

From commitments to action: accelerating integration of nutrition and water, sanitation and hygiene (WASH) in Ethiopia



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KEY FIGURES

Globally, 149 million children under five – more than one in five – are stunted and 49 million are wasted.¹ At the same time, one in nine people lack access to clean water close to home and one in three lack adequate sanitation.²

In Ethiopia, the situation in terms of access to water, hygiene and sanitation is particularly challenging.

39.1% of the population has access to ‘at least basic’ water.⁵

7.1% of the population has access to ‘at least basic’ sanitation.⁵

1% of the population has access to ‘basic’ hygiene facilities.⁵

27% of the population defecates in the open.⁵

23% of schools have access to a ‘limited’ water supply.⁶

40% of schools have access to a ‘limited’ sanitation supply.⁶

30% of health care facilities have basic water services.⁷

59% of health care facilities have basic sanitation services.⁷

Such figures are significantly worse than global WASH access rates and fuel high national child malnutrition rates:

38.4% of children under 5 years of age are stunted.³

10% of children under 5 years of age are wasted.³

24% of children under 5 years of age are underweight.⁴

KEY MESSAGE

The Government of Ethiopia has made important political commitments to an integrated, multisectoral approach to tackling malnutrition. However, the Government acknowledges that progress so far has been too slow. The new National Food and Nutrition Policy, coupled with a new high-level cross-ministerial coordination body,

represents a vital opportunity to accelerate integrated action. Nutrition-sensitive WASH (water, sanitation and hygiene) must be a top priority, backed up by enhanced coordination, accountability, budget allocation, capacity-building and reliable data on malnutrition and WASH 'hotspots'.



'Enatnesh and her daughter Rahel at Burie Health centre, Amhara, Ethiopia'
WaterAid/ Genaye Eshetu

INTRODUCTION

Despite Ethiopia having the fastest-growing economy in the sub-Saharan Africa region in 2018,⁸ and its impressive poverty reduction in recent years,⁹ malnutrition remains a huge threat to public health. One in ten children under five are acutely malnourished, and nearly one in four are underweight. More than one in three are stunted, irreversibly damaging their physical and cognitive development, and limiting their future prosperity. To improve children's health and nutrition is not only a moral imperative – failure to do so undermines all other efforts to stimulate economic progress and development in the country. For example, the World Bank estimates that countries that have not tackled child stunting are facing punishing economic losses of up to 9–10% of GDP per capita.¹⁰ Ethiopia is projected to have one of the greatest population increases of any country between 2017 and 2050,¹¹ presenting both great challenges and opportunities for its progress on reducing malnutrition.

Access to safe water, sanitation and hygiene (WASH) is a fundamental determinant of maternal and child health and nutrition, especially during the first 1,000 days of a child's life from conception to age two. Global estimates suggest that a quarter of all stunting is attributed to five or more episodes of diarrhoea during the first two



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years of life.¹² Studies indicate that poor sanitation is the second leading cause of stunting worldwide.¹³ Data from the WHO and UNICEF Joint Monitoring Programme indicate that more than 60% of people in Ethiopia still do not have even a basic water supply. With exceptionally low coverage of sanitation and hygiene facilities, and 27% of people practising open defecation, poor WASH access is a huge challenge to Ethiopia's efforts to reduce malnutrition. At the time of researching this report, the Government of

Ethiopia was undertaking a major National WASH Inventory exercise, which we hope will provide up-to-date and accurate data on which to base future investments and targeting to the communities most in need.

In Wag Himra zone in Ethiopia's Amhara region Action Against Hunger's 'Link Nutrition Causal Analysis' gauged that there were four 'major' risk factors associated with undernutrition in the area, three of these being WASH-related (poor access to water, poor hygiene and sanitation practices, and unhygienic play areas for children). Although the average distance to a water point seems somewhat reasonable (30–60 minutes) compared to other contexts, it is the waiting times (up to one hour) that have a considerable impact – disproportionately borne by women – and might discourage the repeated journeys needed to satisfy household needs.

Unavailability of water in the household leads to poor hygiene practices, such as inadequately safe food handling, contributing to a heightened risk of contamination and spread of illnesses – the recurrences of which can lead to wasting. Such illnesses can also be brought about by unsafe defecation practices due to lack of a household toilet; only 38.6% of households in Seqota have access to a latrine in their compound and more than half

practise open defecation. Also dangerous is the presence of animals and their faeces in home compounds, creating an unhygienic play area for children and presenting a high risk of hand-to-mouth contamination – animal faeces were observed in 72.7% of households, making these areas unsafe for children.¹⁴

The Government of Ethiopia has in some ways recognised the importance of WASH to combatting malnutrition. It has included WASH as part of the multisectoral approach in the National Nutrition Programme II (2016–20). The Seqota Declaration of 2015, named after a town infamous as the epicentre of the catastrophic famine in 1974 and 1985, represents a high-level, public commitment to scaling up a nationwide integrated approach intended to end stunting by 2030.ⁱ

At the international level there is also recognition of the need to better understand and support WASH–nutrition integration. An initiative in this area is the partnership between Sanitation and Water for All (SWA) and the Scaling Up Nutrition (SUN) Movement.ⁱⁱ This partnership seeks to document and share experiences from around the world on the integration of WASH and nutrition in policies and practice.

i See seqota-declaration.org

ii See scalingupnutrition.org/nutrition/integrating-wash-and-nutrition-actions



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To assess the successes, challenges, opportunities and recommendations for greater collaboration between WASH and nutrition in Ethiopia, WaterAid and Action Against Hunger conducted a qualitative analysis involving key stakeholders working in these fields. The research team interviewed stakeholders from national and sub-national government, bilateral and multilateral donor agencies, and NGOs. Annex 1 lists the interviewees.

Areas of progress: political declarations, policy integration and donor support

Recognising the crucial role of WASH access in good nutrition, in recent years the Ethiopian Government has made efforts to integrate WASH and nutrition in strategies to reduce malnutrition. WASH was included as part of the multisectoral approach in the second National Nutrition Programme (NNP), begun in 2016, although interviews we conducted with regional and woreda level stakeholders suggested coordination does not always play out effectively at these levels. The newly agreed National Food and Nutrition Policy (NFNP), endorsed by the

Council of Ministers in November 2018, promises greater integration at all levels. The 2015 Seqota Declaration, which, like the NNP, aims to end child malnutrition by 2030, represents a high-level, public commitment to an integrated approach.

Our interviewees reported some promising development partner support for integration – for example, from the United States Agency for International Development (USAID), the European Union (EU) and the UK Department for International Development (DFID). We found that these donors are making efforts to include nutrition indicators in WASH programmes, such as decline in under-five mortality rates, decline in diarrhoeal diseases, and reduction in moderate acute malnutrition (MAM) and severe acute malnutrition (SAM).

There appears to have been good coordination within the humanitarian WASH cluster nationally and locally to tackle malnutrition linked to droughts, and the most thoroughly integrated programmes seem to be those led by NGOs. Results of these programmes could inform planning and implementation of programmes outside emergency settings to reduce stunting over the long term. For instance, Save the Children have shared lessons from their experiences of integrating WASH and nutrition within the WASH cluster, which could provide useful insights for other agencies to replicate in integrated programmes. DFID highlighted the response to a recent cholera outbreak in Somali region as a notable success story of an integrated response – WASH into health – elements of which could be replicated for WASH–nutrition integration. Ongoing programmes with promising integration of WASH and nutrition in Ethiopia include:



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- RESET II (Resilience Building and Creation of Economic Opportunities in Ethiopia), an EU-funded consortium project in five regions. RESET II takes a multisectoral approach incorporating WASH alongside food security and livelihoods, health and nutrition, and maternal mental health and care practices.
- Growth for Nutrition, USAID's five-year multi-sector nutrition and WASH project led by Save the Children, aiming to improve the nutritional status of women, young children and adolescents in four regions, focussing on the first 1,000 days.
- Some of our informants noted some coordination between health extension workers and agriculture extension workers. They described the incorporation of training and WASH infrastructure – such as latrines with handwashing facilities, and demonstrations of gardening practices to diversify diets – at farmer training centres run by the Ministry of Agriculture.

Challenges: coordination, knowledge, frontline capacity, budget and data

Several of our informants at different government levels showed awareness of the connections between nutrition and WASH, potentially a result of capacity building. However, those in the nutrition sector showed greater understanding than did those in the WASH sector. Further training could address this imbalance and enable the sectors to integrate more effectively. The clearest examples of government-led integration were at the woreda level:

- The Health Extension Programme (HEP) includes WASH and nutrition messaging, delivered to communities by health extension workers and supported by the Women Development Army.

There was consensus among our interviewees around several key challenges to the success of national government strategies for integration of nutrition and WASH. While the National Nutrition Coordination Body (NNCB) that coordinates the delivery of the NNP convenes 13 ministries, including the Ministry of Water, Irrigation and Energy (MoWIE), the Ministry of Health (MoH) and the Ministry of Education (MoE) – the lead ministries for the One WASH National Programme (OWNP) – key interviewees suggested that coordination does not extend beyond the federal policy level. A lack of clear ownership for integrated approaches – and for the budget to implement them – was felt at federal, regional and woreda levels, along with a lack of clarity on roles and responsibilities. A high turnover of ministers and senior ministry officials has compounded these issues, resulting in

relatively weak institutional knowledge and experience within ministries of how to plan, budget for, deliver and monitor integrated programmes. Without clear ownership, accountability for meeting goals is weak – ministries are not held to account for actively participating in cross-sectoral coordination or prioritising integration in their activities.

Despite the existence of plans that emphasise the importance of cross-sectoral coordination such as the NNP and OWNPN, ministries' lack of a shared agenda means they have very different targets and priorities. MoWIE and the MoH show poor coordination in WASH and nutrition integration at federal, regional and woreda levels. Informants indicated that coordination needs to be

significantly strengthened between the MoH team responsible for the OWNPN and the MoH nutrition case team, and highlighted the need for more active leadership of the MoH in the coordination meetings and processes of OWNPN. The ministries also lack clear indicators to support integration, i.e. WASH indicators for the nutrition team within the MoH and nutrition indicators for MoWIE.

Although informants saw the political importance and potential value of the Seqota Declaration, few expressed confidence in it as an additional cross-sectoral plan in its current form. While informants noted the role of the Federal Program Delivery Unit in monitoring progress on the declaration commitments, they also cited problems including lack



'Edamnesh with her five-month-old baby Nazreth. Mazoria village, SNNPR.'
WaterAid/ Behailu Shiferaw

of specific budget for its implementation, insufficient ownership of the strategy at a senior cross-ministerial level, and a lack of clarity about how different teams and ministries would be held accountable for meeting its goals. For instance, one federal government informant stated that he considers the Declaration to be an “extra” on top of his role.

Coordination of goals between sectors and departments is hindered by a lack of reliable or consistent data, and poor data sharing. Insufficient data makes it difficult to co-locate WASH and nutrition interventions to ‘hotspots’ of malnutrition and poor WASH access – a crucial starting point for increasing integration.

At woreda level, loose coordination between those responsible for WASH and nutrition services seemed to be partially symptomatic of sectors not fully understanding each other’s priorities or processes, or why and how to integrate. This pointed to a lack of communication and of effective training. Knowledge of issues related to integration, and awareness of national strategies, was variable at regional and woreda levels, suggesting a need for improved capacity-building. There is also still inadequate understanding within federal authorities of the multisectoral causes of undernutrition.

Many informants reported a lack of budget allocation, both for WASH itself and for integrated nutrition and WASH programmes, pointing out that the two sectors receive relatively little budget compared with agriculture and education. The lack of resources is felt at all levels, with officials demotivated by the financial restrictions on their abilities to work effectively. Capacity of woreda authority water and health staff was also reported to be much lower than expectations on them demand. Health extension workers at the woreda-level are overburdened with multiple service delivery packages and in need of capacity building. Many interviewees mentioned the workers’ crucial role in community health promotion, always noting the heavy burden and under-resourcing that results in a high turnover. The extension workers are a clear potential touchpoint at which to build on nutrition and WASH behaviour messaging, but further building their remit without increased resources would greatly risk reducing their effectiveness on the ground.

The changing political landscape, while presenting opportunities for a new way of working with civil society, has yet to overcome a number of systemic challenges and the uncertainty that every transitional period brings. Emergencies, both national and localised, tend to divert attention from the challenges of integrating WASH and nutrition in longer-term development programmes.

OPPORTUNITIES

A key opportunity for improved coordination and integration between WASH and nutrition is the newly approved NFNP. A particular strength of the new policy will be the establishment of a high-level, ‘super-ministerial coordination body’, led by the Deputy Prime Minister. Informants were hopeful that creating this new coordination mechanism with clear leadership from outside of and above line ministries will strengthen multisectoral coordination and accountability of ministries for nutrition targets, and increase the likelihood of effective reporting at federal, regional and woreda levels.

Also at the national level, the OWP has begun its second phase (2018–20), which will promote better integration of WASH–nutrition into disaster risk management to ensure climate-resilient WASH services. Achieving this will require WASH to be linked to water resource management, and to have strong institutional set up with sufficient long-term budget allocation. The development of the nutrition plan within OWP II presents an opportunity to include indicators on health or nutrition impact, rather than simply service coverage, and to increase the MoH’s involvement. OWP are considering inviting the Ministry of Agriculture to join, which offers the possibility of greater coordination between agriculture extension workers and health extension workers.

In Ethiopia, WASH and nutrition coordination has frequently been stronger in humanitarian clusters than in longer term development efforts. There is potential for successful integrated interventions to be replicated in development programmes, especially if agencies with a national presence share lessons with Government and development partners. The newly established WASH sub-group within Ethiopia’s Civil Society Coalition-SUN (ECSC-SUN) could provide one forum for effectively sharing integration experiences and deepening capacity to plan, deliver and monitor integrated WASH–nutrition programmes.

In 2017 the MoH, supported by UNICEF, launched a ‘Baby and Mother WASH Implementation Guideline’.¹⁵ This has the potential to consolidate a range of ‘BabyWASH’ experience in the country, and help to drive WASH-nutrition integration at greater scale. For example, based on the guideline, a Baby WASH project funded by the EU and implemented by UNICEF and BBC Media Action is now underway in two Woredas in Wag Himra Zone. This project aims to reduce child stunting by decreasing transmission of diarrhoeal diseases through improving hygiene practices in relation to child cleanliness, hygienic play environments and safe disposal of child faeces. Still in its early stages at the time

of research, the programme is rolling out through health extension workers, alongside a public information campaign on sanitation and hygiene. With proper monitoring and evaluation, the results of this project, combined with others underway in the country (such as the RESET II and Growth for Nutrition programmes highlighted above) could provide useful insights for creating high impact integrated programmes at scale.

Existing strong support for integrated approaches among donors in Ethiopia – including the EU, DFID and USAID – could be built on, made more systematic and used to influence other donors and the Government. There is room for some donor reporting requirements to better foster integration; integration-focussed donors could influence others to improve this.

The Seqota Declaration, brought about by high rates of malnutrition becoming a federal as well as state priority, has drawn national attention to the prospect of greater integration to reduce malnutrition. Three years into the Declaration, reflection on initial implementation and challenges could

inform and enable significant improvements to its strategy and structure, to build on the groundwork and create a more effective pilot programme. The NNCB's planned regional coordination platforms could greatly improve integration of efforts at the sub-national level. At a recent Government high-level meeting,¹⁶ the Minister of Health recognised the Declaration's low achievement thus far, emphasising the need for immediate multisectoral collaboration and commitment in order to get back on track.

While Ethiopia's rapidly shifting political landscape currently presents challenges to changing ways of working across ministries, it also brings huge potential for the introduction of changes that will lead to greater integration between ministries and policies in the medium term. We noted that informants working at national level showed an openness to learning from other countries that have seen success in reducing malnutrition through integration of WASH. This is an opportune moment for the Government to review and look to emulate successful strategies.

RECOMMENDATIONS

We welcome the new NFNP, especially the agreement to establish a high-level cross-ministerial coordination mechanism led by the Deputy Prime Minister's office. Our research from multiple countries shows that having a coordination mechanism that is outside and above individual ministries, and that has the power to hold line ministries to account, is pivotal in driving integrated multisectoral investment and action. It is crucial that WASH is actively represented within this new nutrition coordination mechanism.

The Seqota Declaration would benefit greatly from both funding and the clear ownership and accountability planned for the new NFNP. The high-level commitment of the Declaration should be applauded, but the Government needs to also follow through with specific budget allocation to enable implementation of high-impact nutrition-sensitive WASH interventions.

The Government of Ethiopia

- The Government should train staff from ministries involved in the NFNP to improve federal authorities' understanding of the multisectoral causes of undernutrition, and ultimately ensure that WASH is effectively embedded in the implementation of the policy.

The high-level cross-ministerial coordination mechanism established through the NFNP should provide clear ownership over WASH and nutrition integration. To ensure the shared ownership and accountability of line ministries, the Deputy Prime Minister should provide them with clear guidance, building on lessons from the initial implementation and challenges of the Seqota Declaration, and setting out the priorities ahead, in order to achieve the nationwide implementation of these high-level political commitments. The guidance should:

- 1) Outline joint targets for prioritising integration in the activities of the ministries involved in the NFNP, accompanied by clear joint indicators for measuring progress.
- 2) Clarify roles and responsibilities for implementation at all levels (federal, regional and woreda).

- 3) Dedicate a specific budget and milestones.
 - 4) Set out expectations for regular reporting from woreda up to federal level on the implementation of integrated WASH–nutrition actions.
 - 5) Establish regular consultation processes with civil society representatives to understand the extent to which conditions are improving in communities as a result of these actions.
- To enable effective implementation of the NFNP and the humanitarian response plan (HRDP), the Government should strengthen data collection and sharing at all levels, building on the National WASH Inventory underway. High-impact, co-located WASH and nutrition interventions require data on hotspot areas of malnutrition and poor WASH access in both emergency and long-term development situations.

The Ministry of Water, Irrigation and Energy (MoWIE)

- The MoWIE should strengthen coordination and collaboration with the Ministry of Health (MoH) at all levels (federal, regional and woreda) by agreeing on shared agendas, targets and priorities on integration of WASH and nutrition. As a starting point, the MoWIE can replicate the good coordination it has with the MoH to tackle neglected tropical diseases (NTDs) through integrated action with WASH. MoWIE should embed the reduction of undernutrition clearly within the objectives and indicators in its policies and plans, and produce clear guidelines for improving WASH in healthcare facilities.
- The MoWIE should participate actively in the development of the nutrition plan within OWNP II.

The One WASH National Programme (OWNP)

- The development of the nutrition plan within OOWNP II must include indicators on health and nutrition impact, rather than only on WASH service coverage. A specific budget allocation for integrated nutrition and WASH programmes is required, since these sectors are under-funded compared with agriculture and education.
 - The Ministry of Agriculture should join the OOWNP in order to systematically embed coordination between agriculture extension workers and health extension workers in communicating nutrition-relevant WASH messages.
 - The OOWNP should provide training to WASH sector actors to strengthen awareness and understanding of the connections between nutrition and WASH.

The Ministry of Health (MoH)

- The MoH should strengthen coordination between its team responsible for the OOWNP and the nutrition case team. The nutrition case team should also participate more actively in the coordination meetings and processes of OOWNP.
- The MoH needs to integrate clear WASH indicators into its health and nutrition policies and plans, at all levels of the healthcare pyramid. Public Health policies should increase their focus on environmental sanitation and integrate WASH minimum standards, with appropriate funding.
- The MoH should establish mechanisms to maintain hygiene standards at the health facility level. It should enhance staff training on the operation and maintenance of WASH services in healthcare facilities, to guarantee the sustainability and safe management of WASH infrastructure. Strengthening regular monitoring and maintenance is essential for sustainable integration of WASH facilities in the health system, without which patient safety and quality of care are compromised.
- The MoH should strengthen mechanisms and platforms for the implementation of the Baby and Mother WASH Implementation Guideline.

Regional authorities

- The OWP should strengthen coordination beyond the federal policy level, to require more effective cross-sectoral collaboration by regional authorities.
- The National Nutrition Coordination Body (NNCB) should ensure federal level coordination on the delivery of the National Nutrition Policy is replicated at sub-national level through strengthened capacity for regional coordination platforms.
- Regional authorities should support Woreda authorities in building the capacity of health extension workers, who are particularly demotivated, under-capacitated and severely overburdened by the lack of resources and support.

Woreda authorities

- The Woreda Administrator should lead coordination, clarify roles and responsibilities, and provide training to WASH and nutrition service providers to ensure they fully understand each other's priorities and processes, the requirements of relevant national strategies, and why and how to integrate WASH and nutrition.
- Woreda authorities should bring together all relevant offices for joint planning and monitoring, including agriculture offices to strengthen coordination between health extension workers and agriculture extension workers.
- Woreda authorities should strengthen reporting on integrated WASH and nutrition action from woreda up to federal levels, for improved accountability.
- Woreda authorities should support the implementation of integrated WASH–nutrition programmes, including: geographic targeting of WASH projects to malnutrition hotspots; promotion of the mother–child dyad in strategy and programming; integrated hygiene behaviour change programmes incorporating nutrition-relevant behaviours; and prioritisation of programmes with a large geographical coverage to increase impact.

Donors

Donors should set out clear requirements for integrated indicators in the plans and budgets of line ministries they support and relevant donor-funded programmes. Such indicators should reflect the five pillars of WASH–nutrition integration:

- 1) Integrated programming in high prevalence areas (co-location).
 - 2) A focus on the mother/child pair through the 1,000 day window.
 - 3) The emphasis on nutrition-relevant hygiene behaviour change.
 - 4) Strong coordination between WASH and nutrition-health platforms;
 - 5) Ensuring implementation of the WASH minimum package in healthcare facilities, schools, communities and households affected by undernutrition.
- Donor agencies with a national presence should share lessons on successful integrated interventions from the humanitarian sector with Government and development partners to replicate good practices in longer-term development programmes. With proper monitoring and evaluation of the new BabyWASH programme developed by UNICEF with the MoH, the results could provide useful insights for creating further integrated programmes.
 - Donors should develop integrated and flexible funding and investment mechanisms, especially in the largely under-funded sanitation sub-sector.

Civil society organisations

- Results of successful integrated programmes led by NGOs at the local level to tackle malnutrition linked to droughts should be shared with the Government and NGOs outside the humanitarian WASH cluster, to inform planning and implementation of programmes outside emergency settings to reduce stunting.
- The newly established WASH sub-group within Ethiopia Civil Society Coalition-SUN (ECSC-SUN) should prioritise sharing integration experiences and deepening capacity to plan, deliver and monitor integrated WASH–nutrition programmes. It should be given the opportunity to contribute to the NFNP high-level coordination mechanism, to ensure WASH is effectively integrated.

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ANNEX - LIST OF INTERVIEWEES

Research fieldwork took place in November 2018. Interviews were conducted by Teklemariam Ayalew (Action Against Hunger Ethiopia), Tseguereda Abraham (WaterAid Ethiopia), Rebecca Heald (WaterAid UK), Michael Siegel (Action Against Hunger France) and Dan Jones (WaterAid UK).

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Amare Kindie Workneh	Productive Safety Net Programme (PSNP) Office Head	Amhara Regional Food Security Bureau, Disaster Prevention and Food Security Programme Coordination Office
WOREDA STAKEHOLDERS IN SEQOTA		
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About Action Against Hunger

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WaterAid is an international not-for-profit, determined to make clean water, decent toilets and good hygiene normal for everyone, everywhere within a generation.



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