



ETHIOPIA

Impact Evaluation of Improved Nutrition through Integrated Basic Social Services and Social Cash Transfer Pilot Program (IN-SCT) in Oromia and SNNP Regions, Ethiopia

Does an integrated nutrition and social cash transfer programme improve outcomes for children in Ethiopia?

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EDITORIAL INSIGHT

Reviewers commended this piece of research for its clear and convincing analytical framework as well as the competent collection and analysis of data. Integrated safety net programmes are on the rise, and this is one of the first impact evaluations to assess this type of complex intervention. Reviewers considered the approach to evaluating the wide set of activities implemented in different regional settings to be exemplary.

Reviewers also commented on the impact evaluation’s “very innovative” and robust design and on its creative attempt to answer the research questions. Making the choice to implement a process evaluation was felt to have added substantial value. The neatly presented and well-structured findings and practical recommendations were also well received.

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Fatiya, 25, feeds her 8-month-old son in their home, Halaba, Southern Nations, Nationalities, and People's Region.



Malnutrition has long been a serious issue in Ethiopia and presently contributes to 28 per cent of child deaths. Stunting prevalence in children under 5 years of age stands at 38.4 per cent nationally. Only 58 per cent of children are exclusively breastfed during the first six months of life, and micronutrient deficiencies are common among young children.

Ethiopia's Productive Safety Net Programme (PSNP) is a cornerstone of the country's strategy to address poverty and food insecurity, providing cash and food transfers to the poorest members of society. In the 10 years following its launch in 2005, 8 million people enrolled in the programme, with beneficiaries either employed in public works or given unconditional transfers if unable to work.

In 2015, to coincide with the launch of the fourth phase of PSNP (PSNP4), UNICEF supported the Ethiopian Ministry of Labour and Social Affairs to initiate the Improved Nutrition through Integrated Basic Social Services and Social Cash Transfer (IN-SCT) pilot project. This project aimed to enhance PSNP4 and improve nutritional and other outcomes for children and vulnerable adults such as lactating mothers. An ongoing impact evaluation of IN-SCT provided evidence of the project's effects on household well-being, maternal nutrition knowledge and child outcomes.

PURPOSE

UNICEF commissioned researchers from the International Food Policy Research Institute, the Institute of Development Studies and Cornell University to assess the IN-SCT pilot project's performance in two regions of Ethiopia: Oromia and the Southern Nations, Nationalities, and Peoples' (SNNP) Region.

To inform immediate decisions about how to improve the efficacy of the IN-SCT project – as well as longer-term strategies to address poverty, food security and nutrition across Ethiopia – the research set out to:

- assess the impacts of child-specific nutrition and health-related outcomes
- evaluate the effectiveness of IN-SCT in reaching target groups and delivering expected social outcomes
- assess the impacts of nutrition-related co-responsibilities (i.e., sets of linked actions that caregivers are expected to fulfil with regard to children).

The research also examined the efficacy and efficiency of project delivery processes.

APPROACH

The study used a mixed methods approach, including both quantitative and qualitative components, to measure causal impacts and understand the factors contributing to or limiting success.

Assessing process and impact

Quantitative data were collected using a baseline household survey carried out in 2016 and an endline survey conducted in 2018. A complex sample design enabled comparison of characteristics and outcomes between beneficiaries of the IN-SCT pilot (an enhancement of PSNP4), beneficiaries of PSNP4 only and non-beneficiary households.

Households in the IN-SCT pilot and in the non-beneficiary control group were drawn from the same *woredas* (districts). For the PSNP4-only comparison group, households were drawn from PSNP4 *woredas* not involved in IN-SCT. Samples of

BOX 1 KEY ASPECTS OF THE IN-SCT PILOT PROJECT

The IN-SCT pilot project supported PSNP4 by:

- developing and testing the integration of basic social services and social cash transfers
- building the institutional capacity of the Ministry of Labour and Social Affairs to support individuals receiving permanent direct support
- assisting the transition of pregnant and lactating women and malnourished children's caregivers from employment in public works to temporary direct support (unconditional transfers with no requirement for public works)
- developing, establishing and testing a management information system
- supporting nutrition behaviour change communication (BCC) sessions for beneficiaries engaged in public works
- promoting beneficiary compliance with co-responsibilities in areas such as antenatal and postnatal care, growth monitoring and BCC
- strengthening multisectoral links between social workers, health extension workers, schools, child protection services and other service providers
- employing social workers operating at the *kebele* (municipality) level to support IN-SCT objectives.



IN-SCT and PSNP4-only households included beneficiaries of public works, permanent direct support and temporary direct support.

Three samples were used. In Oromia, 300 households participated in longitudinal panel surveys as part of a process evaluation to assess experiences over time. For the impact evaluation in the SNNP Region – where the nutrition-sensitive IN-SCT component was piloted – 1,920 households including pregnant or lactating women, or women with children aged 6–23 months were surveyed. These survey data were used to assess the effects of IN-SCT on child nutrition, feeding practices and maternal nutrition knowledge. A third survey targeted 1,200 households with children under 5 years at the baseline to assess project impacts on household food security, consumption, poverty and health.

Reviewing experience

To support the quantitative data, qualitative data were gathered in both regions to examine how multisectoral collaboration enabled case management for beneficiaries receiving permanent or temporary direct support. The qualitative data were also used to understand the impact of the IN-SCT project and the sustainability of its model. Data were collected through structured key informant interviews with project staff, semi-structured focus group discussions with beneficiaries and case studies of beneficiary experiences.

Now mothers are breastfeeding children properly. Although the health education was there in the past, due to the introduction of the health extension programme, it has been strengthened by IN-SCT.

– Key informant quoted in research report

KEY FINDINGS

The IN-SCT theory of change included components to improve both access to food, by providing cash transfers, and the beneficiary living environment, through a multifaceted package of health services.

Mixed effects on diet, food security and nutrition knowledge

Analysis of the relative impact of the project (comparing IN-SCT households with PSNP4-only households) revealed some positive effects on dietary diversity, food security and knowledge of nutrition. Also, women in IN-SCT permanent direct support households were more often than others found to be consuming a minimally acceptable diet.

The ‘food gap’ – the number of months in the previous 12 months that a household struggled to meet its food needs – was used as a measure of food insecurity. Researchers found that IN-SCT reduced the food gap in permanent direct support households by almost one month. BCC sessions supported by the project helped to increase some women’s nutrition knowledge when compared with women in PSNP4-only households. But while women with children under 5 years showed improved nutrition knowledge, no effect was seen among those with children aged 6–23 months.

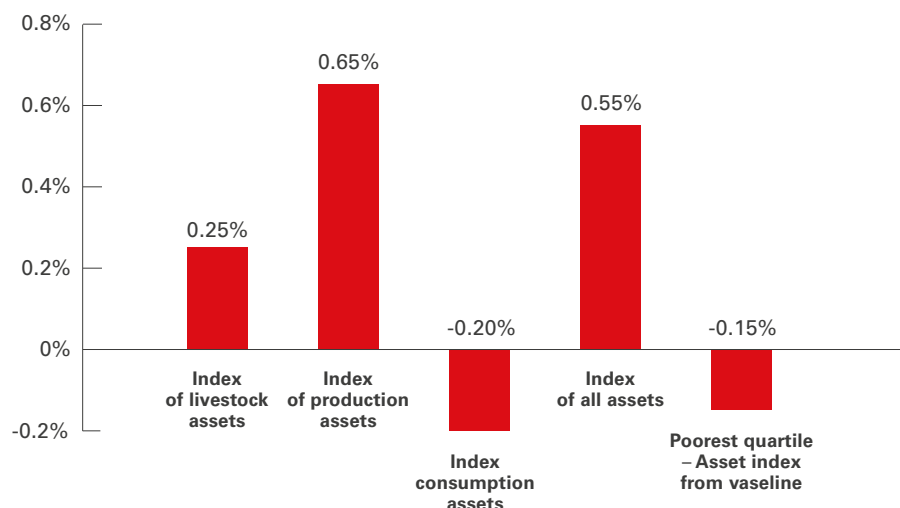
Moreover, while the relative impact of the project was positive for these factors, no effect was seen in absolute impact comparisons between IN-SCT and non-beneficiary households.

Positive and negative effects on asset holdings

Compared with PSNP4-only households, IN-SCT households showed increased holdings of livestock and productive and total assets, but reduced holdings of consumer durables. This may suggest that IN-SCT households take a more forward-looking and savings-oriented approach. Participation in the project also reduced by 15.3 per cent the probability that a household would be in the poorest quartile for asset holdings at the endline.



FIGURE 1
Impact of IN-SCT versus PSNP4 on asset holdings



Source: Designed graph.

Comparing IN-SCT households with non-beneficiary households revealed, however, that participation in the project had significant negative effects on household holdings of livestock, consumer durables and total assets.

Improvements in child welfare outcomes

Ensuring that children enrol in and attend school is a key co-responsibility for IN-SCT households. Comparison with PSNP4-only households found that the project had no impact on enrolment. For children aged 7–14 years, however, IN-SCT households reported that their children's school had opened for nearly half a day more than it had done the previous week, and weekly school attendance increased by one quarter of a day on average.

The IN-SCT project also had a positive effect on child labour. On average, children aged 5–11 years from IN-SCT households worked 1.7 hours less than their peers from PSNP4-only households; children aged 12–14 years typically worked 2 hours less than their peers.

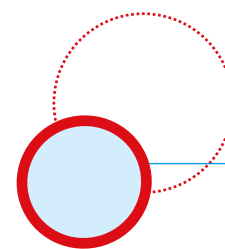
Few positive impacts on child nutrition status and health

The IN-SCT project had a significant positive effect on breastfeeding behaviour compared with PSNP4 only. It also led to meaningful improvements in household dietary diversity, food security and asset holdings as well as schooling and child protection.

Comparisons with the control group showed, however, that IN-SCT had no measurable impact on nutrition outcomes or breastfeeding behaviour, because interventions were not sufficiently resourced or sustained over time.

Connection to health services

Ensuring that pregnant and lactating women receive antenatal and postnatal health care is another key co-responsibility of the IN-SCT project. In comparison with PSNP4 only, participation in IN-SCT significantly increased the share of pregnant women receiving antenatal care, though not the number of antenatal care visits.



Behaviour change communication sessions provide information about breastfeeding and other things on nutrition. Because of this, awareness has been created.

– Key informant quoted in research report





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Social worker visits a household which benefited from Social Protection in Dawa chefa Woreda.



The proportion of children from IN-SCT households registered at birth increased slightly over time, but children in this group were significantly less likely to have health cards than children in PSNP4-only households. When compared with children in non-beneficiary households, those in IN-SCT households were significantly less likely to be registered at birth or have a health card.

Perceptions are more positive than impacts suggest

The qualitative data suggest that, while the relative and absolute impacts of the IN-SCT project are mixed, the changes brought about by the pilot were positively received. For instance, improved behaviours relating to hygiene and sanitation were reported by BCC session participants in IN-SCT *woredas*. Interviewees at federal and regional levels highlighted the project's success in raising awareness of the importance of using the services available.

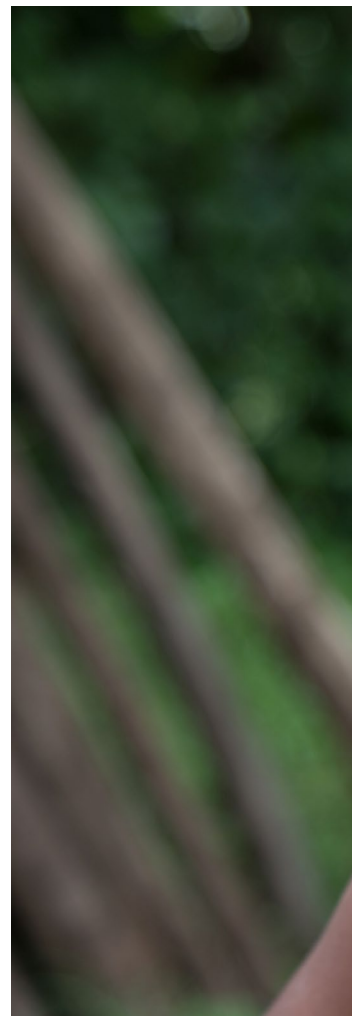
Successes and shortcomings in project delivery

The IN-SCT pilot project improved collaboration between social workers, local development agents, health extension workers and school officials. This, in turn, increased beneficiaries' fulfilment of their co-responsibilities. Too few social workers were available, however; high staff turnover driven by heavy workloads negatively affected service continuity. Social workers reported spending more time on administration than on other tasks, while transport constraints prevented them from visiting clients or conducting BCC sessions in remote areas.

Health extension workers also reported high workloads that, given their role in identifying malnourished children, may have affected how caregivers of malnourished children transitioned from employment in public works to temporary direct support. Transition often failed because of irregular malnutrition screening and lack of clarity around the transition criteria.

BCC sessions were generally well received, though some were poorly attended. There was an apparent lack of materials and protocols for delivering sessions. Although an extensive BCC manual was developed, some health extension workers and development agents were unable to access it.

The management information system was identified as a further constraint. Insufficient technical expertise in-house meant that external consultants were relied upon for software updates and general troubleshooting.





BOX 2 KEY RECOMMENDATIONS TO IMPROVE IN-SCT

- Strengthen IN-SCT components that improve children's diets and nutrition.
- Expand IN-SCT components that improve diets of pregnant and lactating women.
- Emphasize maternal nutrition knowledge.
- Reform the recruitment and training model for social workers and fund their travel.
- Improve and streamline the management information system.
- Increase the size of PSNP4 transfers.
- Implement recommendations from beneficiaries and service providers.
- Strengthen coordination and supervision mechanisms.

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Girl in Dawa chefa Woreda.

INFLUENCE ON POLICY AND PROGRAMMING

Overall, the findings suggest that the IN-SCT pilot project had positive impacts, although progress was uneven. Challenges in delivering the nutrition-sensitive component, alongside issues with PSNP4 and constraints around the involvement of social workers, resulted in almost no measurable impact on child nutrition outcomes. A longer period of intervention, or more intensive interventions, may improve results.

The findings have been shared with PSNP stakeholders and will be presented at a Child Research and Practice Forum for discussion with high-level officials, to ultimately help inform the design of future social protection programmes. Selected findings from the research will also be disseminated via social media to raise public awareness.

LOOKING AHEAD

The evaluation has clearly indicated which components of the IN-SCT project must be strengthened or expanded, such as those that improve the diet and nutrition of children and of pregnant and lactating women. Refining the management information system and boosting the recruitment, training and support of social workers could also make IN-SCT more effective. For the Government of Ethiopia, UNICEF and partners, this could provide justification for continued investments in nutrition for poor households.



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