Improved Nutrition

through Integrated Basic Social Services and Social Cash Transfer (IN SCT)

BACKGROUND TO THE IN SCT PILOT

- The IN SCT pilot is a 3 year pilot intervention in the framework of the Productive Safety Net Programme (PSNP) in Ethiopia, the second largest Safety Net in Africa
- The IN SCT provides tailored support to pregnant and breastfeeding women and households with malnourished children by linking them to complementary services with a focus on MCH
- UNICEF within the IN SCT also promotes the integrated systems approach through MIS development and strengthening of the Social Welfare Workforce
- The IN SCT also strengthens Gender and Social Development Provisions of the PSNP and promotes multi-sectoral collaboration at various government levels
- The IN SCT Impact Evaluation is a longitudinal study which was conducted from 2014 to 2018 in SNNPR and Oromiya regions of Ethiopia

Qualitative Impact Evaluation

INTERNATIONAL FOOD POLICY RESEARCH INSTITUTE **IFPRI**

OBJECTIVES OF THE EVALUATION

- To assess the impacts of the IN SCT program on the clients and the communities in which they live on a set of child-specific nutrition and health related outcomes
- Look at the effectiveness with which it reaches the target group and delivers the expected social outcomes in nutrition, health, education, and child protection
- Assess the impacts of the co-responsibilities related to nutrition
- Evaluate the operational linkages and coordination effectiveness for the systems approach of the program

- motor-cvcle." [PSNP, SNNP]

Child nutrition

"There is positive change because of education from the HEW and cooking demonstrations." [PDS, SNNP]

"My daughter who is a member of the nutrition club at school also assisted me, by sharing knowledge of nutritious foods that she learned from school." [TDS, SNNP]

"Because of the transition to TDS, we were able to get sufficient time to prepare meals for our children." [TDS, Oromia]

Infant feeding

"From the awareness raising made by HEWs we learnt that until 6 months of age, exclusive breastfeeding is so important for child health and growth. No woman among us gives any food except breastfeeding until 6 months." [PDS client, Oromia]

Education

"IN-SCT had a positive impact because we are constantly checking and following up on school attendance, it is one of the most important jobs we do. [SCT, SNNP]

KEY RESULTS

"In the past, I used to care less about my children's education. Now, I don't ask them to do other work during school hours." [PW, SNNP] "My children study well at home. The Social Worker advised them to study and to score good results, when he visited our homes for follow-ups." [TDS, Oromiya]

Malnourished children

"Currently, there are 12 moderately malnourished children under 5. Only one of these is from a PSNP household while 11 are non- PSNP." [HEW, SNNP]

Health

"Positive change in immunization of children is due to improved awareness among women through the BCC sessions." [PSNP, Oromia] "My last child received all vaccinations strictly as per the schedule, because I fully understood the importance [...] from the BCC sessions I received during the ante-natal care and post-natal care visits.." [TDS, Oromia]

Child labour

"I never send my children to work in Public Works to replace me, because we took orientation from the Social Worker that children less than 18 years are not allowed to work in the Public Works." [TDS, Oromia]

Early marriage

"As a family we came to realize that early marriage is a bad culture and it may complicate health during delivery." [TDS, SNNP]









CONCLUSIONS/LESSONS LEARNED

• Increase the number of Social Workers: "One Social Worker covering two kebeles with a motor-cycle, or one Social Worker per kebele without a

• Strengthen collaboration and reporting between HEWs and Social Workers • Strengthen cross-sectoral collaboration, by strengthening the steering committee at woreda level and ensuring there are monthly meetings • Integrate child protection in the case management system of IN-SCT, and

build the capacity of Social Workers for case management • Regular training and refresher training for HEWs, DAs and Social Workers

on rules regarding the transition from PW into TDS for PLW • Improved data management and sharing regarding PDS and TDS clients

• Complete the development and pre-testing of the MIS before it is rolled out



