FEED THE FUTURE
The U.S. Government's Global Hunger & Food Security Initiative

A RAPID ASSESSMENT OF USAID FEED THE FUTURE—NUTRITION CAPACITY BUILDING

March 2016

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Agricultural Knowledge, Learning, Documentation and Policy Project (AKLDP-Ethiopia)

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Cover image: Nutrition-sensitive FTC in Debre Sina

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Table Of Contents

Acronyms 5
1 Executive Summary 7
2 Background And Context 11
2.1 Feed the Future Initiative 11
2.2 USAID Multi-sectoral Nutrition Strategy 2014–2025 11
2.3 Nutrition capacity building 12
2.4 Purpose and scope of the rapid assessment 12
2.5 Methods and tools 12
3 Findings 16
3.1 Basic definitions 16
3.2 Mapping FTF investment in nutrition-related capacity building 17
3.2.1 Support to national and regional nutrition capacity 17
3.2.2 Multi-sectoral coordination for the NNP 19
3.2.3 Pre-service education nutrition capacity building 20
3.2.4 In-service capacity building 22
3.2.5 FTF implementing partners' contribution to the "nutrition momentum" 24
3.3 An assessment of quality and relevance of the nutrition capacity-building support 27
3.3.1 Pre-service education quality and relevance 27
3.3.2 In-service nutrition capacity-building quality and relevance 32
3.4 Assess the labor market for nutrition 36
3.5 Assess the institutional/governance framework 37
3.6 Gender sensitivity of nutrition capacity-building investment 37
3.6.1 Pre-service education 37
3.6.2 In-service training 38
4 Conclusions And Recommendations 39
4.1 Conclusions 39
4.2 Recommendations 39
References 42

Annex 1: USAID Nutrition Strategy Results Framework 43
Annex 2: Profile of Active Nutrition-related Capacity-building/Technical Assistance Projects 44
Annex 3: Rapid Assessment Tools 49
Annex 4: Responses to Capacity-building Support Mapping 57
Annex 5: Responses to Capacity-building Support Mapping—Short-term Training 58
Annex 6: Responses to Capacity-building Support Mapping—Materials 59
Annex 7: Checklist for Federal (MoH and MoANR) Key Informants 61
Annex 8: List of Key Informants 62
Annex 9: Terms of Reference 64

ACRONYMS

AAIFP	African Alliance for Improved Food Processing
AC	Agriculture College
ACE	Academic Center of Excellence
AGP	Agricultural Growth Program
AKLDP	Agriculture Knowledge, Learning, Documentation, and Policy project
AMDe	Agribusiness and Market Development
AMIYCN	Adolescent, Maternal, Infant, and Young Child Nutrition
ANC	Ante-natal Checkup
ATA	Agriculture Transformation Agency
ATVET	Agricultural Technical Vocational Education and Training
BDHSC	Bahir Dar Health Science College
CA	College of Agriculture
CAADP	Comprehensive Africa Agriculture Development Program
CART	College of Agriculture and Rural Transformation (Gondar University)
CC	Community Conversation
CMAM	Community-managed Acute Malnutrition
CMHS	College of Medicine and Health Sciences
COC	Certificate of Competence
DA	Development Agent
DFAP	Development Food Aid Program
EBF	Exclusive Breastfeeding
EHNRI	Ethiopian Health and Research Institute
ENA	Essential Nutrition Action
ENGINE	Empowering New Generations to Improve Nutrition and Economic Opportunities
ETS	Effective Teaching Skills
FGD	Focus Group Discussion
FTC	Farmer Training Center
FTF	Feed the Future
GAIN	Global Alliance for Improved Nutrition
GHI	Global Health Initiative
GIZ	Deutsche Gesellschaft für Internationale Zusammenarbeit
GoE	Government of Ethiopia
GRAD	Graduation with Resilience to Achieve Sustainable Development
HC	Health Center
HCHS	Hawassa College of Health Science
HDA	Health Development Army
HEW	Health Extension Worker
HH	Household
HP	Health Post
HSC	Health Science College
HU	Hawassa University
HW	Health Worker
IFA	Iron Folate
IFHP	Integrated Family Health Program
IFPRI	International Food Policy Research Institute
IPAS	International Pregnancy Advisory Services
IRT	Integrated Refresher Training
IR2	Intermediate Result 2
IYCF	Infant and Young Child Feeding
KI	Key Informant
L10K	Last Ten Kilometers (project name)
LMD	Livestock Market Development

MCH	Mother and Child Health
MI	Micronutrient Initiative
MIYCN	Maternal Infant and Young Child Nutrition
MoANR	Ministry of Agriculture and Natural Resources
MoE	Ministry of Education
MoH	Ministry of Health
MoT	Ministry of Trade
MUAC	Mid-upper Arm Circumference
NACS	Nutrition Assessment, Counseling, and Support
NCE	Nutrition Center of Excellence
NNCB	National Nutrition Coordination Body
NNP	National Nutrition Program
NNS	National Nutrition Strategy
NNTC	National Nutrition Technical Committee
NSA	Nutrition-Sensitive Agriculture
PEPFAR	(U.S.) President's Emergency Plan for AIDS Relief
PRIME	Pastoralists' Areas Resilience Improvement through Market Expansion
PSE	Pre-service Education
PSNP	Productive Safety Net Program
QI	Quality Improvement
RNCB	Regional Nutrition Coordination Body
SBCC	Social Behavior Change Communication
SBM-R	Standard-based Management and Recognition
SMART	Specific, Measurable, Attainable, Relevant, Time-bound
SNNPR	Southern Nations, Nationalities, and Peoples' Region
SSA	Sub-Saharan Africa
ToT	Training of Trainers
TVET	Technical Vocational Education and Training
UNICEF	United Nations Children's Fund
UoG	University of Gondar
USAID	United States Agency for International Development
USG	United States Government
VESA	Village-level Economic and Social Association
WASH	Water, Sanitation, and Hygiene
WFP	World Food Programme
WHO	World Health Organization

1 EXECUTIVE SUMMARY

The Empowering New Generations to Improve Nutrition and Economic opportunities (ENGINE) project is USAID Ethiopia's flagship multi-sector nutrition project and supports the Government's National Nutrition Program. It is part of the U.S. Government's Global Health and Feed the Future initiatives. ENGINE's primary purpose is to reduce under-nutrition during a child's first 1,000 days—from conception up to two years of age—through coordinated and comprehensive evidence-based interventions. ENGINE is funded for five years, from 2011–2016.

ENGINE is implemented by Save the Children International and its international development partners—Tufts University, Jhpiego, The Manoff Group, Valid International, and Land O'Lakes, Inc.—and its local ones—Ethiopian Muslims Relief and Development Association (EMRDA), *Fayyaa* Integrated Development Organization (FIDO), and the Ethiopian Orthodox *Tewahedo* Church Development and Inter-church Aid Commission (EOTC-DICAC). The project is implemented in 100 highland and 16 pastoral *woredas* in Amhara, Oromia, SNNP, Tigray, and Somali Regions.

In line with the Feed the Future Strategy, progress against Feed the Future indicators and project performance monitoring plans have been reviewed under a series of mid-term evaluations that have been completed for each of the major projects.[1] While the performance reviews were robust, time did not allow for a detailed assessment of the gains made to address capacity building in the area of nutrition-specific and -sensitive agriculture. It has therefore been agreed to undertake a rapid capacity assessment that will document the lessons learned since 2011.

It was also planned that the rapid assessment would help strengthen the evidence base of USAID's Multi-sectoral Nutrition Strategy 2014–2025, Intermediate Result 2 (IR2): **Increased country capacity and commitment to nutrition** and the following sub-IRs:

2.1 Increased professional and institutional capacity

2.2 Increased political will and resources for nutrition programs

2.3 Increased stakeholder engagement around national nutrition goals

2.4 Improved systems to plan, manage, and evaluate nutrition programs

Specifically, the Terms of Reference (see Annex 9) proposed the rapid assessment cover the following:

- *Map Feed the Future investment in nutrition-related capacity building:* to include pre-service and in-service for the Ministries of Health and Agriculture at the federal, regional, *woreda*, *kebele*, and household level, to identify who is spending what, where spending is occurring, and overlap/gaps

- *Assess the quality, appropriateness, and sustainability of the Feed the Future investment in nutrition capacity building, including higher education pre-service activities:* to include the curriculum, faculty enhancement, the number of graduates from the different courses, and their success in finding jobs

- *Analyze the labor market:* to include number and type of nutrition positions currently funded by the Ministries of Health, Agriculture, and Education and, as appropriate and possible, the private sector. What are the specific needs for short- and long-term training given current and future labor market and needs?

- *Assess the institutional/governance framework in which Feed the Future nutrition-related capacity building operates*

- *Assess the gender sensitivity of the Feed the Future capacity-building investments*

Based on the findings, the rapid assessment should provide USAID with clear recommendations that will result in improved nutrition-related capacity-building outcomes and impact in the remaining life of the Feed the Future Strategy. The recommendations will include both opportunities for building on strengths and proposals to address gaps and weaknesses. Towards the end of review, the USAID team will organize a workshop of key stakeholders to review and comment on the findings. The consultants leading the assessment will include appropriate comments and content in a final report that will be submitted to USAID.

The rapid assessment was started in July 2015 by a four-person team from the Save the Children ENGINE project (two members), Jhpiego (one member), and AKLDP (one member). The team however was not able to complete the

[1] Five of USAID's 20 FTF implementing partners—AMDe, ENGINE, GRAD, LMD, and PRIME—receive 78 percent of the funding.

work as planned, because post-election, the Government embarked on an intensive restructuring initiative that was continued through to the end of the year. Restructuring included a range of changes, from the reassignment of senior government staff on the one hand to a change of state ministries and creation of new ministries on the other. The finalization of the assessment was also delayed as a result of the team members' other responsibilities, including annual reporting for USAID in the period October and November 2015. As a result, the assessment has dragged and at times been temporarily suspended. This said, information has been progressively collected, collated, and analyzed and serves as the basis for this report.

The team visited sites in Amhara and SNNP Regions, selected in consultation with federal and regional ENGINE and Jhpiego staff. Tools and checklists were developed and tested and used to gather data from informants at national, regional, *woreda*, and community levels. Key informants in academic institutions, health facilities, and farmer training centers were also interviewed.

The findings of the rapid assessment reflect the key questions outlined in the Terms of Reference.

Map the Feed the Future investment in nutrition-related capacity building: USAID nutrition capacity-building support includes a range of institutions at national, regional, *woreda*, and community levels. It was found that agriculture colleges, bureaus, and *woreda* offices are benefiting as much as, if not more than, health institutions. The assessment confirms good progress is being made to institutionalize nutrition-sensitive agriculture.

At the community level, health centers and posts and farmer training centers (FTCs) provide the primary pathway for nutrition capacity-building support. Health facilities provide nutrition counseling, while FTCs provide training on nutrition-sensitive agriculture practices, including the establishment of vegetable gardens.

ENGINE and Jhpiego provide capacity-building support to pre-service education (PSE), while Tufts University provides capacity-building support to strengthening Ethiopia's nutritional research capacity.

Other organizations involved in capacity building include the Government's Ministry of Health, Integrated Family Health Program (IFHP), World Vision, UNICEF, the World Food Program (WFP), and GOAL.

Assess the quality, appropriateness, and sustainability of the Feed the Future investment in nutrition capacity building: An assessment of the quality and appropriateness of nutrition capacity-building support indicates that, prior to the capacity-building interventions, few lecturers in the health and agriculture fields were trained in pedagogical approach.[2] After the training and associated material support, these aspects of the teaching had improved across the academic institutions visited.

The training on curriculum development has also resulted in improvements, including making it more "competency-based," a requirement from the Ministry of Education. However, visits to health and agriculture institutions found that "add-on" nutrition sessions in existing courses are inadequate and that an additional nutrition course is required for midwifery and nursing programs and agriculture programs at BSc level.

It was not possible to undertake an assessment of the impact of nutrition training at student level. However, discussions with key teaching staff confirmed the following:

- More students are choosing to study nutrition than before the improved nutrition training was introduced
- Following the training, students are producing high-quality research papers
- Students and staff in non-traditional nutrition departments are asking to take courses in nutrition.

The later appears to confirm that, while a good start has been made to mainstream nutrition training in training institutes, more needs to be done in terms of coverage, including short courses for students studying other subjects. It was also learned there is a high staff turnover and that in order to train newly recruited staff in the pedagogical approach, a longer-term approach to training support is required.

At community level, the quality and appropriateness of the capacity-building support was assessed using two basic indicators: improved dietary diversity and understanding of nutrition-sensitive agriculture. In the visited villages, the diet was found to be as diverse as it could be, given the seasonal availability of different food types. Using the 24-hour recall approach, the team learned that the majority of community members consumes up to four of the recommended seven to nine food groups. It was however suggested that other food groups could have been

[2] This approach involves setting simple, measurable, achievable, realistic, and time-bound (SMART) session objectives and adopting a more interactive approach to teaching.

added if the cooking demonstrations had been tailored to use and promote locally available foods.

Analyze the labor market: The USAID nutrition capacity-building support through its Feed the Future project has trained and equipped over 100 nutrition graduates at various levels. More importantly, the initiative has encouraged higher learning institutions to introduce nutrition in health and agriculture colleges. It has contributed to the supply side of nutrition professionals. This has been confirmed by a MoANR key informant who indicated that they have no problem finding nutrition candidates for the vacancies. Retaining them is the problem!

However, in the absence of a tracking system at national level, it is difficult to ascertain placement of graduates in general and of nutrition graduates in particular.

Assess the institutional/governance framework in which Feed the Future operates: The assessment team found that: (i) the National Nutrition Program (NNP) is the framework for all nutrition interventions, including capacity building. The Program was under review at the time of the assessment, and it is found that USAID capacity-building support has benefited this revision process; (ii) the assessment team found that the USAID capacity-building support has facilitated the dissemination of the NNP at all levels, which is valued by regional- and *woreda*-level administrations; (iii) the National and Regional Nutrition Coordination Bodies have been established by the order of NNP. The regional coordination body is chaired by the Regional President, which the team feels is an appropriate level for a multi-sectoral issue such as nutrition; and (iv) the *woreda* coordination body is led by the health office. There are calls by various key informants for this to be moved to the *woreda* administrator for better coordination.

Assess the gender sensitivity of the capacity-building investments: The assessment team found that efforts had been made to ensure the capacity-building interventions were gender sensitive. For example, building on the good affirmative action work already being championed by academic institutions visited—universities, colleges and TVETs—there was a good gender balance of male and female students. It was also found that efforts had been made to start special tutorial-based courses and mini-libraries for female students that reduced the need to travel long distances to the main library. At the community level, both men and women were well represented at the community level.

Based on these findings, the assessment team offers the following recommendations.

Map Feed the Future investment in nutrition-related capacity building:

- Feed the Future implementing partners should continue to train frontline health and agriculture workers to deliver nutrition-specific and -sensitive services until the MoH and MoANR have adequate trained staff and capacity to continue to provide these services, at which time Feed the Future can withdraw from this role.
- Mainstream nutrition-sensitive demonstration farms in all agriculture TVET colleges
- Lobby the Ministry of Health for improved collaboration between the full range of health and nutrition service providers in order that Feed the Future implementing partners can provide nutrition training up to the grassroots level, including the Health Development Army (HDA), which allows scale-up of nutrition messaging.[3]

Assess the quality, appropriateness and sustainability of the Feed the Future investment in nutrition capacity building:

- Feed the Future implementing partners should continue to assist the MoH and MoANR in developing a larger pool of nutrition education master trainers and ensure master trainers continue to provide an agreed minimum level of training courses for a period of three years, even if they are transferred/promoted to another position.
- Feed the Future implementing partners should continue to provide technical assistance to Heath Extension Workers (HEWs) to carry out standardized high-quality cooking demonstrations that are informed by region- and season-specific recipes.

Analyze the labor market:

- Support a national tracking system for nutrition graduates. This may start as a pilot program with the higher learning institutions currently supported by Save the Children ENGINE/Jhpiego.

[3] The team acknowledges that this recommendation is by no means new but feels it is worth adding its voice.

- The assessment team also seconds the recommendation of the high-level delegation to Brazil that highlighted the need for increased supply of nutritionists. More specifically, the delegation recommended:

- Universities/experts and institutes in Ethiopia should serve as a knowledge tower for nutrition and food security and work closely with sectors and regulatory bodies.

- Scale up the training of nutritionists in the four universities, which are currently training nutritionists, after assessing the HR need to implement the revised nutrition and food security programs.

- Clearly define the responsibility and carrier structure for nutritionists at national, regional, and *woreda* level

- Build the capacity of the existing decentralized structure of NNS implementing sectors and civil societies.

Assess the institutional/governance framework in which Feed the Future nutrition-related capacity building operates:

- The National Nutrition Coordination Body (NNCB) should monitor and hold accountable the work of the Regional Nutrition Coordination Bodies (RNCBs) in order that they be active and fulfill their mandates as specified in the National Nutrition Program (NNP).

- Feed the Future implementing partners should continue to support *woreda*-level nutrition coordination structures and seek to strengthen links between *woreda* and zonal, regional, and federal nutrition coordination levels.

Assess the gender sensitivity of the Feed the Future capacity-building investments:

- Feed the Future implementing partners should continue to support institutions to implement gender-sensitive approaches to nutrition training. These may include gender-orientation training for government and non-government staff to lay a foundation for gender-sensitive nutrition training.

- Feed the Future implementing partners should continue to encourage high levels of male participation in community-level nutrition training, including cooking demonstrations.

2 BACKGROUND AND CONTEXT

2.1 Feed the Future Initiative[4]

The Feed the Future (FTF) Multi-Year Strategy for Ethiopia (2011–2015) outlines the U.S. Government's (USG) strategies for combating hunger and improving food security in Ethiopia. The FTF Strategy recognizes that Ethiopia is a country of contrasts: some regions produce food surpluses each year, while others face chronic food insecurity. The Strategy addresses these strengths and challenges, with a particular focus on productive areas that have previously received little USG investment. The Government of Ethiopia (GoE) is committed to country-led development programs and exceeding the Comprehensive Africa Agriculture Development Program's (CAADP) investment and growth targets, along with the development of the new Agricultural Growth Program (AGP) and the establishment of the new Agriculture Transformation Agency (ATA) to address key sector bottlenecks. This commitment provides collaborating USG agencies with a unique and promising opportunity to implement a transformative food security strategy that is aligned with an Ethiopian-owned and comprehensive plan and strategically coordinated with the full range of development actors. The FTF Strategy also pilots new and innovative approaches to address Ethiopia's longstanding food security challenges in a manner that recognizes the contribution of women and reduces gender inequality, while promoting the fundamental principles of social accountability and good governance.

Ethiopia can be visualized as three distinct regions based on broader agro-ecological conditions and livelihood patterns, referred to as High Rainfall Ethiopia, Low Rainfall Ethiopia, and Pastoral Ethiopia. While the FTF Strategy is framed within the context of these three distinct regions, it posits a development hypothesis that increased investment in high rainfall areas can spur overall rural economic growth, which will lead to increased prosperity across all three regions, when linked to efforts to promote greater economic opportunities for vulnerable populations in Low Rainfall and Pastoral Ethiopia.

Under the FTF Strategy, therefore, USG investment is shifted towards High Rainfall Ethiopia as part of the GoE-led, multi-donor-supported AGP. To link the AGP's growth-oriented efforts with vulnerable areas, the FTF Strategy will employ a "Push-Pull" model that seeks to strengthen capacities of vulnerable and chronically food-insecure populations to participate in economic activity (push), while mobilizing market-led agricultural growth in high-potential areas to generate economic opportunity and demand for smallholder production, labor, and services (pull).

While the focus of the USG FTF Strategy will be to support agriculture-led growth throughout Ethiopia by strengthening livelihoods and markets, cross-cutting elements also play an important role in achieving food security. FTF programs will integrate objectives and activities in the areas of nutrition, climate change, private sector development, and humanitarian assistance to strengthen the overall approach.

Recognizing the links between economic growth and nutritional status, the U.S. Government's FTF and Global Health Initiative (GHI) programs will team up to address nutrition challenges. Acting through stand-alone and wrap-around programming, the FTF-GHI nutrition agenda targets government and related service delivery structures, to promote better nutrition through enhanced programs and policies. While policy advocacy will take place at the national level, the grassroots interventions will take place in FTF *woredas* (administrative districts) in areas with some of the country's lowest nutritional indicators.

2.2 USAID Multi-sectoral Nutrition Strategy 2014–2025

USAID aims to decrease chronic malnutrition, measured by stunting, by 20 percent through the U.S. Government's Feed the Future and Global Health initiatives, the Office of Food for Peace development programs, resilience efforts, and other nutrition investments. Within Feed the Future-targeted interventions, USAID will concentrate resources and monitor impact to reduce the number of stunted children by a minimum of two million. The vision is to see a world where countries, communities, and families have the capacity to achieve and sustain healthy, well-nourished populations by 2025. To realize this vision, the nutrition strategy focuses on the first 1,000 days between pregnancy and a child's second birthday, as this period is the most critical one to ensure optimum physical and cognitive development. USAID health, nutrition, agriculture, and humanitarian assistance programs will give special focus to this important period. **Annex 1** is the results framework of the strategy, and Intermediate Result 2 is relevant to this assessment.

[4] Adapted from the Terms of Reference (see Annex 9 for details).

2.3 Nutrition capacity building

Intermediate Result 2 of the strategy is about increasing country capacity and commitment to nutrition, which requires capable human resources, effective institutions, and functional systems to plan, manage, and evaluate programs. Strong country commitment and government leadership, along with the active engagement of communities, the private sector, and civil society, are essential for achieving and sustaining nutrition outcomes.

USAID will support the development of strong human and institutional capacity in nutrition to create well-educated cadres of nutrition professionals who have scientific backgrounds and competencies to provide strategic leadership at local, regional, and national levels.

The present assessment is nested under the sub-intermediate result of increased professional and institutional capacity. Under this result, the plan is to increase the number and quality of nutrition professionals across all sectors and enhance the technical knowledge and skills of these professionals in order to improve the quality of nutrition services. The strategy emphasizes that women have the opportunity and ability to gain the knowledge and skills needed to join the nutrition workforce. Nutrition modules with robust content and an up-to-date evidence base must be an integral part of the curricula in medical, nursing, and agricultural educational institutions, as well as in certificate programs for frontline community workers. Higher learning institutions that support professional training in nutrition across sectors, as well as the overall systems for training, recruitment, deployment, and retention of competent professionals, need to be strengthened to help create leaders and researchers for nutrition innovation and technological advances. Pre-service education and in-service training for nurses, doctors, agricultural technicians, and frontline workers includes up-to-date practical nutrition information and needed competencies.

2.4 Purpose and scope of the rapid assessment

Progress against FTF indicators and project performance monitoring plans have been reviewed under a series of mid-term evaluations for each of the major FTF projects[5] between 2014 and 2015.While the performance reviews were robust, time did not allow for a detailed assessment of the gains made to address capacity building in the area of nutrition-specific and nutrition-sensitive agriculture. It has therefore been agreed to undertake a rapid capacity assessment that will document the lessons learned since 2011.

Specifically, it is proposed that the rapid capacity-building assessment will:

- Map FTF investment in nutrition-related capacity building—pre-service and in-service—for the MoH and MoANR at the federal, regional, *woreda*, *kebele*, and household level, to identify who is spending what, where spending is occurring, and overlaps/gaps
- Assess the higher education pre-service activities. Assess the quality of the revised curriculum, the faculty enhancement, the number of graduates
- Assess graduates from the different courses, their success in finding jobs, and what the current needs are compared to the labor market
- Assess the quality, impact, and sustainability of FTF investment in nutrition-related capacity building
- Assess the gender sensitivity and appropriateness of the capacity-building investments
- Assess the institutional/governance framework in which FTF nutrition-related capacity building is provided, focusing on leadership and coordination.

2.5 Methods and tools

Sampling: As a rapid assessment, the team adopted a purposive sampling approach based on consultations with national- and regional-level ENGINE and Jhpiego project officers/focal persons. The criteria for site selection were: (i) the possibility of collecting data on both pre-service and in-service capacity-building support in health and agriculture sectors; and (ii) the possibility of capturing capacity- building support by the widest possible range of FTF partners and other organizations.

Accordingly, two major centers were identified and selected—one in the northern part of the country and another in the southern part. In the North, the team selected Gondar University to assess the pre-service capacity-building support. Health and Agriculture Colleges of the University, as well as Health Science College in Bahir Dar, were the targets for the assessment.

For the in-service capacity-building assessment, Dera *woreda* in South Gondar was selected for discussion with health and agriculture offices and with *kebele* health and agriculture facilities. Focus group discussions with community members were held. In addition, regional bureaus of health and agriculture were interviewed. This approach allowed the team to assess to what extent the

[5] Five of USAID's 20 FTF implementing partners (AMDe, ENGINE, GRAD, LMD, and PRIME) receive 78 percent of the funding.

Table 1: Levels of data collection/consultation

Sample category	In the North	In the South
Academic	• Gondar University College of Medicine and Health Science • Gondar University College of Agriculture and Rural Transformation • Bahir Dar Health Science College	• Hawassa University College of Agriculture • Hawassa University Nutrition Center of Excellence • Hawassa Health Science College • Alage ATVET (Oromiya)
Regional bureaus/ *woreda* offices	• Amhara Regional Health Bureau • Amhara Regional Agriculture Bureau • Dera *Woreda* Health Office • Dera *Woreda* Agriculture Office	• SNNP Regional Health Bureau • SNNP Regional Agriculture Bureau • Melga *Woreda* Health Office • Melga *Woreda* Agriculture Office
Kebele level	• Geregera *Kebele* Gibtsawit Health Post • Geregera *Kebele* FTC • Wonchit *kebele* community discussion • Hamusit Health Centre	• Wujigra Health Centre • Kocho *Kebele* FTC • Kocho Health Post
FTF partners	ENGINE, GRAD, LMD, AMDe	ENGINE, LMD, GRAD
National/federal-level discussion with MoH and MoANR nutrition case teams		

health and agriculture sectors are working together on nutrition issues and how agriculture is becoming nutrition sensitive as a result of the capacity-building support.

Similarly, Hawassa University was selected in the South to assess the pre-service capacity-building support. Both Health and Agriculture Colleges of the University were covered, with special focus on the Nutrition Center of Excellence. Following a similar procedure as in the North, one *woreda* and two *kebeles* were selected to have an insight into the role played by the nutrition capacity-building support. At national level, in-depth discussions were held with MoH and MoANR nutrition case team coordinators to assess the national-level capacity-building support. The range of sites and offices visited are shown in Table 1.

Data collection tools: Tools were developed to collect data that would enable the team to meet the objectives of the assessment. First, two types of mapping tools were developed to capture who is doing what in pre-service and in-service capacity building. The pre-service mapping tool was distributed to all academic institutions (universities, colleges, and TVETs) that have benefited from nutrition-related capacity building. The in-service mapping tool was distributed to the major FTF implementing partners (ENGINE, AMDe, LMD, GRAD, and PRIME). They were requested to complete the formats in consultation with their local-level project managers or coordinators. Both tools were designed to capture FTF's as well as other organizations' capacity-building support in FTF areas. The team also used secondary data to complement the mapping data.

Second, pre-service education and in-service training checklists were developed to guide the discussion with key informants in academic and government offices at regional and *woreda* levels. Third, a checklist was also developed to guide the FGDs at community level. A total of 31 community members (18 in Dera and 13 in Melga) participated in community discussions.[6] Table 2 is a summary of characteristics of FGD participants. It answers some basic questions such as if they have child under two, participated in cooking demos, and visited a vegetable garden. The format used to collect this data is in Annex 3.

[6] This number is well above the norm for two FGDs. The possibility of splitting into three or four FGDs was limited; community members opted to discuss in a larger group because of time constraints.

Table 2: Profile of FGD participants

FGD site	Average age	Sex		Literate		Average family size	Child under 2 present		Seen cooking demo in the last 6 months		Received general nutrition awareness		Visited vegetable garden	
		F	M	Y	N		Y	N	Y	N	Y	N	Y	N
Dera *woreda* Wonchet *kebele* (n=18)	33	15	3	9	9	4.3	7	11	13	5	9	9	5	13
Melga *woreda* Kocho *kebele* (n=13)	35	13	-	1	12	6.2	7	6	9	4	8	5	8	5
Total	34	28	3	10	21	5.25	14	17	22	9	17	14	13	18

Fourth, separate gender-specific questions were set and used across all sectors and administrative levels. Last but not least, the team visited facilities such as libraries, skills labs, FTCs, and health posts/centers to observe and assess the state and utilization of materials provided through the capacity-building support. Whereas the mapping tool generated mainly quantitative data on the state of capacity-building support, the discussions and observations were aimed at assessing the relevance and quality of the support.

Desk review: In addition to primary data collected using the above tools, the team reviewed nutrition-related assessment reports to complement both the mapping and assessment of the quality and relevance of the capacity-building support. These included all the mid-term performance evaluation reports of the five FTF implementing partners.

Observation: The team visited health facilities, nutrition schools, centers of excellence, and "nutrition corners" in libraries to observe firsthand the types of material support provided. Demonstration plots at FTCs and agriculture colleges/TVETs were also visited to observe how nutrition sensitive the plots were.

Additional opportunities: The study team took opportunities to attend nutrition events and hold informal talks with participants. This helped gain a sense of FTF implementing partners' contribution to the so-called "nutrition momentum"[7] in Ethiopia. These events included: (i) the African Food and Nutrition Forum (AFNF) conference;[8] (ii) a nutrition-sensitive agriculture strategy workshop; and (iii) the Gates Foundation Stakeholder Conversation on Nutrition.[9]

Towards the end of the assignment, the team also had access to a report of Ethiopia's high-level delegation visit on nutrition and food security to Brazil and WFP Centre of Excellence against Hunger (July 20–28, 2015, Brasilia, Brazil), which was made possible by the technical and financial support provided partly by USAID through its ENGINE project, Save the Children.

Data analysis: Data collected by the mapping tools were summarized using simple tallies/frequencies and presented in tables and graphs as part of the report. The qualitative data collected using key informant interviews and FGDs were also summarized and presented in tables and boxes in the body of the report.

[7] This is an expression used to capture the big push to reduce malnutrition, stunting in particular, in Ethiopia. The most significant actions are: (i) the revision of the National Nutrition Program; (ii) the Seqota Declaration; and (iii) the nutrition-sensitive agriculture strategy. In all these efforts, USAID contributions are very vivid.

[8] A team member attended the 4th African Food and Nutrition Forum, which was organized in conjunction with Addis Ababa University, GIZ, the Clinton Foundation, and Micronutrient Initiative, from Oct 27–29 at the Hilton Hotel. One of the ENGINE-supported MSc students presented a paper at this conference.

[9] A team member attended the Gates Foundation Multi-sectoral Discussion on Nutrition held on November 19, at the Sheraton Hotel, Addis Ababa.

Limitations of the assessment: First, the assessment was carried out at a time when farmers were too busy with the meher agricultural activities. This limited the number and length of community discussions the team could conduct. Understandably, farmers wanted to get back to the farm as quickly as possible, and the team respected their wish. Second, it was also a time when students have either graduated or left for summer vacation, which means the team was not able to talk to students, who could have provided insight into the effectiveness and relevance of the pedagogical skills training. Third, the ToR required analysis of the labor market for nutrition graduates. Findings with respect to this are limited to key informants' perception. Any systematic analysis of the labor market requires a longer timeframe and a dedicated (ideally external) team to accomplish.

Structure of the report: Following this background and introductory section, Section 3 presents the results of the assessment. It consists of basic definitions, results of the mapping exercise, an assessment of relevance of the support, and an assessment of gender sensitivity in the nutrition capacity-building efforts.

3 FINDINGS

3.1 Basic definitions

Certain terms guided the capacity-building assessment. These terms are used frequently in the report. Providing definitions of them at the outset helps in the understanding of underlying concepts. The terms are defined below.

Capacity building: A broad definition of capacity building is a process of equipping an individual, organization, or community with the necessary skills, tools, and materials to perform a defined task or set of responsibilities. Capacity building is effective if the skills, tools, and materials are provided as an integrated package. For example, in order to monitor a child's growth, a health extension worker needs to know how to weigh a child and record the weight and counsel mothers based on the figures. He or she also must have access to a proper weighing scale, MUAC tape, counseling tools, and tools for recording.

In recognition of the importance of having the necessary skills and equipment to effectively complete required tasks, the mapping captured the types of training provided, as well as material support provided, to health and agriculture academic institutions and *woreda* agriculture and health facilities (Health Center, Health Post) and Farmer Training Centers.

Community behavioral change: Support is provided to community members in the form of material support to vegetable garden demonstrations and general nutrition-awareness sessions with a view to changing behavior and improving dietary diversity.

Competence: The national TVET strategy (MoE, 2008:21) defines competence as "a broad concept comprising the possession and application of a set of skills, knowledge and attitudes which are necessary to successfully compete for jobs in the labour market; to be a productive and adaptable entrepreneur, employee or self-employed, and thus to contribute to personal empowerment in economic and social development."[10]

Gender-sensitivity "measures:" These are measures/instruments used by institutions and communities to ensure gender balance in capacity-building interventions or measures used to correct prevailing gender imbalances. These measures were elicited from discussions with key informants in agriculture and health institutions and have the potential to be indicators for monitoring and evaluation.

In-service training: This is a mode of capacity-building support focusing on *woreda* agriculture and health officers, health workers, health extension workers, and development agents.

Pre-service education: In the context of this assessment, pre-service education is capacity-building support for university and college instructors. It includes competency-based curricula strengthening and developing and provision of learning materials (textbooks, audiovisual aids, and skills lab materials) to enable instructors to deliver quality nutrition education. Although the instructors are already in-service, the aim is to improve the quality of pre-service education (e.g., training of Development Agents and Health Extension Workers).

Standard-based Management and Recognition (SBM-R): SBM-R is a quality improvement model. It employs a tool that contains operational and objectively verifiable education standards and their respective verification criteria to assess the actual performance of institutions. The process starts with training of faculty on the model and a baseline assessment of the institution against the standards. The process develops an operational action plan based on the identified gaps and implements the action plan until most of the standards (>80%) are met.

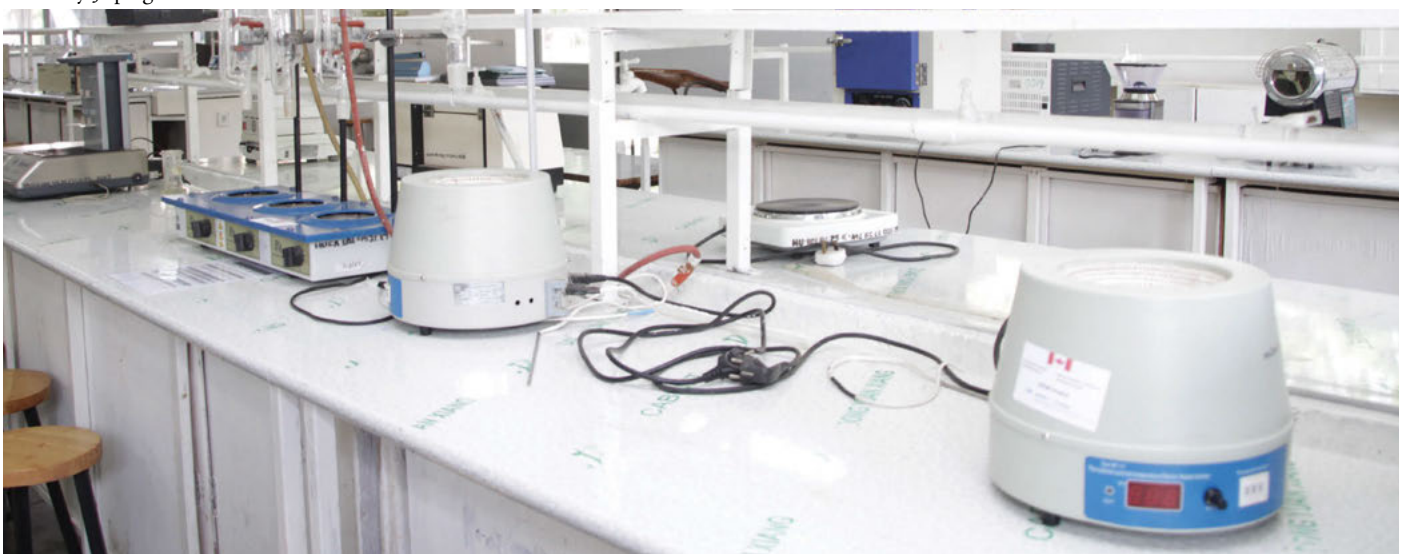
Quality and relevance: For the purpose of this assessment, quality and relevance of pre-service education are measured using various educational parameters, such as improvements in:

- meeting the standards set for quality nutrition education at higher learning institutions
- the health and agricultural sciences curricula for nutrition content
- health and agriculture students' nutrition competency
- teaching practice of instructors in the classrooms as well as in practical settings
- nutrition learning facilities such as nutrition skills lab and nutrition-sensitive demonstration plots.

In-service nutrition training quality and relevance are measured by:

[10] For the desired competence in nutrition in health and agriculture sectors, see Save the Children ENGINE/Jhpiego (2012a and 2012b) respectively, in the References.

Photo by Jhpiego



Lab skills equipment provided by USAID/ENGINE to Hawassa University's Academic Center for Excellence

- increased linkage between agriculture and nutrition at *woreda, kebele*, and community levels (e.g., *woreda* agriculture and health offices working closely on nutrition matters; DAs and HEWs working very closely at *kebele* level)

- promoting behavior change at the community level (e.g., diversified diet). At the facility level, the service providers started to provide nutrition services and documented the activities.

3.2 Mapping FTF investment in nutrition-related capacity building

3.2.1 Support to national and regional nutrition capacity

i) Contributing to the national nutrition agenda

Nutrition has recently climbed the policy agenda with the revision of several of the strategy and program documents such as the Growth and Transformation Plan (GTP), the National Nutrition Program (NNP), the Productive Safety Net Program (PSNP rural and urban), the Agriculture Growth Program (AGP), and social protection. In all these platforms, nutrition has been given an unprecedented space.

Annex 2 is a profile of the major projects and programs currently implemented by USAID implementing partners and collaborators. Projects such as the African Alliance for Improved Food Processing (AAIFP) and the New Alliance for Food Security and Nutrition have continental scope, while others have national and regional scope. DFAP/PSNP and the five FTF projects are examples of projects with national and regional scope.

The goal of the AAIFP project is to provide technical assistance to medium and large commercial millers, producers of fortified blended foods and flours, bakeries, and pasta manufacturers to improve business efficiencies and overall processing capacity for commercial markets and targeted food aid populations.

The objectives of DFAP/PSNP include providing food and nutrition to destitute PSNP beneficiaries (disabled, terminally sick, elderly, orphans, and vulnerable children) and improving nutritional practices by improving and expanding dietary diversity and access to diverse, locally-available foodstuffs.

As per the interview with the MoH nutrition case team at federal level, the Ministry of Health works with multiple organizations to improve nutritional status in the country. These include Save the Children through the ENGINE project, UNICEF, WHO, CARE, GOAL, CONCERN, Micronutrient Initiative, Last 10 Kilometer (L10K) project, IFHP, and Global Alliance for Improved Nutrition (GAIN). Paying particular attention to USAID support through the Save the Children ENGINE project, the key informant outlined a number of areas of collaboration:

- Seconded a technical advisor within the FMoH who met government interest and has brought considerable change in the nutrition case team

- Financed support for high-level advocacy, breastfeeding week, dissemination of the NNP

- Financed training and experience-sharing visits for the NNP coordination body and the technical committee members at national and regional levels, which helped in revitalizing these committees

- Financed training for NNP members at zonal and *woreda* levels to strengthen *woreda* nutrition multi-sector coordination

- Supported the development of blended training module and preparation of different guidelines (e.g., AMIYCN, Micronutrient, multi-sectoral nutrition implementation guidelines) and provided training for staff on MIYCN and Quality Improvement
- Supported harmonization of communication materials
- Actively participated in the NNP II revision
- Supported multi-sectoral linkage, including the development of a score card for monitoring multi-sectoral engagement
- Worked with the MoA (since then changed to MoANR) to design its nutrition-sensitive agriculture strategy, which created a strong linkage between MoANR and MoH
- Contributed to the launch of the Seqota declaration, which is a clear demonstration of government commitment to end malnutrition by 2030.

The MoH key informant also outlined capacity-building support to other institutions that has advanced the nutrition agenda and made their (MoH's) job easier. These included:

- Integrating nutrition in agriculture TVETs' curricula has brought a big change for those who are working on nutrition. This is a good example of working multi-sectorally to avert malnutrition in this country.
- Building capacity of universities and health science colleges to provide better nutrition education (providing books and equipping skills labs (See Example 1).

Example 1: Team observation
The team observed skills labs established in the various institutions. The skills lab in Hawassa Health Science College, for example, is spacious; divided into stations as per the standard; equipped with the basic tools such as child and adult MUAC tapes and weighing scales. However, it lacked counseling tools, and there are no locally available ingredients for preparing complementary food.

- Establishing an Academic Center of Excellence in Hawassa University is a good example of working with and building capacity of universities to generate a qualified nutrition cadre and center for nutrition research and training.

Similar discussion was held with the newly established nutrition case team within the Ministry of Agriculture and Natural Resources (MoANR). The highlight of USAID support to the case team (through the Save the Children ENGINE project)[11] is the development of a nutrition-sensitive agriculture strategy. The key informant emphasized that the collaboration with the Save the Children ENGINE project is strong, and the case team can request financial and technical support as and when necessary. At the time of the interview, a bunch of office equipment was installed, and when asked who provided these, the key informant responded:

> *"These are from GIZ. We could have also asked Save the Children ENGINE project and got it, but GIZ offered."*

As a new nutrition case team in the Ministry, it is in the process of recruiting nutritionists. The key informant indicated that there is no shortage of nutritionists on the market because nutrition is presently mainstreamed into public and private education and training institutions. The case team receives enough candidates but the problem is keeping them after recruitment.[12]

ii) Supporting nutrition research

Supporting nutrition research also represents building national and regional nutrition capacity as per IR2 of the USAID Multi-Sectoral Nutrition Strategy. ENGINE, through Tufts University,[13] implements two cohort studies with Jimma University to answer key nutrition questions identified through a collaborative process with GoE and partners. Seven nutrition PhD candidates from three local intuitions are being supported by ENGINE and are supporting the research and utilizing data for their dissertations. This doubled the number of nutrition PhD candidates in the country and strengthens the capacity of Jimma University to train nutrition leaders through the PhD program and to conduct large nutrition research studies.

The Save the Children ENGINE project also provides technical and financial support for MSc students at five universities (Gondar, Hawassa, Haromaya, Jimma, and Mekele) to conduct nutrition-related research. ENGINE has supported 100 MSc students to complete research on nutrition-related topics, including: (i) nutrition and

[11] The AKLDP/Tufts University project, which is financed by USAID, has also provided technical support to this process.

[12] At the time of the assessment, the nutritionist identified as key informant left the case team within months of taking up the position.

[13] It is worth noting that Save the Children ENGINE project and Tufts University carry out operational research and disseminate findings to stakeholders, thereby contributing to national nutrition knowledge base.

nutrition education; (ii) micronutrients; (iii) breastfeeding and complementary feeding; and (iv) food security, health, and nutrition (Save the Children ENGINE, 2014).

A female graduate supported by the Save the Children ENGINE project was found and was interviewed about her experience (see Example 2). She is one of the 100 students who were supported by the project. Discussion with university officers indicated that there is no tracking system of where graduates go after leaving college/university. This is a national problem.[14]

Example 2: A graduate's experience
A female graduate who started her career in nursing received financial and technical support (including thesis supervision) from ENGINE to conduct her master's degree research at Hawassa University. She chose to conduct the research on dietary diversity of children aged 6–23 months among households with and without home gardens. She got the opportunity to present her findings at the Africa Food and Nutrition Forum held in Addis Ababa (October 27–29, 2015), and the paper will be published in the BMC[15] Journal. She has also received an invitation from AKLDP to present her findings to the Kitchen Gardens learning group. She is very optimistic that her career in nutrition will take off because of the ENGINE support (interview with the graduate).

3.2.2 Multi-sectoral coordination[16] for the NNP

ENGINE is one of the partners who supported regions (Amhara and SNNPR in particular) to launch the NNP and establish the Regional Nutrition Coordination Body (RNCB) and the Regional Nutrition Technical Committee (RNTC).[17] However, the coordination body and the technical committees are not meeting as often as desired. A key informant from the SNNPR Health Bureau stated that it is difficult to call the RNCB for a meeting because of weak horizontal coordination:

> *"All the RNCB members are heads of the regional bureaus and all are in the same position."*

A key informant from the federal level also said:

> *"Even though it is not moving as we desired, the NNCB and NNTC are having meetings to discuss nutrition."*

It was also learned that the technical committee meets more frequently than the coordination body. As a result of these coordination efforts, all the sectors in SNNPR have included nutrition into their annual plans and have assigned budgets for nutrition activities.

In Amhara, the coordination body is led by the President's Office,[18] which delegated the health bureau to lead the coordination body. There are good signs of working together with other sectors. For example: (i) the agriculture bureau has assigned a nutrition focal person; (ii) the education sector is establishing school nutrition clubs and school gardens; and (iii) the water sector is also included in this coordination body.

In the two *woredas* visited, the multi-sectoral coordination body and technical committee are functional with support from the Save the Children ENGINE project. The training helped to put on nutrition as one of the agenda items for the taskforce. Each of the NNP-involved sector offices are reporting to the *woreda* administrator on a monthly basis. At *kebele* level, the HEW and the DA are working together as the following case (Example 3) from one of the *woredas* demonstrates.

Example 3: Geregera* kebele *Gibtsawit HP (Dera* woreda*)
The DA and HEW (both female) came together at the Health Post (HP) for discussion with the team. The ***HEW*** *explained that the HP is supported by ENGINE, IFHP, and WVE (World Vision Ethiopia). Capacity-building support by ENGINE included: (i) cooking demonstrations at* kebele *and HP level; (ii) counseling tools, on-the-job training; (iii) manuals for the DA; (iv) training on nutrition-sensitive agriculture, seeds for FTC and vulnerable households, sheep and farming tools for target beneficiaries; (v) follow-up at HH*

[14] In principle, the "cost sharing" introduced by the Government should contribute to tracking, because employers are expected to make a deduction from the graduate's salary and pay the sum to the tax office. However, this only applies to graduates from public universities, and the data are only exchanged between the employer and tax office.

[15] BioMed Central Journal (**http://www.biomedcentral.com/journals**).

[16] According to World Bank (2013), multi-sectoral actions can strengthen nutritional outcomes in a number of ways: (i) accelerating action on determinants of under-nutrition; and (ii) integrating nutrition considerations into programs in other sectors and increasing "policy coherence" through government-wide attention. A powerful way to encourage more emphasis on nutrition—and to hold those sectors accountable for nutrition results—is to include appropriate nutrition-related indicators in sectoral projects and programs (WB, 2013).

[17] The National Nutrition Coordination Body and the National Nutrition Technical Committee were established in 2008 and 2009, respectively, to ensure effective coordination and linkages in nutrition (FDRE, 2015a).

[18] The review team learned that Amhara Regional State gave due attention to nutrition after the President attended a workshop abroad where he learned that Amhara has the worst malnutrition rates in the country.

level to see what the mothers are doing with the sheep and how they are cooking for the children; and (vi) training on sheep and goat rearing and milk preservation. IFHP supports review meetings, and WVE gives support in agriculture and nutrition.

***The DA** complemented the views of the HEW. The training provided by ENGINE has helped them to integrate nutrition in their work plans. It has helped a lot to improve nutrition services. The zonal coordinators are: (i) coaching and providing on-the-job training; (ii) supporting in demonstrating agronomic practices at FTCs; and (iii) supporting experience-sharing visits in six* kebeles. *The DA urged the project to continue the capacity building (training, review meetings, reporting formats, evaluation of activities, and follow-up of model HHs).*

***Team observation at the HP:** There are counseling materials, a weighing scale, Iron Folate, and Vitamin A in the HP. The counseled mothers are registered. Locally available foods are displayed with plastic bags. At the time of the visit Zinc was available but had expired.*

***Team observation of the FTC:** There is spacing between seedlings as a demonstration of good agronomic practices. There is a variety of crops on the demonstration plot. There are improved animal breeds, modern and traditional bee hives, and improved nutritious seeds (e.g., orange-flesh sweet potato). There is a water well (a water collection center). The availability of water is perhaps not surprising as one of ENGINE's selection criteria for FTC support is that there be a water source.*

3.2.3 Pre-service education nutrition capacity building

As defined in Section 3.1, pre-service education support refers to training and other support given to instructors who are engaged in training future nutrition champions. This section summarizes the data obtained from academic institutions through the mapping format and secondary data. Nutrition capacity building at pre-service education institutions encompassed three major inputs: pre-service education, in-service training for instructors, and material support (see Figure 1). See Annexes 4–6 for details of what constitutes pre-service, in-service, and material support.

Three observations can be made. First, pre-service education support was provided to an almost equal number of health and agriculture institutions. Second, more agriculture institutions received in-service training than did health institutions, and finally, more health institutions received material support than did agriculture institutions, mainly because of the skills labs that health institutions have set up through the Save the Children ENGINE project's capacity-building support. Overall, agriculture institutions have received a fair share of support, despite the fact that nutrition has only become part of agriculture education recently.

Table 3 is secondary data on the number of instructors who took training in technical update, pedagogical skills, and quality improvement. It is clear that more staff from agriculture colleges have benefited from the capacity-building support. This support contributes to the nutrition knowledge base within agriculture, which will strengthen the ongoing efforts to make agriculture more nutrition sensitive than it is presently. Female involvement in the training is, however, not satisfactory. This is mainly due to the small number of female staff members in the institutions. The gender section later in the report looks at this dimension of capacity building in more detail.

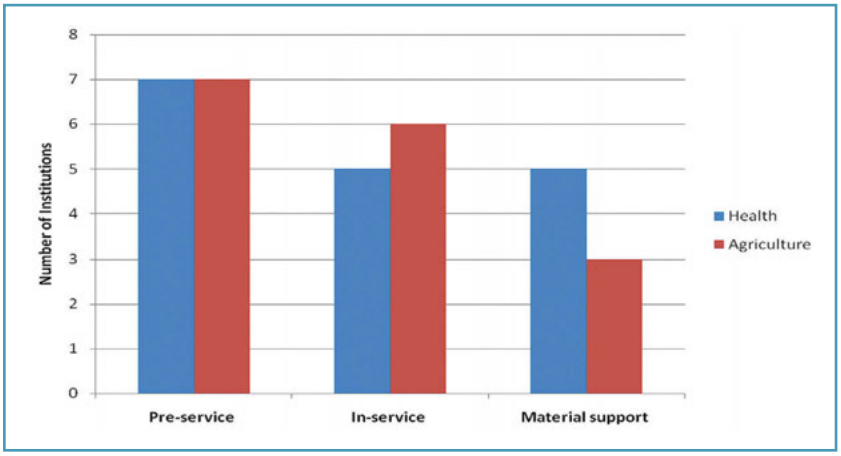


Figure 1: Number of institutions receiving nutrition capacity-building support (n=15)

Source: Based on data from mapping format (2015). See Annexes 4–6 for details of the types of training and material support.

Table 3: No. of staff members who took short-term training in the institutions visited

Institutions	Technical update	Pedagogical skills	Quality improvement	Total
Health				
UoG – CMHS	36	32	12	80
BDHSC	6	11	7	24
HCHS	10	9	10	29
Sub-total	52	52	29	133
Agriculture				
UoG – CART	25	22	24	71
HU – CA	30	6	24	60
HU – ACE	71	10	21	102
Alage ATVET	14	94	12	120
Sub-total	140	132	81	353
Total	192	184	110	486

Source: Save the Children ENGINE pre-service program document (various years since the inception of the project).

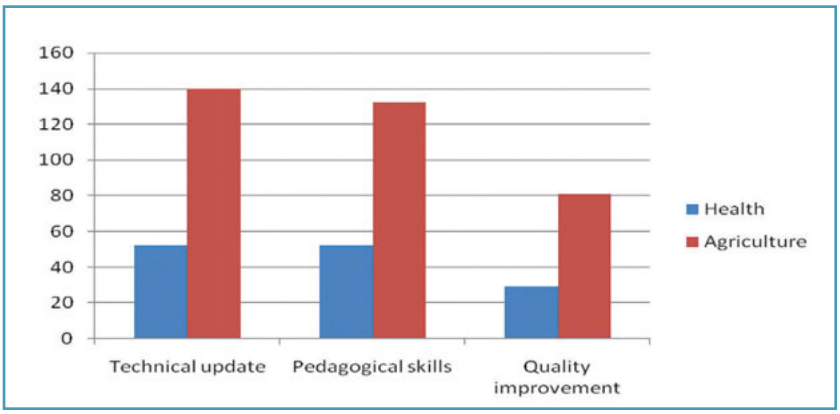


Figure 2: Short-term training by sector

Source: Based on Table 3.

Table 4 below shows number of students enrolled for nutrition education. It is not surprising that health institutions have enrolled more students in nutrition-related education than agriculture institutions have. The pattern of female participation is mixed. In the health TVETs, female students surpass male students, whereas in degree courses there are more male students than female ones. The enrollment of male and female students in the agriculture institutions is reversed. There are more female students in degree courses than there are male students.

As shown in Table 4, the project-supported universities and colleges have graduated over 5,000 students trained/educated using the revised curriculum. These are health and agriculture professionals who are well oriented in human nutrition and nutrition-sensitive agricultural practices as a result of continual review and update of curricula for nutrition content.

However, the majority of universities and colleges in the country are not receiving this support, and only a few institutions are providing nutrition programs for undergraduate and post-graduates. As a matter of fact, none of the training institutions visited is running a dietetics program, and none has a registered dietician. Therefore, the USAID capacity-building support has to some extent addressed the need for nutrition training at higher learning institutions so as to enable them meet the human resource need of the country to implement the National Nutrition Program (NNP).[19]

[19] These capacity-building supports are in line with the draft NNP II, which states that the Ministries of Health and the Ministry of Agriculture will work with the Ministry of Education and regional governments to integrate nutrition into regional colleges to provide nutrition-specific and nutrition-sensitive pre-service training for students of health, agriculture, and education (FDRE, 2015b).

Table 4: Number of nutrition graduates–2015

Discipline	Level of training	Sex		Total
		Female	Male	
Health	BSc	446	1,226	1,672
	TVET (level IV)	1,295	153	1,448
Sub-total (1)		1,741	1,379	3,120
Agriculture	BSc	707	373	1,080
	TVET (level IV)	515	710	1,225
Sub-total (2)		1,222	1,083	2,305
Total		2,963	2,462	5,425

Source: ENGINE pre-service program document.

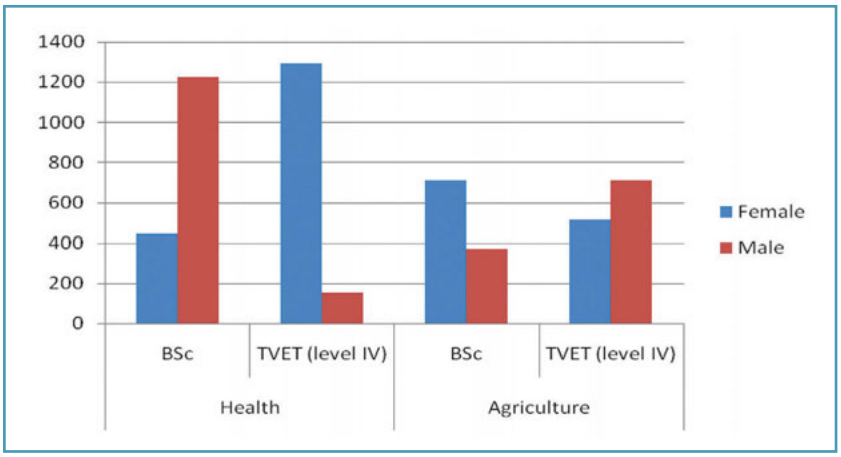


Figure 3: Number of graduates–2015

Source: Based on Table 4.

Capacity-building support is not limited to training and curriculum revision. It includes material support that facilitates the application of theories/concepts learned in classrooms. Accordingly, health and agriculture institutions have received 235 and 251 items respectively, to facilitate the teaching of and research in nutrition. The items received by health science colleges are mainly nutrition skills lab materials and included anthropometric instruments, biochemical analyzers (hemoglobin meter), kitchen utensils for preparing complementary foods, and infant models. All participating institutions (including agriculture) have received audiovisual aids such as computers, LCDs, printers, and white screens. The institutions were also provided with up-to-date nutrition reference books, learning manuals/guides, posters, and leaflets.

3.2.4 In-service capacity building

The focus of in-service training and capacity building has been nutrition and nutrition-sensitive agriculture, and the target audience included DAs, health workers, Health Extension Workers, teachers on a limited scale, and *woreda* health and agriculture program managers. There are more male participants in the in-service training than women, whereas the number of female participants in various community-level capacity-building programs is higher than that of men.

Health posts are the most common venues for community-level nutrition interventions. They hosted over 1,440 training, awareness-raising, and cooking demonstration sessions. Over 35,000 community members participated in these sessions. Cooperatives are the least used for this purpose.

Table 5: Number of participants in in-service nutrition training in Amhara and SNNPR (2014)

Categories of training	Enrolled		Completed		Cost in birr
	Female	Male	Female	Male	
DAs trained	211	231	201	187	320,935
Health workers trained	395	289	59	51	165,979
Teachers trained	2	22	1	10	60,600
HEWs trained	282	6	39	0	56,700
Local experience sharing (e.g., visiting best FTC or HP)	52	86	22	46	119,016
Woreda Ag. staff trained	4	32	N/A	N/A	19,440
Diploma-level training	13	64	13	64	N/A
Other[20]	2,926	4,201	2,926	4,196	12,800
Total	3,885	4,931	2,939	4,260	755,470

Source: Based on data from mapping format (2015).

Table 6: Number of participants at community-level nutrition capacity building

Community-level activities	No. of events	Participants		Cost in birr
		Female	Male	
Nutrition awareness using VESA	18	10,884	20,119	66,720
Nutrition awareness using CC groups	36	2,300	150	1,500
Cooking demos at:				
FTC	12	387	348	150
HP	1,446	33,201	12,763	114,306
HC	12	650	114	N/A
Cooperative		4	25	N/A
Model farmer	2	31	20	8,160
Dev't. group (1–30)	14	280		N/A
Agro-demos at FTC	477	484	1,589	8,000
Total	2,017	48,221	35,128	198,836

Source: Based on data from mapping format (2015).

Apart from the Save the Children ENGINE project, key informants at regional and *woreda* levels also mentioned AGP-AMDe as providing some capacity-building support in the form of community awareness raising and cooking demonstrations. The non-FTF institutions working on nutrition capacity building included Government (mainly MoH and college/university), IFHP, World Bank, MSH, World Vision, IPAS, UNICEF, WFP, MI, and GOAL. For example, World Vision works on agriculture-nutrition linkages, while IFHP focuses on MCH and supports review meetings.

How much is spent on capacity building? The last columns of Tables 5 and 6 provide cost of in-service training and community-based behavioral change activities borne by reporting institutions at the time of the assessment. Respondents did not give cost of pre-service education. Although these data are incomplete, they indicate that more money is spent at the in-service level than at the community level, which is not surprising because the cost of in-service training included cost of training materials, trainers, logistical support, and hospitalities for participants. Community-level interventions are generally understood to be the least expensive. Figure 4 is a representation of data in Table 5 and 6.

[20] The category "other" consists of various short-term technical trainings.

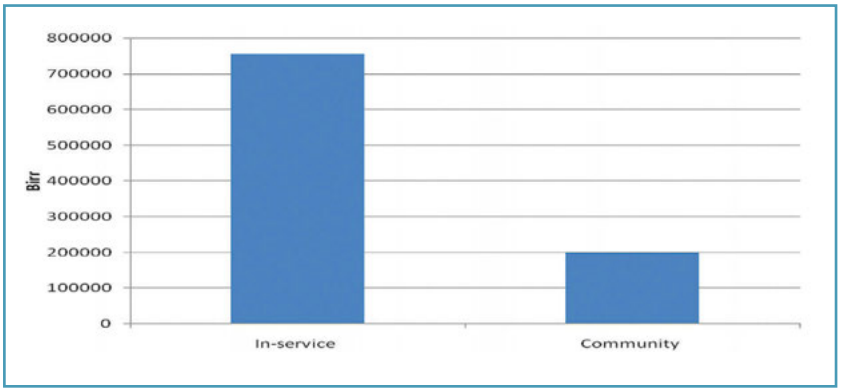


Figure 4: Cost of in-service and community-level nutrition interventions

Source: Based on Tables 5 and 6 above.

In order to complement the financial data generated from the mapping, secondary data for all the interventions presented in this report (pre-service, in-service, community level, and material support) were obtained. The total investment amounted to USD 3.3 million over the four years (2011–2014). The distribution shows that the budget allocation started slowly in 2011 and increased substantially from 2012 (see Figure 5), which is largely due to the nature of the projects—funds start to flow slowly and gradually increase as implementation picks up.

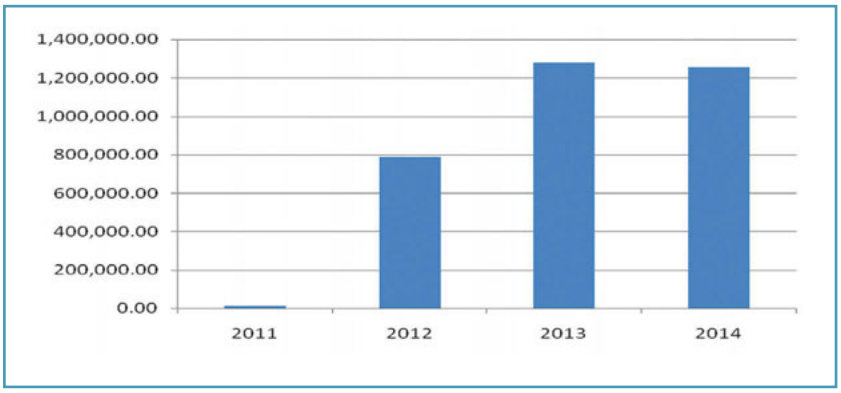


Figure 5: Financial allocation for nutrition capacity building (USD)

Source: Save the Children ENGINE documents (various years).

3.2.5 FTF implementing partners' contribution to the "nutrition momentum"

As defined in footnote 8, Ethiopia is experiencing a big push to reduce malnutrition, stunting in particular. Although the majority of capacity-building support documented in this report is from the Save the Children ENGINE project and its partner Jhpiego sub-prime, other FTF partners are also contributing to this momentum. The team documented this contribution based on group discussions with regional staff of FTF partners (ENGINE, GRAD, AGP-AMDe, and AGP-LMD) in Amhara and SNNPR. The result is summarized in Table 7.

Table 7: Inventory of Nutrition-related Interventions in Amhara and SNNPR by FTF Implementing Partners

Feed the Future project	Nutrition-related interventions in Amhara Region	Nutrition-related interventions in SNNPR
ENGINE	• Works with both health and agriculture sectors • Provides training in: (i) nutrition program planning; (ii) quality improvement (QI) training; (iii) nutrition-sensitive agriculture; (iv) school nutrition; (v) basic nutrition training (for nutrition coordinating body); (vi) gardening; (vii) poultry management; and (viii) chicken production • Provides training for HEWs on integrated refresher training (IRT), SBCC, gender training (male involvement, women empowerment), and sanitation marketing trainings • Provides sheep, chicken, cows (with short courses on how to manage these assets), seeds and seedlings, farm tools, water containers, poultry houses, SBCC tools, and floor mats (for women with children <2)	• Works in 19 *woredas* (and 6 non-AGP, total 25) • MIYCN, cooking demo (at FTC, HP, and schools), nutrition-sensitive agriculture, vegetable gardening, NACS training for health workers, WASH, CMAM, program managers' training • Provides sheep, cows, poultry (with training on handling and management), homestead—vegetable and fruit seeds and seedlings • Poor HHs are provided with small hand farm tools for vegetable gardening and schools with water containers like Roto • Counseling tools, quick references are provided to health facilities • Benefits include awareness creation on nutrition and cooking for children and HHs, use of variety of food for consumption; oil, iodized salt, soap are also provided • Supportive supervisions help to see the situation down to the community level and provide house-to-house support • Cooking demo provided to husbands
GRAD	• Works both with health and agriculture (livelihood) sectors • Nutrition is one area of support by GRAD • Provides nutrition training for gender and nutrition officers on ENA, WASH that is cascaded to community facilitators and volunteer animators to create community awareness on nutrition • Provides trainings on agricultural technologies, agronomical practices for model farmers, cooking demo for the community • The consortium coordination unit coordinates these trainings • Materials provision include SBCC materials (produced by Alive and Thrive), farm tools, and chickens (with subsidized credit) • World Vision operates in the areas GRAD is working	• Works in four *woredas* aiming at household and community resilience • Training: focus on value chain and income generation skill trainings—business/financial management • Provides training in five areas of value chain to diversify income generation; one example of value chain training is on vegetable value chain • Related to nutrition: provides training on cooking demo, ENA, IYCF with HEW (though often difficult to get the HEWs for training) • Materials provision for cooking demo at FTC including salt, oil, and matches • Provides ENA message box obtained from Alive and Thrive • HHs started cooking diversified food, male involvement is improving
AGP-AMDe	• Works with agriculture and business entities • Main task is training of DAs, model/lead farmers, farmers cooperation unions, which eventually reaches the end farmers on issues related to nutrition-sensitive agriculture	AGP-AMDe staff did not attend the meeting.

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Feed the Future project	Nutrition-related interventions in Amhara Region	Nutrition-related interventions in SNNPR
AGP- LMD	• Works with agriculture and health sectors, mainly on nutrition and HIV and dietary diversification • Provides ToT training for *woreda* nutrition focal persons and project staff on SBCC • Provides training on dietary diversification for DAs, SBCC, on IYCF for religious and community leaders, school nutrition for school community and school nutrition clubs • Cooking demo with provision of some cooking utensils such as cups • Uses campaigns and community events to create awareness on nutrition and related issues	• Works in AGP *woredas* (total 11 *woredas* and nutrition in 2 *woredas*) • Aims at improving the income and nutrition of the community • Focuses on livestock value chain—meat and live animal, and dairy value chains • Works on nutrition to improve the rural HHs' nutritional status • Works on middle-level value chain—exporters, wholesalers, and retailers to some extent, but nutrition interventions go down to the smallholder level • Trainings: include Artificial Insemination (AI) technicians' training, and to animal health workers • Other trainings: forage and feed preparation, live animal handling—modern methods of feeding, housing, hygiene—animal husbandry • Milking and marketing trainings, meat handling training (from abattoir to consumers—abattoir and butcher house staff) • Nutrition-awareness training on how to utilize animal products • Provides support to cooperative groups technically • Observe school "milk day" in the schools in the presence of parents, stakeholders, and community members • Milk and milk products consumption: 17% (Ethiopia), 40% (Africa), and 100% (world) • World Milk Day is celebrated on June 1 • Materials provision: "Innovative Grant" for best performing enterprises, e.g., milk tanker and transporter • Nutrition intervention started by assessment, nutrition strategy developed to address gaps in knowledge and awareness • Refresher trainings provided to HEWs who provide the training to health development army and then reaches to mothers and the community members including religious leaders • Cooking demo, nutrition campaigns focusing on 1,000 days • Overlaps with other partners in 3 *woredas*

Source: Group discussion with FTF implementing partners in Amhara and SNNP Regions.

Table 8: Types of nutrition-related training

Type of nutrition training support	Gondar University		Bahir Dar	Alage ATVET	Hawassa University		Hawassa HSC
	CMHS	CART			AC	ACE	
Pedagogic skills trainings (effective teaching, instructional materials design, etc.)	✔	✔	✔	✔	✔	✔	✔
1. Nutrition technical update trainings (MIYCN, nutrition and HIV, communicable, non-communicable, nutrition program planning, etc.)	✔	✔	✔	✔	✔	✔	✔
2. Quality improvement trainings (SBM-R[21])	✔	✔	✔	✔	✔	✔	✔
Short-term training for graduating students (nutrition forum on nutrition-sensitive agriculture)	✔	✔	✔	✔	✔	✔	✔
3. Short-term in-service trainings for instructors/managers/preceptors	✔	✔	✔	✔	✔	✔	✔
4. Experience-sharing visits	✔	✔	✗	✔	✔	✔	✗
5. Support for Team Training Program (TTP) workshops	✔						

Source: Summary of key informant interviews.

3.3 An assessment of quality and relevance of the nutrition capacity-building support

3.3.1 Pre-service education quality and relevance

i) Type of technical trainings given

The key informants at all the institutions provided the list of trainings they or their compatriots have received through the nutrition capacity building. As can be seen from Table 8, Gondar College of Medicine and Health Science (CMHS) has received all the seven types of trainings, including experience sharing. Four institutions have received six of the seven supports provided, and two received five supports each.

ii) Perception of quality and relevance

In order to assess quality and relevance, a series of questions were put to all KIs in the visited institutions. These included:

- Do you think those capacity-building trainings have improved nutrition education at your institution?
- Was the curriculum revision training useful and up to the standard?
- Do you think students' nutrition competencies have improved as a result of the nutrition capacity-building intervention? What other complementary benefits do students get from the nutrition capacity-building support?
- Is the capacity-building support adequate? What are the gaps in nutrition capacity building? What would you recommend to address the gaps?
- Have the capacity-building interventions contributed to gender equity and women empowerment? (This is presented separately in Section 3.6)

[21] Standard-based Management and Recognition training involves gap identification and action planning to fix the gaps.

a) Contribution of capacity-building interventions to improved nutrition education

Improved quality of nutrition education: The capacity-building intervention has improved the quality of nutrition education in the ENGINE project-supported institutions. Figure 6 is based on secondary data showing the quantitative improvements over time as measured by the SBM-R (defined in Section 3.1) quality standards set by the institutions themselves.

Qualitative improvements in nutrition education include use of lesson plans by instructors, use of a variety of student-centered interactive teaching-learning techniques, and use of different audiovisual aids for classroom instruction. Students are learning nutrition skills in skills laboratories and are practicing nutrition skills at health facilities during their clinical and community outreach practices. Skill learning guides and checklists are developed and used for students' skills learning and performance assessment. Modern skills assessment techniques such as direct observation with checklist and objective structured practical examinations (OSPE) are implemented and exam committees are established that are responsible for checking and approving the quality of the exam before it is administered.

Improved teaching practice of instructors: Before ENGINE's intervention, most, if not all, lecturers in the health and agricultural science colleges went into the classroom without any pedagogical skills, which means they were not able to design syllabi or prepare lesson plans, including setting SMART[22] session objectives, not to mention designing and revising the curriculum (see Save the Children ENGINE/Jhpiego, 2012c). The pedagogical skill training was therefore relevant and has improved nutrition education in all the visited academic institutions. The health institutions focused on the usefulness of skills labs, whereas the agriculture colleges talked more about nutrition-sensitive agriculture (see Box 1).

In all the institutions visited, the nutrition departments benefiting from the capacity development interventions described situations where non-nutrition departments that have not benefited from the capacity-building interventions demand similar training because the pedagogical skills are generic and can be applied in all subject matters. The former sometimes share their experience in a large gathering at the beginning of the semester but do not run proper training sessions.

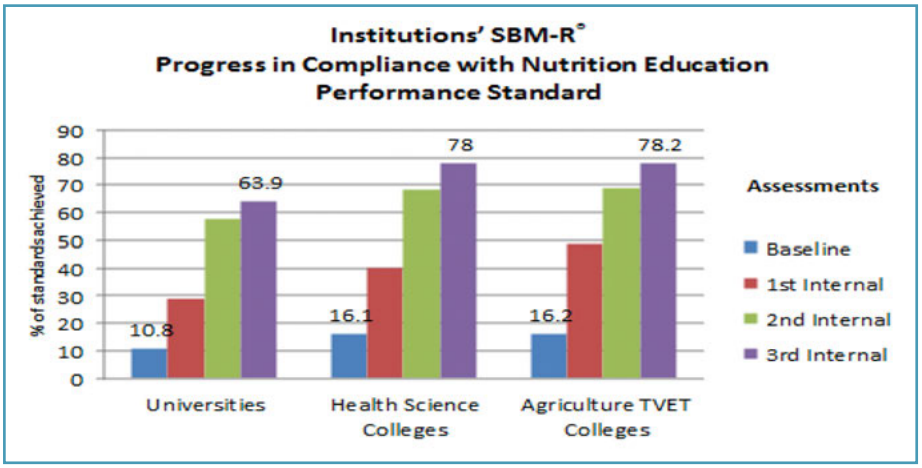

Figure 6: Quality standards as set by the institutions

Source: ENGINE pre-service assessment report.

Box 1: Selected testimonies on improvement of nutrition education

Gondar University College Medicine and Health Sciences: *The trainings have helped to make nutrition education competency based and focused on core competencies. They have improved practical teaching in skills labs as well as in practical settings.*

Gondar University (College of Agriculture and Rural Transformation): *The trainings have enhanced staff's understanding of nutrition-sensitive agriculture, motivated staff to improve classroom and practical instruction and students' assessment, minimized cheating because standard items and exam administration methods were employed, motivated staff to prepare vegetable and fruit gardens for practical teaching, and so on. The trainings also have helped to see the gaps in the agriculture curricula and integrate essential nutrition-sensitive agriculture competencies.*

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[22] Specific, measurable, attainable, relevant (results-focused), and time-bound.

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Bahir Dar Health Science College: *The trainings have helped instructors to prepare standard course syllabi and lesson/session plans. This helped them to teach the various nutrition competencies, including skill competencies such as counseling and anthropometry in a skills lab. Initially, a nutrition corner was established in the nursing/midwifery lab. It was only with the support of ENGINE that the college acquired a dedicated nutrition skills lab.*

Alage ATVET: *The trainings have enhanced staff's understanding of nutrition-sensitive agriculture. They have made the demonstration farms nutrition sensitive. The trainings helped instructors to use a variety of teaching-learning methods, like small group discussions, pictorial/video demonstrations, and so on. There is an observable difference between those staff trained and those who are not trained. The trained staff are better in delivering quality education and assess students fairly. Some pre-service activities are scaled up to other departments that are not directly benefiting from the project. The PSE activities are changing a lot of things for good. Instructors' performance evaluation is based on the ETS tools for effective teaching. Alage has continued to take the lead in curriculum revision and is currently hosting a review workshop in the college in collaboration with Agarfa, Gewane, and Wukro Agriculture TVETs.*

(Source: Interview notes)

b) Usefulness of the training on curriculum revision

Improved health and agricultural sciences curricula: The training on curriculum revision has helped instructors to revise the curriculum and make it competency based, which is presently a requirement from the Ministry of Education. The curriculum and course outline development processes were lacking professional counseling and review according to the nutrition training needs assessment report (Wolde-Gebriel and Belete, 2009). At Gondar University CMHS, the process started with providing training for faculty and definition of nutrition core competencies for various cadres, followed by competency gap analysis and integrating the essential but missing competencies into the curriculum without major changes to it using the "add on" approach of curriculum revision. The revised courses were later endorsed during the national harmonization workshop.

The College of Agriculture and Rural Transformation at Gondar University has also followed a similar approach in revising its curricula. The nutrition-sensitive agricultural competencies were integrated into selected courses in the curriculum. A college lecturer stated:

> *"The curriculum revision exercise helped to review and standardize not only those related to nutrition but also other courses in the curriculum."*

However, the academic institutions consider the add-on approach not as an end but as a transitional step towards a fully-fledged nutrition course. For example, at Bahir Dar Health Science College, the nutrition contents that were relevant but missing from the nurses' and midwives' courses were integrated using an "add on" approach of content integration. However, the dean of the college added:

> *"It would have been better if nutrition is offered as a stand-alone course, rather than contents distributed here and there across many courses."*

Similarly, the Agriculture Colleges called for incorporating nutrition as a course in the agriculture curriculum. According to the staff at Alage ATVET,

> *"All DAs need training in nutrition the same way they learn about extension, communication, and gender." See Example 4.*

Example 4: "Add-on" vs. "stand-alone" nutrition course

A total of 109 courses of health and agriculture disciplines were reviewed and revised for nutrition content using the "add on" approach. In response to requests for stand-alone courses, two stand-alone nutrition courses were also integrated into the agriculture TVETs' curricula. This was endorsed by the Ministry of Agriculture for implementation in all 25 agricultural TVET colleges in the country. Alage ATVET took the initiative in approaching the TVET program office in the MoANR and, in collaboration with ENGINE, organized a consultative workshop where consensus was reached on the need to integrate nutrition-sensitive agriculture competencies in the ATVET curricula. Accordingly, two nutrition syllabi were drafted, each with different nutrition-sensitive agricultural competencies that are integrated at Level I and III of the curriculum. It was initially difficult to get a timely response from the concerned offices of the Ministry but with close follow-up and the commitment of ENGINE and the institutions, the two courses were integrated in the mid-level agriculture training curricula.

The regional health science colleges are similarly looking for a stand-alone nutrition course for mid-level nursing and midwifery students. The previous nursing and midwifery curriculum had a nutrition course with 32 contact hours (2 credit hours), but it was omitted from the curriculum in the last national revision of TVET health sciences curricula. The agriculture colleges at the universities also call for the same to integrate a separate nutrition course into their curriculum once the core competencies are identified for the specific agriculture cadre. See Example 5.

Example 5: Policy impact

Recently, after a thorough discussion with the Federal Ministry of Education and reaching consensus on issues regarding integration of nutrition in the agriculture curriculum, the state minister issued a letter to all universities in the country with agriculture colleges. The letter instructed them to mainstream essential nutrition-sensitive agricultural competencies into the undergraduate agriculture curricula. The letter explicitly indicates that the colleges need to incorporate essential nutrition content into the existing curricula of plant and horticultural sciences, animal sciences, agricultural economics and extension/rural development sciences, post-harvest management sciences, and other agriculture disciplines. The letter also reminds the colleges to propose a sound modality for future curriculum review to effectively incorporate the nutrition competencies and create a nutrition-sensitive agriculture pre-service curriculum (Letter reviewed and summarized by the team).

c) Improvement in students' nutrition competencies as a result of the nutrition capacity-building interventions

In all but one institution visited, the capacity-building interventions have improved students' nutrition competence.[23] The exception is Gondar University College of Agriculture and Rural Transformation, which is relatively new. As a result, the key informant commented:

> *"It is too early to talk about students' competency in nutrition at this stage, but definitely students are developing the nutrition-sensitive competencies."*

In other colleges, the nutrition capacity-building interventions are more mature (e.g., Gondar CMHS, Bahir Dar HSC). Students are more involved in nutrition practices during their practical attachment and community field practices. They are carrying out anthropometric measurements and counseling better than they were before. Students' confidence has improved over time in their ability to provide nutrition services at any health facility or community.

A recently conducted nutrition competencies assessment for graduating health and agriculture science students in selected institutions has indicated that the mean scores for nutrition knowledge and skill competencies of graduating health science students were 64.2% and 46.7% respectively. There was no statistically significant difference in the overall competencies of the two cadres, except midwives were better in counseling mothers on optimal breastfeeding. A similar assessment for graduating plant and animal science students also revealed 44.2% and 69.9% mean scores for knowledge and skill competencies respectively. An assessment of agriculture students who have demonstrated skills competency against a criterion-referenced pass score (based on experts' judgment) revealed that more than 93% of them proved to be competent in nutrition skills competencies (Save the Children ENGINE, 2015:1).

Alage ATVET conducted an agriculture students' nutrition competence assessment in collaboration with other sister TVET colleges[24] (not benefiting from the capacity building) and found that the nutrition competency of Alage students was far better than that of the other colleges. The College Dean stated that all students passed the knowledge and skills competency assessment. The national COC (Certificate of Competence) exam pass rate is improving from year to year, with the current year's pass rate reaching 96%, which is the best in the country (see Box 1 for more information on Alage).

In Section 3.2.1 (ii) it was reported that research is one of the areas of capacity-building investment that is proving useful and relevant. This was confirmed during visits to the institutions. Master's students have received financial support for their thesis work. Students have learned more about nutrition during their field practice, and they were assessed for nutrition competency (Gondar CMHS). More importantly, nutrition is incorporated as one of the research thematic areas. Students have already begun selecting nutrition topics for their research (Gondar CART). One of the published comments on students' research output states:

> *The first group of student awardees and a number from the second group successfully defended their theses with great academic competence. … Most of the data generated by students is publishable, and students were encouraged to publish their articles in journals as one means of disseminating research findings. Some students' research has already been published, while others are preparing their manuscripts for publication.* (Save the Children ENGINE, 2014:1)

[23] Respondents indicated that this would have been better answered by students. The timing of the team visit did not allow for that to take place.

[24] Alage ATVET is part of a peer review mechanism with Shire and Wolaita ATVETs where students are randomly selected and tested for basic competencies. This is in addition to the national COC.

d) Improvements in nutrition learning facilities such as nutrition skills lab and nutrition-sensitive demonstration plots

New nutrition skills labs were established in the project universities and health science colleges. The skills labs were equipped with the necessary materials and tools to teach nutrition skills according to standard operating procedures. In addition, different nutrition reference books, guidelines, manuals, posters, and other learning materials were distributed to all beneficiary institutions. A Nutrition Academic Center of Excellence was established in the College of Agriculture of Hawassa University and inaugurated in April 2015 as recommended in the nutrition training needs assessment:

> *Select/identify universities and provide them with the required support to serve as centers of excellence in nutrition and nutrition-related trainings.* (Wolde-Gebriel and Belete, 2009:12)

The Center is intended to fully integrate nutrition education/training, research, and community services. The Center is aiming at launching two post-graduate programs, a master's program in Dietetics and a PhD program in Human Nutrition.

It is the team's observation that the establishment of the Center within the Agriculture College is more significant than if it were established in Health Colleges. It will contribute to the recent efforts made to integrate nutrition into agriculture across the board (nutrition-sensitive agriculture).

e) Adequacy of the nutrition capacity-building interventions

Getting a sense of the adequacy of the capacity-building support is important in order to determine if the institutions are able to sustain the work without further support. When asked, "Do you think those trainings were adequate for your staff," all KIs in the seven institutions responded, "No." This was not surprising as there is always the need for more training support. Some of the reasons given are listed below.

- Not all staff are trained on effective teaching skills and nutrition-sensitive agriculture (Gondar University CART).
- There is high staff turnover, and newly hired staff members require similar training (Gondar University CMHS; Bahir Dar HSC).
- Plant and animal science staff are trained, but many of the natural resource and animal health science faculty are not yet trained. These trainings are so important to bring every staff member on board in the quality improvement process (Alage ATVET).
- New staff members are joining the college all the time, and such trainings are necessary for the new and junior staff members (Hawassa University, Agriculture).
- The trainings play a vital role in updating staff members with new science and developments in nutrition. Besides, the trainings are important to meet the needs of new staff members who have not gotten any training on pedagogic skills and basic nutrition updates (HU, NCE).

The institutions expressed the need for more nutrition capacity-building support, both in the short term and long term. There is strong belief that in the long term, PhD and post-doctoral programs will strengthen teaching capacity and increase confidence for opening new programs on nutrition, thereby contribute to sustainability. The suggested responses are summarized in Table 9.

Table 9: Short- and long-term responses to nutrition capacity gaps

Short-term responses	• Short-term trainings in the areas of food science: micronutrient analysis, nutritional analysis software • Strengthen nutrition skills labs (materials, tools for nutrition field practice) and continue staff capacity-building trainings • Training on skills lab management for the lab assistant • Pre-placement gap-filling training for MSc students in some nutrition areas • Establish regular nutrition forums • Establish a nutrition counseling center in the hospital • Staff research in nutrition and related areas
Long-term responses	PhD programs to help open BSc programs in nutrition

In summary, the nutrition capacity-building interventions are relevant to the needs of the target institutions, and the quality of the interventions as measured by improvements in teaching and student competence is satisfactory. However, the interventions so far are not adequate given the need. There is high staff turnover, leaving gaps in the system. New recruits come with little or no awareness about nutrition, much less about how to teach it. Therefore, there is a need for continued nutrition capacity building, both in the short term and in the long term. Long-term support such as high-level training (e.g., PhD in nutrition) would allow the institutions to create a system of nutrition training and development. The short-term training should also focus on system building by, for example, providing strong training of trainers (ToT), which would enable trained staff to pass on their skills to newcomers in a systematic way.

3.3.2 In-service nutrition capacity-building quality and relevance

An assessment of the quality and relevance of in-service nutrition capacity building was made using a series of questions put to local-level KIs and FGDs. These included but were not limited to:

- Has the in-service nutrition capacity building contributed to dietary diversity?
- Has the in-service nutrition capacity building promoted agriculture-nutrition linkage? (Has agriculture become more nutrition sensitive at a local level?)
- Has the in-service nutrition capacity building improved service delivery at facility level?
- Have the capacity-building interventions contributed to gender equity and women empowerment? (This is presented separately in Section 3.6)

a) Contribution to dietary diversity

Dietary diversity is a standard measure of the types of food groups that an individual or a household consumes over a period of time, usually 24 hours. Researchers often use a simple recall method to measure dietary diversity, which takes no more than 10 minutes per individual/household (Swindale and Bilinsky, 2006). Dietary diversity is an important indicator for the following reasons:

- It is an important outcome in and of itself.
- It is associated with a number of improved outcomes in areas such as birth weight, child anthropometric status, and improved hemoglobin concentrations.
- It is highly correlated with such factors as caloric and protein adequacy, percentage of protein from animal sources (high-quality protein), and household income. Even in very poor households, increased food expenditure resulting from additional income is associated with increased quantity and quality of the diet.
- Questions on dietary diversity can be asked at the household or individual level, making it possible to examine food security at the household and intra-household levels.
- Obtaining these data is relatively straightforward.[25]

Different researchers use different numbers of food groups ranging from 7 to 16.[26] Knowing that households consume, for example, an average of four different food groups implies that their diets offer some diversity in both macro- and micronutrients.[27] This is a more meaningful indicator than knowing that households consume four different foods, which might all be cereals.

Therefore, during the FGDs the team made a quick (on-the-spot) assessment of dietary diversity for selected FGD participants. Example 6 and 7 below give dietary diversity for two locations visited. The highlighted foods belong to one of the recommended food groups. Accordingly, this rapid assessment of dietary diversity indicates that the respondents on average consumed 4–5 food groups.[28]

[25] According to Swindale and Bilinsky (2006) training field staff to obtain information on dietary diversity is not complicated, and respondents find such questions relatively straightforward to answer, neither intrusive nor burdensome. Asking these questions typically takes less than 10 minutes per respondent.

[26] The FAO Guide (2011) uses 16 food groups: four are related to tubers and vegetables; two to fruits; and two to meats. The complete list is: (i) cereals; (ii) white roots and tubers; (iii) Vitamin A-rich vegetables and tubers; (iv) dark-green leafy vegetables; (v) other vegetables; (vi) Vitamin A-rich fruits; (vii) other fruits; (viii) organ meat; (ix) flesh meats; (x) eggs; (xi) fish and seafood; (xii) legumes, nuts, and seeds; (xiii) milk and milk products; (xiv) oils and fats; (xv) sweets; and (xvi) spices, condiments, beverages. It also asks an additional question, "Did you or anyone in your household eat anything (meal or snack) OUTSIDE the home yesterday?"

[27] The IFPRI baseline indicated that households, particularly women, in the FTF Zone of Influence consume 1.5 food groups.

[28] A dietary diversity measured on a representative sample in Melga *woreda*, Kocho *kebele*, (Meseret Gebru, 2015) gave a diversity of 3.2.

Photo by ENGINE PSE Team

Nutrition Forum and Food exhibition at target academic institution

However, it should be noted that the data in Dera *woreda* were collected on the last day of the fasting period, which is the reason for animal-source foods featuring in the diet. This indicates that when measuring dietary diversity a number of factors should be considered, including seasonality. A proper and scientific assessment should be carried out on a good representative sample across various seasons (lean season, surplus season, fasting and non-fasting seasons). Furthermore, training Health Extension Workers and Development Agents is only one contributor to dietary diversity.

Example 6: 24-hour dietary diversity recall—Dera woreda Wonchet* kebele *(South Gondar Zone)

There were 18 FGD participants (15 female and 3 male). Seven members have children under two. Thirteen have attended a cooking demonstration in the last six months, most likely at a health facility. Five visited the vegetable garden at the FTC.

	Breakfast	Lunch	Dinner	Total food groups consumed by the household
1	Tea, bread, ***egg***	***Cabbage, injera*** with ***kik*** stew	Potato stew with ***injera***	4
2	***Injera*** with ***shiro***, ***egg***, and ***milk***	*Kik* and ***cabbage*** stew with *injera*	Boiled potato	5
3	***Injera*** with ***cabbage*** and ***shiro*** stew	*Injera* with *shiro*	*Injera* with *kik* stew ***meat*** and ***yogurt***	5
4	Bread, tea, ***egg***, and ***meat***	***Injera*** with ***shiro***	Bread	4
Average				4.5

Notes: The italics and bold refer to food types used to measure dietary diversity (e.g., *injera* is a cereal, *kik* is a pulse). A given food type is counted only once in the 24 hours. *Injera* is a pancake-type bread made of *teff* (*Eragrostis tef*). *Shiro* is bean flour used to make sauce that often accompanies *injera*. *Kik* is split pea used to make sauce that often accompanies *injera*.

Example 7: 24-hour dietary diversity recall—Melga woreda, Kocho kebele (Sidama Zone)

There were 13 FGD participants, all female. Seven members have children under two. Nine have attended a cooking demonstration in the recent past (about six months), most likely at a health facility. Eight have attended general nutrition-awareness sessions, and the same number visited the vegetable garden at the FTC.

	Breakfast	Lunch	Dinner	Total food groups consumed
1	***Kita***, coffee	***Kocho***, ***cabbage*** stew with onion, ***oil***, and broad ***beans***	*Kocho*, cabbage, onion, oil, and broad beans	4
2	***Chickpea*** *kolo,* coffee (for adults); bread (for the child)	Potato, ***cabbage*** stew with ***oil*** and onions Potato and macaroni	***Kocho*** with cabbage and potato stew with oil and onion (for adults); potato and macaroni (for children)	4
3	***Cabbage***, ***kocho***	***Maize*** *kita* and cabbage	*Kocho*, cabbage	3
4	***Chickpea*** *kolo* and bread	***Kocho*** and ***cabbage***	***Kita*** cabbage	3
Average				3.5

Notes: The italics and bold refer to food types used to measure dietary diversity. *Kita* is a thin bread (dry) made of various cereals (maize, *teff*, sorghum). *Kocho* is a bread made of false banana (locally known as *inset*). *Kolo* is roasted barley, chickpeas, and other pulses.

The testimonies are also in line with the 24-hour recall. For example, a female-headed household FGD member supported through the ENGINE-project said:

> *"The cooking demonstration has brought changes in feeding practices. The material support (vegetable seeds, sheep, and farm tools) has changed my life. Female-headed households are benefiting from this training. I have a change in my feeding practice. I am implementing what I was told or learned without male interference, and there is a big change. I am the one to make fast decisions. In the male-headed HH as he is the one who is making decisions, if he doesn't want he can reject it. There is a misunderstanding between man and woman. The man is taking this training as if it is not good for women to be part of these activities."* (Female-headed household, Dera *woreda*, Wonchit *kebele* FGD)

When asked what the challenges are to fully implement the recommendations of the cooking demonstration, FGD members, particularly in Melga (SNNPR), stated that it is difficult to get the ingredients used during demonstrations. They don't produce them or they can't afford to buy them in the market. The cooking demonstration does not consider locally available foods and locally consumed foods. However, most of the ingredients used during the cooking demonstrations can be replaced with local materials. For example, if oil is an ingredient used during the demonstration that the community cannot afford to buy, households can use oil crops such as sunflower or lean seeds. This shows that focus is not given to locally available foods or to using region-specific recipes at the cooking demonstrations.

b) Promoting agriculture-nutrition linkage (nutrition-sensitive agriculture)

Until very recently, the agriculture sector did not consider nutrition as its key function. An acknowledgement of this function is still going very slowly, with the assigning of focal persons at federal, regional, and *woreda* agriculture offices. Given its national importance, the extent to which agriculture has become (or is becoming) nutrition sensitive is an important area of observation.

There are a number of indications that the nutrition capacity-building support (training and materials) has contributed to the process of nutrition-agriculture linkage. The mapping has provided evidence that agriculture experts have received as much nutrition-related capacity building (training and materials) as their counterparts in health have. Agriculture key informants at regional, *woreda*, and *kebele* levels also testified that their institutions and staff have received similar capacity-building support to what their health counterparts have received (see Table 10). A DA in Melga *woreda*, Kocho *kebele* said that before the training he was focusing on production for the market to generate income. Now he is encouraging households and the community to eat diversified food:

> *"Three years back before ENGINE interventions no one was eating spinach. But now people are growing and eating spinach. The beneficiaries have backyard gardens.*

Non-beneficiaries are also growing vegetables by seeing their [beneficiary] neighbors."[29]

Similarly, an Agriculture Officer in Dera *woreda* stated that after the training on agronomic practices at the FTCs, the farmers started to grow and consume vegetables. How to prepare the food was demonstrated at the FTC through cooking demonstrations:

"It is a good start to integrate nutrition into the agriculture sector. The training has to continue."

The Dera *woreda* AGP Coordinator also shared his personal experience of the benefits of the Program managers' and NSA training. It has increased his knowledge of nutrition. Before the training his focus was on production:

"Nutrition is about yourself, about how you have grown and how you are growing your children. It is just after this training I started thinking not only production but also consumption of nutrient-dense food."

Finally, *woreda*- and regional-level discussions have indicated that the establishment and functioning of nutrition multi-sector collaboration that includes the agriculture sector is a good indication of the agriculture sector beginning to accept its nutrition responsibilities. They have also confirmed that the implementing of the NNP through this multi-sectoral collaboration is better where the capacity-building support is provided than where it is not.

Table 10: Woreda- and kebele-level nutrition capacity-building interventions

	Dera *woreda*	Melga *woreda*[30]
Agriculture office	• Trainings for program managers • Nutrition-sensitive agriculture for DAs • Agronomic practices (poultry, perm. garden, goat, and sheep) • Various manuals, farm tools • Various seeds, cooking demonstrations at FTC • Establishing *woreda* coordination body	• Trainings—cooking demo, vegetable gardening • Provision of seeds, seedlings, sheep, and cows • Nutrition-sensitive agriculture training—training participants include *woreda* admin. staff, agriculture staff, DAs, women's development army • Agriculture and health joint team oversees activities at *kebele* level (supervise DAs and HEWs) • Since ENGINE works in 4 out of 23 *kebeles*, nutrition and related services are better in the 4 *kebeles* than the others
Health office/health facilities	• Cooking demonstration at *kebele* and HP level (the HEWs trained the HDAs in cooking; the HDAs are disseminating the cooking demo to the 1-to-5 structures) • Counseling tools • Manuals for the DA • Training on nutrition-sensitive agriculture • Seeds for FTC; sheep husbandry; farming tools for the target beneficiaries • Follow up at HH level to see what the mothers are doing with the sheep and how they are cooking for the children • Training on sheep and goat rearing and milk preservation • MIYCN training for HWs and support IRT for HEWs • Iodine salt sensitization workshop for officials • Support the launch of NNP • Dissemination of NNP up to *kebele* level • Distributed SBCC tools to health facilities • Mentoring and coaching and support to review meetings	• Training on MIYCN and cooking demo (to all HEWs and 2 ENGINE focal persons) • Program managers training, QI training, and review meeting • Experience sharing (not yet conducted) • Follow-up and supervision of health development army and HEWs on cooking demo; visited health centers and health posts • HEW follow-up and support community members trained on cooking demo • Materials provided includes SBCC materials—counseling cards, quick references, and posters

Source: Summarized from interview notes.

[29] For a comparison of households with and without vegetable gardens, see Meseret Gebru (2015). The researcher compared dietary diversity, Vitamin A intake, and overall nutritional status of households with and without vegetable gardens.

[30] ENGINE currently works in 4 *kebeles* out of the 23 in the *woreda*; 35 households are benefiting in 1 *kebele*.

In summary, the capacity-building support has resulted in increased agriculture-nutrition linkage and paved the way for the design of nutrition-sensitive agriculture projects and programs in the visited areas.

c) Contribution to improved service delivery

Nutrition is one of the 16 packages that the health extension worker has to deliver to the community focusing on the preventative parts such as counseling and nutritional screening. The key informant from the health center and health post, the FGD participants, and the *woreda* health office confirmed the usefulness of the capacity-building support (trainings and materials) at all levels to provide better service. In the FGD one of the respondents described the benefit of capacity building in this way:

> *"During pregnancy we were not eating food in fear of having a big baby, which makes the delivery difficult. These days we are planting vegetables and consuming it. No fear of having big baby. If there is any problem we will go to the health facility. The cooking demonstration helped us to learn how to feed our babies. We learned not only feeding but also about hygiene and sanitation."* (Dera *woreda*, Wonchit *kebele* FGD)

The Health Office Head of Melga *woreda* also confirmed that the training helped to provide better nutrition service. Staff members have better skills because of the practical sessions. The review meetings supported as part of the nutrition capacity building are ensuring that nutrition is always one of the agenda items of the meeting. The following are further testimonies of improved nutrition service delivery:

> *"I was not aware of nutrition before the training. After the training I started to provide nutrition counseling for pregnant women in ANC and during delivery. I am counseling on EBF and giving colostrums at the delivery room. Now I am providing better service. I have changed the way I am giving the counseling sessions. Cooking demonstration training is also helpful. We are showing mothers how to prepare complementary food."* (Melga *woreda* Wujigra HC head)

Similar improvements in service delivery were reported by the Agriculture Office in Melga. After the training, they have started advising the community to prepare nutritious foods by growing diversified crops. At the community level, DAs and HEWs are working together on nutrition. The DA demonstrates agronomic practices on vegetable growth, and the HEW shows how to cook the vegetables.

As part of improving service delivery, the key informant from the nutrition case team recommended the separation of nutrition supply from other supply management. Although it is not the main line of inquiry, the team recognizes the significance of this recommendation and further suggested improvements in nutrition data quality as an instrument of improved service delivery.

In summary, the in-service capacity-building support has brought improvement in nutrition service delivery at facility level and is integrating nutrition into the plan of different sectors. There is a change at HH level towards diversifying household diet. The nutrition-agriculture linkage is also improving as a result of the various capacity-building interventions as demonstrated by health and agriculture offices working closely on nutrition issues.

3.4 Assess the labor market for nutrition

As presented in Section 3.2, the mapping and secondary data have generated the number of nutrition graduates from the USAID-supported higher learning institutions. This is by no means representative of graduates from other public and private higher learning institutions. There are also indications from limited key informant interviews that the supply side is satisfactory. However, according to a report from a USAID mission visit to Hawassa University Nutrition Center of Excellence,[31] employment placement is a major problem:

> *"There are roughly 120 students in the basic (bachelor's) degree every year. There are about 20 in the master's program. Placement is only about 10–20% for the bachelor's every year."*

The mission also found that the market is dominated by Government, NGOs, and international donors.

There are limited nutrition placements in hospitals. Nutrition-related work is done by doctors and other health professionals along with other tasks. This marks nutrition as a secondary and less valuable career path. Those who get employed typically work in *kebeles*. Master's students with experience have a better chance of working with the NGOs and donors. Skills in laboratory analysis, chemistry, medicine, and project management can help even if the job is not exactly what they trained for—nutrition, although the market (demand side) is very limited.

On the other hand, a high-level Ethiopian delegation to Brazil that visited the WFP Centre of Excellence against Hunger[32] argued for increased number of nutritionists based on lessons drawn from the exposure visit. To this

[31] Date of visit/interview: February 5, 2016.

[32] Date of visit; July 20–28, 2015.

end, the delegates advised universities and institutes in Ethiopia to:

- Serve as a knowledge tower for nutrition and food security and work closely with sectors and regulatory bodies
- Scale up the training of nutritionists
- Clearly define the responsibility and carrier structure for nutritionists at national, regional, and *woreda* levels
- Build the capacity of the existing decentralized structure of NNS implementing sectors and civil societies.

3.5 Assess the institutional/governance framework

The nutrition governance framework within which all partners, including USAID, work is laid down in the National Nutrition Program (see FDRE, 2013:35–38). There are two principal governing bodies at national level: (i) the National Nutrition Coordination Body; and (ii) the National Nutrition Technical Committee. The former provides the leadership, policy decisions, and coordination for the NNP. Members are government sectors, donors, partners, civil society organizations, academia, and the private sector. The latter by definition is responsible for deliberating on technical issues and referring to the coordination body for endorsement. The NNP states that similar coordination organs are put in place at regional, *woreda*, and *kebele* levels.

The findings of this assessment are presented under multi-sectoral approach to nutrition (see 3.2.1 and 3.2.2). It was found that:

- The National Nutrition Program (NNP) is the framework for all nutrition interventions, including capacity building. The Program was under review at the time of the assessment, and it is found that USAID capacity-building support has contributed to the revision process.[33]
- USAID capacity-building support has facilitated the dissemination of the NNP at all levels, which is valued by regional- and *woreda*-level administrations.
- The National and Regional Nutrition Coordination Bodies have been established at regional and *woreda* levels as stipulated in the NNP. The regional coordination body is chaired by the Regional President, which an appropriate level for a multi-sectoral issue such as nutrition.
- The *woreda* coordination body is led by the health office. There are calls by various key informants for this to be moved to the *woreda* administrator for better coordination.

3.6 Gender sensitivity of nutrition capacity-building investment

3.6.1 Pre-service education

In the academic institutions (universities, colleges, and TVETs) that were visited, the education policy supports affirmative action for female students. For example, in terms of female students' allocation: (i) there is a difference in grade requirements between male and female students in favor of the latter (in recognition of the hardship that female students face at home and society); and (ii) once they enter higher education, there are special tutorial classes for female students to help them do as well as or better than male students. These measures are almost the norm in all higher learning institutions.[34] In terms of staff recruitment, there were also examples of affirmative action for female candidates. Female candidates were given additional points when the two candidates scored the same on other criteria.

It is also well known that traditionally some health-related activities (e.g., midwifery, nursing) have been considered "women's work." Education and training reinforced that perception, which was particularly true in Hawassa Health Science College and found to be discriminatory to men. On the other hand, other areas of health work (e.g., reproductive health) have been good examples of gender sensitivity through addressing the needs of both sexes.

The discussions with the respondents from the visited institutions revealed that the nutrition capacity-building support has strengthened the already existing good practices and helped reverse some of the (negative) perceptions. It has enabled both male and female students to participate and qualify as nutritionists. All key informants stated that gender is well addressed in the nutrition trainings as well as in the pre-service nutrition courses. Key informants from Bahir Dar Health Science College reinforced this commitment to gender equality in nutrition as follows:

> *"It [gender] is also given adequate attention in many of the trainings provided to instructors and the college management bodies. Gender has been a theme in one of the nutrition forums held in the college."*

[33] Both ENGINE and AKLDP are members of the revision taskforce.

[34] Of course there are a number of gender dimensions in which higher learning institutions have a long way to go, such as gender violence and discrimination. But these are not the subject of this assessment.

The figures collated from the mapping also supported this assertion. The number of female and male participants in both "formal" and "informal" nutrition capacity-building interventions was comparable. This is an indication that men are also involved in interventions such as cooking demonstration (see Tables 5 and 6 above).

Tutorial classes for female students, nutrition club establishment, affirmative actions (e.g., additional points over and above the norm, incentives, prizes), counseling services for female students by the female staff members, inclusion of gender in the capacity-building trainings, and organizing gender and nutrition forums were mentioned by all institutions as some of the gender-sensitivity indications. Some of the institutions further mentioned that they have a gender officer/focal person (Gondar University and Alage ATVET) and a separate library for female students (Alage ATVET) as measures being taken and strengthened to enhance gender sensitivity in the institutions.

3.6.2 In-service training

Following a similar process as the pre-service education, the team elicited opinions from *woreda* agriculture and health offices, DAs, HEWs, and community FGD participants to compile data on gender sensitivity of the nutrition capacity-building effort in the in-service trainings.

The information gathered from *woreda* agriculture offices (both Dera and Malga) brought up measures such as: the participation of men and women in nutrition-sensitive agriculture; incorporating gender in the trainings of farmers; and promotion of women's control of household income decisions (e.g., income from the sale of vegetables) as the indicators of gender-sensitivity efforts being carried out in the sector.

On the other hand, in the *woreda* health offices of the two visited *woredas*, some measures and trends were mentioned as indicators to show how gender-equality considerations were taken into their activities. Some of these measures include, but were not limited to: nutrition counseling for men and women; grandparents, fathers, and women included in nutrition discussions; gender being the major agenda in the health development army mobilization; promotion of male involvement in practical demonstration sessions; sex disaggregated reporting, etc.

At community level, the participants from the two FGDs conducted in the *woredas* raised the point that the capacity-building investments have contributed to gender sensitivity. For example, female-headed households implement nutrition training/advice better than women in male-headed households, and there is participation by both men and women in community meetings.

In addition to the above areas, the capacity-building investments contribute to gender sensitivity at community level in the following areas: (i) it has contributed to institutionalizing the 1,000 days; and (ii) it has promoted the notion that nutrition of the child is a joint effort between mother and father or husband and wife or more generally male and female. In the operational areas, husbands or males are involved in supporting the nutrition of mothers and children.

At the system level, the team finds that: (i) the nutrition data collected are disaggregated by male and female; and (ii) the MoH has incorporated gender mainstreaming in the NNP revision, which also emphasizes adolescent nutrition.

4 CONCLUSIONS AND RECOMMENDATIONS

4.1 Conclusions

The Feed the Future Initiative has two broad objectives in Ethiopia—contribute to government efforts to reduce poverty and stunting. It is based on the premise that there are a number of positive developments in Ethiopia that provide USG agencies with a unique and promising opportunity to implement a transformative food security strategy. These include the Government of Ethiopia's (GoE) commitment to country-led development programs and plans such the Agricultural Growth Program I and II (AGP I and II), the Growth and Transformation Plan I and II, and new institutional arrangements such as the Agriculture Transformation Agency (ATA) to address key sector bottlenecks.

The FTF Initiative also shifted the USG development efforts towards the high rainfall, high agricultural potential areas, which hitherto did not receive adequate attention. Ironically, it is these high-potential areas that suffer from high malnutrition rates. It is therefore logical that the nutrition capacity-building efforts have concentrated in these areas.

Within the FTF initiative, the USG has developed a Multi-sectoral Nutrition Strategy (2014–2025). **Intermediate Result 2** of the strategy focuses on increasing country capacity and commitment to nutrition through capable human resources, effective institutions, and functional systems to plan, manage, and evaluate programs.

The nutrition capacity assessment is limited to the provisions under sub-intermediate result, which aims to increase the number and quality of nutrition professionals across all sectors. The mapping has indicated that the various FTF projects (mainly ENGINE) have provided training on nutrition across the board (from higher education institutions to *woreda* and community levels) and as a result increased human capacity in nutrition.

Capacity building is not just about training. Institutions are equipped with fully fledged skills labs to enable future HEWs to monitor malnutrition. Community-level facilities such as FTCs, HCs, and HPs are also equipped with appropriate nutrition materials such as nutrition-sensitive demonstration plots, counseling tools, posters, and weighing scales (in some cases modified to fit the local situation). This has improved the overall quality of dissemination of nutrition information.

The cooking demonstrations and vegetable gardens are also contributing to increased nutrition awareness. Households are doing their level best to emulate what they have seen at these informal teaching sessions.

USAID nutrition capacity-building support has contributed to nutrition-agriculture linkage by deliberately targeting agriculture professionals in academic settings as well as in sector bureaus and offices. The key instrument for promoting nutrition-sensitive agriculture is to build a critical mass of agriculture professionals (across the board) who are well trained in nutrition. The various interventions have contributed to this process.

The majority of institutions credited FTF implementing partners, ENGINE/Jhpiego in particular, for the capacity-building support. There other also other actors, including Government, IFHP, World Vision, UNICEF, WFP, and GOAL. They provide in-service training in various health and nutrition related topics at facility and community levels.

An assessment of the quality and relevance of the capacity-building support indicates that the pedagogical skills training has played a paramount role in improving not only nutrition education but also the teaching and learning process as a whole. The nutrition sections, departments, and schools are regarded by others as privileged to have received such capacity-building support.

Improvements in student nutrition competence requires direct discussion with and observation of students' work, which was not possible at the time of the assessment (July–August), but lecturers and college deans spoke highly of the student nutrition research outputs. A self-initiated peer review mechanism among ATVETs also pointed to the fact that the competence of nutrition students is more than satisfactory. These achievements are largely, if not entirely, attributed to the nutrition capacity-building support provided by ENGINE. With respect to gender, institutions are making credible efforts to allow both male and female students and staff to benefit from nutrition capacity-building interventions unless they are structurally constrained (e.g., there are not enough female students/staff).

4.2 Recommendations

Map Feed the Future investment in nutrition-related capacity building:

- Feed the Future implementing partners should continue to train frontline health and agriculture workers to deliver nutrition-specific and -sensitive services until the MoH and MoANR have adequate

trained staff and capacity to continue to provide these services, at which time Feed the Future can withdraw from this role.

- Mainstream nutrition-sensitive demonstration farms in all agriculture TVET colleges

- Lobby the Ministry of Health for improved collaboration between the full range of health and nutrition service providers in order that Feed the Future implementing partners can provide nutrition training up to the grassroots level including the Health Development Army (HDA), which allows scale-up of nutrition messaging[35]

- Therefore, it is further recommended that USAID advocate with the FMoH for permission for partners to provide capacity building directly to HDAs and HEWs in line with their scopes of work as given by the MoH.

Assess the quality, appropriateness, and sustainability of the Feed the Future investment in nutrition capacity building:

- Feed the Future partners continue to train frontline health and agriculture workers to deliver nutrition-specific and -sensitive services until (i) the MoH and MoANR can meet the nutrition education needs of incoming staff or (ii) the pre-service institutions can deliver quality and relevant nutrition education.

- Even when the pre-service education institutions are well equipped to deliver quality and relevant nutrition education, there will be a need for in-service and continuous update of staff.

- Feed the Future implementing partners continue to assist the MoH and MoANR in developing a larger pool of nutrition education master trainers and ensure master trainers continue to provide an agreed minimum level of training courses for a period of three years, even if they are transferred/promoted to another position.

- Feed the Future implementing partners continue to provide technical assistance to Heath Extension Workers (HEWs) to carry out standardized high-quality cooking demonstrations that are informed by region- and season-specific recipes

- Strengthen and institutionalize nutrition-sensitive demonstration farms in agriculture TVET colleges

- The ENGINE pre-service capacity building has successfully integrated nutrition competencies into more than 60 course curricula for 12 universities, regional health science colleges, and ATVETs. It is recommended that USAID support the MoH, MoANR, and MoE to develop and institutionalize these courses.

- HEWs conduct cooking demonstrations for pregnant and lactating mothers as a part of the routine health extension program. It is recommended that FTF partners continue to provide technical assistance to HEWs to carry out quality cooking demonstrations in all areas, utilizing standard operating procedures and region-specific recipes.

- Institutions are making credible efforts to provide nutrition education in a gender-sensitive manner, allowing both male and female students and staff to benefit from nutrition capacity-building interventions. FTF partners should continue to support institutions to implement these gender-sensitive initiatives, which may include gender orientation or training for government staff to effectively address gender issues.

- The participation of males in nutrition-related activities such as cooking demonstrations is found to be beneficial and needs to be strengthened.

- As part of improving service delivery, it is recommended that support be given to improving data entry and reporting at the health facility level as it was observed that recording of nutrition counseling and services is not universally done.

Analyze the labor market:

- Support a national tracking system for nutrition graduates. This may start as a pilot program with the higher learning institutions currently supported by Save the Children ENGINE/Jhpiego.

- The assessment team also seconds the recommendation of the high-level delegation to Brazil that highlighted the need for increased supply of nutritionists. More specifically, the delegation recommended:

- Universities/experts and institutes in Ethiopia should serve as a knowledge tower for nutrition and food security and working closely with sectors and regulatory bodies.

[35] The team acknowledges that this recommendation is by no means new but feels it is worth adding its voice.

- The training of nutritionists at the four universities that currently train nutritionists should be scaled up, after assessing the HR need to implement the revised nutrition and food security.

- The responsibility and carrier structure for nutritionists at national, regional, and *woreda* level should be clearly defined.

- The capacity of the existing decentralized structure of NNS implementing sectors and civil societies should be built up.

Assess the institutional/governance framework in which Feed the Future nutrition-related capacity building operates:

- The National Nutrition Coordination Body (NNCB) should monitor and hold accountable the work of the Regional Nutrition Coordination Bodies (RNCBs) in order that they be active and fulfill their mandates as specified in the National Nutrition Program (NNP). It is further recommended that the Nutrition Donors Forum be used to raise the issue of the relative inactivity of Regional Nutrition Coordination Bodies.

- Feed the Future implementing partners should continue to support *woreda*-level nutrition coordination structures and seek to strengthen links between *woreda* and zonal, regional, and federal nutrition coordination levels. It is further recommended that the *woreda* coordination body moves from health to the *woreda* administration to ensure better coordination.

Assess the gender sensitivity of the Feed the Future capacity building investments:

- Feed the Future implementing partners should continue to support institutions in implementing gender-sensitive approaches to nutrition training. These may include gender-orientation training for government and non-government staff to lay a foundation for gender-sensitive nutrition training.

- Feed the Future implementing partners should continue to encourage high levels of male participation in community-level nutrition training including cooking demonstrations.

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Annex I: USAID Multi-Sectoral Nutrition Strategy Results Framework

GOAL: Improve nutrition to save lives, build resilience, increase economic productivity, and advance development

STRATEGIC OBJECTIVE: Scale up effective, integrated nutrition-specific and -sensitive interventions, programs, and systems across humanitarian and development contexts

IR1: Increased equitable provision and utilization of high-quality nutrition services

1.1 Increased timely delivery of critical services before and during humanitarian crises
1.2 Increased availability of and access to high-quality nutrition-specific services and commodities
1.3 Increased availability of and access to high-quality nutrition-sensitive services and commodities
1.4 Improved social and behavior change strategies and approaches for both nutrition-specific and nutrition-sensitive activities

IR2: Increased country capacity and commitment to nutrition

2.1 Increased professional and institutional capacity
2.2 Increased political will and resources for nutrition programs
2.3 Increased stakeholder engagement around national nutrition goals
2.4 Improved systems to plan, manage, and evaluate nutrition programs

IR3: Increased multi-sectoral programming and coordination for improved nutrition outcomes

3.1 Increased joint planning across humanitarian and development sectors
3.2 Strengthened coordinated multi-sectoral programming and planning among nutrition stakeholders within the U.S. Government and at the country level
3.3 Strengthened engagement with the private sector to improve nutrition

IR4: Increased nutrition leadership

4.1 Improved global coordination among donors, international organizations, partner countries, and other stakeholders addressing nutrition
4.2 Strengthened and expanded nutrition evidence base
4.3 Increased generation of innovative practices and technologies
4.4 Increased application of evidence-based approaches and innovation, including use of technology

Annex 2: Profile of Active Nutrition-related Capacity-building/Technical Assistance Projects[1]

1. African Alliance for Improved Food Processing (AAIFP)

Goals and objectives: The goal of the project is to provide technical assistance to medium and large commercial millers, producers of fortified blended foods and flours, bakeries, and pasta manufacturers to improve business efficiencies and overall processing capacity for commercial markets and targeted food aid populations. It is implemented by TechnoServe and Partners in Food Solutions (PFS). Addis Ababa and Oromia are the regions of operation.

The specific objectives of the project are to:

- Provide customized technical training assistance[2] to 20 medium and large millers and processors
- Partner with local universities and business development service providers to develop and implement short-term sector-wide technical training
- Integrate standards agencies into training activities, providing an opportunity for dialogue on policy and regulatory issues regarding processing
- Train food processors on key areas such as traceability, good manufacturing practices, logistics, and core business development capabilities.

Description: TechnoServe and Partners in Food Solutions (PFS) have formed an alliance to catalyze transformation of the local food-processing sector in Africa. TechnoServe's food technologists and business advisors identify local capacity-building needs and channel these to PFS volunteer experts. Integrating lessons learned under the AAIFP Leader Award in Malawi, Kenya, Tanzania, and Zambia, this activity will significantly upgrade the capacity and efficiency of commercial wheat millers and producers of wheat-based products in Ethiopia. To complement existing activities funded by USAID to increase agricultural productivity and nutrition, TechnoServe will overlay its short list of qualifying millers with those currently working with AGP-AMDe ENGINE activities.

2. The New Alliance for Food Security and Nutrition

Goal and objectives: The goal of the New Alliance for Food Security and Nutrition is to reduce poverty and end hunger by generating greater private investment in agricultural development, scale innovation, and achieve sustainable food security outcomes. To this end, the Alliance is committed to supporting CAADP Country Compacts and the Government of Ethiopia in achieving a number of policy commitments aimed at building domestic and international private sector confidence to increase agricultural investment significantly.

Description: Launched in 2012, the New Alliance for Food Security and Nutrition ushered in a new phase of global investment in food security and nutrition, building on previous G8 efforts. The New Alliance is a shared commitment to achieve sustained and inclusive agricultural growth and raise 50 million people out of poverty over the next 10 years. The New Alliance includes the commitments of:

- Africa's leadership to drive effective country plans and policies for food security
- Private sector partners to increase investments where the conditions are right
- Donors to expand Africa's potential for rapid and sustainable agricultural growth.

Feed the Future serves as the principal vehicle through which the United States contributes to the New Alliance. In line with the foundational principles of Feed the Future, the New Alliance follows the new model for development that supports country-driven approaches to development with input and collaboration from local organizations and leaders to ensure lasting results for smallholder farmers and their families.

3. Development Food Aid Program (DFAP)/Productive Safety Net Program (PSNP)

Goals and objectives: The goal of the project is to respond to the food gap of Ethiopia's chronically food-insecure households and develop long-term solutions to household

1 This annex is based on USAID published materials on **http://map.usaid.gov/publicprojects** and a review of project documents.

2 By the end of the training, participants are expected to understand quality management systems, meet national standards and certification requirements, develop processes and products tailored to market demand, strengthen financial systems, and improve business efficiencies.

food insecurity. It is implemented by Save the Children in Oromia and Ethiopia's Somali regions. The specific objectives of the project are to:

- Transfer resources to chronically food-insecure households via food-for-work programs and other activities
- Provide food and nutrition to destitute beneficiaries (disabled, terminally sick, elderly, orphans, and vulnerable children)
- Improve nutritional practices by improving and expanding dietary diversity and access to diverse, locally-available foodstuffs
- Improve soil fertility and strengthen natural resource conservation practices.

Description: USAID's new PSNP/Development Food Aid Program (DFAP), in support of the PSNP, began in 2011. It builds on programs of the past years to protect household assets and build community assets. New institutional arrangements distribute responsibilities, enabling PSNP to increase its scale, scope, and coverage. Additionally, greater monitoring and accountability allow for improved early warning and response.

DFAP partners work in the areas of nutrition, social assistance, agriculture, and environment to protect poor households' assets and provide opportunities to diversify livelihood options. The new phase incorporates improved nutritional practices through the expansion and improvement of dietary diversity, access to locally-available foodstuffs, and training programs on basic gardening and animal husbandry.

4. Food and Nutrition Technical Assistance III (FANTA III)

Goals and objectives: The project has a national scope and is implemented by FHI 360.[3] The project aims to strengthen the ability of government institutions to implement and integrate nutritional assessment, counseling, and support into routine HIV services, and increase government support for nutrition through advocacy. The objectives are to strengthen the quality and reach of nutrition care services for people living with HIV and provide anti-retroviral treatment and care services.

Description: HIV can cause or aggravate malnutrition through reduced food intake, increased energy needs, or poor nutrient absorption. Consequently, malnutrition can hasten the progression of HIV and worsen its impact by weakening the immune system, increasing susceptibility to opportunistic infections and reducing the effectiveness of treatment. Therefore, USAID merges food and nutrition components with HIV/AIDS care and treatment services. FANTA III supports the scale-up and quality improvement of nutrition assessment, education, and counseling, as well as the provision of therapeutic and supplementary food products for clinically malnourished people living with HIV/AIDS and orphans and vulnerable children.

FANTA III continues to strengthen coordination of nutrition and HIV services by working with the Ethiopian Ministry of Health and the Federal HIV/AIDS Prevention and Control Office to develop resources and training for health care professionals and communities. Integration of nutrition into client flow, health management information systems, and clinical protocols strengthens the broader health system by helping to routinely and more comprehensively address malnutrition. FANTA III works closely with PEPFAR partners to strengthen the design of activities aimed at improving access to food among HIV-affected households and links between clinical and food security services.

5. Evidence to Action (E2A) for Strengthened Family Planning and Reproductive Health Services for Women and Girls

Goals and objectives: The primary implementing partner is Pathfinder International in collaboration with John Snow Inc. The regions of operation are Amhara, Benishangul-Gumuz, Oromia, Somali, SNNP, and Tigray. The goal of the project is to increase use of and access to high-impact family planning and maternal, newborn, and child health practices, products, and services. The specific objectives are to:

- Improve health practices at the household and community level
- Improve availability and quality of health services, products, and information
- Strengthen key elements of health system to support health services
- Systematize program learning to inform policy and program investment.

Description: E2A supports and continues the integrated package of maternal newborn and child health (MNCH) and family planning and reproductive health interventions that was started under the Integrated Family Health Program (IFHP). It supports the Ministry of Health in

3 FHI 360 is Family Health International 360. The 360 refers to the interconnectedness of human problems and their solutions.

strengthening the community-based Health Extension Program to achieve universal coverage for primary health care in Ethiopia. Accordingly, IFHP/E2A continues to use an integrated approach to family planning/MNCH to create access to a high-quality package of basic, evidence-based services for women, children, and families. Services are offered using key entry-points to the Primary Health Care Unit—health extension workers at health posts and other health service providers at health centers—with the ultimate goal of ending preventable maternal and child deaths. E2A directly supports the Health Sector Development Plan and the Health Extension Program, with a focus on the delivery of key services and products through a continuum of care from the health center to the health post and community level in the rural, peri-urban, and hard-to-reach parts of the country.

6. Urban HIV/AIDS Nutrition and Food Security

Goal and objective: World Food Program is the primary implementer of the project in collaboration with Save Your Generation Tigray (SYGA), Mekele Mums for Mums, and Regional Health Bureaus. The project is implemented in Amhara, Oromia, SNNP, and Tigray. The goal of the project is to improve the nutritional status and quality of life of malnourished and/or food-insecure people living with HIV/AIDS who are receiving care and support, antiretroviral therapy, and prevention of mother-to-child transmission (PMTCT) services. The objectives of the project are to:

- Improve the nutritional status and quality of life of food-insecure HIV/AIDS-infected and -affected households with home-based care, antiretroviral therapy (ART), and maternal and child health and prevention of mother-to-child transmission (PMTCT)
- Promote adherence to ART and compliance with PMTCT services
- Contribute to the improvement of school attendance for orphans and vulnerable children
- Develop the economic capacities of beneficiaries graduating from the project to meet their nutritional needs.

Description: Food availability and good nutrition are essential for preventing HIV infection, for keeping people living with HIV healthy and living longer, and for improving responses to treatment. The nutritional support assists the selected households in adhering to ART, contributing to the better outcome of their treatment. School feeding programs allow orphans and vulnerable children to attend and stay in school. By adding a food component to maternal and child health and PMTCT services, the activity aims to encourage the enrollment and compliance to the services and assist HIV-positive pregnant women and nursing mothers to meet their nutritional requirements for better pregnancy and birth.

7. Empowering New Generations with Improved Nutrition and Economic Opportunity (ENGINE)

Project Goals and Objectives:

- Strengthen the capacity and institutionalization of nutrition programs and policy
- Improve the quality and delivery of nutrition and health care services
- Improve prevention of under-nutrition through community-oriented nutrition care and practices
- Adopt a rigorous and innovative learning agenda.

Description: ENGINE is USAID's $50.8 million flagship integrated nutrition activity under the Feed the Future initiative and Global Health Initiative (GHI). ENGINE's core initiative is to prevent under-nutrition by focusing on social behavior change, including linkages to livelihood and economic opportunities. The activity strengthens linkages between agriculture, food security, and nutrition by working in the same geographic zones as new Feed the Future agriculture and food-security activities. In addition, it consolidates prior USAID investments in nutrition to ensure a coordinated response that meets the requirements of both the GHI and Feed the Future. ENGINE also works to expand USAID investments and technical leadership in providing nutrition support through a continuum of care, especially at the community level. By strengthening the quality and availability of nutrition services, as well as promoting nutrition education, the activity aims to establish nutrition as an important issue within Government of Ethiopia ministries and throughout the country. The primary implementing partners are: Save the Children, Collaborators Valid International, Tufts University, Land O'Lakes, Jhpiego, and Johns Hopkins University Center for Communication Programs.

8. AGP-Agribusiness Market Development (AGP-AMDe)

Goal and objectives: Sustainably reduce poverty and hunger by improving the productivity and competitiveness of value chains that offer job and income opportunities for rural households. The objectives are to:

- Focus on value chains offering the greatest potential to transform the agricultural sector
- Intervene in up to four high-potential commodities

per region, including important staple crops like maize, wheat, coffee, and honey

- Improve competitiveness of selected value chains and expand the depth and breadth of growth benefits
- Identify equity of credit for microfinance institutions and rural savings and credit cooperatives
- Make innovation grants available to support rural enterprises engaged in agriculture processing and private sector aggregation
- Promote approaches that foster equitable grant allocation practices between men and women.

Description: The majority of Ethiopians reside in rural areas and earn their livelihoods in agriculture-related endeavors. As part of Ethiopia's Agricultural Growth Program (AGP), Agribusiness and Market Development (AMDe) has a focused approach that justifies investment in areas with the greatest potential to act as catalysts in transforming Ethiopia's agricultural and economic sectors. The acronym AMDe (pronounced am-day), means "the pillar of my home" in Amharic—depicting the program's goal of bringing opportunities for rural development and economic growth. AMDe consists of three components: agricultural production and commercialization; small-scale rural infrastructure development and management; and learning and evaluation.

9. AGP-Livestock Market Development (AGP-LMD)

Goals and objectives: Enhance growth and reduce poverty and hunger through investments in selected livestock value chains. The specific objectives are to:

- Improve production levels
- Improve animal feed systems
- Expand animal health delivery systems
- Improve animal breeding through artificial insemination
- Make market-level improvements
- Link producers and cooperatives to end-market suppliers and consumers
- Enhance sanitary and phyto-sanitary standards
- Reduce transaction costs and improve competitiveness of products
- Strengthen livestock service providers, financial services, and feed and animal health services.

Description: Under the US Feed the Future Initiative, AGP-Livestock Market Development generates increased productivity and competitiveness of selected livestock value chains, benefiting both male and female smallholders. The program focuses on meat and dairy value chains. Through AGP-Livestock Market Development, USAID will foster growth, increase food security, and reduce poverty by increasing incomes for producers, creating jobs in rural areas, and improving nutrition with support from the U.S. Global Health Initiative. In addition, AGP-Livestock Market Development will address adaptation to climate change—especially in areas with rainfall deficits—by introducing activities and practices to protect livelihoods in the livestock sector. AGP-Livestock Market Development also improves access to finance, risk management mechanisms (including insurance), and animal health services. As the quality and competitiveness of producers improves, there will be a higher demand for labor and services at various points in the value chain that beneficiaries in more food-insecure areas in USAID's PSNP GRAD program can fill, as well as the Pastoralists' Areas Resilience Improvement and Market Expansion (PRIME) activity.

10. Graduation with Resilience to Achieve Sustainable Development (GRAD)

Goal and objectives: Assist poor, rural households in the creation of assets that enhance their livelihoods potential and graduate them from dependence on the Productive Safety Net Program. The objectives are to:

- Support climate change adaptation activities
- Support viable on-farm and off-farm income generation
- Facilitate access to financial services
- Improve input and output marketing
- Target women for literacy and numeracy training.

Description: Graduation with Resilience to Achieve Sustainable Development (GRAD) builds on lessons learned from several predecessor USAID projects and activities, including PSNP Plus. An emphasis is placed on market linkages, access to microfinance, and diversification of household income sources. Additionally, GRAD focuses on building the resilience of communities through supporting climate change adaptation activities, which will address the high levels of vulnerability in chronically food-insecure areas. PSNP GRAD prioritizes interventions that: increase availability and diversity of asset bases;

engage institutions influencing asset and capital entitlements; facilitate information and knowledge flows supporting climate adaptation activities; and foster innovation and creative solution finding. GRAD operates within the general framework of the Government of Ethiopia's Household Asset Building Program, which is implemented in tandem with the Government's PSNP as part of the overall Food Security Program.

11. Pastoralists' Areas Resilience Improvement and Market Expansion (PRIME)

Goals and objectives: Increase pastoral household incomes and improve their resilience and adaptive capacity to climate change. Project objectives are to:

- Improve livestock and livestock products marketing systems
- Enhance resilience and adaptive capacity to climate change
- Increase and diversify household assets of chronically food-insecure and vulnerable populations through livelihood diversification and long-term market linkages.

Description: PRIME aims to build capacity and promote the market readiness of targeted chronically food-insecure populations by supporting the development of sustainable livelihoods and creating economic linkages between these regions and productive areas through a "Push-Pull" model. PRIME will "push" pastoralist and ex-pastoralist households out of chronic poverty via improved and sustained livestock assets. At the same time, PRIME will "pull" livestock products supply from pastoral areas to targeted value chains (see AGP-Livestock Market Development in productive areas). PRIME is a follow-up project for the Pastoralist Livelihoods Initiative–Phase II and will continue to enhance the livelihoods of pastoral communities. In doing so, PRIME will promote the viability and resiliency of pastoralist communities through market development and natural resource management. Activities fall under several main categories, including economic growth, greater participation of women, and climate change adaptation. As in the case of the Productive Safety Net Program Graduation project, PRIME integrates nutrition objectives into its overall approach by coordinating with the Empowering New Generations in Improved Nutrition and Economic Opportunities (ENGINE) project.

Annex 3: Rapid Assessment Tools

Mapping format

I CAPACITY BUILDING SUPPORT RECIPIENT PROFILE

1. Name of institution/community: _____
2. Sector (tick as appropriate)

Health/nutrition _____ (Please complete separate sheet for health/nutrition institution)
Agriculture ____ (Please complete separate sheet agriculture related institution)

3. Region: _____
4. Zone: _____
5. Wereda: _____
6. Kebele: _____

II CAPACITY BUILDING INVESTMENT

7. Type of capacity building support received (tick as appropriate)
   Pre-service training _____
   In-service training _____
   Material/equipment support _____

8 Pre-service

8.1 Level of training and data on number attended/completed

Level	Number enrolled		Number graduated/completed		Who financed? (Please indicate other than FTF)
	Female	Male	Female	Male	
MSc					
PhD					
Diploma					
Certificate					
Other					

8.2 Is there a Nutrition Forum in your institution? If yes, number of participants? Male___ Female___

8.3 Is there a tracking system of where graduates/completers go after completion? Yes ___ No ___

8.4 If yes, to Q8.3, how many of the graduates/completers given in 8.3 above remained at the institution?_____

8.5 Has your institution received pre-service training capacity building from **organizations other than FTF** partners? Yes _____No _____

8:6 If yes, please give name of organization _____

8:7 Please give a brief description of the pre-service training:_____
_____
_____

9 In-service

Includes all formal and informal training attended by DAs, HEWs, Health workers or teachers trained on nutrition (it can be MIYCN, nutrition sensitive training, essential nutrition action, nutrition program manager, homestead gardening)

9.1 Level of training (tick as applicable)

Level	Number enrolled		Number graduated/completed		Please indicate who financed	
	Female	Male	Female	Male	FTF	Non-FTF
MSc						
PhD						
Diploma						
Certificate						
DA trained						
HEW trained						
Health workers trained						
Teacher trained						
Experience sharing visits						
Experience sharing local						
Other						

9.2 Is there a Nutrition Forum in your institution? If yes, number of participants? Male___ Female____

9.3 Is there a Tracking System of where graduates/completers go after completion? Yes ___ No ___

9.4 If yes, to Q9.3, how many of the graduates/completers remain at the institution? _____

10 Material support (e.g. equipment/books/manuals/guides/audio-visual)

10.1 List the materials/equipment supplied and indicate the purpose for which they are used and who provided:

Materials	Purpose	Please indicate who provided	
		FTF	Non-FTF

1 WOREDA LEVEL NUTRITION CAPACITY BUILDING

Level of capacity building supported	Number enrolled		Number graduated/ completed		Who organized the training?		Who financed?		How much was spent (Birr)?
	Female	Male	Female	Male	FTF	Non-FTF	FTF partner	Non -FTF	
MSc									
PhD									
Diploma									
Certificate									
DA trained									
HEW trained									
Health workers trained									
Teacher trained									
Experience sharing visits									
Experience sharing local									
Other									

2 COMMUNITY LEVEL CAPACITY BUILDING INTERVENTIONS

Region: _____ Woreda _____Kebele/village _____

Please give details of community level capacity building interventions in the last **12 months**:

	How many nutrition related events in the last 12 months?	How many participated?		Who organized?		Who financed?		How much was spent on the event?
		Female	Male	FTF	NON-FTF	FTF partner	Non-FTF	
Cooperatives								
VESA								
Community based organizations (idir, iqub, etc)								
Community conversation groups								
Other								

3.0 COOKING DEMONSTRATIONS/AGRONOMIC DEMONSTRATIONS AT VARIOUS VENUES (FTCS/ Health facilities, cooperatives, etc):

Nutrition capacity building related activities	How many events in the last 12 months?	How many participated?		Who organized?		Who financed?		How much was spent on the event?
		Female	Male	FTF partner	Non-FTF	FTF partner	Non-FTF	
Cooking demo at FTC								
Cooking demo at Health Post								
Cooking demo at Health Centers								
Cooking demo at cooperatives								
Cooking demo at model farmers house								
Cooking demo at development group (1-30) level								
Agronomic demos at FTC								
Other								

4 NUTRITION RELATED MATERIALS SUPPLIED TO FTCS/HEALTH FACILITIES

Please list materials/equipment/ books/manuals/guides/audio visuals supplied to the community:

Materials	Who received the material?			For what purpose was it used?	Who provided?	
	FTC	HP	HC		FTF partner	Non-FTF

Pre-service Nutrition Education Interview checklist

Region:_____

City/Town:_____

Institution name: _____

Contact address of school/department (head/director): _____

Date of assessment: _____

1. Is there any organization/institution that supports your institution in nutrition capacity building activities?
   1. Yes, 2. No; if yes, please explain the organization and the kinds of support provided.
   - Organization/institution: _____
   _____
   - Kind of support (pre-service/ in-service trainings, materials provision, other):
   - Pre-service: _____
   - In-service: _____
   - Materials provision: _____
   - Other: _____
2. What kinds of in-service trainings were provided to your staff? _____
   _____
3. Do you think those capacity building trainings have improved nutrition education at your institution?
   1. Yes, 2. No; if yes, please explain how with some examples. _____
   _____
4. Do you think those trainings were adequate for your staff?
   1. Yes, 2. No; if no, why? _____
   _____
5. Have you conducted nutrition forum for students and staffs in your institution?
   1. Yes, 2. No; if yes, who supported the forum and how useful was it? _____
   _____
6. Are the nutrition curriculum/ courses/modules revised and standardized for nutrition competencies?
   1. Yes, 2. No
7. Was the curriculum revision useful and up to the standard?
   1. Yes, 2. No; if yes, please explain how? _____
   _____
8. Do you think students' nutrition competence has improved as a result of the revised curriculum and capacity building interventions?
   1. Yes, 2. No, if yes, explain some indicators of competence. _____
   _____
9. Do you think there are still gaps to be filled to improve nutrition education quality so as to improve students' nutrition competencies?
   1. Yes, 2. No; if yes, what do you suggest as short and long term solutions to fill those gaps?
   - Short term: _____
   - Long term: _____
10. Any comment you want to make or any question for the assessment team? _____
_____

Gender equity: _____
_____

In-service training interview checklist

Note to Interviewer: *Ask the respondent to answer the following questions.*

1. Was there nutrition training provided to your staff?
   1. Yes, 2. No

2. If Yes for Q#1, what type of capacity building was provided? By which organization?

3. Do you think the training helped the service providers to improved service in the work place?
   1. Yes, 2. No

4. Number of staffs trained on the following trainings
   Maternal Infant and Young Child Nutrition _____
   Nutrition sensitive agriculture _____
   Chicken and goat raring _____
   Horticulture _____

Note to Interviewer: *Circle all that apply. Do not read options to respondent.*

5. Have you been able to orient your co-workers to the content of the training?
   ❑ Yes ❑ No
   If Yes, Which part of the training have you shared with colleagues?(probe to see the sections of the training sections based on the training manual)

6. Do you feel as though the training content helped you improve your ability to make decisions about the appropriate service delivery in your place?
   ❑ Yes ❑ No

7. Which skill have you found useful in your work since you came back from training?
   a) The skills b) The knowledge
   c) mentoring skills d) practical part of the training
   e) Others (specify)_____

8. Looking back at what you had committed to, were you able to accomplish your action plan?
   ❑ Yes ❑ No

9. If Yes, please provide me with any results that may have occurred as a result of you accomplishing your plan after the capacity building _____

10. If No, please provide information on the barriers that prevented you from completing your action plan.
    a) Workload b) Forgetfulness
    c) Negligence d) Others_____

11. Do you have any suggestions for how to address these challenges?(*above mentioned challenges*)
    a) Assign additional HW b) Refresher training
    c) Set up one room for nutrition service provision d) Others (specify)_____

12. Are there any knowledge and skills notcovered by the training that you feel should be added to the training curriculum?
    a) Practical session b) Agronomic practice
    c) Cooking demonstration d) Others (specify) _____

13. Comment on the job-aide tools that you were given after training. (*probe for usefulness, difficulties in using the tools and suggestions for improvement. indicate the specific tool*)
    a) Not visible b) Language was not clear
    c) Not understandable d) Others (specify)_____

14. Are there any additional tools or resources that you feel you need to provide better service ?[*Interviewer should probe to identify priorities for the development of training aides.*]
    a) M&E tool b) Key nutrition messages for agriculture or health
    c) Large size of posters on specific areas d) Others (specify) _____

15. What are your suggestions on the capacity building to provide better service [*Interviewer should probe for suggestions and recommendations regarding the teaching methodologies used, the time allocated for practical sessions (skill) and the need for reference materials?*] _____
    _____

16. Do you have any suggestions for improving follow-up support after the training? [*Interviewer should probe for suggestions and recommendations on how follow-up support could be strengthened to better help them*]
    _____
    _____

17. Do you think there is a need to train the employees to provide quality nutrition service? 1. Yes, 2. No

18. If Yes for Q#17, how do you think the capacity gap should be filled? (*the interviewer ask for strengthening and integration of nutrition in the in-service curriculum*) _____
    _____

19. Do you have any questions or are there any areas related to the training for which you would like more guidance or on-the-job training? _____
    _____

Question 20 is observation for the health facility to see the gap in knowledge and skill or to see how the training is helping to provide quality nutrition services

20. In the health facility which of the following MIYCN knowledge and skills have been performed by health care provider during observation?

Nutrition practices ANC	**Observe whether the HW Practicing or not?**	**Problems identified (If no, why not)**
Did the HW/HEWs counsel on maternal nutrition? (preparation, food diversity, frequency)	❑ Yes ❑ No	
Did the HW/HEWs provide iron supplement and necessary information?	❑ Yes ❑ No	
Did the HW/HEWs counsel on breast feeding?	❑ Yes ❑ No ❑ NA	
Did the HW/HEWs record counselled mothers on registration books?	❑ Yes ❑ No	

Question 20 continued on next page

continued from previous page

Nutrition practices **ANC**	**Observe whether the HW Practicing or not?**	**Problems identified (If no, why not)**
Did the HW/HEWs record Iron supplementation on registration books?	❑ Yes ❑ No	
<5 sick children		
Did the HW/HEWs counsel about child's diet & provide suggestion on food she/he should consume? (preparation, type, amount, frequency)	❑ Yes ❑ No ❑ NA	
Did the HW/HEWs counsel on breast feeding?	❑ Yes ❑ No ❑ NA	
Zinc supplementation for child with diarrhoea	❑ Yes ❑ No	
Vit A supplementation for child above six months of age	❑ Yes ❑ No ❑ NA	
Did the HW/HEWs record counselled mothers on registration books?	❑ Yes ❑ No	
Did the HW/HEWs record Zinc supplementation on registration books?	❑ Yes ❑ No	

Annex 4: Responses to Capacity-building Support Mapping

Pre-service	Type of training/ education (Y/N)		Material support (no.)	Enrolled (no.)		Completed (no.)		Nutrition forum (Y/N)	Tracking system (Y/N)
	Pre-service	In-service		Female	Male	Female	Male		
Agriculture									
Alage ATVET	Y	N	N	596	1,104	594	1,102	Y	Y
Debremarkos University Agri.	Y	N	N	101	191	101	191	Y	N
HU Agri.	Y	Y	Y	8	90	8	90	Y	N
Jimma University Agri.	Y	N	N	0	0	125	312	Y	N
Mekele University Agri.	N	Y	N	18	14	7	7	Y	Y
Shire ATVET	Y	Y	Y	675	635	675	635	Y	N
Gonder University Agri.	Y	Y	N	49	78	48	78	Y	N
WS ATVET	Y	Y	Y	458	835	458	835	Y	N
Sub-total (Agri.)	**Y=7**	**Y=5**	**Y=3**	**1,905**	**2,947**	**2,016**	**3,250**	**Y=8**	**Y=2**
Health									
BD HSC	1	0	0	390	30	0	0	N	N
Bahir Dar University Health	1	1	0	4	21	0	0	N	N
HU Health	1	1	1	20	44	0	0	Y	N
JU Health	1	1	1	1	13	0	0	Y	N
MU HSC	1	0	1	7	14	7	14	Y	N
Shashemen HSC	1	0	1	0	0	0	0	Y	Y
GU Health	1	1	1	63	236	13	81	Y	Y
Sub-total (Health)	**7**	**4**	**5**	**485**	**358**	**20**	**95**	**Y=5**	**Y=2**
	14	9	8						

Annex 5: Responses to Capacity-building Support Mapping—Short-term Training

Short-term training for instructors									
Nutrition technical update (no.)		Pedagogical skills (no.)		Education quality (no.)		Local experience sharing (no.)		Other (no.)	
Female	Male	Female	Male	Female	Male	Female	Male	Female	Male
Agriculture									
10	190	4	180	3	133	0	8	0	0
3	25	3	15	0	18	0	0	0	0
9	21	4	22	1	23	0	1		
4	18	2	9	2	22	0	1	2	27
5	25	2	19	1	5	0	1	0	0
3	36	0	0	0	0	0	4	0	0
6	26	3	21	2	22	0	1	0	11
16	55	13	79	1	5	1	2	0	0
56	**396**	**31**	**345**	**10**	**228**	**1**	**18**	**0**	**0**
Health									
3	3	3	1	4	1			0	3
5	14	2	10	2	11	0	2	0	0
0	0	0	0	0	0	0	0	0	0
4	36	1	6	1	3	1	1	1	7
6	30	1	3	2	5	0	3	50	110
3	4	2	4	1	6	0	1	0	0
3	27	3	10	1	8	0	0	3	26
24	**114**	**12**	**34**	**11**	**34**	**1**	**7**	**54**	**146**

Annex 6: Responses to Capacity-building Support Mapping—Materials

Items	No. of institutions reporting	Items	No. of institutions reporting
Nutrition books	5	Nutrition education for agricultural extension	1
Computers	6	Crisis of under-nutrition	1
Printers	6	Smallholder and nutrition	1
White boards	4	The state of food and agriculture	1
Posters	4	6th report on world nutrition	1
ETS readings	2	Human nutrition in developing world	1
SBM-R readings	2	ENA framework	1
Educational quality	2	*Lancet* papers and articles	1
Nutrition materials	6	Food composition tables	1
Manuals/guides	2	LCD projectors	7
CDs	2	Projector screens	5
Reshaping agriculture	1	Hand gloves	1
Maximizing the nutritional impact	1	Eye goggles	1
Guiding principles of agriculture for nutrition	1	Lab equipment (set)	7

Source: compiled from mapping formats

FGD participants' profile

Region: _____Zone/Woreda: _____Kebele: _____Date of FGD _____Name of Facilitator_____

	Sex (M/F)		Age (yr)	Are you literate? (Y/N)		HH size (no.)	Is there at least one child under 2 in the HH?		Have you participated in cooking demonstration in the last 6 months?					Have you participated in nutrition related community awareness in the last 6 months					Have you visited vegetable demonstrations sites at FTCs?		Other remarks about the FGD participant
S/N	M	F		Yes	No		Yes	No	Yes	No	If yes, where?			Yes	No	If yes, where?			Yes	No	
											FTC	HF	Both			FTC	HF	Both			
1.																					
2.																					
3.																					
4.																					
5.																					
6.																					
7.																					
8.																					
9.																					
10.																					
11.																					
12.																					

Key: FTC = Farmers' Training Centre; HF = Health Facility

Annex 7: Checklist for Federal (MoH and MoANR) Key Informants These are derived from the tools for regional/*woreda*- and *kebele*-level discussions.

1. Please tell me the organizations working with the ministry on nutrition.
2. Types of support provided by these organizations
3. What is the support provided by USAID projects (Save the Children ENGINE, AGP-AMDe, AGP-LMD, GRAD, PRIME) at
   a. Federal level?
   b. *Woreda* level?
   c. Community level?
4. How did the capacity-building support help?
5. How to continue the capacity-building activities?
6. Have the capacity-building supports been gender sensitive?
7. Any final thoughts?

Annex 8: List of Key Informants

Name	Organization or project	Responsibility
Northern Circuit		
Bizuayehu Atnafu	Amhara Region Bureau of Health	ENGINE/Nutrition focal person
Melesew Chanyalew	Amhara Region Bureau of Health	Health Promotion and Disease Prevention (HPDP)
Dr. Kebede Bacha	Alage ATVET	College Dean
Gebrekiros Hagos	Alage ATVET	Lecturer in Animal Science
Birara Melesse	MoH	National nutrition case team coordinator
Bizuayehu Atnafu	Amhara Bureau of Agriculture	ENGINE/Nutrition focal person
Melesew Chanyalew	Bureau of Health, Bahir Dar	Head of Health Promotion and Disease Prevention (HPDP)
Molla Mesele	University of Gondar, College of Medicine and Health Sciences	Head of Nutrition Department
Prof. Fasil Kebede	University of Gondar, College of Agriculture and Rural Transformation	Dean of the College
Degsew	University of Gondar, College of Agriculture and Rural Transformation	Vice Dean
Genanew Agitew	University of Gondar, College of Agriculture and Rural Transformation	Head/Director
Sr. Kelemua Gulilat	Bahir Dar Health Science College	Head of Nursing Department, ENGINE focal person
Agree Amare	Geregera *kebele* Gibtsawit HP, Dera *woreda*	HEW
Fentalem Alemu	Geregera kebele Gibtsawit HP, Dera *woreda*	DA
Lake Yazachew	Hamusit HC	HC Head
Meskerem Abebe	AGP-AMDe	Field Monitor
Kelemework Asfaw	AGP-LMD	Project Manager
Dagne Tadesse	ORD	GRAD Focal Person
Worku Eshetu	ENGINE	Regional Manager
Southern Circuit		
Dr. Kebede Beyecha	Alage Agriculture TVET College	Academic V/Dean
Gebrekiros Hagos	Alage Agriculture TVET College	Lecturer in Animal Science Department.
Samuel Bekele	Hawassa University, College of Agriculture	Head/Director, Continuing Education and Quality Assurance
Dr. Henok Kurabachew	Hawassa University	Director, ACEN

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Fekadu Reta	Hawassa University	College Lecturer
Sr. Kebebush G/Michael	Hawassa Health Science College	Public Health Department Head, ENGINE focal person
Esayas Gela	Malga *Woreda* Health Office	Office Head
Teshale Gebre	Malga *Woreda* Health Office	Vice Head
Ato Shumbe Buta	Malga *Woreda* Agriculture Office	Deputy Administrator and Agriculture Office Head
Lema Wake *woreda*	Malga *Woreda* Agriculture Office	Extension Head
MilkiasYelamo	Health Center (Malga)	Head of the HC
Amarech Haile	Health Center (Malga)	Delivery Case Team
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Annex 9: Terms of Reference

Introduction

The Feed the Future (FTF) Multi-Year Strategy for Ethiopia (2011–2015) outlines the U.S. Government's (USG) strategies for combating hunger and improving food security in Ethiopia.

The FTF Strategy recognizes that Ethiopia is a country of contrasts: some regions produce food surpluses each year, while others face chronic food insecurity. The FTF Strategy addresses these strengths and challenges, with a particular focus on productive areas that have previously received little USG investment. The Government of Ethiopia (GoE) is committed to country-led development programs and exceeding the Comprehensive Africa Agriculture Development Program's (CAADP) investment and growth targets, along with the development of the new Agricultural Growth Program (AGP) and the establishment of the new Agriculture Transformation Agency (ATA) to address key sector bottlenecks. This commitment provides collaborating USG agencies with a unique and promising opportunity to implement a transformative food security strategy that is aligned with an Ethiopian-owned and comprehensive plan and strategically coordinated with the full range of development actors. The FTF strategy also pilots new and innovative approaches to address Ethiopia's longstanding food security challenges in a manner that recognizes the contribution of women and reduces gender inequality, while promoting the fundamental principles of social accountability and good governance.

Background

FTF contextualized: Ethiopia can be visualized as three distinct regions based on broader agro-ecological conditions and livelihood patterns referred to as High Rainfall Ethiopia, Low Rainfall Ethiopia, and Pastoral Ethiopia. While the FTF strategy is framed within the context of these three distinct regions, the FTF Strategy posits a development hypothesis that increased investment in high rainfall areas can spur overall rural economic growth, which will lead to increased prosperity across all three regions, when linked to efforts to promote greater economic opportunities for vulnerable populations in Low Rainfall and Pastoral Ethiopia.

Under the FTF Strategy, therefore, USG investment is shifted towards High Rainfall Ethiopia as part of the GoE-led, multi-donor-supported AGP. To link the AGP's growth-oriented efforts with vulnerable areas, the FTF Strategy will employ a "Push-Pull" model that seeks to strengthen capacities of vulnerable and chronically food-insecure populations to participate in economic activity (push), while mobilizing market-led agricultural growth in high-potential areas to generate economic opportunity and demand for smallholder production, labor, and services (pull).

While the focus of the USG FTF Strategy will be to support agriculture-led growth throughout Ethiopia by strengthening livelihoods and markets, cross-cutting elements also play an important role in achieving food security. FTF programs will integrate objectives and activities in the areas of nutrition, climate change, private sector development, and humanitarian assistance to strengthen the overall approach.

Recognizing the links between economic growth and nutritional status, the U.S. Government's FTF and Global Health Initiative (GHI) programs will team up to address nutrition challenges. Acting through stand-alone and wrap-around programming, the FTF-GHI nutrition agenda targets government and related service delivery structures, to promote better nutrition through enhanced programs and policies. While policy advocacy will take place at the national level, the grassroots interventions will take place in FTF *woredas* (administrative districts) in areas with some of the country's lowest nutritional indicators.

Nutrition progress and challenges: Ethiopia's nutrition indicators made for depressing reading in the early 2000s, with 58 percent stunting in children under age five and a staggering 21 percent severely stunted. In recent years, significant progress has been achieved to reduce levels of stunting: a decrease of 7 percent—58 to 51 percent—from 2000 to 2005, and an additional decrease of 7 percent—51 to 44 percent—from 2005 to 2011 (Ethiopia Demographic and Health Survey, 2011). A similar pattern is observed for the proportion of underweight children, which dropped by 20 percent from 2000 to 2005 and an additional 12 percent from 2005 to 2011. However, the prevalence of wasting in Ethiopia has remained constant over the last 11 years.

Despite the progress, Ethiopia's nutrition indicators lag behind SSA averages, and the government has developed two important road maps to sustainably reduce and eventually eliminate malnutrition.

National Nutrition Strategy (NNS): The National Nutrition Strategy (NNS), started in 2005 and officially approved in early 2008, has led to the development of the National Nutrition Program (NNP). The NNS addresses basic nutrition interventions to improve the nutritional status and well-being of mothers, children, and other vulnerable groups, by addressing chronic as well as acute

malnutrition, in addition to strengthening nutrition response in emergencies and nutrition information systems and early warning.

National Nutrition Program (NNP): The NNP is the road map for the NNS and integrates a multi-sectoral approach to nutrition. Existing funding to the NNP supports the service delivery component of the program and provides assistance to community-based nutrition and health services. It also supports micronutrient interventions that enhance the appropriate utilization of key micronutrients, especially iodine, iron, Vitamin A, and zinc. A second NNP component focuses on: institutional strengthening and capacity building; providing assistance to help strengthen human resources; improving coordination mechanisms for nutrition; and building the institutional capacity of implementing units. This component also supports the development of an effective communications strategy to encourage changes in behavior that would positively affect nutritional status, such as the practice of optimal breastfeeding and child-feeding habits. Lastly, the NNP includes the development and implementation of a proper nutritional surveillance system in Ethiopia.

There is rapidly expanding evidence base from around the world, including from Brazil, China, and Vietnam, to support the view that eliminating under-nutrition, and specifically stunting, requires multi-sectoral approaches that engage all sectors of the economy in designing and implementing nutrition-sensitive and nutrition-specific programs and projects. Until recently, however, Ethiopia struggled to develop and coordinate multi-sectoral approaches, with the result that progress has been at best patchy and sporadic. The NNP therefore provides something of a breakthrough in efforts to coordinate the work of, amongst others, the MoH, MoANR, and MoT.

In support of these government efforts to reduce malnutrition in all its forms, USAID invests in health and agriculture projects that are aligned with government programs. Two examples are given below.

Empowering New Generations with Improved Nutrition and Economic Opportunity (ENGINE): Guided by the FTF Strategy's dual focus of agriculture and nutrition, USAID/Ethiopia's Health and Agriculture teams are joining forces to address nutrition challenges in Ethiopia through support to the ENGINE project and complementary nutrition wrap-around activities funded through FTF activities.

ENGINE is a five-year integrated project funded with Global Health and Child Survival (GHCS) nutrition funds, with additional resources provided by PEPFAR. The activity aims to improve the nutritional status of women and young children through sustainable, comprehensive, and coordinated evidence-based interventions. Major program focus areas will include: advocacy for institutionalization and capacity strengthening of nutrition programs and policy with a strong emphasis on building the capacity and coordination mechanism within the GoE; quality and delivery of nutrition and health care services; prevention of under-nutrition through community-based nutrition care and practices; and adoption of a rigorous and innovative learning agenda. ENGINE is a national program, but with a geographic focus on FTF *woredas*.

Jhpiego: Jhpiego was launched in Ethiopia in 2003 with funding from the PEPFAR through the U.S.'s Centers for Disease Control and Prevention. Its main intervention areas are maternal and newborn care, human resources for health and HIV/AIDS, nutrition pre-service, and, in partnership with ENGINE, in-service capacity building. Since 2003 Jhpiego has worked with the Federal Ministry of Health (FMoH) and the Federal HIV/AIDS Prevention and Control Office and has diversified its funding base[4] to expand its reach.

In addition to these two USAID flagship nutrition programs, the FTF implementing partners, including AMDe, GRAD, LMD, and PRIME, support nutrition interventions through behavior change communication focused on the improved production, harvesting, storage, preparation, and utilization of crops and livestock products, in segments of the population not traditionally reached by nutrition programming.

Capacity Assessment

Purpose and scope of the assessment: In line with the FTF Strategy, progress against FTF indicators and project performance monitoring plans have been reviewed under a series of mid-term evaluations that have been completed for each of the major FTF project's[5] implementing partners. While the performance reviews were robust, time did not allow for a detailed assessment of the gains made to address capacity building in the area of nutrition-specific and -sensitive agriculture. It has therefore been agreed to undertake a rapid capacity assessment that will document the lessons learned since 2011.

Specifically, it is proposed that the rapid capacity building assessment will:

4 That includes USAID, U.S. Department of Defense, the U.S. Centers for Disease Control and Prevention (CDC), and the United Nations Children's Fund (UNICEF).

5 Five of USAID's 20 FTF implementing partners (AMDe, ENGINE, GRAD, LMD, and PRIME) receive 78 percent of the funding.

- Map FTF investment in nutrition-related capacity building—pre-service and in-service—for the MoH and MoANR at the federal, regional, *woreda*, *kebele*, and household level, to identify who is spending what, where spending is occurring, and to identify overlaps/gaps

- Assess the higher education pre-service activities. The quality of the revised curriculum, the faculty enhancement, the number of graduates from the different courses, their success in finding jobs, and what the current needs are compared to the labor market

- Document the outcomes of the pre-service training and identify future needs

- Assess the quality, impact, and sustainability of FTF investment in nutrition-related capacity building

- Structure the assessment around stratified samples from national, regional, zonal, *woreda*, and down to *kebele* and household level

- Assess the gender sensitivity and appropriateness of the capacity-building investments

- Assess the institutional/governance framework in which FTF nutrition-related capacity building is provided, focusing on leadership and coordination.

Responsibilities: USAID will establish a technical core team of experts from AKLDP, ENGINE, and Jhpiego to lead the assessment. The team will be responsible for preparing a detailed action plan with timeline, the mapping tool, rapid assessment methodology, specific information collection tools, and methods, analysis, and documentation of the information, and a detailed literature review. The team will produce a report that documents lessons learned, specifically best practices, opportunities, and practical recommendations for future capacity-building investment that will have wide FTF stakeholder buy-in. The team will report to the AKLDP.

USAID will write a letter of introduction to all key FTF implementing partners in order to ensure that the team has full support and access to key documents and informants.

The AKLDP will provide technical guidance and logistical support for field-level data collection and report preparation.

Usefulness of the assessment report: Based on its findings, the rapid assessment report will provide USAID with clear recommendations to inform the implementation of current nutrition-related capacity building work and also help the design of the next generation of FTF nutrition projects. The recommendations will include opportunities for taking good practice to scale and addressing gaps and weaknesses. The document will be shared with government and may therefore offer pointers to the implementation of the NNP.

Towards the end of review, the USAID-FTF team will organize a workshop of key stakeholders to review and comment on the findings. The team leading the rapid assessment will incorporate comments from stakeholders and produce a final rapid assessment report that will be submitted to USAID.

Timeline: The rapid assessment will be carried out during June–July 2015.