme to strengthen the food system value chain for nutritious foods targeting producers, retailers, etc and using digital cash transfers to top up the value of PSNP transfers. The programme is to be complemented by market monitoring undertaken by government and the analysis of these data in relation on household incomes and resources resulting in a nutrient gap filling analysis disaggregated (by woreda and region). Bulletins on the nutrient gap analysis started in June 2020

Secondly, the value of the resource transfer takes no account of the cost of mitigating other drivers of malnutrition including access to health services and WASH. If an objective of the PSNP SRC is to prevent malnutrition, then ideally the size of resource transfer would be based upon a minimum expenditure basket that takes account of and ensures that all

immediate and underlying causes of malnutrition are addressed, e.g. food security, health, WASH, caring practices, etc.

While there has been no discussion of increasing the size of resource transfer for the core PSNP in relation to nutrition needs, there is a question as to whether this is feasible and appropriate for the PSNP SRC as it evolves to replace HFA in the coming years and as increased resources become available as a result of this transition.

Pilot minimum expenditure basket analysis

- ✓ Pilot minimum expenditure basket analysis using multi-sector data as part of UNISE with a view to informing greater flexibility in mode and scale of SRC PSNP resource transfer

4.6. Strengthen national nutrition information system & linkages with EWS

Data on nutritional status on its own has limited value for informing decision making and response. There is a need for information on and analysis of underlying determinants and their relationships with nutrition outcomes. This requires the adoption and use of an analytical framework informed by the best possible data.

In Ethiopia, information is collected and analysed on food security (through seasonal assessments, LEAP/LIAS, IPC etc), WASH and health care coverage and access. A Unified Nutrition Information System (UNISE) is being piloted in Seqota Declaration woredas to bring together 8 nutrition specific indicators and more than 60 nutrition sensitive indicators across different sectors. There is also other relevant information collected, e.g. WFP's least cost diet analysis. However, this does not yet provide an adequate information system that enables the analysis over time of the underlying drivers of malnutrition, which is vital for determining the appropriate types of response. There is strong commitment to develop a comprehensive and integrated national Nutrition Information System in the new National Food and Nutrition Strategy, including nutrition surveillance.

The development of a comprehensive and integrated, multi-sectoral Nutrition Information System, under the leadership of the new National Food and Nutrition Council, is vital for the planning, implementation and monitoring of long-term, multi-sectoral programmes. It is also vital that such an information system integrates an early warning function and is able to inform the wider national Early Warning System and the timely scale up of programmes across sectors in response to shocks. Important progress is being made in this regard, with the piloting of the UNISE and the planned scale up of this initiative.

However, the development of such a system covering the whole country will take time. In the meantime, it will be necessary to continue to deal with and utilise multiple data sources and data sets with different limitations to inform decision-making. The IPC Acute

Malnutrition protocols provide an evidence-based system and framework for monitoring the nutrition situation and informing a consensus driven response drawing on a range of sources for nutrition data. The use of the IPC protocols can also help map existing data and highlight where there are gaps in data coverage and quality which need to be addressed within the National Nutrition Information system.

Strengthen the National Nutrition Information System and its linkages with Early Warning

- ✓ Within UNISE clarify the analytical framework to be used for analysing the determinants of trends in malnutrition.
- ✓ National Nutrition Coordination Body (and later NFN Council) could ensure the strengthening and scale up of UNISE, including the integration of an early warning approach
- ✓ Develop a strategy with a set of policy principles for NIS and EW and decision making which would then guide methodological approaches (e.g. NIS / EWS driven by needs of decision makers …), analysis of underlying drivers of malnutrition, greater SRC PSNP data informed flexibility in both modality and size of resource transfer
- ✓ Move ahead with piloting the IPC Acute Malnutrition protocols.

Annex: Options for strengthening the contribution of the PSNP Shock Responsive Component and Early Warning Systems to the management of malnutrition in Ethiopia.

The options identified in the paper are collated in this Annex as a basis for identifying preferred and prioritised actions and the development of an Action Plan for their implementation.

1. Strengthen PSNP design and operational practices

1.1. Adjust PSNP targeting to take account of nutrition vulnerability

- ✓ Using historical data undertake a mapping of rates of malnutrition, extreme poverty and exposure to drought and analyse correlations in order to better understand the effectiveness of PSNP targeting in addressing malnutrition and whether targeting might be modified in subsequent phases to strengthen a malnutrition management role.
- ✓ Consider additional/re-targeting of the Core PSNP-5 following mid-term review at woredas where risk of malnutrition resulting from shocks is high (NB. not only drought or food security related)
- ✓ Within current PSNP-5 design, support kebele committees to take nutrition vulnerability into account in selection of recipient households.

1.2. Explore opportunities for ensuring that transfer modalities are responsive to changes in local contexts

- ✓ Monitor the availability and accessibility of food and non-food needs which influence nutrition through the National Nutrition Information System

1.3. Explore opportunities for increasing the value and quality of transfers

- ✓ Within the plan for integrating HFA into the PSNP, explore opportunities to increase the value of cash transfers in order to improve the quality of the diet and meet non-food as well as food needs.
- ✓ This would be informed by a revised Minimum Expenditure Basket, including food and non-food items, e.g. costs of water, access to health care, balanced high quality diet.
- ✓ Consider improving quality of in-kind food parcels (slightly reducing quantity in order to improve quality if budget constraints)

1.4. As envisaged in the PSNP5 document and SRC Manual, focus on improving the timeliness of resource transfers

- ✓ Drought risk financing to ensure resources are available in advance
- ✓ Preparedness planning across sectors
- ✓ Early Warning System informs all response layers and sequencing

2. Strengthen the shock responsiveness of other sectoral programmes implemented alongside the PSNP

2.1. Strengthen operationalisation of a multi-sectoral, shock responsive alongside the PSNP

- ✓ The National Nutrition Coordination Body (the Council once established) could discuss how to strengthen resilience building and scalable programmes within different sectors and how they can converge on the populations most at risk of malnutrition resulting from shocks, in alignment with the PSNP.

2.2. Ensure coherence between humanitarian and development actions

- ✓ Scale up humanitarian programmes that contribute to healthy diets, including voucher programmes and cash transfers to pregnant and lactating women
- ✓ The National Food & Nutrition Council, chaired by the Prime Minister, plays a key role in ensuring coherence across development and humanitarian systems
- ✓ Humanitarian actors from different sectors participate in PSNP and Food & Nutrition Councils at federal and sub national levels
- ✓ Carefully evaluate and monitor transitions from HFA to expanded SRC

3. Strengthen the use of nutrition information within the EWS that informs the scale up of the PSNP

3.1. Strengthen the collection and use of nutrition status data routinely collected through the health system

Under EPHI leadership undertake operational research in the following areas:

- ✓ SAM and MAM validation (admissions and screening) for early warning & targeting through retrospective and real time analysis, to determine if they show seasonal, livelihood and shock related variations and changes in relation to past shocks

- ✓ Analyse potential utility of MAM data for early warning/targeting & convergence with MAM MUAC based data for CU5 and PLW. This analysis should also determine the level of regional and woreda overlap with SAM admissions data
- ✓ GMP data – potential for collation and reporting of growth performance at kebele and woreda level underpinned by analysis of coverage, data quality and quality of reporting as well as the potential role of digitalisation in data recording and reporting.

3.2. Strengthen the collection and use of primary nutrition status data

- ✓ Over the longer-term, consideration could be given to the establishment of sentinel site surveillance, through regular SMART surveys or longitudinal data collection), beginning with piloting in drought prone, i.e. PSNP, woredas to determine cost-effectiveness.
- ✓ Assess the feasibility of using academic institutions or Community Health Workers to undertake sentinel site surveillance.

3.3. Ensure that the National Nutrition Information System informs responsive decisions on PSNP modalities

- ✓ Ensure the NIS incorporates regularly updated and local data on the availability and accessibility of nutritious food and non-food needs
- ✓ Ensure analysis of local access to goods and services informs PSNP transfer modalities

3.4. Pilot minimum expenditure basket analysis

- ✓ Pilot minimum expenditure basket analysis using multi-sector data as part of UNISE with a view to informing greater flexibility in mode and scale of SRC PSNP resource transfer

3.5. Strengthen the National Nutrition Information System and its linkages with Early Warning

- ✓ Within UNISE clarify the analytical framework to be used for analysing the determinants of trends in malnutrition.
- ✓ National Nutrition Coordination Body (and later NFN Council) could ensure the strengthening and scale up of UNISE, including the integration of an early warning approach
- ✓ Develop a strategy with a set of policy principles for NIS and EW and decision making which would then guide methodological approaches (e.g. NIS / EWS driven by needs of decision makers …), analysis of underlying drivers of malnutrition, greater SRC PSNP data informed flexibility in both modality and size of resource transfer
- ✓ Move ahead with piloting the IPC Acute Malnutrition protocols.